

Shake-a-Leg Health Program Evaluation

INFORMATION SHEET FOR YEAR 5 and/or 6 PARENTS/GUARDIANS

Please keep this sheet for your information in the future

Your child is invited to take part in the Shake-a-Leg Health Program Evaluation which is being delivered by the Hunter New England Local Health District's Aboriginal Health Unit. The Shake-a-Leg (SAL) program provides students with age-appropriate health promotion information about; healthy eating, physical activity, oral health, drugs and alcohol, bullying, and self-identity.

Delivered by qualified Aboriginal Health Workers, the SAL program is age appropriate, fun and interactive.

The purpose of the program is to support the healthy development of Aboriginal and non-Aboriginal children by promoting physical activity, healthy eating and teeth habits, as well as information about drugs and alcohol, bullying, and self-identity. The information collected from your child via a brief survey will help us to evaluate the program.

For the purposes of evaluating the program, we have randomly divided participating schools into **program** schools and **control** schools.

Program schools complete a survey prior to the six-week program; participate in the program; complete the same survey after the six-week program. **Control** schools complete the same survey, six weeks apart, without having participated in the SAL program.

Your child's school is a **control** school. It should be noted, however, that **control** schools will be able to access the SAL program at the end of the 12-month evaluation period.

Who can participate?

Students in year 5 and 6 will be asked for parent/carer consent to participate in the SAL study.

Does my child have to participate?

Participation in the study is entirely up to you and your child. Only students who have parent/carer consent will be able to participate in the study. Where parental consent is given, the final decision on the day is your child's. If you choose not to participate, you and your child will not be disadvantaged in the future in any way. If you and your child decide to participate you can withdraw from the survey at any time without giving a reason. If you or your child withdraws from the study any information relating to your child will be deleted.

What do you and your child have to do?

Parents who consent for their child to participate in the study will need to complete the enclosed consent form.

Students in control schools will be asked to complete a brief survey during class time, approximately six weeks apart. The classroom teacher and a qualified Aboriginal Health Worker will support students to complete the survey. The SAL survey includes questions about your child's physical activity, what they eat, how they keep their teeth healthy, and their understanding of bullying, alcohol and drugs and self-identity.

When will the information be collected?

The SAL surveys will take place in your child's school during Term 1 2018

Who will see the information that is collected?

All students who have parent consent to participate in the research project will have their details including their name, address and date of birth recorded in the Community Health Information Management Enterprise system (CHIME), our electronic medical record as participating in the SAL program. A typical Chime entry may read "Aboriginal Health Worker (AHW) facilitated the Shake-a-Leg Student Survey. Support was provided to students when required during this time." It is standard procedure that any health related encounter is documented in CHIME by the attending health service provider.

Information provided by students in the survey will be treated as strictly confidential. Students' names will not be recorded with their survey; their identity will not be revealed to anyone other than the research team. Only the research team will have access to the completed surveys. Any paper forms including consent forms and student surveys will be stored in a secure location at Hunter New England Local Health District's Aboriginal Health Unit and kept in the strictest confidence, as required by law. The data will be published in summary form, with no mention of particular individuals.

How will we ensure the wellbeing of the children?

Ethical clearance has been given from the Hunter New England Human Research Ethics Committee, and the Aboriginal Health and Medical Research Council Ethics Committee. This means that the Hunter New England Local Health District has made a commitment to protect the safety, privacy and self-esteem of all students. Approval has also been obtained from the Department of Education and Training. All Aboriginal Health Workers will have appropriate child protection clearance and training.

The classroom teacher will be present at all times during all sessions. Should the teacher notice that participation in the study is concerning your child, they will speak with your child privately and may decide to withdraw them from the study. Prior to attempting the survey, the Aboriginal Health Worker will advise students that they should speak to their parents or carers, Teacher, GP, or Kids helpline if something concerns them.

What do I need to do for my child to participate?

Please read the information provided above, and discuss the study with your child before making a decision. Please ask your child to read the enclosed student information sheet.

If you and your child would like to participate, please sign the attached consent form and return to your school within two weeks. If after two weeks your form has not been returned you might receive a reminder from the school.

If you would like more information regarding this program, please contact Leonie Garvey, Aboriginal Health Coordinator on (02) 4924 6414 or Leonie.Garvey@hnehealth.nsw.gov.au

Thank you for considering this invitation



Tony Martin
Director
Hunter New England Aboriginal Health



Karen Gillham
Service Director – Health Promotion
Population Health Unit

This project has been approved by the Hunter New England Human Research Ethics Committee of Hunter New England Health, Reference 15/10/21/4.06

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to Dr Nicole Gerrand, Manager, Research Support and Development, Hunter New England Human Research Ethics Committee, Hunter New England Health, Locked Bag 1, New Lambton NSW 2305, telephone (02) 49214950, email Nicole.Gerrand@hnehealth.nsw.gov.au.

Concerns can also be directed to The Aboriginal Health and Medical Research Council (AH&MRC) Ethics Committee, PO Box 1565 Strawberry Hills NSW 2012 (02) 9212 4777, email ethics@ahmrc.org.au

**CONSENT FORM FOR THE RESEARCH EVALUATION:
Shake-a-Leg Health Program**

Parents and children please read, sign and return this form to school within 2 weeks if you wish to participate

I have had this study clearly explained to me. I also acknowledge that my child clearly understands what is required of him/her.

I consent to my child participating in the Shake A Leg (SAL) Evaluation Trial including the completion of a survey asking about his/her physical activity, nutrition and oral health knowledge and behaviour, as well as his/her knowledge on bullying, alcohol and other drugs, and identity and the recording of their information in CHIME.

Please tick	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Is your child (please tick where appropriate):

- ☐ Aboriginal?
- ☐ Torres Strait Islander?
- ☐ Aboriginal and Torres Strait Islander?
- ☐ Neither Aboriginal nor Torres Strait Islander

I understand that consenting to participate in this study does not obligate me or my child to participate in any future research. I understand that I may withdraw, or withdraw my child from the study at any time without consequence or disadvantage. I understand that my child may choose to withdraw from the study at anytime and that the information that my child and I provide will be confidential and will be stored safely after the study is completed.

Parent/ Guardian Name: _____

Address: _____

(Town) _____ (Postcode) _____

Parent/ Guardian Signature: _____

Date: _____

Student Name: _____

(Please *print* child's full name)

School _____

Year: 5 6 (Please Circle) Teacher: _____

Student Gender: Male Female (please circle)

Student Date of Birth: _____ (Day / Month / Year)

Student usual address: _____
