



Relaxed and social: A positive approach to children's healthy eating

**A booklet for child care staff, building on the
"Sharing a picture of children's development"
communication framework**

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A positive approach to children's healthy eating

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Section 1

Relaxed and Social - Introduction

Aims

The aim of this resource is to support child care staff to communicate with parents about the social and developmental aspects of healthy eating for young children, 1 year to 5 years of age. Parental concerns about children's fussy eating and food rejection ranks almost as highly as concerns about children's illness or family finances. From the time children are around 1 year of age many parents are looking for ways to respond to a child that is a fussy eater or regularly refuses food. Research shows that a more relaxed and social approach to eating can help children to eat and enjoy a healthy diet.

To fulfill this aim, this booklet:

- provides information about the social and developmental aspects of healthy eating
- highlights the importance of a partnership approach with parents and staff, and building on day to day communication about eating
- outlines areas for consideration both before and when promoting the social and developmental approach to healthy eating

These resources are a further development of the "*Sharing a picture of children's development*" communication framework, produced by the Centre for Community Child Health, Royal Children's Hospital, Melbourne, with support from the Australian Dairy Corporation.

Using the materials

There are three parts to this resource and they work as an integrated approach to promoting healthy eating with families:

1. Staff booklet "*Relaxed and social – a positive approach to children's healthy eating*"

This booklet is designed to be circulated to all child care staff including the cook and then inserted in the back of the "*Sharing a picture of children's development*" – coordinators' manual. The booklet includes master copies of Fact Sheets to print and photocopy.

"Consider" sections and "case studies" are used throughout the resource to encourage staff to reflect on their current communication with parents and ways to promote a relaxed and social approach to healthy eating in children. These can be used as a basis for ongoing discussion in staff meetings or as part of a quality improvement activities.

Note: Staff should be familiar with the parent booklet (see section 4) and the poster (see last page)

2. Parent booklet “Relaxed and social – a positive approach to your child’s healthy eating”

This booklet is designed to support the sharing of information and discussions with parents about developing children’s healthy eating behaviours. The booklet is intended to be given to parents as part of a professional discussion, not just put in the foyer for parents to pick up, or given out without any follow up. The professional discussion may be during enrolment, parent interviews or regular interactions with parents. Translations of the main messages are in a separate document entitled Translation fact sheet.

3. Poster “Relaxed and social mealtimes”

This poster is designed to reinforce the key messages that are explored in the parent booklet. The poster may be displayed in a place that is easily viewed and referred to by both parents and staff. It can be used as a prompt for discussion.

Relevant Quality Improvement and Accreditation System (QIAS) quality areas and principles

This resource can assist in promoting the following QIAS quality areas and principles.

➤ **Quality Area 3: Partnerships with Families**

Principle 3.1: “Staff and families use effective spoken and written communication to exchange information about individual children and about the centre.

➤ **Quality Area 8: Health**

Principle 8.1: “Food and drink are nutritious and culturally appropriate and healthy eating habits are promoted.”

The parent booklet and poster provide a point of discussion with parents. This is an opportunity for staff to listen carefully to parents who have diverse views and cultural beliefs about food and eating. When parents are comfortable sharing this information with staff, they can help staff to reflect on whether the meals and drinks provided at the service are culturally appropriate for their family.

Other Charters can also be considered when planning for children and families, such as the Australian Early Childhood Association (AECA) Code of Ethics and the United Nations Convention on the Rights of the Child.

Relevance to other nutrition initiatives

The Commonwealth Government National Child Nutrition Program has provided funding for a number of programs to promote good nutrition for young children. The “*Relaxed and social – a positive approach to children’s healthy eating*” resources are intended to be used alongside other state and territory based nutrition initiatives. See Section 5 – Useful references and resources for a listing.

Links to training

There are agencies in each state and territory that will support early childhood staff to develop their knowledge and abilities around food and nutrition through resources and in-service training. Refer to Section 5 – Useful references and resources.



Section 2

Why child care staff are well placed to discuss healthy eating

Including an emphasis on social and developmental aspects of healthy eating

Food and eating are topics that child care staff and parents discuss regularly. The focus for this discussion is often sharing information about what the child ate during the day and how much they ate. This is important information to share and is something that child care staff and parents generally feel comfortable to address.

The focus for this booklet is to highlight the need to share information and experiences related to the social and developmental aspects of eating, with an aim to foster healthy eating patterns in children for the long term. This does not take away from the discussion about daily intake but rather it builds on this and expands the interaction to include a focus on the social and developmental aspects, such as:

- the value of relaxed and social interaction with others while eating;
- how eating patterns change over time, recognising that children's appetites vary and they will not starve themselves. They will eat when hungry;
- the importance of offering new foods regularly;
- offering a variety of healthy foods at mealtimes and for snacks, and letting the child choose.

Early childhood staff are experienced in setting the scene for pleasurable mealtime experiences for children. Nutrition experts believe that many children eat well in children's services because of the very relaxed, social approach to eating. In child care, food is often served on platters or children are able to choose which foods and how much they wish to eat. There is also an element of positive peer pressure at meal or snack times that encourage children to eat and try new foods. Research in child care has highlighted that the behaviours described below, contribute to the development of healthy eating habits in young children in the long term (Nahikian-Nelms, 1997).

- ✓ **Eat together**
- ✓ **Sit and interact while eating**
- ✓ **Offer new foods regularly**
- ✓ **Provide healthy meals and snacks with a few choices**
- ✓ **Let children choose what to eat and how much to eat from a healthy selection.**

These behaviours will be familiar to staff, as many services have excellent policies and practices that reflect the social emphasis on children's eating. It would be beneficial to look carefully at the five strategies that are promoted in the parent booklet and discuss whether they are reinforced by the way healthy eating is promoted in the centre.

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Recommendations from the National Health and Medical Research Council (NHMRC) support an emphasis on the social and developmental aspects of eating and the importance of good communication between caregivers in order to respond to the individual needs of children (NHMRC Dietary Guidelines for Children and Adolescents 1995).

Consider

Do staff regularly communicate with parents about daily food intake?

Does the regular communication with parents address the social and developmental aspects of eating?

Do staff share information about children's eating patterns with parents? Is this important?

A partnership approach

Early childhood staff can work with parents in influencing the long term eating habits of children. A sense of teamwork, shared knowledge about food and behavioural strategies can help to reinforce positive eating habits in children that are sustainable in the long term. The regular contact staff have with a diverse range of parents is one of the most important aspects of the work in child care, as strong nurturing relationships between parents and staff form the basis of all learning and development.

The underlying approach that is promoted through the resource is family-centred practice. This involves basing work with families on family priorities, promoting family strengths and respecting family decision making and styles. Building a partnership and trust, rather than imposing viewpoints, is the foundation on which respectful two-way communication develops. The bigger picture of children's health and well-being is promoted when staff and parents get in touch with their capacity to work as a team for the benefit of the child. Staff are encouraged to use the range of communication strategies to suit the families in their service. Many families will have many other issues or priorities in their lives apart from their child's eating, whilst for some families this may be a major priority, if for example their child has food allergies or intolerances.

Sensitive communication is vital in developing a partnership with parents and can be individualised for each family. When staff initiate discussion, they are more likely to get positive responses if they show they are keen to understand parents' views and respect their knowledge of their child. Staff will know that their partnerships with parents are working when parents share information about their child or religious/cultural beliefs that they have not been prepared to share before.

"Communication is much more than giving information. It involves encouraging parents to share their thoughts, ideas, concerns and questions, and doing this in a way that lets them know that you are open to them." (Stonehouse, A. 2001. The Heart of Partnerships in Family Day Care – carer-parent communication. P.3)

Many families from a range of cultures view food as central to family life and celebrations. It is part of their traditions and a way of offering hospitality. Some like to share food experiences with children and staff in child care and may be happy to provide recipes. They may wish to show the cook how to prepare a particular type of food or become involved when planning menus. This is a way in which parents can be involved where language is no barrier. Developing cultural awareness will help staff to understand and share information to reinforce a partnership approach.

Consider

What attitudes and beliefs are needed to work in a partnership approach?

How do staff share information with parents about children's food intake?

Does the sharing of information take into account any cultural differences?



Being prepared to promote healthy eating messages

Introduction

To enable child care staff to confidently discuss healthy eating it is important to be prepared. The following materials highlight some of the information and issues that should be considered both before and when promoting the healthy eating messages:

- An understanding about the foods served in child care
- Recognising parents have differing views and priorities
- Food and Nutrition Policy
- Making links to primary health care services

Foods served in child care

A balanced menu in child care will have a wide variety of meals and snacks each day which include:

- Lots of fruits and vegetables, including a number of different varieties.
- Plenty of dairy foods
- Meat, chicken, fish, eggs, lentils, kidney beans are all important in small amounts
- Breads, cereals, rice and pastas
- Drinks of plain water.

Child care services in most states and territories have programs available to monitor the menus provided to children to ensure they meet nutritional requirements. For more information refer to “*Start Right Eat Right*” (Section 8) produced by Western Australian Health.

Meals in child care contribute significantly to the nutrition of young children. Depending on the length of time in care, children are expected to obtain a half to two-thirds of their daily nutritional requirements from lunch and snack times. Parents may not be aware that they need to provide the remaining part at home, and should not rely on child care meals to meet all their child’s nutritional needs. Sharing information about children’s food intake assists parents to plan meals at home to compliment those in the service. In “*Sharing a picture of children’s development*” coordinators manual page 24 - 30 there is an age/stage specific information about healthy eating patterns and nutrition.

The opportunity for second helpings of food is important to provide for the energy required by busy children. Children who are in care for long hours may need extra food for energy at the end of the day. Some services offer a late snack and drink of milk to bridge the gap between child care and home.

The Dietary Guidelines for Children and Adolescents (1995) highlight the importance of food containing iron and calcium for young children. Research from the “Start Right Eat Right” program also shows that children may not be getting enough calcium in the menus provided at child care. Many services have responded to this by reviewing their menus and also promoting the need for calcium intake with parents. The richest source of calcium is dairy foods such as milk, cheese and yogurt, which provide most of the calcium needed in children’s diets.

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Consider

- How confident do staff feel about answering questions about healthy eating?
- Have staff attended any professional development on nutritional requirements of children?
- Should staff be providing specific advice about the nutritional needs of children?
- Are children offered a balanced menu at your centre?
- Is there enough calcium, iron and energy supplied in the foods and drinks provided in the centre?

Recognising that parents will have different views and priorities

What if healthy eating is a priority for parents?

If parents have a particular interest in healthy eating, opportunities can be offered to talk in more depth. Consider how best to organise this. It may be by appointment or over the telephone. Use bilingual workers or interpreters for these discussions if necessary.

The communication framework in “*Sharing a picture of children’s development*” enables staff to plan opportunities to communicate in more depth with parents about their child’s health and development. It encourages services to plan an approach that is sustainable in the long-term and is proactive rather than problem focused.

The healthy eating messages from this booklet can be worked into the four parts of the “*Sharing a picture of children’s development*” communication framework. These are:

- a communication plan for each family,
- the individual folder for each child,
- parent-staff interviews and
- links with primary health care services.

The intention to discuss healthy eating can be indicated in the communication plan. Observations of children’s eating including the social and behavioural aspects can be added to each child’s developmental profile and put together in a folder for parents. For example, you can record what food and drinks a child has eaten over the week highlighting new foods tried and enjoyed. This information can be shared as part of the interview process. This approach recognises that eating is part of a child’s overall development, and will change over time. There is also a need to have established links with relevant services in the community. This is examined further on page 12.

The “*Sharing a picture of children’s development*” framework can be very usefully applied to communication about healthy eating. It assumes that the starting point for communication is when there is a focus and sharing about the *individual child*, not the policies or programs of the centre, as that comes later. It is out of this shared interest in the well-being of *their* child that parents seek further knowledge and a better understanding of the factors that effect *their* child’s development.

What if healthy eating is not a priority for some parents?

Healthy eating may not be of importance to some parents, as they may have many other priorities. It is still the responsibility of staff to make a respectful connection with all parents. To do this, start by letting parents know you would like to discuss what is important to them about their child’s development, as this will enable you to work effectively with their child. A specific time may need to be set aside. Provide as much positive feedback about the child as you can, and work on the parent’s priorities first.

Building the partnership and trust with families is more important for the child’s overall health and well-being than creating conflict. A parent’s willingness to share insights about their child and discuss any concerns is the aim, rather than trying to change their priorities or beliefs in the first instance. A family-centred approach shows respect for parents’ priorities recognising they may be different from staff’s priorities. The partnership will develop when parents feel staff have valued *their* priorities.

Consider

Do most parents have an expectation about the amount and type of information that will be communicated about their child's eating?

How do you approach parents who may not consider healthy eating a priority for their child?

How can healthy eating be included in the developmental profile of each child?

Sharing cultural and religious beliefs and values about eating

Staff need to consider how information about beliefs and values can be shared with families from culturally and linguistically diverse backgrounds. If particular foods are not eaten, due to religious and/or cultural beliefs, family practices need to be supported within the service. It is also important to be aware of, and cater for any food intolerances/allergies. Developing a profile of the child over time will provide this information, if not established at the initial enrolment. It is also valuable for staff to read background information in order to gain an understanding of the food requirements of a particular cultural group.

Consider

Have parents been asked about foods that are eaten in their culture and beliefs about food?

Are bilingual staff able to be engaged?

Is there information in the family language or access to translated information?

Are other family members who may be able to speak English able to assist?

Has the Telephone Interpreter Service been utilised where possible?

Have photographs been used to present information to parents?

Does the centre policy reflect an appreciation of the importance of sharing cultural and religious beliefs?

Case Study 1

A mother wanted to make sure her child was provided with halal meat and mentioned this to staff when first enrolling her child. Some time passed after the child had begun in child care and nothing happened. The mother didn't feel as if she could raise the issue again and became upset. She did not feel that she had been offered another opportunity to talk and share information since enrolment. She wanted to remind staff that this preference was central to her religious beliefs about the food provided for her child.

Consider:

In this case study are there shared beliefs and values between staff and parent about food?

How could this mother have been supported with her request?

What could staff do if they felt that they were unable to meet the mother's request?

Case Study 2

Hamid is a 24 month old Afghani child who has just begun in child care. Staff were initially confident that they would be able to offer Hamid some familiar foods with an adapted menu. However, after discussion with Hamid's mother, it became clear that there was no familiar food on the menu. This was a new challenge for staff. It was decided that Hamid's mother would bring food from home for the first month and then staff would gradually introduce food from the centre menu, once he became more familiar with the children, staff and routines. Staff's willingness to work closely with the parent to find the most appropriate food was valued by the mother, and staff also learnt about Afghani foods to include on the menu.

Consider

Do you think this was a satisfactory way to resolve this situation?

Can you suggest other ways you may have supported the child's dietary requirements?

Food and Nutrition Policy

The food and nutrition policy is an important document within the centre. It should clearly outline what the centre believes about food and nutrition and indicate how this will be achieved. This document should be informed by health and nutrition expertise from national, and state/territory governments. A policy document should be seen as dynamic, thus requiring review to ensure that it is up-to-date. The following questions could be used to consider whether there needs to be any modifications made to the centre's current food and nutrition policy, based on QIAS requirements.

- Was the policy developed with input from staff and families?
- Do families and children participate in menu planning and food selection?
- Is current information provided for all parents on nutrition and good eating habits from recognized health and nutrition experts?
- Do children with special dietary needs for health or religious reasons have adequate and appropriate foods provided either by the centre or by the children's families?
- Is there appropriate documentation of special dietary needs, including evidence of advice from health professionals?
- Where the centre provides food and drink, are quantities adjusted for the individual and recognises cultural differences and sensitivity?
- Are foods and mealtimes linked to other children's experiences?
- Is food available on a flexible basis to respond to individual needs?
- Are menus evaluated against guidelines provided from recognised nutrition and health authorities?
- Is information on children's nutrition provided in home languages?
- Is drinking water readily available?
- When was the last time this policy was reviewed, and did this include parent input?

(Adapted from: National Childcare Accreditation Council (NCAC) Quality Improvement and Accreditation Source Book First Edition 2001 p. 95.) Child care centres can contact the NCAC for advice about policy matters.

The focus for this resource is to highlight the importance of the social and developmental aspects of eating, as research in child care has shown that these contribute to the development of healthy eating habits in young children in the long-term.

Consider

Is there any information included in your centre's food and nutrition policy that reflects the importance of the social and developmental aspects of healthy eating such as:

- making eating a relaxed, pleasurable, sensory and social experience for children?
- understanding that children do not starve themselves? If they are offered healthy food and don't eat, they will most likely eat later when they are hungry. That is why regular healthy snacks are important.
- looking at the pattern of eating over the entire day and week – not making sure they get enough at each mealtime?
- Sitting with the child and talking, giving them positive attention?
- Not reacting to the mess or any refusal?

Do you think that your centre takes a social and developmental approach to promoting healthy eating?

Do you think that there needs to be any changes made to your existing policy in light of the questions above?

Case Study 3

Hamish is 18 months old and is in care 2 days per week. He is a very fussy eater who also has allergies to eggs, peanuts and milk. He vomited violently at the centre when an egg was included in pancakes. Staff were extremely apologetic. Hamish's mother brings his food from home and hopes he will be able to settle in with the centre meals modified for him in the future. At present staff offer the centre food and if he doesn't eat he is given food from home. The relationship with staff has been very good, with the mother commenting that staff seemed more worried than she was. For both the mother and the staff the issue has become a source of great teamwork with both trialing and discovering foods that Hamish enjoys.

Consider:

Do staff have a clear understanding of food allergies and food intolerances?
How would your staff handle this situation? Does the centre policy provide guidance for the handling of this situation?
Can you discuss other ways you may have supported the child's dietary requirements?

See Section 5 for references to assist with the development of the centre's policy

Making links with primary health care services

Child care services can benefit from contact with child health nurses and community dietitians who have expertise in child development and nutrition. Often these local services provide important professional networks and sources of referral for parents. Staff need to be able to promote these services to parents.

Consider

What services do you believe would be beneficial to have links with, to support the promotion of healthy eating?
Does the centre have these links?
What criteria would be used for deciding which services to recommend to parents?

Case Study 4

Staff at an inner city child care centre described their concern about a very plump toddler. Staff had been discussing how to approach this extremely complex issue. It was necessary to be sensitive as to why this may be the case, as there could be many reasons based on cultural, social and/or medical reasons. They decided that the best way to deal with their concern was to discuss it with the local child health nurse who was skilled in assessing growth and development. The nurse said that research with parents from culturally diverse backgrounds showed parents might have the perception that a plump baby/toddler reflected their beliefs about good health, prosperity and good parenting.

Consider:

How might staff handle this issue? What are the major factors to consider?
How comfortable would staff feel about handling this situation, and providing expert advice about childhood nutrition and management of overweight?
Who else may the staff want to contact and/or refer the family to?

Section 4



Promoting to parents the strategies for healthy eating

Introduction

Staff usually provide information in a written or spoken form to parents about their child's food intake. It gives parents a view of the day to day variations in children's appetites, food preferences and any new food tastes acquired. This information is very important for building a shared picture of the child, and can be the building block for further communication about healthy eating strategies. Whilst highlighting information about food intake the challenge is to also include comments on the social and developmental aspects of mealtimes.

Research in child care has highlighted that the five strategies described below contribute to the development of healthy eating habits in young children in the long-term. They are:

- ✓ **Make time to eat together**
- ✓ **Sit and interact with your child while eating**
- ✓ **Offer new foods regularly**
- ✓ **Provide healthy meals and snacks with a few choices**
- ✓ **Let children choose what to eat and how much to eat from a healthy selection.**

These are the strategies that are highlighted in the *"Relaxed and social: a positive approach to your child's healthy eating"* parent booklet. The material from the parent booklet is reproduced in this section, shown below in italics. The translations of the five strategies from the parent booklet are also reproduced on the inside of the back cover in this booklet.

Consider

Are there other concerns or issues that staff may need support with before promoting these five strategies to parents?

Will it be difficult to build on the existing exchange of information with parents about eating?

How will these five strategies be promoted to all parents?

How will the parent booklet be distributed? At what time of the year?

Responding to comments/concerns often expressed by parents

The following points relating to children's eating reinforce the five strategies above and reflect comments/concerns that are often expressed by parents. Staff need to feel comfortable about promoting these strategies. These points are highlighted so that staff can be more prepared to respond to and/or initiate discussions with parents around these five strategies.

✓ **Make time to eat together**

Today, many parents work full or part time or on casual shifts, making mealtime routines either hurried or more difficult to establish. Sometimes families end up relying on less healthy convenience or snack food just to get by.

Children learn by watching and copying the eating habits of adults. Try to:

- *Enjoy the same food as your child. Studies show that fussy parents tend to have fussy children. Traditional family foods may be altered slightly to be eaten by young children e.g. cooking with milder spices.*
- *Take time to eat together and relax at mealtimes, even if only a few times during the week or at weekends. Try a late breakfast or lunch on the weekend with all the family together.*

Family meals can be simple to prepare: for example bread and fillings, soup and a fruit platter on the table to share. Children in families from diverse cultural backgrounds are often more familiar with this shared style of eating.

Consider how to respond to common concerns raised by parents

Many parents find it difficult to make time to eat together. Don't make parents feel guilty about this but rather encourage them to think about the benefits of doing this and reinforce the fact that you do not have to prepare an elaborate meal to share. It can be quite easy to sit together over a bowl of cereal, or melted cheese on toast, with the television turned off.

✓ **Sit and interact with your child while eating**

This is a wonderful time to talk with your child and exchange family news. Let them hear you describe your day or what you are doing together now. This kind of chatter is good for babies, toddlers and older children and helps both language and emotional development. If your home language is other than English, this is a good time to use it. Focus on the positives of being together without giving too many instructions. Remember:

- *Let your child handle their foods while learning to use spoons and forks, as this increases their enjoyment of feeding themselves.*
- *Messy eating, spilling and dropping food are all normal in this age group.*
- *Don't hurry your child to eat, but as children have a short attention span limit mealtimes to 15-25 minutes.*
- *Even if adults are not eating, it is important to sit with your child while eating for safety reasons.*

Consider how to respond to common concerns raised by parents

Parents are often surprised by what their child has eaten in child care. Explain that there is an element of peer influence at meal or snack times at child care that encourages children to eat and try new foods. Children often eat new foods and a range of culturally diverse flavours with their peers in this social environment. Reinforce with parents that it is just as important at home to sit together and interact, as they act as the role model for their child, showing that new foods can and do taste great. This point is just as valid when trying to get children to select healthy drinks. Refer to the “*Drinks for children*” fact sheet at the end of this booklet. This may be photocopied and distributed to parents to support the development of healthy eating.

✓ **Offer new foods regularly**

A healthy diet includes a wide variety of nutritious foods. Some ways to introduce new foods include the following:

- *Allow your child to taste, without having to eat all of the new food offered. Let them stop when they say they've had enough.*
- *Serve small amounts of several different foods on the plate for your child to try. Include some familiar foods with the one new food.*
- *Don't let one or two refusals make you give up. If a food is refused today, it may be enjoyed next week.*
- *Involve your child in the food preparation.*

Consider how to respond to common concerns raised by parents

Encourage parents to keep trying to introduce new foods, as children may taste and reject a new food up to ten times before it is accepted. Reinforce with parents the importance of good role modeling and relaxed and social mealtimes. The refusal of a new food should not lead to arguments.

✓ **Provide healthy meals and snacks with a few choices**

Research has shown that when offered a variety of healthy foods, children can and do make good choices. Your job as a parent is to provide healthy meals and snacks and let your child choose from the food provided.

Offering a wide variety of meals and snacks per day means:

- *Lots of fruits (at least 1 to 2 serves) and vegetables (at least 2 to 4 serves), including a number of different varieties. Selecting different colour vegetables is one way to achieve this.*
- *Plenty of dairy foods (3 serves, which can be milk, cheese and yogurt) A small number of children are unable to eat dairy foods due to allergies, other medical or cultural reasons. In the case of lactose intolerance, lower lactose dairy foods may be used such as hard cheeses, yogurt and lactose free milk. In some cases, calcium-fortified soy products are needed. For children unable to tolerate dairy or soy products, individual nutrition advice is needed.*
- *Meat, chicken, fish, eggs, lentils, kidney beans (1 medium or 2 small serves) are all important in small amounts.*
- *Breads, cereals, rice and pastas (at least 3 or 4 serves).*
- *Plain water.*

Offering a variety of healthy foods every day will provide children with the range of nutrients they need for growth as well as help set healthy eating habits for later in life.

Serving sizes will depend on the child's age, how active they are and how hungry they are.

Growing children need some fat in their diet, so low or reduced fat foods or drinks are not usually recommended for children under 5 years of age, unless advised by a child health nurse, doctor or dietitian.

Encourage your child to drink water and milk. Water is the best drink for quenching thirst and doesn't spoil your child's appetite. Milk is important for providing children with many of the essential nutrients they need for growth including calcium, which helps with bone and teeth development. Sweet drinks such as cordial, soft drink and fruit juice can contribute to tooth decay and other health problems and are not encouraged.

Consider how to respond to common concerns raised by parents

Parents may express concern about the fact that their child does not seem that interested in eating after a day in child care, and they feel like they are neglecting their role as a parent. Children may only feel like eating “snacks” like dry biscuits, dips, fruit, and/or a tub of yogurt before bedtime. Remind parents that children are tired when they get home. They may have had a hot meal during the day and don't need another main meal at night. Nutrition experts suggests that small or frequent meals and healthy snacks are recommended for young children. A nutritious snack or small meal with a few choices is suitable for growing, active children. Refer to the “*Snack foods*” fact sheet at the end of this booklet. This may be photocopied and distributed to parents.

For quick and nutritious family dinners you can refer parents to ‘*Healthy family recipes for growing kids*’ that can be accessed from the Australian Dairy Corporation website: www.dairycorp.com.au

✓ *Let children choose what to and how much to eat*

Some parents try and control their child's food intake but this can interfere with the normal development of their appetite. Restricting food, forcing or even rewarding your child to eat can lead to more struggles over food. As a result children are LESS likely to eat a healthy, balanced diet.

Food intake can vary greatly from meal to meal, yet young children are able to even out what they eat over a few days. Their level of activity and exercise will affect their appetite. Respect your child's ability to regulate the amount of food they eat by letting them say when they have had enough to eat.

Your job as a parent is to be responsible for what food you offer to your child. Your child learns that they are responsible for how much and even whether he or she eats at all. Healthy children will eat when they are hungry; they will not starve themselves. It is recognised that in some cultures this view may not be acceptable. Some families, however, may want to look at new ways of approaching mealtimes.

Consider how to respond to common concerns raised by parents

Parents may believe that their child must eat everything that is served to them. This can lead to food being used as a reward or punishment if all the food is eaten or not eaten. It is important to support parents to understand that their child should be able to choose what and how much to eat as their eating patterns will be constantly changing and evolving as part of normal development. You can't make children eat - they decide to do it, so try and relax. Healthy children do not starve themselves, and will eat and drink again at the next snack or mealtime or when they are hungry and thirsty, so continue to offer a healthy selection. Remind parents that the centre does not pressure children to eat and that the children's food choices are respected. If parents are concerned about their child's food intake, then pooling information about the food the child has eaten at the centre and at home over the week may be helpful. Remember to include snacks and drinks as well as meals. Refer to the “*Drinks for children*” and “*Snack foods*” fact sheets at the end of this booklet for further information. These may be photocopied and distributed to parents. If parents have concerns about “*diets*” for their child, trying to restrict their food intake, encourage them to discuss any concerns about their child's weight with a child health nurse, doctor or dietitian. ‘*Diets*’ are not recommended for children of any age (or adults either).



Section 5

Useful references and resources

Appleton J., McCrea N., and Patterson C. (1999) *“There is more to food than eating”*, Sydney, Pademelon Press and Queensland Government Department of Families, Youth and Community Care.

Bunney C., and Williams L. (1993) *“Caring for Children – food, nutrition and fun activities. A practical guide to meeting the food and nutrition needs of children in care”* (2nd edition). Central Coast Area Health Service, NSW.

Centre for Community Child Health (2000) *“Sharing a picture of children’s development: A communication framework for child care staff and parents”*, Melbourne.

Graham V., Gibbons K., Marraffa C., Rozman M. (2000) “Filling the Gap-children aged between four and six years: sources of nutritional information used by families and kindergarten teachers,” *Australian journal of Nutrition and Dietetics* 57:1.

Landers Margot C. G., Warden R. A., Hunt K. A., Boulton T.J.C. (1994) “Nutrition in long day child care centres: are the guidelines realistic?” *Australian journal of Nutrition and Dietetics* 57:1 (4): 186-190.

McCrea N. (1995) “Summertime and the living is easy”. *Every Child*. Vol. 1, No. 6:23.

National Childcare Accreditation Council (2001) *“Putting Children first: Quality Improvement and Accreditation System Handbook”*. First Edition, Commonwealth of Australia.

National Health and Medical Research Council (1995) *“Dietary Guidelines for Children and Adolescents”* currently under revision.

National Nutrition Survey 1995. ABS (1995).

Nahikian-Nelms M. (1997) Influential factors of caregiver behaviour at mealtime: A study of 24 child care programs – *journal of the American Dietetic Association* 97(5): 505-509.

NSW: Ageing and Disability Department and Early Childhood Intervention Australia (NSW) (1998). *“Partners: Recommended Practices in Family-Centered Early Childhood Intervention – Training Package”*, Sydney.

Queensland Health (2001) *“What is better food?’ for early childhood settings”*, Queensland Government.

SA Nutrition Partnership (1999 – ongoing) *“Food Matters, a nutrition newsletter for carers of children under 5”*, South Australia.

Sangster J., Chopra M. (1996) “What’s on the menu in long day care centres,” *Child & Antenatal Nutrition Bulletin*, 29:3-4.

Satter E. (1987) *“How to get your kids to eat, but not too much.”* Bull Publishing, California.

Satter E. (1992) In Siggman-Grant M> “Feeding preschoolers: balancing nutritional and developmental needs” *Nutrition Today*. 27:7-13

Soanes R., Miller M., Begley A. (2001) “Nutritional intake of two and three year old children: a comparison between those attending and not attending long day care centres” *Australian journal of Nutrition and Dietetics* 58.2.

Stonehouse A. (2001) *“The Cornerstone of Quality in Family Day Care and Child Care Centres – parent-professional partnerships”*, Centre for Community Child Health, Royal Children’s Hospital, Melbourne.

Stonehouse A. (2001) *“The Heart of Partnerships in Family Day Care – carer-parent communication”*, Centre for Community Child Health, Royal Children’s Hospital, Melbourne.

Treloar C., Porteous J., Hassan F., Kasniyah N., Lakshmanudu Sama M., Sja’bani M., Heller R. F. (1999) “The cross cultural context of obesity: an INCLen multicentre collaborative study” *Health & Place* 5: 279-286.

WA Health (1998) *“Start Right Eat Right Program”*, Western Australia.

Videos

Dieticians Association of Australia and Community Nutrition Unit, Department of Health and Human Services, (1999) *“Family Food video”*, Tasmania

WA Health Department, *“Good Food for Child Care: A video for child carers and parents”*, Western Australia

Other projects / training materials

Lady Gowrie Child Centre, South Australia *“Talking with families about nutrition”*.
Ph: 08 8352 5144

Lady Gowrie Child Centre, NSW *“Start Right Eat Right Award Scheme”*. Ph: 02 8594 4214

Lady Gowrie Child Centre, Western Australia *“Start Right Eat Right Award”* Ph: 08 9450 5433.

Lady Gowrie Child Centre, Victoria *“Start Right Eat Right Project”* Ph: 03 9349 2890

Kindergarten Parents Victoria *“National Child Nutrition Program”*. Ph: 03 9489 3500

Lady Gowrie Child Centre, Tasmania *“Taste Buds – a food and nutrition training initiative for Tasmanian child care services”*. Ph: 03 6230 6820

Lady Gowrie, Queensland, Nutrition Australia, Queensland Health, Nutrition Training Course *“Food and Nutrition for children in early childhood settings – where food is brought from home.”* 2001. Ph: 07 3252 9971

Children’s Services Resource and Advisory Program, ACT, *“The nutrition and food safety resource kit.”* 2001. Ph: 03 6295 3800

Other resources available from the Australian Dairy Corporation (ADC)

The following resources can be accessed from the ADC website: www.dairycorp.com.au

- Manual for coordinators
“*Sharing a picture of children’s development*” – a communication framework for long day care centres.
- Parent booklets
“*Nurturing your child’s healthy development*” – across four age groups: by 9 months, by 18 months, by 3 ½ years and by 5 years.
- Posters
“*Pictures of development*” – across four age groups: by 9 months, by 18 months, by 3 ½ years and by 5 years.



Prepared for the Centre for Community Child Health by the Department of Nutrition and Food Services, Royal Children's Hospital, Melbourne

Five ways to support relaxed and social eating

Vietnamese translation

5 yếu tố để tạo nên thoải mái trong khi ăn

1. Cùng ăn với nhau
2. Nói về món ăn trong khi ăn
3. Thường xuyên thay đổi thức ăn
4. Đưa ra vài món ăn bố dượng để con em chọn
5. Hãy để cho con em tự quyết định số lượng và chọn món ăn

Somali translation

Shan siyaabood oo lagu taageerayo xasiloonida iyo wadaaga cunada

1. Samee waqti aad wax wada cuntaan
2. Lafariiso lana joog ilmahaaga waqtiga cunada
3. Cunooyin kala duwan sii caadi ahaan
4. Sii cunno caafimaad leh iyo cunno fudud oo kaladuwan
5. U ogolow ilmuhu in ay doortaan cunnaday rabaan iyo inta ay ka cuni karaan cunada caafimaadka leh.

Chinese translation

與孩子愉快和輕鬆進食的五種途徑

1. 找時間一起共膳
2. 進食的時候要與小孩一起坐和溝通
3. 經常有新款食物
4. 提供幾樣不同的健康食品和小吃
5. 若是健康的食物可讓小孩自己選擇吃什麼和吃的份量

Turkish translation

Rahat ve sosyal bir yemek yeme ortamı sağlamanın beş yolu

1. Birlikte yemek yemek için zaman ayarlayınız.
2. Çocuğunuz yemek yerken onunla birlikte oturup karşılıklı konuşunuz.
3. Düzenli olarak yeni yiyecekler sununuz.
4. Çeşitli sağlıklı yemek ve hafif yiyecek seçenekleri sağlayınız.
5. Sunacağınız sağlıklı yiyecekler arasından hangisinden ne kadar yiyeceğinin seçimini çocuklarınıza bırakınız.

Fact Sheet

Drinks for children

About drinks

- Children need at least 6 glasses of fluid each day.
- Water is the best drink for everyone. It is needed so the body can work properly.
- Milk is also important each day to give the body protein, calcium and other essential vitamins and minerals.
- Fruit juices and soft drinks are not recommended. They have a large amount of sugar even the 'no added sugar' varieties and can contribute to tooth decay. Eating whole fruit is better than drinking fruit juice.

Everyday drinks for children and families



Tips

- Drink water yourself to encourage your child to do the same
- Serve a jug of water with family meals and have water available for children at all times
- Take filled water bottles when you go out
- Offer full cream milk to children a couple of times a day
- Keep other drinks, such as fruit juice and fizzy drinks for special occasions

Snack Foods

About snacks

- Children need a couple of healthy snacks to get enough food for the day.
- Snack times are ideal to encourage children to eat *fruits, vegetables, dairy foods and cereal products*.
- Snacks are best thought of a 'small meals' of healthy foods, rather than specially packaged items.
- Pre-packaged snacks may be high in fat and/or sugar, such as muesli and "breakfast" bars. Always read the labels.

Snack foods	Nutrients provided	Be aware	Tips
Fruit – fresh, frozen, canned in natural juice	Vitamins, minerals, fibre, carbohydrates	Dried fruit bars and 'straps' are very high in sugar, low in fibre and stick to children's teeth	<ul style="list-style-type: none"> ➤ Children enjoy a fresh fruit platter or frozen fruit pieces ➤ Try making frozen fruit icy poles
Vegetables – fresh, frozen, canned (no added salt)	Vitamins, minerals, fibre, carbohydrates	Hot chips and packet crisps are best left for special occasions	<ul style="list-style-type: none"> ➤ Offer vegetable sticks with dips or a bowl of pumpkin or potato soup ➤ Corn on the cob and jacket potatoes are quick and easy to prepare
Milk, yogurt and custards – full cream	Calcium, protein, more than 10 essential vitamins and minerals	Avoid the sugary 'dairy deserts' like chocolate mousse	<ul style="list-style-type: none"> ➤ Fruit yogurts or custard are good for children who don't drink milk ➤ Fruit smoothies – combine milk and fruit
Cheese, dips and biscuits	Calcium, protein, vitamins, minerals, carbohydrates	'Oven baked' savoury biscuits are just as high in salt and fat as chips. Avoid sweet dips and spreads	<ul style="list-style-type: none"> ➤ Cheese cubes or cream cheese on crackers are quick and easy to prepare ➤ Make your own dips rather than buying expensive pre-packaged versions
Cereal and milk	Protein, calcium, vitamins, minerals, carbohydrates	Limit sugary or chocolate cereals	<ul style="list-style-type: none"> ➤ An easy to prepare nutritious snack for any time of the day
Breads – endless varieties available	B group vitamins, fibre	Limit chocolate spreads, honey and jams	<ul style="list-style-type: none"> ➤ Try vegemite, cheese, peanut butter, tuna, egg, cold meats, chicken and salad vegetables
Noodles, pasta, rice	Carbohydrates, B-group vitamins	Flavour sachets in 'instant' noodles are high in salt, flavours and preservatives. Some brands are also high in fat	<ul style="list-style-type: none"> ➤ It takes the same time to cook pasta or rice as it does the 'instant' versions ➤ Add some grated veggies or cheese for a nutritious snack

Prepared for the Centre for Community Child Health by the Department of Nutrition and Food Services, Royal Children's Hospital, Melbourne

Relaxed and social mealtimes

These strategies have been shown to support the development of healthy eating patterns

- ✓ Make time to eat together
- ✓ Sit and interact with your child while eating
- ✓ Offer new foods regularly
- ✓ Provide healthy meals and snacks with a few choices
- ✓ Let your child choose what to eat and how much to eat

