

# GET UP & GROW

HEALTHY EATING AND PHYSICAL ACTIVITY FOR EARLY CHILDHOOD

DIRECTOR/COORDINATOR BOOK



Australian Government  
Department of Health and Ageing

## Minister's Foreword

It gives me great pleasure to introduce the *Healthy Eating and Physical Activity Guidelines for Early Childhood Settings*, an initiative that is an important element of the Australian Government's *Plan for Early Childhood* and *Plan for Tackling Obesity*.

Our children's early years are arguably their most important and establishing healthy behaviours from birth will lay the foundation for lifelong health and wellbeing. Nutritious food and regular physical activity supports the normal growth and development of children and reduces the risk of developing chronic lifestyle related diseases later in life.

As more children spend time in care, early childhood settings can play an important part in supporting healthy choices around nutrition and physical activity. This resource provides practical information and advice to assist practitioners, carers and families in this role.

The *guidelines* have been designed so that they can be applied in a variety of early childhood settings including centre-based care, family day care and preschools. They are evidence-based and consistent with current thinking on early childhood development.

They will also complement a range of other programs such as the Healthy Kids Check for all four-year-olds before they start school and resources such as the *Get Set 4 Life – habits for healthy kids* Guide.

These initiatives will help to ensure that all Australian children have the best possible start in life and every opportunity for the future.



The Hon Nicola Roxon  
Minister for Health and Ageing

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# Director/Coordinator Book



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*Get Up & Grow: Healthy eating and physical activity for early childhood* provides general non-commercial, evidence-based information to early childhood education and care settings, to assist in developing healthy habits for children birth to five years. For children with particular medical or nutrition conditions, professional medical advice may be required.

Readers should be aware that these resources may contain images of Aboriginal and Torres Strait Islander people who are now deceased.

This resource has been updated to reflect the *Infant Feeding Guidelines* (2012) and *Australian Dietary Guidelines* (2013).

## Summary of guidelines and recommendations

### HEALTHY EATING GUIDELINES

**Healthy eating guideline 1:** Exclusive breastfeeding is recommended, with positive support, for babies until around six months. Continued breastfeeding is recommended for at least 12 months – and longer if the mother and baby wish.

**Healthy eating guideline 2:** If an infant is not breastfed, is partially breastfed, or if breastfeeding is discontinued, use an infant formula until 12 months of age.

**Healthy eating guideline 3:** Introduce suitable solid foods at around six months.

**Healthy eating guideline 4:** Make sure that food offered to children is appropriate to the child's age and development, and includes a wide variety of nutritious foods consistent with the *Australian Dietary Guidelines* (see page 3).

**Healthy eating guideline 5:** Provide water in addition to age-appropriate milk drinks. Infants under the age of six months who are not exclusively breastfed can be offered cooled boiled water in addition to infant formula.

**Healthy eating guideline 6:** Plan mealtimes to be positive, relaxed and social.

**Healthy eating guideline 7:** Encourage children to try different food types and textures in a positive eating environment.

**Healthy eating guideline 8:** Offer an appropriate amount of food, but allow children to decide themselves how much they will actually eat.

**Healthy eating guideline 9:** Offer meals and snacks at regular and predictable intervals.

**Healthy eating guideline 10:** Ensure that food is safely prepared for children to eat – from the preparation stages to consumption.

### PHYSICAL ACTIVITY RECOMMENDATIONS

**Recommendation:** For healthy development in infants (birth to 1 year), physical activity – particularly supervised floor-based play in safe environments – should be encouraged from birth.

**Recommendation:** Toddlers (1 to 3 years) and pre-schoolers (3 to 5 years) should be physically active every day for at least three hours, spread throughout the day.

**Recommendation:** Children younger than two years of age should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).

**Recommendation:** For children two to five years of age, sitting and watching television and the use of other electronic media (DVDs, computer and other electronic games) should be limited to less than one hour per day.

**Recommendation:** Infants, toddlers and pre-schoolers should not be sedentary, restrained or kept inactive for more than one hour at a time – with the exception of sleeping.





## Summary of guidelines and recommendations



## Australian Dietary Guidelines

<b>Guideline 1</b>	<p>To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.</p> <ul style="list-style-type: none"><li>• Children and adolescents should eat sufficient nutritious foods to grow and develop normally. They should be physically active every day and their growth should be checked regularly.</li><li>• Older people should eat nutritious foods and keep physically active to help maintain muscle strength and a healthy weight.</li></ul>
<b>Guideline 2</b>	<p>Enjoy a wide variety of nutritious foods from these five groups every day:</p> <ul style="list-style-type: none"><li>• plenty of vegetables, including different types and colours, and legumes/beans</li><li>• fruit</li><li>• grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley</li><li>• lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans</li><li>• milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of two years).</li></ul> <p>And drink plenty of water.</p>



<b>Guideline 3</b>	<p>Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.</p> <p>a. Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.</p> <ul style="list-style-type: none"><li>• Replace high fat foods which contain predominantly saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods which contain predominantly polyunsaturated and monounsaturated fats such as oils, spreads, nut butters/pastes and avocado.</li><li>• Low fat diets are not suitable for children under the age of two years.</li></ul> <p>b. Limit intake of foods and drinks containing added salt.</p> <ul style="list-style-type: none"><li>• Read labels to choose lower sodium options among similar foods.</li><li>• Do not add salt to foods in cooking or at the table.</li></ul> <p>c. Limit intake of foods and drinks containing added sugars such as confectionary, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.</p> <p>d. If you choose to drink alcohol, limit intake. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option.</p>
<b>Guideline 4</b>	Encourage, support and promote breastfeeding.
<b>Guideline 5</b>	Care for your food; prepare and store it safely.

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# Introduction

The *Get Up & Grow: Healthy eating and physical activity for early childhood* guidelines and accompanying resources have been developed by child health and early childhood professionals in collaboration with the Australian Government Department of Health and Ageing. State and territory governments were also consulted in the development of these resources.



The *Get Up & Grow* resources are designed to be used in a wide range of early childhood settings by families, staff and carers, and to support a consistent, national approach to childhood nutrition and physical activity. When applying the guidelines and recommendations outlined within the resources, early childhood settings will also need to meet any other requirements set out in state, territory or federal regulatory arrangements.

These healthy eating and physical activity resources are based on three key national health documents that focus on children, namely:

- The *Australian Dietary Guidelines* (2013) and the *Infant Feeding Guidelines* (2012), which form the basis for nutrition policy in Australia (available in Section 4: Further Reading).
- The *National Physical Activity Recommendations for Children 0 to 5 years*, which has been developed to guide policy and practice around physical activity for young children (summary available at the end of Section 2: Physical Activity).



This collection of resources has also been developed in recognition of the rich cultural and religious diversity in Australia. To ensure that a range of needs were considered in the development, early childhood staff and carers, associated professionals, and parents from around Australia were consulted through surveys and focus groups. This consultation included a diverse range of people: some from urban, regional and remote locations, some with culturally and linguistically diverse backgrounds, some from Aboriginal and Torres Strait Islander backgrounds, and some who care for children with a disability.

In Australia, we presently face an increasing problem with overweight and obese children. The intention of these resources is not to specifically target overweight and obesity, but to establish healthy lifestyle habits in children, in particular healthy habits for eating and physical activity. In turn, this will contribute to the prevention of weight problems in children, while promoting optimum growth, addressing other health issues such as dental health, and allowing children to thrive through social, physical and intellectual development.



The goal of the healthy eating guidelines is to promote offering healthy food choices to children (whether food is provided in the setting or brought from home), while also encouraging children to eat to their own appetites, develop positive attitudes toward selecting food, and enjoy eating. The goal of the physical activity recommendations is to support making play a priority, and encourage early childhood staff, carers and families to provide frequent play opportunities in a positive environment.



Four books have been developed to support those who work in early childhood settings and the families of settings:

- *Director/Coordinator Book*
- *Staff and Carer Book*
- *Cooking for Children*
- *Family Book*

Directors and coordinators are responsible for the design and equipment of a setting, reviewing or developing healthy eating and physical activity policies, and supporting staff.

This book will assist in:

- understanding the rationale behind the outlined guidelines
- developing healthy eating and physical activity policies for an early childhood setting
- understanding the role of staff, including carers and cooks, and how they can support healthy habits for children and their families.



The *Director/Coordinator Book* includes copies of each of the resource books. There are additional materials, such as flyers for parents, posters and stickers for the setting, and 11 healthy eating and physical activity newsletter inserts. The newsletter inserts can be easily added into a setting's newsletter.

Directors and coordinators play a key role in children's development in early childhood settings. The information in this book will act as a guide for encouraging children and families to get up and grow!

The resources are also recognised through the National Quality Standard for Early Childhood Education and Care which commenced on 1 January 2012. Quality Area 2 of the National Quality Standard requires services to have healthy eating and physical activity embedded in their program for children and these resources provide guidance and support the sector to meet this requirement.

These resources are available as an adapted version for Indigenous communities and have also been translated into nine different culturally and linguistically diverse languages.

# Breastfeeding



## HEALTHY EATING GUIDELINE 1

Exclusive breastfeeding is recommended, with positive support, for babies until around six months. Continued breastfeeding is recommended for at least 12 months – and longer if the mother and baby wish.

Breastfeeding is the first food experience for babies. It is recommended that infants be exclusively breastfed until around six months of age when solid foods are introduced, and breastfeeding be continued until 12 months of age and beyond, for as long as the mother and child desire.

The fourth guideline of the *Australian Dietary Guidelines* is 'Encourage, support and promote breastfeeding'. Australia's breastfeeding initiation rate in 2010 was high at 96%, however only 15% of infants were exclusively breastfed to around six months.

## Benefits of breastmilk

Breastfeeding is the healthiest start for infants. For this reason it is recommended that mothers exclusively breastfeed until around six months of age, and then for as long as it is possible and practical. Most breastfeeding difficulties can be overcome with support and encouragement from health professionals, family and community organisations.

Breastfeeding provides benefits for babies from birth, and these benefits continue as they grow. Breastfeeding also has benefits for mothers.



## Benefits for babies

The benefits of breastfeeding for babies are that:

- Breastmilk has the appropriate nutrient composition for babies in each stage of development.
- Breastmilk helps to protect young babies from disease – particularly gastrointestinal illness, respiratory illness and middle-ear infections.
- The sucking actions of breastfeeding help shape and prepare the jaw for teeth and speech.



## As babies grow...

There has been a lot of research into the health benefits of breastmilk.

Most of the research and results deal with exclusive breastfeeding – where breastmilk is the only food supplied to babies during the first months of life. There are strong results to show that breastfeeding protects babies against gastrointestinal infections, respiratory infections and middle-ear infections, and lowers high blood pressure and the risk of obesity in childhood. Other research suggests that breastfeeding also lessens the effects of asthma, wheezing and eczema and improves intellectual and motor development. There is also some research to suggest that breastfeeding may reduce the risk of Crohn's disease, allergies, type 1 diabetes and leukemia. Long-term effects of breastfeeding include reduced risk of type 2 diabetes and weight problems (overweight and obesity) in adolescence and adulthood.

## Benefits for mothers

Breastfeeding also has important protective benefits for mothers, it:

- assists the uterus to contract to its pre-pregnant size
- lowers the risk of pre-menopausal breast cancer and ovarian cancer
- protects against rheumatoid arthritis
- assists the return to pre-pregnancy weight (if breastfeeding is prolonged)
- reduces the risk of type 2 diabetes (if breastfeeding is prolonged).



## Discussing breastfeeding with new parents

Many parents book their child into an early childhood setting soon after birth, or even before their baby is born. This is a good opportunity to let mothers know that breastfeeding is beneficial, even for a short time, and that it is possible to breastfeed and work.

Here are some tips for encouraging mothers to breastfeed:

- Inform them of what the early childhood setting can offer to support her.
- Inform them of where they can receive practical help if needed.
- Provide factual and practical information on how to continue to breastfeed after returning to work.

### Breastfeeding role models

Seeing another mother successfully breastfeed offers encouragement to new mothers. Encourage staff and carers returning to work in the early childhood setting after having a baby to continue to breastfeed. If the staff member agrees, let it be known around the setting that she is breastfeeding and encourage her to speak positively about it. Specific questions about breastfeeding should be referred to experts.

## Breastfeeding and work

It is possible for mothers to return to work and still continue breastfeeding their child. Most women will need to express breastmilk for their baby to drink in the times they are apart. Mothers who work part-time or very close to the early childhood setting may be able to continue offering all feeds from the breast.

### Breastfeeding and expressed milk

Expressing breastmilk allows a mother and baby to happily continue breastfeeding, with the mother providing expressed milk in a bottle for times she is away. Regularly expressing breastmilk is often easier once breastfeeding has been established. This is usually when the baby is around two to three months of age; however it is possible for mothers to successfully express milk before this time.

Offering babies breastmilk through a combination of breastfeeding and bottle-feeding usually means offering a minimum of two feeds from the breast per day – one in the morning and again in the evening, or at bedtime. In between feeds from the breast, mothers can express breastmilk to safely save for later use.

Mothers need to express milk at intervals similar to when they would normally breastfeed. Milk can be expressed by hand, hand pump or electric pump, and this needs to be practised before returning to work.

### Breastfeeding and formula

Some mothers find it quite easy to develop and keep a routine of providing breastmilk for their babies. Other mothers may find it difficult to keep up their supply of breastmilk, or simply be unable to organise or find the time.

If their baby is older, say around six months, many mothers can continue to produce enough milk for these now less-frequent breastfeeds. Also, many older babies are happy to have breastfeeds supplemented by formula during the day. Expressed milk or formula can be offered in a bottle, or in a cup if the baby is seven to eight months old or more.

Maintaining enough milk for only a small number of feeds can be difficult for some mothers. If a mother finds that she does not have enough milk, she may need to express more often for a while to try to rebuild her supply. On the other hand, she may accept that the breastfeeding period is over for this baby.

#### A place to feed

A mother may want to breastfeed her baby at the early childhood setting at drop-off or pick-up time. If work is close by, some mothers may be able to come back and breastfeed during the day. Sometimes, a mother may need to express breastmilk at the setting for her baby to drink that day. Breastmilk expressed and stored at the setting must be labelled and stored appropriately.

Many mothers are happy to breastfeed in public, and this should be acceptable to everyone. However, some women prefer to use a quiet, private space when breastfeeding, especially when expressing breastmilk. Also, if a baby is easily distracted, they may feed better in a quiet environment. Therefore, it is important that a quiet and private space be available for breastfeeding mothers, and that both the mothers *and* staff or carers know about it. The breastfeeding space should have a comfortable chair and access to a power point, for mothers who use an electric pump to express milk.





## Congratulations for breastfeeding!

No matter how long a mother breastfeeds her baby, she should be recognised and respected for her effort. If a mother is moving her baby onto formula, make sure she has information on how to provide formula to early childhood settings.

## 'Safe handling is particularly important for breastmilk because it is a fluid from the body.'

### Safe handling of breastmilk

As with all food and drink, it is important that staff and carers practise safe handling of breastmilk. Safe handling is particularly important for breastmilk because it is a fluid from the body. Care should be taken to ensure that breastmilk does not spill or drip onto other food, and that a mother's breastmilk is provided only to her own baby.

### Labelling and storage

- At home, breastmilk should be stored in sterilised bottles in the coldest part of the refrigerator (5°C or lower), and can be kept for three days (72 hours).
- Milk can be frozen in a freezer compartment inside a refrigerator for up to two weeks at -15°C; three months at -18°C (for example, in a separate freezer), and six-12 months at -20°C (for example, in a deep freezer).
- Milk brought to the setting should be poured into sterilised bottles (see box on page 12) and carried in an insulated container with an ice brick or frozen water bottle. Each bottle of milk is to be clearly labelled with the following information:
  - full name of child
  - date to be used.



### Cleaning bottles for babies

Bottles need to be sterilised, sanitised and disinfected to ensure that they do not carry any infections. This can be done with several different methods, including boiling, with an electric sterilising unit, through chemical sterilisation or with a microwave steriliser. Whichever method is chosen, be sure to always follow the instructions carefully.

### Protocols for breastmilk

It is very important that the correct breastmilk be given to the correct baby. Giving a baby the breastmilk of a different mother is a major incident.

Staff should follow the following procedures:

- If more than one baby is receiving breastmilk at a setting, two staff members need to check that the correct name is on the bottle for the baby about to be fed. This should also be noted on the baby's record.
- If a baby is given the wrong breastmilk, the setting's usual incident procedures should be followed. This may include reporting the incident to a local authority. Staff and carers should also ask the baby's mother to contact her general practitioner or child health nurse for advice.

**'Mothers need to be encouraged and supported to breastfeed, and assured that breastfeeding – even for a short time – has benefits.'**





## How to be breastfeeding-friendly

Most mothers know that breastfeeding is the ideal feeding choice for their baby. However the decision to breastfeed is also influenced by the needs of a mother's entire family, and other concerns she may have in her life. Some mothers may decide not to breastfeed. Many women worry that when they return to work it will be impossible to breastfeed. Some mothers may even decide against breastfeeding in the first place because they think they will have to stop when they go back to work.

Mothers need to be encouraged and supported to breastfeed, and assured that breastfeeding – even for a short time – has benefits. Offer factual information about breastfeeding as well as practical advice, and support mothers who need further information or help.

Additional breastfeeding information is available from the Australian Breastfeeding Association, either online at [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au) or from the breastfeeding helpline, 1800 MUM 2 MUM (1800 686 2 686).



## Checklist

- Mothers new to the early childhood setting, or just booking in, are provided with breastfeeding information.
- Any staff and carers that are breastfeeding are encouraged and supported to breastfeed.
- Mothers are reminded that any amount or length of breastfeeding is good, and they are supported in their choices.
- Mothers know that breastfeeding is supported into the second year and beyond, if that is what they want to do.
- Mothers understand that they need to express milk as often as they would feed their baby.
- A comfortable and private place for mothers to breastfeed or express milk is provided, with a power point for an electric pump.
- Safe breastmilk-handling practices are maintained by all staff or carers and parents.
- Mum should be encouraged not to drink alcohol while breastfeeding and keep baby away from cigarette smoke





# Infant formula



## HEALTHY EATING GUIDELINE 2

If an infant is not breastfed, is partially breastfed, or if breastfeeding is discontinued, use an infant formula until 12 months of age.

Infant formula is the only safe alternative to breastmilk in the first 12 months. Breastmilk is the best choice for babies, so it is important that mothers know about the benefits of breastfeeding before they make the decision to combine breastfeeding with formula-feeding or to offer formula instead.

If a baby is not breastfeeding, or is partially breastfed, infant formula should be the only other food they have until solids are introduced. Breastmilk or infant formula should be continued while introducing solids, with other drinks avoided until the infant is 12 months of age.

## Infant formula

Many types of infant formulas are available. A formula that is appropriate for the age of the baby should be prepared safely in a clean environment, according to the manufacturer's directions and using the scoop provided to measure the powder. Formula that is not made up correctly can cause babies to become dehydrated, constipated or even undernourished. It is important that nothing is added to infant formula. Adding infant cereal or other foods to formula can interfere with a baby's feeding.

**'Babies should still be given breastmilk or formula when starting solids, which is usually at around six months of age...'**



For babies in care, parents should provide the setting with sterilised bottles and teats, as well as pre-measured powdered formula, each day. These should be clearly labelled with the date, the baby's name and the amount of water to be mixed with the formula. Water for infant formula should be prepared by bringing a fresh kettle or jug of water to the boil and allowing it to boil for 30 seconds (or, for an automatic electric kettle, until the cut-off point). Water should then be cooled before use. Infant formula should always be prepared as close as possible to the time it is needed. It is safest to prepare feeds individually, and not in bulk.

It may be preferable for parents to bring bottles already filled with the correct amount of pre-boiled, cooled water, so that staff and carers do not have to boil and cool water before feeding babies. Water boiling units are not suitable for use when preparing formula for babies. Once made up, infant formula should be stored in the refrigerator until used, and discarded after 24 hours.

It is not safe for parents to bring pre-prepared infant formula for their child. This is because of the small risk of bacteria not killed during the formula preparation process growing in the bottle after it is prepared.

To ensure that formula is heated evenly and to reduce the risk of burning the baby, bottles should be warmed in a water bath for no longer than 10 minutes, and not in the microwave.

It is crucial to supervise babies while they are feeding – never leave them unattended with a bottle, or prop a bottle up for a baby. Propping a bottle is dangerous, as the baby risks choking or developing an ear infection. In addition to supervision, babies benefit from close interaction with a parent or carer while feeding.

Babies should be allowed to decide the amount of milk they wish to drink, and should never be urged to finish a bottle. Unfinished formula should be discarded and not stored, even in the refrigerator, for later use.

After use, all bottles and teats should be rinsed in cold water and sent home to be washed and sterilised.





## Cow's milk

Cow's milk should not be given to babies as a main drink until they are 12 months of age. Small amounts of cow's milk can be used in mixed foods for babies prepared for the infant. Low-fat and reduced-fat milks are not recommended for children under the age of two years.

## Checklist

- Feeding babies infant formula is recommended in cases where breastfeeding is discontinued within the first 12 months.
- Infant formula is prepared according to the manufacturer's directions and offered in a clean, sterilised bottle.
- Infant formula is prepared as close as possible to feeding time.
- Correct procedures for preparing and handling infant formula are carried out.





# Introducing solids

## HEALTHY EATING GUIDELINE 3

Introduce solid foods at around six months.

Breastmilk or formula provides all of the necessary nutrients for babies from birth to six months. From around six months, babies need solid foods in addition to breastmilk or formula for adequate nutrients and energy.

Moving from breastmilk or formula to eating a variety of foods should be a positive experience. Experiences with eating early in life can affect attitudes and habits later on, as well as influence health. The skills that babies learn when starting on solid foods and their experiences with new tastes and textures are the foundations for future eating behaviours and preferences.

### When to introduce solids

Showing interest in food and an increased appetite are signs that a baby is ready to be introduced to solid foods. It is also important that the baby can sit upright with limited support, and control the head and neck. Around six months of age, most babies show signs that they are ready to try new foods.

It is recommended that solids are not introduced until around six months of age.

As solids are introduced, there is often a reduction in breastfeeding. Early introduction of solids increases the likelihood that a mother will be unable to maintain lactation, and so breastfeeding will be unable to continue.

**'It is recommended that solids are not introduced until around six months of age.'**



Breastfeeding or bottle-feeding should continue while solids are being introduced. Breastmilk (and/or an age-appropriate infant formula where breastmilk is not available) should continue to be the main milk drink until a baby is around 12 months of age.

Delaying the introduction of solids much beyond six months may result in the baby not getting enough nutrients, and may increase the possibility of allergies. Babies are usually willing to try new foods at around seven to eight months, making this a good time to introduce a variety of foods.

### How to introduce solids

The introduction of solids aims to:

- use babies' existing capacities to help them learn the new skills needed for eating
- maximise babies' willingness to accept new tastes.

As long as iron rich foods are included in first foods, foods can be introduced in any order and at a rate that suits the infant. The order and number of foods being introduced is not important. Slow introduction of solid foods is not necessary.



The first food offered to young babies is often iron-fortified infant cereal, as it is smooth, easy to mix in small amounts and provides extra iron, which is the additional nutrient most needed by babies. Pre boiled, cooled water, or cow's milk can be mixed with the cereal. Foods can be introduced in any order provided the texture is suitable for the infant's stage of development. Smooth foods should be offered in the beginning. Foods of various textures and thickness can be gradually introduced after babies have taken well to eating. If food is provided by the setting, ensure that culturally and religiously appropriate foods are available.

There is no need to add salt, sugar or other flavours to infant foods. Plain water can be added to pureed foods if liquid is needed. Where food is being prepared separately for each child, either in home or family day care, pre boiled, cooled water, or cow's milk provided by the parents can be added to the child's meal.

Some families will choose to offer pre-prepared baby food from cans or jars, or frozen infant foods. These can be useful for convenience occasionally. To ensure children eat a variety of foods and experience different textures, mashed, minced and shredded foods as well as finger foods can be introduced as babies' eating skills develop.

#### Working with parents to introduce solids

Work with parents around introducing solids. A baby's first solids are an important milestone for parents as well as for babies. Discuss family views and offer current information on introducing solids. Some parents may be eager to start solids very early and others may need advice about when to start solids. Some parents will have strong views that come from their cultural or religious backgrounds. Always let parents know where they can get further information.







Stage	Examples of foods that can be consumed
First foods (from around six months)	Iron rich foods, including fortified cereals (e.g. rice), vegetables (e.g. legumes, soy beans, lentils), fish, liver, meat and poultry, cooked plain tofu
Other nutritious foods to be introduced before 12 months	Cooked or raw vegetables (e.g. carrot, potato, tomato), fruit (e.g. apple, banana, melon), whole egg, cereals (e.g. wheat, oats), bread, pasta, nut pastes, toast fingers and rusks, dairy foods such as full-fat cheese, custards and yoghurt
From 12 to 24 months	Family foods Full-cream pasteurised milk

**Note 1:** Hard, small, round and/or sticky solid foods are not recommended because they can cause choking.

**Note 2:** To prevent botulism, do not feed honey to infants aged under 12 months.

### Nuts and other hard foods

Foods with a high risk of choking such as whole nuts, seeds, raw carrot, celery sticks and chunks of apple should be avoided for the first three years as their size and/or consistency increases the risk of inhalation and choking. However nut pastes and nut spreads can be offered to infants from around six months of age.

## Progressing to feeding from a cup

Babies can learn to use a cup from an early age, and are usually ready to try from around seven months. For some babies, this will be a progression from bottle-feeding to cup-feeding, while breastfed babies may skip using a bottle completely and start using a cup, often while continuing to breastfeed.

Breastmilk can be offered to babies from a cup if the mother has expressed milk and has chosen not to bottle-feed. Cooled boiled water can be offered as an additional drink in a bottle or cup after six months of age.

Although water is sometimes offered in a bottle after six months, it is best to use a cup. By around 12 to 15 months of age most babies can manage a cup well enough to satisfy their own thirst, and the bottle can be stopped. Babies who continue to drink from the bottle well into the second year may drink a lot of milk and have a reduced appetite for other foods – which increases the likelihood of a baby becoming iron-deficient. Stopping the bottle is often difficult for parents, so discuss this with them and offer some suggestions for further advice.

Babies do not need sweet drinks such as cordial, soft drink and fruit juice, or other drinks such as tea or coffee. These are not necessary or recommended for infants under 12 months. Sweet drinks can reduce a baby's appetite for nutritious foods and increase the risk of dental decay. Breastmilk and infant formula are appropriate drinks for babies.

## Choking risks for babies

It is important for staff and carers to be alert when it comes to the risk of babies choking. Babies are still mastering the skills of feeding, and have no or few teeth, no molars (back teeth) for chewing harder foods and a smaller trachea (windpipe), which can become more easily blocked at this age. It is important that babies sit to eat and that they are supervised while eating.

It is common for young children to 'gag', with coughing or spluttering, while they are learning to eat. This is different to choking and is not a cause for concern. However, choking that prevents breathing is a medical emergency.

To reduce the risk of choking:

- Supervise babies whenever they are feeding.
- Avoid putting babies in a cot or bed with a bottle.
- Never prop a bottle up for a baby.
- Make sure babies are developmentally ready to eat before offering solids.
- Ensure that babies are awake and alert when fed.
- Never force a child to eat.
- Offer foods that are a suitable texture, starting with smooth and soft foods and then progressing on to a wider variety of tastes and textures.
- Grate, cook or mash hard fruits and vegetables, such as apples or carrots.
- Never give babies pieces of hard, raw fruits and vegetables, nuts, popcorn or other hard, small, round and/or sticky solid foods.



### Special feeding needs

Disabilities, early illnesses and invasive procedures that may affect feeding will impact on the age at which solids should be introduced. Additionally, a baby's acceptance of solids and progress toward increasing the variety of foods may be slower.

Working closely with parents is particularly important in these situations. Finding out about any specific plans they may have developed with specialists or other health professionals is critical. Getting additional information and advice from a family's doctor or an Accredited Practising Dietitian may be useful.



### Checklist

- Introducing solids is discussed and decided on collaboratively with parents, taking into consideration the baby's signs of readiness and any special needs the child has.
- Suitable solid foods are introduced from around six months of age, if appropriate.
- Choking risks for babies are minimised through supervision – babies are never left unattended with a bottle, and always offered foods of the appropriate texture.
- Staff or carers and parents are reminded that the progression from breastfeeding or formula to a variety of foods is a positive experience for children, and is likely to influence long term eating patterns.

# Family foods

Adequate nutrition is essential for the active growth and development that takes place in early childhood. Having good eating habits and a balanced diet supports children's health and wellbeing, and minimises the risk of illness. Eating habits developed in the early years are likely to have a lifelong influence.

Healthy eating in childhood minimises health risks and improves health throughout life. Many lifestyle diseases such as obesity, cancer, heart disease and diabetes can have their beginning in poor nutrition habits early in life.

The *2007 Australian National Children's Nutrition and Physical Activity Survey* identified that less than 25 per cent of young children eat the recommended number of serves of vegetables on a regular basis. There is considerable room for improvement in young children's nutrition.

Experiences in early childhood settings can influence young children's eating behaviours and nutritional intake. Work with parents and families to support and encourage healthy eating for children. Whether a setting provides meals and snacks for children or children bring them from home, there are many opportunities to encourage good eating habits.



**'Healthy eating in childhood minimises health risks and improves health throughout life.'**



## Key components of a healthy diet for children aged one to five years

### HEALTHY EATING GUIDELINE 4

Make sure that food offered to children is appropriate to the child's age and development, and includes a wide variety of nutritious foods consistent with the *Australian Dietary Guidelines* (see page 3).

Foods from the basic food groups provide the nutrients essential for life and growth. These foods may also be called 'everyday foods'. Each group of these foods provides a variety of nutrients and plays various roles in helping the body function. In particular, vegetables, legumes and fruit protect against illness and are essential to a healthy diet.

Whether a setting provides meals and snacks or children bring food from home, ensure that all children eat a variety of foods from the basic food groups each day.

'Discretionary choices' (see page 32) on the other hand have little nutritional value and are not essential for good health. Eating a lot of discretionary choices is associated with ill health, being overweight and obesity. Research shows that overweight or obese children are likely to become overweight or obese adults, leading to increased risk of chronic illness. A healthy weight in childhood reduces these risks for later life.

Water is essential for life and should be the main drink each day. Young children in particular are at risk of thirst and dehydration, and should have access to drinking water at all times.





## The basic food groups

A balanced diet provides all of the essential nutrients for a child's growth, development and overall health. A balanced diet is one that includes a variety of foods from each of the food groups, and offers different tastes and textures.

The food groups are:

- Vegetables and legumes/beans
- Fruit
- Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
- Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
- Milk, yoghurt, cheese and/or alternatives, mostly reduced-fat (reduced-fat milks are not suitable for children under the age of two years)

### Breads, cereals, rice, pasta, noodles and other grains

#### **Key component: Carbohydrates**

Carbohydrates are a good source of energy and play a significant role in a balanced diet. Carbohydrate foods include bread, rice, pasta, noodles and other grain-based foods.

The best choices from this group are wholemeal and wholegrain breads, breakfast cereals, oats and plain,

dry biscuits – products that are less processed. Other good choices include brown rice, couscous, wholegrain pasta and polenta.

### Vegetables and legumes

#### **Key components: Vitamins and minerals**

Vegetables, including legumes, provide vitamins, minerals and fibre to the diet. Adequate intake of vegetables and legumes is linked with maintaining a healthy weight, and a reduced chance of developing heart disease, diabetes and some types of cancer.

A variety of vegetables should be provided in children's meals and snacks each day.





## Fruit

### ***Key components: Vitamins and minerals***

Fruit is a good source of vitamins, minerals and fibre. Eating fruit is also linked with maintaining a healthy weight, and a reduced chance of developing heart disease, diabetes and some types of cancer. Fruit should be included in children's meals and snacks each day.

## Milk, yoghurt, cheese and/or alternatives

### ***Key components: Calcium and protein***

Calcium is a mineral that is essential for bone development in children. An adequate amount of calcium is necessary for healthy bones and teeth. Plain milk and other dairy products such as cheese and yoghurt are the main sources of calcium. These foods also provide some protein, which is important for growth in children.

Cow's milk should not be given as a main drink to infants before 12 months of age. It can however be used in small amounts in other foods from around six months such as in breakfast cereal, and other dairy products such as yoghurts, custards and cheese can be offered. Full-cream cow's milk is recommended for children aged one to two years, and reduced-fat plain milk is suitable for children over the age of two years. Calcium-fortified soy drinks are an alternative for children over 12 months who do not drink cow's milk or cow's milk products. Rice and oat milks can be used after 12 months of age if calcium enriched and full fat. Health professional supervision is recommended.



**'A balanced diet provides all of the essential nutrients for a child's growth, development and overall health.'**

## Lean meat, fish, poultry, eggs, nuts and legumes

### ***Key components: Protein, zinc and iron***

Protein is important for the structure and function of muscle and other tissues, and especially important for growth in young children. Protein can be found in animal products such as meat, fish and poultry, and also plant products such as cereals and legumes.

Iron, which is essential for growth and moving oxygen around the body, is mainly found in meat, fish and chicken. Red meat, fish and chicken provide haem iron, which is absorbed readily by the body.

Eggs, plant-based foods (including legumes), green leafy vegetables and some breakfast cereals also provide some iron. This form of iron is non-haem iron, which is not as easily absorbed into the system. Vitamin C can help the body absorb non-haem iron, so it is important for children to have a food rich in vitamin C with meals or snacks containing these foods. Foods rich in vitamin C include green leafy vegetables, tomatoes and citrus fruit.



**‘Protein is important for the structure and function of muscle and other tissues...’**



### Vegetarian and vegan eating practices

Families who are vegetarian typically avoid eating animal products such as meat, poultry and fish. They may still eat some animal-related products such as eggs, milk, cheese and yoghurt.

Vegetarians need to eat a variety of legumes, nuts, seeds and grain-based foods, which provide the nutrients that would otherwise be provided by meat, poultry and fish. Remember that nuts and seeds are potential choking hazards for young children and care must be taken if these foods are offered.

Vegans typically avoid eating any foods that have an animal origin. It is very difficult to meet children's nutritional needs through vegan eating practices, in part because the amount of food needed to provide sufficient nutrients may be too large for the child to manage. Families must plan carefully for children on a vegan diet. It may be difficult for a setting to offer meals and snacks that conform to vegan eating practices. Families may need a referral to an Accredited Practising Dietitian for further information.

## A note about fats

Fats also play a role in a balanced diet, as they provide energy and essential fatty acids for growth and development. A balanced diet that includes foods from all the basic food groups will include an adequate amount of fats, including essential fatty acids which come from basic foods such as lean meat, fish, wholegrain cereals and vegetables.

Young children under two years should not have reduced-fat milks. For children over two years, reduced-fat milk is suitable. Special low fat products should not be provided to young children.

Eating lean meat and skinless chicken, avoiding fried foods and using added fat (e.g. margarine, cream) sparingly are good ways to ensure that children's diets do not contain too much fat.

## The place of 'discretionary choices'

'Discretionary choices' are foods not included in the basic food groups. Discretionary choices are foods high in kilojoules, saturated fat, added sugars and/or salt. They typically have very little nutritional value and are often processed and packaged. Eating discretionary choices too frequently can result in too much fat, sugar or salt in the diet and can lead to poor eating habits and poor health.

Examples of discretionary choices include:

- chocolate and confectionary
- sweet biscuits, chips and high-fat savoury biscuits
- fried foods
- pastry-based foods such as pies, sausage rolls or pasties
- fast food and takeaway foods
- cakes and ice cream
- soft drinks, fruit drinks, cordial, sports drinks, energy drinks, flavoured milk and flavoured mineral water.

Limit the amount of discretionary choices children eat, and avoid offering these foods as prizes or rewards, or as comfort foods. Success in encouraging healthy eating habits in children is more likely when parent, staff and carers work collaboratively. Staff and carers can create opportunities to teach children the difference between everyday and discretionary choices.





## Food provided by the setting

Many settings provide a substantial percentage of a child's daily nutritional intake through the meals and snacks they provide for children.

Sound menu planning incorporates foods from the basic food groups in each meal and snack, and does not include discretionary choices.

Incorporating a variety of foods from different cultures enriches everyone's experience. Families can be involved in creating opportunities for children, staff and carers to learn about and appreciate a variety of foods and customs.

## Food brought from home

Support parents to provide a variety of foods from the basic food groups in snack and lunchboxes each day. Settings should have policies about healthy eating. These policies can encourage parents to give their child fruit, vegetables and other nutritious foods, as well as a clear water bottle labelled with the child's name. Families and staff or carers can exchange healthy recipes and ideas.

### Religious and cultural practices

Everyone working with children and families needs to respect and take into account the values and lifestyles of families. Cultural and religious beliefs must be respected when planning, preparing and discussing food and meals.

Some families and settings will follow religious and cultural beliefs that guide their eating practices, for example those that eat Kosher or Halal food. The nutrition guidelines described above are still relevant in settings that follow particular religious or culturally based eating practices. Discussing with individual families who adhere to particular practices about the best way to offer food for their child will lead to mutually agreed outcomes. This may involve the family providing food, or an agreement about specific food items that can be included or avoided. Using interpreters when families and staff or carers do not speak the same language will allow better communication.

## HEALTHY EATING GUIDELINE 5

Provide water in addition to age-appropriate milk drinks. Infants under the age of six months who are not exclusively breastfed can be offered cooled boiled water in addition to infant formula.

Water is essential for many important bodily functions, including digestion, absorption of nutrients and elimination of waste products. Water accounts for between 50 and 80 per cent of a human's body weight. Young children in particular are at risk of dehydration.

To stay hydrated, toddlers need to drink around 1 litre of fluid a day, and three- to five-year-olds around 1.2 litres a day. a

Babies under six months who are not exclusively breastfed can be offered cooled boiled water. From six to 12 months, cooled boiled water can supplement breastmilk or formula. For children one to five years, water and cow's milk should be the main drinks offered. Children should have access to drinking water at all times during the day. Where available, offer clean, safe tap water to children – purchasing bottled water is generally not necessary. Water should be available to children at all times, and plain milk should be offered at meal or snack times. It is important to avoid offering too much plain milk, especially just before meals, as children can easily fill up on milk and not be hungry for meals. From around one year, children need around 500ml of milk per day. This includes milk they drink in the setting and at home.

Sweet drinks are not part of a healthy diet, as they do not provide much nutrition and can fill children up, leading to a decreased appetite for other foods. Young children are more likely to expect sweet drinks if exposed to them early. Sweet drinks may also contribute to tooth decay, and are one of the strongest dietary links to excess weight gain in children. Sweet drinks include soft drinks (including those that are artificially sweetened), flavoured mineral water, sports drinks, flavoured milk, cordial, fruit juice drinks and fruit juice. None of these should be offered to children in the setting.

Water should be provided with each meal and snack, and available for children to drink at any time during the day. Older children can pour their own water or plain milk from a jug on the table at meal and snack times. At other times, each child should have their own accessible, clear water bottle with their name on it. A clear bottle allows staff and carers to easily identify whether the bottle is filled with water or a sweet drink.

It is important for all staff and carers to also have water bottles and to eat nutritious foods in order to model healthy eating for the children.



## HEALTHY EATING GUIDELINE 6

Plan mealtimes to be positive, relaxed and social.

Early childhood settings play a key role in promoting healthy eating habits in young children. Children are sensitive to the messages from adults close to them, and practices such as using food for rewards or as threats, intervening to determine the amount of food a child eats or making critical comments about eating, body size or shape may all have negative long-term impacts on eating practices.

### The environment for eating

Meal and snack times provide an opportunity for children to develop good eating behaviours, enjoy eating and learn about nutrition and different varieties of foods. They are also a good time for social interaction. Staff and carers should use these times to talk with children, to encourage them to talk with each other, and to share information about nutrition and healthy eating. Children can also develop language and communication skills through talking with adults and peers.

Set the scene for a positive mealtime. Children should always sit down to eat at meal and snack times. Encourage children to help pack away play materials and set the table. Using tablecloths or placemats can also make mealtimes more special.

A little mess is to be expected at meal and snack times, and the younger the children the more likely the mess. Staff and carers should not react negatively to the inevitable mess that comes with children's exploration of food. However, playing with food, for example throwing or spitting it, should not be allowed. Young children should be allowed to eat with their fingers, especially if they are still learning to use utensils.

Some children refuse particular foods, or sometimes many foods. This should not be a cause of stress or concern at mealtimes. Children can be encouraged to try foods in a positive manner, but should never be forced or pressured to eat. Some help with feeding may be needed for younger children, but only if they are clearly still hungry.

## Appropriate use of food

At no time should staff or carers use food as a reward or deny it as a punishment for behaviour. Praise and encouragement are what children need from adults. Also, using food to comfort a child can contribute to unhealthy eating habits and a reliance on food for comfort.

### Children and body image

Children should learn to see food as important for a healthy body and growth, and not focus too much on weight or body shape. Staff and carers can make sure that discussions about food are positive and focus on the health benefits of nutritious foods as well as the taste, shape, colour and variety. It is important to avoid labelling particular foods as 'good food' or 'bad food'.

Talking about diets, dieting and restricting food is not helpful. It is not appropriate for children to diet or to have their food intake restricted, unless parents have indicated that this is under the supervision of a health professional.

Early childhood staff and carers can help children have a positive body image by encouraging and praising them for what they can do, refraining from making comments about their weight and not relating weight to a child's worth. This point also applies to carers, who should refrain from talking about their own body shape or weight in a negative manner.

## HEALTHY EATING GUIDELINE 7

Encourage children to try different food types and textures in a positive eating environment.

The early childhood years are a critical time for experiencing different foods and developing eating behaviours and food preferences. The greater the variety of foods that children are exposed to in their early years, the greater the likelihood that they will eat a wide range of foods as an adult. Adults who include a wide variety of foods in their diet are more likely to be healthy, and increase their defence against lifestyle diseases such as diabetes and heart disease.



## Variety of foods

Mealtimes should provide a safe environment for children to try a variety of new foods. Appealing meals that offer a variety of tastes and textures allow children to experience and become familiar with many different foods. Regularly offering new foods, from a range of textures, flavours and colours, along with familiar ones will encourage children in their eating. New foods may not be tasted on the first few occasions, but can continue to be offered. Group situations can be an incentive for children to try new foods, as they may be more inclined to try them when they see their peers enjoying them. Praise children for tasting new foods, even if they do not eat much of the food.

In early childhood settings where food is not provided, but brought from home, parents can be encouraged to provide a variety of foods for their children. The mealtime environment can still be supportive of children eating a variety of foods. Although sharing foods is not recommended, it can be helpful to discuss with children the variety of foods brought in lunchboxes, without singling out particular children. Settings can use their food and nutrition policies to outline how they will support parents to provide a variety of nutritious foods for their children each day.





### The role of adults

Adults are role models – children learn a lot from watching and listening to what goes on around them. By sitting with children at meals and encouraging healthy behaviours, staff and carers can support children’s healthy eating habits.

Some things for adults to keep in mind include:

- sitting with children during meal and snack times
- where meals are provided, eating the same foods as the children
- not discussing personal likes and dislikes
- encouraging children to taste all foods offered
- letting children choose what and how much they eat from what is available
- allowing children to serve themselves
- never giving or denying food as a reward or punishment
- maintaining a relaxed and positive social environment.

Staff and carers can work in partnership with parents to encourage healthy eating behaviours in children. Discussions about children’s eating can provide valuable opportunities for parents, staff and carers to learn about children’s exploration of new foods and skills related to eating.

**‘Children know when they are hungry or full, and should be allowed to stop eating when they are full.’**



## HEALTHY EATING GUIDELINE 8

Offer an appropriate amount of food, but allow children to decide themselves how much they will actually eat.



Healthy eating in childhood comes from a division of responsibility between children and adults. Parents and staff or carers are responsible for providing appropriate amounts of food that are safe and nutritious. Children can then decide what and how much they will eat from the foods offered. Children know when they are hungry or full, and should be allowed to stop eating when they are full. They should not be encouraged to finish a meal, or be praised for finishing everything on their plate. This allows them to eat according to their appetite and learn to respond to their body's signals of hunger and fullness.

### Adults provide, children decide

As often as possible, food should be served at the table in ways that allow children to help themselves and decide how much they will eat. Making serving platters, bowls and utensils available and accessible encourages children to serve themselves. This helps them develop coordination, as well as skills such as pouring, serving and passing.

If two courses are offered at a meal, both should be nutritious and based on foods from the basic food groups. Children should be allowed to eat the second course regardless of whether they finish the first course. A child who refuses to eat should not be forced to do so.

When children bring their own meal or snack, they can decide how much they will eat. Any uneaten food should be sent home in the lunchbox.

## Dealing with fussy eaters

Toddlers grow at a slower rate than babies and have irregular appetites. As a result, they can be fussy about food preferences. Some older, preschool-aged children may also be 'picky' eaters. As indicated previously, it is the responsibility of parents and staff and carers to provide healthy food options and to encourage children to taste each different food. It is up to children to decide how much food they will eat. It is important that adults do not make a fuss about eating, as this places extra focus on it and can make the situation worse. Reassure parents that fussy eating can be normal toddler behaviour. For most children that are healthy, active and growing well, there is no need to worry. However, if a child excludes an entire food group or eats a very limited range of foods for an extended period of time, a referral to an Accredited Practising Dietitian may be helpful.

### Working with a fussy eater:

- Make sure the child has not filled up on drinks or discretionary choices before a meal or snack.
- Maintain a regular time routine for meals and snacks.
- Make mealtimes enjoyable and not stressful.
- Don't bribe or punish a child who refuses to eat.
- Ensure that adults are modelling appropriate eating behaviour.
- Continue to offer foods that have been refused previously. Sometimes children need to be exposed to a new food a few times before it becomes familiar.
- Set a time limit of 20 to 30 minutes for a meal. After this time, remove any uneaten food and let the child leave the table. Do not offer alternative food or drinks until the next planned meal or snack.





## HEALTHY EATING GUIDELINE 9

Offer meals and snacks at regular and predictable intervals.

Establishing good mealtime routines in childhood makes it more likely that a regular meal pattern will be followed throughout adolescence and adulthood. A regular meal pattern contributes to having a healthy, balanced diet.

Children have small stomachs and their energy and nutritional requirements are best met through small and frequent nutritious meals and snacks.

### Regular and predictable intervals

Offering regular opportunities to eat fits the concept of dividing the responsibilities of eating, which aims to encourage children to self-regulate their own appetites. A child can be confident about eating or declining food when they know that food will be offered again at a predictable time. Structured meal and snack times are helpful in developing good eating habits, as it is fine for children to wait a little while for the next scheduled meal or snack, even if they are hungry. Generally, children should not be offered alternative foods or an extra milk drink or early snack on the basis that they did not eat much at a scheduled meal or snack time.

Providing flexible snack times allows children to finish an activity, or snacks can be available over a short period of time if that suits the daily plan for the setting. Allowing children to become too hungry often leads to them becoming irritable. On the other hand, constant or unstructured 'grazing' interferes with children learning to recognise when they are hungry and eating in response to hunger.

Snacks and meals are both equally important to children's nutrition. Young children have limited capacity at each mealtime, and need regular opportunities to eat in order to maintain energy levels and consume enough nutrients to stay healthy. Three meals and two snacks are ideal for young children, though children who may not have an evening meal until very late may need a small snack late in the afternoon. When this happens, a smaller amount may be eaten at the meal.

Snacks should make a contribution of nutrients in proportion to their energy value. Snacks that provide energy (kilojoules) without their fair share of nutrients should not be offered on a regular basis. These are ‘discretionary choices’.

Most foods offered at meals can also be offered as snacks. The most commonly provided suitable snacks include fruit, vegetables, bread or cereals, and milk-based drinks. Snacks do not have to be large – one or two biscuits with cheese, a small piece of fruit, steamed vegetable sticks with dip, or a small glass of fruit smoothie offered with water are ideal.

## Breakfast

Breakfast is an important meal for many reasons:

- It is difficult to have sufficient nutrients in a day without the nutritional contribution of breakfast.
- Missing breakfast leads to hunger later, and often less nutritious snack foods are eaten because they are available at the time.
- Establishing a routine for young children that involves eating a healthy breakfast lays the foundation for a pattern in later life.
- Children who do not eat breakfast are more likely to be overweight or obese.

If breakfast is not offered in the setting, have some healthy food available for children who arrive without breakfast.







Children will find it harder to manage their own behaviour and enjoy their day if they start off hungry.

There are many reasons why children may occasionally arrive without having had breakfast. If a child arrives regularly without breakfast, it is important to discuss this with the child's parents. Often parents who do not themselves have breakfast may not see it as being important for their child. Talk with the parents about the benefits of breakfast and the contribution it makes to a child's wellbeing. If a number of children arrive frequently without breakfast, and food supply at home seems to be the problem, consider offering breakfast on a routine basis.

Breakfast does not need to be costly or time-consuming; rather, it can be simple, nutritious and easy. It can be as simple as wholegrain cereal, milk and fruit – a perfect meal in a bowl, and ingredients that are easy to keep on hand. This great meal provides protein, calcium, iron and vitamins.

**'Often parents who do not themselves have breakfast may not see it as being important for their child.'**

When a setting offers breakfast daily, varying the menu occasionally adds interest. Healthy and easy alternatives to cereal include:

- porridge with fresh or canned fruit and a glass of milk
- yoghurt and fruit or a fruit smoothie
- toast or a crumpet with cheese and slices of fruit
- pikelets topped with ricotta or yoghurt and fruit.

During this busy time of day, offering breakfast can still be simple and easy.

### Celebration food

Birthdays and other special occasions are important to young children and their families. In many cultures special occasions are celebrated with food. Promote healthy eating by using nutritious foods prepared and presented in special ways, rather than relying on ‘discretionary choices’. If sometimes foods *are* used for special occasions, small, children’s portions should be offered. Limit the number of sometimes foods served on any occasion, and offer something healthy at the same time. For example, one small piece of cake along with some fruit. In settings where children have food allergies, non-food celebrations will be more appropriate.

Celebrations do not have to focus on food – there are other ways to celebrate. For example, on their birthdays, children can wear a special party hat or a birthday badge or sticker. The group can sing ‘Happy Birthday’ and the birthday child can blow out a candle. Other occasions can be celebrated through art or craft activities where children paint, draw or make something, dress up or decorate in a special way.

Use the food and nutrition policy to explain the setting’s views on celebration food. The food and nutrition policy should be developed in conjunction with parents and reflect the views that have been agreed upon.





## Checklist

### *Providing a variety of nutritious foods*

- Food provided by the setting is nutritious and includes a variety of foods from each of the basic food groups every day.
- Parents are encouraged to send nutritious food, and include a variety of foods from each of the basic food groups, if children bring food from home.
- Families are provided with information and ideas on how to provide nutritious foods for their children.
- Water is offered as the main drink and is available at all times.
- 'Discretionary choices' are not included in planned menus and parents are discouraged from including them in lunchboxes.
- Appealing meals and foods that offer a variety of tastes, colours and textures are provided. Food is offered in ways that encourage children to try new foods and enjoy eating.
- Where meals are provided, diversity is explored through offering a variety of foods.
- Families, staff and carers have access to information about the importance of good nutrition and healthy eating for children.

### ***Mealtimes and behaviour***

- Food is never used as a reward or denied as a punishment, or used to comfort children.
- Mealtimes are positive, relaxed and social.
- Staff and carers model healthy eating behaviours by sitting with children at mealtimes and interacting with them.
- If food is provided by the setting, staff and carers model healthy eating by eating the same foods as the children.
- Meals and snacks are offered at regular and predictable intervals.
- Food servings are of a suitable size, so children have control over their own choice to eat and the amount they eat.
- Extra food is available if children are still hungry at the end of a meal or snack.
- Food is seen as important for a healthy body, and not related to weight or body shape.
- Fussy eating is dealt with in a relaxed way that encourages the child to try new foods, but does not use praise or rewards for eating.
- Special occasions are recognised and celebrated with limited use of 'discretionary choices'. Alternatives to focusing on food are considered for celebrations.
- Cultural and religious beliefs are respected when planning, preparing and serving food in the setting.



# Food safety



## HEALTHY EATING GUIDELINE 10

Ensure that food is safely prepared for children to eat – from the preparation stages to consumption.

Food safety is a critically important consideration in early childhood settings. It includes managing any possible risk of children choking on food, avoiding both allergic reactions and intolerant or sensitive reactions to foods, and ensuring that food is not contaminated. Each state and territory has specific requirements with regards to food safety and allergies. Be sure to check the requirements for the local area.

## Allergies and intolerances

There are various situations where children may have an adverse reaction to a food because of an allergy, intolerance or sensitivity. Many people in the community refer to food intolerance as a food allergy. This can be confusing as food intolerance is far less severe than an allergy. How each should be managed in the individual childcare settings is different. It is important that centre staff know the difference between food allergy and food intolerance.

### Food allergies

Food allergies are caused by a reaction of the immune system to a protein in a food. The most common sources of food allergy in children under five are cow's milk, soy, eggs, peanuts, tree nuts, wheat, sesame, fish and shellfish. Even very small amounts of food can cause an allergic reaction. Food allergies occur in around one in 20 children, and some of these allergies are severe. Symptoms of an allergic reaction are usually immediate and can include hives or a rash on the skin; swelling of the lips, tongue or mouth; vomiting; diarrhoea; or difficulty breathing. Severe cases of allergic reaction can lead to an anaphylactic reaction, where breathing becomes extremely difficult. This can cause loss of consciousness and severe injury or death.



When children have a severe food allergy, it is likely that parents will already have an allergy management plan that has been developed with their doctor. Individual allergy management plans must be developed by families, in conjunction with the setting's director or coordinator. Refer to the Australasian Society for Clinical Immunology and Allergy (ASCIA) website for more information on allergy management plans: [www.allergy.org.au](http://www.allergy.org.au)

Ensuring that children avoid exposure to foods they are allergic to is the only way to manage a food allergy. This means avoiding exposure at all times – mealtimes, during cooking, and craft activities. Everyone working with children needs to be aware of the early symptoms of a food allergy, and must be trained in how to manage allergic reactions. Each setting should have its own allergy management policy, in addition to individual allergy management plans.

### ***Food provided by the setting***

It is important to ensure that safe, allergen-free foods are provided to children with allergies. In some instances the easiest way to do this may be to exclude foods from the menu to which children attending the setting have been diagnosed as allergic. An alternative is to prepare meals and snacks specifically for children with particular allergies, or sometimes, after discussion with the family, it may be decided that the safest option is for the child to bring food from home. Children with food allergies must be closely supervised at meal and snack times.



**'Children with food allergies must be closely supervised at meal and snack times.'**



### ***Food brought from home***

Children should be discouraged from swapping or sharing food. If a child attending the setting has a severe allergy, it may be necessary to have a policy that prohibits children from bringing snacks and lunches containing that particular food. For example, if a child has a peanut allergy, the policy may be that no peanuts or peanut pastes are allowed in the setting at any time. The policy and its implementation will depend on the types and number of foods that may need to be avoided, the severity of each child's allergies, and the possible nutritional impact on other children of omitting those foods. Again, close supervision at meal and snack times is essential.



### **Food intolerance**

Food intolerance or sensitivity typically results in less severe reactions than allergies. Usually, a larger dose of food is required to cause a reaction from food intolerance. Symptoms of food intolerance can include headaches, skin rashes and stomach upsets. It is important to work with parents to develop a plan to manage a child's food intolerance which minimises the child's exposure to particular foods.

## Choking risks for toddlers and young children

Children can easily inhale or ingest food, and their small airways are easily blocked. Children should sit down whenever they are eating, and their eating should be supervised. Particular food items pose greater choking risks to young children, and extra care should be taken with these foods. Hard, small, round and/or sticky solid foods are not recommended because they can cause choking and aspiration.

Foods to be careful with include:

- hard food that can break into smaller lumps or pieces
- raw carrot, celery and apple pieces, which should be grated, finely sliced, cooked or mashed to prevent choking
- nuts, seeds and popcorn
- tough or chewy pieces of meat
- sausages and hot dogs, which should have the skin removed and be cut into small pieces to prevent choking.

Hard lollies and corn chips also present a choking risk, but these should not be offered in the setting as they are discretionary choices.





## Food hygiene

Young children's immune systems are not fully developed, and food safety guidelines should be followed whenever preparing food for them.

Contamination in food can include:

- foreign bodies – hair, pieces of metal or other objects accidentally picked up during the preparation and cooking process
- chemicals from the food production process, or cleaning materials
- natural contaminants, such as toxins
- contamination from pests
- bacteria.

Children are particularly vulnerable to illnesses caused by food-borne organisms because of their less mature immune systems. In early childhood settings the larger the number of children being fed the larger the risk, because it is more difficult to handle larger quantities of food safely.



Most states and territories have separate legal requirements, in addition to other regulations, that specifically relate to food safety. In some states and territories these may be handled by the local government authority, and some authorities will require staff and carers to undertake formal training. Check what is required in the local area.

# 'Pathogenic bacteria can be common. If this form of bacteria is present in a sufficiently large amount it can cause food poisoning or gastro-enteritis.'

## Bacteria in foods

There are bacteria present in most foods. The only foods which have no bacteria are those produced synthetically in a sterile factory, or foods which have been heat-treated after preparation. Examples include canned foods and liquid baby formula. All other foods have some bacteria. Keeping food safe is about controlling the increase in the number of bacteria.

Food spoilage is often caused by bacteria, which can make food inedible and unpleasant but not necessarily harmful. Some bacteria however, called *pathogens*, are harmful. Pathogenic bacteria can be common. If this form of bacteria is present in a sufficiently large amount it can cause food poisoning or gastro-enteritis. These illnesses typically involve nausea, vomiting, diarrhoea and stomach cramps.

For bacteria to grow to a number large enough to cause illness, food must have nutrients for growth, moisture and be at a temperature that allows bacteria to reproduce quickly.

The time interval between consuming harmful bacteria and showing symptoms of illness varies.

Different bacteria cause different illnesses. Some can cause very brief and mild illness, while others may lead to more serious illness and dehydration that can require hospitalisation. Food poisoning is especially serious in children and elderly people because their immune systems are more vulnerable and they become dehydrated more easily.

The most common cause of gastro-enteritis is viral illness passed on through contact between people, rather than through food. These illnesses are very common, generally very acute and short term. Good hygiene, particularly hand-washing, is very important in limiting the spread of viral gastro-enteritis.





### High-risk foods

Foods that allow the easy growth of bacteria are those that are moist and contain a lot of nutrients. These foods, called 'high-risk' foods, include milk, meat and fish, as well as any dishes containing them. Cooked rice also allows some bacteria to grow. If these foods are left out of the refrigerator for long periods of time they will spoil, but will only cause illness if they contain harmful pathogenic bacteria. Keeping food safe for consumption relies on controlling all aspects of food handling and any food-related conditions, to ensure that bacteria cannot reproduce and grow to large numbers.

### Low-risk foods

Foods unlikely to encourage bacterial growth, or 'low-risk' foods, include uncooked pasta and rice, breads and biscuits, packaged snack foods, lollies and chocolates. These foods can be kept safely for long periods of time without refrigeration. Canned food is safe while the can is still sealed, but once opened the food may become high-risk. Lollies, chocolates and many packaged snack foods are 'discretionary choices', and should not be offered in the setting. Low-risk foods are useful for the store cupboard at early childhood settings, but need to be combined with high-risk foods in an adequate eating pattern to provide proper nutrition.

## Preparing food safely

### Washing hands

- Always wash hands before handling food, and again during the preparation of food if hair is touched, after wiping the nose with a tissue, after sneezing or going to the toilet, or if other items which may carry bacteria are touched.

### Purchasing food

- Buy food only from trusted suppliers. When buying fresh food, choose food that looks fresh, from places where turnover is high.
- Make sure packages are unbroken and products are within the use-by date.
- Transport high-risk foods quickly or in cool containers.

### Kitchen safety

- Keep all kitchen areas clean; protect low-risk foods by placing them in sealed containers once their packages are open.
- Use separate boards for cutting raw meat and fish, cooked items such as meat and vegetables, and fruit. Colour code boards to identify their use.



- Clean knives and cooking utensils between using them for uncooked meat or fish and other foods ready to be eaten.

### Cooking, heating, cooling and storing

- Keep high-risk foods refrigerated before cooking, or until they are ready to be eaten. Place any cooked high-risk foods back in the refrigerator if they are not being eaten straight away.
- Do not reheat cooked food more than once. Discard food that is served and not eaten. Discard any food that was not served but has been out of the refrigerator for more than two hours.
- Reheat refrigerated food to steaming hot, allow it to cool to serving temperature and then serve immediately.
- Check daily that the refrigerator is working and that food is cold.

### Cleaning

- Wash dishes in hot soapy water and leave them to dry, rather than using a tea towel. Generally, a dishwasher is required for safe washing of children's dishes.

### Food preparation with children

- Ensure that children always wash hands before handling any food.
- Supervise children at all times while in the kitchen.
- Take care to avoid any injuries from sharp knives and hot surfaces.



## Serving food safely

- Children and adults should wash hands before eating.
- Tongs and spoons should be used for serving food.
- All food served to the table or individual plates should be discarded, and not served again later.
- Any food not served from the kitchen can be covered and refrigerated, then reheated and served later. Food already reheated cannot be heated again – for example, a curry cooked the night before and refrigerated, then reheated and served the next day in the setting cannot be reheated again and served later.
- Children should not share bowls or utensils, or eat from each other's plates or cups.
- Food dropped on the floor should not be eaten.



## Handling kitchen emergencies safely

### The cook's day off

- If the setting is large enough to employ a cook, it helps to have an extra day's meal prepared and frozen, for a day when the cook is unable to come to work. (Some recipes that freeze well are provided in the *Cooking for Children* book, and are marked at the top of the recipe.) Unless the freezer at the setting is very large, it may be easier to prepare and freeze pasta sauce, for example, and cook pasta on the day. Any frozen food must be used within three months; if it is not needed for an emergency, it can be served and then simply replaced in the freezer by a freshly cooked meal.
- Sandwiches are time-consuming to prepare for large numbers, and therefore not recommended if time is limited.
- Baked beans with bread or toast are easy to prepare when time is limited.

## What if the refrigerator breaks down?

- The menu will need to be changed so that the most expensive foods can be used straight away. However, if the refrigerator is kept closed, the temperature will stay low for some time. Buying some ice to keep food cold will allow enough time for cooking, arranging for alternative storage or refrigerator repair.
- Food that cannot be used straight away can perhaps be stored in another refrigerator – for example, parents' refrigerators.
- Until the refrigerator is repaired, any food served should be low-risk – for example, sandwiches with fillings such as baked beans, tomato, peanut butter (if it is allowed in the setting), egg or tuna (cooked or prepared just before it is needed).
- Dishes containing low-risk food items can be prepared and served. Pasta, rice, onions, fresh and canned fruit, canned tomato and tuna are all low-risk foods. Canned, evaporated or dried milk is safe to include, as are canned or freeze-dried vegetables. Any food not used at a mealtime should be discarded.

## Checklist

- Individual allergy management plans are developed for children with diagnosed allergies.
- Staff and carers are trained to prevent allergic reactions, and know how to manage a child showing symptoms of an allergic response.
- Choking risks are minimised through supervision, appropriate seating and the provision of appropriate foods.
- Food is prepared safely to minimise any risk of contamination.
- Food is served safely and the appropriate serving utensils are provided.
- Safe and hygienic hand-washing practices are observed at all times.
- Food-handling staff and carers attend relevant training courses as required.



# Physical activity



## Introduction

Currently, there are many aspects of everyday life in Australia that make it easy to be physically inactive. Many families rely on cars for transport and use labour-saving devices (escalators, remote controls), and screen-based entertainment is among the most popular forms of leisure. This is a cause for concern, due to increasing evidence of a relationship between lack of physical activity and lifestyle diseases such as heart disease, diabetes and some cancers.

It is important to encourage physical activity in early childhood for two reasons. Firstly, children under the age of five who are very active are more likely to stay active throughout childhood, and early development of good habits may form a foundation for later years. Secondly, regular physical activity during early childhood can impact on immediate and long-term health outcomes.





The increasing incidence of weight problems (overweight and obesity) in childhood reflects the levels of physical activity and sedentary behaviour of entire communities. Early childhood settings are an ideal place to develop good habits in young children and influence the behaviours of families. Parents, staff and carers can work together to share the responsibility of making physical activity a priority both inside and outside the home.



**‘Early childhood settings  
are an ideal place to develop  
good habits in young children’**



For children under five years, active play is the best form of physical activity. Active play includes unstructured ‘free’ play and structured ‘planned’ play (both indoors and particularly outdoors), active transport (such as walking to a destination, rather than driving) and certain everyday tasks. Children’s activity patterns are very ‘stop–start’ in nature, and so physical activity within the setting should be spread throughout the day. A setting’s program should also consider how often children are sedentary or inactive, and quiet times.

The benefits of active play go beyond just the physical, to include the development of social and language skills, as well as brain development.





## Birth to one year

### RECOMMENDATION

For healthy development in infants (birth to 1 year), physical activity – particularly supervised floor-based play in safe environments – should be encouraged from birth.

### The importance of movement from birth to one year

From the time they are born, babies learn by interacting in a variety of ways. In particular, learning comes from how they relate to their physical, social and cultural surroundings. Giving babies daily chances to move freely helps to:

- keep their bodies and minds active
- develop their senses, often through natural curiosity
- develop good posture, strength and balance
- make them feel loved, happy and safe
- develop language and communication skills
- teach them about their body and the world around them
- encourage interaction with others.

For babies who haven't started walking yet, being physically active means having daily opportunities to move around on their stomach or back in a variety of free spaces, without being constrained by wraps or clothing. It also includes practising movements such as reaching, grasping, pulling, pushing and playing with other people, objects and toys.

Babies both enjoy and thrive on interacting with people, so it is important to make time to spend with babies, including time playing with them.

### Promoting movement in babies from birth to one year

Babies need a variety of different play activities and environments throughout the day. Play activities that stimulate the senses also have the benefit of developing other skills.





### ***Tummy time***

Tummy time is important for strengthening head, neck and trunk muscles, and encouraging free limb movement.

#### **Suggestions for equipment:**

A variety of floor surfaces such as carpet or vinyl, blankets, fabrics and objects to encourage reaching and grasping.

### ***Getting around***

Play spaces need to encourage babies to practise new movements, and use large muscles for kicking, crawling and pulling themselves up to standing. Placing objects just out of reach encourages babies to move towards them.

#### **Suggestions for equipment:**

Sturdy benches, tables, tunnels, hoops and balls.

(Note: Experts advise against baby walkers and baby exercise jumpers due to the risk of injury, and because evidence shows they can restrict the muscle development required for independent walking.

### ***Sound***

Noises during play help with areas of brain development linked to hearing, and can also encourage movement.

#### **Suggestions for equipment:**

Rattles, music, balls with bells, wooden spoons and saucepans, and containers full of rice.

## ***Touch***

Babies need to hold and feel a variety of objects, to help develop their touch recognition.

### **Suggestions for equipment:**

Soft balls, scarves, stockings filled with scrunched-up paper, rolled-up socks and pom poms.

## ***Sight***

Moving objects that babies can ‘follow’ with their eyes can help develop eye strength and encourage movement.

### **Suggestions for equipment:**

Swinging or bouncing objects, bubbles, fabric or cardboard books, toys that surprise (such as ‘Jack in the Box’) and games like ‘Peek-a-boo’.



## **Outdoor play and babies**

Playing outside can help babies to learn about different surroundings and feel comfortable with the world around them. Some experiences that outside play provide include *feeling grass*, *hearing cars* and birds and *looking at the sky*.

Everyone should be encouraged to show, talk and sing to babies about what they see, hear or feel, to help them enjoy outdoor experiences. If there are no outside areas at a setting, it is important to encourage taking babies to parks or other local outdoor areas whenever possible.





## Toddlers and pre-schoolers: One to five years

### RECOMMENDATION

Toddlers (1 to 3 years) and pre-schoolers (3 to 5 years) should be physically active every day for at least three hours, spread throughout the day.

### The importance of movement for one- to five-year-olds

A child's job is to move freely and be active every day! The skills developed between one to five years of age range from learning to walk through to running and throwing a ball. Children need time to learn a range of movement skills. In fact, at no other time in life are so many physical skills learnt.

Studies of children under five years of age have shown that active play helps them to:

- improve the health of their muscles, bones and heart
- develop new movement skills and imagination, and learn about their bodies
- build self-confidence and cope with stressful situations
- enjoy being active
- improve their communication skills, including how to solve problems and make decisions
- learn how to interact, share, take turns and care about others.

### Active play

Young children naturally look for adventure, and want to explore. The best active play opportunities encourage children to be spontaneous and imaginative. The pace of activity can range from light actions (such as building or playing on the floor) through to vigorous actions (such as running or jumping). Daily chances for active play also encourage children to use small and large muscle groups in creative ways, and most importantly allow children to take control of their own play.

The ability and development of a child should direct the types of activities and play that are appropriate and interesting to them. Every child should be encouraged to be active, regardless of ability!

The following activities all need to be included in a setting's program:

- Unstructured 'free' play
- Structured 'planned' play
- Active transport
- Everyday physical tasks

### ***Unstructured play***

Unstructured play is creative and spontaneous play that gives children the freedom to move at their own pace and decide *how* they will play, *what* they will do and *where* it will take place. Encouraging unstructured play helps children feel more comfortable:

- trying, and learning new skills
- moving in their natural 'stop-start' pattern
- being challenged, and adapting to a range of different environments
- expressing themselves
- taking appropriate risks.

Examples of unstructured play include free play in playgrounds or sandpits, dancing to sounds and music, and other imaginative play such as dress-ups. 'Rough and tumble' play can



sometimes be part of unstructured play, particularly for boys. Although there is evidence that boys may play differently to girls, both boys and girls need equal access to all play spaces and play items.

### ***Structured play***

Structured play is planned play that may take place at set times, have certain rules or need special equipment.

Examples of structured play include:

- creative movement and dancing classes
- action games and songs, such as 'Hokey Pokey'
- guided discovery sessions – problem-solving activities where adults prompt children to figure out the best way to perform certain movements.

**'Unstructured play is creative and spontaneous play that gives children the freedom to move at their own pace...'**



### ***Active transport***

Active transport involves using physical activity – such as walking, pedalling a bike or using a scooter – to travel. Families need to be encouraged to use active transport rather than always using a car, and to encourage young children to walk rather than sit in a stroller. Young children are quite capable of walking or pedalling, even if it is just for short bursts at a time. As they get older and stronger, the distance and amount of time children walk or pedal can gradually increase. Active transport also provides a great chance for children to learn about road and pedestrian safety. Remember to supervise children when participating in active transport.

Examples of simple ways adults and children can use active transport include:

- parking the car further away and walking to a destination
- using a form of public transport that involves walking to and from the stops
- cutting down the amount of time spent in the pram or stroller, and encouraging children to walk instead.

### ***Everyday physical tasks***

Children enjoy helping adults with many everyday physical tasks. These activities do not need to be restricted to chores, and can also include spontaneous games.

Examples of everyday physical tasks include:

- helping with the gardening
- tidying up inside and outside play spaces
- helping to set up activities and meal areas.



## Promoting active play for one- to five-year-olds

Not all children are naturally active or creative, and some will need to be guided more than others. They may need to be shown how to enjoy using different equipment, how to try the same action as someone else or how to use music and sounds to make play more fun. Encourage staff to sometimes join in with children's play.

Active play opportunities should encourage children to:

- use big muscle movements
- practise a range of different movements
- use their imagination
- experience a variety of play spaces and equipment
- feel good about what they can do
- make up their own games and activities
- set up their own play area
- have fun!



## Making the most of simple play prompts

Regularly 'prompting' children to move in different ways helps to challenge them and constantly improve their skills. This can involve prompting children to change:

- **How** their body can move
  - 'How fast can you...?'
- **Where** their body can move
  - 'Can you do that sideways?'
- **What** their body can do
  - 'Can you do this with one leg and then the other?'
- **Who** they can move with
  - 'Can you both do that together?'

Prompts should encourage a range of activities that include upper body, lower body and full body movements in indoor and outdoor play spaces.

## Equipment ideas to promote active play in one- to five-year-olds

Items used in active play can either be toys or everyday items. Items should always be appropriate to the development of the child – for example, streamers are ideal for four- and five-year-olds, however may be unsafe for children under two to play with on their own. In play spaces shared by many children of different ages, be sure to consider the safety of all children – through the types of play equipment used, as well as the access and storage of equipment.





### ***Upper body movements***

Objects to hold, wave, shake, bang, throw, hit or catch.

#### **Suggestions for equipment:**

Balls, pompoms, mini beanbags, bats, rackets, quoits, tambourines, streamers, empty containers, pots and pans.

### ***Lower body movements***

Objects to move over, through or around.

#### **Suggestions for equipment:**

Hoops, tunnels, foam noodles, cones, tyres, boxes, coloured carpet squares, chalk marks and piles of leaves.

### ***Climbing***

Objects to climb on or up. Always consider safety when planning climbing activities – however, let children take appropriate risks.

#### **Suggestions for equipment:**

Climbing frames, low branches, ladders, ropes, stepping stones and boxes.





### ***Balancing***

Balancing activities do not need to be high, although ability needs to be considered when setting up equipment.

#### **Suggestions for equipment:**

Beams, wobble boards, planks of wood, logs, chalk lines and stepping logs or stones.

### ***Building***

Building can include stacking items, or making constructions such as cubby houses.

#### **Suggestions for equipment:**

Wooden blocks, sand, buckets, boxes, planks of wood, tyres, old linen and furniture.

### ***Creative movement***

Encourages children to use all of their body or parts of their body freely, and in ways that feel good.

#### **Suggestions for equipment:**

Music, musical instruments, bells, rattles and streamers.





## Outdoor play for one- to five-year-olds

Children who spend more time outdoors will generally be more active. Access to a covered outdoor area allows children to be active in all weather conditions, and being outdoors in cooler weather does not cause the common cold. Outdoor areas usually provide children with more space, and a variety of surfaces and equipment. Children can use larger muscle groups and experience moving in a whole range of different shapes, speeds and directions. Outdoor play also allows children to be messy and noisy.

Outdoor play gives children opportunities to:

- make big movements
- try *new* movements
- have 'rough and tumble' play
- improve their balance, strength and coordination skills
- seek adventure and watch and explore nature
- extend their creativity
- learn from their mistakes
- manage their fears and build toughness.

### Reminders for outdoor play...

<b>Be SunSmart<sup>®</sup></b>	Abide by sun protection policies – sunscreen, shelter, hats and suitable clothing.
<b>Supervise</b>	Make sure that staff supervise children when around water, heights, steps, fences, animals or small objects.
<b>Clothing</b>	Encourage parents to dress their child in clothing and footwear that is suitable for being active.
<b>Water</b>	Make sure children drink plenty of water when playing outside, particularly in hot weather.
<b>Join in</b>	Encourage staff to interact with children and support them in outdoor play. Make sure that play is still led by children.

### Taking 'chances' in outdoor play

Although outdoor play may appear risky, children need opportunities to play freely and explore outdoor play spaces. Allowing children to get to the next level of exploration helps them to test themselves and manage new tasks. As with 'rough and tumble' play, playing outside is important for the development of both girls and boys. What some adults may see as consequences of 'risky' play could actually be side effects of fun play experiences, such as:

- being messy and loud
- getting grubby
- getting small grazes, bumps and bruises
- dealing with heights, different surfaces and new play areas and items.

Parents should be encouraged to allow their children to participate in risky play, and be educated to understand that the benefits may outweigh the risks.

Preventing risky play can mean children may miss out on important benefits, and can lead to:

- low physical and mental health
- poor motor skills and imagination
- lack of independence and social skills
- poor problem-solving skills and lessened ability to take on challenges
- a poor sense of self-belief.

### Active play and children with disabilities

Children of all abilities benefit from experiencing physical activity and play. Engaging with parents is particularly important when working with children with disabilities. It is crucial to find out from parents the details of their child's disability, and how it affects everyday functions and abilities. It is also important to discuss the child's interests, dislikes and capabilities as well as what the parents' goals are for their child. Ask whether it is possible to contact the child's health professional for more information. Staff can help by being patient and generous in spending time with children with disabilities.





### Considering children from all cultures

Australia is home to people from over 200 countries, providing children with many opportunities to learn about all cultures. Different cultures have varying sensitivities that need to be respected.

Being aware of different cultures and customs includes:

- asking parents or community leaders to share their culture, including traditional toys, costumes or dances
- incorporating any traditions and languages into games if possible
- working with parents to ensure the setting is inclusive and respectful of their cultures, keeping in mind issues such as body contact or dress.

**‘Australia is home to people from over 200 countries, providing children with many opportunities to learn about all cultures.’**

### Safety recommendations

Each state and territory has its own guidelines and recommendations for making indoor and outdoor play spaces safer and in line with Australian standards.

Most of these guidelines consider:

- equipment height and fall zones
- play surfaces
- handrails, guardrails and barriers
- safety on swings
- any potential to be trapped or caught.

Settings need to abide by the regulations relevant for their specific location.



## Checklist

### *Staff, carers and setting*

- Equipment is reviewed for variety, safety and creativity.
- Environment is caring and positive, involving children, families, staff and carers.
- Staff and carers are trained and supported.
- Staff and carers act as role models when it comes to physical activity.
- A variety of resources and information is made available to families.

### *Program*

- Unstructured play, structured play, active transport and movement in everyday physical tasks are all included in the program.
- Play activities promote creativity and are developmentally appropriate.
- Active play opportunities, including outdoor play, are spread throughout the day.
- Program is creative.
- Program allows for children to be active, regardless of their ability level.







# Sedentary behaviour and screen-time



‘Sedentary behaviour’ is a term used to describe time spent doing physically inactive tasks that do not require a lot of energy. Despite the common perception that sitting down and being inactive ‘does no harm’, there is increasing evidence that certain activities, and in particular lengths of inactive time, are in fact harmful.

In Australia, large periods of sedentary behaviour are mostly due to the amount of time young children spend watching television. Other common sedentary activities include watching DVDs and playing computer or video games. Children who spend long periods of time inactive, even during allocated play times, are more likely to have poorer physical, social and intellectual development.

Prioritising and encouraging a number of opportunities for physical activity during the day is an important part of promoting a healthy lifestyle in early childhood. It is equally important to consider the total amount of time that children are inactive, regardless of how active they may be at other times.

Sedentary tasks can be grouped as either ‘productive’ or ‘non-productive’. Although productive sedentary behaviour and quiet ‘down time’ is necessary for young children, both groups of sedentary behaviour should be closely managed to meet current Australian recommendations.

## Non-productive sedentary behaviour:

- Watching television and DVDs for leisure.
- Playing screen games such as handheld, video or computer games.
- Being restrained for long periods of time, such as in a car seat, high chair, porta-cot or stroller.

## Productive sedentary behaviour:

- Reading, listening to stories and looking at books.
- Quiet play, such as art and craft activities, drawing and puzzles.
- Sleeping.

### Including all cultures

Differing cultures may have varying values and traditions in regards to sedentary behaviour and down time. When working with families:

- Find out what they do for quiet or down time.
- Ask parents to provide quiet games and books that are representative of their culture.
- Discuss with families the relationship between the different types of physical activity and children's development, where appropriate.

### RECOMMENDATION

Children younger than two years of age should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).

### Why no screen-time for children under two?

Babies should not be restrained or kept inactive (during awake time) for long periods, especially in front of the television. Before babies can walk, they need time to practise movements such as reaching, kicking and feeling. As babies become more mobile and start crawling and walking, they continue to need plenty of time to practise new skills, move freely and creatively, and play with others.

Screen-time is not recommended for babies and children less than two years of age, particularly in the early childhood setting, because it may:

- reduce the amount of time they have for active play, social contact with others and chances for language development
- reduce the length of time they can stay focused.

Screen-based activities for children less than two years of age have not been shown to lead to any health, intellectual or language improvements.



## RECOMMENDATION

For children two to five years of age, sitting and watching television and the use of other electronic media (DVDs, computer and other electronic games) should be limited to less than one hour per day.

### Why limit screen-time for two- to five-year-olds?

Most children will be exposed to screen-time at home, and for many children this will be excessive. In the early childhood setting, any screen-based activities need thorough consideration. It may be decided that screen-time is not included in the program, or only limited to special occasions.

In toddlers and pre-schoolers, long periods of screen-time have been associated with:

- less active, outdoor and creative play time
- an increased risk of being overweight
- sub-optimal muscle and bone growth
- unhealthy eating habits
- poorer social skills
- fewer opportunities to develop decision-making, self-awareness and self-regulation skills
- slower development of language skills and short-term memory
- television-viewing habits that may continue through childhood.



## RECOMMENDATION

Infants, toddlers and pre-schoolers should not be sedentary, restrained or kept inactive for more than one hour at a time – with the exception of sleeping.

Sometimes children are left inactive for longer than they ought to be, in places such as high chairs, strollers or car seats. Young children are naturally curious and eager to explore, therefore active play opportunities need to be available whenever possible.

Young children who have adults to interact with during play often tend to be more active, and staff should be prepared to help children be more active during play time. This can include encouraging children to:

- walk or pedal instead of always being in a stroller or car seat
- help with packing up toys, clothes or shopping
- play with simple items, such as buckets, dress-up clothes or old boxes and containers
- play outdoors during daylight hours.





## Checklist

### *Staff, carers and setting*

- Play areas are free of screens, or any screens are out of sight to avoid children watching from other areas.
- Staff and carers supervise and manage screen-time and inactivity.
- Staff and carers act as role models when it comes to not having screen-time.

### *Program*

- Sedentary behaviour recommendations are incorporated into the program.
- Program has minimal prolonged periods of inactivity and sitting time.
- Program has a balance between inactive and active time.

Recommendations summary for birth to five years





Recommendations summary for birth to five years	Birth–1 year	1–2 years	2–3 years	3–5 years
Physical activity recommendation	Physical activity should be encouraged from birth.	Should be physically active every day for at least three hours, spread throughout the day.	Should be physically active every day for at least three hours, spread throughout the day.	Should be physically active every day for at least three hours, spread throughout the day.
Sedentary recommendation – screen-time	Should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).	Should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).	Sitting and watching television and the use of other electronic media (DVDs, computer and other electronic games) should be limited to less than one hour per day.	Sitting and watching television and the use of other electronic media (DVDs, computer and other electronic games) should be limited to less than one hour per day.
Sedentary recommendation – prolonged inactivity	Should not be sedentary, restrained or kept inactive for more than one hour at a time, with the exception of sleeping.	Should not be sedentary, restrained or kept inactive for more than one hour at a time, with the exception of sleeping.	Should not be sedentary, restrained or kept inactive for more than one hour at a time, with the exception of sleeping.	Should not be sedentary, restrained or kept inactive for more than one hour at a time, with the exception of sleeping.

# Policy



## Introduction to policy

Policies are an important aspect of an early childhood setting, and can be used to support healthy eating and physical activity. A policy document provides clear, consistent information for all staff and carers working with children, as well as for parents and families. Thorough policies can demonstrate a commitment to healthy eating and physical activity, and ensure a high quality of practice.



## Developing policy: A 'how to' guide

Whether there is an existing policy already in place or one is yet to be developed in a setting, there are some important things to consider.

Policy documents should be functional – outlining strategies for all staff and carers to follow. Also, a policy document should be readily available to everyone working in the setting, and should be reviewed and updated on a regular basis.

A policy document should outline the purpose of the policy, and how it has been developed. Explanations of how policy goals will be achieved should also be included. More specific policy statements should address key areas of practice in a setting. See the outlined sample policies for ideas.

## Steps for developing and implementing a policy

1. Form a working group that includes key members from the setting. This group will work together to generate or review the policy document.
2. Identify key stakeholders. Key stakeholders are likely to include parents, families, staff and carers, directors, managers, coordinators and early childhood or healthcare professionals. Invite them to join the working group. Children are also important stakeholders, so it is good to try and include their views, but they cannot officially take part in a working group.
3. Identify any current day-to-day practices that are relevant to food and nutrition and physical activity. Summarise these, as they may form the basis for the policy.
4. Prepare a draft policy document. Seek the advice and assistance of experts if possible, as they may be helpful with this. Include any requirements as prescribed by state or national licensing and accreditation.
5. Circulate the draft policy to all key stakeholders and invite feedback. It is important that staff and families have the opportunity to comment on the policy before it is put in place.
6. Implement the new policy. Make any changes that have been set out in the policy document, and ensure that the setting is now operating according to each of the policy statements. Staff may need to be trained in certain areas. Display the policy, so that current parents and carers can view it. Consider ways to share the policy information with new families.
7. Monitor and review the policy. It is a good idea to monitor any changes that have been made in the setting due to the new policy. Review the policy every 12 months to make sure it is up-to-date and relevant.

A poster-size summary of the policy can be displayed, so that parents see that healthy eating and physical activity are important to the setting. Alternatively, the policy can be spread over several posters, with different points from the policy displayed over time.

## Sample guidelines for implementing a healthy eating policy

In many cases, state and federal licensing and accreditation requires the development and implementation of food and nutrition policies.



Use the ideas below as a guide for healthy eating and physical activity policies. Start with the purpose of the policy, and then describe how the document has been developed. Include the policy goals in the main body. Describe the strategies that will be used to achieve the policy goals in an appendix to the main document. Add any policy points and further details as relevant to the setting.

## Purpose and development of the policy

Include the following at the beginning of the policy document:

- Name of early childhood setting.
- Date the policy was developed and reviewed.
- Role that the policy plays in meeting the needs of children attending the setting.
- People involved in developing the policy.
- How and when the policy will be reviewed.
- Where the policy will be displayed.
- How the policy information will be shared with parents.

### Healthy eating policy goals

- To ensure the nutritional needs of all children are met, either through food provided by the setting or food brought from home. This includes breastmilk and infant formula as appropriate.
- To provide relaxed, social mealtime environments where children can try new foods and enjoy eating.
- To ensure, in all possible ways, that food is safe for children to eat.

### Physical activity policy goals

- To prioritise safe active play for children. To ensure staff, carers, children and families are aware of the benefits of daily active play.
- To reduce sedentary behaviour and screen-time, and increase active play opportunities within the setting.
- To ensure staff, parents and carers understand the importance of reducing sedentary behaviour and screen-time.



## Strategies for achieving policy goals

The following strategy ideas can be included when developing a setting's policy. For each strategy, describe what happens in the setting and then indicate how the setting's practice supports the policy goal. Of course, there will be other practices in the setting that will be added to this list.

### Healthy eating

**Goal:** To ensure the nutritional needs of all children are met, either through food provided by the setting or food brought from home. This includes breastmilk and infant formula as appropriate.

#### Strategy examples:

- Breastfeeding is encouraged and supported by the setting.
- A quiet, private space is available where mothers can breastfeed and/or express breastmilk (with a power point for an electric pump if needed).
- Infant formula is prepared according to the manufacturer's directions and offered in a clean bottle or cup.
- Choking risks for infants are minimised – children are always supervised when eating, infants are never left unattended with a bottle and only food of the appropriate texture is offered.
- Food provided by the setting is nutritious, and includes a variety of foods from each of the food groups.
- It is encouraged that food brought from home is nutritious, and includes a variety of foods from each of the food groups.
- Families will be provided with information and ideas on how to provide nutritious foods for their children, while they are in care.
- Water is offered as the main drink and available at all times.





**Goal:** To provide relaxed, social mealtime environments where children can try new foods and enjoy eating.

**Strategy examples:**

- Meals and snacks are offered at regular and predictable intervals.
- Food offered is of a suitable serving size, and children are given control over how much they eat.
- Menu is displayed, so that parents know what their children are offered to eat each day.
- Staff take time to discuss mealtimes with parents. Each day, parents are informed about how much and what types of food their child has eaten.
- Special occasions are recognised and celebrated with limited use of discretionary choices, and with no specific focus on food. Alternatives to using food to celebrate are considered.



**Goal:** To ensure, in all possible ways, that food is safe for children to eat.

**Strategy examples:**

- Individual allergy management plans are developed for children with diagnosed allergies.
- Choking risks are minimised, through the provision of appropriate foods.
- Food is prepared safely and hygienically, to minimise the risk of contamination.
- Hand-washing practices are observed at all times.
- Food-handling staff attend relevant training courses, as required.

## Physical activity

**Goal:** To prioritise safe active play for children. To ensure staff, carers, children and families are aware of the benefits of daily active play.

### Strategy examples:

- Equipment and play spaces are varied, safe, creative and well-maintained.
- A caring and positive play environment is planned, with involvement from children, families and carers.
- Staff, carers and parents act as role models for positive physical activity behaviours.
- Active play and movement opportunities, including outdoor play, are frequent throughout the day.
- The active play program is appropriate for children of all abilities.
- Parents are provided with information on how to encourage and provide active play opportunities for their children.

**Goal:** To reduce sedentary behaviour and screen-time, and increase active play opportunities within the setting. To ensure staff, parents and carers understand the importance of reducing sedentary time.

### Strategy examples:

- Play areas offer a variety of play spaces and equipment.
- Staff and carers act as role models for appropriate active behaviour, and minimise their own inactivity.
- Active transport is promoted and encouraged.
- Television and computer screens are not placed in children's play spaces.
- An appropriate balance between inactive and active time is maintained each day.
- Parents are provided with information on how to avoid sedentary behaviour at home, and advice on showing their children how to be active.



# For more information



Please refer to your state or territory resources, as well as specific early childhood setting information.

## Healthy eating

Allergy and Anaphylaxis Australia

T: (02) 9482 5988 or 1300 728 000

W: [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

Australasian Society of Clinical Immunology and Allergy (ASCIA)

W: [www.allergy.org.au](http://www.allergy.org.au)

Australian Breastfeeding Association

T: (03) 9885 0855

Breastfeeding helpline: 1800 686 268

W: [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

Australian Children's Education and Care Quality Authority

T: 1300 422 327

W: <http://acecqa.gov.au>

Australian Dental Association

T: (02) 9906 4412

W: [www.ada.org.au](http://www.ada.org.au)

***Australian Dietary Guidelines and The Infant Feeding Guidelines***,  
Australian Government Department of Health and Ageing and National Health and Medical Research Council

W: [www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)

Australian General Practice Network

W: [www.agpn.com.au](http://www.agpn.com.au)

Australian Government Department of Health and Ageing ***Health Insite***

W: [www.healthinsite.gov.au](http://www.healthinsite.gov.au)

***Australian Guide to Healthy Eating***,  
Australian Government Department of Health and Ageing and National Health and Medical Research Council

W: [www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)

Dietitians Association of Australia

T: 1800 812 942 or (02) 6163 5200

W: [www.daa.asn.au](http://www.daa.asn.au)

Early Childhood Australia

T: (02) 6242 1800 or 1800 356 900

W: [www.earlychildhoodaustralia.org.au](http://www.earlychildhoodaustralia.org.au)

Food Standards Australia New Zealand (FSANZ)

T: (02) 6271 2222

W: [www.foodstandards.gov.au](http://www.foodstandards.gov.au)

Kidsafe

W: [www.kidsafe.com.au](http://www.kidsafe.com.au)

Lactation Consultants of Australia and New Zealand

T: (02) 9431 8621

W: [www.lcanz.org](http://www.lcanz.org)

National Quality Framework for Early Childhood Education and Care and School Age Care

W: [www.deewr.gov.au/earlychildhood/policy\\_agenda/quality/pages/home.aspx#nqf](http://www.deewr.gov.au/earlychildhood/policy_agenda/quality/pages/home.aspx#nqf)

Raising Children Network

W: [www.raisingchildren.net.au](http://www.raisingchildren.net.au)

Secretariat of National Aboriginal and Islander Child Care (SNAICC)

T: (03) 9489 8099

W: [www.snaicc.org.au](http://www.snaicc.org.au)

## Physical activity

Australian Government Department of Health  
and Ageing

W: [www.health.gov.au](http://www.health.gov.au)

***Get Set 4 Life***, Healthy Kids Check

W: [www.health.gov.au/internet/main/  
publishing.nsf/Content/Healthy\\_Kids\\_Check](http://www.health.gov.au/internet/main/publishing.nsf/Content/Healthy_Kids_Check)

Healthy Opportunities for Preschoolers (HOP)

W: [www.educ.uvic.ca/faculty/temple/pages/  
hop.htm](http://www.educ.uvic.ca/faculty/temple/pages/hop.htm)

Sport New Zealand

T: +64 4 472 8058 (international)

W: [www.sportnz.org](http://www.sportnz.org)

2010 Legacies Now

W: [www.2010legaciesnow.com/leap\\_bc/](http://www.2010legaciesnow.com/leap_bc/)



## Section 4: Further Reading





## Australian Dietary Guidelines

<b>Guideline 1</b>	<p>To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.</p> <ul style="list-style-type: none"><li>• Children and adolescents should eat sufficient nutritious foods to grow and develop normally. They should be physically active every day and their growth should be checked regularly.</li><li>• Older people should eat nutritious foods and keep physically active to help maintain muscle strength and a healthy weight.</li></ul>
<b>Guideline 2</b>	<p>Enjoy a wide variety of nutritious foods from these five groups every day:</p> <ul style="list-style-type: none"><li>• plenty of vegetables, including different types and colours, and legumes/beans</li><li>• fruit</li><li>• grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley</li><li>• lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans</li><li>• milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of two years).</li></ul> <p>And drink plenty of water.</p>



<b>Guideline 3</b>	<p>Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.</p> <p>a. Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.</p> <ul style="list-style-type: none"><li>• Replace high fat foods which contain predominantly saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods which contain predominantly polyunsaturated and monounsaturated fats such as oils, spreads, nut butters/pastes and avocado.</li><li>• Low fat diets are not suitable for children under the age of two years.</li></ul> <p>b. Limit intake of foods and drinks containing added salt.</p> <ul style="list-style-type: none"><li>• Read labels to choose lower sodium options among similar foods.</li><li>• Do not add salt to foods in cooking or at the table.</li></ul> <p>c. Limit intake of foods and drinks containing added sugars such as confectionary, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.</p> <p>d. If you choose to drink alcohol, limit intake. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option.</p>
<b>Guideline 4</b>	Encourage, support and promote breastfeeding.
<b>Guideline 5</b>	Care for your food; prepare and store it safely.

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# Glossary of Terms



**Active play:** All kinds of play that involve physical activity, including a range of different movements. Includes unstructured ‘free’ play and structured ‘planned’ play (both indoors and outdoors).

**Active transport:** Types of travel that require physical activity, such as walking, riding a bike or using a scooter.

**Baby:** A child under the age of 12 months.

**Basic food groups:** Groups of foods that are classified according to the nutrients they provide. Also known as the ‘five food groups’ or ‘core food groups’.

**Discretionary choices:** Foods which are high in kilojoules, saturated fat, added sugars and/or salt, and typically offer little nutritional benefit. Also known as ‘extras’ or ‘occasional foods’.

**Early childhood setting:** Education and care settings for children from birth to five years – including long day care, family day care, preschool and kindergarten.

**Everyday physical tasks:** Tasks or chores (completed either indoors or outdoors), such as packing up toys, unpacking the shopping or gardening.

**Family foods:** Foods that are usually offered to all family members at meal times, often with a variety of tastes and textures.

**Guided discovery:** A series of suggestions or questions posed by adults during play, intended to improve children’s skills.

**Infant:** A child under the age of 12 months.

**Non-productive sedentary behaviour:** Activities that don’t require a lot of energy and that are not as necessary to children’s development – such as watching television or playing video games. [See also: *sedentary behaviour*, *productive sedentary behaviour*]

**Outdoor play:** Active play that takes place outside.

**Pre-schooler child:** A child aged from three to five years.

**Pructive sedentary behaviour:** Activities that don't require a lot of energy but which contribute to children's development, health and wellbeing – such as sleep, reading and quiet play. [See also: *sedentary behaviour*; *non-productive sedentary behaviour*]

**Risky play:** Activities that challenge and allow children to explore new movements and tasks. Often perceived by adults as 'risky' because of the risk of bumps, scratches and getting dirty.

**Rough and tumble play:** Activities that involve children playing boisterously, either alone or with others.

**Screen-time:** Time spent watching or interacting with electronic screens, such as watching television, or playing handheld or computer games.

**Sedentary behaviour:** Spending time on physically inactive tasks that do not require a lot of energy to complete, such as reading, sitting in car restraints or watching television. [See also: *productive sedentary behaviour*; *non-productive sedentary behaviour*]

**Solids:** The first solid foods offered to babies, usually at around six months, supplementing the diet of breastfeeds and/or infant formula.

**Staff and carers:** Staff and carers working in early childhood education and care settings.

**Structured play:** Planned activities, that may occur at set times, have certain rules or equipment, and that are usually facilitated by adults. Also referred to as 'adult-directed play' and 'planned play'.

**Toddler:** A child aged from one to two years.

**Tummy time:** Active play time that babies spend lying on their stomach, and which helps develop head, neck and trunk muscles.

**Unstructured play:** Creative and spontaneous play that gives children the freedom to decide what, where and how they play. Also referred to as 'child-centred play' and 'free play'.

**Young child:** A child aged from one to five years.



3

# GET UP & GROW

HEALTHY EATING AND PHYSICAL ACTIVITY FOR EARLY CHILDHOOD

STAFF AND CARER BOOK



Australian Government  
Department of Health and Ageing

## Minister's Foreword

It gives me great pleasure to introduce the *Healthy Eating and Physical Activity Guidelines for Early Childhood Settings*, an initiative that is an important element of the Australian Government's *Plan for Early Childhood and Plan for Tackling Obesity*.

Our children's early years are arguably their most important and establishing healthy behaviours from birth will lay the foundation for lifelong health and wellbeing. Nutritious food and regular physical activity supports the normal growth and development of children and reduces the risk of developing chronic lifestyle related diseases later in life.

As more children spend time in care, early childhood settings can play an important part in supporting healthy choices around nutrition and physical activity. This resource provides practical information and advice to assist practitioners, carers and families in this role.

The *guidelines* have been designed so that they can be applied in a variety of early childhood settings including centre-based care, family day care and preschools. They are evidence-based and consistent with current thinking on early childhood development.

They will also complement a range of other programs such as the Healthy Kids Check for all four-year-olds before they start school and resources such as the *Get Set 4 Life – habits for healthy kids Guide*.

These initiatives will help to ensure that all Australian children have the best possible start in life and every opportunity for the future.

**The Hon Nicola Roxon  
Minister for Health and Ageing**

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*Get Up & Grow: Healthy eating and physical activity for early childhood* provides general non-commercial, evidence-based information to early childhood education and care settings, to assist in developing healthy habits for children birth to five years. For children with particular medical or nutrition conditions, professional medical advice may be required.

Readers should be aware that these resources may contain images of Aboriginal and Torres Strait Islander people who are now deceased.

This resource has been updated to reflect the *Infant Feeding Guidelines (2012)* and *Australian Dietary Guidelines (2013)*.

STAFF AND CARER BOOK

# Introduction

The *Get Up & Grow: Healthy eating and physical activity for early childhood* guidelines and accompanying resources have been developed by child health and early childhood professionals in collaboration with the Australian Government Department of Health and Ageing. State and territory governments were also consulted in the development of these resources.

The *Get Up & Grow* resources are designed to be used in a wide range of early childhood settings by families, staff and carers, and to support a consistent, national approach to childhood nutrition and physical activity. When applying the guidelines and recommendations outlined within the resources, early childhood settings will also need to meet any other requirements set out in state, territory or federal regulatory arrangements.

These healthy eating and physical activity resources are based on three key national health documents that focus on children, namely:

- The *Infant Feeding Guidelines* (2012) and the *Australian Dietary Guidelines* (2013), which form the basis for nutrition policy in Australia (available in Section 3: Further Reading).
- The *National Physical Activity Recommendations for Children 0 to 5 years*, which has been developed to guide policy and practice around physical activity for young children (summary available at the end of Section 2: Physical Activity).

This collection of resources has also been developed in recognition of the rich cultural and religious diversity in Australia. To ensure that a range of needs were considered in the development, early childhood staff and carers, associated professionals, and parents from around Australia were consulted through surveys and focus groups. This consultation included a diverse range of people: some from urban, regional and remote locations, some with culturally and linguistically diverse backgrounds, some from Aboriginal and Torres Strait Islander backgrounds, and some who care for children with a disability.

In Australia, we presently face an increasing problem with overweight and obese children. The intention of these resources is not to specifically target overweight and obesity, but to establish healthy lifestyle habits in children, in particular healthy habits for eating and physical activity. In turn, this will contribute to the prevention of weight problems in children, while promoting optimum growth, addressing other health issues such as dental health, and allowing children to thrive through social, physical and intellectual development.



## Introduction



# Breastfeeding

The goal of the healthy eating guidelines is to promote offering healthy food choices to children (whether food is provided in the setting or brought from home), while also encouraging children to eat to their own appetites, develop positive attitudes toward selecting food and enjoy eating. The goal of the physical activity recommendations is to support making play a priority, and encourage early childhood staff, carers and families to provide frequent play opportunities in a positive environment.

The *Staff and Carer Book* is one of the four *Get Up & Grow* resource books, and is designed for staff and carers at early childhood settings. It provides:

- an understanding of the healthy eating guidelines and physical activity recommendations
- practical ideas for putting the guidelines into practice and for working with families confidently.

**'...provide frequent play opportunities in a positive environment.'**

As well as the four resource books (*Director/Coordinator Book*, *Staff and Carer Book*, *Family Book* and *Cooking for Children*), there are additional *Get Up & Grow* materials, such as posters and stickers for the setting, flyers for parents, and newsletter inserts.

Staff and carers are with children in early childhood settings every day, and have an important role in children's development. The information in this book will act as a guide for encouraging children and families to get up and grow!



## HEALTHY EATING GUIDELINE

Exclusive breastfeeding is recommended, with positive support, for babies until around six months. Continued breastfeeding is recommended for at least 12 months – and longer if the mother and baby wish.

Breastfeeding is the first food experience for most babies. Breastmilk has all the nutrients a baby needs, and is the only food required until around six months. Ideally, babies will continue to enjoy and benefit from breastfeeding until at least 12 months, or longer if the mother and baby wish.

The fourth guideline of the *Australian Dietary Guidelines* is 'Encourage, support and promote breastfeeding'. Australia's breastfeeding initiation rate in 2010 was high at 96%, however only 15% of infants were exclusively breastfed to around six months.





### Breastmilk – Perfect for babies

The benefits of breastfeeding for babies:

- Breastmilk contains the appropriate nutrients for babies during each stage of their development.
- Breastmilk helps to protect young babies from diseases, particularly gastro-intestinal, respiratory and middle-ear infections.
- The sucking actions of breastfeeding help shape and prepare the jaw for teeth and speech.

### Safe handling of breastmilk

Babies should only drink breastmilk that has come from their own mother. Therefore, it is important that a mother's breastmilk is not given to another child. Your workplace has information on breastfeeding that you can give to mothers, explaining what they need to do with their breastmilk. This will also make mothers comfortable that their babies will be fed the right milk.

#### Cleaning bottles for babies

Bottles need to be sterilised, sanitised or disinfected to ensure that they do not carry any infections. This can be done with several different methods, including boiling, with an electric sterilising unit, through chemical sterilisation or with a microwave steriliser. Whichever method is chosen, be sure to always follow the instructions carefully.

#### Labelling and storage

- Breastmilk should be brought to an early childhood setting:
  - in sterilised plastic bottles, and in an insulated container
  - labelled with the name of the child, and the date to be used.
- Bottles should be placed in a non-spill tray on the lowest shelf of the refrigerator. This is to make sure that if knocked or spilled, breastmilk does not drip onto other food.
- Breastmilk that is not used on the day and is brought from home should be returned to the mother or discarded at the end of the day.

**'It is important that a mother's breastmilk is not given to another child.'**





### Heating breastmilk

Babies can drink breastmilk straight from the refrigerator, however if a baby prefers warm milk:

- Heat the milk by standing the bottle in warm water.
- Always check the temperature of the milk before giving it to a baby.
- Do not warm the milk in the microwave, as often this does not heat the milk evenly and can cause burns. Also, microwaving breastmilk may destroy some of its natural benefits.
- Discard leftover breastmilk. This cannot be saved for later or rewarmed.



GET UP & GROW: HEALTHY EATING AND PHYSICAL ACTIVITY FOR EARLY CHILDHOOD

### Protocols for breastmilk

When it is time to give a baby breastmilk from the fridge:

- If more than one baby is receiving breastmilk at the setting, **two** staff members need to check that the name on the bottle is that of the baby about to be fed.
- Sign the baby's feeding record.
- Offer the breastmilk in the sterilised plastic bottle or cup provided by the mother. Some families will choose to feed their babies with bottles, while others may choose to have the expressed breastmilk offered in a cup. Babies are usually ready to drink from a cup at around seven or eight months of age.
- If a baby is given the milk of another mother, or if you *think* this might have happened, **notify your director or manager immediately.**



### Congratulations for breastfeeding!

No matter how long a mother breastfeeds her baby, she should be recognised and respected for her effort. If a mother is moving her baby onto formula, make sure she has information on how to provide formula to early childhood settings.

STAFF AND CAREER BOOK



# Infant formula



## HEALTHY EATING GUIDELINE

If an infant is not breastfed, is partially breastfed, or if breastfeeding is discontinued, use an infant formula until 12 months of age.

Infant formula is the only safe alternative to breastmilk during the first 12 months. Breastmilk is the best choice for babies, so it is important that mothers know about the benefits of breastfeeding before they decide to bottle-feed with formula instead. It may be helpful for mothers to talk to child health nurses or doctors if they have any questions.

If a baby is not breastfeeding, or is partially breastfeeding, an infant formula appropriate for the baby's age should be the only other food consumed until solids are introduced. Breastmilk or infant formula should be continued while introducing solids, with other drinks avoided until the infant is 12 months of age.

Formula that is not made up correctly can cause babies to become dehydrated, constipated or even undernourished. Never add anything except water to infant formula. Adding infant cereal or anything else can interfere with a baby's feeding.

## How you can support breastfeeding

- Let mothers know what your early childhood setting can offer to support breastfeeding, such as information sheets.
- Let mothers know where they can get more information about breastfeeding.
- Make mothers feel welcome to breastfeed in front of other people at the early childhood setting, or let them know where they can breastfeed in private if preferred.
- If a mother indicates that she is having problems with, or tiring of, breastfeeding, offer her some support or provide options for advice elsewhere.
- Offer positive feedback to mothers when they provide breastmilk for their babies. For example, 'Great! She'll enjoy that.' or 'He is doing very well.'
- Follow your setting's policy for the safe handling of breastmilk.
- If mothers need further information, refer them to the Australian Breastfeeding Association – either the website, [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au), or the breastfeeding helpline, 1800 MUM 2 MUM (1800 686 2 686).
- Mum should be encouraged not to drink alcohol while breastfeeding and keep baby away from cigarette smoke.

### Being a role model

Seeing another mother successfully breastfeed offers encouragement to new mothers. If you have previously breastfed or are currently breastfeeding your baby, let other new mothers know and offer them support. However, if a mother has chosen not to breastfeed, always respect her decision and do not offer comment or criticism.



### Tips for handling infant formula

- Ensure that infant formula is prepared as close as possible to the time it is needed.
- If formula does need to be stored after it has been made up, store it in the refrigerator until use, and discard after 24 hours.
- It is not safe for parents to bring already prepared infant formula for their child. This is to avoid the small risk of harmful bacteria growing in the pre-prepared formula.
- To ensure that formula is heated evenly and to reduce the risk of burning the baby, warm the bottles in a water bath for no longer than 10 minutes, and not in the microwave.
- Always supervise babies while they are feeding. Never leave them unattended with a bottle or prop a bottle up for a baby. Propping a bottle up puts babies at risk of choking or developing an ear infection.
- After using bottles and teats, rinse them in cold water and send them home to be washed and sterilised.

### Cow's milk

Cow's milk should not be given to babies as a main drink until they are around 12 months of age. Small amounts of cow's milk can be used in mixed foods prepared for the infant. Low fat and reduced-fat milks are not recommended for children under the age of two years.

Parents should provide sterilised bottles and teats, as well as pre-measured powdered formula, each day. These should all be clearly labelled with the date, the baby's name and the amount of water to be mixed with the formula.

Water for infant formula should be prepared by bringing a fresh kettle or jug of water to the boil and allowing it to boil for 30 seconds (or, for an automatic electric kettle, until the cut-off point). Water should then be cooled before use.

Infant formula should always be prepared as close as possible to the time it is needed. It is safest to prepare feeds individually, and not in bulk.

You may prefer to have parents bring bottles already filled with the correct amount of pre-boiled and cooled water, so that you do not have to boil and cool water yourself before feeding babies. Never use water from water boiling units, as it is unsuitable for young children.

**'It is safest to prepare feeds individually, and not in bulk.'**

GET UP & GROW: HEALTHY EATING AND PHYSICAL ACTIVITY FOR EARLY CHILDHOOD



# Introducing solids

## HEALTHY EATING GUIDELINE

Introduce solid foods at around six months.

### When to introduce solids

Breastmilk or formula provides all the nutrients babies need from birth to six months. When babies reach around six months of age, breastmilk and formula can no longer meet their nutritional requirements, and so other foods should be added to their diet. At this age, babies are also ready to start learning the skills needed for eating solid foods, and to experience new tastes and textures.

### 'Signs that a baby is ready to begin solids include showing interest in food ...'

Signs that a baby is ready to begin solids include showing interest in food and an increased appetite. Babies also need to be able to sit upright with limited support and control their head and neck. Babies will usually begin to show these signs around six months of age.

It is recommended that solids are not introduced until around six months of age.

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GET UP & GROW: HEALTHY EATING AND PHYSICAL ACTIVITY FOR EARLY CHILDHOOD



## Section 1: Healthy Eating

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Ideally, solids should be introduced while a baby is still breastfeeding. When a baby starts on solids, there is often a reduction in breastfeeding. Introducing solids early increases the likelihood that a mother will be unable to maintain lactation, and therefore breastfeeding will be unable to continue.

It is important that while babies are starting on solids, breastfeeding or formula also continue. Breastmilk and/or an age-appropriate formula should continue to be the main milk drink for babies until around 12 months of age. Breastfeeding can continue beyond the first year of life if the mother and baby wish.

### How should solid foods be introduced?

As long as iron rich foods are included in first foods, foods can be introduced in any order and at a rate that suits the infant. The order and number of foods being introduced is not important. Slow introduction of solid foods is not necessary.

The first solid food offered to babies is often iron-fortified infant cereal, which is smooth and easy to mix in small amounts. Mix a small amount of the cereal with water and stir until it is a smooth consistency. Foods can be introduced in any order provided the texture is suitable for the infant's stage of development. There is no need to add salt, sugar, fat or other flavours to food for babies.

STAFF AND CARER BOOK



What foods should be introduced and when?

Stage	Examples of foods that can be consumed
First foods (from around six months)	Iron rich foods, including fortified cereals (e.g. rice), vegetables (e.g. legumes, soy beans, lentils), fish, liver, meat and poultry, cooked plain tofu
Other nutritious foods to be introduced before 12 months	Cooked or raw vegetables (e.g. carrot, potato, tomato), fruit (e.g. apple, banana, melon), whole egg, cereals (e.g. wheat, oats), bread, pasta, nut pastes, toast fingers and rusks, dairy foods such as full-fat cheese, custards and yoghurt
From 12 to 24 months	Family foods Full-cream pasteurised milk

**Note 1:** Hard, small, round and/or sticky solid foods are not recommended because they can cause choking.

**Note 2:** To prevent botulism, do not feed honey to infants aged under 12 months.

**Nuts and other hard foods**

Foods with a high risk of choking such as whole nuts, seeds, raw carrot, celery sticks and chunks of apple should be avoided for the first three years as their size and/or consistency increases the risk of inhalation and choking. However nut pastes and nut spreads can be offered to infants from around six months of age.



**Progressing to feeding from a cup**

Babies can learn to use a cup from an early age, and are usually ready to develop this skill from around seven months. For some babies, the progression will be from bottle-feeding to cup-feeding – although breastfed babies may move straight to cup-feeding (often while continuing to breastfeed), bypassing the bottle.

Breastmilk can be offered to babies in a cup, if the mother has expressed milk and has chosen not to bottle-feed. Pre-boiled, cooled water can be offered as an additional drink in a bottle or cup after six months of age.

Although water is sometimes offered in a bottle after six months, it is best to use a cup. By around 12 to 15 months of age most babies can manage a cup well enough to satisfy their own thirst, and the bottle can be stopped. Babies who continue to drink from the bottle well into the second year may drink a lot of milk and have a reduced appetite for other foods – which increases the likelihood of a baby becoming iron deficient. Stopping the bottle is often difficult for parents, so discuss this with them and offer some suggestions for further advice.





### Choking risks for babies

Babies must always be supervised when feeding, because choking may occur. Babies should never be put into a cot or bed with a bottle, and propping a bottle up for a baby places the baby at risk of choking.

It is common for young children to 'gag' at times, with coughing or spluttering, while they are learning to eat. This is different to choking and is not a cause for concern. However, choking that prevents breathing is a medical emergency.

To reduce the risk of choking:

- Supervise young children whenever they are feeding.
- Never put babies in a cot or bed with a bottle, or prop up a bottle.
- Make sure babies are developmentally ready to eat before offering solids.
- Feed children only when they are fully awake and alert.
- Never force a child to eat.
- Offer foods that are a suitable texture – start with smooth, soft foods and then progress to a wider range of family foods.
- Grate, cook or mash apples, carrots and other hard fruits or vegetables before offering them to young children.
- Do not serve pieces of hard, raw fruit or vegetables, nuts, popcorn or other hard, small, round and/or sticky solid foods to young children.



### Special feeding needs

Disabilities, early illnesses and invasive procedures may affect feeding, and may also alter the age at which solids are introduced. Some children may accept solids more slowly, and take longer to adjust to a variety of foods. It is important to work closely with parents in these situations. Find out if they have developed any specific plans with specialists or other health professionals. Staff, carers and families may benefit from getting additional information and advice from a doctor or Accredited Practising Dietitian.



## Family foods

Good nutrition is necessary for the active growth and development that takes place in early childhood. Good eating habits and a well-balanced diet support children's health and wellbeing, and minimise the risk of illness. Eating habits developed in the early years are likely to have a lifelong influence.

Healthy eating in childhood minimises health risks and improves health throughout life. On the other hand, poor nutrition in childhood can contribute to lifestyle diseases such as obesity, cancer, heart disease and diabetes.

Work with parents and families to support and encourage healthy eating for children. Regardless of whether your setting provides meals and snacks for children or they bring their own from home, you can support their health by encouraging them to adopt good eating habits.



**'Good eating habits  
... support children's  
health and wellbeing...'**



### HEALTHY EATING GUIDELINE

Make sure that food offered to children is appropriate to the child's age and development, and includes a wide variety of nutritious foods consistent with the *Australian Dietary Guidelines* (see below).

## Australian Dietary Guidelines

### Guideline 1

To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.

- Children and adolescents should eat sufficient nutritious foods to grow and develop normally. They should be physically active every day and their growth should be checked regularly.
- Older people should eat nutritious foods and keep physically active to help maintain muscle strength and a healthy weight.

### Guideline 2

Enjoy a wide variety of nutritious foods from these five groups every day:

- plenty of vegetables, including different types and colours, and legumes/beans
- fruit
- grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
- lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
- milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of two years).

And drink plenty of water.

### Guideline 3

Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.

a. Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.

- Replace high fat foods which contain predominantly saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods which contain predominantly polyunsaturated and monounsaturated fats such as oils, spreads, nut butters/pastes and avocado.

- Low fat diets are not suitable for children under the age of two years.

b. Limit intake of foods and drinks containing added salt.

- Read labels to choose lower sodium options among similar foods.
- Do not add salt to foods in cooking or at the table.

c. Limit intake of foods and drinks containing added sugars such as confectionary, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.

d. If you choose to drink alcohol, limit intake. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option.

### Guideline 4

Encourage, support and promote breastfeeding.

### Guideline 5

Care for your food; prepare and store it safely.

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**Vegetables, legumes and fruit**

Fruit and vegetables are divided into two separate food groups, because they provide slightly different nutrients. However, both groups provide vitamins, minerals and fibre. Fruit and vegetables should be included in meals and snacks each day. In settings that do not provide food, encourage parents to include fruit and vegetables in children's lunchboxes. In settings that provide food, be sure to offer a variety of fruit and vegetables, including different colours, textures and flavours. This will ensure that you provide children with a wide range of vitamins and minerals.

**Breads, cereals, rice, pasta and other grains**

Breads, cereals, rice, pasta, noodles and other grain-based foods provide carbohydrates, which the body uses for energy. The best choices from this group are wholemeal and wholegrain breads, cereals and dry biscuits. Other good choices include brown rice, couscous, wholegrain pasta and polenta.

**Milk, yoghurt, cheese and/or alternatives**

Plain milk, cheese and yoghurt are the most common, recommended dairy foods, and main dietary sources of calcium. Having enough calcium is important for healthy bones and teeth.

Cow's milk should not be given as a main drink to infants before 12 months of age. It can however be used in small amounts in other foods from around six months such as in breakfast cereal, and other dairy products such as yoghurts, custards and cheese can be offered. Full-cream plain milk is recommended for children aged one to two years, and reduced-fat plain milk is suitable for children

The five basic food groups provide the nutrients essential for life and growth. Each group of basic foods provides a range of nutrients, and plays a role in helping the body function. Foods from the five basic food groups should be eaten every day, and can also be called 'everyday foods'.

'Discretionary choices' (see page 27) on the other hand have little nutritional value and are not essential for good health. Eating lots of sometimes foods is associated with ill health, being overweight and obesity. Sometimes foods are not to be offered in early childhood settings.

**The basic food groups**

The basic food groups are:

- Vegetables and legumes/beans
- Fruit
- Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
- Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
- Milk, yoghurt, cheese and/or alternatives, mostly reduced-fat (reduced-fat milks are not suitable for children under the age of two years)

A balanced diet includes a variety of foods from each of the food groups, and offers different tastes and textures. A variety of these foods should be provided for children each day, either by parents or the early childhood setting.



over the age of two years. If children do not drink cow's milk or cow's milk products, a calcium-fortified soy drink can be substituted. Rice and oat milks can be used after 12 months of age if calcium enriched and full fat. Health professional supervision is recommended.

### **Lean meat, fish, poultry, eggs, nuts and legumes**

The meat and alternatives group includes red meat such as beef, lamb and kangaroo; white meat such as pork, chicken and turkey; fish; and eggs. Non-animal products in this group include nuts, legumes and tofu. Meat and alternatives are rich in protein, iron and zinc, and essential for children's growth and development. Using lean meat and skinless poultry will ensure that children's diets do not contain too much fat.

### **'Meat and alternatives are rich in protein, iron and zinc...'**

#### **Vegetarian and vegan eating practices**

Some families follow vegetarian eating practices. Usually, this means they do not consume animal products such as meat, poultry and fish. Many vegetarians still consume animal-related products, such as eggs, milk, cheese and yoghurt.

It is especially important for vegetarians to consume a variety of legumes, nuts, seeds and grain-based foods, to provide the nutrients that would otherwise be provided by meat, poultry and fish.

Vegans do not consume any foods which have an animal origin. It is very difficult to meet children's nutritional needs with a vegan diet, in part because the amount of food needed to meet these needs may be too large for the child to manage. Families must plan carefully for a child on a vegan diet, and it can be difficult for a setting to offer vegan meals and snacks. Families may need a referral to an Accredited Practising Dietitian for further information.

#### **'Discretionary choices'**

'Discretionary choices' are not included in the basic food groups as they have little nutritional value and are not essential for good health. Discretionary choices are foods high in kilojoules, saturated fat, added sugars and/or salt, and are often processed and packaged. Examples of discretionary choices include:

- chocolate and confectionary
- sweet biscuits, chips and high-fat savoury biscuits
- fried foods
- pastry-based foods such as pies, sausage rolls or pasties
- fast food and takeaway foods
- cakes and ice cream
- soft drinks, fruit drinks, cordial, sports drinks, energy drinks, flavoured milk and flavoured mineral water.

There is no need to offer discretionary choices on a regular basis, and families should be asked not to include them in lunchboxes.





**Food provided by the setting**

Many early childhood settings are responsible for a substantial percentage of children's daily nutritional intake, through the meals and snacks they provide.

Be sure to include foods from the basic food groups in each meal and snack. Do not serve discretionary choices for meals or snacks, and do not offer them to children as rewards.

**Food brought from home**

Encourage parents to provide fruit, vegetables and other foods from the food groups in their child's lunchbox each day. Food brought to the setting should be consistent with the setting's healthy eating policy. Provide parents with helpful resources, including lunchbox and snack ideas. Ask all children to bring with them each day a clear water bottle, labelled with their name. A clear water bottle allows you to see that the bottle contains water and not a sweet drink.

**Religious and cultural practices**

Consider and respect family values and customs, including those related to food and eating. Some families and settings will follow religious and cultural beliefs that guide eating practices, for example Kosher or Halal. The nutrition guidelines described previously are still suitable for use in these settings.

When a child has particular needs related to eating, for whatever reason, discuss with the family the best way to offer food for the child. This may involve the family providing food from home, or agreeing on specific foods that can be included or avoided.

If needed, use interpreters to help you communicate with families and ensure that necessary information has been shared.



**'Be sure to include foods from the basic food groups...'**



## Section 1: Healthy Eating

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### HEALTHY EATING GUIDELINE

Provide water in addition to age-appropriate milk drinks. Infants under the age of six months who are not exclusively breastfed can be offered cooled boiled water in addition to infant formula.

Water is essential for many important bodily functions including digestion, absorption of nutrients and elimination of waste products. Water accounts for between 50 and 80 per cent of body weight. Young children in particular can become dehydrated quickly and should have access to drinking water at all times.

To stay hydrated, toddlers should be encouraged to drink around 1 litre of fluid a day, and pre-schoolers around 1.2 litres a day.

Babies under six months who are not exclusively breastfed can be offered cooled boiled water. From six to 12 months, cooled boiled water can supplement breastmilk or formula.

For children one to five years, water and cow's milk should be the main drinks offered. Fruit juice should only be used occasionally as a substitute for whole fruit. Fruit juice is not recommended for infants under 12 months. Children should have access to drinking water at all times during the day. Where available, offer clean, safe tap water to children – purchasing bottled water is generally not necessary. Plain milk should be offered in a cup with meals and snacks. However, be careful not to offer too much plain milk, especially just before meals, as children can fill up on milk and then not be hungry for meals. At around one year, children need around 500ml of milk each day. Keep in mind that children may also drink some milk at home.

Sweet drinks are not needed as part of a healthy diet. They do not provide much nutrition and children can fill up on them, leaving them with a smaller appetite for other, nutritious foods. Water is the best drink. Sweet drinks may also contribute to tooth decay, and there is a strong link between sweet drinks and excess weight gain in children. Sweet drinks include soft drinks, flavoured mineral water, flavoured milk, cordial, fruit drink and fruit juice. Avoid giving these drinks to children.

Provide water with each meal and snack, and make sure that water is available for children to drink throughout the day. At meal and snack times, put a jug of water or plain milk on each table and encourage older children to pour their own drinks.



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**Appropriate use of food**

There are a number of ways to help children learn healthy attitudes towards food.

- Create opportunities to teach children the difference between 'everyday foods' and 'discretionary choices'.
  - Never use food as a reward, or deny or remove food as punishment.
  - Do not use food to comfort a child, as this can establish a pattern of relying on food for comfort.
- Identify ways to reward children for their achievements without using food. Praise and encouragement are often all that a child needs from an adult.
- Do not reward children for eating or punish children for not eating.



STAFF AND CARER BOOK

**HEALTHY EATING GUIDELINE**

Plan meal times to be positive, relaxed and social.

Mealtimes provide an opportunity for children to develop good eating behaviours and learn about nutrition and food variety. They are also an important time for social interaction with other children and adults. Sit with children at meal and snack times and talk with them in a friendly, relaxed way.

There will be some mess at meal and snack times. Don't overreact to 'normal' messiness – this is part of children's exploration of food and learning how to eat. Guide children gently as to the appropriate ways of eating, and do not allow behaviour such as throwing or spitting food.

Start by setting the scene for a positive experience. Children can help prepare for mealtimes by packing away play materials and setting the table. You might like to use tablecloths and placemats to make mealtimes more special.

Some children commonly refuse food, and this should not be a cause of stress or concern unless the refusal goes on for an extended period of time. Encourage children gently to try foods and never force a child to eat.





HEALTHY EATING GUIDELINE

Encourage children to try different food types and textures in a positive eating environment.

The early childhood years are a crucial time for eating a variety of foods and developing eating behaviours and food preferences. The greater the variety of foods that children are exposed to in their early years, the greater the likelihood that they will eat a range of foods as an adult.

Mealtimes should provide a relaxed, safe environment for children to try new foods. Offer and encourage new foods regularly, including a variety of tastes, textures and colours. Include familiar foods as well as new foods, and encourage children to taste new ones. Continue to offer new foods to children, even if they do not taste them on the first few occasions. Being in a group can encourage children to try new foods, as they are more likely to do so if they see their peers eating and enjoying them.

**'Offer and encourage new foods regularly, including a variety of tastes, textures and colours.'**

If food is not provided by the setting, encourage parents to provide a variety of foods for their children. Although sharing food is not recommended, it can be helpful to discuss with children the variety of foods brought in lunchboxes, without singling out particular children.



**Children and body image**

Children should learn to see food as important and useful for a healthy body. Some tips to help children see food this way include the following:

- Do not relate food to a child's weight or body shape.
- Avoid making comments about children's body weight and do not relate weight to a child's worth. This also applies to adults – do not talk about your own body shape or weight in a negative way.
- Ensure that discussions about food are positive and focus on the health benefits of nutritious foods.
- Avoid labelling particular foods as 'good' or 'bad'.
- Avoid talking about diets and dieting. It is not appropriate for children to diet or restrict their food intake, and it is not helpful for adults to discuss dieting or restricting food.
- Promote a positive body image by encouraging and praising children for what they can do.





HEALTHY EATING GUIDELINE

Offer an appropriate amount of food, but allow children to decide themselves how much they will actually eat.

Adults are responsible for providing children with appropriate amounts of healthy and nutritious food. Children should then be given the opportunity to decide what and how much they will eat from the food offered. This allows them to eat according to their appetite and learn to respond to their body's signals of hunger and fullness.

If two courses are offered at a meal, both should be nutritious and consist of foods from the basic food groups. This means that children can eat the second course regardless of whether they finish the first course, as it is just as nutritious. If a child refuses to eat at any meal or snack, do not force the child to eat.

When children bring their own meal or snack, it is still up to the child to decide how much food he or she will eat. Send home any uneaten food in the lunchbox. Whenever possible, food should be served at the table so that children can help themselves. Ensure that appropriate platters, serving bowls and serving utensils are available so children can comfortably serve their own food. By allowing them to serve themselves, children are given opportunities to develop coordination and fine motor skills such as pouring, serving and passing. Children also develop language and communication skills when eating in a social environment.

The role of adults

You have a big influence on the children you work with. They learn a lot by watching what you do and from listening to you. By sitting with children at meals and demonstrating healthy eating behaviours, you can teach children good eating habits.

Some important points about this role include the following:

- Sit with children during meals and snacks.
- If food is provided, eat the same food as the children.
- Encourage children to taste all the foods offered at a meal or snack.
- Never give or deny food as a reward or punishment.
- Make sure the social environment is calm and positive.

Working with parents

Work in partnership with parents, and support them to encourage healthy eating behaviours at home. Discuss eating and nutrition with parents, as this provides a valuable opportunity to learn about children's eating habits and skills both at home and in the early childhood setting.







## Section 1: Healthy Eating

### 'I'm still hungry'

It is important to have extra food available if a child is still hungry. Extra servings of the main meal or a part of the main meal can be offered, if available. If not available, offer a small piece of fruit or a couple of crackers.

Children's appetites vary from day to day, but if a child always appears hungry at the end of meals, discuss this with the director and with the child's family.

#### HEALTHY EATING GUIDELINE

Offer meals and snacks at regular and predictable intervals.

Establishing good mealtime routines in childhood helps with maintaining a regular meal pattern throughout adolescence and adulthood. A regular meal pattern forms the foundation for a healthy, balanced diet. Children have small stomachs, and their energy and nutrient requirements are best met through small and frequent nutritious meals and snacks.



### Dealing with fussy eaters

Toddlers grow at a slower rate than babies and have irregular appetites. As a result, they can be very particular about the kinds of food they eat, as well as the amount. Some preschool-aged children can also be fussy eaters. In these circumstances, it is the responsibility of adults to provide healthy food options and encourage children to taste each different food. It is up to the child to decide how much of the food he or she will eat. Do not make a fuss, as this places extra focus on the food and can make the situation worse.

For most children who are healthy, active and growing well, there is no need to worry about fussy eating. If a child excludes an entire food group or has a very limited range of foods for an extended period of time, a referral to an Accredited Practising Dietitian may be helpful.

Some tips for managing fussy eaters include the following:

- Make sure that the child has not filled up on drinks or discretionary choices before a meal or snack.
- Maintain a regular mealtime routine.
- Make the mealtime enjoyable and not stressful.
- Ensure that you are modelling healthy eating behaviours.
- Continue to offer foods that have been previously refused. Sometimes children need to be exposed to a new food a few times before they will even taste it.
- Set a time limit of 20–30 minutes for a meal. After this time, remove any uneaten food and let the child leave the table. Do not offer alternative food or drinks until the next planned meal or snack.



### Providing meals at regular, predictable intervals

Offering regular opportunities to eat fits the concept of dividing the responsibilities of eating, which aims to encourage children to learn to regulate their own appetites. A child can be confident about eating or declining food when they know that food will be offered again at a predictable time. Also, adults are often more comfortable with children declining food or eating less when they know there are not long periods between opportunities to eat. Snacks are just as important as meals to children's nutrition. Young children can only eat so much at mealtimes, and they need regular opportunities to eat in order to maintain energy levels and achieve a healthy intake of nutrients over the day. Three meals and two snacks a day are ideal for young children. Children who will not have an evening meal until very late may need a small snack late in the afternoon.

Snacks should contribute nutrients in proportion to their energy value. Some snacks, or 'discretionary choices', provide energy (kilojoules) without contributing enough nutrients. These are not good snacks for children and should not be offered.

**Three meals and two snacks a day are ideal for young children.'**



Most foods offered as meals can also be offered as snacks. The most commonly provided suitable snacks include bread, cereals, fruit, vegetables and milk-based drinks. Snacks do not have to be large – one or two crackers with cheese, a small piece of fruit, steamed vegetable sticks with dip or a small glass of fruit smoothie are examples of good snacks. Make sure water is also available at all times.

There can be some flexibility when it comes to snack times, to allow children to finish an activity. Alternatively, snacks can be available over a period of time if it suits the setting. Children who become too hungry will often become irritable as a result. However, constant grazing gets in the way of children learning to recognise hunger and knowing to eat in response to hunger.







**Breakfast**

Breakfast is an important meal for a number of reasons:

- Without the nutritional contribution of breakfast, it is very difficult to consume enough nutrients during the day.
- Missing breakfast leads to hunger later, and often results in eating less nutritious snack foods that are available at the time.
- Eating breakfast is an important part of establishing a healthy routine for young children, which sets the framework for later life.
- It is more likely that children who do not eat breakfast will be overweight or obese, usually due to a combination of reasons.

Breakfast can be simple, nutritious and easy. For example, wholegrain cereal with milk and fruit is a simple but nutritious meal, and the ingredients are easy to keep on hand.

Other healthy breakfast options include:

- porridge and fruit
- yoghurt and fruit, or a fruit smoothie
- cheese on toast and slices of fruit
- pikelets topped with ricotta cheese and fruit.

Choosing simple breakfast options means that you don't have to go to a lot of trouble to prepare breakfast, especially during busy times.

Children will find it harder to manage their own behaviour and enjoy their day if they start off hungry.



For many different reasons, children may occasionally arrive without having eaten breakfast. If this occurs regularly, discuss the reasons and some possible solutions with a parent. Often parents who do not themselves have breakfast may not see it as being important for their child. Alternatively, the child may be very slow getting ready in the morning, leaving no time for breakfast.

**'...consider offering breakfast at the setting.'**

If a number of children arrive regularly without breakfast, and if it seems that the problem is the food supply at home, consider offering breakfast at the setting. If you do not offer breakfast, have something available to give to children who arrive without breakfast.

## Food safety



### HEALTHY EATING GUIDELINE

Ensure that food is safely prepared for children to eat – from the preparation stages to consumption.

Food safety is a critically important consideration in early childhood settings. It includes managing any possible risk of children choking on food, avoiding both allergic reactions and intolerant or sensitive reactions to food, and ensuring that food is not contaminated.

### Allergies and intolerances

Children may have an adverse reaction to eating particular foods. Many people in the community refer to food intolerance as a food allergy. This can be confusing as food intolerance is far less severe than an allergy. How each should be managed in the individual childcare settings is different. It is important that centre staff know the difference between food allergy and food intolerance.

### Food allergies

Food allergies can be life threatening. They are caused by a reaction of the immune system to a protein in a food. The most common sources of food allergy in children under five are cow's milk, soy, eggs, peanuts, tree nuts, wheat, sesame, fish and shellfish. Food allergy occurs in around one in 20 children, and some of these allergies are severe.

### Celebration food

Birthdays and other special occasions are important to young children and their families. In many cultures, special occasions are celebrated with food. To promote healthy eating, use nutritious foods prepared and presented in special ways, rather than relying on 'discretionary choices' for celebrations. If food is brought in for special occasions, encourage parents to choose nutritious foods.

If discretionary choices are used for special occasions, offer small, children's serves and consider also offering a fruit platter or other healthy option.

When parents provide food to share in the setting, ask that the food is in its original packaging, and includes a list of ingredients and use-by date. In settings where children have food allergies, non-food celebrations will be more appropriate.

Celebrations do not have to focus on food – there are other ways to celebrate. For example, on birthdays, children can wear a special party hat or a birthday badge or sticker. The group can sing 'Happy Birthday' and the birthday child can blow out a candle. Other occasions can be celebrated through art or craft activities where children paint, draw or make something, dress up or decorate in a special way.

**'Celebrations do not have to focus on food...'**







### **Food provided by the setting**

Ensure that safe, allergen-free foods are provided to children with allergies. Any meals provided in a setting must not include foods to which particular children are allergic. Children should be discouraged from sharing food at all meal and snack times. Some parents of children with allergies may choose to always send meals for their child.

Some settings may decide to completely exclude certain foods from the setting. This is only to be considered with the written recommendation of a medical professional.

### **Food brought from home**

Discourage children from swapping or sharing food. If a child attending the setting has a severe allergy, a medical professional may recommend introducing a policy that prohibits any food containing that particular allergen from being in the setting at any time. For example, if a child has a peanut allergy, the policy may be that no peanuts or peanut pastes are allowed in the setting at any time. Whether certain policy points are suitable or not depends on the types and numbers of foods that need to be avoided, the severity of the child's allergy and the possible nutritional impact on other children.

### **Food intolerance**

Reactions due to food intolerance are usually less severe than those of food allergy. A larger dose of food is usually required to cause a reaction from food intolerance. Symptoms of food intolerance can include headaches, skin rashes and stomach upsets. Work with parents to develop a plan to manage a child's food intolerance – this may include minimising the child's exposure to particular foods.

Symptoms of an allergic reaction are usually immediate and can include hives or a rash on the skin; swelling of the lips, tongue or mouth; vomiting; diarrhoea; or difficulty breathing. Severe cases of allergic reaction can lead to an anaphylactic reaction, where breathing becomes extremely difficult. This can cause loss of consciousness, severe injury or even death.

When children have a severe food allergy, it is likely that parents will already have an allergy management plan that has been developed with their doctor. Individual allergy management plans must be developed in your setting for children with severe food allergies. Refer to the Australasian Society for Clinical Immunology and Allergy (ASCIA) website at [www.allergy.org.au](http://www.allergy.org.au) for information on allergy management plans.

Ensuring that children avoid exposure to food they are allergic to is the only management for food allergies. This means avoiding exposure at all times, including mealtimes and during cooking and craft activities. Close supervision of children with food allergies is required, especially at meal and snack times.

Everyone working with children needs to be aware of the early symptoms of a food allergy, and must be trained in managing allergic reactions. Every setting should have its own allergy management policy, in addition to individual allergy management plans. Check the local requirements in your state or territory regarding training and allergy management.





### Food hygiene

Contamination in food can include:

- foreign bodies – hair, pieces of metal or other objects accidentally picked up during the preparation and cooking process
- chemicals from the food production process, or cleaning materials
- natural contaminants, such as toxins
- contamination from pests
- bacteria.



Children are particularly at risk of illnesses caused by food-borne organisms because of their less mature immune systems. In early childhood settings the larger the number of children being fed the larger the risk, because it is more difficult to handle larger quantities of food safely.

### Choking risks for toddlers and young children

Children have small airways, and when food is inhaled or ingested it can easily lead to a blockage of the airway. Children should sit down whenever they are eating, and must always be supervised. Hard, small, round and/or sticky solid foods are not recommended because they can cause choking and aspiration.

Some food items pose a greater choking risk to young children, and extra care should be taken with these foods. These include:

- hard food that can break into smaller lumps or pieces
- raw carrots, celery and apple pieces, which should be grated, finely sliced, cooked or mashed to prevent choking
- nuts, seeds and popcorn
- tough or chewy pieces of meat
- sausages and hot dogs, which should be either skinless or have the skin removed, and be cut into small pieces.

Hard lollies and corn chips also present a choking risk, but these should not be offered in the setting as they are discretionary choices.







### Bacteria in foods

There are bacteria present in most foods. Food spoilage is often caused by bacteria, which can make food inedible and unpleasant but not necessarily harmful.

Certain bacteria, called pathogens, are harmful. These bacteria can cause food poisoning or gastro-enteritis, which involve nausea, vomiting, diarrhoea and stomach cramps. Different bacteria cause different illnesses – some are brief and mild, while others are more serious and may lead to dehydration and require hospitalisation. Food poisoning is especially serious in children and elderly people because their immune systems are more vulnerable and they become dehydrated more easily.

The most common cause of gastro-enteritis is viral illness passed on by contact between people, rather than through food. The common symptoms of gastro-enteritis are generally very acute and short-term. Hygiene and hand-washing are very important to limiting the spread of viral gastro-enteritis.



### High-risk foods

Foods that allow the easy growth of bacteria are those that are moist and contain a lot of nutrients. These foods are called 'high-risk foods', and include milk, meat, fish and any dishes containing them. Cooked rice also allows some bacteria to grow. If these foods are left out of the refrigerator for long periods of time they will spoil, but will only cause illness when eaten if they contain harmful pathogenic bacteria. Keeping food safe for consumption relies on controlling all aspects of food handling and any food-related conditions, to ensure that bacteria cannot reproduce and grow to large numbers.

### Low-risk foods

Foods unlikely to encourage bacteria growth are called 'low-risk foods', and examples include uncooked pasta and rice, and biscuits. Packaged snack foods, lollies and chocolates are also low-risk foods – but as they are also discretionary choices, should not be given to children in care. Low-risk foods can be kept for long periods of time without refrigeration. Canned food is safe while the can is still sealed, but once opened the food may become high-risk.

Most states and territories have separate legal requirements, in addition to regulations, that specifically relate to food safety. In some states and territories these may be handled by local government authorities. Some authorities will require staff and carers to undertake formal training.

### Serving food safely

There are a number of steps that can be taken to ensure that food is safe, including the following:

- Be sure that all children and adults wash hands before preparing food or eating.
- Use tongs and serving spoons to serve food.
- Discard any leftover food served to the table or individual plates. Do not serve it again later.
- Cover and refrigerate any food prepared but not served from the kitchen, so that it can be served later.
- Do not reheat food that has already been reheated. For example, a curry cooked the day before and refrigerated, then reheated and served the next day in the setting cannot be reheated again and served later.
- Discard any food served to the table or a plate if not eaten within two hours. Do not serve it later.
- Do not allow children to share bowl/s or utensils, or eat from each other's plate or cup.
- Do not allow children to eat food dropped on the floor.

### 'Use tongs and serving spoons to serve food.'

#### Food preparation with children

- Ensure that children always wash hands before handling any food.
- Supervise children at all times while in the kitchen.
- Take care to avoid any injuries from sharp knives and hot surfaces.

## Physical activity

### Introduction

Currently, there are many aspects of everyday life in Australia that make it easy to be physically inactive – we rely on cars for transport, use labour-saving devices such as escalators, elevators and remote controls, and screen-based entertainment is among the most popular forms of leisure. This is a cause for concern, due to increasing evidence of a relationship between lack of physical activity and lifestyle diseases such as heart disease, diabetes and some cancers.







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### The importance of movement from birth to one year

#### RECOMMENDATION

For healthy development in infants (birth to 1 year), physical activity – particularly supervised floor-based play in safe environments – should be encouraged from birth.

From the time they are born, babies learn by interacting in a variety of ways. In particular, learning comes from how they relate to their physical, social and cultural surroundings. Giving babies daily chances to move freely helps to:

- keep their bodies and minds active
- develop their senses, often through natural curiosity
- develop good posture, strength and balance
- make them feel loved, happy and safe
- develop language and communication skills
- teach them about their body and the world around them
- encourage interaction with others.

For babies who cannot walk yet, being physically active means having daily opportunities to move around on their stomach or back in a variety of free spaces, without being constrained by wraps or clothing. It also includes practising movements such as reaching, grasping, pulling, pushing and playing with other people, objects and toys.

Babies both enjoy and thrive on interacting with people, so it is important to make time to spend with babies, including time playing with them.

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Most children find it fun to play and be active, and it is important to encourage physical activity in the early childhood years for two reasons. Firstly, early development of good habits may form a foundation for later years. Secondly, regular physical activity in early childhood can impact on immediate and long-term health outcomes.

Early childhood settings are the ideal place to develop good physical activity habits and influence the behaviours of families. Parents, staff and carers can work together to share the responsibility of making physical activity a priority both inside and outside the home.

For children under five years, active play is the best form of physical activity. Active play involves unstructured 'free' play and structured 'planned' play (both indoors and particularly outdoors), 'active transport' (such as walking to a destination, rather than driving or using a stroller) and certain everyday tasks.

The benefits of active play go beyond just the physical, and include the development of social, language and intellectual skills.



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### Promoting movement in babies from birth to one year

Babies need a variety of play activities and environments throughout the day. Play activities that stimulate the senses also have the benefit of developing other skills.

#### Tummy time

Tummy time is important for strengthening head, neck and trunk muscles, and encouraging free limb movement.

#### Ideas for play:

Place babies on different floor surfaces – for example, rugs or mats. You can try placing toys or other appropriate objects just out of reach, for babies to reach for and try to grasp.

#### Getting around

Play spaces need to encourage babies to try and practise new movements, and to use large muscles for kicking, crawling and pulling themselves up to standing.

#### Ideas for play:

When babies become more mobile, they enjoy the challenge of making their way around different spaces. You may like to set up a tunnel for them to crawl through, or a sturdy bench for them to pull themselves up on.

(Note: Experts advise against baby walkers and baby exercise jumpers due to the risk of injury, and because evidence shows they can restrict the muscle development required for independent walking.

#### Sound

Noises during play help with areas of brain development linked to hearing, and can also encourage movement.

#### Ideas for play:

Give babies rattles or other noisy toys such as wooden spoons and saucepans to play with. You can also play music for babies to listen and move to.

#### Touch

Babies need to feel and hold a variety of objects, to help develop their recognition of touch.

#### Ideas for play:

Give babies toys and objects made from different materials, or with different textures, for them to touch and squeeze. You can try making your own – for example, crumpled-up paper inside a stocking.

#### Sight

Moving objects that babies can 'follow' with their eyes help to develop eye strength and encourage movement.

#### Ideas for play:

Read to babies from fabric or cardboard books, place them below colourful mobiles or play 'Peek-a-boo'.

#### Outdoor play and babies

Playing outside can help babies to learn about different surroundings and feel comfortable with the world around them. Some experiences that outside play provide include feeling grass, hearing cars and birds and looking at the sky.

Everyone should be encouraged to show, talk and sing to babies about what they see, hear or feel, to help them enjoy outdoor experiences. This could also include taking them to the park or for a walk in a stroller.

## 'Read to babies from fabric or cardboard books...'



### Toddlers and pre-schoolers: One to five years

#### RECOMMENDATION

Toddlers (1 to 3 years) and pre-schoolers (3 to 5 years) should be physically active every day for at least three hours, spread throughout the day.

#### The importance of movement for one- to five-year-olds

A child's job is to move freely and be active every day! The skills developed between one to five years of age range from learning to walk through to running and throwing a ball. In fact, at no other time in life will children learn so many physical skills.

Studies of children under five years of age have shown that active play helps them to:

- improve the health of their muscles, bones and heart
- develop new movement skills and imagination, and learn about their body
- build self-confidence and cope with stressful situations
- enjoy being active
- improve their communication skills, including how to solve problems and make decisions
- learn how to interact, share, take turns and care about others.

#### Active play

Young children naturally look for adventure and want to explore. The pace of activity can range from light actions (such as building or playing on the floor) through to vigorous actions (such as running or jumping). The ability and development of a child should direct what activities and play are appropriate and interesting to them. You should already know the development level of each child in your care and what they enjoy. Young children like to show off what they can already do, and be regularly challenged to try new things.



Active play includes the following:

- Unstructured 'free' play
- Structured 'planned' play
- Active transport
- Everyday physical tasks

All of these types of play should be included in your setting's program, particularly unstructured free play.

**'A child's job is to move freely and be active every day!'**





### Unstructured play

Unstructured play is creative and spontaneous play that gives children the freedom to move at their own pace and decide *how* they will play, *what* they will do and *where* it will take place.

#### Examples of unstructured play include:

- free play in playgrounds or sandpits
- dancing to music
- imaginative play that incorporates the time of year (such as 'being a fish' in summer, or 'being a falling leaf' in autumn).

'Rough and tumble' play can sometimes be part of unstructured play, particularly for boys. Although boys may play differently to girls, both boys and girls need equal access to all play spaces and play items.



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### Structured play

Structured play is planned play that may take place at set times, have certain rules or need special equipment.

#### Examples of structured play include:

- creative movement and dancing
- action games and songs, such as 'Hokey Pokey'
- guided discovery sessions – problem-solving activities where adults prompt children to work out better ways to perform certain movements.



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### Active transport

Active transport involves using physical activity, such as walking, pedalling a bike or using a scooter, to travel. Families can also be encouraged to use active transport. Most young children are able to walk or pedal, even if it is just for a short time. As they get older and stronger, the distance and amount of time children walk or pedal can gradually increase. Active transport is also a good opportunity to teach children about road and pedestrian safety. Remember to supervise children when participating in active transport.

Some simple examples of children and adults using active transport include:

- parking the car further away and walking to a destination
- using a form of public transport that involves walking to and from the stops
- cutting down the amount of time spent in the pram or stroller, and encouraging children to walk instead.

**'Active transport is also a good opportunity to teach children about road and pedestrian safety.'**



### Everyday physical tasks

Children enjoy helping adults with many everyday physical tasks. These activities do not need to be restricted to chores, and can also include spontaneous games.

Examples of everyday physical tasks include:

- helping with the gardening
- tidying up inside and outside play spaces
- helping to set up activities and meal areas.

**'...encourage children to make up their own games and activities.'**

### Promoting active play for one- to five-year-olds

Not all children are naturally active or creative, and some will need to be guided more than others. They may need to be shown how to enjoy using different equipment, how to try the same action as someone else or how to use music and sounds to make play more fun. At times, try to join in with children's active play – however, encourage children to make up their own games and activities.

Adults are very important in making sure children are active, and that they enjoy being active. Adults need to be confident in their ability to provide children with a range of play experiences. The positive influence of adults shouldn't be underestimated. Adults can make a lasting difference in helping children learn and grow through regular physical activity and movement.



### Making the most of simple active play prompts

Regularly 'prompting' children to move in different ways helps to challenge them and constantly improve their skills. This can involve prompting children to change:

- **how** their body can move
- **where** their body can move
- **what** their body can do
- **who** they can move with.



### How the body moves

#### Time

- 'How fast can you...?'
- 'Can you do that slowly?'
- 'Can you do that fast, then slow?'

#### Force

- 'Can you find something heavy?'
- 'How lightly can you...?'
- 'Can you hold that lightly or gently?'

#### Flow

- 'And freeze!'
- 'Can you do that wobbling?'
- 'How smoothly can you...?'

### Where the body moves

#### Direction and shape of movement

- 'Can you do that forwards/backwards/sideways/downwards/upwards?'
- 'Can you go through/over/under/around that?'

#### Level

- 'How high can you...?'
- 'Can you do that low?'

#### Ground pattern

- 'Can you move in a straight/curved/wiggly/diagonal line?'





**Ideas for active play equipment for one- to five-year-olds**

Play objects can be toys or everyday items, and should be appropriate in relation to the development of the child. Active play should encourage the use of the upper body, the lower body and the whole body, in indoor and outdoor play spaces.

Always ensure the safety of all play equipment, including any access to and storage of equipment. Remember that some objects suitable for older children may not be safe for younger children.

**'Play should encourage the use of the upper body, the lower body and the whole body.'**

**Upper body movements**

Provide objects to hold, wave, shake, bang, throw, hit or catch.

**Suggestions for equipment:**

Balls, pom poms, mini beanbags, bats, rackets, quoits, tambourines, streamers, empty containers, pots and pans.

**Lower body movements**

Provide objects to move over, through or around.

**Suggestions for equipment:**

Hoops, tunnels, foam noodles, cones, tyres, boxes, coloured carpet squares, chalk marks and piles of leaves.

**General body awareness**

- 'Can you follow your head/finger/knee?'
- 'Can you do that with your feet up high/hands down low/arms stretched out?'
- 'Can you do this with one leg/arm/elbow/knee? Now the other one?'

**Who to move with**

- 'Can you show me how you do that?'
- 'Can you teach Anna?'
- 'Can you follow what Abdul is doing?'
- 'Can you both do that together?'

**What the body can do**

**Shape**

- 'Can you stretch and...?'
- 'Can you curl up and...?'
- 'How big/small can you...?'
- 'Can you build something tall/short/little/big/small/long/wide?'

**Body support**

- 'Can you do that standing/sitting/kneeling/crouching/lying down/on your tummy/on your back?'
- 'Can you do this with one leg? And the other leg?'



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### Movement ideas for one- to five-year-olds

#### Lower body

Examples include jumping, kicking, marching, walking and running.

#### Start with:

- *jumping* on the spot, to music or on a low trampoline
- *kicking* large, stationary blow-up balls, scrunched-up paper or empty plastic containers
- *marching* on the spot, to music or around furniture
- *walking* on different surfaces, or around different objects
- *running* through tied-up paper streamers.

#### Progress to:

- *jumping* over or around objects such as ropes, cones or coloured carpet squares; for longer distances, mimicking an animal
- *kicking* using either leg, or for longer distances and greater heights
- *marching* sideways, backwards and forwards or leading with the opposite leg
- *walking* in different directions, speeds and shapes, on tip toes or along a rope
- *running* backwards, around an obstacle course or for longer distances.



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#### Climbing

Always consider children's safety when planning climbing activities. However, children should be allowed to take appropriate risks.

#### Suggestions for equipment:

Climbing frames, low branches, ladders, ropes, stepping stones and boxes.

#### Balancing

Balancing activities do not need to be high, and age should always be considered when setting up equipment.

#### Suggestions for equipment:

Beams, wobble boards, planks of wood, logs, chalk lines, stepping logs and stones.

#### Building

Building activities can include stacking items, or making constructions such as cubby houses.

#### Suggestions for equipment:

Wooden blocks, sand, buckets, boxes, planks of wood, tyres, old linen and furniture.

#### Creative movement

#### Suggestions for equipment:

Music, musical instruments, bells, rattles, streamers and ribbons.



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## Section 2: Physical Activity

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### Outdoor play for one- to five-year-olds

Children who spend more time outdoors will generally be more active. Access to a covered outdoor area allows children to be active in all weather conditions, and being outdoors in cooler weather does not cause the common cold. Outdoor areas usually provide children with more space, and opportunities to use larger muscle groups and experience moving in a whole range of different shapes, speeds and directions. Outdoor play also allows children to be messy and noisy.



Outdoor play gives children opportunities to:

- make big movements
- try *new* movements
- have 'rough and tumble' play
- improve their balance, strength and coordination skills
- seek adventure, watch and explore nature
- extend their creativity
- learn from their mistakes
- manage their fears and build toughness.

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### Upper body

Examples include building, hitting, throwing and digging.

#### Start with:

- *building* with big, light objects, such as cardboard boxes, milk crates or buckets
- *hitting* large, stationary beach balls or scrunched-up paper (with hands)
- *throwing* pom poms, large balls or beanbags
- *digging* through boxes of scarves or wool (with hands).

#### Progress to:

- *building* with small and large objects, such as boxes, sticks or blocks
- *hitting* slow-moving balls, with one hand and then the other
- *throwing* with one hand and then the opposite hand, or at a target
- *digging* with spades or old containers in dirt or sand.

### Whole body

Examples include dancing, climbing and balancing.

#### Start with:

- *dancing* to different stories, sounds and rhythms, or to percussion instruments
- *climbing* on furniture, pillows, through hoops or under sheets
- *balancing* between chalk lines, inside a hoop or on top of large, level surfaces.

#### Progress to:

- *dancing* at different speeds or with objects such as streamers, or learning dance sequences
- *climbing* up and down ropes and ladders, or over boxes and climbing frames
- *balancing* on planks of wood, on one leg, with arms in the air or on tip toes.

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### Taking 'chances' in outdoor play

Although outdoor play may appear risky, children need opportunities to play freely and explore outdoor play spaces. Allowing children to get to the next level of exploration helps them to test themselves and manage new tasks. As with 'rough and tumble' play, playing outside is important for the development of both girls and boys. What some adults may see as consequences of 'risky' play could actually be side effects of fun active play experiences, such as:

- being messy and loud
- getting grubby
- getting small grazes, bumps and bruises
- dealing with heights, different surfaces and new play areas and items.

Parents should be encouraged to allow their children to participate in risky play, and be educated to understand that the benefits may outweigh the risks.

### Active play and children with disabilities

Children of all abilities benefit from physical activity and play. Engaging with parents is particularly important when working with children with disabilities. It is crucial to find out from parents the details of their child's disability, and how it affects everyday functions and abilities. It is also important to discuss the child's interests, dislikes and capabilities as well as what the parents' goals are for their child. Ask whether it is possible to contact the child's health professional for more information. You can help by being patient and generous in spending time with children with disabilities.

### Reminders for outdoor play ...

#### Be SunSmart<sup>o</sup>

Abide by sun protection policies – sunscreen, shelter, hats and suitable clothing.

#### Supervise

Make sure that you actively supervise children around water, heights, steps, fences, animals or small objects.

#### Clothing

Encourage parents to dress children in clothing and footwear that is suitable for being active.

#### Water

Make sure children drink plenty of water when playing outside, particularly in hot weather.

#### Join in

Join in with children's play and support them in outdoor play. Make sure that play is still led by children.





# Sedentary behaviour and screen-time

'Sedentary behaviour' is a term used to describe time spent doing physically inactive tasks that do not require a lot of energy. Watching television is a common childhood sedentary activity. Children who spend long periods of time inactive are more likely to have poorer physical, social and intellectual development. Planning and encouraging physical activity during the time children are awake is an important part of promoting a healthy lifestyle. Limiting long periods of time where children are inactive is just as important as making sure they do enough activity.

Sedentary tasks can be grouped as either 'productive' or 'non-productive'. Productive sedentary behaviour and quiet 'down time' are necessary for young children.

### Non-productive sedentary behaviour:

- Watching television and DVDs for leisure.
- Playing screen games such as handheld, video or computer games.
- Being restrained for long periods of time, such as in a car seat, high chair, porta-cot or stroller.

### Productive sedentary behaviour:

- Reading, listening to stories or looking at books.
- Quiet play, such as art and craft activities, drawing and puzzles.
- Sleeping.

### Children from all cultures

Different cultures have varying sensitivities that need to be respected.

- Talk to parents about what play and being active means in their country and culture.
- Ask parents to bring in a variety of music, instruments or play items.
- Encourage different styles of dancing and movement.
- Keep in mind differing views on body contact or dress.

### Safety recommendations

Each state and territory has its own guidelines and recommendations for making indoor and outdoor play spaces safe and in line with Australian standards. Your setting will need to abide by the regulations relevant for its specific location.



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### RECOMMENDATION

Children younger than two years of age should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).

#### Why no screen-time for children under two?

Babies should not be restrained or kept inactive (during awake time) for long periods, especially in front of the television. Before babies can walk, they need plenty of time to practise movements such as reaching, kicking and feeling. As babies become more mobile and start crawling and walking, they continue to need plenty of time to move freely and creatively, practise new movements, and play with others.

Screen-time is not recommended for babies and children less than two years of age, particularly in the early childhood setting, because it may:

- reduce the amount of time they have for active play, social contact with others and chances for language development
- reduce the length of time they can stay focused.

### RECOMMENDATION

For children two to five years of age, sitting and watching television and the use of other electronic media (DVDs, computer and other electronic games) should be limited to less than one hour per day.

#### Why limit screen-time for two- to five-year-olds?

Most children will be exposed to screen-time at home, and for many children this will be excessive. In the early childhood setting, it may be decided that screen-time is not included in the program, or only limited to special occasions.

In toddlers and pre-schoolers, long periods of screen-time have been associated with:

- less active, outdoor and creative play time
- an increased risk of being overweight
- unhealthy eating habits
- poorer social skills
- fewer opportunities to develop thinking skills
- slower development of language skills and short-term memory
- television-viewing habits that may continue throughout childhood.







### RECOMMENDATION

Infants, toddlers and pre-schoolers should not be sedentary, restrained or kept inactive for more than one hour at a time – with the exception of sleeping.

Sometimes children are left inactive for longer than they ought to be, in places such as high chairs, strollers or car seats. Even during outdoor play time, some children may stay inactive.

Young children who have adults to interact with during play are more likely to be active. Be prepared to join in with play and help less active children be more active during play time. This can include encouraging children to:

- walk or pedal instead of always being in a stroller or car seat
- help with packing up toys, clothes or shopping
- play with simple items, such as buckets, dress-up clothes or old boxes and containers
- make big movements and try new things
- play outdoors during daylight hours.

**“Young children who have adults to interact with during play are more likely to be active.”**

### Children from all cultures

Different cultures may have different values and traditions concerning sedentary behaviour and down time. When working with families from different cultures:

- Find out what they do for quiet or down time.
- Ask parents to provide quiet games and books that are representative of their culture.
- Inform families about screen-time and physical inactivity recommendations.





Recommendations summary for birth to five years	Birth–1 year	1–2 years	2–3 years	3–5 years
<b>Physical activity recommendation</b>	Physical activity should be encouraged from birth.	Should be physically active every day for at least three hours, spread throughout the day.	Should be physically active every day for at least three hours, spread throughout the day.	Should be physically active every day for at least three hours, spread throughout the day.
<b>Sedentary recommendation – screen-time</b>	Should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).	Should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).	Sitting and watching television and the use of other electronic media (DVDs, computer and other electronic games) should be limited to less than one hour per day.	Sitting and watching television and the use of other electronic media (DVDs, computer and other electronic games) should be limited to less than one hour per day.
<b>Sedentary recommendation – prolonged inactivity</b>	Should not be sedentary, restrained or kept inactive for more than one hour at a time, with the exception of sleeping.	Should not be sedentary, restrained or kept inactive for more than one hour at a time, with the exception of sleeping.	Should not be sedentary, restrained or kept inactive for more than one hour at a time, with the exception of sleeping.	Should not be sedentary, restrained or kept inactive for more than one hour at a time, with the exception of sleeping.

**‘Inform families about screen-time and physical inactivity recommendations.’**



Recommendations summary for birth to five years

## For more information

Please refer to your state or territory resources as well as specific early childhood setting information.

### Healthy eating

**Allergy and Anaphylaxis Australia**  
T: (02) 9482 5988 or 1300 728 000  
W: [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

**Australasian Society of Clinical Immunology and Allergy (ASCI/A)**  
W: [www.allergy.org.au](http://www.allergy.org.au)

**Australian Breastfeeding Association**  
T: (03) 9885 0855  
Breastfeeding helpline: 1800 686 268  
W: [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

**Australian Dental Association**  
T: (02) 9906 4412  
W: [www.ada.org.au](http://www.ada.org.au)

**Australian Dietary Guidelines and Infant Feeding Guidelines, Australian Government Department of Health and Ageing and National Health and Medical Research Council**  
W: [www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)

**Australian General Practice Network**  
W: [www.agpn.com.au](http://www.agpn.com.au)

**Australian Government Department of Health and Ageing Health Insite**  
W: [www.healthinsite.gov.au](http://www.healthinsite.gov.au)



## Section 3: Further Reading

**Australian Guide to Healthy Eating, Australian Government Department of Health and Ageing and National Health and Medical Research Council**  
W: [www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)

**Dietitians Association of Australia**  
T: (02) 6163 5200 or 1800 812 942  
W: [www.daa.asn.au](http://www.daa.asn.au)

**Early Childhood Australia**  
T: (02) 6242 1800 or 1800 356 900  
W: [www.earlychildhoodaustralia.org.au](http://www.earlychildhoodaustralia.org.au)

**Food Standards Australia New Zealand (FSANZ)**  
T: (02) 6271 2222  
W: [www.foodstandards.gov.au](http://www.foodstandards.gov.au)

**Kidsafe**  
W: [www.kidsafe.com.au](http://www.kidsafe.com.au)

**Lactation Consultants of Australia and New Zealand**  
T: (02) 9431 8621  
W: [www.lcanz.org](http://www.lcanz.org)

**National Quality Framework for Early Childhood Education and Care and School Age Care**  
W: [www.deewr.gov.au/earlychildhood/policy\\_agenda/quality/pages/home.aspx#nqf](http://www.deewr.gov.au/earlychildhood/policy_agenda/quality/pages/home.aspx#nqf)

**Raising Children Network**  
W: [www.raisingchildren.net.au](http://www.raisingchildren.net.au)

**Secretariat of National Aboriginal and Islander Child Care (SNAICC)**  
T: (03) 9489 8099  
W: [www.snaicc.org.au](http://www.snaicc.org.au)





### Physical activity

**Australian Government Department of Health and Ageing (DoHA)**  
W: [www.health.gov.au](http://www.health.gov.au)

**Get Set 4 Life, Healthy Kids Check**  
W: [www.health.gov.au/internet/main/publishing.nsf/Content/Healthy\\_Kids\\_Check](http://www.health.gov.au/internet/main/publishing.nsf/Content/Healthy_Kids_Check)

**Healthy Opportunities for Preschoolers (HOP)**  
W: [www.educ.uvic.ca/faculty/temple/pages/hop.htm](http://www.educ.uvic.ca/faculty/temple/pages/hop.htm)

**Raising Children Network**  
W: [www.raisingchildren.net.au](http://www.raisingchildren.net.au)

**Sport New Zealand (SPARC)**  
T: +64 4 472 8056 (International)  
W: [www.sportnz.org.nz](http://www.sportnz.org.nz)

**2010 Legacies Now**  
W: [www.2010legaciesnow.com/leap\\_bcf/](http://www.2010legaciesnow.com/leap_bcf/)





## Australian Dietary Guidelines

<p><b>Guideline 1</b></p>	<p>To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.</p> <ul style="list-style-type: none"> <li>Children and adolescents should eat sufficient nutritious foods to grow and develop normally. They should be physically active every day and their growth should be checked regularly.</li> <li>Older people should eat nutritious foods and keep physically active to help maintain muscle strength and a healthy weight.</li> </ul>
<p><b>Guideline 2</b></p>	<p>Enjoy a wide variety of nutritious foods from these five groups every day:</p> <ul style="list-style-type: none"> <li>plenty of vegetables, including different types and colours, and legumes/beans</li> <li>fruit</li> <li>grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley</li> <li>lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans</li> <li>milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of two years).</li> </ul> <p>And drink plenty of water.</p>

<p><b>Guideline 3</b></p>	<p>Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.</p> <p>a. Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.</p> <ul style="list-style-type: none"> <li>Replace high fat foods which contain predominantly saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods which contain predominantly polyunsaturated and monounsaturated fats such as oils, spreads, nut butters/pastes and avocado.</li> <li>Low fat diets are not suitable for children under the age of two years.</li> </ul> <p>b. Limit intake of foods and drinks containing added salt.</p> <ul style="list-style-type: none"> <li>Read labels to choose lower sodium options among similar foods.</li> <li>Do not add salt to foods in cooking or at the table.</li> </ul> <p>c. Limit intake of foods and drinks containing added sugars such as confectionary, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.</p> <p>d. If you choose to drink alcohol, limit intake. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option.</p>
<p><b>Guideline 4</b></p>	<p>Encourage, support and promote breastfeeding.</p>
<p><b>Guideline 5</b></p>	<p>Care for your food; prepare and store it safely.</p>

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**Australian Government**  
**Department of Health and Ageing**





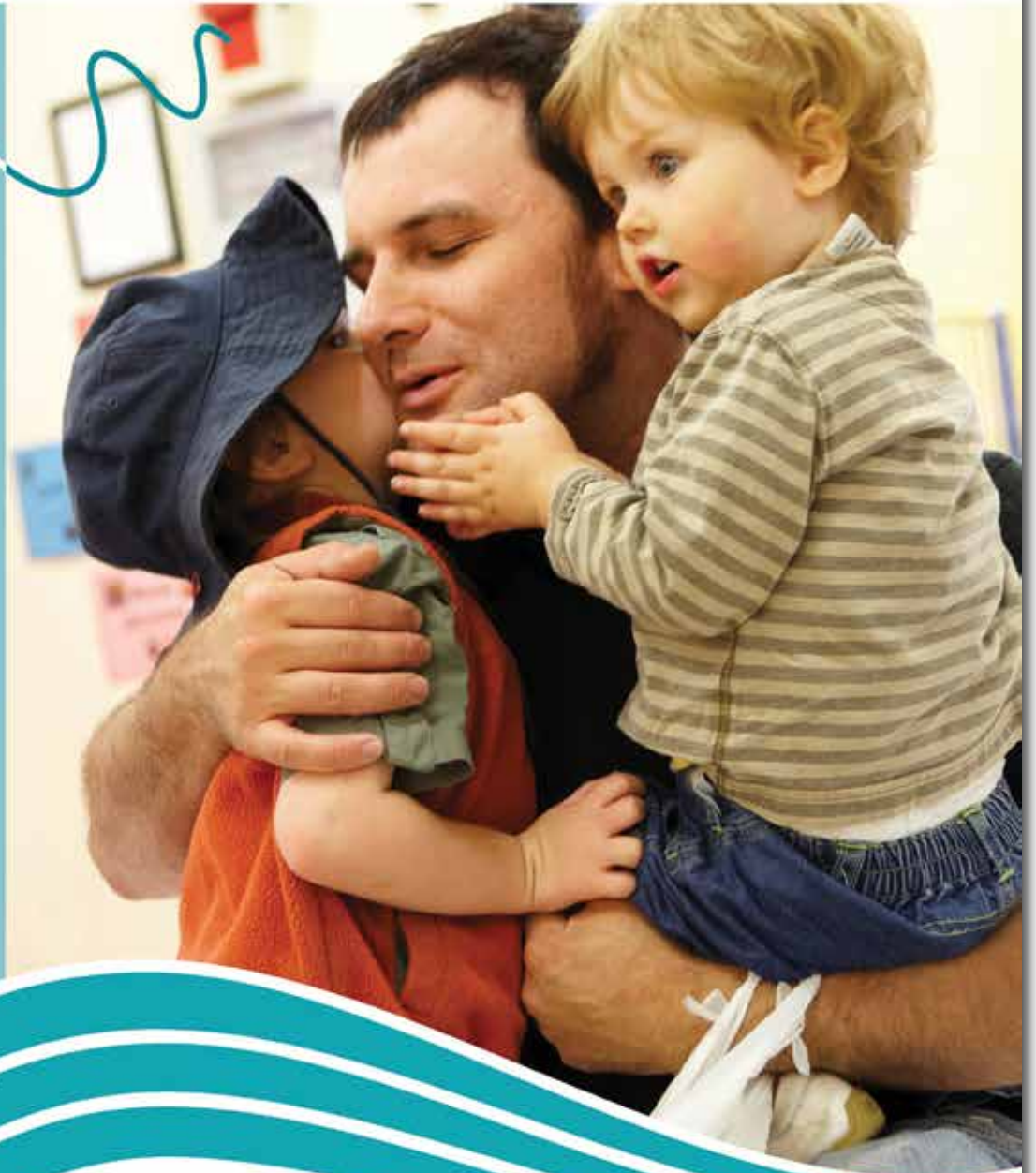


2

# GET UP & GROW

HEALTHY EATING AND PHYSICAL ACTIVITY FOR EARLY CHILDHOOD

FAMILY BOOK



Australian Government  
Department of Health and Ageing

## Minister's Foreword

It gives me great pleasure to introduce the *Healthy Eating and Physical Activity Guidelines for Early Childhood Settings*, an initiative that is an important element of the Australian Government's *Plan for Early Childhood and Plan for Tackling Obesity*.

Our children's early years are arguably their most important and establishing healthy behaviours from birth will lay the foundation for lifelong health and wellbeing. Nutritious food and regular physical activity supports the normal growth and development of children and reduces the risk of developing chronic lifestyle related diseases later in life.

As more children spend time in care, early childhood settings can play an important part in supporting healthy choices around nutrition and physical activity. This resource provides practical information and advice to assist practitioners, carers and families in this role.

The *guidelines* have been designed so that they can be applied in a variety of early childhood settings including centre-based care, family day care and preschools. They are evidence-based and consistent with current thinking on early childhood development.

They will also complement a range of other programs such as the Healthy Kids Check for all four-year-olds before they start school and resources such as the *Get Set 4 Life – habits for healthy kids Guide*.

These initiatives will help to ensure that all Australian children have the best possible start in life and every opportunity for the future.

**The Hon Nicola Roxon  
Minister for Health and Ageing**

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*Get Up & Grow: Healthy eating and physical activity for early childhood* provides general non-commercial, evidence-based information to early childhood education and care settings, to assist in developing healthy habits for children birth to five years. For children with particular medical or nutrition conditions, professional medical advice may be required.

Readers should be aware that these resources may contain images of Aboriginal and Torres Strait Islander people who are now deceased.

This resource has been updated to reflect the *Infant Feeding Guidelines (2012)* and the *Australian Dietary Guidelines (2013)*.

FAMILY BOOK

# Introduction

The *Get Up & Grow: Healthy eating and physical activity for early childhood* guidelines and accompanying resources have been developed by child health and early childhood professionals in collaboration with the Australian Government Department of Health and Ageing. State and territory governments were also consulted in the development of these resources.

The *Get Up & Grow* resources are designed to be used in a wide range of early childhood settings by families, staff and carers, and to support a consistent, national approach to childhood nutrition and physical activity. When applying the guidelines and recommendations outlined within the resources, early childhood settings will also need to meet any other requirements set out in state, territory or federal regulatory arrangements.

These healthy eating and physical activity resources are based on three key national health documents that focus on children, namely:

- The *Australian Dietary Guidelines* (2013) and the *Infant Feeding Guidelines* (2012), which form the basis for nutrition policy in Australia (available in Section 3: Further Reading).
- The *National Physical Activity Recommendations for Children 0 to 5 years*, which has been developed to guide policy and practice around physical activity for young children (summary available at the end of Section 2: Physical Activity).



This collection of resources has also been developed in recognition of the rich cultural and religious diversity in Australia. To ensure that a range of needs were considered in the development, early childhood staff and carers, associated professionals, and parents from around Australia were consulted through surveys and focus groups. This consultation included a diverse range of people: some from urban, regional and remote locations, some with culturally and linguistically diverse backgrounds, some from Aboriginal and Torres Strait Islander backgrounds, and some who care for children with a disability.





The resources contain physical activity recommendations that encourage early childhood staff, carers and families to make children's play a priority by providing frequent play opportunities in a positive environment. In addition, the healthy eating guidelines promote offering healthy food choices to children, and allowing them to eat to their own appetite. The guidelines also contain advice for helping children to develop positive attitudes toward food and enjoy eating – whether food is provided by the setting or from home.

## 'Families and early childhood staff and carers have an important role in children's development.'

The *Family Book* is one of four *Get Up & Grow* resource books, and aims to help parents and families work together with early childhood settings to promote healthy eating and physical activity behaviours. For more information about healthy eating and physical activity, refer to Section 3: Further Reading.

In addition to the four resource books (*Director/Coordinator Book*, *Staff and Carer Book*, *Family Book* and *Cooking for Children*) there are additional materials, such as posters and stickers for early childhood settings, and flyers designed for parents. The flyers offer extra information on healthy eating and physical activity which you can use at home. Families and early childhood staff and carers have an important role in children's development. The information in this book will assist you in working with your early childhood setting to help your child get up and grow!

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GET UP &amp; GROW: HEALTHY EATING AND PHYSICAL ACTIVITY FOR EARLY CHILDHOOD

# Breastfeeding

Breastmilk is the ideal food for your baby, and the only food needed for around the first six months. Ideally, you should continue to give your baby breastmilk for the first year, and longer if you and your baby wish. Returning to work does not mean that you can no longer breastfeed your baby – continuing to offer breastfeeds can be something special for you and your baby to share, as you both get used to a new routine. However, many mothers have questions about how this can work.

## How can I breastfeed when my baby is at an early childhood setting?

If your baby is a few months old and breastfeeding well, they will often manage happily on a mixed plan of breastfeeds and bottles. You can offer your baby breastfeeds in the morning and evening, and provide expressed breastmilk in a bottle for when you are not around. Babies who are seven or eight months old can often drink breastmilk from a cup during the day, and breastfeed whenever you are around. Expressing breastmilk even when you are away from your baby will keep up your supply, and give you milk to use for times you are away.



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### How can I prepare for my return to work?

Your early childhood setting should have information available with details on how to continue breastfeeding while your baby is in care. It is useful to contact your workplace to ask about where you will be able to express milk. Some bigger businesses have a specific place set aside; in other workplaces, you may be able to use a small room or office, and lock the door for some privacy. Also, check whether there is a refrigerator, for storing the expressed breastmilk. You will also need a small, insulated container and ice brick or frozen water bottle, for transporting the milk. Discuss your needs and the options available with your workplace before you return to work.

The early childhood setting will help you manage the new routine for your baby, and offer practical tips on breastfeeding now that you are back at work.

Unless your work is part-time or very close to your baby's early childhood setting, you will probably need to express milk to put in bottles for your baby to have during the day. You can express milk by hand, with a hand pump or with an electric pump. Whatever you decide, you should practise expressing milk before you go back to work and get some help if needed. You will need to express milk at the times you would generally have breastfed, if your baby will be bottle-feeding for the first time, practise this before the first day as well.

### Checklist for preparing your return to work:

- Contact the early childhood setting and your workplace to check details and arrangements.
- Ask your workplace about where you can express breastmilk, about refrigerator access and whether you can take short breaks whenever you need to express milk.
- Practise expressing milk with your chosen method.
- Make sure your baby will take a bottle (or is able to drink from a cup, if old enough).
- Make sure you have at least a two-day supply of bottles – one day's worth to express milk into, one day's worth to send with your baby to care, and perhaps some extras (you may have extra milk, which you can freeze for another time).
- Make sure you have two insulated containers – one for putting milk in for care and one for bringing your expressed milk home from work.
- Think of a good way to mark your baby's full name, and the date for use, **clearly** on the bottles, so that it will not come off or run when wet (e.g. a permanent marker or waterproof labels and pen).
- Remember, if you are breastfeeding, the safest option is not to drink alcohol and keep baby away from cigarette smoke.





**I am finding it difficult to express milk during the day. What are my options?**

If you do not want to express extra breastmilk for bottles, or find that it is becoming too difficult, it is possible to continue breastfeeding only in the morning and evening and offer formula during the day. If breastfeeding has been well established, many mothers can continue to provide enough milk for these less frequent breastfeeds, and many older babies are very happy on this routine. If you do decide to offer formula during the day, you will need to check the setting's guidelines for this.

**'Try expressing more frequently for a while...'**

Some mothers find it difficult to maintain enough milk for this limited number of feeds, once the feeds and expressing have been cut back. Try expressing more frequently for a while to try and build up the supply again, or perhaps accept that breastfeeding is over for your baby.

At some stage, your baby will stop breastfeeding. Congratulate yourself on a job well done – because although some mothers do it with apparent ease, it is hard work to juggle looking after a baby, going to work, breastfeeding and expressing milk. However, you have given your baby the best possible start to life.

Additional breastfeeding information and support is available from the Australian Breastfeeding Association, either online at [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au) or from the breastfeeding helpline, 1800 MUM 2 MUM (1800 686 2 686).



**How will breastmilk be provided to my baby?**

- Breastmilk should be brought to the early childhood setting in sterilised plastic bottles – one bottle for each feed, and enough milk in each bottle for that feed. It should be carried in an insulated container with an ice brick or frozen water bottle and **clearly labelled** (with a waterproof label or pen) with the full name of your child and the date it is to be used.
- The bottles will be stored in the refrigerator until it is time for your baby's feed.
- Your breastmilk is intended for your own baby, and it is important that staff and carers give the milk to the right baby. Before a feed, two staff will check that the name on the bottle is correct and sign your baby's feeding record.

**'Breastmilk should be carried in an insulated container...'**



## Infant formula

### Should I feed my baby formula?

Breastmilk is best for babies, and while almost every mother is able to breastfeed a new baby, a very small proportion are unable to do so due to illness or medications they may be taking. If you have concerns about breastfeeding, discuss them with a lactation consultant, doctor or community health nurse.

You may choose to partially breastfeed your baby, and supplement their diet with an appropriate infant formula. If you cannot breastfeed or have decided not to, then infant formula is the only safe alternative for your baby.

If you do choose to use formula, this should be the only food given to your baby for around the first six months. Breastmilk or infant formula should be continued while introducing solids, with other drinks avoided until 12 months of age.

Just like breastfeeding, bottle-feeding gives you a chance to hold, cuddle and talk to your baby while feeding them. Not only does your baby enjoy this, but these social interactions are also important for your baby's development and learning.

Always stay with your baby while they are feeding. Never prop a bottle up or leave a baby alone with a bottle, as the milk may flow out too quickly and your baby may choke or develop an ear infection as a result.

### How should I make up the formula?

You will need bottles and teats, which should be sterilised before each use. Always make up infant formula according to the directions on the container. Read the directions carefully to make sure you add the correct number of scoops to the proper amount of pre-boiled, cooled water, and mix it well. You don't need to add anything else to the formula.

Water for infant formula should be prepared by bringing a fresh kettle or jug of water to the boil and allowing it to boil for 30 seconds (or, for an automatic electric kettle, until the cut-off point). Water should then be cooled before use. Preparing each bottle just before offering it to your baby is best, however prepared infant formula can be kept in the refrigerator for up to, but no more than, 24 hours.



Always heat formula in a water bath, for no longer than 10 minutes, and never in the microwave. This is to make sure that the bottle is heated evenly and doesn't burn your baby's mouth. Test the temperature of the formula on the inside of your wrist before feeding your baby – the milk should feel warm, not hot. Throw out any formula that is left in the bottle after the baby has finished feeding.



## Introducing solids

### Cleaning bottles for babies

Bottles need to be sterilised, sanitised or disinfected to ensure that they do not carry any infections. This can be done with several different methods, including boiling, with an electric sterilising unit, through chemical sterilisation or with a microwave steriliser. Whichever method is chosen, be sure to always follow the instructions carefully.

### How do I provide formula for when my baby is in care?

Each day, provide your baby's early childhood setting with sterilised bottles and teats, as well as pre-measured powdered formula. Label these clearly with the date, your child's name and the amount of water the formula needs to be mixed with. Alternatively, you may be asked to provide bottles already filled with the correct amount of pre-boiled, cooled water – this is so that staff and carers don't have to boil and cool water just before feeds.

It is not safe to prepare infant formula at home and then transport it to the early childhood setting each day, as there is a risk of harmful bacteria growing in the pre-prepared formula.

### What about cow's milk?

Cow's milk should not be given to babies as a main drink until they are around 12 months old. Small amounts of full-cream cow's milk can be used in mixed foods prepared for babies. Low-fat and reduced-fat milks are not recommended for children under the age of two years.

## Section 1: Healthy Eating



At around six months of age, your baby will be ready to try solid foods. It is around this time that he or she starts to need nutrients from other foods, in addition to those from breastmilk or formula. Don't stop breastfeeding when your baby starts trying solids.

You should continue to breastfeed until your baby is at least 12 months old, and for longer if you wish. A combination of breastmilk and solid foods is best for your baby during this time. If you are partially breastfeeding or feeding your baby formula, this should also continue as solid foods are introduced, and until 12 months of age.





### How will I know when to introduce solids?

Some signs that your baby is ready to try solids include:

- showing an interest in food
- increased appetite
- the ability to sit upright with limited support
- good control of the head and neck.

If you are unsure about whether your baby is ready for solid foods, talk to the staff or carers at your setting, your local doctor or a child health nurse.

### How often should I offer my baby a new food?

As long as iron rich foods are included in first foods, foods can be introduced in any order and at a rate that suits the infant. The order and number of foods being introduced is not important. Slow introduction of solid foods is not necessary.

**As long as iron rich foods are included in first foods, foods can be introduced in any order...**



### What foods are suitable for my baby to eat?

Offer your baby a variety of foods, and include different tastes and textures. There is no need to add salt, sugar or other flavours to food for babies. If a food needs more liquid, you can add pre-boiled and cooled water or cow's milk.



Only offer your baby smooth foods at first, until he or she learns how to eat them without any trouble. Your baby's eating skills will progress quickly, and soon you will be able to offer mashed foods. By about eight months, most babies can hold food in their fists and will probably want to feed themselves. Encourage your baby to use their hands and fingers – this will develop skills that will help not only with eating, but also with other areas of learning. Finger foods are good for babies – for example small pieces of cooked meat, cooked or soft fruit or vegetables, and bread.

Expect plenty of mess as babies explore food and eating, and as they learn to use a cup and spoon. Try to serve meals in places where some mess will not matter, or put paper towels or a tea towel underneath where the baby is sitting. Don't worry about teaching table manners or enforcing 'eating properly' at this age – your baby will learn this over time.



### Progressing to feeding from a cup

Babies can learn to use a cup from an early age, and are usually ready to develop this important skill from around seven months of age. Since breastmilk can be offered in a cup, some breastfed babies may bypass the bottle completely and move straight to cup-feeding, while also continuing to breastfeed. After six months of age, pre-boiled, cooled water can be offered in a bottle or cup as an additional drink.

Babies do not need sweet drinks such as cordial, soft drink and fruit juice. Sweet drinks can reduce the appetite for nutritious foods, and increase the risk of dental decay. Sweet drinks should not be offered, especially not from a bottle.

## 'Babies do not need sweet drinks such as cordial, soft drink and fruit juice.'

Although water is sometimes offered in a bottle after six months (or earlier for formula fed babies), it is best to use a cup. By around 12 to 15 months of age most babies can manage a cup well enough to satisfy their own thirst, and the bottle can be stopped. Babies who continue to drink from the bottle well into the second year may drink a lot of milk and have a reduced appetite for other foods – which increases the likelihood of a baby becoming iron deficient. Stopping the bottle can be difficult, so be sure to ask for help or advice from the staff or carers at your early childhood setting, or your local child health nurse.

Stage	Examples of foods that can be consumed
First foods (from around six months)	Iron rich foods, including fortified cereals (e.g. rice), vegetables (e.g. legumes, soy beans, lentils), fish, liver, meat and poultry, cooked plain tofu
Other nutritious foods to be introduced before 12 months	Cooked or raw vegetables (e.g. carrot, potato, tomato), fruit (e.g. apple, banana, melon), whole egg, cereals (e.g. wheat, oats), bread, pasta, nut pastes, toast fingers and rusks, dairy foods such as full-fat cheese, custards and yoghurt
From 12 to 24 months	Family foods Full-cream pasteurised milk

**Note 1:** Hard, small, round and/or sticky solid foods are not recommended because they can cause choking.

**Note 2:** To prevent botulism, do not feed honey to infants aged under 12 months.

### Nuts and other hard foods

Foods with a high risk of choking such as whole nuts, seeds, raw carrot, celery sticks and chunks of apple should be avoided for the first three years as their size and/or consistency increases the risk of inhalation and choking. However nut pastes and nut spreads can be offered to infants from around six months of age.





### Choking risks for babies

Babies and young children have an increased risk of choking on food or drinks. It is important that children sit down whenever they are eating, and that they are supervised at all times.

It is common for young children to 'gag', with coughing or spluttering, while they are learning to eat. This is different to choking and is not a cause for concern. However, choking that prevents breathing is a medical emergency.

#### To reduce the risk of choking:

- Supervise young children whenever they are feeding.
- Do not put babies in a cot or to bed with a bottle, and do not prop bottles.
- Make sure babies are developmentally ready to eat before offering solids.
- Only feed children when they are awake and alert.
- Never force a child to eat.
- Offer foods with a suitable texture – start with smooth and soft food and then progress to family food.
- Grate, cook or mash apples, carrots and other hard fruits or vegetables before offering them to your baby.
- Do not offer pieces of hard, raw fruits and vegetables, nuts, popcorn or other hard small, round and/or sticky solid foods to young children.

Some babies move smoothly from bottle-feeding to cup-feeding – but others may cling to the bottle for comfort. Let the staff and carers at the setting know if you are trying to stop bottle-feeding, so they can support your efforts.

#### Tips for when you want to stop bottle-feeding:

- Start by offering drinks (milk or water) in a cup during the day.
- Once your baby drinks from a cup during the day, stop the 'wake-up' bottle. Offer water in a bottle or milk in a cup instead. It may take a few days to get used to this change.
- The bedtime bottle is often the hardest for babies to give up. Offer a drink in a cup, cuddle your baby and settle them with a song or a book. Offer water in a bottle if you like. Be patient – it may take some time.



## Family foods

Although your child's nutritional needs will change as he or she grows and develops, healthy eating is always important. At around 12 months of age, children are ready to enjoy family foods.

Young children need a wide range of nutritious foods to help their development, and to stay healthy. It is normal for children's appetites to vary from day to day. Young children are usually very good at knowing how hungry they are and deciding how much they will eat. Your role is to provide a variety of healthy foods for your child to choose from.



## Section 1: Healthy Eating

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### What are the basic food groups?

Foods from the basic food groups provide the nutrients essential for life and growth. These foods are also known as 'everyday foods'. Each of the food groups provides a range of nutrients, and all have a role in helping the body function. In particular, vegetables, legumes and fruit protect against illness and are essential to a healthy diet. The basic food groups are:

- Vegetables and legumes/beans
- Fruit
- Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
- Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
- Milk, yoghurt, cheese and/or alternatives, mostly reduced-fat (reduced-fat milks are not suitable for children under the age of two years)

A balanced diet includes a variety of foods from each of the five food groups, and offers a range of different tastes and textures. It is important to choose most of the foods we eat each day from these food groups.

'Discretionary foods' (see page 26) on the other hand have little nutritional value and are not essential for good health. Limit the amount of these foods offered to your child.





## Australian Dietary Guidelines

<p><b>Guideline 1</b></p>	<p>To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.</p> <ul style="list-style-type: none"> <li>Children and adolescents should eat sufficient nutritious foods to grow and develop normally. They should be physically active every day and their growth should be checked regularly.</li> <li>Older people should eat nutritious foods and keep physically active to help maintain muscle strength and a healthy weight.</li> </ul>
<p><b>Guideline 2</b></p>	<p>Enjoy a wide variety of nutritious foods from these five groups every day:</p> <ul style="list-style-type: none"> <li>plenty of vegetables, including different types and colours, and legumes/beans</li> <li>fruit</li> <li>grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley</li> <li>lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans</li> <li>milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of two years).</li> </ul> <p>And drink plenty of water.</p>

<p><b>Guideline 3</b></p>	<p>Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.</p> <p>a. Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.</p> <ul style="list-style-type: none"> <li>Replace high fat foods which contain predominantly saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods which contain predominantly polyunsaturated and monounsaturated fats such as oils, spreads, nut butters/pastes and avocado.</li> <li>Low fat diets are not suitable for children under the age of two years.</li> </ul> <p>b. Limit intake of foods and drinks containing added salt.</p> <ul style="list-style-type: none"> <li>Read labels to choose lower sodium options among similar foods.</li> <li>Do not add salt to foods in cooking or at the table.</li> </ul> <p>c. Limit intake of foods and drinks containing added sugars such as confectionary, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.</p> <p>d. If you choose to drink alcohol, limit intake. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option.</p>
<p><b>Guideline 4</b></p>	<p>Encourage, support and promote breastfeeding.</p>
<p><b>Guideline 5</b></p>	<p>Care for your food; prepare and store it safely.</p>

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### Breads, cereals, rice, pasta, noodles and other grains

Breads, cereals, rice, pasta, noodles and other grain-based foods provide carbohydrates, which the body uses for energy. The best choices from this group are wholemeal and wholegrain breads, cereals and savoury biscuits. Other good choices include brown rice, couscous, wholegrain pasta and polenta.



### Vegetables, legumes and fruit

Fruit and vegetables provide vitamins, minerals and fibre, and should be included in meals and snacks each day. Choose a variety of fruits, vegetables and legumes (including different colours, textures and flavours) to provide a wide range of vitamins and minerals.

### Milk, yoghurt, cheese and/or alternatives

Plain milk, cheese and yoghurt are the most common dairy foods, and main dietary sources of calcium. Having enough calcium is important for healthy bones and teeth.

Cow's milk should not be given as a main drink to infants before 12 months of age. It can however be used in small amounts in other foods from around six months such as in breakfast cereal, and other dairy products such as yoghurts, custards and cheese can be offered. Full-cream plain milk is recommended for children aged one to two years, and reduced-fat plain milk is suitable for children over the age of two years. If children do not drink cow's milk, or eat cow's milk products, they can have a calcium-fortified soy drink instead. Rice and oat milks can be used after 12 months of age if calcium enriched and full fat. Health professional supervision is recommended.

### Lean meat, fish, poultry, eggs, nuts and legumes

This group includes red meat (such as beef, lamb and kangaroo), white meat (such as pork, chicken and turkey), fish and eggs. Non-animal products in this group include nuts, legumes and tofu. Meat and its alternatives are rich in protein, iron and zinc, and essential for children's growth and development. It is best to choose lean meat and skinless poultry to ensure children's diets do not contain too much fat.



### Vegetarian and vegan eating practices

Some families follow vegetarian eating practices. Usually this means avoiding animal products such as meat, poultry and fish. Many vegetarians still eat some animal-related products such as eggs, milk, cheese and yoghurt.

It is especially important that vegetarians eat a variety of legumes, nuts, seeds and grain-based foods, to gain the same nutrients that meat, poultry and fish would otherwise provide.

Vegans do not eat any foods that have an animal origin. It is very difficult to meet children's nutritional needs with a vegan diet, because the amount of food needed for sufficient nutrients may be too large for the child to manage. Plan carefully if your family follows a vegan diet, and consult an Accredited Practising Dietitian to ensure that your child's nutritional requirements are met.



### What are 'discretionary choices'?

'Discretionary choices' are foods high in kilojoules, saturated fat, added sugars and/or salt. They typically have very little nutritional value and are often processed and packaged. There is no need to offer discretionary choices to children on a regular basis.

Examples of discretionary choices include:

- chocolate and confectionary
- sweet biscuits, chips and high-fat savoury biscuits
- fried foods
- pastry-based foods such as pies, sausage rolls and pasties
- fast food and takeaway foods
- cakes and ice cream
- soft drinks, fruit drinks, cordial, sports drinks, energy drinks, flavoured milk and flavoured mineral water.

**'There is no need to offer "discretionary choices" to children on a regular basis.'**



### Providing water for children

Babies under six months who are not exclusively breastfed can be offered cooled boiled water. From six to 12 months, cooled boiled water can supplement breastmilk or formula. For children one to five years, water and cow's milk should be the main drinks offered.

Children should have access to drinking water at all times during the day. Where available, offer clean, safe tap water to children – purchasing bottled water is generally not necessary. Plain milk is also an important drink, as it is a good source of calcium. Be careful not to offer too much plain milk, especially just before a mealtime, because children may fill up on milk and then not be hungry for meals.

Sweet drinks are not part of a healthy diet, because they do not provide much nutrition. Water is the best drink. Also, sweet drinks may fill children up (leading to a decreased appetite for healthier foods), and can also contribute to tooth decay and weight gain. Sweet drinks include soft drink, flavoured mineral water, flavoured milk, cordial, fruit drink and fruit juice. Avoid giving any of these to young children.







### Making mealtimes positive, relaxed and social

Mealtimes provide an opportunity for children to develop good eating behaviours, as well as learn about nutrition and food variety. They are also an important time for social interaction. It is important to sit with children at meal and snack times, and talk with them in a relaxed way.

Expect a little mess when children (especially very young children) are eating. Do not react negatively to any mess, which is a normal part of children learning about food and eating. At the same time, discourage behaviours such as throwing or spitting food.

It is common for some children to refuse food, and this should not cause stress or concern at mealtimes. Children can be encouraged to try foods, but should never be forced to eat.

### 'Identify ways to reward your child that do not involve food.'

#### Is it okay to reward my child with food?

Using food to reward children can contribute to unhealthy attitudes towards eating. Do not link food with behaviour, and do not give food as a reward or remove or deny food as punishment. Also, do not use food to comfort a child, as this can lead to the child relying on food for comfort.

Identify ways to reward your child that do not involve food. Praise and encouragement are often what a child needs most from an adult, and small non-food rewards such as stickers or stamps can also be used. It is never appropriate to reward children for eating or punish them for not eating.



#### Why do young children need a variety of foods?

The early childhood years are a critical time for experiencing new foods and developing eating behaviours and food preferences. The greater the variety of foods that children are exposed to in their early years, the more likely it is that they will enjoy a variety of foods as adults.

Mealtimes should provide a safe environment for children to try new foods. Offer and encourage new foods regularly, and include a variety of tastes, textures and colours.

Include familiar foods as well as new foods, and encourage children to taste the new ones. Even if your child doesn't taste a new food on the first few occasions you offer it, continue to make it available. Being around other children at mealtimes can also encourage your child to try new foods, as they see others eating and enjoying them.





### Do I have to eat my vegetables too?

Children learn a lot from watching and listening to adults. Parents are role models. Your children watch what you do, and are likely to copy it. Be sure to model the healthy eating habits that you would like your child to develop.

Some tips to help you model good eating behaviours include the following:

- Try to include the whole family at mealtimes.
- Sit with your child during meal and snack times.
- Whenever you can, let your child join you at the table as soon as he or she is eating solids and can share the family meal (usually from around 12 months).
- Allow children to choose what and how much they eat from the options available.
- Encourage children to taste all the foods offered at each meal.
- Keep the mealtime environment calm and positive.



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### Why is it important for children to choose how much they eat?

Adults are responsible for offering safe and nutritious foods in appropriate amounts. Children can then decide what foods they will eat, and how much, from what is offered. This allows children to eat according to their appetite, and learn to respond to their body's signals of hunger and fullness.

Adults can decide the types of food made available at meals, and either serve individual plates of food for each family member or place bowls and platters where everyone can help themselves. In both cases, children can choose what and how much they eat.

If two courses are offered at a meal, both should be nutritious and based on foods from the food groups. This means that children can eat the second course regardless of whether they finish the first course. If your child refuses to eat at any meal or snack, do not force them to eat.



## Fussy eaters

### My child refuses to try new foods. What can I do?

Toddlers and pre-schoolers don't always have big appetites and can be fussy with their food choices. Make sure you provide healthy food options and offer each food to your child to taste. It is up to them to decide how much of the food to eat. Try not to make a fuss over foods, as this may make the problem worse.

#### To manage a fussy eater, try the following strategies:

- Make sure your child has not filled up on drinks or discretionary choices before a meal or snack.
- Stick to a regular mealtime routine.
- Make the mealtime enjoyable.
- Don't bribe or punish your child for refusing to eat.
- Keep trying to introduce foods that your child has previously refused. Sometimes children need to see a new food at least 10 times before they finally taste it.
- When offering a new food, offer some familiar foods as well.
- Be a good role model by eating the same foods that you are offering your child.
- Set a time limit of around 20 minutes for a meal. After that time, remove any uneaten food and let your child leave the table. Do not offer other food or drinks until the next planned meal or snack.
- Try to always stay calm and don't make a fuss if your child refuses to eat or only eats a small amount.

Remember – children will not allow themselves to starve. If they are healthy and active, there is probably nothing to worry about if they are refusing to eat. However if you are concerned about your child's eating behaviours, talk to your doctor or an Accredited Practising Dietitian.



## Meals and snacks

### How often does my child need to eat each day?

Young children have a limited capacity to eat at each mealtime, and need regular opportunities to eat in order to maintain energy levels and get enough nutrients throughout the day.

A regular meal pattern forms the basis of a healthy, balanced diet. Three meals and two snacks a day is ideal for young children. Snacks are just as important as meals to children's nutrition.

Snacks should offer nutrients in proportion to their energy value. Snacks which provide energy (kilojoules) without adequate nutrients are not good value for children and should not be offered on a regular basis. These are 'discretionary choices'.





### How important is breakfast?

Breakfast is a very important meal, mainly because it is difficult for children to manage and enjoy their day if they start off hungry. Eating breakfast every day is part of a good healthy eating routine.

If children don't eat breakfast:

- it is more difficult for them to control their behaviour and enjoy their day
- it is very difficult for them to get enough nutrients for the day
- they become hungry later on and will often eat less nutritious snack foods because they are available at the time
- they are more likely to be overweight or obese.

Breakfast does not need to be costly or time-consuming – rather, it can be simple, nutritious and easy. For example, a meal of wholegrain cereal with milk and fruit is nutritious and quick to prepare. It is not necessary to go to a lot of trouble, especially during a busy time of day.



Most foods offered at meals can also be offered as snacks

– some of the most common suitable snacks include bread, cereals, fruit, vegetables and milk-based drinks. Snacks do not have to be large – one or two savoury biscuits with cheese, a small piece of fruit, steamed vegetable sticks with dip, or a small glass of fruit smoothie all make good snacks. Make sure to offer water regularly, or have it available for children to help themselves.

Children are less likely to eat more than they need at a meal if they know that there will be a snack at a predictable time – which means they are more likely to start taking notice of their appetites. Parents often feel uncomfortable if a child does not eat, or eats less than what parents think is required. Knowing that a snack will be available in a reasonable amount of time will help you to let children decide how much to eat without worrying.

Remember, the idea is that parents provide healthy foods and children decide what and how much they will eat.

There can be some flexibility with snack times, but don't allow your child to get too hungry as this can often cause irritability. On the other hand, letting your child graze constantly interferes with them learning to recognise hunger and eat in response to it.

**'Make sure to offer water regularly, or have it available...'**



### Meal and snack ideas for young children

Offer your child a variety of foods from each of the food groups each day. Meals and snacks both at home and in care can include a variety of healthy foods and should not include discretionary choices or 'treats'. Cow's milk should not be given as a main drink to infants before 12 months of age. It can be used in small amounts in other foods from around six months. Full-cream plain milk is recommended for children aged one to two years, and reduced-fat plain milk is suitable for children over the age of two years.

#### What are some quick, healthy breakfasts?

Healthy breakfast options include:

- porridge with fresh or canned fruit and a glass of milk
- yoghurt and fruit, or a fruit smoothie
- toast or crumpets with cheese and slices of fruit
- baked beans on toast
- toasted fruit bread
- pikelets topped with ricotta and fruit.



### Some mornings, we run out of time for breakfast. How can I make sure my child has something to eat?

Sometimes children can be very slow in the morning or claim they do not feel hungry. As part of setting up good long-term habits, try some of these ideas.

- Do you have breakfast yourself? If not, it is hard to insist that your child eat breakfast. Try to make some time for everyone in your family to have breakfast. This may be hard to begin with, but after a few weeks you may be pleased to see that you feel better in general and are less hungry later in the day.
- Be matter of fact about breakfast being part of the daily routine.
- Start the day a little earlier and make sure there is enough time for breakfast, to avoid feeling rushed while eating.
- Offer something quick for breakfast and give your child some choices – for example, let your child choose between two suitable brands of breakfast cereal when you do the shopping.
- Occasionally offer something quite different for breakfast, such as a bowl of yoghurt with some chopped fresh fruit or canned fruit.

Many things can happen that may delay your start in the morning. If your child arrives at the early childhood setting without breakfast, make sure you let someone know. Most settings will have something available for your child to eat for breakfast.

**'Try to make some time for everyone in your family to have breakfast.'**





### What can I put in my child's lunchbox?

If you supply your child's snacks and meals for the early childhood setting, there are a number of healthy and attractive choices. These include a sandwich, pita wrap or bread roll with fillings such as:

- mashed egg with lettuce
- shredded chicken with cheese and lettuce
- tuna, corn and lettuce
- turkey breast with cucumber and lettuce
- cheese, chutney and alfalfa sprouts
- cold roast meat, chutney, lettuce and tomato
- vegemite and cheese
- cream cheese, grated carrot and sultanas
- avocado, tomato and lettuce
- mashed banana.



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Other choices include:

- low-fat savoury biscuits or rice cakes with cheese
- a cold slice of frittata
- a homemade savoury muffin – try zucchini or corn and cheese
- homemade pita pizza.



Keep lunches cool by placing them with a frozen drink bottle or ice brick in an insulated lunchbox.



### What are some other healthy snacks for the lunchbox?

Other healthy snacks to put in your child's lunchbox include:

- fresh fruit – whole fruits such as mandarins, bananas, apricots, pears and plums, or cut-up slices of apple, orange, melon or pineapple
- fruit salad
- stewed fruit
- raisin bread
- dry biscuits with cheese, spreads or dip
- pikelets (grated fruit or vegetables can be included in the mix)
- scones – either plain with spreads, or fruit, pumpkin or cheese
- banana bread
- 'make-your-own' fruit skewers on sturdy sticks
- vegetable slices or sticks served with dip (be sure to blanch tough or fibrous vegetables until soft)
- boiled eggs
- yoghurt
- cheese sticks.



### What about lunch at home?

Extra healthy lunch ideas include:

- soup and a bread roll
- pasta with sauce and grated cheese
- leftovers from dinner the night before
- an omelette with toast
- a toasted sandwich with fillings such as:
  - tuna and cheese
  - tomato and cheese
  - capsicum or mushroom, tomato and cheese
  - baked beans.





### What are some other healthy snacks?

Healthy snacks at home can include:

- wholemeal or wholegrain sandwiches or toast
- crumpets
- raisin toast with ricotta cheese
- a bowl of cereal and milk
- fruit – a mixed platter or one kind of chopped/sliced fruit
- chopped or sliced fruit served with yoghurt or ricotta as a dip
- fresh or canned fruit with a dollop of yoghurt
- a glass of reduced-fat milk
- a fruit smoothie.

### What can we cook for dinner?

It is a good idea to keep a mental list of dinner meals that can be prepared quickly and easily. It is also handy to keep a few meals or ingredients in the pantry or freezer that can be heated up and served in just a few minutes. These are often quicker, healthier and cheaper than takeaway meals.

Dinner ideas that can be prepared without too much fuss or pulled quickly from the pantry or freezer include:

- soup – homemade or packaged (try chicken and sweet corn, minestrone or pumpkin and lentil)
- eggs (scrambled eggs, omelettes or boiled eggs with toast soldiers)
- baked potatoes with toppings (try tuna, baked beans or cheese and coleslaw)
- homemade pizza (pita bread topped with tomato paste, meat and vegetables, e.g. cold roast meat, mushrooms, capsicum and cheese)
- pasta (try creamy tuna pasta, vegetable pasta bake or spaghetti bolognese)
- stir fry (try beef and broccoli stir fry, san choy bau or vegetable stir fry with tofu and egg)
- patties (sweet potato and chickpea patties, tuna and corn patties or meat and vegetable rissoles)
- fritattas and simple salads
- casseroles with cous cous
- curries with rice.

See the recipes in *Cooking for Children* for more ideas!





## Food safety

Food safety involves all aspects of providing food so that it is safe to eat – managing the risk of choking on food, avoiding allergic reactions, sensitivities and intolerances and ensuring that food is not contaminated in any way.

### Allergies and intolerances

There are many reasons why children may have an adverse reaction to a food. The cause of a reaction may be an allergy or intolerance to that food.

**'Food allergies occur in around one in every 20 children...'**

#### What are food allergies?

Food allergies are caused by a reaction of the immune system to a protein in a food. The most common sources of food allergy in children under five years old are cow's milk, soy, eggs, peanuts, tree nuts, wheat, sesame, fish and shellfish. Food allergies occur in around one in every 20 children, and some of these allergies are severe.

Symptoms of an allergic reaction are usually immediate and can include hives or a rash on the skin; swelling of the lips, tongue or mouth; vomiting; diarrhoea; or difficulty breathing. Severe allergies can lead to an anaphylactic reaction, where breathing becomes extremely difficult and can cause loss of consciousness and serious injury or death. If you suspect your child has a food allergy, talk to your doctor, who may recommend allergy testing.



#### What is food intolerance?

In cases of food intolerance, reactions are usually less severe. Symptoms of food intolerance can include headaches, skin rashes and stomach upsets. If you notice that your child is experiencing these symptoms after eating, it is a good idea to talk to your doctor. Your doctor can help with diagnosing the symptoms, to find out whether they are related to dietary factors. They can then help you to identify particular foods that your child may need to avoid.







### Choking

**I have heard that children can choke on foods like raw apple or carrot – is this true?**

Learning to eat foods of all textures is part of growing up. It is common for young children to 'gag', with coughing or spluttering, while they are learning to eat. This is different to choking and is not a cause for concern. However, choking that prevents breathing is a medical emergency.

The most important way to protect your child from choking is to make sure that children sit down whenever they are eating, and ensure that you are always nearby to supervise. Always carefully consider the texture of the foods you provide your child. Young children are at risk of choking on food because of their small airways and their tendency to swallow pieces of food without chewing properly. Small pieces of hard food are the greatest choking risk for toddlers and babies, and should be avoided or prepared appropriately before being served to children.



Foods to be careful with include:

- hard fruit and vegetables such as raw carrots, celery sticks and pieces of raw apple (these should be grated, finely sliced or cooked and mashed to prevent choking)
- nuts, seeds and popcorn
- tough or chewy pieces of meat
- sausages or frankfurts with skin (remove the skin or buy already skinless, then cut into small semi-circular pieces to prevent choking)
- other foods that can break into hard lumps or pieces.

Hard lollies and corn chips also present a choking risk, but these are discretionary choices and should not be offered to children on a regular basis. Hard, small, round and/or sticky solid foods are not recommended because they can cause choking and aspiration.

### Food hygiene

Food safety guidelines must always be followed carefully, especially when preparing food for children, whose immune systems are still developing.

Contamination in food can include:

- foreign bodies – hair, pieces of metal or other objects accidentally picked up during the preparation and cooking process
- chemicals from the food production process, or cleaning materials
- natural contaminants, such as toxins present in certain foods
- contamination from pests
- bacteria.



### What bacteria can be in foods?

There are bacteria present in most foods. Food spoilage is often caused by bacteria, which usually makes food inedible and unpleasant but not necessarily harmful. Certain bacteria, called pathogens, are harmful and can cause food poisoning or gastro-enteritis. Symptoms include nausea, vomiting, diarrhoea and stomach cramps.

Different bacteria cause different illnesses – some can be brief and mild, and others can be very serious, causing dehydration and requiring hospitalisation. Food poisoning is especially serious in children and elderly people because their immune systems are more vulnerable and they become dehydrated more easily.

The only foods which have no bacteria present are those produced synthetically in sterile factories, or foods which have been heat-treated after preparation – for example, canned food and liquid baby formula. All other foods contain some bacteria. Keeping food safe requires controlling the increase of bacteria.

The most common cause of gastro-enteritis is viral illnesses passed on by contact between people, rather than through food. These symptoms are very common, generally very acute and short-term. Hygiene and hand-washing are very important, to limit the spread of viral gastro-enteritis.

Bacteria grow easily in foods that are moist and have a lot of nutrients. These are called 'high-risk' foods. Milk, meat, fish and any dishes containing these foods are considered high-risk. Cooked rice also allows some bacteria to grow. If these foods are left out of the refrigerator for long periods of time, they will spoil and generally not be eaten. However, it is only if they contain harmful pathogenic bacteria that they will cause illness if eaten. Keeping food safe relies on controlling the conditions which allow bacteria to reproduce and grow to large numbers.

Foods unlikely to encourage bacteria to grow are called 'low-risk', and include packaged snack foods, lollies, chocolates, uncooked pasta, rice and biscuits. Many low-risk foods are discretionary choices, such as lollies, chocolate and some packaged snacks, and are not recommended for every day. These foods can be kept for long periods of time without refrigeration. Canned food is safe while the can is still sealed, but once opened the food may become high-risk.



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### What can I do to ensure that food is prepared safely?

- Always wash your hands before handling food – and wash them again if you touch your hair, need to use a tissue to wipe your nose, after sneezing or going to the toilet, or if you touch other items that may carry bacteria.
- Buy food from suppliers you can trust. Buy foods that look fresh, and from places where turnover is high. Make sure that packages are unbroken and products are within their use-by date.
- Transport high-risk foods quickly or in cool containers.
- Keep all kitchen areas clean.
- Protect low-risk foods by placing them in sealed containers, once packages are open.
- Use separate cutting boards for raw meat and fish, cooked items (such as meat and vegetables) and fruit. Colour code boards to help you remember to use the right ones.
- Wash knives after use with uncooked meat and fish, and before use with any foods that are ready to be eaten.
- Keep high-risk foods refrigerated before cooking or until they are to be eaten. Place any cooked high-risk foods back in the refrigerator, if not eating them straight away.

**'Do not reheat cooked foods more than once.'**

- Do not reheat cooked foods more than once. Discard any food that was served and not eaten. Discard any food that was not served, but which has been out of the refrigerator for more than two hours.
- Reheat food until it is steaming hot. Allow it to cool down to serving temperature, then serve immediately.
- Check daily that your refrigerator is working, and that food is cold.
- Wash dishes between use in hot soapy water and leave them to dry, rather than using a tea towel. Alternatively, use a dishwasher.

### What about food preparation with children?

- Ensure that children always wash hands before handling any food.
- Supervise children at all times while in the kitchen.
- Take care to avoid any injuries from sharp knives and hot surfaces.



### What can I do to ensure that food is served safely?

- Wash hands before eating.
- Use tongs and spoons to serve food.
- Cover and refrigerate any food not served straight away, and serve again later.
- Never allow a child to eat food that has been dropped on the floor.

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## Physical activity

### Introduction

Playing and being physically active is an important part of life for all children. The early development of good habits may lead to healthy behaviours that will last into later years, and regular physical activity in early childhood can impact on immediate and long-term health outcomes. What's more, most children find it fun to play and be physically active!



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FAMILY BOOK







## Section 2: Physical Activity



Currently, there are many aspects of everyday life in Australia that make it easy to be physically inactive – we rely on cars for transport, use labour-saving devices such as escalators, elevators and remote controls, and television and other screen-based entertainment are among the most popular forms of leisure. This is a cause for concern, because lack of physical activity is linked to lifestyle diseases such as heart disease, diabetes and some cancers. The increasing rates of weight problems (overweight and obesity) in childhood can also be related to lower levels of physical activity and increased periods of inactivity in children.



Parents, staff and carers can work together to make physical activity a priority both inside and outside the home. For children five and under, active play is the best form of physical activity. Active play involves all types of play – both indoor and particularly outdoor play, 'active transport' (such as walking to a destination, rather than driving or using a stroller) and certain everyday tasks. Children also need some time for quieter activities and 'down time'.

Active play has physical and health benefits, but it also helps important social, language and brain development.

**'Parents and staff can work together to make physical activity a priority both inside and outside the home.'**



### Birth to one year

#### Physical activity for babies

From the time they are born, babies learn through interacting with the world. For healthy development in infants (birth to 1 year), physical activity – particularly supervised, floor-based play in safe environments – should be encouraged from birth. Daily chances for babies to move freely help to:

- keep their bodies and minds active
- develop their senses and curiosity
- develop good posture, strength and balance
- make them feel loved, happy and safe
- develop their language and communication skills
- teach them about their body and the world around them
- encourage interaction with others.

For babies who haven't started walking yet, being physically active means having daily opportunities to move around on their stomach or back in a variety of free spaces, without being restricted by tight wraps or clothing. It also includes practising movements, such as reaching, grasping, pulling, pushing and playing with people, objects and toys.

Babies love to be around people, and they learn a lot from interacting with them. It is important to make time to spend with babies, including time playing with them.



#### What are some ways for young babies to be active?

Early childhood settings are likely to have planned programs that include a range of different movement opportunities throughout the day. Babies also need to be provided with a variety of activities and plenty of opportunities for play when they are at home. Play activities that stimulate their senses will also help to develop other skills.







**Some ideas for playing with your baby include:**

### **Tummy time**

Tummy time is important for strengthening your baby's head, neck and trunk muscles, and encouraging free leg and arm movements. Place your baby on different floor surfaces, for example rugs or mats. Try placing toys or other safe objects just out of reach, for them to reach for and try to grasp.

### **Getting around**

As your baby becomes more mobile they will enjoy practising new movements, such as kicking, crawling, pulling themselves up onto sturdy chairs or benches and crawling through tunnels. Baby walkers and baby exercise jumpers are not advised, due to the risk of injury, and because evidence shows they can restrict the muscle development required for independent walking.

### **Sound**

Noises during play help with areas of brain development linked to hearing, and can also encourage movement. Give your baby a rattle, a wooden spoon and saucepan, or play music for them to listen and move to.

### **Touch**

Give your baby toys and objects with different textures and materials, for them to touch and squeeze. This will help develop their sense of touch. You can make your own toys – for example, a stocking filled with crumpled-up paper.

### **Sight**

Moving objects that your baby can follow with their eyes help develop eye strength and encourage movement. Read your baby books made of fabric or cardboard, place them below a colourful mobile or play 'Peek-a-boo'.

### **What about outdoor play for young babies?**

Playing outside can help babies to learn about different surroundings and feel comfortable with the world around them. Some experiences that outside play provide include *feeling grass, hearing cars and birds, and looking at the sky.*

When your baby is outside, show, talk and sing to them about what they may see or feel. If you do not have an outdoor area at home, take your baby to the park or another local outdoor area whenever you can.



### Sedentary behaviour and screen-time

Even before babies can walk and move independently, they need plenty of time to practise movements such as reaching, kicking and feeling. Even when they start crawling and walking they continue to need time to practise new skills, move freely and creatively, and interact with others. Babies should not be restrained or kept inactive (during awake time) for more than an hour at a time.

#### Why no screen-time from birth to two years?

Based on recent research, it is recommended that children younger than two years of age should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).

Screen-time is not recommended for babies and children less than two years of age, because it may:



- reduce the amount of time they have for active play, social contact with others and chances for language development
- reduce the length of time they can stay focused.

Screen-based activities for children less than two years of age have not been shown to lead to any health, intellectual or language benefits.

You may want to check with your early childhood setting for their policy on screen-time for young children, and think about ways to minimise screen-time at home.

## One to five years

### Physical activity for toddlers and pre-schoolers

Physical activity should remain a high health priority in families with children aged between one and five years. Daily chances for active play lay the foundations for developing the vital physical, mental and social skills necessary for dealing with everyday situations.

From the age of one year to around five years (through the toddler and pre-school years), it is recommended that children be active for at least three hours every day. This may seem like a lot but children are naturally active and 'on the go', so short bursts of activity, from light (such as building or playing on the floor) through to vigorous (such as running or jumping) can be spread throughout the day.







### How important is active play for one- to five-year-olds?

Active play is very important for children – a child's job is to move freely and be active every day! The skills developed from the age of one to five years range from learning to walk through to running and throwing a ball. In fact, at no other time in life will children learn so many physical skills.

Active play helps children to:

- improve the health of their muscles, bones and heart
- develop new movement skills and imagination, and learn about their bodies
- build self-confidence and cope with stressful situations
- enjoy being active
- improve their communication skills, including how to solve problems and make decisions
- learn how to interact, share, take turns and care about others.

### What kinds of things can I do to help my child be active?

Young children naturally look for adventure and want to explore. The ability and development of your child will determine the types of activity and play that are suitable and enjoyable. Young children like to show adults what they can already do, as well as be challenged regularly to try new things.



Active play includes several types of activities:

- Unstructured play is creative play that gives children the freedom to move at their own pace and decide how they will play, *what they will do* and *where it will take place*. Examples of unstructured play include dancing to music, and playing in the sandpit, at the park or with other children. 'Rough and tumble' play can sometimes be part of unstructured play, particularly for boys. Although boys may play differently to girls, both boys and girls need equal access to play spaces and play items.
- Structured play is planned play that may occur at a set time and place, or need equipment. Examples include action games and songs (such as 'Hokey Pokey'), kinder-gym, creative dancing and swimming lessons.

## 'A child's job is to move freely and be active every day!'

- 'Active transport' involves using physical activity to travel – for example walking, pedalling or using a scooter. Even young children can walk or pedal for a short time, and will be capable of walking longer distances as they get older. Try walking to and from the early childhood setting, or walking or pedalling to the local shops. For short distances, encourage children to walk rather than use a stroller. Remember to supervise children when participating in active transport.
- Everyday physical tasks include helping with the gardening, unpacking shopping, folding clothes or tidying up play spaces. Children enjoy helping adults with many everyday tasks.



### What are the best ways to encourage children's active play?

You do not always have to be directly involved in all of your child's active play – safe play spaces and equipment, along with supervision, can allow children to be creative and make up their own play.

It is important to help your child develop an enjoyment for physical activity. Try to provide a balance between activities that let your child create and imagine, with activities that provide new challenges and some 'risks'.



Prompting children to move in different ways helps to challenge them and constantly improve their skills. Try prompting your child to change:

- **how** their body can move ('How fast can you...?', 'Can you do that lightly?')
- **where** their body can move ('Can you do that backwards?', 'How high can you...?')
- **what** their body can do ('Can you curl up and....?', 'Can you do that on one leg?')
- **who** they can move with ('Can you follow Anna?', 'Can you teach me to do that?').

### What can I do if my child is not interested in active play?

Every child is different, and some naturally prefer quieter activities like reading or drawing. However, we all need to maintain a certain level of physical activity for good health, so here are some tips for encouraging your child to be more active:

- Plan a variety of opportunities for your child to be active throughout the day, and try to make sure the emphasis is on fun.
- Let your child explore and make up their own activities.
- Find an active play buddy for your child, from family or friends.
- Give lots of praise for efforts made during active play.
- Focus on what your child can do, not what they can't.
- Plan family outings and celebrations around chances for active play.
- Make walking a part of everyday life.
- Make active play fun and positive.
- Be patient and provide plenty of time for your child to practise movements.
- Be active with your child, and try to be a role model.

**'Let your child explore and make up their own activities.'**





**Ideas for active play for one- to five-year-olds**

Play objects can include toys or everyday items, but should be appropriate for the age and development of the child. Active play should also encourage the use of the upper body, lower body and whole body, in indoor and outdoor play spaces.

**‘Play objects can include toys or everyday items, but should be appropriate for the age and development of the child.’**

Ideas for play items for children from one to five include:

- boxes, crates, baskets, cardboard tubes and containers
- balls of different sizes
- ropes, scarves, towels and streamers
- planks of wood
- buckets and spades
- brooms and paintbrushes
- pots and pans
- leaves and pine cones
- old clothes, old linen and old furniture
- rackets and bats
- wooden blocks
- ropes hanging from the ceiling
- mats, cushions, beanbags and tyres.

Remember that not all of these equipment suggestions are suitable for all ages – for example, ribbons or streamers may be fun for four- or five-year-olds, but they are not suitable for one- or two-year-olds. Talk to the staff or carers at your child’s setting and share ideas for play items that your child might enjoy.

If you have children of different ages, always consider the safety of younger children during play – especially when it comes to the access and storage of equipment only suitable for older children.





### What about outdoor play for one- to five-year-olds?

Children who spend more time outdoors will generally be more active. Outdoor areas usually provide children with more space, and a variety of surfaces and equipment. Outdoors, children can experience moving in a whole range of different shapes, speeds and directions, and have the freedom to be messy and noisy.

Outdoor play gives children opportunities to:

- make big movements
- try *new* movements
- have 'rough and tumble' play
- improve their balance, strength and coordination skills
- seek adventure and watch and explore nature
- be more creative
- learn from their mistakes
- manage their fears and build toughness.

Parents often worry that outdoor play can be risky, but children need opportunities to play freely and explore outdoor play spaces. Providing a range of challenges in play teaches children to understand, manage and learn from taking risks.

As with 'rough and tumble' play, playing outside is important for the development of both girls and boys. Normal side effects of outdoor play may include getting grubby, small grazes, bumps and bruises, being noisy and messy, and learning to deal with heights and new movements. Also, being outdoors in cooler weather does not cause the common cold. As long as outdoor play is supervised, the benefits generally outweigh the risks.

## '...playing outside is important for the development of both girls and boys.'

### Active play and children with disabilities

Every child can benefit from physical activity and active play. If your child has a disability, discuss with your health professional some ways to offer a full range of active experiences for your child. At the early childhood setting, let the staff and carers know the details of your child's disability and how it affects everyday functions and abilities. Tell them about your child's interests, dislikes and capabilities, as well as what you would like them to help you achieve for your child. Early childhood staff may value being able to contact your child's health professional for more information.







**Times when children are not active**

There will always be times when children are not active. Every child needs time for activities like listening to stories, reading, drawing and puzzles, or simply time to sit quietly. These kinds of activities are also important for learning and development.

Other types of non-active activities are not essential, such as screen-based activities like watching television. As previously stated, screen-time is not recommended at all for children under two years. It is recommended that for children two to five years of age, screen-time is limited to less than one hour per day. This includes television, watching DVDs and playing video or computer games.



**Making outdoor play as safe as possible...**

**Be SunSmart®**

Remember sun protection whenever your child is outdoors – sunscreen, shelter, hats and suitable clothing.

**Supervise**

Always supervise your child around water, heights, steps, fences, animals and small objects.

**Clothing**

Dress your child in comfortable clothing and shoes that are suitable for being active.

**Water**

Make sure your child drinks plenty of water when playing outside, particularly in hot weather.

**Join in**

Interact with children and support them in outdoor play – but make sure that play is still led by the children.

**'Make sure your child drinks plenty of water when playing outside...'**



Recommendations summary for birth to five years	Birth–1 year	1–2 years	2–3 years	3–5 years
<b>Physical activity recommendation</b>	Physical activity should be encouraged from birth.	Should be physically active every day for at least three hours, spread throughout the day.	Should be physically active every day for at least three hours, spread throughout the day.	Should be physically active every day for at least three hours, spread throughout the day.
<b>Sedentary recommendation – screen-time</b>	Should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).	Should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).	Sitting and watching television and the use of other electronic media (DVDs, computer and other electronic games) should be limited to less than one hour per day.	Sitting and watching television and the use of other electronic media (DVDs, computer and other electronic games) should be limited to less than one hour per day.
<b>Sedentary recommendation – prolonged inactivity</b>	Should not be sedentary, restrained or kept inactive for more than one hour at a time, with the exception of sleeping.	Should not be sedentary, restrained or kept inactive for more than one hour at a time, with the exception of sleeping.	Should not be sedentary, restrained or kept inactive for more than one hour at a time, with the exception of sleeping.	Should not be sedentary, restrained or kept inactive for more than one hour at a time, with the exception of sleeping.

Regardless of the activity, it is recommended that children are not kept restrained or inactive for more than one hour at a time during waking hours. Children who spend long periods of time sitting or being inactive are more likely to have poorer physical, social and intellectual development. For young children, this includes long periods of time in high chairs, car seats or strollers.

Providing a number of opportunities for physical activity during the day is an important part of promoting a healthy lifestyle. It is equally as important to reduce the total amount of time that your child is inactive, no matter how active they may be at other times.



**Why limit screen-time for two- to five-year-olds?**

For toddlers and pre-schoolers, long periods of screen-time mean less opportunity for active, outdoor and creative play, and fewer of the associated benefits. It also leads to less healthy eating habits, and slower development of language, memory and thinking skills.

Some early childhood settings may decide not to offer screen-time as part of their program. You may also want to make a plan for reducing screen-time at home – think about incorporating some of the suggested play ideas included in this book.

Recommendations summary for birth to five years



## For more information

### Healthy eating

**Allergy and Anaphylaxis Australia**  
T: (02) 9482 5988 or 1300 728 000  
W: [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

**Australasian Society of Clinical Immunology and Allergy (ASCIA)**  
W: [www.allergy.org.au](http://www.allergy.org.au)

**Australian Breastfeeding Association**  
T: (03) 9885 0855  
Breastfeeding Helpline: 1800 686 268  
W: [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

**Australian Children's Education and Care Quality Authority**  
T: 1300 422 327  
W: <http://acecqa.gov.au>

**Australian Dental Association**  
T: (02) 9906 4412  
W: [www.ada.org.au](http://www.ada.org.au)

**Australian Dietary Guidelines and Infant Feeding Guidelines**  
Australian Government Department of Health and Ageing and National Health and Medical Research Council  
W: [www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)

**Australian General Practices Network**  
W: [www.agpn.com.au](http://www.agpn.com.au)  
**Australian Government Department of Health and Ageing Health Inside**  
W: [www.healthinside.gov.au](http://www.healthinside.gov.au)



## Section 3: Further Reading

**Australian Guide to Healthy Eating**,  
Australian Government Department of Health and Ageing and National Health and Medical Research Council  
W: [www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)

**Dietitians Association of Australia**  
T: (02) 6163 5200 or 1800 812 942  
W: [www.daa.asn.au](http://www.daa.asn.au)

**Early Childhood Australia**  
T: (02) 6242 1800 or 1800 356 900  
W: [www.earlychildhoodaustralia.org.au](http://www.earlychildhoodaustralia.org.au)

**Food Standards Australia New Zealand (FSANZ)**  
T: (02) 6271 2222  
W: [www.foodstandards.gov.au](http://www.foodstandards.gov.au)

**Kidsafe**  
W: [www.kidsafe.com.au](http://www.kidsafe.com.au)

**Lactation Consultants of Australia and New Zealand**  
T: (02) 9431 8621  
W: [www.lcanz.org](http://www.lcanz.org)

**National Childcare Accreditation Council**  
T: (02) 8260 1900 or 1300 136 554  
W: [www.ncaac.gov.au](http://www.ncaac.gov.au)

**National Quality Framework for Early Childhood Education and Care and School Age Care**  
W: [www.deewr.gov.au/earlychildhood/policy\\_agenda/quality/pages/home.aspx#nqf](http://www.deewr.gov.au/earlychildhood/policy_agenda/quality/pages/home.aspx#nqf)

**Raising Children Network**  
W: [www.raisingchildren.net.au](http://www.raisingchildren.net.au)

**Secretariat of National Aboriginal and Islander Child Care (SNAICC)**  
T: (03) 9489 8099  
W: [www.snaicc.org.au](http://www.snaicc.org.au)





## Physical activity

**Australian Government Department of Health and Ageing (DoHA)**  
W: [www.health.gov.au](http://www.health.gov.au)

### **Get Set 4 Life, Healthy Kids Check**

W: [www.health.gov.au/internet/main/publishing.nsf/Content/Healthy\\_Kids\\_Check](http://www.health.gov.au/internet/main/publishing.nsf/Content/Healthy_Kids_Check)

### **Healthy Opportunities for Preschoolers (HOP)**

W: [www.educ.uvic.ca/faculty/temple/pages/hop.htm](http://www.educ.uvic.ca/faculty/temple/pages/hop.htm)

### **Sport New Zealand**

T: +64 4 472 8058 (international)  
W: [www.sportnz.org.nz](http://www.sportnz.org.nz)

### **2010 Legacies Now**

W: [www.2010legaciesnow.com/leap\\_bc/](http://www.2010legaciesnow.com/leap_bc/)







## Australian Dietary Guidelines

<b>Guideline 1</b>	<p>To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.</p> <ul style="list-style-type: none"> <li>Children and adolescents should eat sufficient nutritious foods to grow and develop normally. They should be physically active every day and their growth should be checked regularly.</li> <li>Older people should eat nutritious foods and keep physically active to help maintain muscle strength and a healthy weight.</li> </ul>
<b>Guideline 2</b>	<p>Enjoy a wide variety of nutritious foods from these five groups every day:</p> <ul style="list-style-type: none"> <li>plenty of vegetables, including different types and colours, and legumes/beans</li> <li>fruit</li> <li>grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley</li> <li>lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans</li> <li>milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of two years).</li> </ul> <p>And drink plenty of water.</p>

<b>Guideline 3</b>	<p>Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.</p> <p>a. Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.</p> <ul style="list-style-type: none"> <li>Replace high fat foods which contain predominantly saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods which contain predominantly polyunsaturated and monounsaturated fats such as oils, spreads, nut butters/pastes and avocado.</li> <li>Low fat diets are not suitable for children under the age of two years.</li> </ul> <p>b. Limit intake of foods and drinks containing added salt.</p> <ul style="list-style-type: none"> <li>Read labels to choose lower sodium options among similar foods.</li> <li>Do not add salt to foods in cooking or at the table.</li> </ul> <p>c. Limit intake of foods and drinks containing added sugars such as confectionary, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.</p> <p>d. If you choose to drink alcohol, limit intake. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option.</p>
<b>Guideline 4</b>	Encourage, support and promote breastfeeding.
<b>Guideline 5</b>	Care for your food; prepare and store it safely.

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**Australian Government**  
**Department of Health and Ageing**







2

# GET UP & GROW

HEALTHY EATING AND PHYSICAL ACTIVITY FOR EARLY CHILDHOOD

COOKING FOR CHILDREN



Australian Government  
Department of Health and Ageing

## Minister's Foreword

It gives me great pleasure to introduce the *Healthy Eating and Physical Activity Guidelines for Early Childhood Settings*, an initiative that is an important element of the Australian Government's *Plan for Early Childhood and Plan for Tackling Obesity*.

Our children's early years are arguably their most important and establishing healthy behaviours from birth will lay the foundation for lifelong health and wellbeing. Nutritious food and regular physical activity supports the normal growth and development of children and reduces the risk of developing chronic lifestyle related diseases later in life.

As more children spend time in care, early childhood settings can play an important part in supporting healthy choices around nutrition and physical activity. This resource provides practical information and advice to assist practitioners, carers and families in this role.

The *guidelines* have been designed so that they can be applied in a variety of early childhood settings including centre-based care, family day care and preschools. They are evidence-based and consistent with current thinking on early childhood development.

They will also complement a range of other programs such as the Healthy Kids Check for all four-year-olds before they start school and resources such as the *Get Set 4 Life – habits for healthy kids Guide*.

These initiatives will help to ensure that all Australian children have the best possible start in life and every opportunity for the future.

**The Hon Nicola Roxon  
Minister for Health and Ageing**

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*Get Up & Grow: Healthy eating and physical activity for early childhood* provides general non-commercial, evidence-based information to early childhood education and care settings, to assist in developing healthy habits for children birth to five years. For children with particular medical or nutrition conditions, professional medical advice may be required.

Readers should be aware that these resources may contain images of Aboriginal and Torres Strait Islander people who are now deceased.

This resource has been updated to reflect the *Infant Feeding Guidelines (2012)* and *Australian Dietary Guidelines (2013)*.

COOKING FOR CHILDREN

# Introduction

The *Get Up & Grow: Healthy eating and physical activity for early childhood* guidelines and accompanying resources have been developed by child health and early childhood professionals in collaboration with the Australian Government Department of Health and Ageing. State and territory governments were also consulted in the development of these resources.

The *Get Up & Grow* resources are designed to be used in a wide range of early childhood settings by families, staff and carers, and to support a consistent, national approach to childhood nutrition and physical activity. When applying the guidelines and recommendations outlined within the resources, early childhood settings will also need to meet any other requirements set out in state, territory or federal regulatory arrangements.

These healthy eating and physical activity resources are based on three key national health documents that focus on children, namely:

- The *Australian Dietary Guidelines* (2013) and the *Infant Feeding Guidelines* (2012), which form the basis for nutrition policy in Australia.
- The *National Physical Activity Recommendations for Children 0 to 5 years*, which has been developed to guide policy and practice around physical activity for young children.

## '...encourage healthy eating habits in children...'

This collection of resources has also been developed in recognition of the rich cultural and religious diversity in Australia. To ensure that a range of needs were considered in the development, early childhood staff and carers, associated professionals, and parents from around Australia were consulted through surveys and focus groups. This consultation included a diverse range of people: some from urban, regional and remote locations, some with culturally and linguistically diverse backgrounds, some from Aboriginal and Torres Strait Islander backgrounds, and some who care for children with a disability.

In Australia, we presently face an increasing problem with overweight and obese children. *Cooking for Children* is designed to offer guidelines for healthy eating, and contains food ideas that promote children's growth and development, and that encourage healthy eating habits in children – habits that can form a foundation for later life.

Australia is a diverse community composed of many different families, including Indigenous Australian families and families from all around the world. Each has differing preferences and cultures, and so a range of recipes and styles have been included in *Cooking for Children*. Discussing specific needs and beliefs with parents and families is the best way to show respect for all cultures and religions, and may offer good ideas that you can share in the setting.



## Introduction





# Breastfeeding

- ingredient quantities for six, 25 and 60 children's serves (quantities can also be used as a guide for easily adjusting your own recipes depending on the number of serves)

As well as the four resource books (*Director/Coordinator Book, Staff and Carer Book, Family Book and Cooking for Children*) there are additional materials, such as posters and stickers for the setting, flyers for parents, and newsletter inserts.

The food provided for children in early childhood settings plays an important role in ensuring that children get enough nutrition for healthy growth and development, and helps with forming a foundation for healthy eating throughout life. The information in this book will act as a guide for assisting children and families to get up and grow!



Food is a very important part of children's social life and development. *Cooking for Children* is designed to provide a range of eating opportunities and to make healthy eating enjoyable. *Cooking for Children* includes information on:

- the types of food suitable for children of different ages
- easy-to-use recipes with different ingredient options (to allow the use of available ingredients)
- choosing suitable recipes for children with allergies or intolerances
- kitchen and general food preparation hygiene.

## HEALTHY EATING GUIDELINE

Exclusive breastfeeding is recommended, with positive support, for babies until around six months. Continued breastfeeding is recommended for at least 12 months – and longer if the mother and baby wish.

Breastmilk is the ideal food for young babies. Babies need **only** breastmilk (or infant formula if breastfeeding is not possible) for around the first six months, with breastfeeding ongoing until 12 months of age, and longer if mother and baby wish. Your workplace should encourage mothers to offer breastmilk to their babies where possible. Until a baby starts on solid foods, there is no need for any food preparation – however, you may be required to handle breastmilk.

## Safe handling of breastmilk

Babies should only drink breastmilk that has come from their own mother. Care is needed to ensure that breastmilk is kept in the best condition for the baby to drink. It is also important to make sure that breastmilk doesn't come into contact with other food or drink.







**Labelling and storage**

- Breastmilk that is not used on the day and is brought from home should be discarded at the end of the day.
- Breastmilk should be brought to the early childhood setting:
  - in sterilised plastic bottles, and in an insulated container
  - labelled with the name of the child, and the date to be used.
- Bottles should be placed in a non-spill tray on the lowest shelf of the refrigerator. This is to make sure that if knocked or spilled, breastmilk does not drip onto other food.

**Heating breastmilk**

Babies can drink breastmilk straight from the refrigerator, however if a baby prefers warm milk:

- Heat the milk by standing the bottle in warm water.
- Always check the temperature of the milk before giving it to a baby.
- Do not warm the milk in the microwave, as often this does not heat the milk evenly and can cause burns. Also, microwaving breastmilk may destroy some of its natural benefits.
- Discard any leftover breastmilk that has been heated, or any milk that is left in a bottle after a feed. This cannot be saved for later or rewarmed.



**Protocols for breastmilk**

When it is time to give a baby breastmilk from the fridge:

- Ensure that two staff members have checked that the name on the bottle is correct for the baby who is to be fed.
- Sign the baby's feeding record.
- Offer the breastmilk in the sterilised plastic bottle or cup provided by the mother. Some families will choose to feed their babies with bottles, while others may choose to have the expressed breastmilk offered in a cup. Babies are usually ready to drink from a cup at around seven or eight months of age.
- If a baby is given the milk of another mother, or if you think this might have happened, **notify your director or manager immediately.**



## Infant formula



### HEALTHY EATING GUIDELINE

If an infant is not breastfed, is partially breastfed, or if breastfeeding is discontinued, use an infant formula until 12 months of age.

Although breastmilk is best, if breastfeeding isn't possible, infant formula is the only safe alternative. Until babies are 12 months of age, infant formulas should be the main drink given to babies who have either ceased breastfeeding or are partially breastfed. Infant formula should be prepared according to the manufacturer's directions and given to babies in a clean bottle or cup.

### Safe handling of bottles and formula in the early childhood setting

Parents should provide sterilised bottles and teats, as well as pre-measured powdered formula, each day. These need to be labelled clearly with the date, the child's name and the amount of water with which it is to be mixed. Water for infant formula should be prepared by bringing a fresh kettle or jug of water to the boil and allowing it to boil for 30 seconds (or, for an automatic electric kettle, until the cut-off point). Water should then be cooled before use. Infant formula should always be prepared as close as possible to the time it is needed. It is safest to prepare feeds individually, and not in bulk.

It is not safe for parents to provide already prepared infant formula – this is to avoid the small risk of bacteria growing in the pre-prepared formula and causing illness.



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Your setting may prefer that parents bring bottles already filled with the correct amount of pre-boiled and cooled water. This saves staff and carers from having to boil and cool water before feeding each baby.

When making bottles of formula, remember the following:

- Water from water boiling units is not suitable for young children.
- Infant formula should be prepared as close as possible to the time of its consumption.
- If formula needs to be stored after it has been mixed, store it in the refrigerator until use and do not keep it longer than 24 hours.
- Don't add anything extra to infant formula. Adding infant cereal or other ingredients can interfere with babies' feeding.
- Do not warm bottles of formula in the microwave. Heat bottles in a water bath, for no longer than 10 minutes. This will heat the bottle evenly and reduce the risk of burning the baby.
- After use, rinse all bottles and teats in cold water and send them home to be washed and sterilised.

### Cow's milk

Cow's milk should not be given to babies as a main drink until they are around 12 months of age. Small amounts of cow's milk can be used in mixed foods prepared for babies. Low-fat and reduced-fat milks are not recommended for children under the age of two years.

# Introducing solids

## HEALTHY EATING GUIDELINE

Introduce solid foods at around six months.

### When to introduce solids

It is strongly recommended that solids are not introduced until around six months of age. There are many benefits to introducing new foods whilst still continuing to breastfeed, and breastfeeding should continue for at least the first 12 months of a baby's life. Breastfeeding can continue beyond 12 months if the mother and baby wish. Babies who have infant formula



should also continue to have formula while solids are being introduced, and up until they are 12 months of age.

**'It is strongly recommended that solids are not introduced until around six months of age.'**

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## Section 1: Healthy Eating

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### Preparing first foods for babies

When you prepare first foods for babies, keep these points in mind:

- There is no need to add salt, sugar or other flavours.
- Plain water can be added if extra liquid is needed.
- Breastmilk or infant formula can be added, but only when individual meals are being made for each child. Remember that breastmilk provided by a mother is only to be given to her own baby.
- For most babies, first foods should be smooth, lump-free and similar thickness to custard.
- Babies should be fed only smooth foods at first. Their eating skills will quickly develop and they can then progress to mashed, minced or finely shredded foods.
- As long as iron rich foods are included in first foods, foods can be introduced in any order and at a rate that suits the infant.
- Any food served to babies but not eaten should be discarded.

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What foods to introduce

Stage	Examples of foods that can be consumed
First foods (from around six months)	Iron rich foods, including fortified cereals (e.g. rice), vegetables (e.g. legumes, soy beans, lentils), fish, liver, meat and poultry, cooked plain tofu
Other nutritious foods to be introduced before 12 months	Cooked or raw vegetables (e.g. carrot, potato, tomato), fruit (e.g. apple, banana, melon), whole egg, cereals (e.g. wheat, oats), bread, pasta, nut pastes, toast fingers and rusks, dairy foods such as full-fat cheese, custards and yoghurt
From 12 to 24 months	Family foods Full-cream pasteurised milk

**Note 1:** Hard, small, round and/or sticky solid foods are not recommended because they can cause choking.

**Note 2:** To prevent botulism, do not feed honey to infants aged under 12 months.

Nuts and other hard foods

Foods with a high risk of choking such as whole nuts, seeds, raw carrot, celery sticks and chunks of apple should be avoided for the first three years as their size and/or consistency increases the risk of inhalation and choking. However nut pastes and nut spreads can be offered to infants from around six months of age.

Progressing to feeding from a cup

Babies can learn to use a cup from an early age, and are usually ready to try from around seven months. For some babies, this will be a progression from bottle-feeding to cup-feeding, while breastfed babies may skip using a bottle completely and start using a cup, often while continuing to breastfeed.

Breastmilk can be offered to babies from a cup if the mother has expressed milk and has chosen not to bottle-feed. Cooled boiled water can be offered as an additional drink in a bottle or cup after six months of age.

'Babies can learn to use a cup from an early age...'

Although water is sometimes offered in a bottle after six months, it is best to use a cup. By around 12 to 15 months of age (or earlier for formula fed babies) most babies can manage a cup well enough to satisfy their own thirst, and the bottle can be stopped. Babies who continue to drink from the bottle well into the second year may drink a lot of milk and have a reduced appetite for other foods – which increases the likelihood of a baby becoming iron-deficient.

Babies do not need sweet drinks such as cordial, soft drink and fruit juice. These should never be offered, especially not from a bottle. Sweet drinks can reduce a baby's appetite for nutritious foods and increase the risk of dental decay. Until 12 months of age, breastmilk or formula should be the main drink for babies.





## Family foods

### Introduction to family foods for children

Establishing good eating habits early in life and having a balanced diet is essential for children's health and wellbeing. As someone who prepares and cooks food for children, you have the opportunity to positively influence what foods children eat, as well as their eating behaviours. This contributes to their development of good habits and good health in both childhood and later life.



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### Choking risks for babies

Babies must be supervised at all times when eating, because choking can easily occur. Babies should never be put in a cot or bed with a bottle. Propping up a bottle for a young baby or leaving a baby unsupervised when feeding puts them at risk of choking.

It is common for children to 'gag', with coughing or spluttering, while they are learning to eat. This is different to choking and is not a cause for concern. However, choking that prevents breathing is a medical emergency.

To reduce the risk of choking:

- Supervise babies whenever they are feeding.
- Offer foods that are suitable for the child's eating abilities. Start with smooth and soft food, then progress to family food.
- Grate, cook or mash apple, carrots and other hard fruits or vegetables before offering them to young children.
- Do not serve young children pieces of hard, raw fruits and vegetables, nuts, popcorn, corn chips or other hard, small, round and/or sticky solid foods.
- Never force a baby to eat.

#### Special feeding needs

Introducing solids for some children may be delayed, and their acceptance of solids and progression with different textures may be slower. It is important to discuss issues related to children's eating with parents, and work out a shared plan that meets the child's needs.

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**HEALTHY EATING GUIDELINE**

Make sure that food offered to children is appropriate to the child's age and development, and includes a wide variety of nutritious foods consistent with the *Australian Dietary Guidelines* (see below).

**Australian Dietary Guidelines**

<b>Guideline 1</b>	<p>To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.</p> <ul style="list-style-type: none"> <li>Children and adolescents should eat sufficient nutritious foods to grow and develop normally. They should be physically active every day and their growth should be checked regularly.</li> <li>Older people should eat nutritious foods and keep physically active to help maintain muscle strength and a healthy weight.</li> </ul>
<b>Guideline 2</b>	<p>Enjoy a wide variety of nutritious foods from these five groups every day:</p> <ul style="list-style-type: none"> <li>plenty of vegetables, including different types and colours, and legumes/beans</li> <li>fruit</li> <li>grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley</li> <li>lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans</li> <li>milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of two years).</li> </ul> <p>And drink plenty of water.</p>



<b>Guideline 3</b>	<p>Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.</p> <p>a. Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.</p> <ul style="list-style-type: none"> <li>Replace high fat foods which contain predominantly saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods which contain predominantly polyunsaturated and monounsaturated fats such as oils, spreads, nut butters/pastes and avocado.</li> <li>Low fat diets are not suitable for children under the age of two years.</li> </ul> <p>b. Limit intake of foods and drinks containing added salt.</p> <ul style="list-style-type: none"> <li>Read labels to choose lower sodium options among similar foods.</li> <li>Do not add salt to foods in cooking or at the table.</li> </ul> <p>c. Limit intake of foods and drinks containing added sugars such as confectionary, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.</p> <p>d. If you choose to drink alcohol, limit intake. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option.</p>
<b>Guideline 4</b>	Encourage, support and promote breastfeeding.
<b>Guideline 5</b>	Care for your food; prepare and store it safely.

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### The basic food groups

The *Australian Guide to Healthy Eating* puts all foods into groups, based on the nutrients that they provide. The basic food groups provide the nutrients necessary for good health and everyday living.

The food groups are:

- Vegetables and legumes/beans
- Fruit
- Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
- Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
- Milk, yoghurt, cheese and/or alternatives, mostly reduced-fat (reduced-fat milks are not suitable for children under the age of two years)

Foods from the basic food groups are often called 'everyday foods'. It is important to choose most of the foods eaten each day, whether meals or snacks, from these food groups. Most foods offered at meals can also be offered as snacks. Common suitable snacks include bread or cereals, fruit, vegetables, milk, cheese and yoghurt.

'Discretionary choices' or 'occasional foods' (see page 23) on the other hand have little nutritional value and are not essential for good health. Eating discretionary choices can reduce a child's appetite for foods from the food groups.







### Fruit

Offer fruit each day as a snack or second course. Choose a variety of fruit each week, including fruit that is in season as well as frozen or canned fruit. Most children will enjoy a fruit salad or a fruit platter.

### Milk, yoghurt, cheese and/or alternatives

Plain milk, cheese and yoghurt are the most common dairy foods. Cow's milk should not be given as a main drink to infants before 12 months of age. It can however be used in small amounts in other foods from around six months such as in breakfast cereal, and other dairy products such as yoghurts, custards and cheese can be offered. Full-cream plain milk is recommended for children aged one to two years, and reduced-fat plain milk is suitable for children over the age of two years. Cream and butter are not adequate sources of calcium and are not included as everyday foods.

Try to offer a serve of milk, cheese or yoghurt at each meal or snack. This could be:

- a fruit smoothie
- yoghurt
- a glass of milk
- cheese served with a fruit or vegetable platter, bread or biscuits.
- milk or cheese used in cooking – for example in custard or a pasta dish.

Children over 12 months of age who do not drink cow's milk or cow's milk products can have a calcium-fortified soy drink instead. Rice and oat milks can be used after 12 months of age if calcium enriched and full fat. Health professional supervision is recommended.

important to consider the basic food groups and a few specific nutrients such as iron, calcium and vitamin C.

### Breads, cereals, rice, pasta and other grains

Offer a variety of bread, cereal, rice, pasta or other grains (such as couscous or polenta) each day. Try different kinds of breads such as wholemeal bread, wholegrain bread, bread rolls, Lebanese bread, pita bread and English muffins.

### Vegetables and legumes

Include one or more serves of vegetables in each main meal. Offer a variety of vegetables, choosing different colours and textures. Include cooked vegetables as well as salad vegetables. Be careful to avoid choking risks and do not serve raw, hard vegetables to young children.

Three meals and two snacks a day is ideal for young children; children who may not have an evening meal until very late may need a small snack late in the afternoon. Snacks are just as important as meals to children's nutrition.

Be sure to offer a wide variety of foods, and include traditional foods from various cultures in your menus (see the recipe section for a few ideas). Invite families to share their traditional or favourite recipes. Be mindful of food allergies when introducing new recipes, and check carefully before adding them to your menu – you may need to modify some recipes. Whether you are preparing meals and snacks for a large number of children in an early childhood setting or for just a few children at home, it is







**Lean meat, fish, poultry and/or alternatives**

Offer one children's serve of meat, or an alternative, in the midday and evening meal. This can be:

- lean red meat such as beef, lamb and kangaroo
- lean white meat such as chicken, turkey, fish, pork and veal
- protein-rich vegetarian foods such as eggs, cheese, legumes (including kidney beans, chickpeas and lentils), nuts and tofu.

**Iron-rich foods**

When serving white meat or vegetarian dishes, offer an extra serve of another food containing iron with the main meal. This is important because white meat, grains and vegetables provide small amounts of iron compared to red meat. Other foods which provide some iron include:

- wholemeal bread
- vegetables such as spinach, broccoli and cauliflower
- beans such as baked beans and lentils.



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**Vitamin C-rich foods**

Offer a vitamin C-rich fruit or vegetable with every white meat or vegetarian meal, because vitamin C helps the body absorb iron. Vitamin C-rich foods include:

- broccoli, cauliflower, peas, tomato and capsicum
- citrus fruit, kiwi fruit, rockmelon and strawberries.

**'Discretionary choices'**

'Discretionary choices' are not included in any of the basic food groups, and are generally high in kilojoules, saturated fat, added sugars and/or salt. They typically have very little nutritional value and are often processed and packaged. There is no need to offer discretionary choices on a regular basis.

**'There is no need to offer discretionary choices on a regular basis.'**

Examples of discretionary choices include:

- chocolate and confectionary
- sweet biscuits, chips and high-fat savoury biscuits
- fried foods
- pastry-based foods such as pies, sausage rolls or pasties
- fast food and takeaway foods
- ice cream, cakes and some desserts
- soft drinks, fruit drinks, cordials, sport drinks, energy drinks, flavoured milk and flavoured mineral waters.

COOKING FOR CHILDREN

#### HEALTHY EATING GUIDELINE

Provide water in addition to age-appropriate milk drinks. Infants under the age of six months who are not exclusively breastfed can be offered cooled boiled water in addition to infant formula.

Water is essential for many important bodily functions including digestion, absorption of nutrients and elimination of waste products. Babies under six months who are not exclusively breastfed can be offered cooled boiled water. From six to 12 months, cooled boiled water can supplement breastmilk or formula. For children one to five years, water and cow's milk should be the main drinks offered.

Children should have access to drinking water at all times during the day. Where available, offer clean, safe tap water to children – purchasing bottled water is generally not necessary. Plain milk is also important, as it provides a good source calcium.

**'Children should have access to drinking water at all times...'**



Sweet drinks are not part of a healthy diet because they do not provide much nutrition and can fill children up, resulting in a decreased appetite for more nutritious foods. Sweet drinks can also contribute to tooth decay and weight gain. It is important to avoid giving children sweet drinks, such as soft drink, flavoured mineral water, flavoured milk, cordial, fruit drinks and fruit juice.



## Planning meals

It is important to plan ahead when preparing meals for children, so that a variety of food is offered. Planning ahead also helps with shopping for ingredients and budgeting.

### Developing a menu

Developing a menu will make planning and preparing meals much easier. A sample menu has been included on pages 34 and 35. To develop your own menu follow these steps, referring to the sample menu as you go.

#### 1. Decide on the number of days your menu will cover.

It is generally easier to plan a 'cycle' menu, or a menu that is repeated over a period of time, than to come up with a large number of 'one-off' meals and snacks. Having a planned cycle reduces the time you spend on planning and ordering. Depending on your setting and its requirements, a three- or four-week menu may be needed for variety. If the majority of children attend only occasionally, a shorter cycle may work, although it still needs to be varied. If using a shorter cycle, consider a six- or seven-day menu to ensure children are offered a variety of food each time they attend care.

Refer to the sample menu on pages 34 and 35, which is a 10-day or two-week menu.



### 2. Decide whether you will offer one or two courses at lunchtime.

Refer to the sample menu on pages 34 and 35, which offers two courses at lunchtime.

If you decide to offer one course, additional food may be needed at snack times.

### 3. Draw up a chart on a piece of paper or on the computer.

Make sure you have enough columns to cover the number of days that will be in your menu cycle, and enough rows for the snacks and the number of courses each day.

Refer to the sample menu on pages 34 and 35. Across the top of the page are the column names. Since this is a two-week menu it consists of two pages, with a column for each of the ten days. Down the left side are five rows for the snacks and main courses scheduled in each day.



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### 4. Review your recipe collection and think about meal ideas.

When you review your collection of recipes, think about what is in season. Seasonal items often taste better and are usually much cheaper. Each midday and evening meal needs to include the following for each child:

- one serve of lean meat, poultry, fish or an alternative
- one serve of bread, cereal or grains
- one or two serves of vegetables.

Refer to the sample menu on pages 34 and 35. This menu includes a variety of foods from each of the food groups.



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### 5. Start filling in your table with meal ideas.

- Start with the dish that has the main source of protein (meat, fish, chicken or an alternative such as eggs or legumes). For example, a lamb curry has meat as the source of protein, a tuna bake has fish, and lentil soup has legumes as the protein source.
- Add foods that will go well with the main dish, and aim for a variety of colours. For example, is a green or orange vegetable needed because there are none in the main dish? Will the dish be served with rice, noodles or bread?
- If you offer a second course, choose foods that complement the main dish. Generally, fruit-based and/or milk-based second courses are the best choices.
- Make sure there is a variety of types of dishes over the week. A variety of flavours, colours and cooking styles will add to the appeal of the meal.

Refer to the sample menu on pages 34 and 35. Throughout the cycle, there are various foods from each of the food groups.

### 6. Add snacks to the menu table.

You might have regular snack choices – for example, fruit at morning tea time, plain dry biscuits or a sandwich in the afternoon. You may want to consider varying this slightly. Some alternatives include canned fruit with yoghurt, a fruit smoothie, fruit with ricotta dip, steamed vegetable sticks with dip, or small pieces of corn on the cob. Occasionally, you may decide to offer baked items such as banana bread or pikelets.

For snacks, aim for one or two serves from a combination of:

- fruit
- vegetables
- milk, cheese, yoghurt or alternatives
- breads, cereal and grains.

Refer to the sample menu on pages 34 and 35.

Morning tea includes a snack that takes only a little preparation time. Some afternoon tea snacks require baking or longer preparation time.

### 7. A few more things to consider...

Before you finish your menu, there are a few things to check, such as:

- The logistics and timing of the food preparation. For example, do not plan something baked for afternoon tea if you will need to use the oven for lunch, as there may not be enough time for both. Or be sure to plan dishes that need only a short preparation time for days when you will be grocery shopping.
- Consider swapping days when you repeat the menu. Offering dishes on different days of the week gives variety to children who only attend on certain days.

**'A variety of flavours, colours and cooking styles will add to the appeal of the meal.'**





### Vegetarian and vegan eating practices

Some families follow vegetarian eating practices. Usually, this means they avoid eating animal products such as meat, poultry and fish. Some vegetarians do eat animal-related products such as eggs, milk, cheese and yoghurt.

It is especially important for vegetarians to eat a variety of legumes, nuts, seeds and grain-based foods, as they provide the nutrients that would otherwise be provided by meat, poultry and fish. Be careful with offering nuts and seeds, as they are a choking risk for young children.

Vegan eating practices exclude all foods which have an animal origin, such as milk, cheese and eggs, as well as meat, poultry and fish. It is very difficult to meet children's need for nutrients with vegan eating practices, as the amount of food needed to supply sufficient nutrients may be too large for the child to manage. Families should plan carefully for a child on a vegan diet, and it may not be possible for a setting to offer meals and snacks for children who are vegans.

### Religious and cultural practices

It is important to consider and respect the values of families, including those from culturally and linguistically diverse backgrounds. Some children and settings will follow religious and cultural beliefs that guide eating practices, for example Kosher or Halal. Settings that adopt particular practices such as these can still follow the nutrition guidelines previously described. Some parents may choose to provide food from home for their children – information on providing food from home can be found in the *Family Book* and the *Staff and Carer Book*.

### Recommended serving sizes for toddlers and pre-schoolers

The following tables provide the recommended minimum number of serves and serve sizes from each of the five food groups that children need for good health. The 'serve size' is a fixed amount and can be used to work out the total amount of food required on average each day. The 'portion size' is how much a child actually eats. This will depend on their age and energy needs, as well as their appetite on a given day. At meals and snacks over the day, provide a variety of foods from all the food groups.





**'I'm still hungry'**

Children's appetites will vary and they will eat more on some days and less on others. It is important to have extra food available if a child is still hungry at the end of a meal or snack. Extra servings of the main meal or a part of the main meal can be offered, if available. If not available, offer a piece of fruit or one or two crackers.



**Ordering and shopping**

**How much food do I need to buy?**

Plan your meals and snacks at least one week ahead of time. Refer to your menu and write down all of the ingredients you will need for the week. Check the cupboards to see what you already have, then prepare a shopping list and purchase everything else that you will need. It is often cheaper to buy in bulk, so you may want to buy non-perishable foods in larger quantities, and just stock up on any fresh food each week.

Food group	Australian Dietary Guidelines standard serve size
Breads and cereals	1 slice bread or ½ cup breakfast cereal or ½ cup cooked rice or ½ cup cooked pasta
Vegetables	½ cup vegetables – include 2 or 3 different types
Fruit	1 cup fresh or stewed fruit or 2 small pieces of fruit (for example apricot, kiwi fruit, plum) or 1 medium sized fruit (for example apple, banana, orange) or an equivalent amount of 2 or 3 different fruits
Dairy and alternatives	250 ml milk or 40g cheese or 200g yoghurt or 250ml calcium-fortified soy milk
Meat and alternatives	65g cooked lean red or 80g white meat or 100g cooked fish or 1 cup cooked legumes (for example baked beans, chickpeas) or 2 eggs

**Serve amounts per day by age of child**

Food group	13 – 23 months	2 – 3 years	4 – 8 years
Breads and cereals	4	4	4
Vegetables	2-3	2½	4½
Fruit	½	1	1½
Dairy and alternatives	1-1½	1½	1½ (girls); 2 (boys)
Meat and alternatives	1	1	1½

For further information on serve amounts for different age groups visit [www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)



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Snack or course	Sample Menu Day 1	Sample Menu Day 2	Sample Menu Day 3	Sample Menu Day 4	Sample Menu Day 5
Morning tea	• Fresh fruit	• Raisin toast	• Fresh fruit	• Wholemeal toast with spreads	• Raisin toast
Drink	• Milk or water	• Milk or water	• Milk or water	• Milk or water	• Milk or water
First course for lunch	• Beef Stroganoff • Couscous • Pumpkin, peas and broccoli	• Chicken and vegetable stirfry • Rice	• Sweet potato and chickpea patties • Turkish bread • Mixed salad	• Lasagne • Pita bread • Peas and broccoli	• Baked chicken risotto • Green salad
Drink	• Water	• Water	• Water	• Water	• Water
Second course for lunch	• Stewed apple • Custard	• Fresh fruit • Yoghurt	• Stewed apricots • Yoghurt	• Fresh fruit	• Apple sponge • Custard
Afternoon tea	• Pita bread with hommus	• Fruit smoothies	• Pikelets • Berries	• Scones with fruit jam	• Fresh fruit • Yoghurt
Drink	• Milk or water	• Milk or water	• Milk or water	• Milk or water	• Milk or water

Snack or course	Sample Menu Day 6	Sample Menu Day 7	Sample Menu Day 8	Sample Menu Day 9	Sample Menu Day 10
Morning tea	• Cheese and biscuits	• Fresh fruit	• Wholemeal English muffin with spreads	• Raisin toast with ricotta cheese	• Fresh fruit
Drink	• Milk or water	• Milk or water	• Milk or water	• Milk or water	• Milk or water
First course for lunch	• Creamy tuna pasta • Mixed salad	• Vegetable stir fry with broccoli, egg and tofu	• Lamb with minted peas • Polenta • Carrots, corn and peas	• Pea and chicken frittata • Wholemeal bread	• Chilli con carne with rice and cheese • Tortilla • Green salad
Drink	• Water	• Water	• Water	• Water	• Water
Second course for lunch	• Fruity bread pudding	• Fresh fruit • Yoghurt	• Fruit kebabs • Yoghurt dip	• Fruit salad	• Canned pears • Custard
Afternoon tea	• Fresh fruit	• Cheese and corn muffins	• Banana bread	• Steamed vegetable sticks • Tzatziki dip	• Pikelets • Fresh fruit
Drink	• Milk or water	• Milk or water	• Milk or water	• Milk or water	• Milk or water

GET UP & GROW: HEALTHY EATING AND PHYSICAL ACTIVITY FOR EARLY CHILDHOOD

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**Breakfast**

Breakfast is an important meal. Starting each day with breakfast is important in establishing a healthy eating routine.

If children don't eat breakfast:

- it is more difficult for them to control their behaviour and enjoy their day
- it is very difficult for them to get enough nutrients for the day
- they become hungry later in the day, so are more likely to eat less nutritious snack foods
- it is more likely that they will be overweight or obese.

Breakfast can be simple and nutritious, and does not have to be costly or involve a lot of preparation. Even if your setting does not offer breakfast, it is useful to have some breakfast foods available for children who arrive without having eaten. If you find that many children are arriving without having had breakfast, you may want to consider adding breakfast to your daily menu or encouraging families to supply breakfast for their children.

Some healthy and quick breakfast options include:

- wholegrain cereal, milk and fruit
- porridge with fruit and a glass of milk
- yoghurt with fruit, or a fruit smoothie
- toast or a crumpet with cheese and slices of fruit
- pikelets topped with ricotta and fruit.

The following foods will keep well in the cupboard, fridge or freezer, and are used in many recipes.

**Dry ingredients**

- Wholemeal plain flour
- Wholemeal self-raising flour
- Pasta, spaghetti and noodles
- Rice
- Dried beans, chickpeas and lentils
- Dried milk powder

**Frozen foods**

- Peas
- Corn
- Mixed vegetables

**Refrigerator foods**

- Eggs

**Fresh foods**

- Onions
- Garlic

**Other**

- Olive oil
- Canola oil
- Long-life/UHT milk
- Dried herbs and spices

**Canned foods**

- Canned tomatoes
- Canned fruit (in natural juice)
- Canned tuna (in springwater)
- Dried or canned beans, chickpeas and lentils
- Baked beans
- Canned evaporated milk

# Food Safety

Allergies, choking and food handling

## Introduction to food safety

Food safety is an important consideration when providing food to children. This includes safety in all aspects of preparing and serving food, such as managing any risks of choking, avoiding allergic reactions, sensitivities and intolerances, and ensuring that food is not contaminated.



**'Food allergies are caused by a reaction of the immune system to a protein...'**

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## Section 1: Healthy Eating

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## Allergies and intolerances

Some children may have adverse reactions to certain foods. The cause of such reactions may be an allergy or intolerance to that food. Allergies and intolerances are not the same thing. Food intolerance is far less severe than an allergy. How each should be managed in the individual childcare settings is different.

### Food allergies

Food allergies are caused by a reaction of the immune system to a protein in a food. The most common sources of food allergy in children under five are cow's milk, soy, eggs, peanuts, tree nuts, wheat, sesame, fish and shellfish. Food allergies occur in around one in every 20 children, and some of these allergies are severe. Ensuring that children avoid exposure to any foods they are allergic to is the only way to manage food allergies.

As the person responsible for preparing food, it is your role to ensure that children with allergies are not exposed to a 'trigger' food or foods. When a child with a known food allergy is enrolled with your setting, the child's parents will provide medical information and work with staff and carers in the setting to develop an allergy management plan. In addition to a risk management plan, the setting will need:

- the name of the child and a photo
- details of all allergies and trigger foods
- details of a first aid or anaphylaxis management plan, co-written by parents and the setting's director or coordinator.

COOKING FOR CHILDREN



If an allergy is severe, it may be decided that the child will only eat food brought from home. This will need to be decided when the child is enrolled.

Refer to the Australasian Society for Clinical Immunology and Allergy (ASCIA) website for more information on allergy management plans: [www.allergy.org.au](http://www.allergy.org.au)

**'Trigger foods should never contaminate any food that is to be served to children with allergies.'**

**Food intolerance**

Reactions from food intolerance are usually less severe than allergic reactions, and require a larger dose of food. Parents will usually provide early childhood settings with strategies for minimising their child's exposure to particular foods.

Remember, you must be confident that the food you are preparing for each child is safe.



COOKING FOR CHILDREN

Trigger foods should never contaminate any food that is to be served to children with allergies. If a meal provided by the setting is to be eaten by all the children, including a child with a certain allergy, it should not contain any ingredients that pose any risk. Meals made with ingredients that state 'May contain traces of nuts' on the label should never be given to a child with a nut allergy, unless the child's family has specified particular foods that are safe for their child.

Keep all food preparation areas clean and wash all utensils carefully, especially if you have been working with a known trigger food.

Some settings will choose to leave trigger foods off their menu completely. This is not always necessary, and should only be considered upon written recommendation from an appropriate medical professional. Refer to your setting's allergy management policy for specific details.



GET UP & GROW: HEALTHY EATING AND PHYSICAL ACTIVITY FOR EARLY CHILDHOOD





### Choking risks for toddlers and young children

Young children's teeth and chewing skills are still developing. They have small airways, and food that is inhaled or ingested can sometimes easily lead to blockage of the airway. Because of this, children should always be seated and supervised while eating.

Particular food items pose greater choking risks to young children, and extra care should be taken with these foods. Hard, small, round and/or sticky solid foods are not recommended because they can cause choking and aspiration.

#### Common foods that may cause choking include:

- hard food that can break into smaller lumps or pieces
- raw carrot, celery and apple pieces, which should be grated, finely sliced, cooked or mashed to prevent choking
- nuts, seeds and popcorn
- tough or chewy pieces of meat
- sausages and hot dogs, which should have the skin removed and be cut into small pieces to prevent choking.

Hard lollies and corn chips also present a choking risk, but these should not be offered in the setting as they are discretionary choices.

**'...food that is inhaled or ingested can sometimes easily lead to blockage of the airway.'**

### Safe handling of food

Young children's immune systems are still developing, so it is particularly important that food safety guidelines are followed whenever preparing food for them.

Contamination in food can include:

- foreign bodies – hair, pieces of metal or other objects accidentally picked up during the preparation and cooking process
- chemicals from the food production process, or cleaning materials
- natural contaminants, such as toxins
- contamination from pests
- bacteria.

#### Unsafe food and children

Children are more likely than adults to become ill from eating unsafe food. In early childhood settings, the larger the number of children being fed, the larger the risk of contamination. This is because it is more difficult to handle larger quantities of food safely.





**Bacteria in foods**

There are bacteria present in most foods, and food spoilage is often caused by bacteria. Bacteria often make food inedible and unpleasant, but are not always harmful. Some bacteria, called pathogens, are harmful and can cause food poisoning or gastro-enteritis.

Symptoms include nausea, vomiting, diarrhoea and stomach cramps. Different bacteria cause different illnesses – some are short-term and quite mild, while others are more serious and may include dehydration and require hospitalisation for treatment.

Food poisoning is especially serious when it occurs in children and elderly people because their immune systems are more vulnerable and they become dehydrated more easily.

**Preventing gastro-enteritis**

The most common cause of gastro-enteritis is viral illness passed on through contact between people, rather than through food. Good hygiene, particularly hand-washing, is extremely important to limit the spread of viral gastro-enteritis.

**'Food poisoning is especially serious when it occurs in children...'**



**High-risk foods**

Foods that allow the easy growth of bacteria are those that are moist and contain a lot of nutrients. These foods, called 'high-risk' foods, include milk, meat, fish and eggs, as well as any dishes containing these ingredients. Cooked rice also allows some bacteria to grow. If these foods are left out of the refrigerator for long periods of time, they will spoil and not be edible. However, they will only cause illness if they contain harmful pathogenic bacteria. Following the correct cooking and storage procedures will help to keep food safe, by controlling any conditions that could otherwise allow bacteria to reproduce and grow to large numbers.

**Low-risk foods**

Foods unlikely to encourage bacterial growth, or 'low-risk' foods, include uncooked pasta and rice, biscuits, packaged snack foods, lollies and chocolates. These packaged foods can be kept safely for long periods of time without refrigeration. Canned food is safe while the can is still sealed, but once opened the food may become high-risk. Lollies, chocolates and many packaged snack foods are discretionary choices, and are not suitable for settings.





### Preparing food safely

There are a number of factors to consider when ensuring that food is safe.

#### Sourcing food

- Buy food from trusted suppliers.
- Buy fresh foods from places where turnover is high.
- Make sure that packaging is unbroken and products are within their use-by date.
- Transport high-risk foods quickly or in cool containers.

#### Food storage

- Protect low-risk foods by placing them in sealed containers once packages have been opened.
- Keep high-risk foods refrigerated before cooking, or until they are ready to be eaten.
- Place any cooked high-risk foods back in the refrigerator if they are not being eaten straight away.

### Food preparation

- Always wash hands before handling any food. Wash them again after touching your hair, wiping your nose or a child's nose with a tissue, sneezing, going to the toilet, assisting a child with toileting, changing a nappy or touching other items that may carry bacteria.
- Use separate cutting boards for raw meat and fish, cooked items such as meat and vegetables, and fruit and sandwiches. Colour code boards to ensure that they are used only for the right foods.
- Wash knives after use with uncooked meat and fish, and before use with any foods that are ready to be eaten.
- Ensure food is cooked or reheated to the correct temperature.

### Food preparation with children

- Ensure that children always wash hands before handling any food.
- Supervise children at all times while in the kitchen.
- Take care to avoid any injuries from sharp knives and hot surfaces.



COOKING FOR CHILDREN







### Serving food safely

It is important that both adults and children understand some basic rules for serving food in a hygienic way. Some key points include:

- Children and adults should wash hands before eating.
- Tongs and spoons should be used for serving food. By providing child-sized serving utensils, children can be encouraged to be independent while still maintaining safe food-handling practices.
- All food served to the table or individual plates should be discarded if uneaten, rather than served later.
- Any food not served from the kitchen can be covered and refrigerated, then reheated and served later. Food already reheated cannot be heated again – for example, a curry cooked the day before and refrigerated, then reheated and served the next day in the setting cannot be reheated again and served later.
- Children should not share bowls or utensils, or eat from each other's plates or cups.
- Food dropped on the floor should not be eaten.

### Handling kitchen emergencies safely

#### What if the refrigerator breaks down?

You may sometimes be faced with events that are out of your control, such as the refrigerator breaking down. If this happens, change the menu so that you can use the most expensive foods straight away. If the refrigerator is kept closed, it will keep the temperature low for some time. It may be worth buying some ice to keep food cold, and this gives you time to cook and arrange a refrigerator service and alternative storage if needed.

#### Food safety laws

Most states and territories have separate legal requirements, in addition to regulations for early childhood settings, relating specifically to food safety. In some areas, these may be handled by the local government authority. Some authorities require staff and carers to undertake formal training.

### Reusing food

- Do not reheat cooked food more than once.
- Discard any food served but not eaten.
- Discard any food that was not served but has been out of the refrigerator for more than two hours.
- When reheating food, reheat it to steaming hot, allow it to cool to serving temperature and then serve immediately.

### Kitchen environments

- Keep all kitchen areas clean.
- Check daily that the refrigerator is working and that food is cold.
- Wash dishes between use with hot soapy water and leave them to dry, rather than using a tea towel. Generally, a dishwasher is required for safe washing of children's dishes.



**'Food already reheated ... cannot be reheated again and served later.'**



# Introduction to recipes

You may be able to store the food you cannot use straight away in another refrigerator – a parent’s, for example.

Serve low-risk food items if it is going to be some time before the refrigerator is repaired. Some examples include:

- sandwiches with fillings such as baked beans, peanut butter (if it is allowed in your setting), egg or tuna (cooked or prepared just before needed)
- pasta, rice, onions and canned tomatoes or tuna (all cooked and served immediately)
- canned evaporated or dried milk
- canned or freeze-dried vegetables
- fresh and canned fruit.

Any food not used at a mealtime should be discarded.

### The cook’s day off

Having an extra day’s meal prepared and frozen is good preparation for a planned day off, or days when you are unexpectedly unable to come to work (see the recipe section for recipes which freeze well). Unless the freezer is very large, it may be easier to prepare and freeze items that can be used along with items from the cupboard. For example, frozen pasta sauce can be combined with pasta cooked on the day.

Any frozen food should be used within three months. If the pre-prepared frozen food is not needed within three months, use it on the menu and replace it in the freezer with a freshly-cooked meal.

Sandwiches are time-consuming to prepare for large numbers. A good alternative is baked beans, served with bread or toast.

### Selecting recipes

Choose recipes that include foods from the basic food groups, and avoid those that include ingredients with large amounts of fat, sugar or salt.

Look for recipes that use healthy cooking methods such as stir frying, steaming, baking and grilling. Limit the amount of fats or oils added. Most dishes which use oil can be prepared with much less than recommended, and still work well and taste good.

If you need to increase a recipe to cater for the number of children in your setting, use the children’s serves described on page 32 to make sure you have enough food to offer at least one serve from each relevant food group for each child. Take care when adjusting the quantities of extra ingredients such as onions and garlic, or flavourings like herbs and spices. These will not need to be increased by as much as the main ingredients. The recipes in this book may provide some guidelines for the amount of main ingredients and flavourings needed for different numbers of children.





### Modifying recipes

Many ingredients that may make a recipe high in fat or salt can be swapped for a healthier alternative. The following table provides some suggestions.

Ingredient	Healthier option
Milk	Reduced-fat milk can be used for children over 2 years (Full-cream milk is recommended for children under 2 years)
Cream	Reduced-fat evaporated milk or reduced-fat cream
Sour cream	Natural yoghurt
Coconut milk	Reduced-fat, coconut-flavoured evaporated milk or low-fat coconut milk
Meat	Lean meat
Chicken	Chicken with no skin
Sausage mince	Lean beef or chicken mince
Pastry	Use filo pastry and spray alternate sheets with oil, or only serve pastry on top of a pie
Butter	Polyunsaturated margarine or vegetable oil
Oils	Vegetable-based oils such as olive or canola
Stock	Reduced-salt stock
Salt	Omit completely, and use fresh or dried herbs and spices to boost flavour
Sugar	Limited amounts

### Recipe ideas

The following pages contain recipes that can be prepared both at home or in an early childhood setting. All recipes have been designed to offer a variety of healthy foods to young children.

### Recipe notes

The recipes on the following pages are easy to prepare. Some recipes need longer cooking time, while others require longer preparation time. There are some recipes that you will need to start preparing earlier in the day, or you might like to prepare them the day before.

- Lean cuts of meat and lean mince are recommended anywhere meat is used.
- Skinless chicken thighs are recommended. If using other types of chicken pieces, remove all skin and bones or buy boned, skinless pieces.
- Choose low-salt stocks and sauces where available.
- Where eggs are used, 70g eggs are recommended.
- Suggested cooking times may vary depending on your oven/stove.
- Each recipe has been designed for young children. Quantities are approximate estimates, for serving six, 25 or 60 children as a main meal. Some exceptions are in the second course and snack recipes.
- Measurement abbreviations:
  - tsp = teaspoon (5 millilitres)
  - tbsp = tablespoon (20 millilitres)
  - cup = metric cup (250 millilitres)



## Stir fries

Stir fries are typically cooked in a wok or large flat pan, over high heat. They are a great way to include lots of vegetables in a meal. Stir fries work well with beef, lamb, pork or chicken and a combination of vegetables. To make a vegetarian stir fry, include plenty of vegetables and some protein such as eggs or tofu. Serve stir fries in lettuce cups or on a bed of cooked rice or noodles.



**Beef Mince  
San Choy Bau** (p. 57)



**Vegetable Stir Fry  
with Egg and Tofu** (p. 55)

## Vegetable Stir Fry with Egg and Tofu

\*Not suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Canola oil	½ tbsp	2 tbsp	3 tbsp
Brown onion	1 small	1 large	2 large
Eggs	3	12	30
Cabbage	¼ large	1 large	2½ large
Baby corn	1 cup	4 cups	10 cups
Red capsicum	1	4	10
Broccoli florets	1 cup	4 cups	10 cups
Firm tofu	200g	800g	2kg
Soy sauce	2 tbsp	3 tbsp	125ml
Hokkien noodles	300g	1.2kg	3kg

### Method

1. Cook noodles according to packet instructions.
2. Beat eggs with fork and pour into hot wok or non-stick pan. Cook to form a thin omelette, then set aside.
3. Peel and finely dice onion.
4. Wash vegetables and slice into pieces of similar size (discarding capsicum seeds and stalk).
5. Drain baby corn and slice in half.
6. Heat oil in pan, add onion and garlic, and gently cook until brown.
7. Add all vegetables and soy sauce. Stir and cook until vegetables are soft and tender.
8. Cut cooked egg into strips. Cut tofu into small blocks.
9. Add egg and tofu to pan. Stir for 2 to 3 minutes to heat through.
10. Serve with hokkien noodles.

🌱 Dairy free 🌱 Gluten free 🌱 Vegetarian 🥚 Egg free



## Chicken and Vegetable Stir Fry

\*Not suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Canola oil	½ tbsp	2 tbsp	3 tbsp
Crushed garlic	1 clove	2 cloves	3 cloves
Chicken thigh fillets (skinless)	350g	1.5kg	3.5kg
Cabbage	¼ small	1 small	2½ small
Carrot	1 medium	4 medium	10 medium
Red capsicum	1	4	10
Zucchini	1 medium	4 medium	10 medium
Sweet chilli sauce	2 tbsp	3 tbsp	125ml
Rice (uncooked)	1 cup	4 cups	10 cups

### Method

1. Cook rice according to packet instructions.
2. Wash vegetables and slice into pieces of similar size (discarding capsicum seeds and stalk).
3. Cut chicken into small strips, removing and discarding any skin or bones.
4. Heat oil in pan, add chicken and garlic, and gently cook until chicken is brown and cooked through. Set aside.
5. Add cabbage, carrot and capsicum to pan and cook for 2 to 3 minutes.
6. Add zucchini and continue to cook for 3 to 5 minutes.
7. Add chicken and sweet chilli sauce to pan. Stir and cook until vegetables are tender and chicken is warmed through.
8. Serve with steamed rice.

🍌 Dairy free 🍌 Gluten free 🍌 Vegetarian 🍌 Egg free

### Variation: Beef and Broccoli Stir Fry

- Replace chicken fillets with lean beef strips.
- Leave out zucchini.
- Add broccoli at Step 5 (2 cups for 6 serves, 8 cups for 25 serves and 20 cups for 60 serves).
- Replace sweet chilli sauce with the same quantity of Hoisin or plum sauce.

🍌 Dairy free 🍌 Gluten free 🍌 Vegetarian 🍌 Egg free

## Beef Mince San Choy Bau

\*Not suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Canola oil	½ tbsp	2 tbsp	3 tbsp
Crushed garlic	1 clove	2 cloves	3 cloves
Grated ginger	1 tsp	2 tsp	3 tsp
Spring onion	1	4	10
Beef mince	400g	1.75kg	4kg
Cabbage	¼ small	1 small	2½ small
Carrot	1 medium	4 medium	10 medium
Green beans	2 cups	8 cups	20 cups
Capsicum	½	2	5
Soy sauce	2 tbsp	3 tbsp	125ml
Rice noodles (dried)	200g	800g	2kg
Iceberg lettuce	6 leaves	25 leaves	60 leaves

### Method

1. Break rice noodles into small pieces, place in large heatproof bowl and cover with boiling water. Stand for 5 minutes or until just tender. Drain.
2. Crush garlic. Grate ginger. Finely slice spring onion.
3. Wash vegetables and finely dice into pieces of similar size.
4. Heat wok or frying pan over medium-high heat until hot. Add oil, garlic, ginger and spring onion. Cook for 30 seconds.
5. Add mince. Stir fry, using a wooden spoon to break up lumps of meat, until all meat is browned. (For large quantities, this will need to be done in small batches.)
6. Add soy sauce. Stir and cook for 2 to 3 minutes or until sauce has thickened slightly.
7. Add cabbage, capsicum, carrot and beans. Stir and cook for 5 minutes, until vegetables are tender.
8. Drain noodles and add. Stir to mix.
9. Serve with lettuce cups. Allow children to scoop mixture into the lettuce, roll up and eat.

🍌 Dairy free 🍌 Gluten free 🍌 Vegetarian 🍌 Egg free







# Baked Chicken Risotto

\*Can be prepared early \*Not suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Olive oil	½ tbsp	2 tbsp	3 tbsp
Brown onion	1 small	1 large	2 large
Chicken thigh fillets	350g	1.5kg	3.5kg
Chicken stock	1 litre (4 cups)	4 litres	10 litres
Baby spinach leaves	150g	600g	1.5kg
Pumpkin	400g	1.5kg	4kg
Arborio or basmati rice (uncooked)	1 cup	4 cups	10 cups
Parmesan cheese	1 tbsp	¼ cup	¾ cup

### Method

1. Preheat oven to 180°C.
2. Peel and finely dice onion.
3. Cut chicken into small strips, removing any skin or bones.
4. Wash spinach. Cut pumpkin into small cubes.
5. Heat oil in non-stick frying pan over medium heat.
6. Add chicken to pan. Cook, turning, for 5 minutes or until browned.
7. Remove from pan and set aside.
8. Add onion and rice. Stir to combine.
9. Add stock, spinach and pumpkin to pan and bring to the boil for 1 minute.
10. Transfer mixture to a baking dish. Place chicken on top of rice, cover and bake for 25 minutes.
11. Remove lid, stir and return to oven, cooking for a further 10 minutes or until rice is cooked through and all liquid has been absorbed.
12. Serve with steamed vegetables.

• Dairy free • Gluten free • Vegetarian • Egg free

**Little fingers:** Kids can help by washing and drying baby spinach leaves.



Baked Chicken Risotto (p. 59)



Chilli Con Carne and Rice (p. 60)

# Rice

Rice can be used in many different ways. The recipes here include risotto, rice cooked inside meatballs and rice as a side dish. Rice needs to be cooked in plenty of liquid as it absorbs a lot while cooking. Rice will triple in volume once cooked; 1 cup of uncooked rice will make 3 cups of cooked rice.



Tomato and Meatball Soup (p. 61)



## Chilli Con Carne and Rice

\*Can be prepared early \*Suitable to freeze (chilli only)

INGREDIENTS	6 serves	25 serves	60 serves
Olive oil	½ tbsp	2 tbsp	3 tbsp
Brown onion	1 small	2 large	2 large
Garlic	1 clove	2 cloves	3 cloves
Carrot	1 medium	2 medium	4 large
Celery	1 stalk	2 stalks	4 stalks
Red capsicum	1	2	10
Chilli powder	½ tsp	1 tsp	2 tsp
Ground cumin	½ tsp	1 tsp	2 tsp
Lean beef mince	250g	1kg	2.5kg
Chickpeas	1 x 125g can	1 x 400g can	3 x 400g can
Red kidney beans	1 x 125g can	1 x 400g can	3 x 400g can
Tomatoes	1 x 400g can	1 x 800g can	5 x 800g can
Cold water	250ml (1 cup)	1 litre	2.5 litres
Flour tortilla	6	25	60
Rice (uncooked)	1½ cups	4½ cups	15 cups

### Method

1. Cook rice according to packet instructions.
2. Peel and finely dice onion. Dice carrot, celery and capsicum.
3. Heat oil in large saucepan over medium heat. Add onion, carrot, celery, capsicum to pan. Add chilli powder and cumin. Stir and cook for 6 or 8 minutes, until vegetables soften.
4. Add beef, stir and use wooden spoon to break meat into small pieces. Cook for 2 to 3 minutes, until mince browns slightly.
5. Drain and rinse chickpeas and kidney beans. Add to pan along with canned tomatoes and cold water. Stir and bring to the boil.
6. Turn heat down, allow to simmer for 30 minutes or until sauce has thickened.
7. Serve with plain cooked rice and flour tortilla. Provide toppings for children to add – mashed avocado, tomato, shredded lettuce or grated cheese.

🌱 Dairy free 🌱 Gluten free 🌱 Vegetarian 🌱 Egg free



**Little fingers:** Kids can help with choosing toppings and sprinkling them onto the chilli con carne.

## Tomato and Meatball Soup

\*Can be prepared early \*Suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Concentrated reduced salt tomato soup	1 x 420g can	4 x 420g can	10 x 420g can
Cold water	1½ cups	1.75 litres	4.25 litres
Beef mince	400g	1.75kg	4kg
Brown onion	1 small	2 large	4 large
Basmati rice (uncooked)	1 cup	4 cups	10 cups
Eggs	1	2	4
Flat leaf parsley	½ cup	½ cup	1 cup

### Method

1. Place soup and water in large saucepan over medium-high heat. Bring to the boil.
2. Combine mince, onion, rice, egg and finely-chopped parsley in a large bowl.
3. Using 1 tablespoonful of mixture at a time, roll mixture into balls.
4. Carefully add meatballs to boiling soup. Reduce heat to low. Cover and simmer for 40 minutes or until rice and meatballs are cooked through.
5. Serve with peas, mashed pumpkin and potato and wholegrain bread.

### Variation: Tomato and Chicken Meatball Soup

- Replace minced beef with the same quantity of lean minced chicken.
- Serve with mashed potato, steamed greens and soft bread.

🌱 Dairy free 🌱 Gluten free 🌱 Vegetarian 🌱 Egg free



**Little fingers:** Kids can help by rolling the meatballs into shape.



# Pasta

There are many types of pasta available and so many different sauces to accompany the pasta; the number of combinations you could make is endless! When choosing pasta, try penne, rigatoni, spirals, shells, bows, spaghetti, fettuccine, gnocchi, cannelloni or lasagna. When it comes to sauce, tomato based sauces are popular with either meat or vegetables or both thrown in. Creamy sauces are another option. The recipes below use evaporated milk to add 'creaminess' to the pasta sauce. Pasta usually doubles its size when cooked; half a cup of uncooked pasta will give one cup of cooked pasta.



Creamy Tuna Pasta (p. 64)



Lasagne (p. 65)

# Bolognese

\*Can be prepared early \*Suitable to freeze (sauce only)

INGREDIENTS	6 serves	25 serves	60 serves
Olive oil	½ tbsp	2 tbsp	3 tbsp
Garlic	1 clove	2 cloves	3 cloves
Brown onion	1 small	2 large	4 large
Carrot	1 large	4 large	10 large
Celery	2 stalks	1 kg	2.5 kg
Zucchini	1 large	4 large	10 large
Lean beef mince	400g	1.75kg	4kg
Crushed tomatoes	1 x 800g can	3 x 800g can	8 x 800g can
Brown lentils	1 x 125g can	1 x 400g can	3 x 400g can
Dried basil	½ tsp	1 tsp	1½ tsp
Dried oregano	½ tsp	1 tsp	1½ tsp
Spiral pasta (uncooked)	1½ cups	6 cups	15 cups
Grated cheddar or parmesan cheese	¼ cup	1 cup	4 cups

## Method

1. Finely chop onion, carrot and celery. Grate zucchini. Drain and rinse lentils.
2. Heat oil in large frying pan over medium heat. Add onion, garlic, carrot, celery and zucchini. Cook, stirring, for 3 to 4 minutes or until onion is tender.
3. Add mince. Cook, stirring and using a wooden spoon to break up mince, for 5 to 6 minutes or until mince is browned. (For larger quantities, this will need to be done in small batches.)
4. Add tomato, lentils, basil and oregano to pan. Reduce heat to medium-low. Cook covered, stirring occasionally, for at least 30 minutes or until sauce has thickened slightly.
5. Cook pasta in boiling water, following packet instructions, until tender. Drain.
6. Serve pasta with sauce over the top and a sprinkle of grated cheese.
7. Serve with pita bread or wholemeal dinner rolls.

• Dairy free • Gluten free • Vegetarian • Egg free







# Creamy Tuna Pasta

\*Not suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Penne pasta (uncooked)	1 ½ cups	6 cups	15 cups
Broccoli florets	1 cup	4 cups	10 cups
Carrot	2 large	8 large	20 large
Water	50ml	200ml	500ml
Corn kernels	200g (1 cup)	800g	2kg
Low-fat evaporated milk	1 x 185ml can	2 x 375ml can	5 x 375ml can
Cornflour	1 tsp	1 tbsp	2 tbsp
Tuna (in spring water)	1 x 425g can	3 x 425g can	8 x 425g can

### Method

1. Wash broccoli florets. Wash and finely slice carrots.
2. Cook pasta in large saucepan of boiling water, following packet instructions. Add broccoli 5 minutes before pasta is cooked.
3. Add carrots and water to large saucepan over low heat. Cover and allow to cook for 5 minutes or until carrots are soft.
4. Add evaporated milk and cornflour. Bring to the boil.
5. Drain tuna, add to pan. Simmer for 2 minutes.
6. Drain pasta and broccoli. Return to saucepan.
7. Add sauce to pasta and broccoli. Stir gently to combine.
8. Serve immediately.

🌱 Dairy free 🌱 Gluten free 🌱 No added sugar 🌱 No added salt 🌱 Egg free

### Variation: Vegetarian Pasta Bake

- Replace penne pasta with shell pasta.
- Replace tuna with sliced button mushrooms (120g for 6 serves, 500g for 25 serves, 1.2kg for 60 serves).
- Once pasta and sauce are combined (Step 8), spoon into large baking dish.
- Sprinkle the top with grated cheese (100g for 6 serves, 400g for 25 serves, 1kg for 60 serves).
- Bake in oven at 180°C for 30 minutes, until golden brown on top.

🌱 Dairy free 🌱 Gluten free 🌱 Vegetarian 🌱 Egg free

# Lasagne

\*Can be prepared early \*Suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Bolognese sauce	Quantity for 6 serves	Quantity for 25 serves	Quantity for 60 serves
Ricotta cheese	375g	1.5kg	3.5kg
Instant lasagne sheets	225g	1kg	2.25kg
Parmesan cheese	¼ cup	1 cup	2 ½ cups

### Method

1. Preheat oven to 200°C.
2. Prepare bolognese sauce, as in previous recipe (p. 61). (You will not need to cook the spiral pasta.)
3. Place small spread of meat sauce on the base of a large baking dish. Add one layer of lasagne sheets.
4. Top with layer of meat sauce and half the ricotta cheese.
5. Continue layering lasagne sheets and bolognese sauce, repeating until dish is almost full. Finish with layer of bolognese sauce.
6. Top with remaining ricotta cheese and sprinkle parmesan over the top.
7. Bake in oven at 200°C for 1 hour.
8. Serve with wholemeal bread and mixed vegetables.

🌱 Dairy free 🌱 Gluten free 🌱 No added sugar 🌱 No added salt 🌱 Egg free



Little fingers: Kids can help by sprinkling the cheese on top.



# Casseroles & curries

Casseroles and curries almost always begin with a base of onions, carrots and celery and liquid from either tomatoes or stock. Then, any number of combinations can be added to this base. Add other vegetables, seasoning and some red or white meat and then cook over low heat on the stove or in a moderate oven for at least an hour.



Chicken Curry (p. 67)



Beef Stroganoff (p. 68)



Side serving for Casseroles & Curries

# Chicken Curry

\*Can be prepared early \*Suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Brown onion	1 small	1 large	2 large
Carrot	1 medium	4 medium	10 medium
Celery sticks	1	2	4
Tomatoes	1 x 800g can	4 x 800g can	6 x 800g can
Olive oil	½ tbsp	2 tbsp	3 tbsp
Curry powder	1 tsp	3 tsp	2 tbsp
Pumpkin	1 cup	4 cups	10 cups
Green beans	1 cup	4 cups	10 cups
Zucchini	1 medium	2 medium	5 medium
Chicken thigh fillets	350g	1.5kg	3.5kg
Sultanas	1 tbsp	4 tbsp	6 tbsp
Pineapple	120g	500g	1.2kg
Natural yoghurt	¼ cup	1 cup	4 cups
Rice (uncooked)	1 cup	4 cups	10 cups

## Method

1. Cook rice according to packet instructions.
2. Preheat oven to 180°C.
3. Peel and chop onion. Wash and slice carrots and celery.
4. Heat oil in large frying pan over medium heat. Add onion, carrots and celery. Cook gently for 5 minutes.
5. Add curry powder and cook for 1 to 2 minutes.
6. Peel pumpkin. Chop pumpkin, zucchini and beans into bite size pieces. Add to pan and stir for 1 to 2 minutes.
7. Add chicken, canned tomatoes and sultanas to pan. Bring to the boil, then reduce heat and simmer for 1 hour.
8. Serve with steamed rice, chopped pineapple and natural yoghurt.

• Dairy free • Gluten free • Vegetarian • Egg free



**Little fingers:** Kids can help with choosing toppings and adding them to their plate of curry.



## Beef Stroganoff

\*Suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Brown onion	1 small	1 large	2 large
Carrot	1 medium	4 medium	10 medium
Celery sticks	2	4	6
Beef stock (salt reduced)	2 cups	8 cups	20 cups
Olive oil	½ tbsp	2 tbsp	3 tbsp
Button mushrooms	250g (1 cup)	1kg	2.5kg
Small potatoes	200g	800g	2kg
Plain flour	1 tbsp	¼ cup	½ cup
Lean beef strips	400g	1.75kg	4kg
Worcestershire sauce	2 tbsp	8 tbsp	20 tbsp
Tomato paste	2 tbsp	¼ cup	½ cup
Light sour cream	2 tbsp	½ cup	1 cup
Pasta (uncooked)	1 cup	4 cups	10 cups

### Method

1. Cook pasta according to packet instructions.
2. Peel and chop onion. Wash and slice carrots and celery.
3. Heat oil in large frying pan over medium heat. Add onion, carrots and celery. Cook gently for 5 minutes.
4. Slice mushrooms. Wash and finely slice potatoes.
5. Add potatoes to pan. Cook for 3 minutes.
6. Increase heat to high. Add mushrooms. Cook for 4 minutes, or until tender. Set aside.
7. Sprinkle flour into a shallow dish. Lightly coat beef strips in flour.
8. In non-stick pan, cook beef in small batches until brown.
9. Return beef, onion, potatoes and mushrooms to frying pan. Add stock, Worcestershire sauce and tomato paste. Bring to the boil. Reduce heat to medium-low. Simmer for 10 minutes, or until sauce has thickened slightly.
10. Remove from heat. Stir through sour cream.
11. Serve with pasta, couscous or rice and mixed vegetables.

• Dairy free • Gluten free • Vegetarian • Egg free

## Vegetable Hotpot with Couscous

\*Can be prepared early  
\*Suitable to freeze (before Greek yoghurt is added)

INGREDIENTS	6 serves	25 serves	60 serves
Olive oil	1 tbsp	2 tbsp	3 tbsp
Brown onion	1 small	1 large	2 large
Sweet paprika	½ tsp	2 tsp	1 tbsp
Tomatoes	1 x 800g can	4 x 800g can	8 x 800g can
Hot water	275ml	1 litre	2.75 litres
Tomato paste	1 tbsp	3 tbsp	6 tbsp
Cauliflower	½ small	2 small	4 large
Carrot	1 medium	4 medium	10 medium
Zucchini	1 medium	4 medium	10 medium
Potato	2 large	8 large	10 large
Green capsicum	1	4	10
Chickpeas	1 x 400g can	3 x 400g can	4 x 800g can
Low-fat Greek yoghurt	¼ cup	1 cup	2½ cups
Couscous (uncooked)	1 cup	4 cups	10 cups

### Method

1. Cook couscous according to packet instructions.
2. Preheat oven to 180°C.
3. Peel and chop onion. Break cauliflower into small florets. Slice carrot, zucchini, potato and capsicum into pieces of similar size.
4. Heat oil in large frying pan over medium heat. Add onion and cook for 5 minutes, until soft.
5. Add paprika, tomatoes, water and tomato paste. Stir and bring mixture to a simmer.
6. Add vegetables and chickpeas to pan. Stir to mix.
7. Transfer to ovenproof baking dish, cover and cook in oven at 180°C for 40 minutes (until all vegetables are soft).
8. Stir through Greek yoghurt just before serving.
9. Serve with couscous. Alternatively, use rice, pasta or polenta.

• Dairy free • Gluten free • Vegetarian • Egg free





# Patties & frittatas

Patties begin with a starch base such as mashed potato, rice or breadcrumbs. Add to this some vegetables, minced meat and egg to help it bind and shape the patties to the size you require.

Frittatas are usually baked in the oven and always include egg as the main ingredient. Almost any combination of vegetables, cheese, fish, chicken or meat can be added to the eggs and then baked.



Pea and Chicken Frittata (p. 73)



Sweet Potato and Chickpea Patties (p. 72)



Tuna and Corn Patties (p. 72)

# Meat and Vegetable Rissoles

\*Suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Lean mince	400g	1.75g	4kg
Potato	1 medium	4 medium	10 medium
Carrot	1 medium	4 medium	10 medium
Brown onion	1 small	1 large	2 large
Capsicum	1	4	10
Zucchini	½ small	2 small	5 small
Breadcrumbs	2 tbsp	¼ cup	¾ cup
Eggs	1	4	10
Olive oil	1 spray	2 sprays	3 sprays

## Method

1. Peel and grate onion.
2. Wash and grate potatoes, carrots and zucchini.
3. Finely dice capsicum.
4. Combine mince, breadcrumbs and vegetables in bowl, add egg and mix well.
5. Roll small handfuls of the mixture into balls.
6. Heat non-stick pan, spray lightly with oil and cook rissoles in batches, flattening slightly with a spatula as you put them in pan.
7. Cook for 4 to 5 minutes on each side, until lightly browned and cooked through.
8. Serve with pita bread and salad.

🌱 Dairy free • 🥬 Gluten free • 🌱 Vegetarian • 🥚 Egg free



**Little fingers:** Kids can help by rolling the rissoles into shape.







## Sweet Potato and Chickpea Patties

\*Suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Sweet potato (orange)	1 medium (400g)	4 medium (1.5kg)	10 medium (4kg)
Chickpeas	1 x 400g can	4 x 400g can	10 x 400g can
Lemon juice	2 tsp	2 tbsp	100ml
Red onion (finely chopped)	½ small	1 small	4 small
Breadcrumbs	½ cup	2 cups	5 cups
Eggs	1	4	10

### Method

1. Preheat oven to 180°C.
2. Peel and chop sweet potato into small pieces.
3. Steam sweet potato for 20 minutes or until tender.
4. Drain sweet potato. Drain and rinse chickpeas.
5. Mash sweet potato and chickpeas with lemon juice until smooth. Place in fridge to cool for 30 minutes.
6. Combine sweet potato and chickpeas with onion, breadcrumbs and egg.
7. Take small handfuls of mixture and roll into balls. Flatten gently to form patties.
8. Line baking tray with non-stick baking paper. Place patties on lined tray.
9. Spray lightly with olive oil spray.
10. Bake in oven at 180°C, turning once, for 30 minutes or until golden.
11. Serve with Turkish bread, chutney and salad or soft vegetables.

🌱 Dairy free • 🍌 Gluten free • 🌱 Vegetarian • 🥗 Vegan

### Variation: Tuna and Corn Patties

- Replace sweet potato (2 medium white potatoes for each sweet potato).
- Replace chickpeas with drained tuna in spring water (180g for 6 serves, 720g for 25 serves, 1.8kg for 60 serves).
- Add canned sweet corn kernels (drained and rinsed) at Step 7 (125g for 6 serves, 500g for 25 serves, 1.25kg for 60 serves).
- Serve with wholemeal rolls and cream cheese, and salad or soft vegetables.

🌱 Dairy free • 🍌 Gluten free • 🌱 Vegetarian • 🥗 Vegan



**Little fingers:** Kids can help by rolling patties into shape and spreading cream cheese onto rolls.

## Pea and Chicken Frittata

\*Not suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Olive oil	½ tbsp	2 tbsp	3 tbsp
Onion	1 small	1 large	2 large
Eggs	4	15	40
Chicken (cooked and diced)	200g	800g	2kg
Peas	1 cup	4 cups	10 cups
Boiled potato (sliced)	1 large	4 large	10 large
Grated cheese	½ cup	2 cups	5 cups

### Method

1. Heat oil in pan and add onions. Stir and cook until soft but not brown.
2. Add chicken, peas and potato. Gently stir to heat through.
3. Whisk eggs in separate bowl.
4. Place vegetables into ovenproof dish.
5. Sprinkle grated cheese over vegetables.
6. Pour egg mixture over vegetables and cheese.
7. Bake in oven at 160°C for 30 minutes (or until cooked through).
8. Serve with bread or wholemeal crackers.

### Variation: Tuna and Broccoli Frittata

- Replace chicken with drained tuna in spring water (200g for 6 serves, 800g for 25 serves, 2kg for 60 serves).
- Replace peas with the same quantity of broccoli florets.
- Add fresh, frozen or canned sweet corn kernels (drained and rinsed) at Step 4 (125g for 6 serves, 400g for 25 serves, 1.25kg for 60 serves).
- Serve with bread or wholemeal crackers.

🌱 Dairy free • 🍌 Gluten free • 🌱 Vegetarian • 🥗 Vegan

## Second course & snacks

Choose second course dishes and snacks that are based on nutritious foods. Avoid offering 'discretionary choices' as second courses or snacks. In many cases, fresh fruit and yoghurt is a tasty second course. The following recipes provide second course and snack ideas that require a little extra preparation while still including healthy foods.



Fruit Smoothies (p. 80)



Fruit Kebabs (p. 79)



Pikelets (p. 78)

## Apple Sponge

\*Not suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Pie apple	1 x 880g can	3 x 880g can	7 x 880g can
Cinnamon	1½ tsp	1 tsp	2 tsp
Eggs	3	12	30
Castor sugar	¼ cup	1 cup	2½ cups
Wholemeal self-raising flour	¾ cup	3¼ cups	7½ cups
Low-fat milk	1 tbs	80ml	200ml
Water	¼ cup	1 cup	2½ cups

### Method

1. Preheat oven to 180°C.
2. Layer apple across the base of large, ovenproof baking dish.
3. Sprinkle cinnamon evenly over apple.
4. Beat or whisk eggs and sugar until thick and creamy.
5. Fold flours, milk and water into egg mixture.
6. Pour combined flour and egg mixture evenly over apple.
7. Bake in oven at 180°C for about 20 minutes. Sponge will be golden brown on top when ready.

### Variations

- Add sultanas to apple and cinnamon layer.
- Use canned peaches or pears instead of apple.

• Dairy free • Gluten free • Vegetarian • 5.00 stars





# Fruit Crumble

\*Suitable to freeze (crumble mix only)

INGREDIENTS	6 serves	25 serves	60 serves
Oats	100g	400g	1kg
Wholemeal flour	100g	400g	1kg
Brown sugar	2 tbsps	1/2 cup	3/4 cup
Margarine	2 tbsps	125g	300g
Fruit	1 x 440g can	2 x 800g can	6 x 800g can
Cinnamon	1 tsp	2 tsp	3 tsp

### Method

1. Preheat oven to 180°C.
2. Combine flour, oats, sugar and margarine in bowl.
3. Using fingertips, rub margarine into dry ingredients until mixture feels like breadcrumbs.
4. Drain any fruit juice from can and layer fruit across base of a large, ovenproof baking dish.
5. Sprinkle cinnamon evenly over apple.
6. Scatter crumble mixture evenly over apple.
7. Bake in oven at 180°C for about 20 minutes, until golden brown on top.

• Dairy free • Gluten free • Vegetarian • Egg free



**Little fingers:** Kids can help by mixing the crumble and sprinkling it over the fruit.

# Fruity Bread Pudding

\*\*Not suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Fruit bread	6 slices	25 slices	60 slices
Eggs	3	12	30
Milk	500ml	2 litres	5 litres
Sugar	1 tbsps	1/2 cup	3/4 cup

### Method

1. Preheat oven to 180°C.
2. Cut each slice of bread into 4, and layer slices in a deep baking dish.
3. Lightly whisk eggs in a jug. Add milk and sugar, and whisk to combine.
4. Pour mixture evenly over bread. Allow to stand for 10 minutes, so bread absorbs liquid.
5. Bake in oven for 45 minutes or until custard sets in centre and top layer of bread is golden brown.
6. Serve with chopped banana or other fresh fruit.

• Dairy free • Gluten free • Vegetarian • Egg free



**Little fingers:** Kids can help by layering bread and pouring the mixture over the top.





# Fruit Kebabs

\*Not suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Oranges	1	3	5
Strawberries	6	25	60
Kiwi fruit	2	7	15
Melons	¼	½	1
Wooden paddle pop sticks	6	25	60

### Method

1. Peel oranges and cut into cubes.
2. Rinse strawberries, remove stalks and cut in half.
3. Peel kiwi fruit and cut into quarters.
4. Remove skin from melon and cut into cubes.
5. Arrange fruit on platter and thread pieces onto wooden paddle pop sticks.

🌱 Dairy free 🌱 Gluten free 🌱 Vegetarian 🌱 Egg free

# Pikelets

\*Not suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Wholemeal self-raising flour	½ cup	2½ cups	6 cups
Castor sugar	1 tsp	1½ tbsp	4 tbsp
Milk	100ml	400ml	1 litre
Eggs	1	3	8

### Method

1. Sift flour into large bowl.
2. Stir in castor sugar. Make a well in the centre.
3. In jug, whisk together milk and eggs.
4. Pour milk and eggs into flour mixture and whisk to make a smooth batter.
5. Heat non-stick frying pan over medium heat, or heat flat-based sandwich press.
6. Drop heaped tablespoons of batter onto pan or sandwich press and cook for 1 minute or until bubbles appear on surface. Turn and cook for a further minute or until golden and cooked through.
7. Repeat until all batter has been used.
8. Serve with chopped fresh fruit and plain yoghurt. Allow children to decorate their own pikelets with toppings.

🌱 Dairy free 🌱 Gluten free 🌱 Vegetarian 🌱 Toppled



**Little fingers:** Kids can help with dropping mixture onto sandwich press or pan and adding their choice of toppings.



**Little fingers:** Kids can help by threading pieces of fruit onto paddle pop sticks.

## Fruit Smoothies

\*Not suitable to freeze

INGREDIENTS	6 serves	25 serves	60 serves
Milk	600ml	2.5 litres	6 litres
Yoghurt	300ml	1.75 litres	3 litres
Fruit	1½ cups	6 cups	15 cups

### Method

1. Blend milk, yoghurt and chopped fruit in blender until smooth.
2. Pour and serve straight away.

### Fruit ideas

- Bananas
- Strawberries
- Blueberries
- Canned peaches
- Frozen berries

\* Dairy free • Gluten free • Vegetarian • Egg free



## Section 3: Further reading

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## For more information

### Healthy eating

**Allergy and Anaphylaxis Australia**  
T: (02) 9482 5888 or 1300 728 000  
W: [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

**Australasian Society of Clinical Immunology and Allergy (ASCIa)**  
W: [www.allergy.org.au](http://www.allergy.org.au)

**Australian Dietary Guidelines and the Infant Feeding Guidelines,**  
**Australian Government Department of Health and Ageing and**  
**National Health and Medical Research Council**  
W: [www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)

**Australian Guide to Healthy Eating,** Australian Government  
**Department of Health and Ageing and National Health and Medical**  
**Research Council**  
W: [www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)

**Food Standards Australia New Zealand (FSANZ)**

T: (02) 6271 2222  
W: [www.foodstandards.gov.au](http://www.foodstandards.gov.au)

### Kidsafe

W: [www.kidsafe.com.au](http://www.kidsafe.com.au)

### Recipes

**Dietitians Association of Australia**  
W: [www.daa.asn.au](http://www.daa.asn.au)



**Little fingers:** Kids can help by garnishing each smoothie with fresh pieces of fruit.

COOKING FOR CHILDREN



## Australian Dietary Guidelines

<p><b>Guideline 1</b></p>	<p>To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.</p> <ul style="list-style-type: none"> <li>Children and adolescents should eat sufficient nutritious foods to grow and develop normally. They should be physically active every day and their growth should be checked regularly.</li> <li>Older people should eat nutritious foods and keep physically active to help maintain muscle strength and a healthy weight.</li> </ul>
<p><b>Guideline 2</b></p>	<p>Enjoy a wide variety of nutritious foods from these five groups every day:</p> <ul style="list-style-type: none"> <li>plenty of vegetables, including different types and colours, and legumes/beans</li> <li>fruit</li> <li>grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley</li> <li>lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans</li> <li>milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of two years).</li> </ul> <p>And drink plenty of water.</p>

<p><b>Guideline 3</b></p>	<p>Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.</p> <p>a. Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.</p> <ul style="list-style-type: none"> <li>Replace high fat foods which contain predominantly saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods which contain predominantly polyunsaturated and monounsaturated fats such as oils, spreads, nut butters/pastes and avocado.</li> <li>Low fat diets are not suitable for children under the age of two years.</li> </ul> <p>b. Limit intake of foods and drinks containing added salt.</p> <ul style="list-style-type: none"> <li>Read labels to choose lower sodium options among similar foods.</li> <li>Do not add salt to foods in cooking or at the table.</li> </ul> <p>c. Limit intake of foods and drinks containing added sugars such as confectionary, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.</p> <p>d. If you choose to drink alcohol, limit intake. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option.</p>
<p><b>Guideline 4</b></p>	<p>Encourage, support and promote breastfeeding.</p>
<p><b>Guideline 5</b></p>	<p>Care for your food; prepare and store it safely.</p>

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