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

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.
Summary of guidelines and recommendations

HEALTHY EATING GUIDELINES

Healthy eating guideline 1: Exclusive breastfeeding is recommended, with positive support, for babies up to 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 solids 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 Dietary Guidelines for Children and Adolescents in Australia (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.
Food for Health: Dietary Guidelines for Children and Adolescents in Australia

Encourage and support breastfeeding.

Children and adolescents need sufficient nutritious foods to grow and develop normally.

- Growth should be checked regularly for young children.
- Physical activity is important for children and adolescents.

Enjoy a wide range of nutritious foods.

Children and adolescents should be encouraged to:

- eat plenty of vegetables, legumes and fruits
- eat plenty of cereals (including breads, rice, pasta and noodles), preferably wholegrain
- include lean meat, fish, poultry and/or alternatives
- include milks, yoghurts, cheeses and/or alternatives. Reduced-fat milks are not suitable for children under two years, because of their high energy needs, but reduced-fat varieties should be encouraged for older children and adolescents
- choose water as a drink
- limit saturated fat and moderate total fat intake. Low-fat diets are not suitable for infants
- choose foods low in salt
- consume only moderate amounts of sugars and foods containing added sugars.

Care for your child’s food: prepare and store it safely.

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 two key national health documents that focus on children, namely:

- The *Dietary Guidelines for Children and Adolescents in Australia* incorporating *The Infant Feeding Guidelines for Health Workers* (2003), which forms 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 and a CD with 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!
Breastfeeding is the first food experience for babies. Breastmilk is the ideal single food for babies in their first six months, and ideally babies will continue to enjoy and benefit from breastfeeding until at least 12 months, and longer if mother and baby wish.

The first guideline of the Australian Dietary Guidelines for Children and Adolescents is ‘Encourage and support breastfeeding’. Despite this, Australia’s participation in breastfeeding is not as good as many other countries. In 2007, only around 56 per cent of Australian babies were fully breastfed at three months, compared to much higher rates elsewhere, such as 90 per cent in Norway.

Benefits of breastmilk

The greatest health benefits from breastfeeding are gained in the first months of a baby’s life. For this reason it is recommended that mothers fully breastfeed for the first six months, and then for as long as it is possible and practical. Most breastfeeding difficulties can be overcome with the right advice and support.

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, and can be kept for three to five days.

• Milk can be frozen in a freezer that has a separate door to the refrigerator for up to three months. Milk can be stored in a freezer compartment within a refrigerator for two weeks only.

• 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.
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.

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.

‘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 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.
Infant formula

Infant formula is the only safe alternative to breastmilk in the first 12 months. Breastmilk is the usual option 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. Babies should still be given breastmilk or formula when starting solids, which is usually at around six months of age, and continue to have breastmilk or formula until they are around 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 at least 12 months of age. Small amounts of cow’s milk can be used in mixed foods for babies after about nine months. 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.
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 strongly recommended that solids are not introduced before four months of age, as a baby’s system is still immature. At this age, the digestive system, immune system, kidneys and ability to chew and swallow are not yet fully developed or ready for solids.

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 strongly recommended that solids are not introduced before four months of age, as a baby’s system is still immature.’
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.

Ideally, breastfeeding should continue for at least the first year of life. Breastfeeding is especially important when a baby is starting new foods, as it may reduce the chance of the baby developing food allergies.

**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.

Solids should be introduced one food at a time, starting with small amounts after breastmilk or formula. An interval of several days between introducing each new food gives time for a baby to identify tastes, and for parents to rule out any sensitivities or allergies to particular foods.
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. Water, formula or a mother’s breastmilk can be mixed with the cereal. Other good first foods are smooth fruits or vegetables cooked, and then either mashed or pureed. 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, breastmilk from the mother or infant formula 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.
<table>
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<tr>
<th>Age</th>
<th>Types of food and consistency</th>
<th>Examples of foods that can be consumed</th>
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| Birth—around 6 months | Liquids                      | • Breastmilk  
• Infant formula (if partially or no longer breastfeeding)  
• Infant cereals (iron-enriched)  
• Smooth, mashed pumpkin, potato or zucchini  
• Smooth, cooked apple or pear  
• Well-cooked pureed liver and meat |
| 6–7 months     | Finely mashed or pureed foods (no salt, sugar, fat or other flavour added) | • Breastmilk  
• Infant formula (if partially or no longer breastfeeding)  
• Infant cereals (iron-enriched)  
• Smooth, mashed pumpkin, potato or zucchini  
• Smooth, cooked apple or pear  
• Well-cooked pureed liver and meat |
| 8–12 months    | Mashed or chopped foods and finger foods (no salt, sugar, fat or other flavours added) | • Breastmilk  
• Infant formula (if partially or no longer breastfeeding)  
• Infant cereals  
• Well-cooked and mashed or minced fish, minced liver and minced or finely shredded meat, chicken and egg  
• Variety of mashed or soft cooked vegetables, including beans, lentils and broccoli  
• Mashed, cooked fruit  
• Chopped soft raw fruit such as melon and banana  
• Cereals such as rice, wheat, oats, bread, pasta and noodles |
| 9–12 months    | In addition to foods for 8–12 months: | • Cheese, custards and yoghurt |
| 12 months +    | Family foods                  | • Breastmilk and/or plain pasteurised full-cream milk  
• Variety of foods from all food groups, with varying textures and flavours  

Caution must be taken with hard foods, as choking is still a risk. |

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 should not be offered, especially from a bottle. 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 foods.
Section 1: Healthy Eating

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.
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 Dietary Guidelines for Children and Adolescents in Australia (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.

‘Sometimes foods’ (see page 30) on the other hand have little nutritional value and are not essential for good health. Eating a lot of sometimes foods 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:

• breads, cereals, rice, pasta, noodles and other grains
• vegetables and legumes
• fruit
• milk, yoghurt, cheese and/or alternatives
• lean meat, fish, poultry, eggs, nuts and legumes.

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.

Milk is not recommended for babies under 12 months, but small amounts in breakfast cereal, and other dairy products such as yoghurt, custard and cheese, can be given after nine months. 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 are not recommended and should only be given to children after medical advice.

‘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.
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 do not need reduced-fat milks. For children over two years, reduced-fat milk is suitable. Special low-fat products are not needed for 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 ‘sometimes foods’

‘Sometimes foods’ are foods not included in the basic food groups. Sometimes foods are high in fat, sugar and salt, or a combination of these. They typically have very little nutritional value and are often processed and packaged. Eating sometimes foods 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 sometimes foods 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 juice, fruit drinks, cordial, sports drinks, energy drinks, flavoured milk and flavoured mineral water.

Limit the amount of sometimes foods 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 sometimes foods.
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 sometimes foods.

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.

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

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.
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 sometimes foods 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.
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 ‘sometimes foods’.

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.
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 ‘sometimes foods’. 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.

☐ ‘Sometimes foods’ 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 ‘sometimes foods’. 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

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.

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.

‘Food safety is a critically important consideration in early childhood settings.’

**HEALTHY EATING GUIDELINE 10**

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

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.

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 sometimes foods.
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 foodborne 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 ‘sometimes foods’, 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.

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.
Section 2: Physical Activity

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 they can delay sitting, walking and crawling.)

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...

**Be SunSmart®** Abide by sun protection policies – sunscreen, shelter, hats and suitable clothing.

**Supervise** Make sure that staff supervise children when around water, heights, steps, fences, animals or small objects.

**Clothing** Encourage parents to dress their child 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** 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’ 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.
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
- affect the development of the full range of eye movement
- 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.
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

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.
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.

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.
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.
<table>
<thead>
<tr>
<th>Sleep</th>
<th>Physical Activity Recommendation</th>
<th>Screen-Time</th>
<th>Prolonged Inactivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>3–5 years</td>
<td>Physical activity should be encouraged from birth.</td>
<td>Sitting and watching television and the use of other electronic media (DVDs, computer and other) should not exceed one hour per day.</td>
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</tr>
<tr>
<td>2–3 years</td>
<td>Physical activity should be encouraged every day for at least three hours, spread throughout the day.</td>
<td>Sitting and watching television and the use of other electronic media (DVDs, computer and other) should not exceed one hour per day.</td>
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</tr>
<tr>
<td>1–2 years</td>
<td>Physical activity should be encouraged every day for at least three hours, spread throughout the day.</td>
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</tbody>
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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.

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 sometimes foods, 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

Section 4: Further Reading

Dietary Guidelines for Children and Adolescents in Australia incorporating The Infant Feeding Guidelines for Health Workers, National Health and Medical Research Council

Early Childhood Australia
T: (02) 6242 1800 or 1800 356 900
W: www.earlychildhoodaustralia.org.au

Food Standards Australia New Zealand (FSANZ)
T: (02) 6271 2222
W: www.foodstandards.gov.au

Kidsafe
W: www.kidsafe.com.au

National Childcare Accreditation Council (NCAC)
T: (02) 8260 1900 or 1300 136 554
W: www.ncac.gov.au

NCAC Family Day Care fact sheets

NCAC Long Day Care fact sheets

Raising Children Network
W: www.raisingchildren.net.au

Secretariat of National Aboriginal and Islander Child Care (SNAICC)
T: (03) 9489 8099
W: www.snaicc.asn.au

South Australia Childcare Nutrition Partnership

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

Healthy eating

Anaphylaxis Australia
T: (02) 9482 5988 or 1300 728 000
W: www.allergyfacts.org.au

Australasian Society of Clinical Immunology and Allergy (ASCIA)
W: www.allergy.org.au

Australian Breastfeeding Association
T: (03) 9885 0855
W: www.breastfeeding.asn.au

Australian Dental Association
T: (02) 9906 4412
W: www.ada.org.au

Australian General Practice Network
W: www.agpn.com.au

Australian Guide to Healthy Eating, Department of Health and Ageing (DoHA)

Australian Lactation Consultants’ Association
T: (02) 6260 3099
W: www.alca.asn.au

Department of Health and Ageing Health Insite
W: www.healthinsite.gov.au

Dietitians Association of Australia
T: (02) 6163 5200
W: www.daa.asn.au
Physical activity

Active Children
Sport & Recreation New Zealand (SPARC)
T: +64 4 472 8058 (international)
W: www.sparc.org.nz/education

Australian Department of Health and Ageing (DoHA)
W: www.health.gov.au

Get Set 4 Life, Healthy Kids Check

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

2010 Legacies Now
W: www.2010legaciesnow.com/leap_bc/
Encourage and support breastfeeding.

Children and adolescents need sufficient nutritious foods to grow and develop normally.

- Growth should be checked regularly for young children.
- Physical activity is important for children and adolescents.

Enjoy a wide range of nutritious foods.

Children and adolescents should be encouraged to:

- eat plenty of vegetables, legumes and fruits
- eat plenty of cereals (including breads, rice, pasta and noodles), preferably wholegrain
- include lean meat, fish, poultry and/or alternatives
- include milks, yoghurts, cheeses and/or alternatives. Reduced-fat milks are not suitable for children under two years, because of their high energy needs, but reduced-fat varieties should be encouraged for older children and adolescents
- choose water as a drink

and care should be taken to:

- limit saturated fat and moderate total fat intake. Low-fat diets are not suitable for infants
- choose foods low in salt
- consume only moderate amounts of sugars and foods containing added sugars.

Care for your child’s 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’.

**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.
**Productive 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.

**Sometimes foods:** Foods which are high in fat, sugar and/or salt, and typically offer little nutritional benefit. Also known as ‘extras’ or ‘occasional foods’.

**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.
Acknowledgements

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