

GET UP & GROW

HEALTHY EATING AND PHYSICAL ACTIVITY FOR EARLY CHILDHOOD

STAFF AND CARER BOOK



Australian Government
Department of Health and Ageing

Minister's Foreword

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

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

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

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

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

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



The Hon Nicola Roxon
Minister for Health and Ageing

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Staff and Carer Book



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

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

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

Introduction

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

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

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

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



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

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



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

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

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

‘...provide frequent play opportunities in a positive environment.’

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

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

Breastfeeding



HEALTHY EATING GUIDELINE

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

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

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



Breastmilk – Perfect for babies

The benefits of breastfeeding for babies:

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

Safe handling of breastmilk

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

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



Cleaning bottles for babies

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

Labelling and storage

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

Heating breastmilk

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

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





Protocols for breastmilk

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

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



Congratulations for breastfeeding!

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

How you can support breastfeeding

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

Being a role model

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

Infant formula



HEALTHY EATING GUIDELINE

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

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

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

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

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

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

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

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

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



Tips for handling infant formula

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

Cow's milk

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

Introducing solids

HEALTHY EATING GUIDELINE

Introduce solid foods at around six months.

When to introduce solids

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

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

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

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



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

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

How should solid foods be introduced?

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

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

What foods should be introduced and when?

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

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

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

Nuts and other hard foods

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



Progressing to feeding from a cup

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

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

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

Choking risks for babies

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

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

To reduce the risk of choking:

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



Section 1: Healthy Eating



Special feeding needs

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

Family foods

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

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

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

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



Section 1: Healthy Eating



HEALTHY EATING GUIDELINE

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

Australian Dietary Guidelines

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



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

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

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

The basic food groups

The basic food groups are:

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

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



Vegetables, legumes and fruit

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

Breads, cereals, rice, pasta and other grains

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

Milk, yoghurt, cheese and/or alternatives

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

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

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

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

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

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

Vegetarian and vegan eating practices

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

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



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

'Discretionary choices'

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

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

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



Food provided by the setting

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

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

Food brought from home

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

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



Religious and cultural practices

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

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

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



HEALTHY EATING GUIDELINE

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

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

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

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

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



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

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



HEALTHY EATING GUIDELINE

Plan meal times to be positive, relaxed and social.

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

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

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

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



Appropriate use of food

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

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





Children and body image

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

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



HEALTHY EATING GUIDELINE

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

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

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

‘Offer and encourage new foods regularly, including a variety of tastes, textures and colours.’

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

The role of adults

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

Some important points about this role include the following:

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

Working with parents

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





HEALTHY EATING GUIDELINE

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

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

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

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

Dealing with fussy eaters

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

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

Some tips for managing fussy eaters include the following:

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



'I'm still hungry'

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

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

HEALTHY EATING GUIDELINE

Offer meals and snacks at regular and predictable intervals.

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



Providing meals at regular, predictable intervals

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

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

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





Section 1: Healthy Eating



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

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

Breakfast

Breakfast is an important meal for a number of reasons:

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

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

Other healthy breakfast options include:

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

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

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





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

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

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

Celebration food

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

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

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

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

‘Celebrations do not have to focus on food...’

Food safety



HEALTHY EATING GUIDELINE

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

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

Allergies and intolerances

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

Food allergies

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

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

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

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

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





Food provided by the setting

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

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

Food brought from home

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

Food intolerance

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

Choking risks for toddlers and young children

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

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

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

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





Food hygiene

Contamination in food can include:

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



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

Bacteria in foods

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

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

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





High-risk foods

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

Low-risk foods

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

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

Serving food safely

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

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

'Use tongs and serving spoons to serve food.'

Food preparation with children

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

Physical activity



Introduction

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



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

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

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

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





The importance of movement from birth to one year

RECOMMENDATION

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

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

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

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

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

Promoting movement in babies from birth to one year

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

Tummy time

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

Ideas for play:

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

Getting around

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

Ideas for play:

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

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

Sound

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

Ideas for play:

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



Touch

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

Ideas for play:

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

Sight

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

Ideas for play:

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

Outdoor play and babies

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

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

‘Read to babies from fabric or cardboard books...’

Toddlers and pre-schoolers: One to five years

RECOMMENDATION

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

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

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

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

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

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



Active play

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



Active play includes the following:

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

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

Unstructured play

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

Examples of unstructured play include:

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

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





Structured play

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

Examples of structured play include:

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



Active transport

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

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

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

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





Everyday physical tasks

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

Examples of everyday physical tasks include:

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

‘...encourage children to make up their own games and activities.’

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

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

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

Making the most of simple active play prompts

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

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





How the body moves

Time

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

Force

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

Flow

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

Where the body moves

Direction and shape of movement

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

Level

- ‘How high can you...?’
- ‘Can you do that low?’

Ground pattern

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

What the body can do

Shape

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

Body support

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

General body awareness

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

Who to move with

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





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

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

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

‘Play should encourage the use of the upper body, the lower body and the whole body.’

Upper body movements

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

Suggestions for equipment:

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

Lower body movements

Provide objects to move over, through or around.

Suggestions for equipment:

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

Climbing

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

Suggestions for equipment:

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



Balancing

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

Suggestions for equipment:

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

Building

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

Suggestions for equipment:

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

Creative movement

Suggestions for equipment:

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





Movement ideas for one- to five-year-olds

Lower body

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

Start with:

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



Progress to:

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

Upper body

Examples include building, hitting, throwing and digging.

Start with:

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

Progress to:

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

Whole body

Examples include dancing, climbing and balancing.

Start with:

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

Progress to:

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



Outdoor play for one- to five-year-olds

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



Outdoor play gives children opportunities to:

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

Taking 'chances' in outdoor play

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

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

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

Active play and children with disabilities

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



Reminders for outdoor play...

- Be SunSmart[®]** Abide by sun protection policies – sunscreen, shelter, hats and suitable clothing.
- Supervise** Make sure that you actively supervise children around water, heights, steps, fences, animals or small objects.
- Clothing** Encourage parents to dress children in clothing and footwear that is suitable for being active.
- Water** Make sure children drink plenty of water when playing outside, particularly in hot weather.
- Join in** Join in with children's play and support them in outdoor play. Make sure that play is still led by children.



Children from all cultures

Different cultures have varying sensitivities that need to be respected.

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

Safety recommendations

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



Sedentary behaviour and screen-time



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

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

Non-productive sedentary behaviour:

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

Productive sedentary behaviour:

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

RECOMMENDATION

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

Why no screen-time for children under two?

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

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

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





RECOMMENDATION

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

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

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

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

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

RECOMMENDATION

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

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

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

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

‘Young children who have adults to interact with during play are more likely to be active.’



Children from all cultures

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

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



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



Recommendations summary for birth to five years





Section 2: Physical Activity

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



For more information

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

Healthy eating

Allergy and Anaphylaxis Australia

T: (02) 9482 5988 or 1300 728 000

W: www.allergyfacts.org.au

Australasian Society of Clinical Immunology and Allergy (ASCIA)

W: www.allergy.org.au

Australian Breastfeeding Association

T: (03) 9885 0855

Breastfeeding helpline: 1800 686 268

W: www.breastfeeding.asn.au

Australian Dental Association

T: (02) 9906 4412

W: www.ada.org.au

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

W: www.eatforhealth.gov.au

Australian General Practice Network

W: www.agpn.com.au

Australian Government Department of Health and Ageing
Health Insite

W: www.healthinsite.gov.au



Australian Guide to Healthy Eating,

Australian Government Department of Health and Ageing and
National Health and Medical Research Council

W: www.eatforhealth.gov.au

Dietitians Association of Australia

T: (02) 6163 5200 or 1800 812 942

W: www.daa.asn.au

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

Lactation Consultants of Australia and New Zealand

T: (02) 9431 8621

W: www.lcanz.org

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

W: www.deewr.gov.au/earlychildhood/policy_agenda/quality/pages/home.aspx#nqf

Raising Children Network

W: www.raisingchildren.net.au

Secretariat of National Aboriginal and Islander Child Care (SNAICC)

T: (03) 9489 8099

W: www.snaicc.org.au

Physical activity

Australian Government Department of Health and Ageing (DoHA)

W: www.health.gov.au

Get Set 4 Life, Healthy Kids Check

W: www.health.gov.au/internet/main/publishing.nsf/Content/Healthy_Kids_Check

Healthy Opportunities for Preschoolers (HOP)

W: www.educ.uvic.ca/faculty/temple/pages/hop.htm

Raising Children Network

W: www.raisingchildren.net.au

Sport New Zealand (SPARC)

T: +64 4 472 8058 (international)

W: www.sportnz.org.nz

2010 Legacies Now

W: www.2010legaciesnow.com/leap_bc/



Section 3: Further Reading



Australian Dietary Guidelines

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



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

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