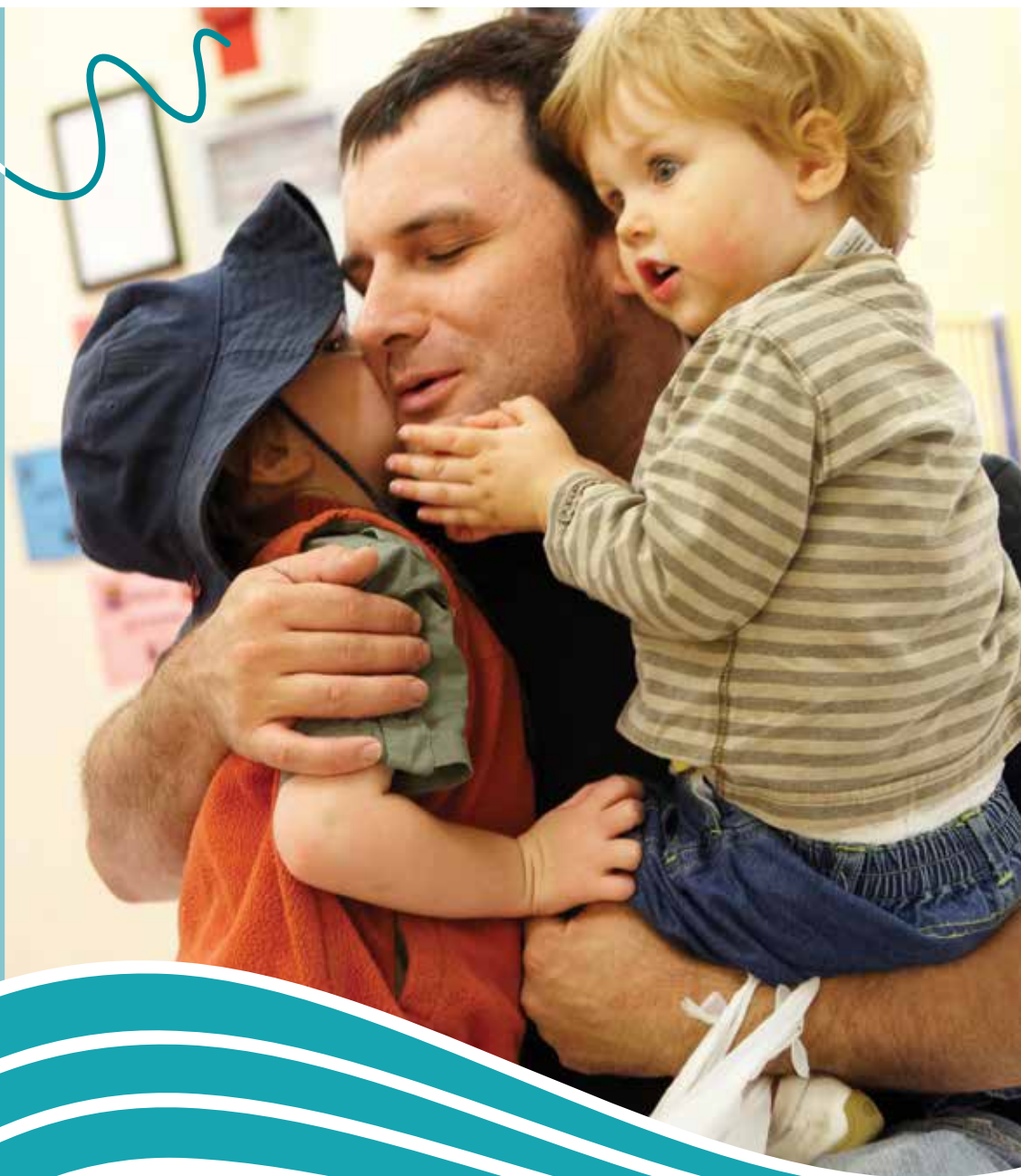


GET UP & GROW

HEALTHY EATING AND PHYSICAL ACTIVITY FOR EARLY CHILDHOOD

FAMILY BOOK



Australian Government
Department of Health and Ageing

Minister's Foreword

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

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

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

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

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

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



The Hon Nicola Roxon
Minister for Health and Ageing

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



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

The resources contain physical activity recommendations that encourage early childhood staff, carers and families to make children's play a priority by providing frequent play opportunities in a positive environment. In addition, the healthy eating guidelines promote offering healthy food choices to children, and allowing them to eat to their own appetite. The guidelines also contain advice for helping children to develop positive attitudes toward food and enjoy eating – whether food is provided by the setting or from home.

'Families and early childhood staff and carers have an important role in children's development.'

The *Family Book* is one of four *Get Up & Grow* resource books, and aims to help parents and families work together with early childhood settings to promote healthy eating and physical activity behaviours. For more information about healthy eating and physical activity, refer to Section 3: Further Reading.

In addition to the four resource books (*Director/Coordinator Book*, *Staff and Carer Book*, *Family Book* and *Cooking for Children*) there are additional materials, such as posters and stickers for early childhood settings, and flyers designed for parents. The flyers offer extra information on healthy eating and physical activity which you can use at home. Families and early childhood staff and carers have an important role in children's development. The information in this book will assist you in working with your early childhood setting to help your child get up and grow!

Breastfeeding



Breastmilk is the ideal food for your baby, and the only food needed for around the first six months. Ideally, you should continue to give your baby breastmilk for the first year, and longer if you and your baby wish. Returning to work does not mean that you can no longer breastfeed your baby – continuing to offer breastfeeds can be something special for you and your baby to share, as you both get used to a new routine. However, many mothers have questions about how this can work.

How can I breastfeed when my baby is at an early childhood setting?

If your baby is a few months old and breastfeeding well, they will often manage happily on a mixed plan of breastfeeds and bottles. You can offer your baby breastfeeds in the morning and evening, and provide expressed breastmilk in a bottle for when you are not around. Babies who are seven or eight months old can often drink breastmilk from a cup during the day, and breastfeed whenever you are around. Expressing breastmilk even when you are away from your baby will keep up your supply, and give you milk to use for times you are away.



How can I prepare for my return to work?

Your early childhood setting should have information available with details on how to continue breastfeeding while your baby is in care. It is useful to contact your workplace to ask about where you will be able to express milk. Some bigger businesses have a specific place set aside; in other workplaces, you may be able to use a small room or office, and lock the door for some privacy. Also, check whether there is a refrigerator, for storing the expressed breastmilk. You will also need a small, insulated container and ice brick or frozen water bottle, for transporting the milk. Discuss your needs and the options available with your workplace before you return to work.

The early childhood setting will help you manage the new routine for your baby, and offer practical tips on breastfeeding now that you are back at work.

Unless your work is part-time or very close to your baby's early childhood setting, you will probably need to express milk to put in bottles for your baby to have during the day. You can express milk by hand, with a hand pump or with an electric pump. Whatever you decide, you should practise expressing milk before you go back to work and get some help if needed. You will need to express milk at the times you would generally have breastfed. If your baby will be bottle-feeding for the first time, practise this before the first day as well.





Checklist for preparing your return to work:

- Contact the early childhood setting and your workplace to check details and arrangements.
- Ask your workplace about where you can express breastmilk, about refrigerator access and whether you can take short breaks whenever you need to express milk.
- Practise expressing milk with your chosen method.
- Make sure your baby will take a bottle (or is able to drink from a cup, if old enough).
- Make sure you have at least a two-day supply of bottles – one day's worth to express milk into, one day's worth to send with your baby to care, and perhaps some extras (you may have extra milk, which you can freeze for another time).
- Make sure you have two insulated containers – one for putting milk in for care and one for bringing your expressed milk home from work.
- Think of a good way to mark your baby's full name, and the date for use, **clearly** on the bottles, so that it will not come off or run when wet (e.g. a permanent marker or waterproof labels and pen).
- Remember, if you are breastfeeding, the safest option is not to drink alcohol and keep baby away from cigarette smoke.



How will breastmilk be provided to my baby?

- Breastmilk should be brought to the early childhood setting in sterilised plastic bottles – one bottle for each feed, and enough milk in each bottle for that feed. It should be carried in an insulated container with an ice brick or frozen water bottle and **clearly labelled** (with a waterproof label or pen) with the full name of your child and the date it is to be used.
- The bottles will be stored in the refrigerator until it is time for your baby's feed.
- Your breastmilk is intended for your own baby, and it is important that staff and carers give the milk to the right baby. Before a feed, two staff will check that the name on the bottle is correct and sign your baby's feeding record.

**'Breastmilk
should be carried
in an insulated container...'**



I am finding it difficult to express milk during the day. What are my options?

If you do not want to express extra breastmilk for bottles, or find that it is becoming too difficult, it is possible to continue breastfeeding only in the morning and evening and offer formula during the day. If breastfeeding has been well established, many mothers can continue to provide enough milk for these less frequent breastfeeds, and many older babies are very happy on this routine. If you do decide to offer formula during the day, you will need to check the setting's guidelines for this.

'Try expressing more frequently for a while...'

Some mothers find it difficult to maintain enough milk for this limited number of feeds, once the feeds and expressing have been cut back. Try expressing more frequently for a while to try and build up the supply again, or perhaps accept that breastfeeding is over for your baby.

At some stage, your baby will stop breastfeeding. Congratulate yourself on a job well done – because although some mothers do it with apparent ease, it is hard work to juggle looking after a baby, going to work, breastfeeding and expressing milk. However, you have given your baby the best possible start to life.

Additional breastfeeding information and support is available from the Australian Breastfeeding Association, either online at www.breastfeeding.asn.au or from the breastfeeding helpline, 1800 MUM 2 MUM (1800 686 2 686).



Infant formula

Should I feed my baby formula?

Breastmilk is best for babies, and while almost every mother is able to breastfeed a new baby, a very small proportion are unable to do so due to illness or medications they may be taking. If you have concerns about breastfeeding, discuss them with a lactation consultant, doctor or community health nurse.

You may choose to partially breastfeed your baby, and supplement their diet with an appropriate infant formula. If you cannot breastfeed or have decided not to, then infant formula is the only safe alternative for your baby.

If you do choose to use formula, this should be the only food given to your baby for around the first six months. Breastmilk or infant formula should be continued while introducing solids, with other drinks avoided until 12 months of age.

Just like breastfeeding, bottle-feeding gives you a chance to hold, cuddle and talk to your baby while feeding them. Not only does your baby enjoy this, but these social interactions are also important for your baby's development and learning.

Always stay with your baby while they are feeding. Never prop a bottle up or leave a baby alone with a bottle, as the milk may flow out too quickly and your baby may choke or develop an ear infection as a result.



How should I make up the formula?

You will need bottles and teats, which should be sterilised before each use. Always make up infant formula according to the directions on the container. Read the directions carefully to make sure you add the correct number of scoops to the proper amount of pre-boiled, cooled water, and mix it well. You don't need to add anything else to the formula.

Water for infant formula should be prepared by bringing a fresh kettle or jug of water to the boil and allowing it to boil for 30 seconds (or, for an automatic electric kettle, until the cut-off point). Water should then be cooled before use. Preparing each bottle just before offering it to your baby is best, however prepared infant formula can be kept in the refrigerator for up to, but no more than, 24 hours.



Always heat formula in a water bath, for no longer than 10 minutes, and never in the microwave. This is to make sure that the bottle is heated evenly and doesn't burn your baby's mouth. Test the temperature of the formula on the inside of your wrist before feeding your baby – the milk should feel warm, not hot. Throw out any formula that is left in the bottle after the baby has finished feeding.

Cleaning bottles for babies

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

How do I provide formula for when my baby is in care?

Each day, provide your baby's early childhood setting with sterilised bottles and teats, as well as pre-measured powdered formula. Label these clearly with the date, your child's name and the amount of water the formula needs to be mixed with. Alternatively, you may be asked to provide bottles already filled with the correct amount of pre-boiled, cooled water – this is so that staff and carers don't have to boil and cool water just before feeds.

It is not safe to prepare infant formula at home and then transport it to the early childhood setting each day, as there is a risk of harmful bacteria growing in the pre-prepared formula.

What about cow's milk?

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

Introducing solids



At around six months of age, your baby will be ready to try solid foods. It is around this time that he or she starts to need nutrients from other foods, in addition to those from breastmilk or formula. Don't stop breastfeeding when your baby starts trying solids.

You should continue to breastfeed until your baby is at least 12 months old, and for longer if you wish. A combination of breastmilk and solid foods is best for your baby during this time. If you are partially breastfeeding or feeding your baby formula, this should also continue as solid foods are introduced, and until 12 months of age.



How will I know when to introduce solids?

Some signs that your baby is ready to try solids include:

- showing an interest in food
- increased appetite
- the ability to sit upright with limited support
- good control of the head and neck.

If you are unsure about whether your baby is ready for solid foods, talk to the staff or carers at your setting, your local doctor or a child health nurse.

How often should I offer my baby a new food?

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

As long as iron rich foods are included in first foods, foods can be introduced in any order...





What foods are suitable for my baby to eat?

Offer your baby a variety of foods, and include different tastes and textures. There is no need to add salt, sugar or other flavours to food for babies. If a food needs more liquid, you can add pre-boiled and cooled water or cow's milk.



Only offer your baby smooth foods at first, until he or she learns how to eat them without any trouble. Your baby's eating skills will progress quickly, and soon you will be able to offer mashed foods. By about eight months, most babies can hold food in their fists and will probably want to feed themselves. Encourage your baby to use their hands and fingers – this will develop skills that will help not only with eating, but also with other areas of learning. Finger foods are good for babies – for example small pieces of cooked meat, cooked or soft fruit or vegetables, and bread.

Expect plenty of mess as babies explore food and eating, and as they learn to use a cup and spoon. Try to serve meals in places where some mess will not matter, or put paper towels or a tea towel underneath where the baby is sitting. Don't worry about teaching table manners or enforcing 'eating properly' at this age – your baby will learn this over time.

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 important skill from around seven months of age. Since breastmilk can be offered in a cup, some breastfed babies may bypass the bottle completely and move straight to cup-feeding, while also continuing to breastfeed. After six months of age, pre-boiled, cooled water can be offered in a bottle or cup as an additional drink.

Babies do not need sweet drinks such as cordial, soft drink and fruit juice. Sweet drinks can reduce the appetite for nutritious foods, and increase the risk of dental decay. Sweet drinks should not be offered, especially not from a bottle.

‘Babies do not need sweet drinks such as cordial, soft drink and fruit juice.’

Although water is sometimes offered in a bottle after six months (or earlier for formula fed babies), it is best to use a cup. By around 12 to 15 months of age most babies can manage a cup well enough to satisfy their own thirst, and the bottle can be stopped. Babies who continue to drink from the bottle well into the second year may drink a lot of milk and have a reduced appetite for other foods – which increases the likelihood of a baby becoming iron deficient. Stopping the bottle can be difficult, so be sure to ask for help or advice from the staff or carers at your early childhood setting, or your local child health nurse.

Some babies move smoothly from bottle-feeding to cup-feeding – but others may cling to the bottle for comfort. Let the staff and carers at the setting know if you are trying to stop bottle-feeding, so they can support your efforts.

Tips for when you want to stop bottle-feeding:

- Start by offering drinks (milk or water) in a cup during the day.
- Once your baby drinks from a cup during the day, stop the 'wake-up' bottle. Offer water in a bottle or milk in a cup instead. It may take a few days to get used to this change.
- The bedtime bottle is often the hardest for babies to give up. Offer a drink in a cup, cuddle your baby and settle them with a song or a book. Offer water in a bottle if you like. Be patient – it may take some time.





Choking risks for babies

Babies and young children have an increased risk of choking on food or drinks. It is important that children sit down whenever they are eating, and that they are supervised at all times.

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

To reduce the risk of choking:

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

Family foods

Although your child's nutritional needs will change as he or she grows and develops, healthy eating is always important. At around 12 months of age, children are ready to enjoy family foods.

Young children need a wide range of nutritious foods to help their development, and to stay healthy. It is normal for children's appetites to vary from day to day. Young children are usually very good at knowing how hungry they are and deciding how much they will eat. Your role is to provide a variety of healthy foods for your child to choose from.





What are the basic food groups?

Foods from the basic food groups provide the nutrients essential for life and growth. These foods are also known as ‘everyday foods’. Each of the food groups provides a range of nutrients, and all have a role in helping the body function. In particular, vegetables, legumes and fruit protect against illness and are essential to a healthy diet.

The basic food groups are:

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

A balanced diet includes a variety of foods from each of the five food groups, and offers a range of different tastes and textures. It is important to choose most of the foods we eat each day from these food groups.

‘Discretionary foods’ (see page 26) on the other hand have little nutritional value and are not essential for good health. Limit the amount of these foods offered to your child.

Australian Dietary Guidelines

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

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



Vegetables, legumes and fruit

Fruit and vegetables provide vitamins, minerals and fibre, and should be included in meals and snacks each day. Choose a variety of fruits, vegetables and legumes (including different colours, textures and flavours) to provide a wide range of vitamins and minerals.

Milk, yoghurt, cheese and/or alternatives

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

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



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

This group includes red meat (such as beef, lamb and kangaroo), white meat (such as pork, chicken and turkey), fish and eggs. Non-animal products in this group include nuts, legumes and tofu. Meat and its alternatives are rich in protein, iron and zinc, and essential for children's growth and development. It is best to choose lean meat and skinless poultry to ensure children's diets do not contain too much fat.



Vegetarian and vegan eating practices

Some families follow vegetarian eating practices. Usually this means avoiding animal products such as meat, poultry and fish. Many vegetarians still eat some animal-related products such as eggs, milk, cheese and yoghurt.

It is especially important that vegetarians eat a variety of legumes, nuts, seeds and grain-based foods, to gain the same nutrients that meat, poultry and fish would otherwise provide.

Vegans do not eat any foods that have an animal origin. It is very difficult to meet children's nutritional needs with a vegan diet, because the amount of food needed for sufficient nutrients may be too large for the child to manage. Plan carefully if your family follows a vegan diet, and consult an Accredited Practising Dietitian to ensure that your child's nutritional requirements are met.

What are 'discretionary choices'?

'Discretionary choices' are foods high in kilojoules, saturated fat, added sugars and/or salt. They typically have very little nutritional value and are often processed and packaged. There is no need to offer discretionary choices to children on a regular basis.

Examples of discretionary choices include:

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

**'There is no need to offer
"discretionary choices" to
children on a regular basis.'**



Providing water for children

Babies under six months who are not exclusively breastfed can be offered cooled boiled water. From six to 12 months, cooled boiled water can supplement breastmilk or formula. For children one to five years, water and cow's milk should be the main drinks offered.

Children should have access to drinking water at all times during the day. Where available, offer clean, safe tap water to children – purchasing bottled water is generally not necessary. Plain milk is also an important drink, as it is a good source of calcium. Be careful not to offer too much plain milk, especially just before a mealtime, because children may fill up on milk and then not be hungry for meals.

Sweet drinks are not part of a healthy diet, because they do not provide much nutrition. Water is the best drink. Also, sweet drinks may fill children up (leading to a decreased appetite for healthier foods), and can also contribute to tooth decay and weight gain. Sweet drinks include soft drink, flavoured mineral water, flavoured milk, cordial, fruit drink and fruit juice. Avoid giving any of these to young children.



Making mealtimes positive, relaxed and social

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

Expect a little mess when children (especially very young children) are eating. Do not react negatively to any mess, which is a normal part of children learning about food and eating. At the same time, discourage behaviours such as throwing or spitting food.

It is common for some children to refuse food, and this should not cause stress or concern at mealtimes. Children can be encouraged to try foods, but should never be forced to eat.

‘Identify ways to reward your child that do not involve food.’

Is it okay to reward my child with food?

Using food to reward children can contribute to unhealthy attitudes towards eating. Do not link food with behaviour, and do not give food as a reward or remove or deny food as punishment. Also, do not use food to comfort a child, as this can lead to the child relying on food for comfort.

Identify ways to reward your child that do not involve food. Praise and encouragement are often what a child needs most from an adult, and small non-food rewards such as stickers or stamps can also be used. It is never appropriate to reward children for eating or punish them for not eating.



Why do young children need a variety of foods?

The early childhood years are a critical time for experiencing new foods and developing eating behaviours and food preferences. The greater the variety of foods that children are exposed to in their early years, the more likely it is that they will enjoy a variety of foods as adults.

Mealtimes should provide a safe environment for children to try new foods. Offer and encourage new foods regularly, and include a variety of tastes, textures and colours. Include familiar foods as well as new foods, and encourage children to taste the new ones. Even if your child doesn't taste a new food on the first few occasions you offer it, continue to make it available. Being around other children at mealtimes can also encourage your child to try new foods, as they see others eating and enjoying them.

Do I have to eat my vegetables too?

Children learn a lot from watching and listening to adults. Parents are role models. Your children watch what you do, and are likely to copy it. Be sure to model the healthy eating habits that you would like your child to develop.

Some tips to help you model good eating behaviours include the following:

- Try to include the whole family at mealtimes.
- Sit with your child during meal and snack times.
- Whenever you can, let your child join you at the table as soon as he or she is eating solids and can share the family meal (usually from around 12 months).
- Allow children to choose what and how much they eat from the options available.
- Encourage children to taste all the foods offered at each meal.
- Keep the mealtime environment calm and positive.





Why is it important for children to choose how much they eat?

Adults are responsible for offering safe and nutritious foods in appropriate amounts. Children can then decide what foods they will eat, and how much, from what is offered. This allows children to eat according to their appetite, and learn to respond to their body's signals of hunger and fullness.

Adults can decide the types of food made available at meals, and either serve individual plates of food for each family member or place bowls and platters where everyone can help themselves. In both cases, children can choose what and how much they eat.

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

Fussy eaters

My child refuses to try new foods. What can I do?

Toddlers and pre-schoolers don't always have big appetites and can be fussy with their food choices. Make sure you provide healthy food options and offer each food to your child to taste. It is up to them to decide how much of the food to eat. Try not to make a fuss over foods, as this may make the problem worse.

To manage a fussy eater, try the following strategies:

- Make sure your child has not filled up on drinks or discretionary choices before a meal or snack.
- Stick to a regular mealtime routine.
- Make the mealtime enjoyable.
- Don't bribe or punish your child for refusing to eat.
- Keep trying to introduce foods that your child has previously refused. Sometimes children need to see a new food at least 10 times before they finally taste it.
- When offering a new food, offer some familiar foods as well.
- Be a good role model by eating the same foods that you are offering your child.
- Set a time limit of around 20 minutes for a meal. After that time, remove any uneaten food and let your child leave the table. Do not offer other food or drinks until the next planned meal or snack.
- Try to always stay calm and don't make a fuss if your child refuses to eat or only eats a small amount.



Remember – children will not allow themselves to starve. If they are healthy and active, there is probably nothing to worry about if they are refusing to eat. However if you are concerned about your child’s eating behaviours, talk to your doctor or an Accredited Practising Dietitian.



Meals and snacks

How often does my child need to eat each day?

Young children have a limited capacity to eat at each mealtime, and need regular opportunities to eat in order to maintain energy levels and get enough nutrients throughout the day.

A regular meal pattern forms the basis of a healthy, balanced diet. Three meals and two snacks a day is ideal for young children. Snacks are just as important as meals to children’s nutrition.

Snacks should offer nutrients in proportion to their energy value. Snacks which provide energy (kilojoules) without adequate nutrients are not good value for children and should not be offered on a regular basis. These are ‘discretionary choices’.

Most foods offered at meals can also be offered as snacks – some of the most common suitable snacks include bread, cereals, fruit, vegetables and milk-based drinks. Snacks do not have to be large – one or two savoury biscuits with cheese, a small piece of fruit, steamed vegetable sticks with dip, or a small glass of fruit smoothie all make good snacks. Make sure to offer water regularly, or have it available for children to help themselves.

Children are less likely to eat more than they need at a meal if they know that there will be a snack at a predictable time – which means they are more likely to start taking notice of their appetites. Parents often feel uncomfortable if a child does not eat, or eats less than what parents think is required. Knowing that a snack will be available in a reasonable amount of time will help you to let children decide how much to eat without worrying.

Remember, the idea is that parents provide healthy foods and children decide what and how much they will eat.

There can be some flexibility with snack times, but don't allow your child to get too hungry as this can often cause irritability. On the other hand, letting your child graze constantly interferes with them learning to recognise hunger and eat in response to it.

'Make sure to offer water regularly, or have it available...'



How important is breakfast?

Breakfast is a very important meal, mainly because it is difficult for children to manage and enjoy their day if they start off hungry. Eating breakfast every day is part of a good healthy eating routine.

If children don't eat breakfast:

- it is more difficult for them to control their behaviour and enjoy their day
- it is very difficult for them to get enough nutrients for the day
- they become hungry later on and will often eat less nutritious snack foods because they are available at the time
- they are more likely to be overweight or obese.

Breakfast does not need to be costly or time-consuming – rather, it can be simple, nutritious and easy. For example, a meal of wholegrain cereal with milk and fruit is nutritious and quick to prepare. It is not necessary to go to a lot of trouble, especially during a busy time of day.



Some mornings, we run out of time for breakfast.

How can I make sure my child has something to eat?

Sometimes children can be very slow in the morning or claim they do not feel hungry. As part of setting up good long-term habits, try some of these ideas.

- Do you have breakfast yourself? If not, it is hard to insist that your child eat breakfast. Try to make some time for everyone in your family to have breakfast. This may be hard to begin with, but after a few weeks you may be pleased to see that you feel better in general and are less hungry later in the day.
- Be matter of fact about breakfast being part of the daily routine.
- Start the day a little earlier and make sure there is enough time for breakfast, to avoid feeling rushed while eating.
- Offer something quick for breakfast and give your child some choices – for example, let your child choose between two suitable brands of breakfast cereal when you do the shopping.
- Occasionally offer something quite different for breakfast, such as a bowl of yoghurt with some chopped fresh fruit or canned fruit.

Many things can happen that may delay your start in the morning. If your child arrives at the early childhood setting without breakfast, make sure you let someone know. Most settings will have something available for your child to eat for breakfast.

**‘Try to make some time
for everyone in your family to
have breakfast.’**



Meal and snack ideas for young children

Offer your child a variety of foods from each of the food groups each day. Meals and snacks both at home and in care can include a variety of healthy foods and should not include discretionary choices or 'treats'. Cow's milk should not be given as a main drink to infants before 12 months of age. It can be used in small amounts in other foods from around six months. Full-cream plain milk is recommended for children aged one to two years, and reduced-fat plain milk is suitable for children over the age of two years.

What are some quick, healthy breakfasts?

Healthy breakfast options include:

- porridge with fresh or canned fruit and a glass of milk
- yoghurt and fruit, or a fruit smoothie
- toast or crumpets with cheese and slices of fruit
- baked beans on toast
- toasted fruit bread
- pikelets topped with ricotta and fruit.



What can I put in my child's lunchbox?

If you supply your child's snacks and meals for the early childhood setting, there are a number of healthy and attractive choices. These include a sandwich, pita wrap or bread roll with fillings such as:

- mashed egg with lettuce
- shredded chicken with cheese and lettuce
- tuna, corn and lettuce
- turkey breast with cucumber and lettuce
- cheese, chutney and alfalfa sprouts
- cold roast meat, chutney, lettuce and tomato
- vegemite and cheese
- cream cheese, grated carrot and sultanas
- avocado, tomato and lettuce
- mashed banana.





Other choices include:

- low-fat savoury biscuits or rice cakes with cheese
- a cold slice of frittata
- a homemade savoury muffin – try zucchini or corn and cheese
- homemade pita pizza.



Keep lunches cool by placing them with a frozen drink bottle or ice brick in an insulated lunchbox.

What are some other healthy snacks for the lunchbox?

Other healthy snacks to put in your child's lunchbox include:

- fresh fruit – whole fruits such as mandarins, bananas, apricots, pears and plums, or cut-up slices of apple, orange, melon or pineapple
- fruit salad
- stewed fruit
- raisin bread
- dry biscuits with cheese, spreads or dip
- pikelets (grated fruit or vegetables can be included in the mix)
- scones – either plain with spreads, or fruit, pumpkin or cheese
- banana bread
- 'make-your-own' fruit skewers on sturdy sticks
- vegetable slices or sticks served with dip (be sure to blanch tough or fibrous vegetables until soft)
- boiled eggs
- yoghurt
- cheese sticks.



What about lunch at home?

Extra healthy lunch ideas include:

- soup and a bread roll
- pasta with sauce and grated cheese
- leftovers from dinner the night before
- an omelette with toast
- a toasted sandwich with fillings such as:
 - tuna and cheese
 - tomato and cheese
 - capsicum or mushroom, tomato and cheese
 - baked beans.



What are some other healthy snacks?

Healthy snacks at home can include:

- wholemeal or wholegrain sandwiches or toast
- crumpets
- raisin toast with ricotta cheese
- a bowl of cereal and milk
- fruit – a mixed platter or one kind of chopped/sliced fruit
- chopped or sliced fruit served with yoghurt or ricotta as a dip
- fresh or canned fruit with a dollop of yoghurt
- a glass of reduced-fat milk
- a fruit smoothie.





What can we cook for dinner?

It is a good idea to keep a mental list of dinner meals that can be prepared quickly and easily. It is also handy to keep a few meals or ingredients in the pantry or freezer that can be heated up and served in just a few minutes. These are often quicker, healthier and cheaper than takeaway meals.

Dinner ideas that can be prepared without too much fuss or pulled quickly from the pantry or freezer include:

- soup – homemade or packaged (try chicken and sweet corn, minestrone or pumpkin and lentil)
- eggs (scrambled eggs, omelettes or boiled eggs with toast soldiers)
- baked potatoes with toppings (try tuna, baked beans or cheese and coleslaw)
- homemade pizza (pita bread topped with tomato paste, meat and vegetables, e.g. cold roast meat, mushrooms, capsicum and cheese)
- pasta (try creamy tuna pasta, vegetable pasta bake or spaghetti bolognese)
- stir fry (try beef and broccoli stir fry, san choy bau or vegetable stir fry with tofu and egg)
- patties (sweet potato and chickpea patties, tuna and corn patties or meat and vegetable rissoles)
- frittatas and simple salads
- casseroles with cous cous
- curries with rice.

See the recipes in *Cooking for Children* for more ideas!



Food safety

Food safety involves all aspects of providing food so that it is safe to eat – managing the risk of choking on food, avoiding allergic reactions, sensitivities and intolerances and ensuring that food is not contaminated in any way.

Allergies and intolerances

There are many reasons why children may have an adverse reaction to a food. The cause of a reaction may be an allergy or intolerance to that food.

‘Food allergies occur in around one in every 20 children...’

What are food allergies?

Food allergies are caused by a reaction of the immune system to a protein in a food. The most common sources of food allergy in children under five years old are cow’s milk, soy, eggs, peanuts, tree nuts, wheat, sesame, fish and shellfish. Food allergies occur in around one in every 20 children, and some of these allergies are severe.

Symptoms of an allergic reaction are usually immediate and can include hives or a rash on the skin; swelling of the lips, tongue or mouth; vomiting; diarrhoea; or difficulty breathing. Severe allergies can lead to an anaphylactic reaction, where breathing becomes extremely difficult and can cause loss of consciousness and serious injury or death. If you suspect your child has a food allergy, talk to your doctor, who may recommend allergy testing.



What is food intolerance?

In cases of food intolerance, reactions are usually less severe. Symptoms of food intolerance can include headaches, skin rashes and stomach upsets. If you notice that your child is experiencing these symptoms after eating, it is a good idea to talk to your doctor. Your doctor can help with diagnosing the symptoms, to find out whether they are related to dietary factors. They can then help you to identify particular foods that your child may need to avoid.



Choking

I have heard that children can choke on foods like raw apple or carrot – is this true?

Learning to eat foods of all textures is part of growing up. It is common for young children to ‘gag’, with coughing or spluttering, while they are learning to eat. This is different to choking and is not a cause for concern. However, choking that prevents breathing is a medical emergency.

The most important way to protect your child from choking is to make sure that children sit down whenever they are eating, and ensure that you are always nearby to supervise. Always carefully consider the texture of the foods you provide your child. Young children are at risk of choking on food because of their small airways and their tendency to swallow pieces of food without chewing properly. Small pieces of hard food are the greatest choking risk for toddlers and babies, and should be avoided or prepared appropriately before being served to children.





Foods to be careful with include:

- hard fruit and vegetables such as raw carrots, celery sticks and pieces of raw apple (these should be grated, finely sliced or cooked and mashed to prevent choking)
- nuts, seeds and popcorn
- tough or chewy pieces of meat
- sausages or frankfurts with skin (remove the skin or buy already skinless, then cut into small semi-circular pieces to prevent choking)
- other foods that can break into hard lumps or pieces.

Hard lollies and corn chips also present a choking risk, but these are discretionary choices and should not be offered to children on a regular basis. Hard, small, round and/or sticky solid foods are not recommended because they can cause choking and aspiration.

Food hygiene

Food safety guidelines must always be followed carefully, especially when preparing food for children, whose immune systems are still developing.

Contamination in food can include:

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

What bacteria can be in foods?

There are bacteria present in most foods. Food spoilage is often caused by bacteria, which usually makes food inedible and unpleasant but not necessarily harmful. Certain bacteria, called pathogens, *are* harmful and can cause food poisoning or gastro-enteritis. Symptoms include nausea, vomiting, diarrhoea and stomach cramps.

Different bacteria cause different illnesses – some can be brief and mild, and others can be very serious, causing dehydration and requiring hospitalisation. Food poisoning is especially serious in children and elderly people because their immune systems are more vulnerable and they become dehydrated more easily.

The only foods which have no bacteria present are those produced synthetically in sterile factories, or foods which have been heat-treated after preparation – for example, canned food and liquid baby formula. All other foods contain some bacteria. Keeping food safe requires controlling the increase of bacteria.





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

Bacteria grow easily in foods that are moist and have a lot of nutrients. These are called 'high-risk' foods. Milk, meat, fish and any dishes containing these foods are considered high-risk. Cooked rice also allows some bacteria to grow. If these foods are left out of the refrigerator for long periods of time, they will spoil and generally not be eaten. However, it is only if they contain harmful pathogenic bacteria that they will cause illness if eaten. Keeping food safe relies on controlling the conditions which allow bacteria to reproduce and grow to large numbers.

Foods unlikely to encourage bacteria to grow are called 'low-risk', and include packaged snack foods, lollies, chocolates, uncooked pasta, rice and biscuits. Many low-risk foods are discretionary choices, such as lollies, chocolate and some packaged snacks, and are not recommended for every day. These foods can be kept for long periods of time without refrigeration. Canned food is safe while the can is still sealed, but once opened the food may become high-risk.



What can I do to ensure that food is prepared safely?

- Always wash your hands before handling food – and wash them again if you touch your hair, need to use a tissue to wipe your nose, after sneezing or going to the toilet, or if you touch other items that may carry bacteria.
- Buy food from suppliers you can trust. Buy foods that look fresh, and from places where turnover is high. Make sure that packages are unbroken and products are within their use-by date.
- Transport high-risk foods quickly or in cool containers.
- Keep all kitchen areas clean.
- Protect low-risk foods by placing them in sealed containers, once packages are open.
- Use separate cutting boards for raw meat and fish, cooked items (such as meat and vegetables) and fruit. Colour code boards to help you remember to use the right ones.
- Wash knives after use with uncooked meat and fish, and before use with any foods that are ready to be eaten.
- Keep high-risk foods refrigerated before cooking or until they are to be eaten. Place any cooked high-risk foods back in the refrigerator, if not eating them straight away.

**‘Do not reheat
cooked foods more than once.’**



Section 1: Healthy Eating



- Do not reheat cooked foods more than once. Discard any food that was served and not eaten. Discard any food that was not served, but which has been out of the refrigerator for more than two hours.
- Reheat food until it is steaming hot. Allow it to cool down to serving temperature, then serve immediately.
- Check daily that your refrigerator is working, and that food is cold.
- Wash dishes between use in hot soapy water and leave them to dry, rather than using a tea towel. Alternatively, use a dishwasher.

What about food preparation with children?

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



What can I do to ensure that food is served safely?

- Wash hands before eating.
- Use tongs and spoons to serve food.
- Cover and refrigerate any food not served straight away, and serve again later.
- Never allow a child to eat food that has been dropped on the floor.

Physical activity



Section 2: Physical Activity

Introduction

Playing and being physically active is an important part of life for all children. The early development of good habits may lead to healthy behaviours that will last into later years, and regular physical activity in early childhood can impact on immediate and long-term health outcomes. What's more, most children find it fun to play and be physically active!





Currently, there are many aspects of everyday life in Australia that make it easy to be physically inactive – we rely on cars for transport, use labour-saving devices such as escalators, elevators and remote controls, and television and other screen-based entertainment are among the most popular forms of leisure. This is a cause for concern, because lack of physical activity is linked to lifestyle diseases such as heart disease, diabetes and some cancers. The increasing rates of weight problems (overweight and obesity) in childhood can also be related to lower levels of physical activity and increased periods of inactivity in children.





Parents, staff and carers can work together to make physical activity a priority both inside and outside the home. For children five and under, active play is the best form of physical activity. Active play involves all types of play – both indoor and particularly outdoor play, ‘active transport’ (such as walking to a destination, rather than driving or using a stroller) and certain everyday tasks. Children also need some time for quieter activities and ‘down time’.

Active play has physical and health benefits, but it also helps important social, language and brain development.

‘Parents and staff can work together to make physical activity a priority both inside and outside the home.’

Birth to one year

Physical activity for babies

From the time they are born, babies learn through interacting with the world. For healthy development in infants (birth to 1 year), physical activity – particularly supervised, floor-based play in safe environments – should be encouraged from birth. Daily chances for babies to move freely help to:

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





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

Babies love to be around people, and they learn a lot from interacting with them. It is important to make time to spend with babies, including time playing with them.



What are some ways for young babies to be active?

Early childhood settings are likely to have planned programs that include a range of different movement opportunities throughout the day. Babies also need to be provided with a variety of activities and plenty of opportunities for play when they are at home. Play activities that stimulate their senses will also help to develop other skills.

Some ideas for playing with your baby include:

Tummy time

Tummy time is important for strengthening your baby's head, neck and trunk muscles, and encouraging free leg and arm movements. Place your baby on different floor surfaces, for example rugs or mats. Try placing toys or other safe objects just out of reach, for them to reach for and try to grasp.

Getting around

As your baby becomes more mobile they will enjoy practising new movements, such as kicking, crawling, pulling themselves up onto sturdy chairs or benches and crawling through tunnels. Baby walkers and baby exercise jumpers are not advised, due to the risk of injury, and because evidence shows they can restrict the muscle development required for independent walking.

Sound

Noises during play help with areas of brain development linked to hearing, and can also encourage movement. Give your baby a rattle, a wooden spoon and saucepan, or play music for them to listen and move to.

Touch

Give your baby toys and objects with different textures and materials, for them to touch and squeeze. This will help develop their sense of touch. You can make your own toys – for example, a stocking filled with scrunched-up paper.

Sight

Moving objects that your baby can follow with their eyes help develop eye strength and encourage movement. Read your baby books made of fabric or cardboard, place them below a colourful mobile or play 'Peek-a-boo'.



What about outdoor play for young babies?

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

When your baby is outside, show, talk and sing to them about what they may see or feel. If you do not have an outdoor area at home, take your baby to the park or another local outdoor area whenever you can.



Sedentary behaviour and screen-time

Even before babies can walk and move independently, they need plenty of time to practise movements such as reaching, kicking and feeling. Even when they start crawling and walking they continue to need time to practise new skills, move freely and creatively, and interact with others. Babies should not be restrained or kept inactive (during awake time) for more than an hour at a time.

Why no screen-time from birth to two years?

Based on recent research, it is recommended that children younger than two years of age should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).

Screen-time is not recommended for babies and children less than two years of age, because it may:



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

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

You may want to check with your early childhood setting for their policy on screen-time for young children, and think about ways to minimise screen-time at home.

One to five years



Physical activity for toddlers and pre-schoolers

Physical activity should remain a high health priority in families with children aged between one and five years. Daily chances for active play lay the foundations for developing the vital physical, mental and social skills necessary for dealing with everyday situations.

From the age of one year to around five years (through the toddler and pre-school years), it is recommended that children be active for at least three hours every day. This may seem like a lot but children are naturally active and 'on the go', so short bursts of activity, from light (such as building or playing on the floor) through to vigorous (such as running or jumping) can be spread throughout the day.



How important is active play for one- to five-year-olds?

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

Active play helps children to:

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

What kinds of things can I do to help my child be active?

Young children naturally look for adventure and want to explore. The ability and development of your child will determine the types of activity and play that are suitable and enjoyable. Young children like to show adults what they can already do, as well as be challenged regularly to try new things.





Active play includes several types of activities:

- Unstructured play is creative play that gives children the freedom to move at their own pace and decide *how* they will play, *what* they will do and *where* it will take place. Examples of unstructured play include dancing to music, and playing in the sandpit, at the park or with other children. ‘Rough and tumble’ play can sometimes be part of unstructured play, particularly for boys. Although boys may play differently to girls, both boys and girls need equal access to play spaces and play items.
- Structured play is planned play that may occur at a set time and place, or need equipment. Examples include action games and songs (such as ‘Hokey Pokey’), kinder-gym, creative dancing and swimming lessons.

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

- ‘Active transport’ involves using physical activity to travel – for example walking, pedalling or using a scooter. Even young children can walk or pedal for a short time, and will be capable of walking longer distances as they get older. Try walking to and from the early childhood setting, or walking or pedalling to the local shops. For short distances, encourage children to walk rather than use a stroller. Remember to supervise children when participating in active transport.
- Everyday physical tasks include helping with the gardening, unpacking shopping, folding clothes or tidying up play spaces. Children enjoy helping adults with many everyday tasks.

What can I do if my child is not interested in active play?

Every child is different, and some naturally prefer quieter activities like reading or drawing. However, we all need to maintain a certain level of physical activity for good health, so here are some tips for encouraging your child to be more active:

- Plan a variety of opportunities for your child to be active throughout the day, and try to make sure the emphasis is on fun.
- Let your child explore and make up their own activities.
- Find an active play buddy for your child, from family or friends.
- Give lots of praise for efforts made during active play.
- Focus on what your child can do, not what they can't.
- Plan family outings and celebrations around chances for active play.
- Make walking a part of everyday life.
- Make active play fun and positive.
- Be patient and provide plenty of time for your child to practise movements.
- Be active with your child, and try to be a role model.

'Let your child explore and make up their own activities.'



What are the best ways to encourage children's active play?

You do not always have to be directly involved in all of your child's active play – safe play spaces and equipment, along with supervision, can allow children to be creative and make up their own play.

It is important to help your child develop an enjoyment for physical activity. Try to provide a balance between activities that let your child create and imagine, with activities that provide new challenges and some 'risks'.



Prompting children to move in different ways helps to challenge them and constantly improve their skills. Try prompting your child to change:

- **how** their body can move ('How fast can you...?', 'Can you do that lightly?')
- **where** their body can move ('Can you do that backwards?', 'How high can you...?')
- **what** their body can do ('Can you curl up and...?', 'Can you do that on one leg?')
- **who** they can move with ('Can you follow Anna?', 'Can you teach me to do that?').

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

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

‘Play objects can include toys or everyday items, but should be appropriate for the age and development of the child.’

Ideas for play items for children from one to five include:

- boxes, crates, baskets, cardboard tubes and containers
- balls of different sizes
- ropes, scarves, towels and streamers
- planks of wood
- buckets and spades
- brooms and paintbrushes
- pots and pans
- leaves and pine cones
- old clothes, old linen and old furniture
- rackets and bats
- wooden blocks
- ropes hanging from the ceiling
- mats, cushions, beanbags and tyres.



Section 2: Physical Activity

Remember that not all of these equipment suggestions are suitable for all ages – for example, ribbons or streamers may be fun for four- or five-year-olds, but they are not suitable for one- or two-year-olds. Talk to the staff or carers at your child’s setting and share ideas for play items that your child might enjoy.

If you have children of different ages, always consider the safety of younger children during play – especially when it comes to the access and storage of equipment only suitable for older children.



What about outdoor play for one- to five-year-olds?

Children who spend more time outdoors will generally be more active. Outdoor areas usually provide children with more space, and a variety of surfaces and equipment. Outdoors, children can experience moving in a whole range of different shapes, speeds and directions, and have the freedom to be messy and noisy.

Outdoor play gives children opportunities to:

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

Parents often worry that outdoor play can be risky, but children need opportunities to play freely and explore outdoor play spaces. Providing a range of challenges in play teaches children to understand, manage and learn from taking risks.





As with 'rough and tumble' play, playing outside is important for the development of both girls and boys. Normal side effects of outdoor play may include getting grubby, small grazes, bumps and bruises, being noisy and messy, and learning to deal with heights and new movements. Also, being outdoors in cooler weather does not cause the common cold. As long as outdoor play is supervised, the benefits generally outweigh the risks.

'...playing outside is important for the development of both girls and boys.'

Active play and children with disabilities

Every child can benefit from physical activity and active play. If your child has a disability, discuss with your health professional some ways to offer a full range of active experiences for your child. At the early childhood setting, let the staff and carers know the details of your child's disability and how it affects everyday functions and abilities. Tell them about your child's interests, dislikes and capabilities, as well as what you would like them to help you achieve for your child. Early childhood staff may value being able to contact your child's health professional for more information.

Making outdoor play as safe as possible...

- | | |
|--------------------------------|---|
| Be SunSmart[®] | Remember sun protection whenever your child is outdoors – sunscreen, shelter, hats and suitable clothing. |
| Supervise | Always supervise your child around water, heights, steps, fences, animals and small objects. |
| Clothing | Dress your child in comfortable clothing and shoes that are suitable for being active. |
| Water | Make sure your child drinks plenty of water when playing outside, particularly in hot weather. |
| Join in | Interact with children and support them in outdoor play – but make sure that play is still led by the children. |

'Make sure your child drinks plenty of water when playing outside...'



Times when children are not active

There will always be times when children are not active. Every child needs time for activities like listening to stories, reading, drawing and puzzles, or simply time to sit quietly. These kinds of activities are also important for learning and development.

Other types of non-active activities are *not* essential, such as screen-based activities like watching television. As previously stated, screen-time is not recommended at all for children under two years. It is recommended that for children two to five years of age, screen-time is limited to less than one hour per day. This includes television, watching DVDs and playing video or computer games.



Regardless of the activity, it is recommended that children are not kept restrained or inactive for more than one hour at a time during waking hours. Children who spend long periods of time sitting or being inactive are more likely to have poorer physical, social and intellectual development. For young children, this includes long periods of time in high chairs, car seats or strollers.

Providing a number of opportunities for physical activity during the day is an important part of promoting a healthy lifestyle. It is equally as important to reduce the total amount of time that your child is inactive, no matter how active they may be at other times.



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

For toddlers and pre-schoolers, long periods of screen-time mean less opportunity for active, outdoor and creative play, and fewer of the associated benefits. It also leads to less healthy eating habits, and slower development of language, memory and thinking skills.

Some early childhood settings may decide not to offer screen-time as part of their program. You may also want to make a plan for reducing screen-time at home – think about incorporating some of the suggested play ideas included in this book.

Recommendations summary for birth to five years





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

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 Children's Education and Care Quality Authority

T: 1300 422 327

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

Australian Dental Association

T: (02) 9906 4412

W: www.ada.org.au

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

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

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

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

Sport New Zealand

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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