

## **HEALTHY EATING AND ORAL HEALTH POLICY**

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### **Mandatory – Quality Area 2**

#### **PURPOSE**

Bethany Kindergarten Services (BKS) educators, and management acknowledge the importance of healthy eating and oral health behaviours, which contribute to overall health and wellbeing.

This policy confirms our commitment to:

- Promote a healthy lifestyle to children at the BKS service, including eating nutritious food and drinks
- Encourage children to make healthy lifestyle choices, which includes drinking water, eating healthy food and maintaining good oral health, consistent with the national and state guidelines and recommendations
- Ensure that the dietary and cultural needs of children and families are taken into consideration when planning menus for service events and activities
- Promote the registration and implementation of the Healthy Together Achievement Program

As a health promoting service we will promote healthy eating and oral health to children, educators, and families through learning, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

#### **POLICY STATEMENT**

##### **VALUES**

BKS is committed to:

- Promoting nutritious food and eating/drinking habits that will contribute to healthy growth and development in children and good oral health.
- Providing a safe, supportive and social environment in which children can enjoy eating
- Consulting and working collaboratively with families in regard to their child's nutrition, oral health and dietary requirements, including responding appropriately to food allergies and recognising cultural and religious practices, and lifestyle choices
- Ensuring that food and drink items provided by the service are consistent with national and state guidelines and recommendations
- Providing children and families with opportunities to learn about food, nutrition and healthy lifestyles
- Ensuring adequate health and hygiene procedures, including safe practices for handling, preparing, storing and serving food.

##### **SCOPE**

It is recognised that every member of the service impacts on children's health and can contribute to creating an environment that promotes healthy eating and good oral health. All members of our

service including educators, children, families and volunteers will be supported in implementing this policy.

## BACKGROUND

The Geelong Kindergarten Association recognises healthy eating and good nutrition have a major influence on children's health and wellbeing and a direct impact on their growth and development. The important social and cultural role of food, and the wide range of attitudes to it, is acknowledged within the service. The foods we eat provide our body with nutrients we need to stay healthy. Research has shown that when offered a variety of healthy foods, children can and do make good choices. It is also important to provide preschool children with a good foundation in healthy eating, as most children have formed lifelong eating habits before they reach school age. Education and care settings provide many opportunities for children to experience a range of healthy food, and to learn about food choices from educators and other children (Belonging, Being & Becoming – The Early Years Learning Framework for Australia, p30).

Oral health is essential for children's overall health and wellbeing. Oral diseases can negatively affect individuals through pain, discomfort, general health and quality of life. The main oral health condition experienced by children is tooth decay, affecting over half of all Australian children, making it five times more prevalent than asthma.<sup>1</sup> Tooth decay is Australia's most prevalent health problem despite being preventable.<sup>2</sup>

In recognising children as active participants in their own learning, children should be encouraged to make meaningful decisions about elements of their own education and care. It is important to provide access to and establish good healthy eating and oral health practices at a young age as most children have formed lifelong habits by school age. Educators are well placed to build this awareness among children and their families, while respecting lifestyle choices, and cultural and religious values.

Incorporating progressive meal times into the educational program allows children to choose to eat when they are hungry, rather than according to a timetable. Children can gather in small groups to enjoy meals together, without interrupting the needs and play of others. Children can make decisions based on their own needs, and can be supported to access food and water throughout the day by educators, who actively participate in meal times.

A decision with respect to incorporating progressive meal times into the educational program must take into account the needs of all children at the service, particularly children with specific medical conditions such as diabetes and food allergies. The National Regulations require services to ensure that children with medical conditions are able to participate fully in the educational program, and are not discriminated against in any way.

## DEFINITIONS

**Healthy eating:** Eating a wide variety of foods from the five food groups each day. These are:

- Fruit, vegetables and legumes/beans
- Grain (cereal) foods, mostly wholegrain
- Milk, yoghurt, cheese, and alternatives
- Lean meat, poultry, fish, eggs, tofu, nuts and seeds and legumes/beans.

Healthy eating also means eating in a way that is socially and culturally appropriate, having regular meals and snacks and eating food to satisfy hunger, appetite and energy needs.<sup>3</sup>

**Nutrition:** The process of providing or obtaining the food necessary for health and growth.<sup>4</sup>

**‘Sometimes’ foods and drink:** Sometimes foods are high in fat, sugar and salt or a combination of these.<sup>5</sup> they typically have very little nutritional value and are often processed and packaged. \*See appendix 1.

**Oral health:** Eating, speaking and socialising without discomfort or embarrassment.<sup>6</sup>

**Adequate supervision:** entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- Number, age and abilities of children
- Number and positioning of educators
- Current activity of each child
- Areas in which the children are engaged in an activity (visibility and accessibility)
- Development profile of each child and of the group of children
- Experience, knowledge and skill of each educator
- Need for educators to move between areas (effective communication strategies).

## SOURCES AND RELATED POLICIES

### Sources

- Belonging, Being & Becoming. The Early Years Learning Framework for Australia: Commonwealth of Australia, 2009  
[www.deewr.gov.au/EarlyChildhood/Policy\\_Agenda/Quality/Pages/EarlyYearsLearningFramework.aspx#key\\_documents](http://www.deewr.gov.au/EarlyChildhood/Policy_Agenda/Quality/Pages/EarlyYearsLearningFramework.aspx#key_documents)
- Get Up and Grow. Healthy Eating and Physical Activity for Early Childhood. Australian Government, 2009 [www.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhood-nutrition-resources](http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhood-nutrition-resources)
- Australian Dietary Guidelines. National Health and Medical Research Council, 2013  
<https://www.nhmrc.gov.au/guidelines/publications/n55>
- Infant Feeding Guidelines, National Health and Medical Research Council, 2013  
<https://www.nhmrc.gov.au/guidelines/publications/n56>
- Healthy Together Achievement Program:  
<http://achievementprogram.healthytogether.vic.gov.au>
- Victorian Early Years Learning and Development Framework: [www.education.vic.gov.au/](http://www.education.vic.gov.au/)

### Service policies

- Anaphylaxis policy
- Asthma policy
- Curriculum development policy
- Diabetes policy
- Dealing with infectious diseases policy
- Excursions and service events policy

- Food safety policy
- Fundraising Policy
- Hygiene policy
- Incident, injury, trauma and illness policy
- Inclusion and Equity policy
- Physical Activity and Active Play Policy
- Educators health and wellbeing policy

**Relevant legislation and standards include but are not limited to:**

Education and Care Services National Regulations 2011:

PART 4.2—CHILDREN'S HEALTH AND SAFETY 97 Division 1—Health, safety and wellbeing of children —Regulations 77, 78, 79, 80

PART 4.7—LEADERSHIP AND SERVICE MANAGEMENT Division 2—Policies and procedures — Regulation 168 (2) (a) (i)

Food Safety Victoria, Department of Health – Food Safety and Regulation: 1300 364 352

Guide to the National Quality Standard 2011

Australia New Zealand Food Standards Code

Child Wellbeing and Safety Act 2005

Disability Discrimination Act 1992 (Cth)

Education and Care Services National Law Act 2010

Equal opportunity Act 2010 (Vic)

Food Act 1984 (Vic), as amended 2012

Occupational Health and Safety Act 2004

**PROCEDURES**

**Healthy policies**

- Ensuring that all educators comply with this policy, and other relevant policies
- Educators, families and children are active participants in the development and implementation of the whole service healthy eating and oral health policy.
- Educators and families are provided with information about policy requirements.

**Healthy social environment**

- Ensuring that the service environment and educational program supports children and families to make healthy choices for eating and oral health
- Safe, fresh drinking water (preferably tap water) is readily available to all children at all times. Children are encouraged to drink water regularly by educators.
- Ensuring children can readily access their own clearly labelled water bottles, where this is a BKS service practice.
- ‘Sometimes’ foods and sweetened drinks, such as juices, cordial and soft drinks, are not provided by the service and families are discouraged from sending from home.
- Educators introduce and role model healthy eating and drinking to children/families.
- Educators providing adequate supervision (refer to Definitions) for all children during meal/snack times.
- Ensuring that food and drinks are available to children at frequent intervals throughout the day, in line with the Australian Dietary Guidelines.<sup>5,7</sup> (Regulation 78(1)(b))

- Families are encouraged to provide fruit and vegetables daily in children’s lunchboxes and other foods in line with the service’s healthy eating and oral health policy.
- Cooking and food experiences provided in the service focus on healthy food options and promote fruit and vegetables.
- Children are encouraged to taste a wide variety of foods with a range of flavours, colours, textures and aromas through menus and food experiences.
- Educators are supported by having healthy food options in the educator’s room, for educators meetings and for professional learning.
- The service seeks to ensure any sponsorship, advertisements or marketing of food and drinks are consistent with the service’s healthy eating and oral health policy. Fundraising activities reflect the healthy eating and oral health policy and promote healthy lifestyle messages.
- Children undertake oral hygiene practices in the service where appropriate.
- Food and drink provided by the BKS service is nutritious, adequate in quantity, appropriate to children’s growth and development, and meets any specific cultural, religious or health needs.
- Ensuring that all educators are aware of, and plan for, a child’s food allergies, medical conditions and dietary needs on enrolment or on initial diagnosis.
- Ensuring that all educators are aware of, and plan for, the dietary needs of children diagnosed with diabetes (refer to Diabetes Policy.)  
If the service provides food the menu promotes the consumption of fruit and vegetables on a daily basis and healthy food options are in line with the Australian Dietary Guidelines <sup>5,7</sup>
- Ensuring the implementation of adequate health and hygiene procedures, and safe practices for handling, preparing and storing food, to minimise risks to children (Regulation 77)
- Ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes.

### **Healthy social environment**

- As role models, educators and families are encouraged to bring foods and drinks in line with the service’s healthy eating and oral health policy.
- Breastfeeding at the service is welcomed and an appropriate comfortable space is provided for mothers to breastfeed or express milk.
- Food and drink are not used as an incentive, bribe or reward at any time.
- Healthy body image and an enjoyment of eating are encouraged by the service.
- Food and oral health practices from diverse cultural backgrounds and traditional beliefs are respected and valued within this service, and are accommodated to support children’s learning and development.
- The service provides a positive eating environment with relaxed, safe, supportive, social and enjoyable experiences by:
  - encouraging independence at meal and snack times e.g. opening lunchboxes, pouring drinks, self-feeding, serving and using utensils in a culturally-sensitive way.
  - educators sitting with the children at meal and snack times to role model healthy eating and for socialisation and learning.
  - educators sharing food with the children, where possible.
  - giving children plenty of time to eat and socialise.
  - adopting a progressive meal time approach, encouraging quieter, more social and meaningful interactions at meal times.

### **Learning and skills**

#### **Educators**

- Providing learning opportunities to ensure educators involved in menu planning participate regularly in nutrition, oral health and safe food handling training, are kept up to date with current research, knowledge, best practice and to assist educators in compliance with the Food Safety Act e.g. safe food handling courses, professional development sessions.
- Educators are supported to access a range of resources to increase their capacity to promote healthy eating and oral health initiatives for children.
- Consider this policy when organising excursions, service events and fund raising activities.

### **Children**

- Educators involve children in healthy food experiences through growing, cooking and shopping.
- Opportunities to learn about and develop skills for healthy eating and oral health are embedded in the educational program.
- Educators talk to children about age appropriate tooth brushing and why this is important.

### **Engaging children, educators and families**

- Educators, children and families are key partners in developing and supporting healthy eating and oral health initiatives in the service.
- Providing ongoing information, resources and support to families, to assist in the promotion of optimum nutrition, oral health and healthy lifestyles at the service and at home.
- Providing parents with healthy suggestions for morning/afternoon tea and/or lunchboxes for children.
- Discouraging parents/guardians from providing children with 'sometimes' foods and drinks (refer to definitions).
- If food is provided, the service ensures that a weekly menu is displayed in a location accessible to parents/guardians, and that it accurately describes the food and drinks to be provided by the service each day, and that feedback from parents is encouraged.
- Displaying menus, sharing recipes and encouraging feedback about the food provided at the service.
- Families' experiences, expertise and interests are drawn upon to support healthy eating and oral health initiatives.
- Families and children from culturally diverse backgrounds are consulted to ensure cultural values and expectations about food, eating and oral health are respected.
- Supporting students and volunteers to comply with the healthy eating and oral health policy while at the service.
- Registering the service with the Healthy Together Achievement Program (refer to Sources).

### **Parents/guardians are responsible for:**

- complying with the requirements of this policy.
- providing details of specific nutritional/dietary requirements, including the need to accommodate cultural or religious practices or food allergies, on their child's enrolment form. They are to discuss these with the educators prior to the child's commencement at the service, and if requirements change over time (refer to Anaphylaxis Policy, Asthma Policy and Diabetes Policy).
- communicating regularly with educators regarding children's specific nutritional requirements and dietary needs, including food preferences.
- encouraging their child/ren to drink an adequate amount of water.
- providing healthy, nutritious food for snacks/meals, including fruits and vegetables.

- providing nutritious food and drinks for celebrations, fundraising activities and service events, consistent with service policy.

### **Community partnerships**

- Developing links with local and regional health services, community organisations and businesses that provide expertise, resources and support for healthy eating and oral health to support educators and educators to deliver and promote healthy eating and oral health initiatives.
- Supporting families, as required, with information to access local support services, for example dental services, local food availability.

### **Evaluation**

This healthy eating and oral health policy will be monitored by BKS educators, families, management and the health and wellbeing team.

In order to assess whether the values and purposes of the policy have been achieved, BKS as the approved provider will:

- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any change to this policy or its procedures.

### **AUTHORISATION**

This policy was adopted by BKS on 3 December 2014 and last updated 1 July 2017

**REVIEW DATE: 1 JULY 2019**

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## **Appendix – Additional information**

### **Appendix 1**

#### **Examples of ‘sometimes foods’ include:**

- Chocolate, confectionery, jelly
- Sweet biscuits, high fat/salt savoury biscuits, chips
- High sugar/high fat cakes and slices
- Cream, ice cream
- Deep fried foods (e.g. hot chips) and pastry based foods (pies, sausage rolls and pasties)
- Most fast food and takeaway foods
- Some processed meats (e.g. sausages, frankfurts/hot dogs, salami, strasbourg, devon, some commercial chicken nuggets and fish fingers)
- Soft drinks, fruit juice and fruit drinks, cordial, sports drinks, energy drinks, flavoured milk and flavoured mineral water.<sup>8</sup>

Sometimes foods may also be referred to as ‘discretionary’ or ‘extra’ foods.

### **Appendix 2**

#### **Healthy Eating Guidelines<sup>5</sup>**

- Exclusive breastfeeding is recommended, with positive support, for babies up to six months. Continued breastfeeding is recommended for at least 12 months – and longer if the mother and baby wish.
- If an infant is not breastfed, is partially breastfed, or if breastfeeding is discontinued, use an infant formula until 12 months of age.
- Introduce suitable solids at around six months.
- 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
- 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.
- Plan mealtimes to be positive, relaxed and social.
- Encourage children to try different food types and textures in a positive eating environment.
- Offer an appropriate amount of food, but allow children to decide how much they will actually eat themselves.
- Offer meals and snacks at regular and predictable intervals.
- Ensure that food is safely prepared for children to eat – from the preparation stages to consumption.

### **Appendix 3**

#### **Oral Health Messages for the Australian Public<sup>9,10</sup>**

- Breast milk is best for babies and is not associated with an increased risk of dental decay.
- A cup can be introduced at around six months, to teach infants the skill of sipping drinks from a cup.
- Put an infant to bed without a bottle or take the bottle away when the infant has finished feeding. Don’t let the
- Infant keep sucking on the bottle.
- Use an appropriate fluoride toothpaste (e.g. child’s toothpaste) over the age of 18 months.
- Children should have an oral health assessment by the age of two.

- Brush teeth and along the gum line twice a day with a soft brush.
- Drink plenty of tap water (fluoridated if available).
- Limit sugary foods and drinks.
- Choose healthy snacks – fruits and vegetables.
- Pregnant women should have their oral health assessed and treatment needs addressed.

## Appendix 4

### Useful resources related to healthy eating and oral health

- Better Health Channel: [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)
- Cavallini, I and Tedeschi, M (eds) (2008), *The Languages of Food: recipes, experiences, thoughts*. Reggio Children Publications
- Food Standards Australia New Zealand- for information on food safety and food handling: [www.foodstandards.gov.au](http://www.foodstandards.gov.au)
- Murdoch Childrens Research Institute, Royal Children’s Hospital Melbourne, *Limit ‘Sometimes’ Foods* Background Paper
- Nitzke, S, Riley, D, Ramminger, A and Jacobs, G (2010), *Rethinking Nutrition: Connecting Science and Practice in Early Childhood Settings*. Redleaf Press, St Paul, USA
- Victorian Healthy Eating Advisory Service (VHEAS) provides advice for Victorian primary and secondary schools and all licensed children’s services on healthy eating, including:
  - Over-the-phone advice from nutrition experts on providing healthy food and drink to children
  - Menu assessments
  - Direct contact through an easy-to-access email address (Nutrition Australia)
 Contact VHEAS: phone 1300 225 288 or email [vheas@nutritionaustralia.org](mailto:vheas@nutritionaustralia.org)

### References

1. Australian Research Centre for Population Oral Health, 2011. Dental caries trends in Australian school children. *Australian Dental Journal*, Vol 56, pp 227–30.
2. Rogers J, Prevention and Population Health Branch, Government of Victoria, Department of Health, 2011, Evidence-based oral health promotion Resource
3. Nutrition Australia Victorian Division, [www.nutritionaustralia.org](http://www.nutritionaustralia.org)
4. <http://oxforddictionaries.com/definition/english/nutrition>
5. Get Up and Grow Healthy Eating and Physical Activity for Early Childhood. Australian Government, 2009
6. UK Department of Health (1994) in Spencer, JA, Australian Health Policy Institute, Commissioned Paper Series, 2004 (dental)
7. Australian Dietary Guidelines, National Health and Medical Research Council, 2013, <http://www.eatforhealth.gov.au>
8. Healthy Together Healthy Eating Advisory Service menu planning checklist
9. Roberts-Thomson, K (2011) Oral health messages for the Australian public. Findings of a national consensus workshop, *Australian Dental Journal*, 2011; 56(3):331–5.
10. Infant Feeding Guidelines, National Health and Medical Research Council, 2012, <http://www.eatforhealth.gov.au>