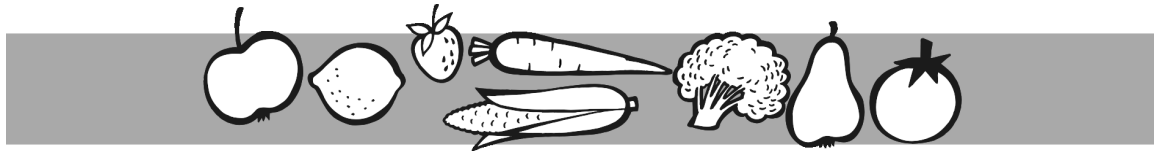


Workshop A:

Healthy Eating, Healthy Behaviours

Part 2:
Presentation and Background Information



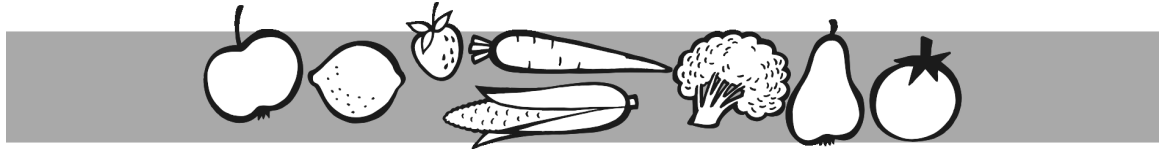
Purpose

As a result of attending this workshop parents/carers should be able to:

- Use the Dietary Guidelines for Children and Adolescents as a tool to check if the meals and snacks they offer are nutritionally appropriate
- Use 'The Australian Guide to Healthy Eating' as a tool to check the variety and quantity of food consumed from each food group
- Demonstrate an understanding of the importance of breastfeeding and know where to go for additional advice
- Demonstrate an understanding of healthy eating principles for children
- Be able to read and interpret food labels
- Define a food additive and various types
- Be able to describe how food additives are regulated and approved in Australia
- Describe the factors influencing children's food preferences
- Describe the roles and responsibilities of the parent and child at meal times
- List ways to increase the family's physical activity levels
- Identify the benefits of positive lifestyle behaviours
- Identify family diet and exercise goals

Point to consider:

- Eating disorders (e.g. intense fear of being obese, disturbed perception of body image, restricted eating, exercising obsessively, absence of menstrual periods, bingeing and purging) are a complex issue that require professional assistance. If a parent asks for further information, direct them to their general practitioner.




4min

Introduction



Workshop A
**Healthy Eating,
Healthy Behaviours**



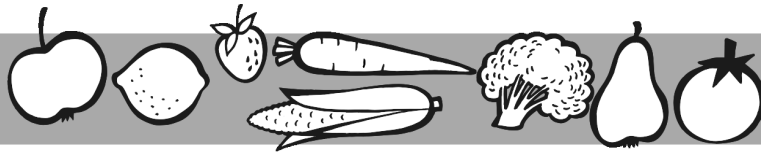
A healthy diet and lifestyle is one of the best investments a parent can make for their child's health.



Welcome the group.

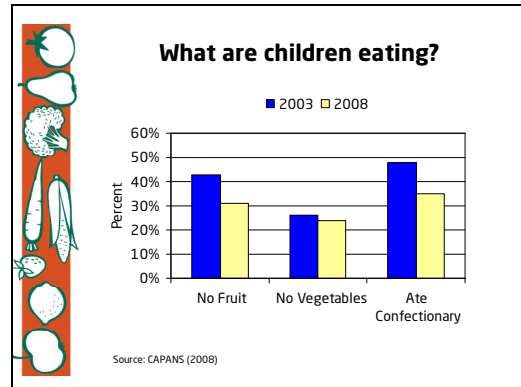
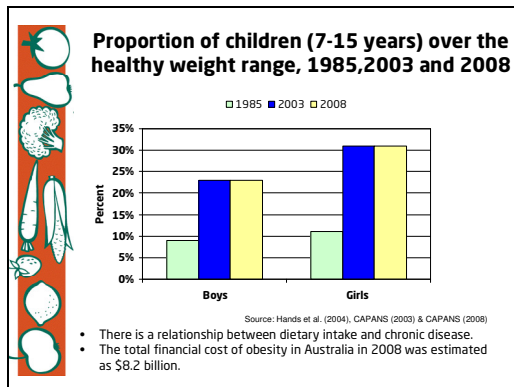
This workshop will discuss establishing healthy lifestyle habits, including nutrition and physical activity, for children aged 2-12 years of age. It will draw attention to 'The Dietary Guidelines for Children and Adolescents' and 'The Australian Guide to Healthy Eating'.

This workshop will also give some background information on eating behaviours and outline some strategies and skills for creating positive eating environments for a healthy lifestyle for the whole family.



5min

Children's Current Eating Habits



Children are one of the most nutritionally vulnerable groups in our community. A healthy diet can be the best investment a parent can make for their child's health. Did you know?

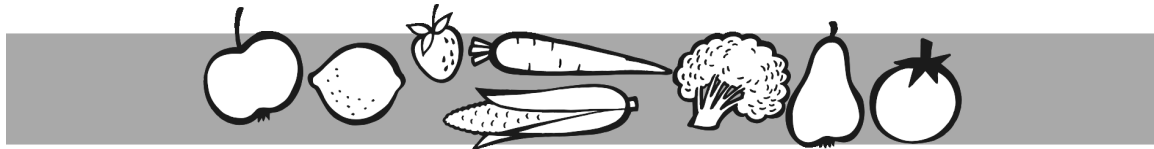
- Scientific evidence points to a relationship between dietary intake and major causes of disease or death in this country. Such diseases include: some cancers, heart disease, high blood pressure, diabetes, osteoporosis and dental caries.¹
- The total financial cost of obesity in Australia in 2008 was estimated as \$8.2 billion.²
- From 1985 to 2003 the proportion of Western Australian children who were overweight or obese had increased from³:
 - 9.3% to 23.1% in boys
 - 10.6% to 30.5% in girls.
- Proportion of children above a healthy weight range in 2008 remained relatively unchanged from 2003, with about one in four children overweight or obese.⁴
- The 2008 Child and Adolescent Physical Activity and Nutrition Survey (CAPANS) showed an increase in the proportion of girls classified as underweight; an increase from 4.2 percent to 9.9 percent in primary school girls and an increase from 5.5 percent to 9.4 percent in secondary school girls.⁴

Improvements in nutrition were seen between 2003 and 2008 in the proportion of children who consumed the following items:⁴

- Fruit
 - Primary school boys increased from 51% to 63%.
 - Primary school girls increased from 63% to 75%.
- Confectionary and cereal bars
 - Primary school children decreased from 48% to 36%.

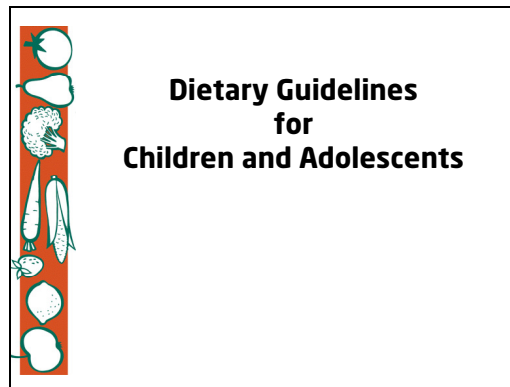
The 2008 Child and Adolescent Physical Activity and Nutrition survey (CAPANS) of WA school children showed that on any given day:⁴

- 3 out of 5 primary school children don't consume the recommended amount of vegetables
- 2 out of 5 don't consume the recommended amount of fruit for their age
- 10% of primary school boys and 17% of primary school girls do not eat breakfast daily
- 35.6% of primary school children consume confectionary (e.g. lollies, chocolates, snack bars)



10min

Let's Talk About the Dietary Guidelines for Children and Adolescents



Good nutrition in childhood is essential for normal growth, development, current health and future health. The Dietary Guidelines for Children and Adolescents in Australia provide an overview of what 'good nutrition' means for children and adolescents.

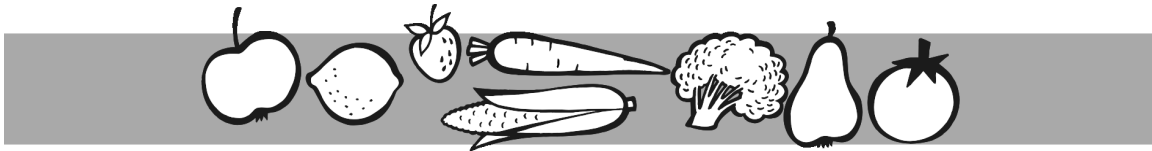
The Dietary Guidelines for Children and Adolescents in Australia are aimed at healthy children from birth to 18 years of age.

Children are not little adults; they have specific nutritional requirements for rapid growth and development. Parents can use the guidelines to check if the meals and snacks they offer are appropriate.

By following the dietary guidelines, children and adolescents can improve their chances of a healthier life.

In the following section, each guideline is briefly discussed. For complete details refer to the 'Dietary Guidelines for Children and Adolescents in Australia' published by the National Health and Medical Research Council in 2003.⁵

These guidelines are not in order of importance. Each one deals with an issue that is key to optimum health.




Encourage and support breastfeeding



Dietary Guidelines for Children and Adolescents

Encourage and support breastfeeding

- Exclusive to 6 months
- Recommended to at least 12 months



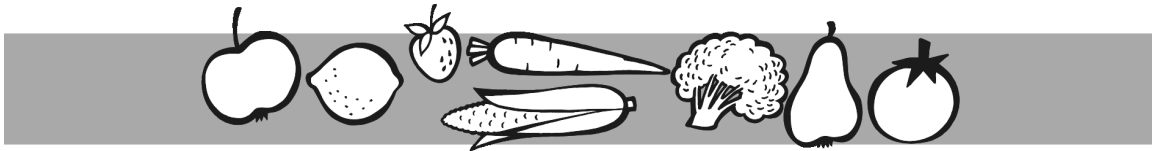
Encourage and support breastfeeding

- Benefits to mother:
 - Helps return to pre-pregnancy body weight
 - Reduce breast cancer risk
 - Easy and convenient
 - Bond between mother and child
- Benefit to baby:
 - Reduce risk of overweight and obesity
 - Protects against illness, infection and allergy
 - Provides the correct food for growth
 - Aids development of intelligence, vision and speech
 - Easily digested
 - Bond between mother and child


Exclusive breastfeeding to the age of about six months gives the best nutritional start to infants. It is recommended that breastfeeding continue until 12 months of age and thereafter as long as mutually desired. Breastfeeding provides short and long-term benefits to both the mother and the infant.

Breastfeeding provides numerous benefits for both mother and baby (Refer to slide).⁶

Handout A1 - Introduction to breastfeeding and where to get further information.




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



Dietary Guidelines (cont)

Children and adolescents need nutritious foods to grow and develop normally

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



Normal growth during childhood and adolescence involves weight gain and an increase in body size. During early childhood the rate of increase in weight generally keeps pace with the rate of increase in length. Too little or too much food, or an imbalance of nutrients or energy over a period of time, can alter the natural progress of physical growth.

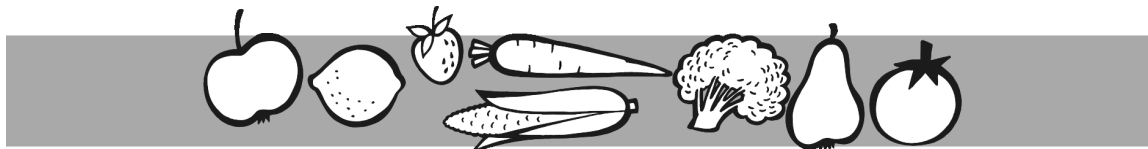
Physical activity is a normal component of every day activity for all children, including those with physical and other special needs. Physical activity plays an important part in physical growth and the development of a wide range of skills, and it provides a mechanism for balancing energy intake and energy output. Other benefits of regular physical activity include improved mental health and bone mineral density.

Studies have found that children who watch more television and play less sport are more likely to be overweight or obese. The increasing use of computers and video games also impacts on children's physical activity levels. Restricting the time children spend watching television, sitting at the computer and playing video games is recommended.


Physical activity recommendations for children are:⁷

- Children need at least 60 minutes (and up to several hours) of moderate to vigorous physical activity every day.
- Children should not spend more than two hours a day using electronic media for entertainment (e.g. computer games, TV, internet), particularly during daylight hours.

For more information about physical activity please refer to Workshop D: Physical Activity, Fit for Life.



Enjoy a wide variety of nutritious foods



Dietary Guidelines (cont)

Children should be encouraged to:

- Enjoy a wide variety of nutritious foods
- Eat plenty of vegetables (including legumes) and fruits
- Eat plenty of cereals (including breads, rice, pasta, noodles), preferably wholegrain
- Include lean meat, fish, poultry and/or alternatives such as legumes and nuts
- Include reduced fat dairy foods and/or alternatives
- Choose water as a drink
- Alcohol is not recommended for children

- **Enjoy a wide variety of nutritious foods**

Eating a wide variety of foods is important as future eating habits are being established. Eating a variety of foods ensures children get the nutrients and energy needed for growth and development and it is less likely that excessive or inadequate amounts of any one nutrient or other food component will be consumed.

- **Eat plenty of vegetables (including legumes) and fruits**

Some evidence exists that suggests many compounds in fruit and vegetables may help to protect against the development of a number of chronic diseases such as heart disease, type 2 diabetes and some cancers. Fruit and vegetables have a low energy density and therefore reduce the risk of becoming overweight or obese.

- **Eat plenty of cereals (including breads, rice, pasta, noodles), preferably wholegrain**

All breads and cereals are economical foods that are a major source of essential nutrients. Wholegrain cereal choices are preferred as they are higher in nutrients, phytochemicals, dietary fibre and have a lower glycemic index, offering protection against heart disease, some cancers and obesity.

- **Include lean meat, fish, poultry and/or alternatives**

Meats, poultry and fish and their alternatives contribute a number of key nutrients including protein and vitamins/minerals such as iron, zinc and vitamin B12. Meat alternatives include legumes (the pod of a plant e.g. soybeans, kidney beans, lima beans, garden peas, black-eyed peas, and lentils; high in protein), nuts, seeds and eggs. As there may be a link between red meat and bowel cancer⁸, the Cancer Council WA recommends meat in moderation. A serve of meat is about the size of the palm of your hand and for children, a serve is the size of their palm.

Meat can be a source of saturated fat, which is a type of fat found in greatest amounts in animal foods, such as fatty cuts of meat, poultry with the skin on, whole-milk dairy products and lard. To reduce saturated fat in meat products, take the skin off chicken, buy lean varieties or trim all visible fat before cooking. Palm oil and coconut oil are one of the few vegetable oils high in saturated fats and therefore should be limited.

- **Include milks, yoghurts, cheese and/or alternatives**

Reduced-fat milks are not suitable for young children under 2 years because of their high energy needs, but reduced-fat varieties should be encouraged for older children and adolescents.

An adequate intake of calcium will help attain peak bone mass, delay bone loss and prevent the onset of osteoporosis (and osteoporosis-related fractures) in older people. Dairy products are the most reliable source of calcium; they are readily available and convenient to use.

'Milk alternatives' include calcium fortified soy products. Sardines and other fish whose bones are eaten, and certain nuts (such as almonds) are moderate to good sources of calcium and protein and can be considered occasional alternatives.

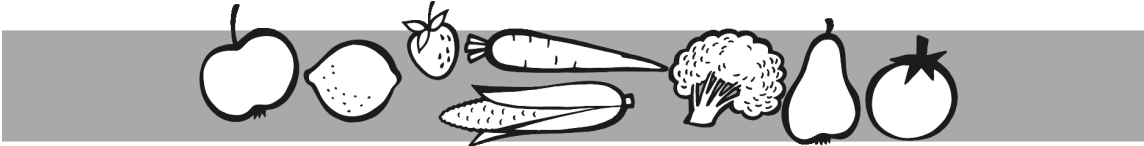
- **Choose water as a drink**

Water is needed by the body to function effectively. Parents and carers should encourage children to drink water to quench their thirst in preference to beverages containing sugar and/or caffeine (such as cordial, sports drinks, fruit drinks, energy drinks and soft drinks). Reduced-fat milk drinks are also suitable as they contain calcium. Watch out for the sugar content in flavoured milk drinks. Fruit juice is not recommended in any quantity for children. If parents choose to provide 100% juice no more than ½ a cup diluted should be given per day. This is important due to the high sugar content and so children don't fill up on juice and then miss out on important nutrients from other foods.

- **Alcohol is not recommended for children**

Alcohol is high in energy but is deficient in important nutrients such as vitamins and minerals. Long term alcohol consumption is associated with a number of adverse health consequences, such as liver disease, mental illness, cancer and obesity. Excessive alcohol consumption also has adverse social effects, such as car accidents, aggressive behaviour, family disruption and reduced productivity.

Children are more vulnerable to alcohol than adults. Some of the reasons for this are: because of their smaller physique they metabolise alcohol more slowly. They lack the experience of drinking alcohol and have a lower tolerance. This plus increased risk-taking behaviour increases the risk for harm associated with alcohol consumption in adolescents.




Dietary Guidelines (cont)

Care should be taken to:

- Limit saturated fat and moderate total fat intake
- Choose foods low in salt
- Consume only moderate amounts of sugars and foods containing added sugars
- Look after your child's food

Source: NH&MRC (2003)



- **Limit saturated fat and moderate total fat intake - low-fat diets are not suitable for infants**

Fat is the nutrient that provides the most concentrated source of energy. Fat is also the only food source of fat-soluble vitamins and essential fatty acids.

The guideline on fat intake for the adult population is not suitable for infants and young children. Reducing the amount of fat in the diet may prevent them from obtaining enough energy for growth and development.

For infants and children aged less than 2 years, full-fat dairy products should be used. For children between the ages of 2 and 5 years, reduced-fat (HiLo) milk, but not skim milk, should be given as a drink.

Skim milk and reduced-fat dairy foods are appropriate from the age of 5 years. From this age children should be encouraged to eat foods lower in fat, using methods recommended to adults (e.g. moderate use of margarine, salad dressings and high fat sauces, trim visible fat from meat, limit processed meats, limit fried food, limit butter, choose lower fat menu items, etc).

- **Choose foods low in salt**

The body's need for salt (sodium) is low and there is more than enough naturally present in foods without adding salt. The liking for salt and salty foods is a learned taste preference. Make healthy habits for children at a young age, as it is harder to change taste preferences as we age.

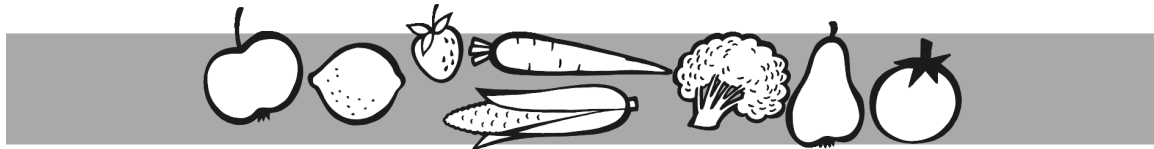
High salt intake is linked to high blood pressure. An excessive salt intake may be linked to stomach cancer. This has occurred mainly in countries where refrigeration is limited and salt is used to preserve food.⁸

- **Consume only moderate amounts of sugars and foods containing added sugars**

Foods that are high in added sugar contribute to dental caries, and they can often fill children up and replace more nutrient rich foods in the young child's diet.

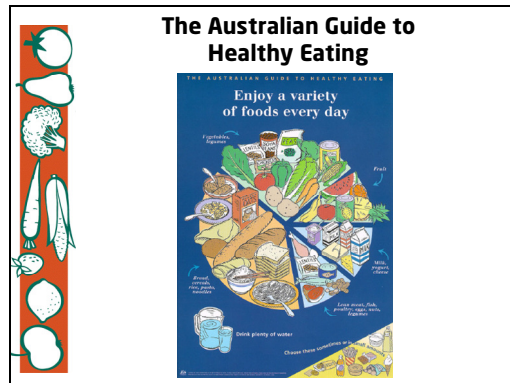
- **Care for your child's food: prepare and store it safely.**

Food safety is important because food poisoning can have very serious health consequences. Children and infants are particularly vulnerable because of their immature immune systems.



15min

Let's Talk About 'The Australian Guide to Healthy Eating'



Handout - The Australian Guide to Healthy Eating Brochure

Order from The Department of Health WA, Health Info on 1300 135 030 or by visiting their website: www.dohpackcentre.com.au/DOH/Login.aspx. Please allow 7-10 days for the order to be mailed to you.

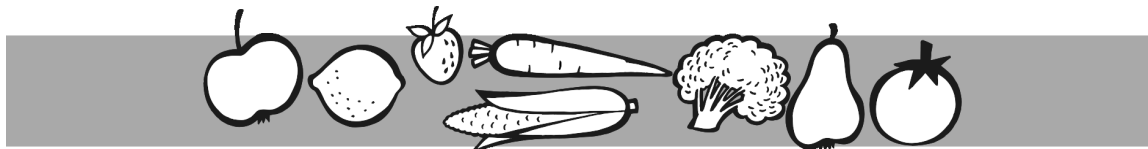
Food provides children with energy, nutrients and a wonderful variety of tastes and textures. It is important to help children make good food choices by offering a healthy range of foods.

The aim of The Australian Guide to Healthy Eating⁹ is to encourage all Australians to consume a variety of foods from each of the food groups every day, in roughly the recommended proportions.

Foods pictured on the guide were chosen to:

- Reflect foods commonly eaten in Australia
- Represent the range of foods within each food group
- Be affordable
- Reflect the nature of the food supply, including fresh, processed and packaged foods (as fresh foods are not always available)
- Create the opportunity for shifts towards healthier eating (e.g. including both wholemeal products and white flour products)
- Be consistent with a low-fat, low-saturated fat, low-salt, high fibre and moderate sugar intake.

Activity: Discuss the guide with the group drawing their attention to the proportions of food groups in the diet, water (the best drink to quench thirst) and the foods not in the circle (they are not essential to provide the nutrients the body needs).



Nutrients Found in the Five Food Groups					
Food Group Name	Bread Cereals Rice Pasta Noodles	Vegetables Legumes	Fruit	Milk Yoghurt Cheese	Meat Fish Poultry Eggs Nuts Legumes
Nutrients	Carbohydrate, protein, folate, thiamin, riboflavin, niacin, iron, fibre, magnesium, sodium	Vitamin A (Beta-carotene), vitamin C, folate, carbohydrate, fibre, magnesium, iron, potassium	Vitamins especially vitamin C, folate, carbohydrate, fibre	Calcium, protein, B12, riboflavin, fat, cholesterol, carbohydrate, magnesium, zinc, sodium, potassium	Iron, zinc, protein, vitamin B12, niacin, fat, cholesterol

Source: The Australian Guide to Healthy Eating (1998)

Foods are grouped together on the basis of their nutrient similarity. The main distinguishing nutrients for each food group are shown in this slide.

Food is made up of many components. Energy (measured in kilojoules or calories) is essential for growth and survival. Energy is derived from fats, proteins and carbohydrates. Vitamins and minerals help the body to use and conserve energy.

The need for energy, protein, vitamins and minerals varies depending on a person's age and sex and is increased when pregnant or breastfeeding.

What is each nutrient required for?¹⁰

- Carbohydrate - important source of energy.
- Protein - provides energy and used to build and repair muscle.
- Fat - provides energy, essential fatty acids and is a carrier for fat-soluble vitamins and antioxidants.
- Folate - plays a crucial role in cell division, DNA formation and prevention of spina bifida in babies.
- Thiamine - involved in the metabolism of carbohydrate, fat and alcohol.
- Riboflavin - involved in metabolism of fatty acids and of glucose and with the production of energy.
- Niacin - required for metabolic pathways.
- Iron - oxygen carrier in blood (haemoglobin) and in muscle (myoglobin). Also required for many metabolic processes.
- Fibre - assists bowel function, can reduce cholesterol levels, increases satiety and prevents constipation.
- Magnesium - involved in skeletal development, protein synthesis, muscle contraction and neurotransmission.
- Sodium - involved in regulation of fluid balance and blood pressure.
- Vitamin A (Beta-Carotene) - involved in the development and differentiation of tissues and is required for adaptation of vision in the dark.
- Vitamin C - essential for the structure and maintenance of blood vessels, cartilage, muscle and bone and assists in the absorption of (non-haem) iron.
- Potassium - involved in pH regulation, fluid balance, muscle contraction and nerve conduction.

- Vitamin B12 - involved in the production of some enzymes, amino acids, and in recycling of folate coenzymes.
- Cholesterol - a primary component of cell membranes and a substrate for the synthesis of bile acids, steroid hormones and Vitamin D.
- Zinc - involved in carbohydrate, lipid, protein and nucleic acid synthesis and degradation and plays a structural role in proteins such as insulin and growth hormone.

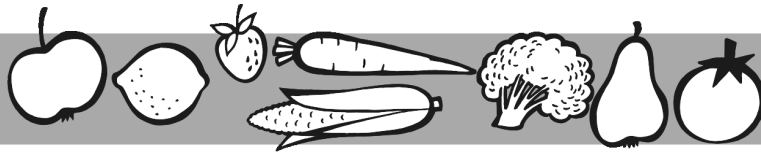
Activity: Looking at the Five Food Groups is a quick way to check that your child is having a nutritious diet. Refer to The Australian Guide to Healthy Eating.

Handout A2: Food Record

Hand out to parents a blank template for them to fill out what their child ate and drank on a usual day. You can suggest that they record what their child ate yesterday, but remind parents that for children, intakes vary from day to day and week to week and that yesterday may not be a true reflection of their child's overall nutritional intake. Then add up the number of serves from each food group on the template on the reverse page.


Handout A3 and A4: Serving Sizes

Hand out to parents the Five Food Group Serving Sizes for Toddlers and Children. Get the group to reflect on the sample day's intake by selecting a particular food group to review. For example, ask the group if their child had at least three serves from the vegetable group. If you are running short of time, create an example diet and then ask the group to put the different foods in their correct food group on a whiteboard.




15min

Let's Talk About Food Labelling



Food labels must have:

- Name of food
- Date - best before or use by
- Nutrition Information panel
- Ingredients list
- Potential allergens



Food labels must have:

- Advisory / warning statements
- List of food additives
- Declaration of genetically modified material/ingredients/irradiated foods
- Storage information
- Manufacturers name & address
- Country of origin

Understanding how to read food labels is a useful skill to have. Reading food labels allows you to compare similar food items and make the healthier choice.

In Australia, all packaged, manufactured foods must have a food label and display certain information on the label. All food labels must, by law, tell the truth. Nutrition claims are discussed later in handout A5 'What to Look For.'

Information which must be displayed on the label includes:¹¹

- **Name of the food.**
- **Date e.g. best-before-date or use-by-date.** It is unsafe to eat foods after their use-by-date. Foods can be eaten after the best-before-date but may have lost nutritional value or quality.
- **Nutrition information panels.** Almost all foods must have a nutrition information panel. This makes reading food labels easier. Nutrition information panels provide information about the amount of energy (kilojoules), protein, total fat, saturated fat, carbohydrate, sugars (includes added sugar and sugar that is naturally present) and sodium (salt), as well as any other nutrient for which a nutrition claim is made (e.g. 'high fibre,' 'high iron' and 'extra calcium'). Nutritional information is listed per serve and per 100g. The per 100g information is useful for comparing two similar food products, to make a healthier choice. Nutrition information panels do not need to be included on labels of very small packages (e.g. chewing gum) or foods with little nutritional value (e.g. tea, coffee, herbs and spices).
- **Ingredients list.** Ingredients are listed by weight from the greatest to the smallest. The percentage of the key or characterising ingredients of the food are also provided. For example Weet-Bix™ are 97% wholegrain wheat and Campbell's Chicken and Vegetable Soup™ is 4% chicken and 31% vegetables. Some foods (such as bread) have no characterising ingredient.
- **Declaration of potential allergens.** Allergies or intolerances to certain foods can cause severe reactions in some people. Foods containing *any* amount of potential allergens (however small) must declare this on the label - usually on the ingredients list. Potential allergens include: peanuts and other nuts, seafood, fish, milk, eggs

soybeans and gluten (gluten originates from wheat, barley, rye, oats and spelt - their products are added to many foods).

- **Advisory statements and warning statements.** These are included on labels of foods containing substances which may be a health risk, but people are unaware of the risk, e.g. royal jelly can cause severe reactions in asthmatics.
- **Lists of food additives.** This information will usually be found in the ingredients list and can be used by people with allergies or intolerances to additives.
- **Declaration of genetically modified ingredients.** This must be declared however small the amount and will usually be found in the ingredients list.
- **Declaration that any irradiated foods have been irradiated.**
- **Storage information,** for example if the food must be refrigerated or kept frozen. Storage information must be followed if food is to remain safe until its use-by-date.
- **Manufacturers name and address.**
- **Country of origin.**

Remember that most of the healthiest foods are not labelled e.g. fresh fruits and vegetables, nuts, legumes, fresh meat and fish.

The Heart Foundation Tick

The Heart Foundation has been challenging food companies since 1989 to improve the nutrition of the foods they sell in supermarkets. Foods that meet strict nutrition standards, which cover saturated fat, sodium, kilojoules and fibre, as well as labelling standards are able to earn the Heart Foundation Tick for their packaging and promotions.

In August 2006, in response to changing the eating habits of Australians, the Heart Foundation launched the Tick for foods 'eaten out'. So whether you are shopping in the supermarket, or buying a take-away meal, you are now able to choose the healthier option - just look for the Heart Foundation Tick. Today there are around 100 companies that have reached the strict standards and around 1,200 foods available with the Heart Foundation Tick, so there is likely to be a healthier alternative to the foods you buy most often.

Remember not all healthy products have the Tick displayed. To find if these are healthy options, read the nutrition information panel.

% Daily Intakes ¹²

Percentage Daily Intakes (%DI's) help you to understand how a food product contributes to your daily nutrient needs of energy (kilojoules), fat, saturated fat, protein, carbohydrate, sugars and sodium.

The acceptable energy intake of 8700kj for an average adult is used to calculate the %DI's. This value is determined by Food Standards Australia and New Zealand (FSANZ). It is important to note that energy and nutrient intakes and needs vary from person to person, depending on age, gender, weight and physical activity levels.

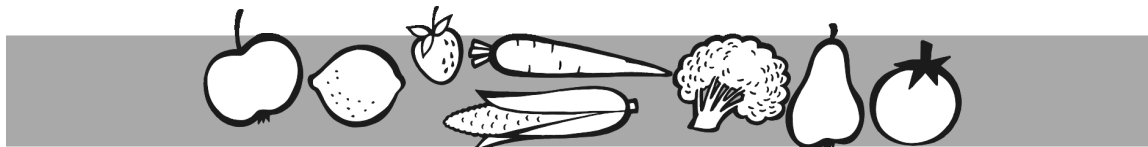
Glycaemic Index ¹³

The glycaemic index (GI) ranks carbohydrates according to their effect on blood glucose levels. The lower the GI, the slower the rise in blood sugar levels when the food is eaten.

Some research has shown that by eating a diet with a lower GI, people with diabetes can reduce their average blood glucose levels. This is important in reducing the risk of developing diabetes-related complications.

- Low GI foods have a GI less than 55.
- Intermediate GI foods have a GI between 55 and 70.
- High GI foods have a GI greater than 70.

The recommendation is to eat more low and intermediate GI foods, not to exclude high GI foods. The GI is only a small part of the healthy eating plan for people with diabetes.



Nutrition Information Panel

Nutrition Panel Whole Wheat Breakfast Cereal		
Nutrition information Servings per package: 12 Serving size: 33g		
	Quantity per serve	Quantity per 100g
Energy	485kJ	1470kJ
Protein	4.0g	12.0g
Fat, total	0.4g	1.3g
- saturated	0.1g	0.3g
Carbohydrate-total	22.1g	67.0g
- sugars	0.9g	2.8g
Dietary Fibre	3.6g	11.0g
Sodium	92mg	280mg

Handout A5: Labels - What to look for Handout: Nutrition Information Panel wallet card

This slide is an example of a nutrition information panel (NIP) from a cereal box.

Every nutrition information panel has a 'per 100g' column. Use this column to compare the nutrient content of similar products to give a percentage.

The cereal in the example contains 1470KJ energy per 100 grams of cereal, 1.3 grams of fat per 100 grams of cereal, 2.8 grams of sugar per 100 grams of cereal and 3 grams of fibre per serve of cereal. If you compare this with other cereals, you will find it is a good source of fibre that is low in sugar.

Note: To check if a cereal is low in sodium (salt), look at the per serve column, if it is less than 120mg per serve it is a good choice. To check whether a food is high in fibre we need to also look at the amount of fibre per serve. A high fibre food has 3 grams or more of fibre per serve. The daily recommendations for fibre are as follows: ¹⁴

Age	Adequate Intake (AI) of fibre per day
0-12 months	No AI has been set
1-3 years	14 g
4-8 years	18 g
Boys	
9-13 years	24 g
14-18 years	28 g
Girls	
9-13 years	20 g
14-18 years	22 g
Males	
19-70 years	30 g
Females	
19-70 years	25 g

By comparing the fibre, sugar, fat and sodium (salt) content of similar foods you can identify products high in fibre, low in sugar, low in fat and low in salt. We can also break the fats down even further to see how much fat is saturated. It is difficult to find products meeting all these guidelines. Just try and find the best for you.

As a rule of thumb refer to the following nutrition criteria:

Fruit and Vegetables:

- All fresh fruits and vegetables are healthy choices
- When buying canned fruit and vegetables, choose 'no added salt' and 'no added sugar' varieties

Breads and Cereals:

- More than 3g fibre per serve
 - Choose wholegrain (wholemeal, multigrain).

Breakfast Cereals:

- More than 3g fibre per serve
- Less than 120mg sodium per serve
- Less than 10g sugars per 100g
 - If sugar content is high and the product contains fruit, check ingredients. Only choose the product if fruit is listed before sugar in the ingredient list.
 - Choose untoasted muesli.

Fats and Oils

- Choose healthy oils and spreads made from olive, canola, peanut, sunflower, soy or safflower

Dairy (milk, yoghurt, cheese):

- Less than 3g total fat per 100g
- Less than 1.5g saturated fat per 100g
- Less than 10g sugars per 100g
 - Cheese products will not meet these criteria. When buying cheese compare products per 100g and choose the one with the least fat and sodium (reduced-fat cheese is about 15g fat per 100g).

Meat, chicken, fish, nuts, legumes:

- Less than 10g total fat per 100g
- Less than 3g saturated fat per 100g
- Less than 120mg sodium per 100g
 - When choosing canned fish and legumes look for 'no added salt' varieties.
 - Choose unsalted, raw nuts.

Extras/Occasional foods

- Energy less than 600kj per serve
 - Choose extras with the least saturated fat and sodium per 100g.

Source: The guidelines have been developed based on consultation with nutrition experts.

Activity: Hand out food packets to parents and ask them to compare similar foods based on their fat, sugar, salt and fibre content.

Ask parents whether any food packets have nutrition claims on the label (e.g. 'high fibre'). Discuss nutrition claims as a group.

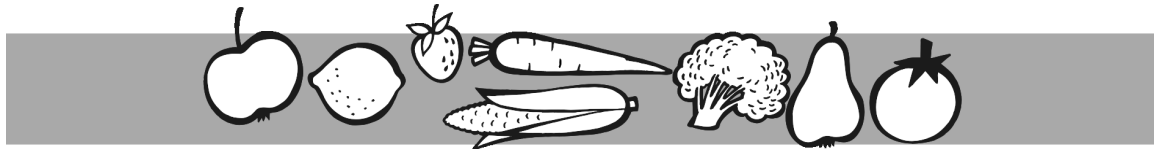
Nutrition claims that are worth looking for include:

- **Low-fat:** means that the food must contain no more than 3g fat per 100g. Be aware that products claiming to be low-fat are often high in sugar or salt.
- **Low joule or diet:** usually means foods are artificially sweetened and low-fat.
- **No added salt or reduced-salt:** means salt has not been added or the normal quantity has been reduced.
- **High fibre:** means the food must contain at least 3g of fibre per average serve.
- **Very high fibre:** means the food must contain at least 6g of fibre per average serve.

Nutrition claims which can be confusing include:

- **No added sugar:** means no added refined sugars, e.g. fructose, honey, glucose. However this does not mean it is lower in energy (kilojoules) than a product with added sugar. Some products e.g. fruit juice, contain high amounts of natural sugars (it takes 5 - 6 oranges to fill one glass with orange juice!)
- **Lite or light:** often refers to a reduced-fat content but may also describe taste, texture or colour. Check for an explanation on the label.
- **Cholesterol free or low cholesterol:** cholesterol is a white, waxy substance made in our liver. High cholesterol levels increase the risk of heart disease developing. All animals make cholesterol in their liver so it is only found in animal food products like meat, chicken, eggs and dairy products. It will not be found in plant foods such as avocado and vegetable oils. Remember 'cholesterol free' does not mean 'fat free'.
- **99% Fat free:** This means the product is has one gram of fat in every 100 grams. Many low-fat products have added salt or sugar. E.g. marshmallows are 68 percent sugar!

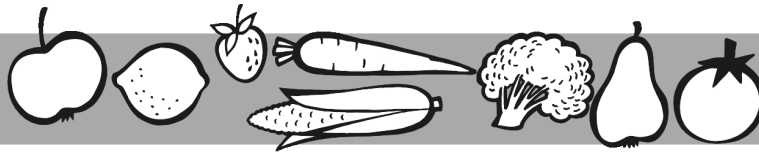
Always double check ingredient list and nutrition information panel to back up any nutrition claim.



Alternative Food Names		
Names for fat	Names for sugar	Names for salt
Beef fat	Brown/raw sugar	Celery salt
Butter	Corn syrup	Chicken salt
Coconut oil	Cane sugar	Garlic salt
Cocoa butter	Dextrose	MSG
Copha	Disaccharides	Rock salt
Diglycerides	Fructose	Sea salt
Dripping	Glucose	Sodium (any type)
Hydrogenated vegetable oil	Golden syrup	Table salt
Lard	Honey	Vegetable salt
Milk solids	Invert sugar	
Monoglycerides	Lactose	
Oven baked	Malt	
Palm oil	Malt extract	
Shortening	Maltose	
Tallow	Molasses	
Toasted	Sorbitol	
Vegetable oil	Sucrose	

Fat, sugar and salt are not always called fat, sugar and salt on the ingredients list. Some products may list more than one type of fat, sugar or salt in the ingredients list. One example of this is the label on chocolate confectionary (e.g. 'milk chocolate' consists of sugar, cocoa mass, full-cream milk powder, cocoa butter, lactose, milk fat, emulsifier (soy lecithin) and flavours).

Note: Most of the fats listed, excluding all vegetable oils except palm and coconut oil, are 'saturated fats' which raise cholesterol levels and are best avoided. Choose olive or canola oils where possible. Monoglycerides and diglycerides are alternative names for fat, and do not indicate whether a fat is saturated or unsaturated.



10 min Food Additives

<div style="display: flex; align-items: center;"> <div style="margin-left: 10px;"> <h3 style="margin: 0;">What are Food Additives?</h3> <ul style="list-style-type: none"> Substances added intentionally to food to perform technological functions; They ensure food lasts longer and is easier to use; Chemicals that keep food fresh or enhance its colour, flavour or texture; Increase processing = increase use of food additives. </div> </div>	<div style="display: flex; align-items: center;"> <div style="margin-left: 10px;"> <h3 style="margin: 0;">Types of food additives</h3> <ul style="list-style-type: none"> Anti-caking agents Antioxidants Artificial sweeteners Colours Emulsifiers Food acids Flavour enhancers Flour treatment Glazing agent Humectants Mineral salts Preservatives Propellants Stabilisers Thickeners </div> </div>
---	---

What is a food additive?

Anything that is added to food during processing is considered an additive.¹⁵ For example sugar and salt have been used for centuries to preserve foods and are examples of additives. Other examples of food additives are preservatives, antioxidants and emulsifiers. Many additives are given a code number so we can easily identify them on food labels, and save space from printing long chemical names. These numbers often sound scarier than they are. Many additives have unpronounceable or complex chemical names. It is often assumed that long chemical names indicate that an additive is artificial and potentially harmful. This is not always true.

Many natural and commonly-occurring products are used as food additives. For example salt, sugar, vinegar and some vitamins are used as preservatives. Many food colourings and flavourings are obtained from foods. The food additive 300 is vitamin C; and 101 is vitamin B2 (riboflavin).

The difference between natural and artificial additives

Natural ingredients are derived from natural sources e.g. beets provide beet powder used as food colouring. Other additives are not found in nature and therefore must be synthetically produced as artificial ingredients.


Also, some ingredients found in nature can be manufactured artificially and produced more economically, with greater purity and more consistent quality, than their natural counterparts. For example, vitamin C or ascorbic acid may be derived from an orange or produced in a laboratory. Food ingredients are subject to the same strict safety standards regardless of whether they are naturally or artificially derived.¹⁵

Additives serve three main purposes: ¹⁶

1. Improve the taste or appearance of a processed food
2. Improve the keeping quality or stability of a food
3. Preserve food when this is the most practical way of extending its storage life.


There are many types of food additives (listed in no particular order): ¹⁵

Food Additive	Function
Anti-caking agents	Stop ingredients from becoming lumpy
Antioxidants	Prevent foods from oxidising or going rancid
Artificial sweeteners	Provides sweetness with fewer kilojoules than sugar
Colours	Restore or add colour
Emulsifiers	Prevent oil and water mixtures from separating into layers
Food acids	Maintain the right acid level to prevent spoilage as well as alter the flavour of a food
Flavours	Add flavour
Flavour enhancers	Increase the power of a flavour
Flour treatment	Improves baking quality
Glazing agent	Provides a shiny appearance and can protect food
Humectants	Prevent foods from drying out
Mineral salts	Improves texture
Preservatives	Stop bacteria and other harmful organisms from growing and spoiling the food
Propellants	Help propel food from a container
Stabilisers	Maintains an even distribution of substances in foods
Thickeners	Gives food a firmer texture and maintains even consistency



Food Additives

- Some people are sensitive to food additives, but this is rare and medical diagnosis is important.
- Food Standards Australia New Zealand (FSANZ) is responsible for the approval of food additives that are allowed in Australian foods.
- All food additives used in Australia undergo a safety assessment which includes rigorous testing, before they are approved.
- Food additives must be used in the lowest possible amount for their intended function.



Acceptable Daily Intake (ADI)

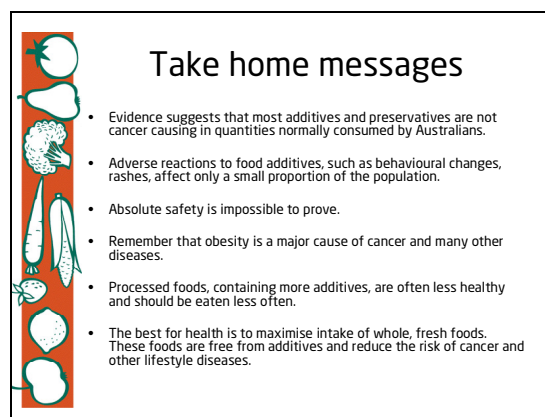
- The ADI for each additive is, the amount that can be eaten every day over a lifetime without risk of harm.
- The ADI is determined by reviewing available data and finding a level at which no toxic effect is observed.
- A large safety factor is included in the ADI, the level at which no toxic effect is observed is multiplied, often by more than 100, to produce the a large safety margin - ADI .

The use of food additives in Australia is regulated by Food Standards Australia and New Zealand (FSANZ). FSANZ does not approve an additive unless extensive testing has been undertaken and it has been shown that no harmful effects are expected from consumption.

For a chemical to be approved it must be demonstrated that it is safe, there are good reasons to use it, it will be used in the lowest possible quantity and that consumers will be clearly informed when it is added (through labelling).¹⁵

FSANZ also sets the Acceptable Daily Intake (ADI) for each additive - the amount that can be eaten every day over a lifetime without risk of harm. The ADI is determined by reviewing available data and finding a level at which no toxic effect is observed. A large safety factor is included in the ADI.

Absolute safety is impossible to prove.¹⁶ Although vigorous tests have been conducted to assess the safety of additives approved for use in Australia, there is always a possibility that sometime in the future studies will demonstrate that a particular additive is in fact harmful in the doses taken by the general population.

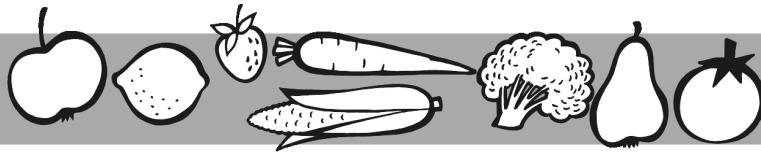


Take home messages

- Evidence suggests that most additives and preservatives are not cancer causing in quantities normally consumed by Australians.
- Adverse reactions to food additives, such as behavioural changes, rashes, affect only a small proportion of the population.
- Absolute safety is impossible to prove.
- Remember that obesity is a major cause of cancer and many other diseases.
- Processed foods, containing more additives, are often less healthy and should be eaten less often.
- The best for health is to maximise intake of whole, fresh foods. These foods are free from additives and reduce the risk of cancer and other lifestyle diseases.


The foods containing lots of additives are usually the foods that we should not be eating a lot of anyway. They are usually highly processed and contain a lot of fat, sugar and salt and contribute to overweight and obesity.

Although evidence suggests that most additives and preservatives themselves are not cancer causing in quantities normally consumed by Australians. It is important to remember that obesity is a major cause of cancer and many other diseases. The processed foods, which tend to contain more additives, are often less healthy and should be eaten less often. The best recipe for health is to maximise intake of whole, fresh foods - in particular fruit and vegetables. These foods are free from additives and reduce the risk of cancer and other lifestyle diseases.



5 min

Let's Talk About Healthy Eating Habits for Children



Healthy Eating Habits for Children

- Offer a variety of foods each day
- Offer healthy snacks between meals
- Encourage healthy eating for everyone in the family
- Eat meals as a family at the table, while sharing the day's happenings
- Let children tell you when they are full
- Involve children in food preparation and meal planning
- Encourage water as a drink
- Encourage breakfast

Toddlers and Pre-School Children

After 12 months of age, a child can eat most of the family's foods. Children should be offered a variety of different foods, flavours and textures for balanced nutrition and to help them feel comfortable with new tastes. Children will learn to eat what the family eats if they are given the same food and encouraged to try it.

Children of this age are often unpredictable eaters. They love food one day and dislike it the next, or the meal they refused at home is eaten happily away from home. This can frustrate and baffle most parents, but is often the eating pattern of a well and active older toddler. Very few children pass through these years without creating some worry and concern about eating for their parents.

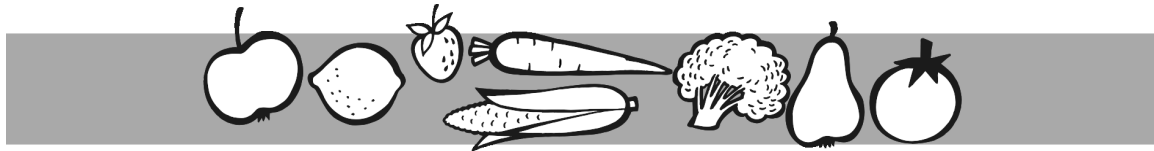
Toddlers need a variety of foods daily for good health. Reduced-fat dairy products or strict diets are not recommended as they may limit the energy and nutrients needed for growth and development.

Once children commence kindergarten or school, life takes on a new routine. A regular intake of food is needed throughout the day to keep children active and help their concentration while learning. Some children in this age group are still fussy, so offer a wide variety of foods and regular meals and snacks, and allow children to eat to appetite without force or arguments. Dealing with fussy eating is discussed a bit later.

Primary School Children

Children need a wide variety of foods for a well-balanced diet, but activity levels also determine the amount of food needed. Some children of this age are still fussy, but when busy and active, snacking is important to keep energy levels high. A morning snack at recess and one after school are usually needed each day. A snack should be considered a 'mini-meal' not a treat. A snack does not mean a chocolate bar.


It is also important to encourage breakfast. A good night's sleep and food in the morning helps children stay active and concentrate at school. It also means your child is less likely to be overly hungry mid-morning.



5min

Let's talk about Food Behaviours and the Family Food Environment

Developing Eating Patterns⁵



Characteristics of a child's developing eating pattern

- Small but frequent amounts of foods
- Routine in daily life
- Variation in appetite
- Preference for simplicity
- Food is associated with more than eating
- Dawdling over meals

Small but frequent amounts of foods

A child's stomach capacity is small therefore often children tend to eat small amounts frequently throughout the day. Having frequent small meals helps children to have the essential nutrients they need for good health.

Routine in daily life

Children need structure and routine in their day and establishing regular meal and snack times is recommended.

Variation in appetite

Children's appetites fluctuate depending on their rate of growth and level of physical activity. Often children eat better at certain times of the day. Commonly tiredness and irritability can prevent children from eating, especially at the evening meal.

Preference for simplicity

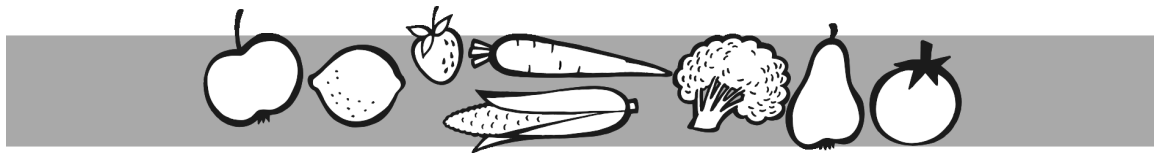
Most children prefer foods that are simply prepared, mild-tasting and easily identified.

Food is associated with more than eating

Foods have specific meanings established by a child's association with them. For example confectionary may be associated as a reward for good behaviour. Such associations with food can affect food-related attitudes and behaviours throughout life. Try not to associate food with rewards or discipline.

Dawdling over meals

As with other activities, it is quite common for children to lose interest in eating a meal very quickly. After about twenty minutes, take the food away without fuss.

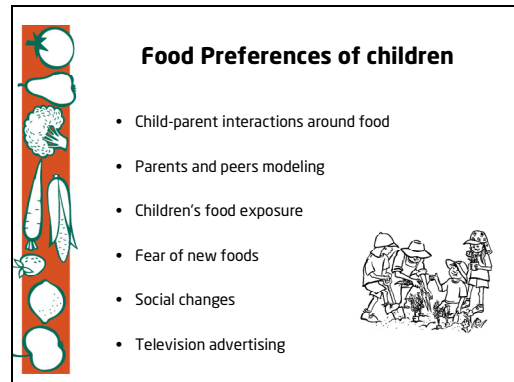
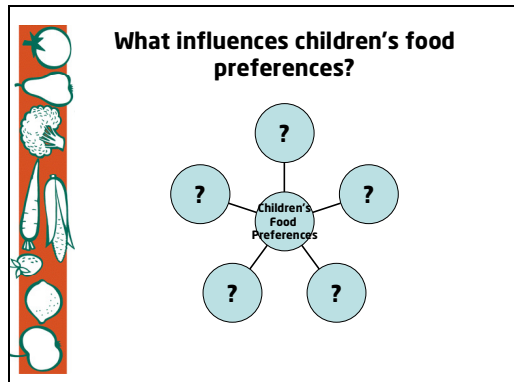


10min

Food preferences of children

There are many factors that influence the food preferences that children have.

Activity: Allow the group to brainstorm ideas. Write the groups responses up on a board.



Emphasise that it is important that parents are aware that a fear of new foods is very common among children. Therefore parents should never force their child to taste new foods as this is likely to result in a decreased preference for that food.

Parents should be encouraged simply to make healthy foods easily available to the child and serve these foods in positive mealtime situations. Further, children should not be left eating alone as they need positive role models in order to learn to accept the foods we want them to eat.

Background information is provided below on six food preference influences that may come up in the brainstorming activity.

Child-Parent Interactions Around Food ^{5,18}

Children have been found to control their energy intake well. If children are forced to eat, it may result in long term problems with overeating and overweight due to poor appetite control.

Emotional cues impact on the child's eating. Using foods as rewards or presenting them along with adult attention increases a child's preference for that food. When foods are simply presented at snack time or when they are given without a social situation, food preferences do not appear to be influenced. Parents need to be aware of the effects that practises such as using food as a reward, have on their children.

Environmental and social cues also play a role in initiating children's eating. If children learn to link a specific situation or a place with food and eating, they more easily start eating in this situation even when they are not hungry, for example in front of the TV or computer.

Parents and Peers Modelling^{5,18}

Parental influences on food patterns are critical in the development of food preference. Parental pressure, even if it is positive, can affect a child's food acceptance. Parents act as role models for their children.

Peer influence can also affect the food preferences of children as children age, and adolescents are particularly susceptible to peer group pressure. A younger child's food preferences can be altered by letting him/her eat with an older child whose preferences differ from those of the 'target' child.

Children's Food Exposure⁵

Another influence on children's food preferences is the number of times children see a particular food. It is important for parents to present new foods frequently. Continued exposure promotes acceptance. When children see adults consuming a food, it is more likely that the children will begin to consume the food.

Fear of New Foods¹⁸

Fear of new foods is very common and can often be reduced by repeated exposure to new foods in a safe and supportive environment. To increase a child's acceptance of a new food, serve it up with one of their favourite meals. Give the child the new food without any fuss and expect that they will enjoy it.

Social Changes⁵

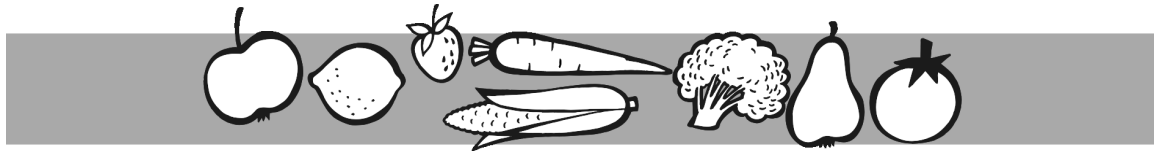
Social changes today have influenced our food preferences considerably and particularly those of children. If we think back to when we were growing up we will be able to recognise many differences in the food intake of children today. These changes include:

- The increasing amount of meals purchased and or, consumed outside the home. Children, either as part of the family or independently, purchase and consume foods from a wide variety of outlets, including child-care centres and school canteens.
- Many of the foods and beverages currently available come into the home in a ready-to-eat or convenience form. There are packages of snack foods, biscuits and drinks, which are all easily accessible in the home. These foods are usually highly processed and contain a lot of fat, sugar and/or salt.

Television Advertising⁵


There has been much talk in recent years about the effects that advertising and the media have on the food preferences and intakes of children.

Concern has been expressed that many of the food advertisements on television directed at children are for a small range of products that are high in fats, sugars and or, salt, and low in dietary fibre. Producers of basic foods such as vegetables and fruits and agencies involved in promoting healthy diets frequently lack the funds required to provide some balance in the range of products advertised.



10min

Let's Talk About the Roles and Responsibilities of Parents and Children at Mealtimes



Roles and Responsibilities

The parent or carer controls:

- What foods are offered
- When foods are offered
- Where they are eaten

The child controls:

- How much food is eaten
- Which foods are eaten
- Whether to eat any food at all

The feeding and nutritional care of any child is an important part of the complex interaction between the parent and the child and is important to the child's physical and emotional development.

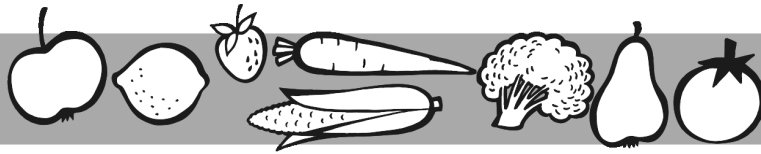
The early years are critical in establishing food attitudes and habits. Parents can encourage the development of sound food habits by understanding eating behaviour as part of the child's normal pattern of development. Encouraging children in the food purchasing, preparation and cooking, will increase the likelihood that they will accept the foods.

The responsibility of the parent is in the buying of a variety of healthy foods, making meals, setting the times of meals and snacks, presenting foods in appropriate forms, deciding where meals are eaten, maintaining standards of behaviour at the table and making mealtimes pleasant.

It is the responsibility of the children to determine how much and which foods are eaten and whether any food is eaten at all.¹⁷⁻¹⁹


Ask the group

- "How does this compare with what you do at mealtimes?"
- "Does anyone remember being made to eat a particular food?"
- "Do you like that food now?"
- "Would you recommend that approach?"



15min

Fussy Eating Scenarios



Fussy Eating Scenarios

1. Hannah and Sarah seem to only want to eat cheese and vegemite sandwiches and spaghetti bolognese every day. They turn their noses up at anything new. How can I get them to try new foods?
2. Three year old Mitchell prefers to play with his food at the dinner table rather than eating it. He then complains that he is hungry later on. What can I do?
3. Two year old Tom has lost his appetite and seems to eat very little. Should I be worried?
4. Stubborn eight year old Teagan refuses to eat breakfast before she goes to school in the morning. What can I do?
5. Six year old Grace says that milk tastes disgusting and refuses to drink it. Should I force her to drink it?
6. Seven year old Roger refuses to eat his vegetables, what should I do?

Discuss these example fussy eating scenarios with the group. Here are a few tips and strategies to help overcome some issues.

Scenario 1

Hannah and Sarah will only eat cheese and vegemite sandwiches and spaghetti bolognese every day. They turn their noses up at anything new. How can I get them to try new foods?²⁰

- Offer new foods at times when children are hungry.
- Offer new foods with familiar ones e.g. vegetables in the spaghetti sauce.
- Encourage children to try new foods, but do not force the issue or bribe the child.
- It may take several times of offering a new food before a child will accept it, so don't assume a child does not like the food and give up.
- Get children involved in food preparation and they will be more likely to try and enjoy a new food.
- Be a good role model. Children are great copiers, so set a good example by eating healthy foods.

Scenario 2

Three year old Mitchell prefers to play with his food at the dinner table rather than eating it. He then complains that he is hungry later on. What can I do?²⁰

- It is important to make mealtimes a positive and enjoyable experience.
- Make sure the TV is off and chat at meal times.
- Stay calm and don't force your child to eat.
- If your child does not appear to be hungry, take his plate away and let him sit quietly or do an activity such as drawing at the table while the other family members finish their meal.
- Leftovers or a healthy snack can be offered later if he gets hungry.
- Stop snacks and drinks (except for water) throughout the afternoon.
- Increase physical activity before dinner time.

- If the child is tired at dinner time, it might be ideal to change the time dinner is served.
- Do not bribe your child or replace the food with something else.
- If you are having difficulties controlling or disciplining your child, speak with your doctor who can refer you to the relevant health professional.
- Positive Parenting Program is a parental program with easy to implement parenting solutions that help solve parenting problems such as tantrums, sleeping problems and bullying. For more information visit: www1.triplep.net/

Scenario 3

Two year old Tom has lost his appetite and seems to eat very little. Should I be worried?²¹⁻²³

- Toddlers' generally eat according to their appetite. A growth spurt or extra activity may increase appetite for a time followed by a period of picky or reduced eating.
- Take note of the snacks that your toddler is consuming throughout the day. Healthy snacks between meals can be useful in providing energy and nutrients for young children. Make sure the portion size of the snack is not excessive and therefore making the child less hungry at meal times.
- Check that your toddler is not filling up on drinks, particularly sweet drinks. If you think this may be the case, offer water instead.
- Start with a small serve at meal times and give more if hungry.
- Your toddler may be feeling unwell and you may need to seek medical attention, contact your child health nurse or general practitioner if you continue to be worried.

Scenario 4

Stubborn eight year old Teagan refuses to eat breakfast before she goes to school in the morning. What can I do?^{20, 20, 23-25}

- Breakfast is important and helps children to stay alert and active at school.
- Set a good example for your child, and ensure she sees you eating a healthy breakfast.
- Offer a variety of options. Healthy choices include wholegrain cereals, fresh fruit or canned fruit in natural juice, porridge, wholegrain toast, reduced-fat yoghurt and baked beans.
- Do not offer unhealthy options such as sugary cereals.
- Stay calm and don't become involved in a power struggle. If she refuses to eat, offer her a glass of milk or a healthy dry cereal that can be eaten on the way to school.
- Ensure she is getting adequate sleep and has enough time in the morning to enjoy her breakfast.
- Ensure she is not having snacks late at night and therefore is not hungry in the morning.
- Don't have the television on.

Scenario 5

Six year old Grace says that milk tastes disgusting and refuses to drink it. Should I force her to drink it?^{20, 25}

- You should never force a child to drink or eat. This can lead to negative eating patterns and negative food associations later in life.

- If she is experiencing any gastrointestinal symptoms after drinking milk, such as diarrhoea or bloating, please consult your doctor.
- Remember that milk is often added to other foods such as pancakes and puddings, and this contributes to your child's calcium and protein intake.
- Allow your child some likes and dislikes.
- Milk is an excellent food for providing calcium and protein. However, there are many other foods that will provide your child with these necessary nutrients.

For example:

- Yoghurt can be eaten alone or with fruit or added to a fruit smoothie.
- Reduced-fat cheese can be grated over cooked food, added to pasta or mixed into foods such as mashed potato.
- Calcium fortified soy milk.
- Other alternatives to plain milk include milkshakes and custard.

Scenario 6

Seven year old Roger refuses to eat his vegetables, what should I do?

Many children dislike vegetables for a variety of reasons. These include:

- Exerting their independence.
- Adults assuming that their child won't like certain vegetables.
- Adults not setting a good example by only eating a few vegetables themselves.
- The child may have a genuine dislike to the taste, texture or smell.
- The child may have learnt that by refusing vegetables they get more attention or that if the vegetables are taken away and replaced with sweet foods that these are more desirable.

So... how can you encourage Roger to eat vegetables?

- Offer vegetables in a positive, casual manner.
- Assume he will enjoy them and don't place them in front of him and say "don't say you don't like them until you have tried them".
- Cook the vegetables lightly, so they still have lots of flavour and colour - try steaming, stir-frying or micro-waving.
- Offer a wide variety of different vegetables and involve your child in preparing them.
- Offer vegetables with familiar foods that your child enjoys.
- Praise your child for trying new foods.
- Keep offering small portions to taste as familiarity may lead to acceptance.
- Add lots of vegies into dishes such as bolognaise sauce, homemade burgers, soups, stews and casseroles.
- Grow a vegetable garden at home - if children are involved in growing the vegies there is a good chance they will want to eat them too! Refer to Workshop B for more information on fruit and vegetable gardens.

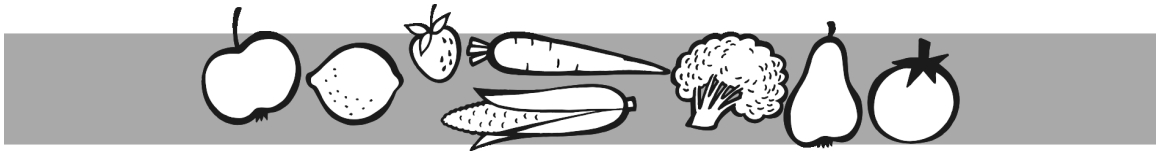
Remember - never force or bribe your child to eat vegetables as this may lead to long-term dislike. Also, exposing children to different colours, shapes, textures and tastes is important for normal development. Always place vegetables on the child's plate, they may not like them today but will like them tomorrow - so keep trying!

Conclude this activity by distributing handout.

Handout A8: Raising a Healthy Eater

Another issue raised might be **how to monitor food intake** with most children being unpredictable eaters.

- Establishing routines for meal times and snacks where the child and parent sit down and talk while they are eating.
- Establish habits, such as milk with meals, and water at bedtime, that will help ensure variety and nutritional adequacy.
- Establish a 'snack-box' in the fridge or on the kitchen bench that the child can either access directly or be offered to select from. This can contain healthy snack foods (pieces of fruit, vegetables, cheese, small sandwiches etc). This helps to monitor what the child is eating between meals.
- Begin the practise of having the child at the table for meal times early, when the infant is able to sit up and able to grasp foods.
- Some childcare centres have to record and pass onto parents what children are eating whilst in their care. If the childcare centre your child attends does not do this, ask the staff to do so.
- If children do not dispose of the uneaten items in their lunch box, parents will be able to monitor what is being eaten and what is not.
- Trust your child as they know how much to eat (energy), just not enough to be setting the menu themselves (food choices).



5min

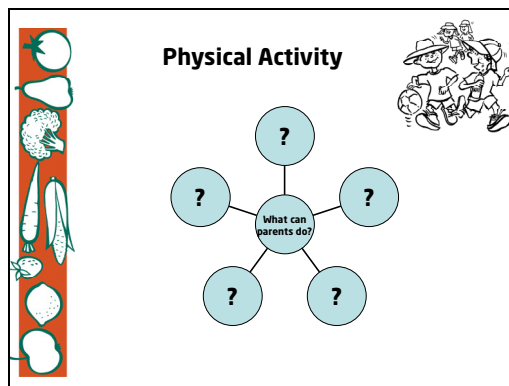
Let's Talk About Physical Activity

Physical activity provides health benefits for children. Physically active people have been shown to live longer, have better managed weight, reduced risk of heart disease, type 2 diabetes and some cancers. Physical activity is important for healthy growth and development. Physical activity has mental and social health benefits. Active people are more likely to feel more confident, happy, relaxed and be able to sleep better. Active children are more likely to have improved concentration, enhanced memory and learning and better performance at school.²⁶

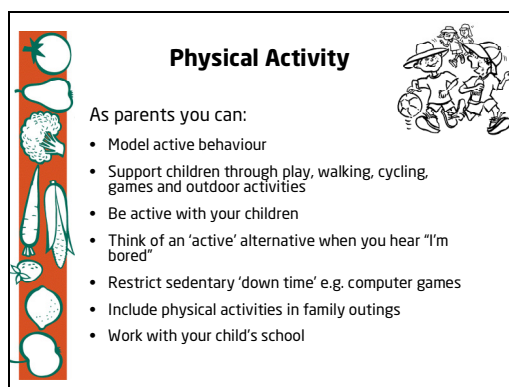
Physical activity behaviour patterns are established early in life. There is some evidence that active children are more likely to be active adults.⁵

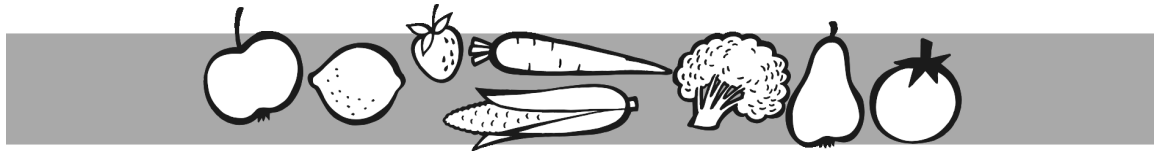
Children should be active every day in as many ways as they can through play, transport and recreation. Challenges to physical activity include television, videos, computer games, the internet, homework and additional tutoring.

Activity: Parents have an important influence on activity levels in their children. Ask the group to brainstorm some ideas on how they can encourage the family to be more active.



Conclude this activity by displaying the following overhead.





Changing Behaviour and the benefits of change

Physical activity and eating patterns are established early in life. Changing lifestyle habits can be hard. It takes time to practise changes and get them right.

What are the benefits of change?

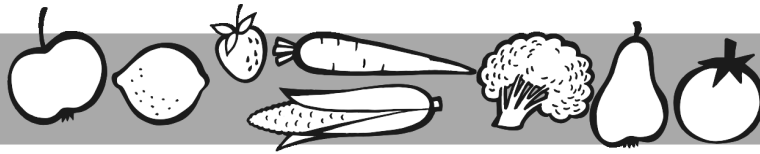
Research shows that changing diet and exercise behaviour is a positive step, which not only reduces long-term risk of disease but it may have short and medium term benefits too.

Short term benefits of changing to a healthier lifestyle include having more energy, feeling more relaxed, sleeping better, and generally having a greater sense of well being.

Immediate perceivable benefits for children include better exercise performance, and improved learning.

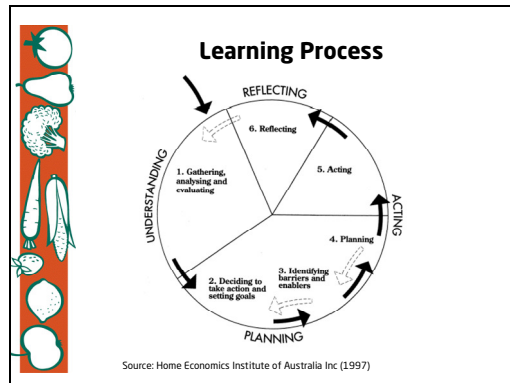
Medium term benefits may include feeling better in general, improved body image, and suffering from fewer ailments like constipation and headaches. Other benefits may include being part of a new and supportive social group.

The benefits to overall health are much more long-term and sometimes less obvious to us. There is no doubt, that a more active and healthy lifestyle reduces everyone's risk of developing some cancers, coronary heart disease, diabetes and other diseases.²⁵ It will also reduce the risk of becoming obese which, in its own right, is linked with the above diseases and other conditions such as back pain, breathing problems, osteoarthritis, high blood pressure, social isolation and depression and gall bladder disease.²⁷



8min

Let's Talk About the Learning Process²⁸ (for changes in family food behaviours)



These steps are considered as a cycle in that they are both sequential and continuous:

- Gathering and analysing information provides the basis for setting goals
- Barriers and enablers are factors that will hinder and that will assist the achievement of goals
- Planning and action relate to the goals set, including planning to over-come barriers
- Reflection considers why the goals were or were not achieved. Reflection can also lead to the gathering of new information, or the setting of new goals.

Activity:

Understanding

Collecting and analysing information

Refer to previous Handout: Food Record.

Ask parents to have another look at the Food Record they completed and analysed earlier in the workshop.

Evaluating the information

Let the parents decide on any dietary changes that they need to make.

Planning

Setting goals - provide parents with the **action plan cards**.

Setting goals involves a specific action, measurable and relevant outcomes and time factors (how often, when by).

Identifying barriers and enablers

Parents need to consider all the social, emotional, cultural and economic factors that are going to make it difficult or easy for them to achieve their goals.

So, if the goal is to increase vegetable consumption, an example of a barrier might be poor quality vegetables at the local store or your family dislikes many vegetables. An example of an enabler might be that you grow your own vegetables and the family enjoys stir-fries.

Planning

In groups, get parents to work out a plan to achieve their goals. As part of the plan, get parents to think about the barriers, and address how they will overcome them.

For example, if the family dislikes many vegetables, get the family to choose some vegetables they like and that everybody will make a commitment to try a new vegetable each week.

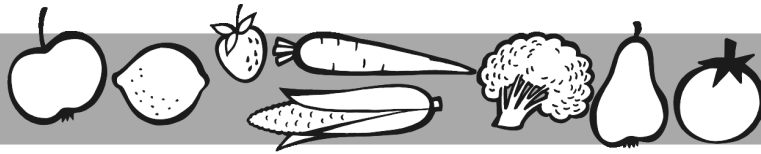
Acting

Taking action to achieve your goals provides us with information about ourselves, our control or influence over food-related behaviours, and our relationships with other people. Real-life practise builds knowledge, confidence and skills for future action.

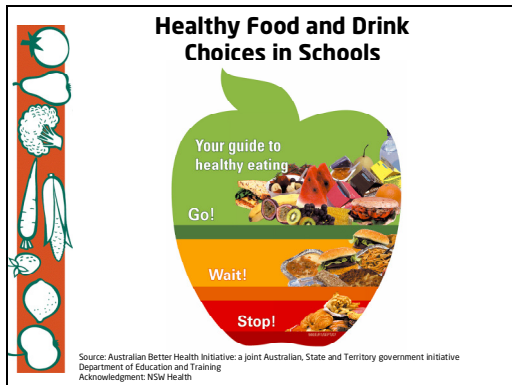
Using the same goal, an action statement might be that each night I will serve at least three serves of vegetables.

Reflecting

Reflection refers to us thinking about what helped our plan to be successful, and what might have worked against it. As a result of our reflections, we should be able to identify the strategies that we would use again when going through the process, and the things we would change.



Healthy Food and Drink Choices in Schools



Healthy Food and Drink Choices in Schools

What's on the menu?

Green Foods (at least 60%)	Amber Foods (no more than 40%)	Red Foods (not to be offered)
Examples	Examples	Examples
Fruit, vegetables, wholegrain breads and cereals, reduced-fat dairy products, lean meat, fish, chicken, eggs, water, 100% fruit juice (250ml).	Refined cereals with added sugar, full-fat dairy products, Star Choice* registered products such as; pastries, pizza, snack bars, ice-creams, cakes, muffins, fruit drinks.	Soft drinks, confectionary, deep fried foods and items such as chips, ice-creams, cakes, muffins and snacks that do not meet the policy criteria.

*WA School Canteen Association produces a Star Choice® Buyers Guide which lists suitable food and drinks.

The WA Government, through the Department of Education and Training, has set policy and standards for the provision of healthy food and drink choices in public schools. The standards are based on a traffic light system: GREEN - fill the menu; AMBER - select carefully; and RED - off the menu. This is part of the Australian Better Health Initiative which aims to refocus the health system to promote good health and reduce the burden of chronic disease.

The policy and standards are based on the Dietary Guidelines for Children and Adolescents in Australia and the Australian Guide to Healthy Eating (AGHE). Schools and their canteens are well placed to support healthy eating. They should reinforce nutrition messages being taught in the classroom by modelling healthy food and drink choices that are tasty, interesting and affordable.

The policy and standards apply to:

- Operators of a canteen on public school sites including P&C Associations, external contractors and local caterers/shops that provide food services to schools.
- Areas in the school where the Principal is directly responsible for the supply of food and drinks (e.g. classroom rewards, school camps and excursions).
- Activities organised outside of the direct responsibility of the Principal are not required to adhere to the policy (e.g. fundraising by P&C such as fetes, discos). However as a whole school approach provides consistent messages through the curriculum, social and physical environments the Principal is required to consult with the school community in deciding the school's policy for healthy food and drinks.

Role of the school canteen/food service

The role of the school canteen/tuckshop is to provide a food service to students and staff that meets their nutritional needs, promotes healthy food, is part of a whole-school approach, and is affordable and financially sustainable. Food services such as canteens and tuckshops have the potential to influence food choices by students at school and in the wider community, and help students learn to make healthy choices throughout their adult lives.

What's on the menu:

Green food and drinks

These foods/drinks should be encouraged and promoted and they should fill the canteen/food service menu. A minimum of 60% of all food, drinks and snack choices in public schools must be "Green". In general these foods are excellent sources of important nutrients, are low in saturated fat and/or added sugar and/or salt and help to avoid an intake of excess energy (kilojoules).

Examples include: fruit, vegetables, wholegrain breads and cereals, reduced-fat dairy products such as milk, yoghurt and cheese, lean meats, fish and chicken, eggs, plain water and 100% fruit juice in small sizes.

Amber food and drinks

Canteen/food service menus should not be dominated by these food and drinks. They should be limited and chosen carefully. Large serving sizes should not be used. Public schools must not offer more than 40% "Amber" choices.

Examples include: refined cereals with added sugars, full fat dairy foods and commercial products such as Star Choice™ registered pastry items, pizza, snack food bars, ice-creams, cakes, muffins and fruit drinks.

Red food and drinks

These are called 'extra foods' in The Australian Guide to Healthy Eating. They should not be offered in schools because they lack adequate nutritional value, are high in saturated fat, and/or added sugar and/or salt, can contribute excess energy (kilojoules) and can contribute to tooth decay and erosion.

Examples include: soft drinks, sports drinks, confectionary, deep fried foods and other items such as chips, chocolate coated ice-creams, and cakes, muffins and snacks that do not meet the nutrient criteria applying to the policy and standards.

Food safety

Canteens must demonstrate the skills and knowledge appropriate for preparing safe food. FoodSafe® training (or its equivalent) provides the skills and knowledge required. All canteen staff and volunteers must complete FoodSafe®. FoodSafe® training packages are available from the Australian Institute of Environmental Health or some local councils.

Western Australian School Canteen Association Inc. (WASCA)

WASCA assists schools of all education systems to establish and maintain healthy, profitable school canteens by providing information, advice, resources and training. In partnership with government health and education sectors, non-government health organisations and the business community, the Association contributes to programs designed to improve the health of Western Australian school-aged children and adolescents.

WASCA has been contracted by the Department of Education and Training to provide "Traffic Light Training" and support to schools in implementing the policy and standards.

Training is offered throughout WA. Canteen staff, P&C Association representatives and school staff are encouraged to attend the training.

WASCA produces a Star Choice™ Buyers' Guide bi-annually which lists suitable registered food and drinks. The Buyers' Guide is colour coded green and amber to assist schools in making healthy food and drink choices. The Buyers' Guide is sent to every school in WA.

Further information

- Support, resources and training:

Western Australian School Canteen Association Inc

Phone: (08)9264 4999

Fax: (08)9264 4981

Email: wasca@det.wa.edu.au

Website: www.waschoolcanteens.org.au

- Healthy food and drink choices in schools:

Department of Education and Training

Strategic Policy and Planning

Phone: (08) 9264 5077

Website: www.det.wa.edu.au/healthyfoodanddrink

Healthy Packed Lunch Ideas

Base ideas: Wholegrain, wholemeal or rye; bread, rolls, unsalted crispbreads, crackers, rice crackers or rice cakes. Serve crackers topped with cheese, or with a container of cheese cubes and salad vegetables cut into sticks, cold fresh lean meat and salad, or dip and salad (remember to keep it cold with a frozen ice brick).

Sandwich fillings: Cheese, ricotta cheese, tomato, capsicum, gherkin, lettuce, grated carrot, celery, cucumber, beetroot, pineapple, parsley, sultanas, currants and dates.

Spreads: chutney, vegemite, peanut paste, relish, avocado, hummus, tabouli, mustard, reduced-fat mayonnaise, mild taco sauce, pickles, jam and cranberry sauce.

Protein fillings: Eggs (boiled and mashed), chicken, turkey, ham, roast beef, fish, canned tuna/salmon and baked beans.

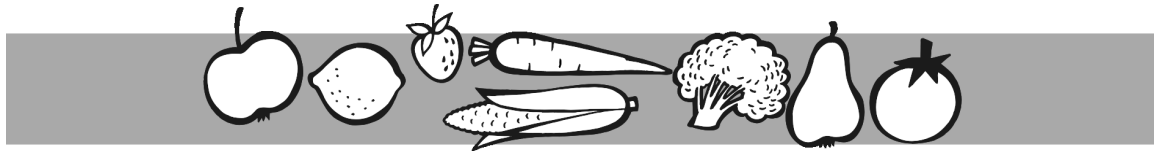
Only use meat that is fresh and cooked well (no pink), and has been kept in the fridge. If there are any doubts about how it has been stored, don't use it.

Other suggestions: Pikelets, pancakes, quiche (keep cold) and mini pizza (keep cold).

Acknowledgement: Meerilinga lunch box world. For more ideas visit:

www.meerilinga.org.au/Nutrition/LunchBoxWorld/For%20Parents/Lunchbox%20Food%20Ideas.aspx

Handout A9: Scrumptious school lunches



Common Questions and Answers

The following is background information only. For more detailed information parents should be referred to the appropriate health professional. Depending on time, ask the group which common questions and answers they would like to discuss.

What should I offer my child to drink?

The drinks recommended for children are water and milk.

For children less than 12 months old, breast milk or infant formula should be the main drink. Cow's milk is not recommended as a drink for children under one year of age. An infant's kidneys are immature and cannot cope with the high content of protein and minerals in cow's milk²⁸.

Around three glasses of milk a day provides enough calcium for bone development. Children between 1-2 years of age need full cream cow's milk. Children aged between 2-5 years of age can drink HiLo milk, but not skim milk. Children over five years, who are eating well and enjoying lots of different foods, can drink skim or reduced-fat milks.⁵

Active children need plenty of fluids. *Water should be offered first.* Remember to make water look attractive by serving it in a fun container. Store a jug of water in the refrigerator so children can help themselves or provide them with their own 'special' water bottle. They can take this water bottle with them whilst you are out.

Fruit juice is often considered a 'health food' but really it can be as high in sugar as soft drink or cordial, can cause tooth decay and may fill young children up so they won't eat at meal times. In this way fruit juice can contribute to growth failure. Fruit juice can also contribute to an excess energy (kilojoule) intake in children who are eating well and drinking juice, which can lead to overweight and obesity.

What do I do if my child won't eat red meat?

Iron is needed to make red blood cells, which carry oxygen throughout the body. Iron has an important role in immunity, brain development and growth. Not eating enough iron makes children more likely to pick up flu, colds and other viruses, reduces their growth and will lessen their potential intelligence.⁵

The best sources of iron are red meats such as lean beef and lamb, offal meats such as liver and kidney, poultry, pork, and fish. Your child will also get some iron from other foods such as iron-fortified breakfast cereals, wholemeal breads, legumes (eg baked beans) and leafy green vegetables, however this form of iron is not as easily absorbed by the body.

Vitamin C helps iron to be absorbed by the body, so try to include Vitamin C rich fruits and vegetables with every meal (citrus fruit, broccoli, celery, tomato, red capsicum, kiwi fruit).⁵

It is important to see the notes on vegetarianism below as some vegetarians can lack iron. Also remind parents that high fat processed and takeaway meats such as fish fingers and frankfurts are not recommended meats and should only be used occasionally. They are very high in fats, especially saturated fat, they are salty and high in the preservatives 'nitrites' and 'nitrates.'

Some children may be 'lazy chewers' and not like tough meats. In this case serve them mince and casserole meats that are softer and break apart easily. Before you provide vitamin supplements to children, seek the advice of a health care professional.

What about vegetarianism?

Some families are wholly or partly vegetarian. Infants and children need special consideration if a vegetarian diet is to meet their nutritional needs. A vegetarian diet that is adequate for adults is not necessarily suitable for infants and young children. Vegetarian diets are lower in energy than diets which include meats. Vegetarian diets are also bulky and fill small stomachs quickly. This makes it difficult for many children to meet their energy needs.

Types of vegetarian diets:

- Lacto-vegetarian diets consist of all plant foods with milk and milk products. They exclude meat, poultry, fish and eggs.
- Lacto-ovo-vegetarian diets consist of all plant foods with milk and milk products and eggs. They exclude meat, poultry and fish.
- Vegan diets consist only of plant food. They exclude meat, poultry, fish, eggs, milk and milk products.

Although vegetarian diets can be just as nutritious as other diets, there are some nutrients that require special attention. These include protein, iron, calcium, zinc, riboflavin and vitamin B12. If you are considering adopting a vegetarian eating pattern it would be wise to see a dietitian for advice.

What makes a healthy snack?

A snack is a mini-meal. Snacks are an important part of a child's food intake for energy and nutrients. What children eat is more important than when they eat.

A snack should provide some vitamins and minerals and be low in sugar, salt and fats.

Activity: Get the group to think up more ideas for healthy snacks. Suggestions to start discussions include:

- Fruit bread, bun or English muffins (to toast)
- Fresh fruit or tinned fruits in natural juice
- Vegetable pieces and dip (grated or lightly steamed for children under three)
- Yoghurt or cheese
- Bread, rice cakes or crackers with spread
- Homemade cakes and slices based on fruit e.g. low-fat/sugar banana bread

Have a 'snack box' in the fridge or cupboard filled with nutritious snacks for children to help themselves. Children who snack on lollies and crisps often do not get all the nutrients for good health. An active child, who eats the energy and nutrient rich foods from all of the five food groups, does not need to fill up on unnecessary expensive, high fat, sugary and

salty foods.

Handout A10: Quick, Tasty, Healthy Snacks

Why are the children craving food after school?

Points to consider include:

- Did the child have breakfast?
- Check their lunchbox to see how much was eaten
- Remember that snacking is normal, children have small stomachs
- Children are quite often in tune with their appetites - but assess if they are eating for other reasons e.g. boredom
- An active child requires more energy from food
- Consider a snack a 'mini meal' - make sure it is healthy.
- Serve up a smaller evening meal to compensate for the snacks.

Is breakfast important?

Studies have found that children who eat breakfast perform better in their schoolwork, as they are better at concentrating and remembering information. Eating breakfast means it's less tempting to eat fatty snacks like chips and biscuits at recess and children are more likely to eat enough of essential nutrients like calcium, iron and fibre from breakfast foods. Children who eat breakfast are also more likely to have a healthier diet.³⁰

Lack of suitable foods in the house, sleeping in, or being too tired to bother are common reasons given for skipping breakfast.

However no meal is easier to prepare than breakfast. It is so easy that most primary school children can prepare their own breakfast. Two things are needed, the foods must be available and there must be enough time to prepare and enjoy the meal. Sit at the family table without the television on.

Handout A11: Fast, Easy Breakfast Ideas

Are supplements necessary?

Vitamin and mineral supplements are not necessary for healthy, full term infants or children who are eating a well-balanced nutritious diet. The same is true for adults. Getting vitamins and minerals from tablets is not as good as getting them naturally from food. Whole food has many other beneficial substances such as fibre, phytochemicals and antioxidants. Also some vitamins and minerals can be harmful in large doses.

If your child is taking vitamin and minerals supplements or if you are thinking about starting them we advise that you talk to your child's doctor or dietitian. If the doctor or dietitian has recommended taking vitamin or mineral supplements don't stop the supplements without discussing it with them.

What do I do if my child is overweight?

There are many reasons why some children are overweight, but often it is preventable. The cause is often simply that more kilojoules are consumed than are needed for normal

growth, and/or limited physical activity.

Being overweight as a child impacts on their ability to play sport, their self esteem, and their long term health.

Children who are overweight are much more likely to become overweight adults.

For discussion:

- Do your children often consume takeaway foods and soft drinks?
- Do your children drink too much fruit juice (e.g. more than one cup a day)?
- Are your children eating too much fat from high fat cooking methods (such as frying), thick spreads of margarine, fatty meats and sausages, and other fatty foods?
- Is sugar being added to foods?
- Are your children's physical activity levels limited by watching too much TV?

Here are some suggestions if your child is overweight:

- Focus on your child's health rather than their weight.
- Seek professional advice (such as a dietitian or general practitioner).
- Reduce the amount of kilojoules consumed. This will involve modifying what your child is eating and reducing portion sizes.
- Follow the Australian Guide to Healthy Eating.
- Eliminate soft drinks from the diet and replace with water.
- Increase physical activity, both planned (eg. organised sports) and incidental (eg. walking to school).
- Reduce sedentary behaviour. (eg. watching television, playing electronic games)
- Remember there is no "quick-fix".
- Involve the whole family in healthy lifestyle choices.
- Avoid "fast-food" outlets - Try to eat home-cooked food as much as possible.

Could my child be constipated?

A child who experiences great discomfort or pain in passing stools, which are hard and dry is constipated. A child who passes soft stools frequently is not constipated. Dietary fibre, water and physical activity help keep bowel motions regular.

Foods that contain fibre are needed in a child's diet because they add 'bulk' to bowel motions and help to prevent constipation and other bowel problems. Encouraging fibre-containing foods in all children's diets is an effective way of avoiding constipation. A high fibre diet also requires a regular intake of water to soften the bowel motion and help it pass easily through the gut. Physical activity stimulates all of the muscles in the body, including the muscles around the gut. Regular activity encourages regular bowel movements.

For discussion:

- Increase the amount of high-fibre containing foods offered. Do this slowly! These include fruits and vegetables (where appropriate keep the skin on), wholegrain cereals (such as Weetbix,TM oats, wholemeal bread and brown rice) and legumes (such as baked beans and lentils).
- Ensure high-fibre foods are eaten by limiting the amount of low-fibre foods offered (such as sweet biscuits, chocolates and crisps).
- Offer water regularly. Avoid too much fruit juice as children may drink this to the exclusion of nutritious foods because of its sweet taste. Children will drink water if they are thirsty and when it is the only drink available/offered.
- Encourage regular physical activity rather than sedentary activities like watching TV or playing computer games. This will keep the bowels moving!

How common are food intolerances and allergies?

Allergies are very common and increasing in Australia, affecting around one in three people at some time in their lives. There are many different causes of allergy and symptoms vary from mild to potentially life threatening.³¹ Most children grow out of their milk and egg allergies before school age, but nut and seafood allergies can persist for life.³¹ Food intolerances are usually 'outgrown' except for coeliac disease which requires a life-long exclusion of gluten from the diet.³²

Children's diets are commonly modified because of suspected food allergy without appropriate medical investigation or diagnosis. For this reason, restrictive diets are often introduced unnecessarily and/or are not nutritionally balanced. If you suspect your child has an allergy it is important not to self diagnose but to ask your doctor to conduct allergy tests (RAST and skin prick tests) and then to refer you to a dietitian.

Do food additives cause cancer?

A commonly held belief is that all, or some, food additives are extremely harmful, cause cancer and should be avoided.

What is a food additive? Anything that is added to food, during processing is considered an additive. For example sugar and salt have been used for centuries to preserve foods and are examples of additives. Other examples of food additives are preservatives, antioxidants and emulsifiers.

The use of food additives in Australia is regulated by Food Standards Australia and New Zealand (FSANZ). According to FSANZ, additives serve three purposes:³³

1. improve the taste or appearance of a processed food
2. improve the keeping quality or stability of a food
3. preserve food when this is the most practical way of extending its storage life.

FSANZ does not approve an additive unless extensive testing has been undertaken and it has been shown that no harmful effects are expected from consumption. FSANZ also sets the Acceptable Daily Intake (ADI) for each additive - the amount that can be eaten every day over a lifetime without risk of harm. The ADI is determined by reviewing available data and finding a level at which no toxic effect is observed. A large safety factor is included in the ADI.

Absolute safety is impossible to prove. Although vigorous tests have been conducted to

assess the safety of additives approved for use in Australia, there is always a possibility that sometime in the future studies will demonstrate that a particular additive is in fact harmful in the doses taken by the general population.

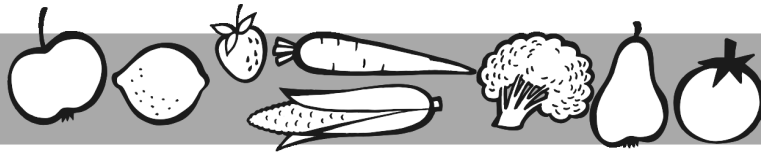
The foods containing lots of additives are usually the foods that we should not be eating a lot of anyway. They are usually highly processed and contain a lot of fat, sugar and salt and contribute to overweight and obesity. Overweight and obesity are major causes of cancer and many other diseases. So the healthiest foods to choose are whole fresh foods which have less additives than processed foods and are also lower in fat, sugar and salt.

For more information about food additives visit:


www.foodstandards.gov.au/foodmatters/foodadditives.cfm

For more information on other cancer myths visit:

www.cancerwa.asn.au/resources/cancermyths/




3min Conclusion




Summary

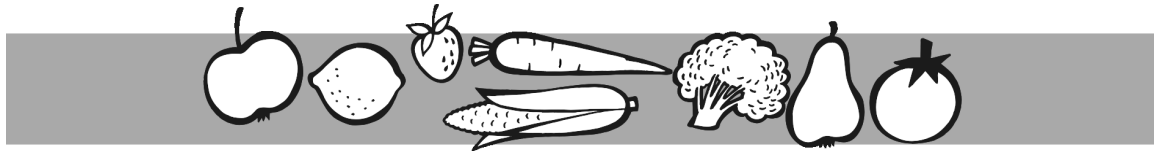
- Children are not little adults, they have specific requirements for growth and development.
- Their requirements can be met by following the Dietary Guidelines and the Australian Guide to Healthy Eating.
- Take the time to read Nutrition Information Panels carefully, utilising the PGR wallet card.
- Compare products per 100 grams.
- It is the parents role to provide nutritious foods.
- It is the child's role to decide how much, which and if any, foods are eaten.



A healthy diet and lifestyle is one of the best investments a parent can make for their child's health.



Good nutrition is something we should all work towards - both children and adults. Good nutrition is really quite simple. You can start to improve your family's health today by following the principles of good nutrition found in the Dietary Guidelines for Children and Adolescents in Australia and The Australian Guide to Healthy Eating.



Evaluation

Evaluation form A

When you have completed this session, hand out the evaluation forms. Ask each person to complete one and return it to you. Thank each person for attending.

Useful Resources

Department of Health Western Australia

Assorted pamphlets, such as Tucker without Tantrums, Food for Kids, Breastfeed and Shape up

Health Info:

Ph: 1300 135 030 or www.dohpackcentre.com.au/DOH/Login.aspx

Refer to Appendices for additional resources.

References

1. National Health and Medical Research Council, *Dietary Guidelines for Australian Adults*. 2003, Australian Government Publishing Service: Canberra.
2. Access Economics Pty Limited, *The Economic Costs of Obesity*. 2006, Diabetes Australia. p. vii, 118.
3. Hands B et al, *Physical Activity and Nutrition Levels in Western Australian Children and Adolescents: Report*. 2004, Western Australian Government: Perth, Western Australia.
4. Rosenberg, M et al, Move and munch final report. Trend in physical activity, nutrition and body size in Western Australian children and adolescents: the Child and Adolescent Physical Activity and Nutrition Survey (CAPANS) 2008.
5. Commonwealth Department of Health and Ageing and National Health & Medical Research Council, *Dietary Guidelines for Children and Adolescents in Australia: Incorporating the Infant Feeding Guidelines for Health Workers*. 2003, Commonwealth of Australia.
6. Association, A.B. *Why Breastfeeding is Important*. 2005 [cited 06/05/08]; Available from: <http://www.breastfeeding.asn.au/bfinfo/general.html>.
7. Commonwealth of Australia, *Australia's Physical Activity Recommendations for 5-12 year olds*. December 2004, Department of Health and Ageing: Canberra.
8. World cancer Research Fund / American Institute for Cancer Research, *Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective*. 2007, AICR: Washington, DC.
9. Smith A, Kellett E, and Schmerlaib Y, *The Australian Guide to Healthy Eating*. 1998, Canberra ATC: Commonwealth Department of Health and Family Services. 1-40.
10. Thomas B and The British Dietetic Association, *Manual of Dietetic Practice*. 2002, UK: Blackwell Publishing.
11. National Health and Medical Research Council and New Zealand Ministry of Health. *Dietary Fibre*. 2006 [cited 06/05/08]; Available from: <http://www.nrv.gov.au/Nutrients.aspx?code=116272000#recommendations>.
12. Australian Food and Grocery Council. *Daily Intake Guide*. 2008 [cited 29/07/08]; Available from: www.mydailyintake.net/.
13. Diabetes Australia. *Glycaemic Index*. 2008 [cited 28/07/08]; Available from: <http://www.diabetesaustralia.com.au/en/Living-with-Diabetes/Type-1-Diabetes/Eating-Well/Glycaemic-Index-GI/>.
14. National Health and Medical Research Council (NHMRC). *Dietary Fibre*. [cited 06/05/08]; Available from: <http://www.nrv.gov.au/Nutrients.aspx?code=116272000>.
15. Food Standards Australia New Zealand (FSANZ). *Choosing the right stuff: Official shoppers guide to food additives and labels, kilojoules and fat content*, 2007, Murdoch Books.
16. Food Standards Australia New Zealand (FSANZ). *Food Additives*. 2010 [cited 01 December 2010]; Available from: <http://www.foodstandards.gov.au/consumerinformation/additives.cfm>
17. Centre for Community Child Health, *Eating Behaviour Problems*. 2006, Royal Children's Hospital: Melbourne.
18. Royal Children's Hospital: Nutrition & Food Service Department, *Raising a Healthy Eater*. 2005: Victoria.
19. Ellyn Satter. *Division of responsibility in feeding*. 2007 [cited 22/07/08]; Available from: www.ellynsatter.com.
20. Hemmelgarn M. *Making Mealtime Pleasant with Young Children*. 2006 [cited 13/02/08]; Available from: <http://missourifamilies.org/features/nutritionarticles/nut1.htm>.
21. Better Health Channel. *Eating Tip for Children - Older Toddlers*. 2007 [cited 13/02/08]; Available from: [http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/\(Pages\)/Eating_tips_for_children\(3\)_older_toddlers?OpenDocument](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/(Pages)/Eating_tips_for_children(3)_older_toddlers?OpenDocument).
22. Family Day Care: Noarlunga Health Services. *Food Refusal and Fussy Eaters*. 2004 [cited 13/02/08]; Available from: http://www.decs.sa.gov.au/familydaycare/files/links/4_Food_Refusal_and_Fussy_E.pdf.

23. Better Health Channel. *Toddlers and Fussy Eating*. 2008 [cited 13/02/08]; Available from: http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Toddlers_and_fussy_eating?OpenDocument.
24. Better Health Channel. *Eating Tips for Children - Primary School*. 2008 [cited 13/02/08]; Available from: [http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/\(Pages\)/Eating_tips_for_children_\(5\)_primary_school?OpenDocument](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/(Pages)/Eating_tips_for_children_(5)_primary_school?OpenDocument).
25. The Children's Hospital at Westmead. *Tucker without tantrums*. 2000 [cited 13/02/08]; Available from: <http://www.chw.edu.au/parents/factsheets/fotuckj.htm>.
26. Department of Sport and Recreation, G.o.W.A. *Facts and Stats: Benefits of Physical Activity*. [cited 14/05/08]; Available from: <http://www.beactive.wa.gov.au/docs/benefits%20of%20physical%20activity.pdf>.
27. National Health and Medical Research Council (Australia). *Clinical practice guidelines for the management of overweight and obesity in adults*. 2003, Canberra: National Health & Medical Research Council.
28. Anderson C, *A Guide to Developing Resources for Good Practice in Food and Nutrition Education*. 1997: Home Economics Institute of Australia Inc.
29. Mahan, K.L. and S. Escott-Stump, *Krause's Food, Nutrition, & Diet Therapy*. 11th edition ed. 2004, Philadelphia: Saunders.
30. Utter, J., et al., *At home breakfast consumption among New Zealand Children: Associations with Body Mass Index and Related Nutrition Behaviours*. *Journal of the American Dietetic Association*, 2007. 107(4): p. 570.
31. Australasian Society of Clinical Immunology and Allergy. *What is allergy?* 2008 [cited; Available from: <http://www.allergy.org.au/content/view/111/1/>.
32. Swain, A., et al., *Friendly Food*. 2004: Murdoch Books.
33. Food Standards Australia New Zealand (FSANZ). *Food Additives*. 2008 [cited 08/05/08]; Available from: <http://www.foodstandards.gov.au/foodmatters/foodadditives.cfm>.