



NSW Centre for Overweight and Obesity

the WEIGHT of OPINION

The early childhood sector's
perceptions about childhood
overweight and obesity

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Executive summary

Early childhood is a critical time in a child's development when the foundations for good or poor eating habits and self-regulation of appetite are laid. Because long day care centres and preschools structure the daily environment in which the children in their care play and learn, the early childhood sector can make an important contribution to preventing and (sometimes) dealing with childhood overweight and obesity. Whether through the direct provision of food at child care or rules/suggestions surrounding the food that children are to bring to preschool, they exert some control over what children consume while in their care. Similarly, they control the amount of active play time that is available during the day. Long day care centres and preschools may also incorporate messages about healthy eating and the benefits of active play into their curriculum, and may provide modelling of good eating habits by the teachers/workers during snack or meal times. They may also regulate the kinds of fundraising opportunities used to support their preschools/centres (e.g. no chocolates or donut fundraisers), and provide parents with information and support regarding the development of healthy habits.

This report presents the findings from a series of in-depth interviews on the perceptions of early childhood staff about the issue of childhood overweight and obesity and their role in supporting healthy eating and active play. Interviews were conducted with eleven directors and staff members from four long day care centres and four preschools, located in three areas within metropolitan Sydney and one area in rural NSW.

The results show that the early childhood educators recognise childhood overweight and obesity as a serious issue and appreciate the complexity of the causes of the increasing prevalence of overweight. They viewed these issues as part of their core mission as early childhood educators, and worked under a philosophy of close partnership with families (and, in some cases, with local health professionals).

All of the participants also acknowledged that parents can be sensitive about their children's weight, that there can be uncertainty surrounding definitions of overweight among young children, and that there can be emotions around the provision of food and children's eating patterns.

At the same time, interviewees recognised that the early childhood sector can only do so much by themselves and that their efforts need to be complemented by efforts to support parents and change cultural and environmental factors that make it difficult to eat healthy foods and get adequate physical activity, especially considering the fact that not all children have access to or participate in early childhood education.

However, given the large proportion of children and parents who do have contact with the early childhood sector, the potential to strengthen the role of the sector in preventing childhood overweight and obesity and promoting healthy eating and active play was highlighted in the research. The interviewees gave practical suggestions for how that could occur. They wanted more early childhood-friendly games, activities, books, songs, and posters about healthy eating and physical activity, more resources they could give directly to parents, more guidance on optimal nutrition policies (for preschools), more training for themselves (including information on when to be concerned about children's weight and what to do about it), and more access to health professionals who could come and speak to them and the parents.

Thus, strengthening the supports and resources to the early childhood education sector should be seen as an important policy effort in the attempt to reduce the incidence of childhood overweight and obesity.

Introduction

This paper is one in a series of reports on the findings from the Weight of Opinion Study (WOO), a qualitative study conducted by the NSW Centre for Overweight and Obesity (COO). While recent epidemiological research has done an excellent job of describing the trends and variations in childhood overweight and obesity in NSW and Australia (Booth et al 2006; Magarey et al 2001), there is less information about the extent to which those most directly involved (parents, early childhood education directors/staff, primary and high school principals/teachers, general practitioners, and young people themselves) view childhood overweight and obesity as an important issue, what they see as the causes behind it, how they think responsibility for preventing and dealing with childhood overweight and obesity ought to be shared between community sectors, and what they would do in practical terms to promote healthy eating and adequate physical activity. Understanding how these key groups view these issues is critical to the development of appropriate and effective resources and policies. The WOO Study was designed to address this gap in our knowledge by conducting a series of in-depth interviews and focus groups with these key groups in four geographic areas within NSW.

The early childhood sector sub-study included focus groups with parents of children aged 2-5 years who were attending either preschools or long day care centres, and in-depth interviews with eleven directors and staff members of those preschools/centres. While many programs and resources focus on school-age children, early childhood is a critical time in a child's development when the foundations for good or poor eating habits and self-regulation of appetite are laid. How early childhood education staff perceive the issue of childhood overweight and obesity, how they view the role of the early childhood sector, what they currently do with regard to healthy eating and

physical activity, and the supports they need to be able to strengthen their role in the future form the basis of this report.

Because child care centres and preschools structure the daily environment in which the children play and learn, the early childhood sector has an important role in promoting good health, preventing and (sometimes) dealing with childhood overweight and obesity. The Children's Services Regulation 2004 (NSW Government, 2004) makes specific reference to both the nutritional requirements and the physical experiences/activities that are required whilst delivering a children's service. Early childhood services operate within this regulatory context. Early childhood services exert some control over what children eat while in their care, either through the direct provision of food at child care or rules/suggestions surrounding the food that children are to bring from home. Similarly, they control the amount of active play time that is available during the day. Child care centres/preschools may also incorporate messages about healthy eating and the benefits of active play into their curriculum, and may provide modelling of good eating habits by the teachers/workers during snack or meal times. They may also regulate the kinds of fundraising opportunities used to support their preschools/centres (e.g. no chocolates or donut fundraisers).

The extent to which the preschools and centres provide these kinds of programs and messages is likely to be determined by several factors: whether it is part of suggested curricula, government regulations (e.g. the kinds of food that can be provided), whether the staff see them as a key part of their responsibility, their knowledge and resources, whether there are children who are overweight or obese, and the personal interests of staff members.

The early childhood sector has been widely identified as a setting for the implementation of child obesity prevention actions (NSW Centre for Public Health

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Nutrition, 2005; The National Obesity Taskforce 2003; Story, Kaphingst and French, 2006). Programs addressing nutrition in early childhood centres have been implemented successfully in NSW and Australia and have been well accepted by the sector. For example, *Caring for Children: Food, Nutrition and Fun* activities (Bunney and Williams, 2006), has been successfully and effectively implemented in childcare settings in NSW.

Policies and programs are only one part of the overall context, however. Even if preschools/centres do have rules about food, parents may not adhere to them. Child care centres/preschools may not have the resources to provide information about overweight and obesity, or healthy eating and physical activity, to the parents. The early childhood sector is characterised by close relationships between parents and staff. If staff members do have concerns about a child's weight, how do they manage those concerns? Do they approach the parents directly or try to deal with it on a whole centre basis?

Methods

Selection of study sites

Four areas were selected as study sites - three within metropolitan Sydney and one in rural NSW. The study sites were selected to reflect a wide range of socioeconomic and infrastructure differences in order to get the views of participants from diverse backgrounds and circumstances.¹ Several criteria were used to select the metropolitan sites:

- a mix of low, medium, and high socioeconomic status (SES) areas;
- across different Area Health Services (AHS);

- each site had to have enough schools, preschools, and childcare centres to support the study; and,
- the NSW Department of Education and Training (NSW DET) had to have given their approval for the team to approach schools in that area.

Based on these criteria, three areas were selected within the AHS boundaries (as they were in early 2005) of Northern Sydney, Western Sydney, and South Western Sydney. The areas selected also generally mirrored the boundaries of the NSW Divisions of General Practice. Within each of the areas, specific postcodes were chosen based on SEIFA indices (Australian Bureau of Statistics, 2003), and adjoining postcodes were chosen in order to increase the number of preschools, child care centres, and schools required for the study.

The rural site was selected because it represented a rural area (rather than a large regional centre) yet still had enough preschools, child care centres, and public schools to support the study. The area, in South Western NSW, has a population of 25,000 and consists of a town surrounded by outlying villages. The area has a local hospital with main industries of agriculture/ horticulture, food processing, manufacturing, and wine production. Unlike many rural areas, however, it is also has a large multicultural population.

Table 1 presents the average SEIFA scores for each of the areas.

¹ With the recognition that these are aggregate measures which represent a range of individual circumstances within each area. However, the areas did differ physically in terms of housing stock, population density, availability of resources, public transport, and economically.

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Table 1. Average SEIFA Indices for WOO Study Sites

Socioeconomic Status	Geographic Area	SEIFA Index
Low	South Western Sydney	937.3
Medium	Western Sydney	967.8
High	North Sydney	1130.4
Rural	South West Region	991.6
NSW		992

Although the SEIFA index for the Western Sydney area is below the state average, it was characterised as a medium SES area because it consisted of an older housing estate surrounded by much newer and higher cost housing.

With the selection of only four geographic areas, the results may not be representative of NSW. However, the purpose of this qualitative research was to provide an initial investigation into community perceptions about childhood overweight and obesity, not to be a representative population study. Remote areas, regional centres, metropolitan areas outside Sydney, and areas with large Indigenous populations could not be included in this study, but deserve further attention in the future.

Development of the interview instrument

Before constructing the interview questions and propositions, the research team developed a set of five key topic areas for this sector:

- to what extent do preschool/child care staff recognise overweight and obesity as an important issue?
- to what extent do staff feel that child care

centres/preschools should play an active role in prevention and dealing with childhood overweight and obesity? What are they currently doing?

- what is the nature of the interactions between parents and staff?
- what is the nature of the interactions between staff and children?
- what key changes or supports (both within and outside of the early childhood education sector) are required to help reduce the incidence of childhood overweight and obesity?

Once the initial topic areas were agreed upon, a set of questions was developed by the study investigators under each topic area to investigate the key issues. The questions were then presented to and discussed with several early childhood educators and modified to incorporate their feedback.² Care was taken to ensure that the questions did not imply that the child care centres and preschools ought to be doing specific things with regard to these issues.

Selection of child care centres and preschools

Because long day care centres and preschools differ in the services they offer, how they operate and the populations of parents they serve,³ the study required one child care centre and one preschool at each study site. Centres/preschools with the following characteristics were preferred:

- larger enrolments so an adequate number of parents could be recruited to participate in focus group discussions;

² The questions appear in Appendix A.

³ Long day care centres offer longer hours, provide care for babies, toddlers, and preschoolers, cook and provide food, and are generally open year-round. Preschools generally accept 3-5 year olds (with some programs accepting 2 year olds), run on the same calendar as the school year, open for 6-7 hours a day, and do not provide food (with the exception of morning/afternoon tea in some preschools).

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- enrolments of primarily children without special needs because centres with a large number of children with special needs are likely to have different policies regarding physical activity and food;
- the majority of the parents had to speak English. While the team recognised the importance of being inclusive with regard to language and culture, the study did not have the resources to conduct interviews or focus groups in languages other than English.

Information about the preschools and child care centres in each area was gained from different sources. At one study site, the local Council published information on available child care/preschool services, including information about size. In other areas this information was not available, and the on-line Yellow Pages telephone directory was used to identify all of the child care centres and preschools in the selected postcodes.⁴ Where the enrolments of the centres were known, the centres were approached in order of size, starting with the largest. Where size of enrolment was not known, the centres were approached at random.

Recruitment

Before recruitment began, a script was prepared for approaching the directors of the selected child care centres and preschools, along with information sheets, consent forms, and sample advertisements for the parent focus groups. The same staff member was responsible for recruitment of the centres.

A multi-stage approach to recruitment was used:

- “cold calls” were made to the chosen centres/preschools - the staff member phoned the director, introduced herself, and explained the purpose and structure of the study;
- if the director agreed to consider participation in the study, information sheets were faxed to the centre/preschool. It was explained that participation would entail a face-to-face interview with the director, allowing a parent focus group to be held at the preschool/centre, and assistance with distributing flyers to recruit parent participants;
- a follow-up phone call was made (if necessary) in order to confirm participation, and to schedule dates/times for the director/staff interviews and for the parent focus group;
- flyers advertising the purpose/date/time of the parent focus group, along with information sheets and consent forms, were sent to the centres/preschools to be distributed to all of the parents;
- parents were invited to telephone the study team directly to register for the focus groups.

Interviews

All directors were interviewed individually, except in Northern Sydney, where the director and staff member were interviewed together. The interviews were conducted by one of two staff members, who attended all of the interviews together. Before the interview commenced, the purpose of the study was explained again and written consent was obtained. All of the interviews were held at the child care centres/preschools, and generally took between twenty and forty minutes. The interviewers stressed that there were no right or wrong answers and that the staff member's experience and opinions were important. The interviews were tape-recorded and later transcribed verbatim. Although none of the directors or staff members were paid for their time, each centre/preschool was given a small gift.

⁴ Discussions were also held with local contacts regarding the populations served by the individual centres and preschools.

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Analysis

After the interviews for the early childhood sector were completed and the tapes transcribed, the responses were collated under the appropriate questions to provide ease of coding. Two members of the research team independently coded the themes under each topic, then met to discuss them. A third team member also read the collated responses and made general comments on them, which served as a further check on the consistency of the results. Agreement on the key findings was achieved quite easily between all three, and the results are presented below.

Ethics

Ethics approval for the study was granted by The University of Sydney and the NSW Department of Education and Training (DET). All participants received information about the study and its purpose and signed consent forms. Participants were not paid for their participation.

Results

As shown below, several preschools and child care centres in each area declined to participate in the study.

Table 2. Child care centres and preschools approached

Geographic Area	# Child Care Centres Approached	# Preschools Approached
South Western Sydney	2	3
Western Sydney	1	4
North Sydney	1	2
South Western NSW (Rural)	1	1

Preschools and child care centres refused for several reasons, including lack of time/staff, lack of interest (felt they were doing enough already), and lack of children (because they were in the process of

rebuilding). Several would have been happy to fill out a questionnaire, but were unwilling to take on the full responsibilities of the study. As in all studies, selection bias is an important issue, directors chose whether or not they (and their centres) would participate – those who did choose to participate may have done so because they were especially interested in the issues or because they already had strong programs on healthy eating and physical activity. Thus, the extent to which they are representative of the sector as a whole is unclear.

A total of eleven directors/staff members participated in the study.

Table 3. Number of participating directors/staff

Geographic Area	# Participants Child Care	# Participants Preschools
South Western Sydney	2	2
Western Sydney	1	1
North Sydney	2	1
South Western NSW (Rural)	1	1

Below we present the findings by substantive topic. Because of the overlap in responses to some of the questions, answers from different questions have been aggregated under the appropriate topic heading.

To what extent do preschool/child care staff recognise overweight and obesity as an important issue?

In general, all early childhood staff believed that overweight and obesity is an issue for 2-5 year olds in NSW, for a number of reasons:

- increasing prevalence: *“Over the years you do see more children coming in who are solid, or chubby, so you do see more and more now”*

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- increasing media coverage: *"the media has really dramatised it"*
- implications of patterns learned in early childhood: *"their diet and everything plays a big part in those early years and if they're not encouraged to eat healthy food then, obesity then starts to develop once they get to the primary school ages. I think too that a lot of the energy they have in those early years, even though they're eating the wrong foods, they tend to use a lot of energy, so it doesn't start to impact until those primary school years."*
- changes in eating habits and levels of physical activity: *"I've noticed a trend, in the years I've been here, which is in the past 5 or 6 years, that yeah, the food children are eating and the amount of exercise and things, isn't the same as it was previously."*
- impact on the overweight children: *"From my experience I think what is common is the attitude of the other children about a child who is carrying more weight than usual, and self-esteem and check how they shape their opinions of themselves, and the expectations that I think other children have on that child and also what expectations the staff have of that child... one thing that travels with any big child is the idea that being overweight comes with the characteristic of being jolly. Always big, happy, jolly happy-go lucky child and I don't think that is the case."*

Several staff members did mention that overweight and obesity was more of a "theoretical" issue in the 2-5 year age group, and more noticeable among primary school age and older children. No one mentioned the long-term health implications of overweight and obesity, but they did acknowledge the health benefits of establishing healthy habits at this early age so they could be sustained in later years.

Staff attributed increases in overweight and obesity, and changes in the determinants of eating patterns and physical activity to a number of factors:

- combination of lack of time and ease of prepackaged foods: *"There is so much more in the supermarkets and stuff that are just full of sugar and parents are more in a rush. Our whole lifestyle is all rush, rush, rush and what we find here is that parents bring a lunchbox and we go to the park and they are full of just you know fruit sticks, which are just sugar, and you don't even see the good old sandwich and an apple any more."*
- advertising/marketing to children: *"The way they (referring to a large fast food chain) advertise—they have really done their homework in using all the hungry colours and colours that attract children." "The fact that there are toys involved with things like that, so the children are going to want to get that toy, and so I've seen children talking about chips and the things in them."*
- a lack of parental time or effort in encouraging activity: *"children are watching more TV, play more video games, it's an easy babysitter instead of taking them down to the park and kicking a ball." "I think television plays a big part and I think that is another thing for children to learn – that you can turn the TV off."*
- a lack of education: *"I think that it's due to the limited knowledge of good healthy eating habits for families."*
- cost of food: *"often healthy foods are more expensive than other food... especially because this is a poorer area in some parts. So those parents can't always afford to buy those foods."*
- cost of organised sport: *"I know a lot of parents take their children to sporting events on weekends and children are involved in quite a*

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lot of sporting activity, but because it's costly that tends to be the parents that can afford it."

- food as comfort: *"people eat sweet things for different reasons as well, so it's hard to turn someone around."*
- fears about safety: *"putting restrictions on what children can do, because that limits their play... and then some children will prefer to stay inside and parents would prefer their children to stay inside, because it's safer and things like that... It's definitely a huge issue... the whole safety thing of going to the park, because there are needles in the park – that is a huge thing for some parents. Safety – road safety, parks being close to busy roads, yeah... there is a concern, yes, and definitely children playing in the park by themselves have been approached by strangers and things like that, and I think there are a lot of things that parents have which are valid, but in some ways, yeah, it's restricted children's play".*

When asked whether childhood overweight and obesity was an issue for **their** centre or preschool specifically, they answered on several levels. All agreed that while they did not necessarily have a large number of overweight or obese children at their centre/preschool, they worked on a philosophy of promoting healthy eating and providing appropriate levels of physical activity. They did this by offering education and information to both children and parents, providing healthy meals to the children (long day care centres only), enacting rules about the types of food that could be brought to the preschool/centre, and the development of gross motor skills.⁵ The primary reasons behind the policies and programming were overall childhood development and child health, but the prevention of overweight and obesity (and countering trends towards unhealthy eating patterns) were noted as important benefits. According to one preschool,

No it's not a great big issue, but we still like to – we've got policies and encourage healthy eating and stuff like that so we don't want it to become a problem here for children in the years and that, and so at the moment I'd say no, but we are trying for it not to happen in the future.

Criteria used to judge overweight and obesity among 2-5 year olds

Many staff members felt uncomfortable being asked what criteria they used to judge if a child was overweight or obese, because of the sensitive nature of discussing weight and they didn't feel that they had the appropriate skills or qualifications to make a judgement. After reassurances from the interviewers, however, everyone did offer an answer to the question. The results show that staff consider a number of factors in making the decision about what constitutes overweight and obesity, including physical appearance, eating habits, energy levels, and comparisons of children with parents and other family members.

All staff members mentioned physical appearance as a defining factor, with a number of different components:

- weight for height: *"Just generally the size of the child, their weight, weight to height, that weight how it relates so much to their height. Just the size of them, yes."*
- comparisons with other children/size for age: *"It sounds terrible, but I guess just the way they look, if they are really big for their age." "I don't want to judge anybody, but maybe when you look at the group as a whole, it's the children who stand out the most in their appearance with their weight – so yeah, you are talking about the children who probably are in larger size clothing, you know – yeah basically it's visible and you can see the excess weight."*

⁵ The specific policies and programs will be discussed in more detail later in the report.

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- location/type of weight: *"You look at the fat around their tummy and around their thighs and even just around their face and head, throat and all around there as well – but normally we look at their tummy and their thighs, and you can see that they have a bit of extra fat on them."*

For most staff, however, judgements about overweight and obesity also took into account eating habits and energy levels.

I know some children are really big boned and stuff like that, but I guess you can tell by their weight, I suppose, and by what they eat, and how they carry themselves, if they are not active, if they are lazy in that sense." Another director said that "you also see how active they are outside, because you do get children who are just solid, but they are often ones outside who are still active and climbing and running and jumping, but the overweight children are the quiet ones who will sit for long periods and are quite lethargic, or complain when you do an active music – 'I don't want to do this' – and so you look at that as well.

There was a great deal of confusion about the role genetics plays in childhood overweight and obesity, which made it difficult for staff to decide whether discussion of the child's weight or any intervention is warranted.

You can tell children who have a considerable weight issue, but sometimes there is also the whole family with a similar issue and you don't know whether that is something you can have an impact on or whether that is genetic and you just have to back off and let them deal with it medically. So I'd love to know, we would love to know what is considered an at-risk child, a child with weight problems.

Other staff also wanted more "scientific" guidelines on when to be concerned. *"I think probably if I had*

concerns, discussing my concerns with staff in the sense of getting their feedback and ideas and checking up on things, because I think nowadays, overweight and obesity is a bit different to the definition I grew up with, so being more aware of those sorts of things. Information on that would help."

The role of early childhood sector

When asked about the ideal role that the early childhood sector should play, the responses echoed those of what they are currently doing, albeit with more support and access to outside resources. Staff strongly believed that the early childhood sector has a critical role to play in the prevention of overweight and obesity, and tried to work in partnership with parents to instill healthy habits in the children while they were young:

Because we interact with the families when the children are of a young age, that's why I think it's very important that we share the nutritional information we have so that they start good healthy eating habits early in a child's life... I think if you teach the families early they learn the importance of ensuring that children do eat proper meals, their weight stays down, they're more active, and stay healthy.

They attempted to encourage healthy eating habits through the education of children and parents, the provision of healthy menus at child care and food rules at preschools, and opportunities and encouragement of physical activity in their curricula.

Because staff in the early childhood sector work so closely with parents, they recognise that increasing demands on parents' time, and in some areas, environmental barriers, have led to fewer opportunities for children to be physically active at home. Thus, they have adjusted their programming to compensate for these changes:

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We are educators and I think it is important that we educate children to be active with their program and the daily program just through activities, books and stuff, but also for parents, we provide pamphlets and up to date information for parents on such issues. I mean parents are working and by the time they get home it's dinner time and they don't get much time to be outside and be active with their children, so we provide opportunities for dancing and stuff like that, just to get children a bit active, so parents can often use those opportunities if they work full time, because they can't get to it during the week and our outdoor program offers a variety of obstacle courses and activities outside that can help them get a bit more motivated, and active, and so on. I think it is important that we do that, especially the children who are here five days a week. If they don't get that stuff on the weekend, at least when they come here, they are on the go all the time, so it's important we provide equipment and stuff for them to become a bit more active.

In spite of the large role that the early childhood sector can play, however, it was clear that parents needed to take responsibility as well. *"I think it does play a part in it, but I don't think it's wholly responsible either. I think we can educate the children so far, and educate parents so far, but I think a lot of it does have to come back on the parents."* Many staff expressed frustration with families who did not support healthy habits, especially when they repeatedly sent junk food, cordial, or soft drinks with their children. As stated by one staff member, *"there is no real point in teaching them here and they go home and they do something different, so it's a two-way thing."*

Early childhood staff were divided about whether they felt it was their role to discuss a child's weight with his/her parents, even if they were concerned

about it. Some did not want to raise the issue because of the sensitive nature of discussing weight, fear of harming the relationship between the parents and the staff, and because they had no training in raising and dealing with the issue.

No, I wouldn't. I think it's a sensitive issue... I remember my last place there was a child very overweight and the whole family had weight issues, and staff recommended what to put in that child's lunchbox and that parent became so inflamed about that issue and it took so long to rework that relationship and get that sense of respect and trust back. She took it so much to heart.... I don't want to damage the relationship. I don't feel very expert in this area and I'm sure there should be more we can be doing.

Some dealt with issues relating specifically to healthy eating by addressing them generally in the newsletter or handouts rather than one-on-one discussions.

Other staff would bring it up with parents, no matter how uncomfortable they felt, because they saw it as part of their educational role and because they believed parents would expect them to raise their concerns: *"Yes – we would see it as our role to express to the parent that that's how we feel and suggest alternatives and maybe suggest that they see somebody to talk about it."* All of the staff who were prepared to discuss the issue said they would bring it up sensitively and in a non-threatening manner. A few of the staff had raised the issue in the past, and one director described the different reactions families have had to the discussions.

Yes, I've actually had experience in doing that. It was good because we looked at it through observations of the child as well as their body shape, the way they carry out their physical activities, the lack of them they're willing to participate in. We had a very good relationship

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with the family. The mother was also aware of it but unsure of how to approach the problem and a lot of it stemmed down to the high sugar snacks, the intake of food the child was taking. We sent her off to a local doctor, the doctor referred her to a dietitian, and this child was about 3. The child is now at school, apparently the parents are still (doing) the healthy eating, got the child more active into sports, the child has lost a bit of weight. But that was probably a positive experience. I've had a family who were like, no, my child is fine, there's nothing wrong with them, they're off their food, they're only babies, they'll grow out of it once they go to school and get more active – that family refused to know about it anymore and told us to back off and leave it at that. They are the parents of the child – we just encouraged and gave as much information as we could, referred them to their doctor, and that was as far as we could go. We monitored it and we tried to encourage the child into more activity here, we watched the intake of food here that we were providing for the child. We did what we could with that child in our care, so that was the most that we could do at that time.

Two out of the eleven staff members had been approached by parents who were concerned about their children's weight and asked for support from the preschool/child care centre.

Yes, that was just one family who were concerned about their child's weight. They weren't confident in how they would go about accessing resources and bringing their child's weight down and getting them more active, and that's where we referred them on to their GP, gave them a list of what we provide at school, any information we had at that time. That was probably about five years ago, and back then it wasn't widely spoken about, so it was good that

that parent approached us as well and were quite happy to work in conjunction with us.

According to staff, parents were much more likely to be concerned about their children not eating enough or being underweight than they were about them carrying excess weight.

Current structures or policies

Healthy eating

All the child care centres and preschools had some programs or policies in place with regard to healthy eating. Because child care centres provide food to the children in their care, they are subject to government rules, regulations, and mandatory training about the food and drink they supply and how it is prepared.

We have guidelines that we have to follow. She (the cook) has to meet the daily requirements of the dietary guidelines and she has a code on her foods to make sure each area is met. Often with a child's diet, if a child comes here full-time, that may be their full diet because whatever they have over the day that's their requirement for that day and when they go home they'll just have a sandwich or something before they go to bed, so it needs to be balanced.

Preschools differ in that they decide individually whether or not to set any rules about the foods and drinks parents send to schools.

Yes, we have policies and in our information book for parents we have our Healthy Eating Policy and give suggestions to parents about what they can bring for lunch and we have just pretty much banned the chips, chocolates, lollies for that reason, because we are trying to encourage children to eat healthy.

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The extent to which preschools ban foods or just recommend that parents not send them differs, and some preschools complained that there was little guidance on optimal policies.⁶

A major dilemma for both preschools and child care centres was what to do when parents sent along food or drinks that were unacceptable. Staff then saw their options as confiscating or replacing the items, sending home notes or reminders that certain foods and drinks were not to be brought, making general statements in newsletters, or talking to parents one-on-one.

Child care centres had the advantage of having food on hand to replace unhealthy things that are sent with children:

They might come in with a muesli bar or Fruit Loops or something like that, so if we see a child with that, even though we've finished breakfast we'll ask the child if they'd like Weet-Bix or ask the parent if the child has had something to eat that morning and do they think the child would like some Weet-Bix.

Even though child care centres supply a full day's food,

you see them walk in the door with a packet of chips... if they are walking around eating a packet of chips or lollies... we will take them off them and put them in their bag and say you can have them when you go home, and they are fine with that. Even if they come in with cordial or coke in their bottles, it just gets tipped out straight away, we will take it off them straight away and then just replace it with water or milk.

In fact, all four of the child care centres mentioned that parents routinely sending cordial or soft drinks with their children was a regular problem.

Because preschools do not supply food, however, staff were sometimes reluctant to take away unhealthy foods.

Yes, we do have a policy we share with parents, and it was a case that we once upon a time didn't allow the child to eat the chocolate and that was – but sometimes some of the things that come in which we don't recommend is all they have to eat, so it's the option of them going hungry completely, or eating something that is a bit unhealthy.

Since the early childhood sector generally operates on a philosophy of working in partnership with parents, some staff were reluctant to take on the role of “food police” for fear of alienating the parents.

“I don't like policing lunchboxes and I certainly don't like policing families on choices they have made about food and nutrition and in preschool they do make that choice when children come in... for me I don't like being that moral policeman.” Staff found that when there was a clear and strong policy about what foods and drinks were not to be brought to preschool, it made discussions with parents easier.

In both preschools and child care centres, however, healthy eating policies and programs extend beyond food supply to include issues such as the ways in which food is discussed, the extent to which healthy eating is incorporated into the curriculum (both formally and informally), staff modelling, and fundraising policies.

We do a lot on healthy eating and we provide experiences about foods and making fruit salad and those sorts of things and tie it in with stories and things like that, and talking about drinking lots of water, it's good for your brain and so we do a lot of discussion with the children and so it is definitely part of our program and part of our daily program talking

⁶ Note that the Department of Community Services document *Health and Safety in Children's Centres, Model Policies and Practices* provides guidance on policies and has been distributed to all centres.

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like it is, like wearing hats outside and things, that is something like we always do, and even when they are sitting down eating lunch, talking about what they had for breakfast and who had what and gauging who had eaten breakfast, and talking about an everyday food, a sometimes food, and special treats and things – we use that language with the children as well.

Food experiences were a common teaching tool in the early childhood sector, especially when children hadn't been exposed to a large variety of foods.

In the last preschool I was in, we actually did a fruit tasting morning, where we brought in a lot of different fruit and tasted it, and were eating the fruit they'd cut up and they were more involved in that, and they might not have tasted it before, but they would taste it now. So I think in terms of changing the child's view on different food, that is a great way to do that, by handling it, smelling it and even licking the fruit off your fingers, rather than if you just put it on the plate and say to taste the different things. So we have some proactive food experiences... then it might extend children's knowledge and taste of food.

Another preschool planted strawberry plants after a mother had brought in four punnets of strawberries and the children enjoyed them.

Other strategies used to teach the children about healthy foods included games, books, puzzles, posters, and “making the most of those teachable moments” which included informal discussions between children and staff during meals or playtime.

At lunchtime, sometimes on occasion, it's not necessarily in our curriculum, but it's just part of what we do, we sit there and talk about how vegetables make our bones strong, or we need to have our vegetables like our carrots so that our eyes are strong, and so we kind of break it down for them and tell them that we need meat for our blood, for the iron in our blood, so that our blood is strong and we can run faster and we have energy.

Many of the preschools and child care centres also mentioned having visits from Healthy Harold the Giraffe.⁷

The early childhood sector also provides information about healthy eating to the parents, either indirectly through the information children pass on to their parents

(I had one Dad say – Mum was away and he was doing the lunches – so he's getting lunch out for the school child and the preschool child, and the child says 'no I can't have that, I'm not allowed chips' and so the child was actually telling the parent about what they should and shouldn't have, so you could see well our discussion in the program had worked)

or through more formal means such as written policies, information and recipes in newsletters, passing on relevant pamphlets and brochures, or holding information evenings with dietitians.

Fundraising was a difficult area for the early childhood sector to negotiate. Child care centres and preschools rely on fundraising to subsidize fees,

⁷ From the Life Education NSW Early Childhood Program, Healthy Harold visits child care centres and preschools. According to their information, “during the program presentation, the educator will work with the children to reinforce the need for a nutritionally sound diet. Through a ‘hands on’ approach the children will gain an insight to what constitutes ‘healthy food choice’. The children will then participate in choosing a ‘healthy’ lunch for Harold with particular attention being paid to the variety in colour, texture and taste available and to the importance of water in the diet. During the pre-visit, the educator will discuss with the Director the cultural background of the group involved. The importance of ‘food for energy’ is reinforced with the children participating in an energy dance and a drama activity.”

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supplies, and programs, and food-related fundraisers are easy and can often raise a great deal of money. Staff were able to recognise the contradictions between healthy eating policies in the sector and selling items such as donuts or chocolates to raise funds, but based their final decisions on a number of factors, including parent preferences (“I thought maybe we’d better send out to parents what they want to do, and chocolates was a big thing they wanted to do”), the fact that it raised a great deal of money and the chocolates weren’t being sold directly to the children (“We are doing a chocolate one. Not for the children. We raise a hell of a lot of money for resources for the centre, but we don’t feed the kids with it, it goes straight to the parents for work. They are allowed to eat chocolate”), and a reluctance to make any food totally off-limits (“I think it’s important too because if you deprive or you say we’re not going to have any of those things then it becomes a desirable food. It’s better to have a little bit of everything in moderation but be aware of the education in different types of foods you should be eating every day”).

Because the early childhood sector does have such a large role to play, it is critical that they receive the latest information on best practice guidelines with regard to discussing food and the self-regulation of appetite. For example, one centre used a philosophy that was less than optimal for establishing self-regulation of appetite:

All the kids they love lunch most of them and if they don’t eat all their lunch then they miss out on bread and bread is a big thing here you know. If you don’t get your bread, it’s really devastating. So that is the way we work things, because we want them to be encouraged to scrape their bowl, like get that last morsel off their plate, because as you know there are people who are hungry in other parts of the world, who don’t have all the great things that we do, so we need to make sure we eat

everything. So that is what we also portray onto the children, that they need to eat everything, that we don’t like to waste food, it’s not nice to waste things.⁸

Physical activity

All the child care centres and preschools saw the provision of opportunities for physical activity and the teaching of gross motor skills as part of their core mission as early childhood educators.

The outdoor program is an extension of our indoor environment as well and yeah, we currently spend probably two hours out of our day, which is a six hour day and that is currently split into two sessions where they can go outside and there are bikes, climbing equipment and we also incorporate games within our program, group games and things, and we try and facilitate that while they are at outside play as well.

Indoor activities often include dancing, exercise, and active games.

Staff use the physical activity times to monitor the development of individual children’s physical skills so they can be well-prepared and confident in their physical abilities when they go to primary school.

It’s good for them, just that movement and as part of their development. Also, the coordination, too, like because you don’t want them to go to school and have low self-image of themselves either. So now is the best time where everyone is learning to catch, having trouble riding the bike, need extra help with climbing – now is the time to do it, so they can gain that confidence... so that is also why I encourage that, because you think of what is going to happen when they are older and they go to school.

⁸ Note that this is counter to nutrition recommendations, which encourage children to stop eating when they feel full.

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When asked whether they made special efforts to motivate sedentary children to participate in physical activity, the staff's answers reflected the philosophical framework from which the early childhood sector generally operates. That is, rather than badgering a child to participate, they would use that child's interests to develop activities for the whole group. Staff were very careful not to isolate sedentary or overweight children:

Well we try not to focus on them but we try to get them into the activities as much as we can without putting the focus on them, because children can be quite mean and quite harsh and they will notice something – if a child is big they know it and they will let them know, not thinking about that child's feelings, how they themselves feel about their weight, because children feel it – they know when they don't have the energy, why they can't run as fast as other children – and so we just try to encourage them into it. Each teacher has a focus group so they get to know their children and families and we just provide experiences for all of them and let them know it is for all of them and encourage them to be there beside them to get them involved, and use their peer support network to encourage them into it as well. That's about the only way you can do it without segregating them so everybody notices.

Information, Support, and Resources

Current sources of information about healthy eating and physical activity

All of the participating child care centres and preschools sought out information about healthy eating and physical activity that they passed on to parents and used to strengthen their curriculums. The ease with which they were able to obtain useful and reliable information varied, however. Some

centres/preschools routinely received information in the mail or were able to access helpful local Community Health Services when they had questions. Others had much more difficulty: *"I have been told by my DOCS adviser to get that information, but it is hard. I have rung the hospital, but then I'm told I'm not in the area. I've rung Community Health – they tell me they have nothing to do with this."* In-services and staff training primarily focus on safe food handling practices or are specifically for those planning the menus and cooking the food at the long day care centres. Otherwise staff relied heavily upon the internet for information.

Resources and supports that would be helpful

Staff had a number of suggestions for practical resources that would support them in their efforts to encourage healthy eating habits and appropriate levels of physical activity for the children:

- books, posters, pamphlets;
- healthy eating games and activities;
- puppets;
- pretend fruits and vegetables for "home corners" (rather than pretend pizzas);
- songs: *"catchy little songs, like the road safety, have the little catchy road songs, so you could have something bringing yummy munchy apples"*;
- education/training for staff, including *"things to look out for, like indicators of obesity and things like that. And then yeah, information about where to refer, the best place to refer."*;
- suggestions for hands-on activities for the children (eg, growing strawberries);
- talks from local dietitians;
- interesting and practical information to give to

parents: “even if they could put like a resource book, because in Day care, they used to have *Staying Healthy*, a cook book, we don't have anything like that for preschool, like suggestions what you could put in your lunchbox, ideas and parents actually need examples of – it's alright to have the healthy pyramid and foods and now they are saying to eat the five in a day, but they are not giving families ideas, recipes, and how – that is what the parents need. Some parents don't have the education or think all the time – so then you have the suggestions of fun ideas, like cut up carrot sticks, throw them in, make them a fruit salad, how to incorporate those things, and have the handout or book for us to use would be handy.”;

- more outdoor equipment;
- more interesting outdoor games and activities: “new ideas and new ways of doing things, because after so long playing a game gets a bit... being able to change it, like adding a different ball or different ways of playing it.”;
- a complete kit: “On the child's level I'm thinking of what the RTA does. They provide packages, like with posters, games ... stamps. We have all these signs up, safety signs like look out for kids there and all these other signs, but not signs for healthy body, healthy mind or whatever – and so that would be a positive thing I think. The RTA does lots of puzzles you can purchase, and puzzles about kids wearing seatbelts, so why couldn't it cross over and have a similar thing and eating healthily, puzzles, books, games for the kids, and for the parents I think they need more concise quick reading information with direct avenues to take them to where they can get help if they need it.”

Contextual Changes

While the above resources would certainly support the early childhood sector in their efforts to encourage healthy eating and physical activity among children and support parents better, they cannot address the broader social, cultural, and economic environments which have helped contribute to the increasing rates of childhood overweight and obesity. Staff were asked what they thought needed to happen outside of the early childhood sector to help reduce the incidence of childhood overweight and obesity. Their answers reflect their views on the causes of the increasing rates of overweight and obesity as previously cited, and in essence were designed to counter those influences. Their suggestions included:

- restriction of advertising to children: “I think the media has a big role in all of this. Talking about fast foods, advertising through children's programs... How you change the media though I don't know.”;
- reduce the costs of participating in sports and organised physical activities, and increase their availability. Also advertise their availability so parents are aware of them. “Getting out into the communities, letting them know, promoting sports, getting information to the families, because a lot of the families don't have access to it, they are isolated and those sort of families I think get forgotten.”;
- promote the benefits of physical activity and healthy eating to parents and children through the media, including the use of popular children's characters, to reduce sedentary activities such as television and computers;
- provide more parks and playgrounds with shade cloths;
- provide more community-based activity days:

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“maybe in the areas they need to look at what they can hold for families, those fun active days, healthy for heart days at school, they have to skip and participate... and you could get the families and make it a social, fun activity that involves the community.”;

- address safety issues: *“some children will prefer to stay inside and parents would prefer their children to stay inside, because it's safer and things like that. So ideally getting children back out there, and lots of different experiences.”;*
- address the setup of supermarkets: *“You need to change how supermarket shelves are set up and I think at this age peer group pressure has a lot of impact on children, and I think children see what is in each other's lunchboxes, and if someone is doing something and the other child sees it, they want it too. It's a big issue.”;*
- encourage stronger parenting practices
 - saying no to children: *“the parent accepting responsibility... you make the rules and the boundaries and stick to them... a lot of parents are trying to be friends with their kids now as well and do let them get away with whatever, instead of being the parent.”;*

Staff suggested that healthy lifestyle messages could be delivered through the media (including magazines as well as television), and could be promoted through the early childhood sector as well. Although they had a number of ideas about the actual goals that ought to be achieved, there was less information on how they thought those changes might be possible.

Rural-Urban Differences

The main difference between the preschool and child care centre in the rural area and those in the metropolitan sites was access to information and resources. There were no differences in practices, policies, interactions with children and parents, and

perceptions of the causes of childhood overweight and obesity. Living in a rural area made accessing professionals, training, and resources more difficult, with training having to be done more by correspondence rather than face-to-face. The two directors, both of whom used to live in metropolitan areas, felt that the internet has reduced the barrier of distance somewhat.

Discussion

The findings from the eleven in-depth interviews conducted with directors and staff members from the four preschools and four child care centres demonstrate the critical role that the early childhood sector plays in promoting healthy eating practices and ensuring the children in their care receive adequate levels of physical activity. The participants see these issues as part of their core mission as early childhood educators, and work under a philosophy of close partnership with families (and, in some cases, with local health professionals).

All would like to see their role in preventing childhood overweight and obesity strengthened, and gave practical suggestions for how that might be possible. They wanted more early childhood-friendly games, activities, books, songs, and posters about healthy eating and physical activity, more resources they could give directly to parents, more guidance on optimal nutrition policies (for preschools), more training for themselves (including information on when to be concerned about children's weight and what to do about it), and more access to health professionals who could come and speak to them and the parents.

Again, it must be emphasized that these preschools and child care centres are only from four geographic areas within NSW, and all agreed to participate in this study. The extent to which the findings can thus be generalized across the state is unclear.

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Preschools/centres in different areas serving different populations may face other barriers, and may also have other programs or policies which are working well. The fact that the findings were so consistent across the four geographic areas increases our confidence that they reflect at least one segment of the early childhood education sector, however.

Thus, strengthening the supports and resources to the early childhood education sector during this critical period of child development should be seen as an important policy effort in the attempt to reduce the incidence of childhood overweight and obesity. As recognized by the participants, however, the early childhood sector can only do so much by themselves – efforts also need to concentrate on supporting parents and changing the structural, economic, cultural, and environmental factors that make it difficult to eat healthy foods and get adequate amounts of physical activity, especially considering the fact that not all children have access to or participate in early childhood education.

Implications for Policy and Practice

From a policy and practice perspective, working with the early childhood education sector and children aged 2-5 (and their parents) is critical for a number of reasons from a policy and practice perspective:

- The early childhood period is an opportune time to instill healthy eating/drinking and physical activity habits
- From a developmental perspective, the earlier we intervene the greater the likelihood of change
- The sector itself sees the development of healthy habits as part of their role and are keen to participate, but need support

- Children in formal care are a “captive audience” and can be targeted
- Parents of 2-5 year old children can be reached directly through the formal care sector and tend to have close relationships with the care providers

This section presents some potential starting points for further practical actions to be taken which can help promote healthy weight through the early childhood sector. They were developed based on an initial list of practical suggestions made by the WOO participants, which were then further refined through discussions with representatives from the early childhood and health sectors at a workshop of peak groups convened by COO in May 2006.⁹

From a practical perspective, the development of these ideas into tangible results will require partnerships between organisations such as NSW Health, the Department of Community Services, Family and Community Services, TAFE, Lady Gowrie, and local Area Health services in the development, distribution, and support of healthy eating and physical activity efforts. It is also important that these ideas be seen as starting points only – other ideas for working within the early childhood education sector, and more broadly for all children aged 2-5 in NSW, can also be developed.

Potential Starting Points for Further Action

1. Develop and disseminate clear messages on nutrition and physical activity related to children 0-5 years and relevant to early childhood sector; include guidance on ways of communicating with parents

Nutrition

There is substantial information available on nutrition guidelines for young children (Dietary Guidelines

⁹ Please see Appendix B for a list of the participating organisations.

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for Children and Adolescents in Australia; A guide to healthy eating), which are supported through tailored resources and programs (Caring for Children: Food, Nutrition and Fun Activities), that have been developed for the early childhood sector. These Guidelines and resources are reinforced through the Health and Safety in Children's Centres Model Policies and Practices document, distributed by the Department of Community Services (DOCs).

However, there are specific nutrition topics where the early childhood sector could benefit from additional information – for example, portion sizes, appetite control, and how to encourage children to taste new foods. Clear, specific information and messages about these issues would be relevant, meaningful, and have practical value for the early childhood sector.

Physical activity

Currently, there are no available guidelines about active play and physical activity that relate specifically to young children. There is a broad understanding and recognition about the importance of children's physical development, including motor skills. However, there are no national guidelines or specific resources in wide use that guide the early childhood sector. It is proposed that a background review be conducted to identify appropriate physical development milestones and competencies for young children, and to consider how these should be incorporated into daily programs within the early childhood sector.

Communicating with parents

The early childhood sector is actively engaged in supporting parents and part of this role includes communicating with parents about the development of their child. This is an important role and one that can be supported through resources and ongoing training. Given that parents are known to be sensitive about their children's eating habits and the topic of childhood overweight and obesity generally, it is particularly important to ensure that early childhood sector professionals are well equipped

to communicate appropriately. There is scope for guidance about whether and how to raise issues related to healthy weight in a constructive manner, which includes ensuring that the sector is aware of services and supports that parents can access if they need to.

2. Develop healthy eating and physical activity resources specifically targeted to Preschools/ Long Day Care Centres

The WOO study identified that the early childhood sector wanted more good quality resources related to healthy eating and good nutrition that are developmentally appropriate and user friendly. The consensus of the participants in both the study and the workshop was that the RTA Kids and Traffic resources provide an excellent model. One strength of the RTA model is that it is part of a funded program, which includes the provision of regular updates for the resource and ongoing support for its implementation, including professional training sessions based at child care centres or preschools. The program is centrally based and supported through the early Childhood Safety Unit based at Macquarie University.

Adapting this model, the resource kit could include:

- books, posters, pamphlets
- healthy eating games and activities
- puppets
- pretend fruits and vegetables for "home corners"
- songs/CDs
- indoor and outdoor active games and information for parents about games/activities they can play at home to get children active
- suggestions for hands-on activities for the children (e.g. growing strawberries)
- fact sheets for staff e.g. on developing specific fundamental movement skills through basic

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games and activities

- healthy eating and physical activity education materials for parents e.g. simple and easy recipes and lunch box ideas
- sample newsletter articles
- information on websites containing up to date and accurate health and referral information
- healthy and active fundraising ideas
- sample policies regarding food and drinks to be brought from home

There are a number of existing resources that can be further promoted and disseminated through the kits. For example, Caring For Children: Food, Nutrition and Fun Activities should continue to be promoted.

3. Link resources with the provision of professional development activities

Resources are most effective when linked to and supported through ongoing professional development, as occurs through the RTA Kids and Traffic program noted above, which allows practice, resources and ongoing training to be consistent.

Professional development is needed at two levels:

- centre staff
- children's service advisers who work across centres and assess compliance with DOCs regulations

Training related to the prevention of overweight and obesity should focus on promoting healthy eating and active play, in the context of children's overall health and physical development. The professional development would be recommended for all staff in the early childhood field, and would cover topics such as:

- guidance around when to be concerned about eating habits, physical activity, and/or weight
- current approaches to promoting physical

activity and healthy eating in the early childhood setting

- building partnerships with parents (would include strategies for discussing eating habits and physical activity)
- healthy fundraising ideas
- referral options
- where to go for more information

Incentives for attending training (such as resources additional to those in the kit) could also be considered. Ways of making the training accessible in rural areas would need to be developed.

4. Strengthen the focus on physical activity and active play, as well as nutrition components of undergraduate and vocational courses

There needs to be increased focus on healthy eating and active play within qualifying courses conducted through TAFE, universities, and other training organizations, as well as through ongoing professional development initiatives. In particular, there is a need to increase focus and attention on active play and children's physical development.

This involves action at two levels: at the national level, through representation to the Industry Skills Council (which will be reviewing the Skills framework over the next 12 months); and at the state level, through the introduction of new modules or content through TAFE and other local registered training organisations.

5. Strengthen links between early childhood services and early childhood health services

The WOO study identified that early childhood educators value the opportunity to liaise with health professionals, in order to access expert information and support, as well as a referral point for parents.

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Early childhood health services have a significant role in working with families with children up to the age of 6 years, and are thus the most relevant service for contact. In order to strengthen these links, it is recommended that the health sector produce and distribute information on their services, including posters or leaflets explaining their services, that can be displayed in all early childhood services in their area.

In order to pursue these actions and advance the ideas further, participants at the workshop decided to form a working group with representation from Department of Community Services, NSW Health, Family and Community Services, Lady Gowrie Child Centre, TAFE, and Hunter New England Area Health Service.

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Appendix A : Interview Instrument

Topics/Prompts

Broad Topic 1: To what extent do preschool/child care personnel recognise overweight and obesity as an important issue?

1. Do you think overweight and obesity is an issue for kids age 5 and under in NSW? Why/why not?
2. Would you say that it's an issue for your preschool/child care centre? In what way?
3. How do you know if a child's overweight or obese? How do you make that distinction?

Broad Topic 2: To what extent do they feel that child care centres/preschools should play an active role in prevention & dealing w/ childhood overweight & obesity? What are they currently doing?

1. Do you think the childcare/preschool sector has a role in the prevention of childhood overweight and obesity?
Why/why not? - prompt for responsibility issues
2. Do you currently have any structures or programs in place regarding healthy eating or physical activity?
Please describe. How/why did these come about? -prompt for food rules, food provision, active play, curriculum, modelling, fundraising
3. How do you think they're going? Have you come up against any barriers or difficulties? - prompt for lack of knowledge, resources, parents, costs, reluctance of kids, invisible barriers (eg. sensitive nature of issue, stigma), etc...
4. If you need more information on any of these issues (healthy eating, physical activity, talking to kids, talking to parents, resources, etc...), how easy is it to get them? Where do you go? - prompt for community health, in-service trainings, professional development

Broad Topic 3: Interactions between parents and preschools

1. If you have a child in your preschool who is overweight or obese, do you talk to the parents about it? If no, why not?
If yes, how do you go about doing that?
2. Do you provide any general information about issues related to childhood overweight or obesity (or healthy eating/physical activity) to all parents? (eg. in the newsletter, or as handouts)? Was there any reaction, feedback, or unanticipated outcomes?
3. Have parents ever approached you because they're concerned about their child's weight? What were they looking for? (eg. info, support, partnership)

Broad Topic 4: Interactions between staff & children

1. Do you try to motivate sedentary students during times of active play? Is there a focus on the overweight children?
2. Would you change your programming (eg. curriculum) to include issues about healthy eating and activity if there are a high number of overweight children?

Broad Topic 5: Moving Forward – What do Centres/Preschools want?

1. In an ideal world, what role do you think child care centres/preschools could play in this issue? What would be necessary to make that happen?
2. What do you think is realistic in the short term? What kinds of resources, support, or training, would make it easier for your centre/preschool to take an active role in preventing or dealing with childhood overweight or obesity?
3. What other things, outside of the child care/preschool setting, do you think would help with overweight and obesity among children?

Appendix B : COO Childcare and Health Peak Forum: Participating Organisations

Office of Child Care

NSW Dept of Community Services

Early Childhood, Access and Equity

NSW Department of Education & Training

Community Services, Health & Hospitality

Educational Services Division

TAFE

Ethnic Child Care Family & Community Services Co-Op Ltd

Child Care New South Wales

Lady Gowrie Child Centre

Somerville Park Early Childhood Education Centre

NSW Sport and Recreation

Centre for Chronic Disease Prevention and Health Advancement

NSW Health

Maternal and Child Health

Primary Health and Community Partnerships Branch

Strategic Development Division

NSW Health

Hunter New England Area Health Service

Division of Population Health

Health Promotion Service

South Eastern Sydney Illawarra Area Health Service

Health Promotion Unit

Sydney South West Area Health Service

The Central Coast Health Promotion Unit

Northern Sydney/Central Coast Area Health Service

**The Weight of Opinion:
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