

EXPLORING PARTNERSHIPS BETWEEN EARLY CHILDHOOD EDUCATORS AND PARENTS TO PROMOTE HEALTHY EATING TO CHILDREN

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Abstract

It is important to establish healthy eating behaviours at a young age to optimise growth, development, learning and wellbeing of children. Adults influence the development of children's eating behaviours through modelling, feeding practices and the food environments to which they expose children. In this context, early childhood education and care (ECEC) services provide an important site for health promotion and this is recognised in key national documents, as well as the policies and frameworks that govern the ECEC sector. However, success is dependent upon educators and parents working in partnership, supporting continuity for children and providing consistent information about healthy eating and healthy lifestyle choices.

The purpose of this study was to deepen understanding of collaborative partnerships between early childhood educators and parents, with a focus on promoting healthy eating to children. The study took a predominantly qualitative approach, with a small quantitative component to provide a contextual background. Quantitative and qualitative analysis of survey data from the Learning, Eating, Active Play Sleep (LEAPS) professional development program evaluation assessed current practices, policies and procedures relating to promotion of healthy eating in long day care services in Queensland. The main qualitative component of the study involved in depth case studies of two long day care services. Interviews, observations and policy analysis were conducted to explore policies, procedures and practices in relation to promoting healthy eating, educators' and parents' perceptions of their roles, and barriers and enablers to communication and genuine partnerships to promote healthy eating.

The majority of services in the LEAPS evaluation reported high levels of awareness of guidelines, confidence in nutrition knowledge, sending information home and implementation of policy and learning experiences related to healthy eating. However, qualitative analysis revealed ongoing challenges in communicating and working in partnership with parents and the need for further support regarding appropriate feeding practices and provision of food.

The findings from the case studies revealed the complexities of partnerships, the varied expectations and perception of roles of both the educators and parents, and numerous barriers and enablers to working together to promote healthy eating.

The perception of the educator role ranged from simply providing the food, to acting as a role model, or to educating the children, and to some extent parents, about healthy eating. Parents were seen to have the main role in promoting healthy eating to their children. Both educators and parents identified boundaries to their roles and their influence on nutrition policy and menu within the service.

The quality of the relationship between educator and parents acted as the main barrier or enabler to communication. A number of other barriers were identified, including competing priorities, differing perceptions of healthy eating, and passive communication. Existing channels of communication, parents being receptive to nutrition information from the service, and taking a child-centred approach were identified as enablers to communication.

The findings of this study have implications for both the early childhood and nutrition sectors.

Table of Contents

Keywords	i
Abstract	ii
Table of Contents	iv
List of Tables	vi
Conference presentations	vii
List of Abbreviations	viii
Statement of Original Authorship	ix
Acknowledgements	x
Chapter 1: Introduction	1
1.1 Background	1
1.2 Context	4
1.3 Purposes	4
1.4 Significance and Scope	5
1.5 Thesis Outline	5
Chapter 2: Literature Review	7
2.1 Partnerships and communication between early childhood educators and parents	7
2.2 Partnerships and communication between early childhood educators and parents to promote healthy eating to children	9
2.3 Educator knowledge and capacity to promote healthy eating to children	10
2.4 Continuity of healthy eating messages between ECEC and home settings	11
2.5 Challenges to the formation of partnerships between early childhood educators and parents to promote healthy eating	12
2.6 Theoretical Framework	13
2.7 Summary	14
Chapter 3: Research Design	15
3.1 Methodology and Research Design	15
3.1.1 Methodology	15
3.1.2 Research Design	15
3.2 Participants	17
3.2.1 LEAPS Survey for Services	17
3.2.2 Case study services	17
3.3 Instruments, Procedure and Timeline	19
3.3.1 LEAPS Survey for Services	19
3.3.2 Case studies	20
3.4 Analysis	22
3.5 Ethics	24

Chapter 4: Results	26
4.1 LEAPS Evaluation	26
4.1.1 Research question: What are the current policies, procedures and practices regarding promotion of healthy eating within ECEC services?	26
4.2 Case studies	33
4.2.1 Research question: What are educators’ and parents’ perceptions of their roles in promoting healthy eating to children?.....	35
4.2.2 Research question: What are the barriers and enablers to educators communicating about healthy eating with parents?	60
Chapter 5: Discussion	73
5.1 What are the current policies, procedures and practices regarding promotion of healthy eating within ECEC services?	74
5.2 What are educators’ and parents’ perceptions of their roles in promoting healthy eating to children?	75
5.3 What are the barriers and enablers to educators communicating about healthy eating with parents?.....	77
5.4 How can early childhood educators and parents work in partnership to promote healthy eating to children?.....	79
5.5 Implications for practice.....	80
5.5.1 Early childhood sector	80
5.5.2 Nutrition sector	83
Chapter 6: Conclusions	85
6.1 Summary.....	85
6.2 Limitations.....	86
6.3 Recommendations for future research.....	87
6.4 Conclusion	87
Bibliography	89
Appendices	93

List of Tables

Table 3.1 <i>Number of interview participants in Centre A and Centre B</i>	19
Table 4.1 <i>Characteristics of Long Day Care services participating in the LEAPS Survey for Services (n = 163)</i>	27
Table 4.2 <i>Nutrition related policies and practices used by Long Day Care Services (n = 163)</i>	28
Table 4.3 <i>Strategies used to communicate with parents about healthy eating and/or physical activity</i>	29
Table 4.4 <i>Characteristics of educators participating in interviews (n=8)</i>	33
Table 4.5 <i>Characteristics of parents participating in interviews (n=14)</i>	35
Table 4.6 <i>Educator and parent roles as perceived by educators and parents, addressed by service policies, and observed in practice.</i>	36
Table 4.7 <i>Barriers and enablers to educators communicating about healthy eating with parents</i>	61

Conference presentations

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List of Abbreviations

ACHPER – Australian Council for Health, Physical Education and Recreation

ECEC – Early Childhood Education and Care

EYLF – Early Years Learning Framework

GUG – Get Up and Grow: Healthy eating and physical activity for early childhood guidelines

NPAPH – National Partnership Agreement on Preventive Health

NQF – National Quality Framework

NQS – National Quality Standard

VET – Vocational Education and Training

Statement of Original Authorship

The work contained in this thesis has not been previously submitted to meet requirements for an award at this or any other higher education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made.

Signature: QUT Verified Signature

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Chapter 1: Introduction

This chapter outlines the background (section 1.1) and context (section 1.2) of the research, and its purposes (section 1.3). Section 1.4 describes the significance and scope of this research and provides definitions of terms used. Finally, section 1.5 includes an outline of the remaining chapters of the thesis.

1.1 BACKGROUND

To optimise growth, development, learning and wellbeing of children, it is important to establish healthy behaviours in the early years of life [1]. The early years are a particularly important time for development of food preferences [2, 3]. During this time, children's food preferences are influenced by individual, family and environmental factors [2]. These include the availability and accessibility of foods; modelling of eating behaviours by parents, other caregivers and, increasingly peers; and the use of feeding practices, such as pressuring the child to eat or restriction of food [4-6]. Typically, these factors have been explored in the home environment but there is a growing interest in exploring the influences of the early childhood education and care (ECEC) environment, due to the significant number of children spending time in ECEC services.

In Australia, the term ECEC is used to identify a range of regulated or approved centre or home-based education and care services for children from birth to school age. These include long day care, kindergarten and preschool, and family day care services. In 2015, there were 284,738 children enrolled in regulated ECEC services in Queensland, the majority in long day care services [7]. In the 2014 Childhood Education and Care survey, 20.4% of children aged under 2 years, 42.2% of children aged 2-3 years, and 32.1% of children aged 4-5 years attended long day care services in Queensland [8]. ECEC services, therefore, can act as a site for health promotion, working alongside parents to provide early, positive, repeated experiences with food that are needed to develop healthy eating behaviours [6]. While this is especially important given that 22.8% of children aged 2-4 years were classified as overweight or obese in the 2011-2012 Australian Health Survey [9], current health promotion efforts have shifted towards a holistic approach,

recognising the importance of good nutrition for the health and wellbeing of all children, rather than a focus on overweight and obesity.

The importance of health promotion and good nutrition in the early years has been recognised in key national policy documents over the past decade. The *National Partnership Agreement on Preventive Health* (NPAPH) was established in 2008 to address lifestyle risk factors contributing to the rising prevalence of chronic diseases in Australia [10]. The *Healthy Children Initiative* within the NPAPH recognised ECEC services as an important setting to promote healthy lifestyle behaviours and help assure young children a healthy start to life [10]. The NPAPH was abolished in 2014, representing a disinvestment in preventive health by the Australian Government. State and Territory governments have since provided funding for continuation of some of the initiatives that were funded under the NPAPH. In 2009, the Australian Government's *Investing in the Early Years- A National Early Childhood Development Strategy* also recognised good nutrition as a key protective factor for optimum development in early childhood [11]. More recently, the World Health Organisation Commission on Ending Childhood Obesity has identified ECEC as an important setting for promotion of healthy eating [12].

The ECEC setting is governed by a range of frameworks and policies that adopt a holistic approach to promote the health, learning, development and wellbeing of the child. Approved ECEC services are required to comply with the *National Quality Framework* (NQF) for ECEC [13] which is underpinned by legislation and comprises a *National Quality Standard* (NQS)[14], *Early Years Learning Framework* (EYLF)[15] and assessment and ratings system. The concept of health promotion is integrated throughout the NQS and the EYLF. For example, NQS Quality Area 2: Children's health and safety addresses the promotion of healthy eating and provision of nutritious food and drinks. Quality Area 1: Educational program and practice links to the EYLF, where one of five high level learning outcomes is for children to develop a strong sense of wellbeing, including taking increasing responsibility for making healthy life choices. The NQS and EYLF emphasise the importance of working in partnership with parents, through Quality Area 6: Collaborative partnerships with families and communities and EYLF Principle 2: Partnerships.

The NQF has also introduced a minimum Certificate III qualification requirement for educators working in ECEC services, alongside higher qualification requirements for educators in leadership roles. Increased expectations are based on recognition that educator qualification is a key determinant of the quality of care, with care provided by educators holding higher level qualifications leading to improved child outcomes [13]. Within a service there are likely to be educators with a range of qualifications, from Certificate III to Diploma level and Degree qualified early childhood teachers. The pre-service education and training courses (university and Vocational Education and Training (VET)) for all ECEC educator qualifications include a limited amount of nutrition related content [16].

Recognising ECEC services as a platform for health promotion and acknowledging the complexities of diverse staffing, a range of resources and professional development programs have been developed to support educators to promote healthy eating and physical activity. The *Get Up and Grow: Healthy Eating and Physical Activity for Early Childhood guidelines* (GUG) are a set of guidelines and resources based on three key national health documents; the *Infant Feeding Guidelines*, the *Australian Dietary Guidelines* and the *National Physical Activity Recommendations for Children 0 to 5 years* [17]. The GUG guidelines and resources are designed to be implemented in ECEC services to promote a consistent approach to nutrition and physical activity and optimise child growth and development.

Nationally, a number of government funded healthy eating and physical activity programs have been implemented and evaluated in ECEC settings, including “Munch and Move” [18], “Tooty Fruity Vegie” [19], and “Good for Kids Good for Life” [20] in New South Wales and “Romp and Chomp” in Victoria [21]. The intensity of these programs differ, from a basis of professional development and follow up support for educators in “Munch and Move” and “Good for Kids Good for Life”, to inclusion of policy revision and parent workshops in “Tooty Fruity Vegie” and multi-component community wide strategies in “Romp and Chomp”. In Queensland, the LEAPS (Learning, Eating, Active Play, Sleep) professional development program was a partnership between Queensland University of Technology (QUT), Nutrition Australia Queensland (NAQ Nutrition) and the Australian Council for Health, Physical Education and Recreation (ACHPER) and was delivered to ECEC services until June 2016. LEAPS was initially funded under

the NPAPH and later funded by the Queensland Government. The program provided practical information to early childhood educators to assist them to implement the GUG guidelines, and adhere to the NQS and EYLF within their services. The program included guidance on how to communicate and work in partnership with parents about issues relating to children's food choices and eating behaviours.

1.2 CONTEXT

Research has tended to focus on the educational and social outcomes of partnerships between educators and parents and has demonstrated improved outcomes in these areas [22, 23]. However, there has been little research investigating partnerships to promote optimum development of the child in terms of the establishment of healthy eating behaviours. Sub-optimal eating behaviours established in childhood can persist into adolescence and adulthood, with implications such as continued fussiness and poor dietary variety [24, 25]. Therefore, it is critical to intervene at this early stage to optimise health.

1.3 PURPOSES

The purpose of the study is to deepen understanding of collaborative partnerships between early childhood educators and parents, with a focus on promoting healthy eating to children.

Research question:

How can early childhood educators and parents work in partnership to promote healthy eating to children?

Sub questions:

- What are the current policies, procedures and practices regarding promotion of healthy eating within ECEC services?
- What are educators' and parents' perceptions of their roles in promoting healthy eating to children?
- What are the barriers and enablers to educators communicating about healthy eating with parents?

1.4 SIGNIFICANCE AND SCOPE

To optimise growth, learning, development and wellbeing of children it is important to establish healthy eating behaviours at a young age. Adults influence the development of children's eating behaviours and food preferences through modelling, the use of feeding practices and the food environments to which they expose children [4, 6]. For optimum development of a child's behaviour it is important to promote and practice the behaviour across settings. Educators and parents working in partnership is likely to enhance the continuity of promotion of healthy eating across ECEC and home environments. Interviews and focus groups with educators have identified barriers to communicating with parents about healthy eating [26]. However, there is a limited understanding of parents' views of the role of educators in promoting healthy eating within ECEC services and beyond. ECEC services can represent an effective site for health promotion if families perceive this to be an acceptable setting from which to obtain information regarding healthy eating. While it is understood that people conceptualise healthy eating in many different ways, this study did not aim to explore individual perceptions of healthy eating. For the purpose of this study, healthy eating was conceptualised in the broader social context informed by the range of government guidelines including the Get Up and Grow guidelines, Infant Feeding Guidelines, Australian Dietary Guidelines for Children and Adolescents and Australian Guide to Healthy Eating. By obtaining the educators' and parents' perspectives on working in partnership to promote healthy eating to children, the study will provide new insights that may inform ECEC policy and practice, and support increased attention to the health promotion role of educators within ECEC pre-service courses.

1.5 THESIS OUTLINE

This document has six chapters. Chapter 1 provides an introduction to the background of the research topic and the significance and scope of the study. Chapter 2 provides a review of the literature relating to partnerships between early childhood educators and parents to promote healthy eating to children. Chapter 3 describes the research methodology and design of the study, as well as the collection of data and analysis of the results and ethical considerations. Chapter 4 presents the findings of the study, firstly presenting results from the LEAPS Survey for Services, followed by the case studies comprised of policy analysis, interviews and observations. Chapter 5

interprets and discusses and interpretation of the results with reference to the research literature and current policy and practice, and presents practical implications of the study for the early childhood and nutrition sectors. Chapter 6 presents conclusions, limitations of the study, and raises new questions for future research.

Chapter 2: Literature Review

This chapter reviews literature on the following topics: partnerships and communication between early childhood educators and parents (section 2.1); partnerships and communication more specifically in relation to promotion of healthy eating (section 2.2); educator knowledge and capacity to promote healthy eating to children (section 2.3); continuity of healthy eating messages between ECEC and home settings (section 2.4); and challenges to the formation of partnerships between early childhood educators and parents to promote healthy eating to children (section 2.5). Section 2.6 presents the theoretical framework for the study and section 2.7 provides a summary of the literature. The literature search was conducted using PubMed, PsycINFO and ERIC databases, as well as searching the indexes of relevant journals including Journal of Nutrition Education and Behavior and Australasian Journal of Early Childhood. Internet searches were conducted to identify grey literature including policy documents and evaluation reports of health promotion programs. The literature search revealed a lack of research investigating the promotion of healthy eating in the Australian ECEC context, particularly from the perspective of parents.

2.1 PARTNERSHIPS AND COMMUNICATION BETWEEN EARLY CHILDHOOD EDUCATORS AND PARENTS

The EYLF identifies partnerships as one of five key principles underpinning quality practice. The EYLF states that genuine partnerships can be built when families and early childhood educators (p.12) [15]:

- Value each other's knowledge of each child;
- Value each other's contributions to and roles in each child's life;
- Trust each other;
- Communicate freely and respectfully with each other;
- Share insights and perspectives about each child;
- Engage in shared decision-making.

There has been a shift away from positioning the educator as an expert and telling parents what they should be doing; rather moving towards recognising and respecting the parent's role as the child's first and most important teacher, their

expert knowledge of their child and the need for two-way communication [15]. Educators are expected to build relationships with parents to share information and to seek parent input into decisions that impact their child in the service. Developing an understanding of the beliefs and practices of parents is important so that similarities and points of difference can be identified, and worked through if necessary [27].

Interactions between educators and parents can take many forms; they can be direct or indirect, formal or informal, supportive or conflictual, and parent, provider or child-initiated [28]. Improving these interactions can result in enhanced parent knowledge and support, improvement of educational programs and practices through parent involvement, and increased continuity between the ECEC and home settings for the child [28]. Positive parent engagement in early learning has been linked to improved academic and social development outcomes, wellbeing and productivity [22, 23]. Research at the school age level indicates that learning outcomes are enhanced when parents and schools work together to facilitate supportive learning environments at home and at school [22]. Parents are better able to assist their children if they are informed about their progress and behaviour at school and how they can best encourage and motivate them to learn at home [22].

In a United States study exploring parent and ECEC educator communication strategies, 151 parents and 58 ECEC educators were surveyed to identify barriers and enablers to communication [28]. Communication was enhanced when providers were experienced, and parents and educators shared non-authoritarian child-rearing beliefs [28]. Awareness of the importance of working in partnership and their individual roles in child development was also an enabler to communication. Parent's work and study commitments and their lack of energy to participate in activities were identified by educators as barriers to communication. For educators, lack of effective communication skills and training to work in partnership with parents were also barriers. Communication was impacted where there was conflict in perception of roles between educators and parents [28]. The issue of perception of roles was reiterated in interviews with ECEC educators in Melbourne who identified the difficulty in forming positive relationships with families when the parents did not recognise their role as an educator and treated ECEC as a babysitting service [29]. Young educators felt their professional expertise and knowledge was often not recognised by parents. Other educators reported taking time to build trusting

relationships with families and using their experience as parents to enhance their communication [29]. In countries like Australia, educators are increasingly working with culturally diverse children and families, which brings further challenges to communication and forming partnerships [30].

2.2 PARTNERSHIPS AND COMMUNICATION BETWEEN EARLY CHILDHOOD EDUCATORS AND PARENTS TO PROMOTE HEALTHY EATING TO CHILDREN

While the educational benefits of educators and parents working together have been established, there has been little research on the role of partnerships in promoting healthy eating in the immediate and longer term [31]. The responsibility for feeding children who attend ECEC services is shared between families and educators [26]. The extent of this responsibility can depend on whether the ECEC service provides food for children, either produced onsite or supplied by caterers, or requires the parent to provide food or a combination of both. When services provide food they are required under the NQS to ensure it is nutritious and appropriate for each child and consistent with government guidelines [14]. Regardless of whether or not the service provides food, they are required to promote healthy eating to children under the NQS. This includes making parents aware of food and nutrition policies within their service and building partnerships to gain an understanding of family or cultural dietary requirements and the likes and dislikes of the child [14].

It is important that parents and educators provide consistent messages to children to support optimal development [32]. A US study found that while ECEC educators felt that educating parents was part of their role, they required training to address both nutrition-related content and effective communication strategies [26]. This raises the issue of the limited nutrition related content in the pre-service education of ECEC educators (at both VET and university levels)[16] and the importance of professional development opportunities to build capacity in this area. The HENRY program in the United Kingdom was developed to enhance the skills of educators and health professionals when working with parents of young children in regards to healthy lifestyles and obesity prevention [33]. The program incorporated training for all staff within participating ECEC centres. Educators reported that this was effective as they were all communicating the same message, and did not have to

rely on one or two staff attending training and disseminating information to the rest of the staff [34].

Previous studies suggest that parents value nutrition information provided by ECEC services [26, 35]. Written education materials such as handouts and recipes were requested, with an emphasis on providing positive suggestions, rather than negative messages about the food the parents were providing [35]. Parents appreciated receiving personalised updates of what their child had been eating on a daily sheet, but also valued face-to-face communication when there were concerns [26]. In focus groups conducted with 31 parents in a US study, opportunities to engage with educators and other parents through activities such as recipe swaps and cooking nights were thought to be effective strategies with the added benefit of strengthening the ECEC service community [35].

The results of Australian programs designed to promote healthy eating in ECEC settings have had varied success in engaging parents and leading to behaviour change in the home environment. The “Romp and Chomp” evaluation reported an overall reduction in childhood overweight and obesity and improvements in the diets of children in the intervention group compared to the comparison group, however engagement with parents varied between settings [21, 36]. The evaluation of “Tooty Fruity Veggie” reported significant improvements in content of lunchboxes after intervention strategies including parent workshops, lunchbox displays and policy revisions [19]. However, evaluation of the “Munch and Move” program found that their professional development program was not sufficient to achieve changes in lunchbox contents. Parents attending intervention preschools reported that written communication and discussion with teachers rarely covered healthy eating or physical activity [18]. The question therefore remains, how can effective health promotion messages be communicated between the ECEC service and home in a way that facilitates best practice and creates behaviour change?

2.3 EDUCATOR KNOWLEDGE AND CAPACITY TO PROMOTE HEALTHY EATING TO CHILDREN

When considering ECEC services as potential sites for nutrition promotion, it is important to consider the level of nutrition knowledge of educators [37]. A Canadian study of 13 educators found that they used a range of strategies with the intention of supporting healthy eating, including disguising foods, rewarding with

unhealthy foods and encouraging children to focus on external rather than internal cues for hunger [38]. However, according to the literature, these strategies are not conducive to developing healthy eating behaviours in children [6]. Educators focused on short-term goals of fruit and vegetable consumption rather than the long-term establishment of healthy eating behaviours and reported the impracticalities of implementing recommended strategies in their services [38]. According to educators, these included difficulty serving family-style meals and letting children serve themselves due to issues around food safety and providing food to children on special diets [38]. They reported that it was not always practical to sit with children to eat because of the time taken to prepare meals and other tasks that needed to be completed [38]. These findings emphasise the need for professional development opportunities for educators to increase their nutrition related knowledge. The evaluation of the HENRY program in the United Kingdom indicated that the intervention was successful in improving knowledge and consequent feeding practices of educators, with changes in portion sizes and/or allowing children to serve themselves and decide when they were full [34]. Educators also reported making changes in their personal lives as a result of the training, and recognised the importance of acting as role models, sharing the messages and working with parents and the wider community to improve the health of the children [34].

2.4 CONTINUITY OF HEALTHY EATING MESSAGES BETWEEN ECEC AND HOME SETTINGS

Research on long-term development of healthy behaviours emphasises that appropriate behaviours must be promoted and practised in a variety of settings [32]. A number of studies have indicated that educators and parents may sometimes be working at cross-purposes, rather than providing a consistent experience for children in the ECEC and home settings [38-40]. ECEC providers reported that children often ate a greater variety and quantity of food in ECEC, and that this behaviour did not extend to the home environment, attributing this to different sets of rules in the two environments [38]. This finding was reinforced by educators referring to unhealthy foods as “home foods” in interviews addressing nutritional adequacy of foods provided in ECEC services [39]. Similarly, parents have reported that their children ate nutritious foods while they were in ECEC, and felt that this took the pressure off them to feed their children a healthy diet at home [40]. Conflicting views were

reported from focus groups with parents and educators in the school setting, determining their perceptions of the role of the school and parents in relation to children's diet. Parents believed school staff were responsible for nutrition education and providing healthy meals while school staff believed responsibility was with parents [41].

2.5 CHALLENGES TO THE FORMATION OF PARTNERSHIPS BETWEEN EARLY CHILDHOOD EDUCATORS AND PARENTS TO PROMOTE HEALTHY EATING

It has been acknowledged by Ward and colleagues that few research studies in ECEC settings have provided parent partnership models that take into account the numerous demands on parents, such as work or study commitments, cultural issues, limited resources and demands of the child [42]. Similarly, there is often limited recognition and attention to the impact of work intensification and competing demands on educator time. Respectively, these demands impact on time and capacity of both parents and educators to build relationships and to work in partnership to support the best outcomes for children. A number of studies have identified challenges to communicating about healthy eating. There are constraints on time, energy and information for both the educator and parent. In longer hours services, educators present at pick-up time are often not the same as those present in the morning and at meal times, which can make discussion about a child's eating more difficult [26]. In a Canadian study educators reported feeling uncomfortable talking to parents about healthy eating, and waited for parents to initiate conversations [38]. In focus groups with educators in a low-income neighbourhood in the US, some educators did not feel that health promotion was consistent with their training and role [43]. Educators frequently cited conflicting child feeding practices and beliefs as challenges to communicating with parents [43, 44]. They expressed frustration towards parents' attitudes about child health and perceived parents to be a barrier to their promotion of healthy eating to children [43, 44]. It is also important to consider that where communication about healthy eating is occurring, it may not be consistent with evidence-based messages. An example being where educators have reported not accessing government guidelines and resources because they felt that feeding children is "common-sense" [38]. Literacy, language and cultural issues also impact on communication between educators and parents [43]. While the studies presented above focus on communication between educators and parents, the concept of

working in partnership moves beyond communication to trusting, understanding and valuing each other's roles and contributions, and engaging in shared decision making about the child's experience [15]. These concepts present additional challenges and further research is required to determine how these challenges may be overcome.

2.6 THEORETICAL FRAMEWORK

This study draws upon the work of Bronfenbrenner's ecological systems theory [32] to develop an understanding of the influence of and connections between educators and parents, and the home and ECEC environment, in the context of promoting healthy eating to children.

Ecological systems theory

Bronfenbrenner's ecological systems theory [32] positions the child at the centre of five interlocking subsystems; the microsystem; the mesosystem; the exosystem; the macrosystem; and the chronosystem. The microsystem refers to the immediate environment surrounding the child, including the home and the ECEC setting. The mesosystem refers to the interactions between microsystems, in this case the relationship between parents and educators and interactions between home and ECEC setting [32].

The exosystem refers to settings in which the child is not directly involved, but will influence the child's development [32]. For example, the parent's workplace will impact on the child due to the need for care arrangements, flexibility in the workplace, and parents' ability to engage in the child's early education. So too, parent employment, unemployment or under-employment will determine the resources that may be available to the child through the family.

The macrosystem refers to the social and cultural values and norms of the society in which the child and family lives, shaped by government policies, legislation and social and cultural practices [32]. For example, government policy and funding to support access to affordable quality ECEC, and social discourses such as the care-education dichotomy, and devaluing of the professional work of educators [45]. Finally, the chronosystem recognises the influence of changes that take place over time. A relevant example for this study may be the current policy interest in health promotion in the early years to ameliorate the rising individual and collective cost of preventable chronic illness and disease in Australia.

In the context of this study, it is the mesosystem of interaction between the home and ECEC setting that is of particular interest. If parents and educators work in partnership to ensure that the child's experiences in the two settings are in synergy, the developmental potential of the settings is likely to be enhanced [46]. However, if the beliefs and practices in the home and ECEC settings are opposing, children are exposed to differences in demands, expectations, interaction styles and care routines, which may represent a challenge for development [47].

2.7 SUMMARY

There has been an increased focus on the importance of early childhood services working in partnership with parents to optimise outcomes for children. A number of challenges have been identified that impact on the development of partnerships, including lack of training and support for educators and conflicting perceptions of roles. Furthermore, language, literacy and cultural issues, lack of time and differences in child rearing beliefs are among numerous barriers to communication and the development of genuine partnerships between educators and parents. While a number of studies have assessed educators' practices and beliefs about promoting healthy eating to children and communicating with families, the parent perspective has not yet been investigated. ECEC services provide an important site for health promotion through their influence on the child while they are attending the service, and the potential to influence change in the home environment. Ecological systems theory provides an understanding of the interactions and many layers of influence on the development of a child, in both the home and ECEC environments. Synergy between the way parents and educators promote healthy eating to young children will have an important influence on their development of healthy behaviours. A clear understanding of how to overcome barriers to effective communication, promote engagement and strengthen collaborative partnerships between educators and parents in order to promote healthy eating to children is required.

Chapter 3: Research Design

This chapter describes the design adopted by this research to achieve the aims and objectives stated in section 1.3 of Chapter 1: to determine how early childhood educators and parents can work in partnership to promote healthy eating to children; to determine the current policies, procedures and practices regarding promotion of healthy eating within ECEC services; to determine educators' and parents' perceptions of their roles in promoting healthy eating to children; and to determine the barriers and enablers to educators communicating about healthy eating with parents.

Section 3.1 discusses the methodology used in the study, the stages by which the methodology was implemented, and the research design; section 3.2 details the participants in the study; section 3.3 lists the instruments used in the study and justifies their use, and outlines the procedure used and the timeline for completion of each stage of the study; section 3.4 discusses how the data was analysed; finally, section 3.5 discusses the ethical considerations of the research and its problems and limitations.

3.1 METHODOLOGY AND RESEARCH DESIGN

3.1.1 Methodology

The study used a predominantly qualitative approach, with a small quantitative component to provide a contextual background. The study included quantitative and qualitative analysis of a LEAPS evaluation survey, and in-depth case studies of two long day care centres. Utilising this approach allowed the researcher to take advantage of the representative sample from the LEAPS evaluation, supplemented with the rich data captured by the case studies to provide a comprehensive understanding of parent and educator partnerships in relation to promoting healthy eating to children.

3.1.2 Research Design

LEAPS Survey for Services

This research used a subset of data from the LEAPS Survey for Services that was completed by ECEC directors in the first six months of the LEAPS project, as

part of the project evaluation undertaken by Queensland University of Technology (QUT). The evaluation framework used a combination of measurement methods including pre- and post-program implementation surveys, as well as case studies of a subset of services, that included interviews with directors and educators.

The quantitative and qualitative analysis of the LEAPS Survey for Services provided a contextual overview of ECEC services relating to communicating with parents about healthy eating and promotion of healthy eating within their service. Specifically, it addressed the research question relating to the current policies, procedures and practices regarding promotion of healthy eating within ECEC services. It also contributed to answering the research question about enablers and barriers to communicating with parents about healthy eating.

Case studies

The major qualitative component of the study involved case studies of two long day care centres, with a focus on children in the 2-5 year age group. A strengths-based approach was utilised with an emphasis on building the capacity of educators to work in partnership with parents and to promote healthy eating to children. The researcher spent two weeks embedded in each centre, undertaking observations and building relationships with educators and parents in the first week before scheduling interviews, collecting policies and recording observations in the second week.

Yin defines the case study as an “empirical inquiry that investigates a contemporary phenomenon within its real-life context; especially when the boundaries between phenomenon and context are not clearly evident” [48p. 13]. The case study approach enables the researcher to apply a broad lens and consider the influence and interactions of factors within the ECEC ecological system. A major strength of the case study approach is the opportunity to use multiple types of evidence to explore the research questions. This concept of triangulation or convergence of evidence aims to improve the internal validity of the study [48, 49]. An additional strategy undertaken to enhance credibility included additional researchers independently coding a set of data to ensure consistency [50].

The case study component of the study addressed the research questions relating to educators’ and parents’ perceptions of roles, and barriers and enablers to

communication about healthy eating, and contributed to the overall understanding of effective collaborative partnerships.

3.2 PARTICIPANTS

3.2.1 LEAPS Survey for Services

The LEAPS evaluation team distributed the Survey for Services to all 2690 regulated ECEC services (including 1366 Long Day Care services) in 2013, via email addresses obtained through the NAQ Nutrition database and other networks. Responses from 227 directors, educators, approved providers/owners, coordinators or educational leaders of ECEC services were received, representing a response rate of 8.4%. Data from 163 Long Day Care service directors, approved provider/owners and others in leadership positions who completed the Survey for Services (response rate=11.9%) was used in this research, to align with the case study component of the study which was conducted in long day care services. As the distribution of the survey coincided with the commencement of LEAPS professional development sessions, 17 services reported that one or more staff members had attended the sessions before completion of the survey, and these services have been included in the sample.

3.2.2 Case study services

Two long day care services within the greater Brisbane area were the sites for the case study component of this research. The sites were selected with the intention to include two diverse settings based on community disadvantage and service quality, and to ensure that they both provided food and had not participated in the LEAPS program.

Both of the services were independently run and were not associated with a larger organisation. The Australian Children's Education and Care Quality Authority (ACECQA) is the statutory agency invested by government to oversee implementation of the NQF. The assessment and rating process conducted by ACECQA uses the NQS as a benchmark for assessing and rating the quality of ECEC services. The use of ACECQA ratings to identify centres for the case studies allowed comparison between a centre that was exceeding the NQS, and one that was working towards NQS.

Parents living in areas of socioeconomic disadvantage are generally harder to engage and less involved in their children's education [51]. The purposeful selection of a high performing centre in an area of socio-economic disadvantage was designed to provide insight into quality practice and opportunities to support quality improvement in this area. The selection of a second centre that was not performing as highly in an area of socioeconomic advantage was designed to allow findings to be compared and contrasted between settings.

The two ECEC services selected to participate in the case studies met the following criteria:

Centre A

- Located in an area of relative socioeconomic advantage (SEIFA index 8-10);
- Received (ACECQA) rating of “working towards” in the NQS for Quality Area 2 (Children's health and safety), Quality Area 6 (Collaborative partnerships with families and communities), and overall rating;
- Provided food;
- Had not participated in LEAPS professional development program.

Centre B

- Located in an area of relative socioeconomic disadvantage (SEIFA index 1-3);
- Received ACECQA rating of “exceeding” in the NQS for Quality Area 2 (Children's health and safety), Quality Area 6 (Collaborative partnerships with families and communities), and overall rating;
- Provided food
- Had not participated in LEAPS professional development program.

The services were identified using the ACECQA database and approached by email (Appendix A) and a follow up phone call. The director of each service provided consent for the study and specified an appropriate time for the researcher to attend the service. During the 10 day period of data collection in each centre the researcher attended the service each working day. Due to the focus on 2-5 year old

children the researcher was based in two rooms in each service; the pre-kindergarten room (2.5-4.5 year old) and the kindergarten room (3.5-5 year old). The educators in each room provided consent to be observed and to participate in interviews with the researcher. Each service was provided with an active play kit to recognise their contribution to the study (value \$50).

The number of interview participants in each centre is provided in Table 3.1. Parents were approached by the researcher in the first week of attendance at each centre to provide consent for their children to be observed, and to organise participation in an optional interview. Parents were provided with the option to participate in a face to face interview at the centre, or over the phone. All interviews were audio recorded. For those parents who did not provide consent for their child to participate in the study, the researcher did not collect any notes relating to interactions involving that child. Each parent who participated in an interview was provided with a children’s book about healthy eating to recognise their contribution to the study (value \$15).

Table 3.1

Number of interview participants in Centre A and Centre B

	Centre A	Centre B
Leader	Director	Assistant Director
Educators	4	4
Parents	9	5

3.3 INSTRUMENTS, PROCEDURE AND TIMELINE

3.3.1 LEAPS Survey for Services

The LEAPS Survey for Services (Appendix B) was developed to assess the nutrition and physical activity related practices of ECEC services. The questions were drawn from validated tools used in previous ECEC evaluations including “Munch and Move” [18], and “Romp and Chomp” [36]. The survey was distributed to ECEC services via email in November 2013 and responses were received between November 2014 and February 2014. The data was available for the researcher after a variation to the original LEAPS project ethics approval. The analysis of the relevant components of the survey by the researcher took place in January 2016.

3.3.2 Case studies

The case study data collection took place in February and March 2016. The researcher spent two weeks in each centre, attending on each working day. The two-week timeframe was chosen to allow time for rapport building and distribution and collection of information and consent forms in the first week, followed by data collection in the second week. The data collection instruments are described in the following sections. All interviews were audio recorded and transcribed by the researcher in April 2016. The researcher collected copies of nutrition-related policies from each service and recorded field notes of observations of mealtimes and other food occasions as well as interactions between educators and parents. Analysis of the interviews, policies and observations took place in April-July 2016.

Case study - Director interview

The Director semi-structured interview (question guide attached as Appendix C) was designed to gain an understanding of the director's perceptions of their role, the educator's role and the parent's role in promoting healthy eating to children and to capture the policies and practices used by the service to promote healthy eating and work in partnership with parents. The interview questions for the director interview were drawn from the director interviews conducted as part of the LEAPS evaluation case studies where relevant, and clarified with reference to the literature and by discussion between the researcher and supervisors. The questions were tested with colleagues for clarity and adjustments were made before commencement of data collection. Both the interviews were approximately 40 minutes and were undertaken at the service.

Case study - Policy analysis

The policy analysis was guided by the policy elements checklist (Appendix D) used in previous Australian ECEC health promotion program evaluations, "Romp and Chomp" and "Kids- Go For Your Life" [36, 52]. The services were asked to provide copies of any policies relating to food and nutrition. Centre A provided "Healthy Eating and Food Handling" and "Health, Hygiene and Infection Control" policies and a copy of the special diet record. Centre B provided "Food, Nutrition and Beverage" and "Health, Hygiene and Safe Food" policies.

Case study – Educator interview

The Educator semi-structured interview (question guide attached as Appendix E) was designed to capture the educator’s perceptions of their role and the parent’s role in promoting healthy eating to children and to gain an understanding of the barriers and enablers to promoting healthy eating and working in partnership with parents. As with the director interview, the questions were guided by the LEAPS evaluation educator interview, along with reference to the literature and discussion between the researcher and supervisors. While originally proposed as a professional conversation with 4-5 educators in the evening, due to time and staffing constraints an adjustment was made to interview two educators at a time while relief staff were available throughout the day. All interviews were undertaken at the service and the duration was between 25 and 40 minutes.

Case study - Parent interview

The Parent semi-structured interview (question guide attached as Appendix F) was designed to capture the parent’s perceptions of their role and the educators’ role in promoting healthy eating to children and to gain an understanding of the barriers and enablers to promoting healthy eating and working in partnership with the ECEC service. The interview questions were drawn from the literature and discussion between the researcher and supervisors, and tested for clarity before commencement of data collection. Nine parent interviews were conducted at the service in a private location and five interviews were conducted over the phone. The duration of the parent interviews was between 15 and 40 minutes.

Case study - Observations

Observations of meal times and other food occasions were guided by relevant sections of the Environment and Policy Assessment and Observation (EPAO) child care nutrition and physical activity instrument [53], focusing on the nutrition environment of the service and interactions between educators, children and parents.

Example questions include [53]:

- How was lunch served? Family style, delivered and served in prepared portions, delivered in bulk and portioned by staff
- Was drinking water for children visible in the classroom?

- Were any posters, pictures or displayed books about nutrition present in the room?
- Did staff push children to eat more than they want to (e.g., clean your plate, you won't get dessert until you finish lunch)?
- Did staff serve children second helpings without being asked for more by the child (see an empty plate and add food without request by child)?
- Did staff sit with children during lunch?
- Did staff consume the same food as children?
- Did staff eat and/or drink less healthy foods in front of children?
- Did staff talk with children about healthy foods?
- Was any formal nutrition education for children observed?

The researcher also observed the service environment and interactions between educators, parents and children to identify opportunities for strengthened partnerships and promotion of healthy eating. Observations were documented and field notes were taken throughout the data collection period, including description of observations as well as reflections by the researcher.

3.4 ANALYSIS

Statistical analysis of the LEAPS Survey for Services was conducted using SPSS Version 22.0.0. The purpose of including this data in the study was to provide a broad contextual understanding of policies, procedures and practices used by ECEC services, therefore the analysis was limited to reporting descriptive statistics, rather than undertaking further statistical analysis. Thematic analysis of the three open-ended questions on the LEAPS Survey for Services was conducted using QSR NVivo10.

Thematic analysis of the case study interviews was conducted to identify and report patterns in the data. Braun and Clarke outline 6 phases of thematic analysis; initial familiarisation with the data; generation of initial codes; searching for themes; reviewing themes; defining themes; and producing the written report [54]. Firstly, the interviews were transcribed by the researcher, which allowed for initial familiarisation with the data [54]. The transcripts were imported in to QSR NVivo10 and an initial process of open coding of all interviews was performed. Following the

open coding, the codes were drawn together to identify the main themes in relation to the research questions [54]. This was assisted by the use of diagrams to show connections between codes and allow development of themes to emerge [54, 55]. The process of thematic analysis allowed the researcher to highlight similarities and differences between the data set. To ensure that all participants voices were included, it was important to ensure that a single view was considered as important as one which was agreed or repeated by many of the participants [55]. The two supervisors of the researcher independently coded a 20% sample (4 interviews) and a meeting was held to ensure consensus. This is recommended by Baxter and Jack [50] as an important step in ensuring rigor in qualitative research. The process of analysis was ongoing, revisiting the themes to review and refine [54]. Regular meetings between the researcher and supervisors took place during the analysis to assist this process. The selection of compelling extracts to represent themes during the writing process completed the final stage of analysis [54].

The interviews were considered the main data source, and the themes from interviews were verified using the observations and findings from the policy analysis. The policy analysis was conducted using the policy analysis checklist described in section 3.3.2 (Appendix D). The use of the policy elements checklist allowed the researcher to examine the policies for elements that are known to be important for promoting healthy eating in the ECEC setting. The triangulation of the three data sources aimed to strengthen the findings by examining from multiple perspectives [49, 56].

In line with critical reflection, encouraged by the NQS and EYLF, the observations are presented in the form of typical practice, exemplar practice and practice for reflection and improvement, where applicable. The typical practice examples are generally an amalgamation of the standard practices observed during the data collection period. Exemplar practice examples allow an opportunity to reflect on positive practices that align with guidelines or policies to support healthy eating. Finally, the practices for reflection present opportunities to reflect on practices that did not align with guidelines or policies, or were not conducive to promotion of healthy eating, and to consider what support is required to improve these practices.

3.5 ETHICS

Low risk ethical approval for the study was sought from the Queensland University of Technology Human Research Ethics Committee. Approval #1500000922 was granted on 6 January 2016 (Appendix G). The study was conducted in accordance with the requirements of the National Statement on Ethical Conduct in Human Research.

Participation was voluntary and all participants were provided with information about the purpose of the study prior to obtaining consent (Appendix H: Director information and consent form; Appendix I: Educator information and consent form; Appendix J: Parent information and consent form). While parents provided consent on behalf of their child, the researcher discussed the study with the children and acknowledged their agency and freedom to choose whether to participate in the study.

Audio recordings were destroyed after transcription and all data was de-identified to provide participant anonymity. Pseudonyms have been used in the results chapter of this document.

While participation in the study was considered minimal risk, it was important to consider the possibility of a number of risks to participants. It was possible that directors and educators could feel discomfort with discussion around policy and practices, particularly if discussing practices or beliefs that did not adhere to guidelines or policies. There was some risk that parents could feel discomfort if discussing challenges communicating with the ECEC service or feel that their relationship with educators could be compromised if they critique current practices or raise different views. There was also risk that children could feel uncomfortable being observed during meal times. The researcher ensured that all participants were aware that their participation was voluntary and that all interview questions were optional. The researcher attended each service for two weeks, allowing time in the first week to build rapport, and provide adequate time for participants to ask questions and make an informed decision about their participation. There were occasions where a participant asked for a comment to be kept off the record, and this was honoured to maintain confidence and confidentiality of the participant. While the collection of video footage could have provided further opportunity for analysis of mealtime interactions, the decision was made not to include video out of respect

for the privacy of the educators and children, and to ensure that the analysis of data was achievable in the required time frame.

Chapter 4: Results

This chapter presents the findings from the LEAPS evaluation survey and the case studies of two ECEC services in order to understand how early childhood educators and parents can work in partnership to promote healthy eating to children. Firstly, the quantitative and qualitative results from the LEAPS Survey for Services are presented, addressing the research question ‘What are the current policies, procedures and practices regarding promotion of healthy eating within ECEC services?’ Following this, findings from the case study policy analysis, interviews and observations are described to address the research questions ‘What are educators’ and parents’ perceptions of their roles in promoting healthy eating to children?’ and ‘What are the barriers and enablers to educators communicating about healthy eating with parents?’

4.1 LEAPS EVALUATION

4.1.1 Research question: What are the current policies, procedures and practices regarding promotion of healthy eating within ECEC services?

This section will identify the policies, procedures and practices related to promoting and communicating with parents about healthy eating as reported by a sample of long day care services. The Survey for Services was completed by one hundred and sixty-three participants in leadership roles at long day care services in Queensland, representing a response rate of 11.9%. The characteristics of the sample are presented in Table 4.1.

Table 4.1

Characteristics of Long Day Care services participating in the LEAPS Survey for Services (n = 163)

Variable	% (n)
Position at service	
Educator	1.0 (2)
Director	82.5 (138)
Coordinator	3.2 (6)
Educational Leader	4.2 (8)
Approved Provider/Owner	6.3 (12)
Other	2.8 (5)
Socioeconomic status of service location (SEIFA Index)	
Low (SEIFA* 1-3)	20.9 (34)
Medium (SEIFA 4-7)	47.9 (78)
High (SEIFA 8-10)	31.3 (51)
Culturally and linguistically diverse children	69.9 (114)
Aboriginal and Torres Strait Islander children	64.4 (105)
Provision of food (n = 159)	
Service provides food	46.5 (74)
Parents provide food	52.2 (83)
Caterer provides food	1.3 (2)
Overall National Quality Standard (NQS) rating	
Working towards NQS	13.5(22)
Exceeding NQS	23.3 (38)
Not willing to share	3.1(5)
Not yet rated	57.7 (94)
NQS QA 2: Children's Health and Safety rating (n = 53)	
Working towards NQS	17.0 (9)
Meeting NQS	47.2 (25)
Exceeding NQS	35.8 (19)

*Socio-Economic Index for Areas (SEIFA): Australian Bureau of Statistics (ABS) ranking of areas in Australia according to relative socio-economic advantage and disadvantage.

Services reported high levels of awareness of guidelines, confidence in nutrition knowledge, sending information home and implementation of policy and learning experiences related to healthy eating, as shown in Table 4.2.

Table 4.2

Nutrition related policies and practices used by Long Day Care Services (n = 163)

Variable	% (n)
Aware of Get Up and Grow guidelines	91.4 (149)
Implemented Get Up and Grow guidelines (n = 149)	75.8 (113)
Nutrition related training for staff	60.1 (98)
External support for nutrition or physical activity	27.6 (45)
Parents provide food (n = 83)	
Lunchbox policy	92.8 (77)
Parents provided with hard copy of policy	67.5 (56)
Lunchboxes checked	
3 times/week	1.2 (1)
4 times/week	1.2 (1)
Every day	97.6 (81)
Service provides food (n = 71)	
Written nutrition policy	94.4 (67)
Nutrition incorporated into another policy	5.6 (4)
Staff eat with children (n = 153)	
Yes	60.1 (92)
No	3.3 (5)
Sometimes	36.6 (56)
Learning experiences about healthy eating (n = 153)	
Never	2.0 (3)
Annually	7.8 (12)
Monthly	14.4 (22)
Once/week	20.3 (31)
2-4 times/week	25.5 (39)
Every day of opening	30.1 (46)
Confidence in nutrition knowledge (n = 144)	
Not confident	.07 (1)
Neutral	18.8 (27)
Confident	59.7 (86)
Extremely confident	20.8 (30)
Nutrition information sent home in previous 12 months	79.8 (130)

Table 4.3 displays the frequency and range of communication strategies that long day care services report using to communicate with parents about healthy eating and/or physical activity. Further analysis (not shown) indicated that 51% of services frequently use 6-10 of the communication strategies outlined below to communicate with parents about healthy eating and/or physical activity, and 16% use 11 or more.

Table 4.3

Strategies used to communicate with parents about healthy eating and/or physical activity

	Not at all	Once	Once per term	More frequently
Conversation at beginning/end of session (n = 160)	3.8 (6)	5.6 (9)	10 (16)	80.6 (129)
Telephone conversations (n = 157)	28.0 (44)	10.8 (17)	9.6 (15)	51.6 (81)
Individual notes (n = 155)	12.3 (19)	7.7 (12)	11.0 (17)	69.0 (107)
Communication books (n = 154)	16.9 (26)	5.2 (8)	7.8 (12)	70.1 (108)
Bulletin boards/displays (n = 160)	3.8 (6)	5.0 (8)	11.3 (18)	80.0 (128)
Brochures/tip sheets (n = 160)	5.0 (8)	8.1 (13)	15.6 (25)	71.3 (114)
Newsletters (n = 158)	2.5 (4)	6.3 (10)	22.8 (36)	68.4 (108)
Information nights/special events (n = 156)	27.6 (43)	28.8 (45)	23.7 (37)	19.9 (31)
Committees/parent groups (n = 152)	57.9 (88)	13.2 (20)	11.8 (18)	17.1 (26)
Lending activities/books for home (n = 152)	42.1 (64)	11.2 (17)	12.5 (18)	34.2 (52)
Photos of the child (n = 155)	5.8 (9)	3.9 (6)	9.0 (14)	81.3 (126)
Facebook (n = 147)	74.8 (110)	2.7 (4)	2.7 (4)	19.7 (29)
Twitter (n = 147)	93.9 (138)	0.7 (1)		5.4 (8)
Email (n = 155)	25.8 (40)	2.6 (4)	7.1 (11)	64.5 (100)
Text message (n = 148)	77.0 (114)	3.4 (5)	5.4 (8)	14.2 (21)
Mail out (n = 148)	73.0 (108)	6.1 (9)	6.8 (10)	14.2 (21)
Other (n = 86)	79.1 (68)	4.7 (4)	3.5 (3)	12.8 (11)

Qualitative thematic analysis of the following three open-ended questions from the Survey for Services revealed that services experience ongoing challenges in communicating and working in partnership with families.

What happens if a lunchbox does not meet the policy?

Responses to this question were provided by 95 services. Many of these services described regularly dealing with inappropriate items in lunchboxes and the difficulty of working with parents on this issue – “it is hard to change what parents

provide despite all of our efforts”. Services employed a range of strategies including removing the food and sending it home, ensuring that the child ate the healthy items in their lunchbox first, providing the child with an alternative food or providing education to the children or parents.

Often the inappropriate food was sent home, with many services reporting sending the food home with a note, policy or other resource attached, such as a list of recommended foods.

“Food is left in the lunchbox to take home, parents are given notes and offered lunchbox ideas.”

While many services took this approach, there were services that reported respecting parents’ choice, and allowing children to eat what their parents provided.

“We can encourage healthy eating, but cannot instruct parents not to pack certain foods or send foods home. We respect the choices parents make for their child.”

A number of services emphasised the importance of ensuring the child did not go hungry, and either allowed the child to eat the food on that occasion or provided an alternative food for the child.

“We put a note into the lunch box advising a healthy alternative. Depending what it is as to whether we allow the child to eat it or not. If we don't, we provide a sandwich and/or piece of fruit instead.”

In one instance the cost of this alternative meal was passed on to the parents.

“We encourage parents to fix this and if not they will be given a kindy lunch at their cost.”

While some services reported focusing on communication with parents about this issue, many services took a child-centred approach, focusing on teaching the children about healthy eating and guiding them to choose the healthier items in their lunchbox.

“We talk with children about sometimes food and healthy food. We encourage children to bring all times food”

“Children are encouraged to make healthy choices and leave unhealthy food till last.”

Some services reported combining a number of strategies including education for both the children and parents, and providing resources to help with alternative ideas.

“Discussion is arranged with the family, children are educated on healthy food choices, healthy food chart with lunch box suggestions is provided, a recipe book was developed to help families with quick easy meals to prepare for lunch, nude food lunch packs are recommended to families.”

The response appeared to depend on whether the situation was a one-off or ongoing issue, with one service empathising with parents leading busy lives.

“You can't let a child go hungry, educators talk to the parents if unsatisfactory food is constantly brought in for the child to eat. One off unsatisfactory food is ok - parents these days lead a very busy life.”

What changes to practices, policies and procedures around eating and nutrition has your service made in the previous 12 months?

All 163 services provided a response to this question, with 35 specifying that they had not made any changes in the previous 12 months. Of the services that had made changes, many referred to reviewing their policies and menus on an annual basis, or to align with changes to regulations and the National Quality Standard.

In relation to communicating with parents, a number of services reported becoming more proactive about providing resources to parents.

“Giving information brochures from Get Up and Grow to all families periodically rather than just having them available.”

One service reported updating the wording of their policy to take a firmer approach.

“In our new handbook we are taking a stronger line re bringing food from home. Instead of using the terms 'We appeal to parents to follow these guidelines', we are simply stating the rules - 'This is the food you can send, this is what you can't send'”

In contrast, another service reported trying to relax their approach and look for different ways to communicate about healthy eating.

“We try hard about have [sic] become less pedantic and judgemental of parent choices but try lots of different ways to get the healthy message across.”

A number of services identified that they had made changes related to feeding practices and the mealtime environment, including allowing children to serve themselves, offering flexible mealtimes, and encouraging educators to act as role models.

“Changes to practices around mealtimes for children 3 and over - more free choice and each child is involved with process to self-regulate - educators assist and support with guidance if needed”

“All staff more proactive in sitting with children, and role modelling healthy eating, and encouraging children to make healthy choices.”

Services had also incorporated learning experiences including healthy eating days, growing food and using it in cooking in the classroom, and educating children about sustainability and waste.

A number of services reported receiving support from external organisations such as menu reviews or attending professional development opportunities. Two services referred specifically to changes made since participating in the LEAPS program.

“Since attending the LEAPS workshop myself and the cook have been more conscious about what the children eat following portion control and guidelines on providing certain food types etc.”

“Since completing the LEAPS 3 module program staff are more confident in talking to parents about healthier eating habits. Positive peer pressure and discouraging food that needs to be heated.”

One service also reported implementing a healthy lifestyle program that encompassed the whole service.

Have you identified any areas of improvement related to Nutrition in your current Quality Improvement Plan?

Of the 53 services who provided their rating for Quality Area 2: Children’s Health and Safety, 14 services had identified areas of improvement related to

nutrition in their Quality Improvement Plan. These areas included reviewing and making changes to the menu, providing training for educators and communicating with parents about healthy eating. One service also referred to educators acting as role models to promote healthy eating to the children.

The planned strategies used to communicate with parents about healthy eating included emphasising the lunch box policy at the beginning of each year, and providing parents with resources including healthy lunch box ideas.

“Nutrition is supplied by parents and we hope to give better advice on healthy lunchbox ideas and the benefits of healthy eating.”

One service had made the decision to begin providing meals in an effort to overcome the challenge of communicating with parents about appropriate choices.

“We are implementing morning tea and afternoon tea. We are in a constant battle to educate parents on the healthy food choices.”

4.2 CASE STUDIES

This section will report the findings from the case studies of two long day care services, in the form of policy analysis, interviews and observations. It will explore educators’ and parents’ perceptions of their roles in promoting healthy eating to children, and identify barriers and enablers to educators and parents communicating about healthy eating.

The director and assistant director interviewed were both female, parents, held bachelor level qualifications and were from Australia. One had 8 years experience, with 4 years in the current service, and the other had 28 years experience, with 6 years in the current service. One had attended professional development related to healthy eating. The characteristics of the educator and parent interview participants are reported in Table 4.5 (Educators) and Table 4.6 (Parents).

Table 4.4

Characteristics of educators participating in interviews (n=8)

Variable	% (n)
Gender	
Female	75 (6)
Male	25 (2)
Age	
21-30	37.5 (3)

31-40	25 (2)
40+	37.5 (3)
Country of origin	
Australia/New Zealand	75 (6)
Other	25 (2)
Highest qualification	
Certificate III	62.5 (5)
Diploma	12.5 (1)
Bachelor	25 (2)
Years of experience working in ECEC	
1-2	25 (2)
3-5	12.5 (1)
6-9	37.5 (3)
10+	12.5 (1)
Years working in current ECEC service	
1-2	37.5 (3)
3-5	25 (2)
6-9	37.5 (3)
Age group worked with	
2-4	25 (2)
3-5	75 (6)
Parent	
No	50 (4)
Yes	50 (4)
Professional development about healthy eating	
No	62.5 (5)
Yes	37.5 (3)

Table 4.5

Characteristics of parents participating in interviews (n=14)

Variable	% (n)
Gender	
Female	79 (11)
Male	21 (3)
Age (years)	
31-40	86 (12)
40+	14 (2)
Country of origin	
Australia/New Zealand	71 (10)
Other	29 (4)
Highest qualification	
Year 12	7 (1)
Diploma	14 (2)
Bachelor	43 (6)
Graduate diploma	7 (1)
Masters	21 (3)
Age of child attending ECEC service (years)	
3-3 ½	57 (8)
4-4 ½	43 (6)
Age of other children (years) (n=10)	
0-2	60 (6)
3-5	20 (2)
6-9	20 (2)
Length of time attending ECEC service (years)	
>1	29 (4)
2-3	71 (10)

4.2.1 Research question: What are educators' and parents' perceptions of their roles in promoting healthy eating to children?

This section identifies the perceived roles of educators and parents in promoting healthy eating to children. Beyond perceptions, it also presents the roles as addressed in the centre policies, and as observed in practice. The perception of the educator role ranged from simply providing the food, to acting as a role model, or to educating the children, and to some extent parents, about healthy eating. Parents were seen to have the main role in promoting healthy eating to their children. However, there were varied views about whether this should be in alignment with the way healthy eating was promoted at the service. Both educators and parents identified boundaries to their roles and their influence on nutrition policy and menu within the service. The findings will be identified in the following order; firstly, the

roles as addressed by the centre policies, followed by excerpts from the interviews and finally the observations by the researcher, in the form of typical practice, exemplar practice and practice for reflection, where applicable.

Table 4.6

Educator and parent roles as perceived by educators and parents, addressed by service policies, and observed in practice.

Educator	Parent
Food provider	Main influence
Role model	Influence on nutrition policy and menu
Educator – to teach about healthy eating	
Influence on nutrition policy and menu	

Educator as food provider

Fundamentally, the educator was seen as the food provider; their role was to serve healthy food, provide a positive environment and engage in feeding practices such as encouraging the children to eat. This concept was addressed in both centres’ policies and by educators and parents in the interviews, and observed in practice.

The nutrition-related policies of both centres refer to educators providing a pleasant and social mealtime environment, with Centre A’s policy also encouraging children to be independent and serve themselves, in line with the GUG guidelines.

“Snack and meal times will be treated as social occasions. Educators will sit with the children and interact with them to encourage healthy eating habits and an appreciation of a variety of foods. Children will be assisted where required but will be encouraged to be independent and to help themselves wherever appropriate.”

(Centre A - Healthy Eating and Food Handling Policy)

“Make meal times relaxed and pleasant and timed to meet the needs of the children. Educators will engage children in a range of interesting experiences, conversations and routines.”

(Centre B - Food, Nutrition and Beverage Policy)

Both policies also emphasised the importance of not using food as a reward or punishment.

“The provision or denial of food will never be used as a form of punishment.”

(Centre A - Healthy Eating and Food Handling Policy)

“Not allow food to be used as a form of punishment or to be used as a reward or bribe.”

(Centre B - Food, Nutrition and Beverage Policy)

All educators considered providing the food and encouraging the children to eat as a main part of their role. Educators were generally happy with the food that was available and referred to providing children with a variety of healthy food including plenty of fruit and homemade meals. One educator described the importance of creating a pleasant environment during mealtimes.

“Nutritious food we supply here for the children and then just to show them a nice atmosphere for the children while eating ... she wants me to sit with her so she’s eating, so that’s probably encouraging her. It’s more of creating a sense of team in there with them.”

(Sajit, Centre A Educator)

One educator felt that one benefit of providing healthy food to the children while they were at the service was that they did not need to have discussions with parents about healthy eating.

“I guess because we provide the food we don’t really have to talk to families about healthy eating, it’s not like they’re bringing in lunch full of rubbish, you get me? We’re providing the healthy food.”

(Abby, Centre B Educator)

Most parents reported being happy with the menu, and referred to encouraging the children to eat the food that they provide as an important part of the educator’s role.

“Just encouraging, I think, well it’s their job during the day for their lunches and morning teas and things because they’re here with our children. I think it’s their job to encourage”

(Joanna, Centre B Parent)

“Maybe just to encourage them to eat their vegies and fruit ... just to be trying to encourage the kids to eat their fruit up, and eat their vegies up first and stuff like that ... I hope that they do provide healthy food and they seem like they do.”

(Lisa, Centre B Parent)

A number of parents reported that the provision of food was one of the main reasons they chose to attend that centre, and they valued this greatly. For these parents, providing healthy food was enough and they did not necessarily expect the educator role to go beyond this.

“I love the fact that food is provided, that’s the first thing, it takes the pressure off me ... knowing that he’ll arrive here and have a good three meals a day plus snacks in the afternoon. These are more of the positives.”

(Pushpa, Centre A Parent)

“I think it’s more of a convenience thing, a rushed parent, it just helps. To know that they’re getting a balanced diet, it’s very reassuring for us.”

(Aaron, Centre B Parent)

One parent was unhappy with the menu, and expressed his wish for the service and educators to align with the type of food provided to the child at home.

“I’m just saying that in an ideal world they would follow what the parents would wish the children to be eating at home”

(Trent, Centre A Parent)

One parent who had attended the service to help out at lunchtime felt that it would be helpful for the educators to interact and encourage the children more during mealtimes.

“The other day I was here and I noticed some of the carers were just sitting around, it would be nice for them to mingle a little bit more and to be a bit more encouraging, and for the quieter children just helping them along a bit more.”

(Joanna, Centre B Parent)

Typical practice

All the children sat at the tables together for meal times. In Centre A the meals were delivered to the room in bulk and portioned by an educator in the room kitchen. In Centre B the cook delivered the meals on a trolley and portioned them in each room. The meals were served to the children at the tables. In general, at least one educator sat with the children while they were eating. The conversation was often related to adults leading and controlling the meal-time routine, focused on reminding the children to sit down and continue to eat. If there was adequate food children were provided with a second serving if they requested.

Exemplar practice

In the Centre B pre-kindergarten room one lunch was served family style, with a plate of sandwiches in the middle of each table with tongs for the children to serve themselves, which they greatly enjoyed. One educator sat with the children and engaged in conversation with them about the food. “Do you like egg sandwiches? I love egg sandwiches too. We don’t have any today, do we? We have dinosaur spaghetti; you guys love that!” The educator also praised the children for their skills when using the tongs. It was clear that the children enjoyed the social aspect of this mealtime, as they were smiling and laughing and actively contributing to the conversation.

Practice for reflection

At sleep time in a pre-kindergarten room a child was crying and refusing to sleep. The educator commented that it was often challenging to get this child to sleep. She picked him up and took him to the kitchen to show him the muffins that had been brought in for afternoon tea and said “go to sleep or no muffin for afternoon tea”. This practice contradicted the policy of the centre, which specified that food provision or denial would not be used as a punishment, and is also in contravention to legislative expectations for professional practice in ECEC settings.

Educator as role model

The concept of educators acting as role models to promote healthy eating was promoted in both centre's policies and addressed by directors, educators and parents in the interviews, but was not consistently observed in practice.

The nutrition related policies of both centres explicitly referred to educators acting as role models to the children.

“Educators, students and volunteers role model healthy eating behaviours and practices and follow the Healthy Eating and Food Handling Policy.”

(Centre A - Healthy Eating and Food Handling Policy)

“Encourage educators to present themselves as role models. This means maintaining good personal nutrition and eating with the children at meal times.”

(Centre B - Food, Nutrition and Beverage Policy)

The policy of Centre B suggests that as well as eating with children at meal times, educators should be encouraged to maintain good personal nutrition. One parent at this centre raised the issue of the health status of the educators, and questioned whether they were able to act as good role models if they were overweight or making poor food choices.

The directors of both centres emphasised the importance of the educators acting as role models, but identified barriers to implementing this in practice. In Centre B, time pressure for the cook and a recent expansion of child places had resulted in meals no longer being provided for educators to eat with the children.

“We've got so many children in the centre now and (the cook) has only got a certain amount of time and only a small kitchen to prepare the food, so it's starting to get a bit trickier. So where possible, if there is extra food, the educators are welcome to sit down and eat with the children, but that's not always possible”

(Andrea, Centre B Assistant Director)

In Centre A, the director referred to her ongoing difficulty getting the educators to sit down with the children.

“That’s I think my biggest stumbling block, to get them all to sit down with the children. There are other things to do, yes, granted, but still the children come first. The beds can wait, the beds can wait until they’ve at least eaten half of their lunch and then you can get up”

(Debbie, Centre A Director)

A number of educators referred to themselves as role models, and thought that this was a particularly important strategy to encourage children to try new foods.

“To encourage them, to show them, be a good role model. Like if a child hasn’t tried a fruit before, sit down and have a piece of fruit with them”

(Pamela, Centre A Educator)

Two educators discussed the importance of extending this role modelling to include foods that they personally did not like.

“If we’re eating with them, and showing them, I mean I’m not a vegie person, I don’t like it, but if I’m in there with them, I’ll eat it ... They’ll see you eating it then they’ll eat it. And they bribe me, they go if I eat it, will you eat it? And I’ll go yeah, ok”

(Kim, Centre B Educator)

“I think if you sit down with the children and if you sometimes eat along with the children, get a plate for yourself and sit down, it promotes a good environment in there ... Even if it’s not really yummy, we used to say yummy, it’s really good, we used to praise a lot about eating”

(Sajit, Centre A Educator)

While most parents referred to educators serving and encouraging their children to eat healthy food, they did not explicitly refer to role modelling as part of the educator’s role. One parent expressed her wish for the educators to sit down and eat with the children, but considered that this may be beyond their capacity.

“Maybe I’m just expecting too much, it’s difficult enough for them, but it would be nice if they could model the eating behaviours as well, sit with them and eat ... I haven’t ever seen that happen”

(Michelle, Centre A Parent)

Typical practice

Generally, at least one educator was observed sitting with the children during meal times. This was usually in a supervisory capacity, ensuring children were sitting down and eating their meals, but with limited conversation and engagement. When there was food available, educators would occasionally eat with the children. This was particularly the case in the kindergarten room in Centre A, where there was an inclusion support educator rostered to support two children from non-English speaking backgrounds. This allowed the educator to focus on providing individual attention to these children who were in need of guidance at meal times. In Centre B there was an arrangement where educators could order and pay for the lunch prepared by the cook, if there was extra food available. However, this was consumed in the staff room on their lunch break rather than with the children.

Exemplar practice

In the Centre A kindergarten room, the teacher chose a child each morning to sit on the couch with her during the morning group time. At lunchtime the kindergarten teacher sat next to the child to eat her lunch, which was usually a salad brought from home. The child was excited that the teacher was sitting next to them, and all the children enjoyed interacting with her. The teacher used this as an opportunity to talk to the children about healthy foods, showing them her lunch and asking if they liked to eat those vegetables at home. In turn, the children showed the teacher their lunch and engaged in conversation about the foods they were eating. The director of Centre A acknowledged this as a positive practice that she hoped to encourage amongst the other educators.

“Once they get down to the children’s level it’s fantastic, because there’s so many interactions that occur. (The kindergarten teacher) is a great one for it, because she sits down at every meal and she has her lunch so the kids talk about her lunch, what has she got in hers, what have they got in theirs.”

(Debbie, Centre A Director)

Practice for reflection

While educators referred to trying and praising foods that they didn’t like in their efforts to role model healthy eating, this was not always observed in practice in front of the children. The use of practices that may inadvertently encourage

discretionary food consumption was observed. Educators generally used positive language when talking about discretionary foods such as biscuits and cakes, rather than healthy foods. For example, with meals containing rice or couscous the comments would be centred around the mess to clean up, whereas the delivery of afternoon tea was celebrated “aren’t we lucky the cook has made us these yummy biscuits, if you finish your lunch you can have a cookie for afternoon tea”.

Educator as educator – to teach children and parents about healthy eating

The concept of educators teaching children and providing information to parents about healthy eating was promoted in both centre’s policies and addressed by directors, educators and parents in the interviews, but was not consistently observed in practice.

The policies referred to educating children both through establishing eating habits through the routine of mealtimes, as well as discussing nutrition information with the children as part of the daily program.

“The importance of good healthy food, and hygienic and safe food handling and storage practices will be discussed with children as part of their daily program.”

“Meal and snack times will provide positive learning experiences for children who will be encouraged to develop healthy eating habits.”

(Centre A - Healthy Eating and Food Handling Policy)

“The service has a responsibility to help children attending the service to develop good food habits and attitudes.”

“Establish healthy eating habits in the children by incorporating nutritional information into our program.”

“Discuss food and nutrition with the children.”

(Centre B - Food, Nutrition and Beverage Policy)

The policies also specified that the services would extend this education role to the parents by providing information about nutrition, in the hope of extending the promotion of healthy eating to the home environment.

“Information on nutrition, age appropriate diet, food handling and storage will be displayed at the service and provided to parents/guardians.”

(Centre A - Healthy Eating and Food Handling Policy)

“Encourage parents to the best of our ability to continue our healthy eating message in their homes. This information will be provided upon enrolment and as new information becomes available.”

“The weekly menu must be displayed in an accessible and prominent area for parents to view. We will also display nutritional information for families and keep them regularly updated.”

(Centre B - Food, Nutrition and Beverage Policy)

In relation to educating children about healthy eating, the directors referred to concepts of moderation, balance, good foods, bad foods and sometimes foods.

“I like to let the kids know this is a good food, or this is a sometimes food, or this is a food you can eat whenever you feel like it sort of thing. So you’ve got good foods, bad foods, if you break it down into the terms they understand they’re more likely to understand why we’re not getting it every week and why we can’t have it every day”

(Debbie, Centre A Director)

“They are also meant to be, and I do see them in there, like teaching the children about what types of foods we should eat, what are sometimes foods, that type of thing.”

(Andrea, Centre B Assistant Director)

While it was acknowledged that learning experiences about healthy eating should be incorporated into the program, the pressure of other priorities in the program meant that in some rooms this did not occur often.

In terms of extending promotion of healthy eating to the home environment, both services hoped that information provided to the parents either directly, or indirectly through educating the children, would help families to make healthy choices at home.

“We would hope that we instil enough information in the parents that, because we encourage fruit with just about every meal, or every snack, that the children are getting a different variety of foods in their day, that you know, they can take it home and say Mummy I ate this today, that children are taking it home to their families. We sort of don’t want them to go home and snack on crap foods and things like that, so we’re not encouraging any of that in the centre at all.”

(Debbie, Centre A Director)

“In the past we have had children with potato scallops for breakfast, sausage rolls, packets of chips, that sort of thing so that’s when I do have a discussion with the parents about what types of food we prefer they bring in and the reasons why, because these are the types of healthy food that we would like to be encouraging. So I would hope that then would help them to pick healthy foods at home. But we don’t intervene too much with their home life.”

(Andrea, Centre B Assistant Director)

Educators also referred to the concepts of balance, healthy and sometimes foods when educating the children about healthy eating.

“To promote it. Let them know that you can’t always have the sweets, you’ve always got to balance it out with the fruit. You won’t get your surprise if you don’t eat your fruit, trying to emphasise it all.”

(Samantha, Centre A Educator)

“There’s always something we do here in our programming as well, teaching the children what’s healthy, what’s sometimes, what’s very special occasion.”

(Christine, Centre B Educator)

One educator described a learning experience she incorporated into her program in preparation for the children to start school the following year, where they would have to take their own lunchboxes.

“Last year I made up lunchboxes and the children had to choose healthy food to put in the lunchbox, and then the junk food we put into a bin. That’s what we did.”

(Kim, Centre B Educator)

Another educator had planned to incorporate a food tasting experience into his program, and referred to the challenge of incorporating appropriate activities for younger children.

“I’m planning to do a sense of taste with the children, which will also include something about food. Like blindfolding them and letting them taste the food, different sort of things, and tell them what taste it is, about food. Usually like much more when they get 4 years plus, and 5 years, then you

can teach them about different concepts about like food pyramids and other things, but younger not so much.”

(Sajit, Centre A Educator)

When it came to providing information to parents, while educators reported that they did not frequently initiate communication with parents about healthy eating, they generally felt that they had adequate nutrition knowledge to answer questions from parents. Parents usually asked simple questions regarding how their child was eating at the service, and the educators also referred to this information being available on the daily communication sheet.

“I don’t feel like any question would get too difficult, they’re not going to come to us and ask to plan a diet for the child, they’d probably just ask what should I give them at home, what foods don’t they eat here and what do they eat here and things like that. So I think it’s all, I’ve never had a very difficult question about eating habits, it’s more like oh they’re not eating this, do you know why? Do they eat this? I see that they eat a lot of this, do they like that?”

(Jacob, Centre A Educator)

Parents reported a range of expectations of the educator’s role in relation to educating the children about healthy eating. Some parents recognised the educator’s expertise in providing the children with age appropriate education, and felt that it was important for their children to learn about healthy eating in this setting.

“You know, so I guess it’s an additional providing that information, particularly in a way that kids can understand because I guess that’s their area of expertise, an age appropriate sort of way, so you’re not scaring the parents off with them about obesity or something, but you know, it sort of gives them an age appropriate response about how to eat healthy. So I guess it’s literally like an educational role ... it’s definitely good to encourage the kids there because I think they take on board what the carers and teachers say, potentially more than you because they are teaching them things, so I think they sort of see them as a bit of an authority figure”

(Claire, Centre A Parent)

“Because the children are so young and are now forming their ideas around what good food is, the best place to influence them is in school. He spends

most of his day here, you know, I have very little time with him at home, so it's certainly the right environment to encourage healthy eating"

(Pushpa, Centre A Parent)

One parent felt strongly that it was not the role of the educator to teach her child about healthy eating, and that this should be done at home.

"I don't kind of see them as a major role ... the educator herself, I don't expect her to be teaching my daughter about what to be eating and what not to be eating, but just to be trying to encourage the kids to eat their fruit up, and eat their vegies up first and stuff like that ... I don't expect them to be kind of educating them about healthy eating, I think that's more the parents role"

(Lisa, Centre B Parent)

Parents also varied in their views of whether they would like to receive information about healthy eating from the educators. Many parents were open to receiving information, particularly simple recipe ideas and information about encouraging children to eat vegetables. Some parents were happy to receive personal tips from educators, but others felt that any information should be from reputable sources such as guidelines or government resources, rather than a personal view.

"It could just be, given that they're with your kids and they're feeding your kids a lot of the time stuff they might not usually eat, they probably have heaps of tips around that, getting them to eat the healthy things. Kids tend to behave differently with their parents and their carers a bit so they might have something that they do that they can sort of pass on to the parents"

(Claire, Centre A Parent)

"I think it would have to be from you know, a body, not a person's personal views. It would want to be from a relevantly qualified person so you know, before you take that on board."

(Timothy, Centre A Parent)

A number of parents reported that it would be valuable to know what the educators were teaching the children, so that they could continue the same message at home. This was particularly the case for parents who felt they already had

adequate nutrition knowledge, and did not personally need to receive information from the service.

“I would hope that the educators are doing some amount of food pyramid stuff, like explaining to them ... I think it’s not a bad thing, especially keeping up to date with the plate and the pyramid, you know, whether they’re going to, I’ve seen so many different sorts of food models, so whatever one is the current one and that they’re going to be using here, it’d be interesting to see what they’re using and why”

(Leah, Centre B Parent)

“If they wanted to promote it with the children and let us know what they’re teaching the children, yeah we’d be interested in that but I don’t want to sound smug but I know everything there is to know.”

(Ashleigh, Centre A Parent)

Typical practice

Each room had a home corner set up including kitchen equipment, tools and food models which allowed for child-initiated play involving food. The children often incorporated food in to other craft activities, such as making cake or ice cream with play dough or blocks. Rather than specific planned learning experiences about food, the educators often incorporated food discussions into other activities, such as reading a story. In one instance the children were sitting on the mat with an educator who had a range of picture cards including apple and strawberry. He called each child’s name and showed them a flash card to answer before they transitioned to washing their hands and sitting at the table for morning tea. He asked the children questions like “what colour are they? Are they a vegetable or a fruit?” The children recognised the fruits from the flash cards when they were provided fruit for morning tea.

Exemplar practice

During group time in the morning, the kindergarten teacher played a game of “what’s in the box?” where she placed an item in a box and the children had to guess what it was after hearing it shake and a number of clues. On this day the item in the box was money, and this initiated an activity to set up a grocery shop. The kindergarten teacher sat down with the children and wrote a shopping list – “who can

bring me some fruits and vegetables?” Children brought broccoli, watermelon, grapes and lettuce. One child brought “lollies” (an empty lolly box) and in response the kindergarten teacher said “we’ll keep that for later, that’s a sometimes treat”. The children made price tags and a sign, and set out the food on shelves, eggs, muesli bars, fruit and vegetables. They took turns playing shopkeeper, scanning items with the cash register and taking payment by credit card. This was a very popular activity. The activity was documented in the communication book for the parents to view and an extension activity of baking dough was organised for the following day.

Practice for reflection

Few learning experiences about healthy eating were observed during the period of data collection. The assistant director of Centre B commented that although their policy emphasised teaching children about healthy eating, the educators often had other priorities that they focused on in their rooms.

“I don’t think it’s on the top of their list to teach, it’s not, especially in the pre-prep room, (kindy teacher) focuses a lot on English and maths and all that literacy type of thing, she’s more focused on. She does try to put a little bit of healthy eating and a bit of science and other stuff as well, but I wouldn’t say that’s her top priority, sort of 1 little thing, 1 or 2 little activities in the whole year. It’s not really a thing that she does.”

(Andrea, Centre B Assistant Director)

There appeared to be missed opportunities to embed discussion and education about food into other aspects of the program, such as literacy, art and numeracy activities.

Educator influence on nutrition policy and menu

The opportunity for educators to provide input to the menu or nutrition policy was specified in both centre’s policies, and acknowledged by the directors and educators.

“Menus will be planned with input from children, families, food preparation staff, educators, and other staff and displayed in the food preparation area in a prominent position visible to families”

(Centre A - Healthy Eating and Food Handling Policy)

“The policy will be reviewed annually. The review will be conducted by: Management, employees, families, interested parties.”

(Centre B – Food, Nutrition and Beverage Policy)

Both centres provided educators with the opportunity to provide input, whether through an annual policy review process or a separate food review checklist. However, they reported that educators generally did not provide input, due to time pressures or other priorities.

“At the moment we’re going through two policies a week to do the update so they’re all being sent to the staff. Once the staff have read them then next month I send them on to the parents. Then once I get them back from the parents if there’s any feedback they’ll go into what I call production, and if there’s any changes to be made we’ll make the changes and then that’s the policy for the year.”

(Debbie, Centre A Director)

“Not the policies, no, generally (the director) and I adapt all the policies. If they were to put some input though, we would take that into account when we’re rewriting the policies. There is a checklist that I got the staff to do not that long ago, the Food Review or something, and they had to fill out ... They had to fill out you know, was there enough food for the children, did they like it, did you feel that it was healthy, that type of stuff. So they do get a say in it then, and I’m pretty sure there was a comments section. But I guess the girls feel that it’s more work for them to do, rather than a chance for them to put that input in”

(Andrea, Centre B Assistant Director)

While the educators recognised that they were formally provided with opportunities to contribute to policy and nutrition related decisions in the service, some felt that this was beyond their capacity, or that the process was adequately handled by the director. One educator referred to being able to make specific requests for additions to the menu to incorporate an activity in her room.

“We’re given opportunities, like whenever policies are updated it will be sent to our emails and then we would have a certain time to tell about the policies, if we have to change it or if there is something that we would love to add in there. So those sort of things, but being involved or not, it’s up to our wish.”

(Sajit, Centre A Educator)

“I think we can but I don’t think we really do, we have enough to do in here. I think we can, there have been times, there is times that we might tell (the cook) we need something multicultural, multicultural food or we’re studying India this week so she’ll make pappadom’s or whatever, so in that way we do”

(Christine, Centre B Educator)

Educators generally felt comfortable discussing feedback about the menu with the cook, and reported that it would be addressed if it was a big enough issue.

Pamela: She used to make this horrible quiche too, they never used to eat that because it was made with no egg, it was like, we wouldn’t even eat it

Pamela: they just turned their nose up at it. If there’s too many of them not eating it then we’ll go and make sandwiches

Jacob: but I mean anytime, she stopped making the quiche because we said they’re not eating it, so it’s not like we can’t go and tell her

Pamela: if we go and tell her and there’s enough in the centre that don’t like it then she won’t put it back on the menu

(Pamela and Jacob, Centre A Educators)

Boundary of educator role

While acknowledging the importance of the role of the educator in promoting healthy eating, the directors, educators and parents recognised that there were boundaries to this role, and that working with a variety of children and families presented challenges.

The director of Centre A felt that educators and parents generally worked well together, but that it was important to understand and respect the needs of different parents.

“I would say that the majority of parents can talk to the educators, and I’d say 90% of my girls can talk to parents. It’d be just the odd few, obviously the language barriers, and for some parents they just don’t want to know, we’re here to look after their children and that’s it. So the parents that want to know, that want to talk, that want to get to know what’s happening in their child’s day, they will be the ones that talk to us all the time. But the parents that, we’re just here for them, that’s it.”

(Debbie, Centre A Director)

The fact that the centres provided food, rather than parents bringing a lunchbox, was seen to limit the extent to which it was appropriate to discuss healthy eating at home with the parents.

“At this stage we don’t know what they eat at home, we can only gauge by what they say. (The director) and I sort of feel like we don’t want to push the bounds, we don’t want to be intrusive into what they do at home.”

(Andrea, Centre B Assistant Director)

Educators recognised the boundaries of their roles with respect to encouraging children to eat, and in terms of working with parents.

“We’ve only got a certain point we can go to before if they’re not going to eat it we’ve got to go, there’s nothing more I can do ... As good as the environment can be, if a child is going to refuse to eat it there’s a point where you’re like I can’t push this anymore beyond where I’m supposed to go to.”

(Jacob, Centre A Educator)

“I think the ones that just, some just don’t care, it’s a bit harder to maintain anything with ones that just think oh I’m too busy, I’ll just give them McDonalds anyway. You know, things like, you sort of probably can’t, we do our best and I suppose that’s all we can do.”

(Christine, Centre B Educator)

One educator discussed the need to show empathy towards parents, particularly if it was a one-off rather than ongoing issue.

“I suppose there’s only so much you can do, we can’t force a parent to bring in cereal, we can just tell them what we think ... But ultimately when it comes down to it if it’s that morning, if it’s only a one off too, that morning they could have had bad news come in from home, something could’ve happened, they could’ve been on their way here from home and thought I haven’t fed my child, I’ve got to get something. It might be something like that, we don’t know that, if it’s a one off we can’t judge”

(Christine, Centre B Educator)

The educators recognised that the relationship they had with the parents governed whether they could easily raise issues with them. Some parents were reluctant to engage and to overcome this, they felt that the best way of reaching these parents was through the children.

“Kim: So you can change at home, big change, last year we were learning about recycling and lots of parents were throwing things out the window and they stopped doing that because the child was on their back.

Christine: I think parents, I think children can influence their parents, so if we get to the children, we can change the parents as well”

(Kim and Christine, Centre B Educators)

From the parent perspective it was evident that there were varied perceptions of the boundaries of the educator’s role, and whether it was appropriate for them to promote healthy eating to the families, as well as the children.

“Probably too, to an extent, to maybe educate and provide that information to parents as well ... yeah, without being you know, that’s limited really, it’s probably really up to the parents, I’m sure some parents if you told them that they’d be offended but you know.”

(Timothy, Centre A Parent)

“Educators job? I think it’s the parent’s job really. I see an educator aligning with what the parents, what the society norms are, so adhering to industry standard, that’s it, they shouldn’t be pushing their own agenda”

“I don’t know, for them to intervene in the home life, I don’t know if that’s their role, whether they should step into that. Maybe if you’re noticing a deficiency in a kid you might delicately approach a parent but god that’s a tough sell I think, who are you to tell me how to feed my kid?”

(Aaron, Centre B Parent)

A number of parents also recognised that educators were under pressure to perform a number of duties in their role, and did not want to add extra burden by expecting them to provide support and information for parents.

“I would hate to put the pressure on the centre to provide that information because I feel like they’re doing so much already, and labour is so expensive and they’re paying these girls, I’d rather they spend their time taking care of my child ... because they already do what they need to do to provide the

meals and to now go even further to tell us how to provide meals at home, it's just not, I wouldn't expect that."

(Pushpa, Centre A Parent)

"I guess, it's hard because you know they're not their parents so I don't expect them to force, not that they would ever force my child to eat, but I don't expect them to have to sit there and say you need to eat something because that's not their child, that's not their job. They're there to look after your child during the day because that's why you send your child to day care, but they're not there to you know, force them or discipline them or that side of things as well."

(Jane, Centre A Parent)

Parent as main influence

The centre policies emphasised the need to respect the beliefs and practices of parents and all directors, educators and parents agreed that parents have the main role in promoting healthy eating to their children.

The policies referred to the importance of obtaining information from parents about the way they would like their children to eat while they are at the service.

"Families' needs: Their religious and cultural beliefs and practices and lifestyle choices in relation to food are respected; input into and feedback about what and when their child eats.

Families will be consulted about their child's individual needs and likes and dislikes in relation to food and any culturally appropriate food needs.

Families will be encouraged to share aspects of their family life and culture in relation to mealtimes."

(Centre A - Healthy Eating and Food Handling Policy)

"Ensure children are offered food and beverages throughout the day that are appropriate to their nutritional and specific dietary requirements based on written advice from families that is typically set out in a child's enrolment form. We will choose foods based on the individual needs of children whether they are based on likes, dislikes, growth and developmental needs, cultural, religious or health requirements. Families will be reminded to update this information regularly or as necessary."

(Centre B - Food, Nutrition and Beverage Policy)

The directors perceived the parents to be the main influence on children, particularly because many of the children only attended the service on a limited number of days.

“I think they have one of the biggest roles, because they basically, apart from the time that they are here, for the food, a lot of the children aren’t five days a week here, they’re only one or two days, so the majority of the time they are with the parents, and they have all the say in what they buy and what they influence the children to eat. I think they have most of the main role”

(Andrea, Centre B Assistant Director)

Aligning with the centre policy, the director of Centre A referred to being open to parent requests and respecting their wishes for what their child eats at the service.

“We’ve got a new little fella that’s come in and Mum said no sugars, so that’s fine, we don’t give him any of the fruits and the muffins, we give him the rice cakes and things without the sugars. There’s always an alternate if parents aren’t happy, you know if they don’t want the sandwiches for their child, they don’t want the jam or the vegemite or whatever the case may be, we’ll always offer them an alternate ... We always make sure they’re happy with what we’re giving them.”

(Debbie, Centre A Director)

The educators also perceived the parent’s role in promoting healthy eating to be the most influential. Two educators expressed frustration with parents not following through with healthy messages at home.

“I think that’s where it needs to be, the most important. I mean we only have them for part of the day, and part of the week, so I think it’s really important that at home that it’s quite important to them, I think it needs to be from home first, as well as us. If we’re doing all the right things and we only have a child one day a week and they’re at home seven days, seven, six days of being junk junk, McDonalds, McDonalds, then we come in with all this healthy stuff they’ll go yeah no, I don’t think so. Unless it’s a chicken nugget out of a McDonalds packet.”

(Christine, Centre B Educator)

“Carrying it on at home. If we’re encouraging them to try fruit, do it at home, don’t just go oh you don’t want the apple, here’s a chocolate, here’s an ice cream, just eat something. They too need to go just try it, offer it to them more instead of going well I’ll just grab a packet of chips and give it to them. It’s just as easy to grab an apple and cut it into four pieces and give it to them.”

(Jacob, Centre A Educator)

While the general perception was that parents had a responsibility to make healthy choices for their children, one educator felt that all choices should be respected.

“They don’t really have to feed their kids healthy if they don’t want to”

(Abby, Centre B Educator)

All parents recognised their role as the most important, and referred to teaching their children about healthy choices and where food comes from, as well as ensuring that they provide a balanced diet. They were very conscious of acting as role models, whether this meant teaching their child about moderation, or hiding their discretionary choices rather than eating in front of them.

“Well I think ours is probably the most important in terms of it’s our responsibility to ensure that the children are eating healthy and eating the correct balance of foods and you know, learning from an early age about healthy eating.”

(Timothy, Centre A Parent)

“Yeah pretty important, extremely important, I think you’re your child’s role model and you need to eat healthy in order for them to eat healthy. I mean weight has such a huge impact on kids and adults so if you’re eating unhealthy your kid’s going to end up the same. So healthy lifestyle, healthy choices.”

(Lisa, Centre B Parent)

“Close to 100% of the role model I think. If we are eating junk food, which we do, we’re disgusting, but we do it after bed time, they can’t see us. Or yeah, you know, you hide.”

(Ashleigh, Centre A Parent)

Some parents took their role in promoting healthy eating very seriously, particularly if they had experienced any health issues or struggled with their weight.

“It’s my responsibility you know, to teach my children to eat right and I spent a lot of time understanding healthy eating myself because I’ve always been a bit overweight, my parents, we have food related or nutrition related illnesses in our family, the diabetes, high blood pressure, all those sorts of things, the diabetes is type 2 so I know it’s very manageable but my parents have got it, my grandparents had it, my brother has it, I had gestational diabetes, because we’re Indian as well it’s our diet you know.”

(Pushpa, Centre A Parent)

“I don’t want her to be overweight like me, this is from overeating, and I know she’s trim, but I just don’t want her to end up like this. She needs moderation, I need moderation, I need to learn that too.”

(Joanna, Centre B Parent)

Parent influence on nutrition policy and menu

The opportunity for parents to provide input to the menu or nutrition policy was specified in both centre’s policies, and acknowledged by the directors, educators and parents. The policy extracts presented in the previous section on educator influence on nutrition policy and menu also referred to parent input.

In Centre A the director referred to incorporating feedback from regular parent meetings into changes to the menu.

“We do regular parent meetings, 3 times a year, and in that parent meeting they get the opportunity to talk about all different things, we go through different agenda items but we always come back and have question time. Often it’s been brought up because we’ve redone the menu ... We talk to the parents, we were having sandwiches twice a week and only have hot meals three times, we’ve pulled that back to sandwiches once a week because

that's what the parents were asking for. So yeah, we're in consultation with the parents all the time."

(Debbie – Centre A Director)

A more passive approach was taken in Centre B, with a menu suggestion envelope outside the kitchen, which had not received any suggestions.

"We are open to input but we don't find that parents do have much input ... We'd definitely look at putting in whatever they suggest into the menu. Mainly it's just about allergies and that type of thing. We make sure that we obviously alter the meal for those children that have allergies, so if the parents notify us that they can't have ham anymore because of religious reasons or that type of thing, we always make sure there are other options for them."

(Andrea, Centre B Assistant Director)

In Centre A, educators referred to frequent requests by parents for the recipes of meals their children had enjoyed.

"Parents have always been like oh, my kid keeps talking about whatever they had at lunch the other day, and (the cook) is always more than happy to give them the recipe, like here it is, she's not hoarding secrets, like you can't have it"

(Jacob, Centre A Educator)

In response to this, one educator suggested incorporating favourite recipes from parents into their program as a cooking experience.

"Even recipes that they do at home, we could bring it in and make it with the kids, like the child's favourite recipe that they sometimes make on the weekend."

(Samantha, Centre A Educator)

One educator in Centre B identified that the educators could play a role in highlighting to the parents that they had the opportunity to provide feedback and contribute menu suggestions.

"Honestly I think maybe parent input in that menu. Only because I think (the cook) does ask, it's not on her part, but I just don't know if its out there enough, for parents to know they can. (The cook) is open to it but I don't know if parents know that, I don't know if they're aware that it's there, and

whether we even as teachers tell them. You know, we're happy, maybe we can add that into our newsletters and our programs and things like that, that we encourage them to give some more, and encourage that feedback there, so whether we can support (the cook) in the fact that we want their advice and opinions as well, and suggestions.”

(Christine, Centre B Educator)

Despite both centres reportedly being open to receiving feedback and menu suggestions, only one parent was aware that they had the opportunity to influence what food was provided.

“I knew they were open to other dietary requirements because I'd attended parents and friends meetings, and I think if you don't attend those meetings you're probably not aware that you do have a say with what's offered.”

(Michelle, Centre A Parent)

Two parents at Centre B suggested that parents could provide recipes and ideas to increase the variety of foods provided on the menu. They were not aware an opportunity to provide feedback was available through the menu suggestion pocket.

“Maybe the parents could suggest some great recipes ideas if they've got some to bring, to give some variety. I know at home sometimes if you eat the same thing all the time it gets a bit boring. I know their menus do alternate.”

(Joanna, Centre B Parent)

“Maybe to get parents feedback on different ideas maybe, because I know they have a set menu and I wonder if changing it up sometimes, just to give kids different options.”

(Lisa, Centre B Parent)

Boundary of parent role

Both centres promoted an open communication policy and parents generally felt comfortable raising issues and were satisfied with the way they were handled.

“I think they'd be very open to hearing it. Whether it's something that they can change or not I suppose depends on what the issue was. But I wouldn't feel, I have no concerns in raising any kind of issue at the centre, they have a very open, an open door policy I guess. If you have a concern they're happy to hear it, whether that be the classroom teacher, one of the assistants, or the

management. Or even (the cook) herself, they're all very open to hearing what the parents have to say."

(Jane, Centre A Parent)

However, while parents were happy to raise issues around special dietary requirements such as allergies or religious requirements, when it came to more general issues, concerns around practices or foods on the menu that did not align with the way they feed their children, they were reluctant to raise these due to being seen as "the difficult parent".

"We don't want to be the difficult parents saying he can't eat this, he can't touch that, he has to eat this sort of thing."

(Trent, Centre A Parent)

The challenge of providing food to a large number of children was widely acknowledged by parents and contributed to their reluctance to raise their concerns.

"At home sometimes I still help her eat, so I'm there still putting things in her mouth, even at three and a half, and I think here obviously they don't have the time or staff to push to finish as much as she can, whereas I encourage her to eat more, but I think I'm quite happy with what she eats here, she's full of energy. Maybe help her have a little bit more afternoon tea before she comes home, she's always really hungry when she comes home."

(Joanna, Centre B Parent)

While this parent had a number of concerns about the food that was provided, she also saw this as an opportunity to prepare herself for a further change in role once her child started school.

"I know that at some point everything is out of my control. And I know that as it goes in to starting prep and school there will be a tuckshop in there somewhere and I won't be able to be in charge of everything that goes into his mouth, so..."

(Ashleigh, Centre A Parent)

4.2.2 Research question: What are the barriers and enablers to educators communicating about healthy eating with parents?

The barriers and enablers to educators communicating about healthy eating with parents, as listed in Table 4.8, were identified through the director, educator and parent interviews and the observations.

Table 4.7

Barriers and enablers to educators communicating about healthy eating with parents

Barriers	Enablers
Poor educator – parent relationship	Good educator – parent relationship
Competing priorities	Existing channels of communication
Differing perceptions of ‘healthy’	Parents receptive to information
Passive communication	Child-centred approach
Problem-based communication	

Educator-parent relationship

The quality of the relationship between the educator and parent was the main factor identified as important for communication about healthy eating. A poor relationship acted as a barrier, and a good relationship acted as an enabler to communication between educators and parents.

The directors acknowledged that conversations about food and nutrition could be sensitive issues, and that it was important to take into account the relationship with the parent when approaching these issues.

“If they’re quite standoffish parents and you haven’t had much communication, trying to approach that situation can be a bit hard sometimes.”

(Andrea, Centre B Assistant Director)

Educators identified that the quality of the relationship governed whether they could approach tricky issues with parents. They worked hard to build rapport with their parents, and if a good relationship was formed where parents communicated with them about issues, they also felt that they could raise any concerns.

“We know them and we know how to talk to them. Like, there’s some that you can have a joke with and say really, chips for breakfast? Whereas others you’d probably say oh look I understand you’re probably in a bit of a rush this morning but look we can’t let him eat that in front of the other children. So there’s ones that you can sort of say really?! And they’ll laugh and have a joke, and there’s others you’ll say look it’s probably not a great choice to have. So it’s knowing your parents enough to know which ones you can have that joke with, and which ones you can’t.”

(Christine, Centre B Educator)

“Some parents are really good, like they would come and tell us what their eating habits were, and how they’re developing their eating habits and what they’re avoiding at the particular time, those sort of things. Some of the parents are really... it depends what sort of parents the children come from”

(Sajit, Centre A Educator)

In general, parents felt that they had a good relationship with the educators, and that concerns that they raised would be handled appropriately. This was regardless of whether or not they took a participatory role in the service.

“Oh I think If there was a major problem I think they would listen, they’re very, well from what I’ve seen, I’m not a participating parent, you have some that are really in there, I’m not one of those parents unfortunately. But I never feel uncomfortable if I ever have to say anything about anything to them. They listen to what you have to say and they take it on board so I would not be concerned about if there was an issue.”

(Katie, Centre A Parent)

While acknowledging that educators would be open to hearing issues, one parent did not feel as confident that they would be handled satisfactorily.

“I don’t know, I suppose they’d have answers for me, one way or another ... It’s just a feeling but I feel that they’re not particularly proactive, from what I know about this child care centre as opposed to other ones, it’s kind of more of crowd control, rather than curriculum based anything.”

(Ashleigh, Centre A Parent)

Barriers

Competing priorities – educator and parent

Competing priorities for both educators and parents impacted on communication about healthy eating.

It was acknowledged by the directors that there were many other priorities for educators in their roles and this resulted in limited communication about healthy eating. Educators were more likely to communicate about social and behavioural issues with parents.

“I’d say that maybe that’s something that we can improve on, because we don’t really communicate, apart from the breakfast issues that may come up, we don’t really communicate about healthy eating with the parents.”

(Andrea, Centre B Assistant Director)

Both centres provided information to the parents about what their children had eaten that day via the daily communication sheet. Educators reported that this was generally enough information for the parents, so they did not have many conversations about food.

Parents reported a number of different reasons for using the respective services. For some parents, provision of food was an important part of their choice to use the service, and they were likely to initiate communication. Other parents chose to use the service for reasons such as social development, and communicating about food was less of a priority. For many parents, unless they had a particular concern about their child not eating they did not pay much attention to what was being provided.

“I don’t look at the menu and I often forget to even check some days if she has even eaten, I know that they provide all that information ... I probably don’t feel that there is a relationship there, but that’s not to say that the centre’s not providing that, it’s probably just that it’s not high in my priorities as a parent sending her there, that I feel like maybe we’re covering that at home so I’m not concerned so much about what she’s eating or not eating at day care because as far as I’m aware she’s enjoying the food, she’s eating it, she’s not coming home starving and I trust that they’re providing a nutritious and healthy meal.”

(Jane, Centre A Parent)

For children who only attended the service for one or two days, the parents recognised that what they were eating at the service had a relatively minor impact.

“I think we’d certainly be more concerned about what he was eating if he was here every day of the week. The fact that he’s only here one day a week and knowing that they’ve got a large group that they have to cater for, so we’re quite ok with going along with what they’re serving generally speaking ... It’s that rare that he eats cake, biscuits, it’s not going to do any real harm.”

(Trent, Centre A Parent)

Differing perceptions of healthy

Another barrier to communication about healthy eating was the varied perceptions of what was an appropriate and healthy diet for children.

All educators reported feeling confident in their nutrition knowledge to communicate with parents but their knowledge and perception appeared to vary. Some educators felt that the menu provided was appropriate and balanced, while others raised concerns about providing too many discretionary foods. They also expressed frustration with the way that parents fed their children, if it then impacted on what the child would eat at the centre. There were also occasions where educators questioned whether parent requested dietary restrictions were necessary.

“We had a little girl last year that had intolerances, she wasn’t actually allergic to anything, and her mum used to bring in food. You could tell that the little girl was over the food that she got, so she wasn’t really interested in eating it. So you’d sort of say to her eat it, but knowing that it was only an intolerance we used to think to ourselves why can’t she have this, you know? And Mum did, apparently towards the end of the year Mum did take her to a couple of birthday parties and she had cakes and stuff, but now she’s reverting back.”

(Pamela, Centre A Educator)

Three parents reported feeling strongly that discretionary foods should not be provided, but had not raised these concerns with the centre directly.

“Which is ok for a treat food, for a sometimes something, but yeah if it’s just going to be really cheap sausages that yeah... I just don’t think that’s food. Just because you can put it in your mouth and it doesn’t kill you instantly doesn’t mean it’s not going to do it in the long term.”

(Ashleigh, Centre A Parent)

“There is one thing. Occasionally when the cook is out they’ll order in pizza or chicken for the kids and I don’t really like that. But you know, it happens, they have to do something some days and if there’s no other option, they do try to get people in. But I don’t really like them to have takeaway food, I mean I’m happy if they’re at home and I’m giving them some takeaway food, it happens pretty rarely, but I don’t really think they should be having it at school”

(Michelle, Centre A Parent)

Passive communication

The methods used to communicate with parents about healthy eating were generally passive, with directors and educators referring to the daily communication sheet, display of the weekly menu, occasional inclusion in newsletters and a suggestion box or open door policy regarding suggestions or feedback from parents.

The main method of communication about children's eating was on the daily communication sheet, where educators recorded whether and how much each child ate at each meal. Most parents referred to this as a useful communication method.

"It's more like they educate us with that chart as to how much they eat, so that's very good for us, because on a day she hasn't eaten much I know that, and I make sure she has a good dinner."

(Anjalie, Centre A Parent)

However, some parents questioned whether this accurately reflected what the children ate, or felt that it required more detail to be useful, although it was acknowledged that this would increase the burden on educators.

"Sometimes everyone has an M there next to their name for having eaten most of it. Did you really notice or did you just write an M next to it because it's neither all nor none? So we don't really know how monitored it is."

(Ashleigh, Centre A Parent)

"There's not a lot of feedback, what they ate for lunch but they don't say oh she really liked this today or we've tried to feed her carrots and she doesn't eat carrots. There's not a lot of that feedback which I think would be good, considering that she does get dropped off at 7 and we don't pick her up often until 5.30 or 6 at night."

(Leah, Centre B Parent)

"I mean it puts more work obviously, on the educators. But if your kid's sitting there and there's spaghetti bol and they're only eating the pasta, then they're not really getting any nutrients, so you know for dinner time then you need to look at that."

(Lisa, Centre B Parent)

This lack of detail was observed on one occasion where two children were provided with sandwiches because they did not want to try the beef couscous meal. While they commented that these children were often fussy, they did not record that they were provided sandwiches on the communication sheet, so the parents were not informed.

The weekly menu was displayed outside the kitchen at both centres, but most parents were not aware of this, particularly those who did not walk past the kitchen to access their children's rooms. In Centre A it was observed that the menu on display did not always reflect the food provided. The centre policy states that 'the menu will be nutritious and varied and will accurately describe the food and beverages to be provided by the service each day'. However, on four out of five observed days children were provided with discretionary foods (cookies or cake) for afternoon tea that were not described on the menu, as well as the cake that was described on the menu on the fifth day.

Problem-based communication

Communication between educators and parents regarding food or nutrition was centred on problems, rather than general opportunities to promote healthy eating.

Both centres had children with special dietary requirements such as allergies or religious requirements and the directors discussed the initial communication undertaken at the time of enrolment.

"On enrolment, they have an enrolment form that they fill out to say how does your child eat, what do they, what is their daily routine like, they put on there their meals and different times and different things for the day. There's space on the actual enrolment form where they can put on how they're eating, if they have any allergies, if they have any requirements and things like that. We also get them to fill out a medical questionnaire if they have any requirements ... so that we know what we can and can't give them"

(Debbie, Centre A Director)

“We do also discuss, mainly on enrolment, the menu that we have, the foods that we have and just explain that it is a balanced, healthy diet. And we also discuss if there are any eating concerns with the child, whether there’s a particular food they don’t like, what do they eat at home, that type of thing, just a general overview, so we do communicate with them then, but that’s more just on enrolment, unless they state that they now can’t eat a specific food, then we might go back to what are they eating at home.”

(Andrea, Centre B Assistant Director)

Educators reported minimal ongoing communication with parents, because most children were eating the food that was provided without major issue. Communication would generally occur if there was a change in dietary requirements, or if a child was not eating at all.

“I don’t know, because I don’t really have conversations with parents about the food, unless they’re really not eating. Like with that child that wasn’t eating and his mum was quite concerned about it, she’s quite happy now so we must have handled it the right way.”

(Jacob, Centre A Educator)

“I think we can but we’ve never had to, we’ve never had the need, but we do have a lot of information in the foyers if we need to source something. I know (educator in nursery room) is quite well aware if there are any feeding issues, I know she had that little baby that was having issues feeding and she sourced information for the parents and stuff like that. So I know that we can, and we’ve got it there if we need it.”

(Christine, Centre B Educator)

On occasions that parents provided inappropriate food, directors and educators described delicately approaching the issue, but that this was not always successful.

“That particular parent kept bringing inappropriate food. I think (the director) did speak to them a couple of times about it, but in the end I think she just let it rest, because it was going to cause a big issue ... they weren’t really willing to listen. I suppose they thought that their way was the right way, and other than excluding them from the program, there’s nothing that we really could do”

(Andrea, Centre B Assistant Director)

Most parents also described not needing to communicate with the educators about their child's eating because their child appeared to be happy with the food provided, and they did not have any major concerns.

“The kids don't complain and that's the main thing, they come home and seem happy and fed. I should probably look into it a bit more.”

(Aaron, Centre B Parent)

Enablers

Existing channels of communication

The centres utilised a range of methods to communicate with parents about various issues, which would allow them to easily incorporate communication about healthy eating.

“Because the channels of communication with the educators, the teachers, I mean you saw I was chatting to (kindergarten teacher). We have really good relationships with the centre manager, and they're friendly and helpful. So I feel like if they're going to do anything more around the nutrition education you know everything is already there. They've got email communications with us and all sorts, so it'd be very easy to do that.”

(Pushpa, Centre A Parent)

Email was the preferred method of communication, and a number of parents felt it would be helpful to have the menu emailed to them so that they could refer to it at home.

“I know that they provide the menus in the centre, they're on the wall but it might be nice to even have those emailed out to you, so you have those before you take your child in. She only goes in twice a week and half the time I forget to even look at what it is. And like a lot of busy families you try to plan your own meals a week in advance, so there might be doubles up where she might have two similar meals in one day, which she'll still eat but it's not ideal ... If it was sent out even when the fee notice was sent out, it doesn't have to be a big deal but just something to think about.”

(Jane, Centre A Parent)

While both centres regularly sent out newsletters, they were not currently including information about healthy eating. The director of Centre A recalled that a

previous recipe of the month feature was very popular with parents, but they had stopped including this when the centre cook was on leave. One educator also identified that it would be useful to include a note informing parents that they were encouraged to provide feedback and suggestions for the menu.

Parents receptive to information from service

While there had been limited communication between educators and parents about healthy eating, almost all parents were receptive to receiving this type of information from the service.

Parents were seeking meal ideas, tips and recipes and recognised that educators may have particular techniques that they use to promote healthy eating, especially to encourage consumption of vegetables.

“Oh definitely, I’m always open to more ideas about ways to make good food fun and ways to encourage that healthy eating so yeah, definitely”

(Jane, Centre A Parent)

“Definitely, I think with every kid, especially my daughter, you struggle with vegies, so if they had ideas or suggestions that they do that might help me at home, that’d be awesome.”

(Lisa, Centre B Parent)

When it came to confidence in receiving nutrition information from educators, some parents felt confident in personal information from educators, and others felt that any information should come from a government body or other reputable source. Overall, parents were happy to receive the information and would make their own judgement before implementing it.

“I’d be fine, yeah I’d be totally, anyone can have a kid, they have to get certificates to look after them so I’m pretty sure they’re more educated than what I am in that area. You know, you don’t need a certificate to have a baby.”

(Katie, Centre A Parent)

“Well as long as it was accurate and it’s from a reasonable source, I’d feel fine.”

(Lisa, Centre B Parent)

“From these guys? Pretty confident, I’ll give them the benefit of the doubt and see what comes my way. I’d rather get it and be able to discard it than not get it and have no information.”

(Aaron, Centre B Parent)

It was widely recognised that delivery of information about food and nutrition needed to be done in a sensitive manner without being overly directive or judgmental.

“I’d find it useful. I guess I’d take from it what I thought was important. I don’t think any parent would appreciate it being directive. Some parents can get their backs up about it and I guess I also wouldn’t want to be told, it should probably be more suggestions around, I understand families are busy so here are some meal ideas.”

(Pushpa, Centre A Parent)

Electronic forms of communication were favoured and allowed parents to access information when and if they required it, as paper resources were often lost.

“I’m just happy, I’m an information person, anything electronic correspondence, email, even on their Facebook site if they have one. I don’t want to be swarmed with information but a reminder every now and then.”

(Aaron, Centre B Parent)

“It could be a really easy thing of maybe some of the information that they receive of guidelines, if it could be easily shared, just posting that up on centre’s Facebook page, you know? Because I wouldn’t want them to be printing off things and sticking it in our pockets, it will get tossed. It should be somewhere that parents who are keen know where to access the information, rather than enforcing anything really.”

(Pushpa, Centre A Parent)

Some parents that felt that they had adequate nutrition knowledge and did not need information from the service for themselves, but would like to be able to continue the healthy eating messages from the service at home.

“Probably not just me, but maybe more visual for (daughter). I guess if you’re already pretty much educated, you’re pretty right, but for the kids it would be great I think.”

(Kelly, Centre B Parent)

Only one parent felt that they did not require any additional information from the service.

“It’s not something I’m really after because what I need to know is what and how much they eat here so I’m happy with what I get to know.”

(Anjalie, Centre A Parent)

Child-centred approach

Directors, educators and parents acknowledged that communication about healthy eating could be a sensitive issue. Taking a child-centred approach allowed promotion of healthy eating to extend to the home environment without damaging the relationship between educators and parents.

Educators reported that child initiated communication was an effective way to reach parents with messages about healthy eating.

“Oh yeah they do, they’ll go I can’t eat that and I’ve heard them say why can’t you eat that? Because it’s a sometimes food Mum. It’s really good when they say that.”

(Christine, Centre B Educator)

Many parents were encouraged to introduce new foods at home after children tried and enjoyed these foods at the centre.

“I know that he was eating cucumber which he previously refused to do so I ended up just giving him a cucumber to eat and he would chomp it down and it was like oh ok, right, well he will eat cucumber then. Prior to that I don’t know why he wouldn’t, because we all do, but he just had something against it, maybe he didn’t really like the taste of it, but then he kind of modelled off the other kids, it’s a bit sort of a peer thing.”

(Claire, Centre A Parent)

“Since she’s been coming here I’ve been giving her a little dish of grated cheese and some plain crackers and some fruit for afternoon tea. Whereas I never used to do that, she never used to like cheese, she hated cheese, so when I notice that she eats things here I bring it at home.”

(Joanna, Centre B Parent)

A number of parents referred to initiating conversations with their children about the food they had eaten at the centre, after seeing the meals recorded on the daily communication sheet. One parent also referred to her child showing her resources that were displayed at the centre.

“I know they do look on those up the corridor, those pictures of the teeth, she quite often points to the pictures of the rotten teeth so that’s quite good I think, the visual images.”

(Kelly, Centre B Parent)

The analysis of the LEAPS Survey for Services and the policy analysis, interviews and observations conducted in the case study services provided insight into the policies, procedures and practices used to promote healthy eating, educators’ and parents’ perceptions of their roles, and the barriers and enablers to communication about healthy eating. These results will be discussed in relation to the literature and Bronfenbrenner’s ecological systems theory in the following discussion chapter.

Chapter 5: Discussion

This chapter contains a discussion and interpretation of the results of the study with reference to the literature and in the context of Bronfenbrenner's ecological systems theory. The order of the discussion will follow the research questions outlined in section 1.3; the policies, procedures and practices regarding promotion of healthy eating within ECEC services; educators' and parents' perceptions of their roles in promoting healthy eating; barriers and enablers to communicating about healthy eating; and finally, building on our understanding of how educators and parents can work in partnership to promote healthy eating to children attending ECEC services. Section 5.5 will address the implications for practice for both the early childhood and nutrition sectors.

There is an expectation under the NQS and the EYLF that early childhood educators will work in partnership with parents. This expectation, coupled with current policy interest in health promotion in the ECEC setting provided the context for this study. In this study, Bronfenbrenner's ecological systems theory provides a lens to understand the systems and interactions that may influence the development of healthy eating behaviours in children attending ECEC services. Firstly, the microsystems of the home and ECEC settings are the immediate environments surrounding the child, and the practices within these settings will have a direct influence on the child. The mesosystem refers to the interaction between microsystems, and it is the relationship between home and ECEC, mediated by the parents, that is of interest in this study. The exosystem refers to settings in which the child is not directly involved, such as a parent's workplace which may impact on the time they have available to devote to communication and partnership. The macrosystem refers to the broader social and cultural context, in this case shaped by social and cultural practices of the service and policy that supports access to affordable childcare. The chronosystem encompasses the changes in influence over time. This could relate to developmental changes in how the child interacts with their environment, such as emerging independence and autonomy around food choices, or changes in external factors such as the current focus on health promotion in ECEC settings.

5.1 WHAT ARE THE CURRENT POLICIES, PROCEDURES AND PRACTICES REGARDING PROMOTION OF HEALTHY EATING WITHIN ECEC SERVICES?

Under the NQS, ECEC services are required to promote healthy eating to children [14]. This includes having documented food and nutrition policies, teaching children about healthy eating, and, if the service provides food, the provision of nutritious food consistent with dietary guidelines. Examining the policies, procedures and practices regarding promotion of healthy eating within the ECEC microsystem develops an understanding of what is occurring within the initial layer of influence.

In the LEAPS Survey for Services, almost all long day care services reported having food and nutrition policies and being aware of the GUG guidelines. Most services reported implementing the guidelines and regularly incorporating learning experiences into their program. While only 30% of services reported incorporating learning experiences about healthy eating every day of opening, this question referred to specific learning opportunities such as cooking, food activities and vegetable gardening. It is also worth considering that the daily routine of meal times can provide significant learning opportunities for children in ECEC.

The two case study services had documented food and nutrition policies, and generally reported practices that aligned with these policies, but as is often the case, reported practices did not necessarily align with observed practice [57]. This could be for a variety of reasons and it is important to consider what support is required to assist services and educators in this regard. It is important to consider the content of the policies as well as whether services are implementing policy and guidelines. Previous studies have found that services required clarification and assistance with interpreting guidelines [58] and that educators did not refer to guidelines and resources because feeding children was “common-sense” [38].

In the case study services, while the directors spoke about the service policies in their interviews, educators did not make reference to the policies of their service when describing their involvement with promoting healthy eating. Adherence to policy is considered during the NQF assessment and ratings process. Interestingly, despite the two case study services having significantly different ratings (Centre A rated ‘working towards NQS’ and Centre B rated ‘exceeding NQS’), both services experienced many of the same issues.

In the LEAPS Survey for Services, services reported using a wide range of strategies to communicate with parents about healthy eating and/or physical activity. Due to the survey question combining these concepts it is not possible to determine whether these strategies were used to communicate about healthy eating, physical activity, or both. However, for services that provided food, it was evident that the nutrition policy was considered a useful tool when communicating with parents about inappropriate food choices. The difficulty in changing behaviour is widely acknowledged in the literature, and this was captured in a quote from one long day care service director - “it is hard to change what parents provide despite all of our efforts.” In a previous intervention that was successful in improving lunchboxes provided by parents, communication of policy was accompanied by parent workshops and lunchbox displays, indicating that the use of multiple communication strategies can enhance uptake of messages [19].

In the case study services, the main method of communicating about children’s eating was through the recording of food intake on the daily communication sheet. The service policies indicated that information about healthy eating would be shared regularly with parents but in practice this did not occur. Here it is useful to consider the chronosystem, at a time where rising chronic disease rates have led to a focus on ECEC as a site for health promotion. It may be considered a missed opportunity that parents are not provided with this information, but it is important to consider whether the expectation for services and educators to act in this role is appropriate.

5.2 WHAT ARE EDUCATORS’ AND PARENTS’ PERCEPTIONS OF THEIR ROLES IN PROMOTING HEALTHY EATING TO CHILDREN?

Educators and parents reported varied perceptions and expectations of the educator’s role in promoting healthy eating. To varying extents, the educator was perceived as a food provider, as a role model and as an educator who would teach the children, and to some extent the parents, about healthy eating. Both of the case study service policies indicated that educators should undertake all of these roles, but a number of barriers to achieving this were identified.

In contrast to previous research indicating that educators felt that they required additional training to communicate with parents about healthy eating [26], the educators in this study felt that they had adequate nutrition knowledge. However, this

was generally in the context of answering specific questions from parents about a child's food intake, rather than engaging in practices and communication that promote healthy eating more generally. This may indicate that they do not see themselves as health promoters and points to the need for professional development opportunities to support educators in undertaking this role. It is also important to consider what responsibility services have to support educators to develop good health practices if they are expected to act as role models.

While previous research investigating the educators' role in promoting healthy eating in ECEC has not included the parent perspective, previous research in the primary school setting found that parents believed school staff were responsible for nutrition education [41]. In this study not all parents thought that it was the educator's role to teach their children about healthy eating, with one parent feeling strongly that this was her own role. Here it is worth considering the care-education discourse as part of the macrosystem, and whether parents conceptualise food and nutrition as part of care routines or recognise the opportunity for educators to provide learning experiences as part of their educational program.

There was agreement by the directors, educators and parents that parents have the main role and responsibility for promoting healthy eating to their children. There were varied expectations about whether the service should align with the way parents fed their children at home or whether the two settings should remain separate. A tension here is the balance of respecting parents' and children's choices and catering to their requirements and expectations around food, with the need to adhere to policies and guidelines to ensure the service is promoting healthy eating. It is this mesosystem of interaction between the home and ECEC settings that has implications for development of healthy eating behaviours, where exposure to conflicting practices and routines may be challenging for development [47].

If parents did not make healthy choices at home, educators perceived this as a barrier to their efforts to promoting healthy eating within the service, and this finding was supported by two previous studies [43, 44]. However, the educators in this study also showed empathy and understanding of the context of parent's lives including the exosystem of the workplace. Educators referred to this as impacting the food choices they made for their children, as well as limiting their opportunities to engage with the

service, with the assistant director of Centre B explaining “we see them fly in the door, grab the children and fly out”.

5.3 WHAT ARE THE BARRIERS AND ENABLERS TO EDUCATORS COMMUNICATING ABOUT HEALTHY EATING WITH PARENTS?

The quality of the relationship between educators and parents governed whether educators felt able to approach sensitive issues with parents. This aligns with previous research that indicates that communication is enhanced when parents and educators share beliefs, and are aware of their roles and importance of working in partnership [28].

Competing priorities for both educators and parents impacted on communication about healthy eating. Educators were more likely to initiate communication about social or behavioural issues, perhaps indicating that children’s eating is seen as less of an important issue. It has been acknowledged in previous studies that there are numerous constraints on educators and parents in terms of time, energy and information [26, 38, 42]. Recommendations to improve communication must take into account the busy working environment of ECEC and encourage a shift in focus, rather than adding additional burden and documentation.

In considering how to improve communication between educators and parents it is important to take into account the communication method, as well as the content. The reliance on the daily communication sheet as the main method of communication resulted in predominantly passive communication between educators and parents. A shift towards more active communication methods, such as occasionally engaging parents in verbal communication with more individual feedback about their child’s eating would appear to be a useful strategy.

It is evident that services are equipped to deal with problems related to individual children’s eating, such as allergies and special dietary requirements, and this is an important aspect of providing care for the children. However, ECEC services also provide an opportunity to share information with parents about strategies that support and promote children’s healthy eating behaviours. The recognition of mealtimes as a significant learning opportunity would also encourage the sharing of information about a child’s developing autonomy and decision making around food.

To consider ECEC as an avenue to provide nutrition information to parents that will result in behaviour change at home, it is important that parents are receptive to this information from this setting. This study confirmed previous findings [26, 35] that parents were receptive to receiving nutrition information from ECEC services. While communication about food and nutrition was limited, parents generally felt that they had a good relationship with the service and communicated openly about other issues. Parents felt that it would be appropriate for existing communication channels such as email and Facebook pages to be utilised to communicate about healthy eating. It is clear that this must be done in a sensitive way. Parents are seeking credible nutrition information and healthy recipe ideas, but a number of parents indicated that they did not want to be challenged about the way they feed their children. This reflects previous research indicating that parents were receptive to receiving information from the service framed in a positive way to help them support healthy eating, but did not want to be reprimanded for the food choices they were providing for their children [35].

Parents use ECEC services for a variety of reasons, and their expectations can also depend on how often the child attends the service. For parents of children who attend the service five days a week, there was acknowledgement that the service had a substantial impact on the child's food intake and eating behaviours. If a child only attended one or two days a week, parents recognised that what and how they were feeding the child at home would have more of an impact.

The results of this study indicate that child-initiated communication can also result in information filtering from the ECEC to the home setting and has the potential to improve the diet quality of the children. This was in contrast to a previous Canadian study, where educators reported that children often ate a greater variety and quantity of food while they were attending ECEC but that this did not extend to the home environment because of differing sets of rules [38]. In this study, a number of parents reported being able to introduce new foods at home that their child had tried for the first time at the service. Parents reported that the child often initiated this by asking for the new food at home or while shopping. This is reflected in the EYLF, where emphasis is placed on supporting developing autonomy and agency by providing increasing opportunities for children to take control of their own

decision making and health [15]. In this way, children are bridging the mesosystem of interaction between the ECEC and home environments.

5.4 HOW CAN EARLY CHILDHOOD EDUCATORS AND PARENTS WORK IN PARTNERSHIP TO PROMOTE HEALTHY EATING TO CHILDREN?

Partnerships between educators and parents have been recognised as an important aspect of quality ECEC practice and are key components of the NQS and the EYLF. The formation of partnerships takes work, and directors and educators described an initial focus on building relationships with parents from the time of enrolment, through interviews, documentation and inviting parents to attend the service. The perception of working in partnership varied from a focus on keeping lines of communication open so that parents could approach the service with any issues, to a more active approach where educators looked for opportunities to support parents, recognising that working together provided the best care for the child, both at ECEC and at home. The directors and educators demonstrated an understanding of the context and systems that families operate within, and recognised that this impacted on the way that they interacted and communicated with the service.

If development is enhanced by continuity between the microsystems of the child, this mesosystem of interaction between the settings through educators and parents working in partnership is key. Previous studies have indicated that parents and educators may be working at cross-purposes in relation to promoting healthy eating [38-40]. While directors, educators and parents in this study referred to having good relationships and open communication, there was limited focus on working together in relation to promoting healthy eating. This may partly be explained by the fact that both services provided food, and therefore did not have to communicate regularly with parents about lunchboxes. An interesting observation of this study was that despite the differences in NQS ratings and socioeconomic status of the two services, there appeared to be little difference in relation to promoting healthy eating and working in partnership with families about this issue. This points to the need for further support across the board to help services integrate healthy eating into their programs and enhance their communication about healthy eating with families.

Another important factor was the tension between conflict and harmony, from the perspective of the directors, educators and parents. While directors of both

services acknowledged wanting to support parents to initiate change at home, they were also aware of respecting boundaries and not wanting to intervene in the home life of families. Educators were also aware of the boundaries of their role and were reluctant to push issues too far. This has also been acknowledged in a previous study where educators waited for parents to initiate communication about nutrition related issues [38]. As discussed previously in relation to the focus on problem based communication, parents felt able to raise concerns around allergies or other special dietary requirements, and knew that these issues would be handled appropriately. However, parents who were unsatisfied with more general food related aspects of the service were reluctant to raise this with the service, due to not wanting to be seen as the “difficult parent”. Strengthening partnerships between educators and parents in relation to promoting healthy eating will require a focus on revisiting the key components of genuine partnerships as proposed by the EYLF, including free and respectful communication, sharing insights and perspectives and engaging in shared decision making [15].

5.5 IMPLICATIONS FOR PRACTICE

5.5.1 Early childhood sector

The promotion of healthy eating to children who attend ECEC services requires a holistic and integrated approach, spanning the home and ECEC service, and recognising children as active and competent learners. The implications of this study include opportunities for the ECEC sector to build the capacity of educators, children and parents to work in partnership to support the development of healthy eating behaviours.

Building the capacity of educators to work in partnership with parents to promote healthy eating

Building the capacity of educators to work in partnership to promote healthy eating can include support to strengthen communication and engagement with parents, as well as increasing educator knowledge about nutrition and healthy eating. As emphasised by the EYLF, the concept of working in partnership goes beyond one-way communication, to valuing each other’s knowledge and roles, engaging in shared decision making, and tackling challenging issues. It is important to take a collaborative and co-ordinated approach to build the capacity of educators to raise

sensitive issues, such as unhealthy eating, and to manage potential conflict while maintaining positive relationships with families.

The literature highlights the importance of interpersonal and communication skills in building and strengthening respectful and reciprocal relationships. To raise awareness and influence behaviour, there is a need for educators to shift from passive to more active forms of communication. Key to this is recognising caring routines, such as mealtimes, as a significant part of the curriculum, as is emphasised in the EYLF [15]. However, it is important to be mindful of current educator workloads and the burden of documentation [45]. Encouraging communication with parents does not necessitate another layer of documentation, but a more useful approach may be for educators to discuss normal development and feeding practices rather than relying on reporting of daily intake on the communication sheet.

Educators in this study felt that they had adequate nutrition knowledge but observations in the case study services indicated the need for support around appropriate feeding practices. This could be addressed firstly through strengthening the nutrition component of pre-service education and training, as well as providing quality in-service professional learning opportunities to build and strengthen this knowledge. More than half the educators in the case study services had not attended nutrition related professional development, and 40% of services participating in the Survey for Services did not engage in nutrition related professional development for their staff. The HENRY program evaluation in the UK indicated that educators changed practices, including allowing children to serve themselves and decide when they were full and role modelling, after attending the professional development program [34]. Initial results from the LEAPS program evaluation also indicate that the professional development program has been successful in improving educator knowledge. The case study services in this study were not aware of the LEAPS program; therefore it is important that professional development opportunities in this area continue to be promoted widely.

Building the capacity of children to promote healthy eating within the family

The NQS and the EYLF emphasise the importance of promoting child agency and recognising children as competent and capable learners from birth [14, 15]. Incorporating opportunities to teach children about healthy eating supports children to take increasing responsibility for their own health and wellbeing, one of the

components of the EYLF learning outcomes [15]. Reaching beyond the service, this study indicated that learning opportunities provided to children can result in information filtering through to the home environment. In addition to providing information directly targeted at parents, a child centred approach can be undertaken, either through child-initiated communication or through educators sharing information about what children are learning. In the case of parents who were difficult to engage, educators felt that child-initiated communication was an effective way to reach parents, recognising children as agents of change. This could involve seeking opportunities to encourage the children to share food related activities with their parents. Providing parents with information about what children are learning allows continuity of messages between the ECEC and home settings, which is recognised as an important practice in the EYLF. This approach was favoured by many of the parents who felt that they had adequate nutrition knowledge.

Building the capacity of parents to work in partnership with educators to promote healthy eating

In order to build the capacity of parents to work in partnership, ECEC services can focus on building respectful and reciprocal relationships where parents are encouraged to communicate openly about their children's eating, provide input to the menu, and become involved with food related activities at the service. The option for parents to provide input to the menu was available in both case study services but parents did not realise or did not contribute because they did not want to be seen as difficult. In genuine partnerships, parents are encouraged to express concerns and question practices, and to expect a respectful response, even if their request is not able to be accommodated [59].

While acknowledging that many parents are not able to attend the service during working hours, an open door policy can encourage parents to join their children during mealtimes when they are able, as well as providing other food related activities in and outside of working hours, such as a family picnic or planting a vegetable garden. In this study, children enjoyed the interaction with a mother who visited the service at lunchtime and the mother reported that this was a useful experience to observe how her daughter interacted during lunch, and provided her with ideas for preparing food at home. Digital technologies could also be utilised to enhance partnerships by encouraging parents to share recipes and photos of families'

meals at home, and other food related activities such as gardening, to strengthen continuity between the home and ECEC service. The Stephanie Alexander Kitchen Garden Foundation has recently expanded their resources to include a guide for early childhood educators to incorporate “pleasurable food education” into their program, with links to the home environment and opportunities for parent participation [60]. Resources such as this guide could be used by services to promote and expand their opportunities for parent participation.

5.5.2 Nutrition sector

The implications of this study reach more broadly to the nutrition sector, to work closely with ECEC services to reach children, and also to provide health promotion opportunities for educators in their workplace.

Building the capacity of nutrition professionals to work with the ECEC sector

In order to work closely with ECEC services as detailed below, it is important for nutrition professionals to develop an understanding of the sector and knowledge of the governing frameworks and guidelines. This could be included in initial training or through opportunities for continuing professional development. An example of capacity building for nutrition professionals within their undergraduate degree is the recent trial of interprofessional learning through co-disciplinary placements of nutrition and early childhood students in ECEC services [61]. This opportunity allowed nutrition and early childhood students to combine and enhance their skills and positive outcomes were reported from the students as well as the services.

External support from nutrition professionals

“You’re a dietitian, if you can provide something for our newsletter that would be great.” (Sajit, Centre A Educator)

There is an expectation under NQS Quality Area 6: Collaborative partnerships with families and communities, that ECEC services will link with relevant community and support services, including health professionals [14]. While the services in this study acknowledged the importance of promoting healthy eating, they recognised that expert support would assist them to improve their approach and overcome barriers. Some parents also questioned the credibility of nutrition information from educators. Advising that the service was working closely with

nutrition professionals may enhance the credibility of nutrition information for these parents. Less than 30% of the services that participated in the Survey for Services were engaged with external support for nutrition or physical activity. The deployment of nutrition professionals into ECEC services will provide an opportunity to work closely with educators to intertwine promotion of healthy eating within the curriculum. This may be of particular benefit for educators who feel pressured to focus on literacy and numeracy activities with the children in preparation for starting school.

Whole service approach including health promotion for educators

In order to provide high quality care to children attending ECEC services, it is also important to support the health of the educators providing the care. Increasingly, workplaces are implementing health promotion initiatives but this has not yet extended to the ECEC sector. The Queensland Government Healthier Happier Workplaces initiative provides resources and recognition of workplaces that offer wellness programs for employees, recognising that healthy employees have a range of benefits for organisations, including reduced absenteeism and staff turnover, a major challenge for the ECEC sector [45, 62]. Supporting the health of educators is particularly important because they are expected to model healthy behaviours to children. It is also relevant to the NQS requirement for leaders to promote a positive organisational culture and aim to support continuity of educators [14].

A recent study investigating the nutrition related attitudes and behaviours of educators in Migrant and Head Start centres in the US concluded that nutrition interventions targeting staff were urgently required [63]. Interventions that aim to improve nutrition in the ECEC setting should aim to take a whole of service approach and to provide a workplace environment that supports the health of educators. In recognition of this need to focus on health and wellness of educators, an ongoing trial in the US is evaluating a worksite wellness intervention aimed at improving physical activity and dietary lifestyle behaviours of educators [64]. It may be beneficial to implement a similar intervention in Australian ECEC services, in conjunction with the previous recommendations focusing on building the capacity of educators to work in partnership with parents to promote healthy eating.

Chapter 6: Conclusions

The purpose of this study was to deepen understanding of collaborative partnerships between early childhood educators and parents, with a focus on promoting healthy eating to children. This chapter will provide a final summary of the study and conclude by addressing the limitations and directions for future research. Section 6.1 will provide a summary of the study, section 6.2 will address the limitations of the study and section 6.3 will provide recommendations for future research.

6.1 SUMMARY

The findings of this study provide new insights into the promotion of healthy eating to children who attend early childhood education and care services.

The first research question addressed the policies, procedures and practices used by services to promote healthy eating. Services in both the LEAPS Survey for Services and the case study services had documented nutrition policies and generally reported practices aligning with these policies. However, a strength of the case study approach of this study was the opportunity to observe practice, and this revealed that there were often challenges and barriers to educators adhering to the nutrition policy. Some of the barriers were resource related such as centres not providing sufficient food to encourage educators to sit down and eat with the children or the prioritising of other care tasks during this time. However other practices pointed to the need for further nutrition education for the educators, to increase their knowledge of appropriate feeding practices to support healthy eating behaviours.

The case study component also addressed the research questions about educators and parents perceptions of their roles, and the barriers and enablers to communication. There were varied perceptions of the roles of educators and parents, reaffirming the need for services and educators to work with families to understand their priorities and expectations. A critical enabler is the capacity of educators to communicate openly and effectively with parents, to support active two-way communication and to facilitate parent input into the menu and decision making about nutrition and healthy eating.

Educators work hard to build relationships with families, and this presents a significant opportunity to work with parents to support development of healthy eating behaviours in children. However, ongoing support is required to assist educators and parents to overcome challenges to working together on this often sensitive topic. This calls for collaboration between the early childhood and nutrition sectors, to improve the health of early childhood educators, as well as the children who attend their services.

6.2 LIMITATIONS

There are a number of limitations to be considered when interpreting the results of this study. The sample of 163 long day care services who participated in the LEAPS Survey for Services, while quite a large sample, represents a fairly low response rate and may not be representative of the wider ECEC sector.

The purpose of the case study approach was to gain an in-depth understanding of how services can work together with parents to promote healthy eating to children, and the results should be considered in the context of the two individual services. However, despite differences in socioeconomic status and quality ratings, the centres appeared to experience many of the same issues.

Due to the voluntary participation of parents, it is likely that the parents who participated in the interviews were particularly engaged, and/or had a particular interest in healthy eating. It is also important to consider the possibility of social desirability bias for all interview participants. Both previous literature and the findings of this study confirm that the topic of feeding children is a sensitive one, and participants may have adjusted their responses in light of this. While participants were assured that their responses would be de-identified, it is possible that some participants may have been hesitant to provide any critical responses to avoid harming the relationship formed between educators, directors and parents. However, there were a number of occasions where interview participants shared frustrations or criticisms.

In qualitative research, it is important to consider the subjectivity of the researcher. The researcher is a dietitian, and therefore approached the research with a particular set of beliefs and knowledge relating to the promotion of healthy eating. Reflective notes were kept throughout the data collection and analysis and the

researcher engaged in ongoing discussion with the supervisors in effort to remain objective, but the potential impact on the data should be acknowledged.

6.3 RECOMMENDATIONS FOR FUTURE RESEARCH

While both the case study services in this study provided food, it would be useful to explore these factors in services where parents provide food, as this presents different opportunities for communication. This was evident within the results from the LEAPS Survey for Services, where directors reported ongoing challenges of communicating with parents about the food they were providing for their children.

One of the recommendations of this study is to deploy nutrition professionals to ECEC services to work together with educators to identify opportunities to incorporate nutrition activities into the curriculum and to improve their communication with parents. Such a professional would also be able to facilitate a discussion around sustainable and ethical food supplies, which was a point promoted in policy but that was not raised by any of the educators. As this is a novel recommendation, the effectiveness of this partnership would need to be evaluated.

Previous evaluations have provided a good understanding of effective interventions and this study has provided further recommendations. If ECEC is to be considered as a site for health promotion, plans for sustainability must be developed. In the context of the rising rates and cost of overweight and chronic disease, implementation research including economic modeling will determine whether funding this type of health promotion is of benefit.

Finally, this study assumed that educators had an important role to play in promoting healthy eating to children, in line with ECEC sector policies and frameworks, and in recognition of the substantial amount of time children spend in long day care services. It is important to extend this discussion, drawing on theories of power, responsibility and authority, to examine the role of educators in nutrition promotion and some of the tensions in working in partnership with parents.

6.4 CONCLUSION

This study took a strengths based approach to explore partnerships between early childhood educators and parents to promote healthy eating to children. The

ECEC sector and the services in this study are equipped with policies and frameworks that emphasise the importance of working in partnership, and promoting healthy eating. However, there are a number of challenges and tensions to overcome. Importantly, educators and parents value their relationship and are generally receptive to implementing new strategies. There is also a policy expectation that educators will engage in ongoing learning to support continuous quality improvement in all aspects of their work with children and families. Collaboration between the early childhood and nutrition sectors will benefit both sectors and strengthen opportunities to promote healthy eating to children attending ECEC services.

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Appendices

Appendix A

Recruitment email

Email subject title: QUT Research – Exploring partnerships to promote healthy eating to children attending ECEC services

Dear Director

EXPLORING PARTNERSHIPS TO PROMOTE HEALTHY EATING TO CHILDREN (2-5 YEARS)

My name is Julia Finnane and I am a Masters student at the Queensland University of Technology. I am undertaking a study looking into partnerships between early childhood educators and parents to promote healthy eating to 2-5 year old children attending ECEC services. The study aims to gain important insights from educators and parents and to identify practical strategies as to how educators and parents can best work in partnership to promote healthy eating to children in ECEC.

I would like to invite your centre to participate in this study. I am looking for long day care centres in different socioeconomic areas, with different educational programs and practices and a range of NQS ratings. My research is being undertaken as a case study. To begin, I will negotiate a period of two weeks to come and spend time at your centre. During this time, the research consists of:

1. One interview with the service director (approximately 1 hour)
2. Providing a copy of your service's policies relating to nutrition
3. Professional conversation with 4-5 educators over an evening with light refreshments (approximately 90 min)
4. Interviews with parents of children attending your service (approximately 20-40 min)
5. Observations of meal times and other food occasions at your service
6. General observations to identify opportunities for promotion of healthy eating

Participation of educators, parents and children is voluntary. We will protect your privacy and will not identify any organisations or individuals in research publications resulting from the research.

To recognise your contribution the research team is offering participating services:

- An Active Play Kit or a copy of Merrily, Merrily, a book and CD of songs and rhymes for young children

I would also be pleased to return to your service at the completion of the project to present the findings to your educators, to assist you to explore strategies for your Quality Improvement Plan and to provide a newsletter article and summary that you can use to share findings with parents.

If you are interested in children's healthy eating and feel able to support this research, please reply to this email and I will get back to you shortly. For more details there is an information sheet attached to this email. If you have any questions please contact Julia Finnane, T: 07 3069 7316 or E: julia.finnane@qut.edu.au or alternatively, Danielle Gallegos, T: 07 3138 5799 or E: danielle.gallegos@qut.edu.au

Please note that this study has been approved by the QUT Human Research Ethics Committee (#1500000922).

Many thanks for your consideration of this request.

Appendix B

LEAPS Survey for Services

Your name:

Name of Service:

Address of Service:

Postcode of Service:

Your position at your service?

Tick all that apply - Educator, Director, Coordinator, Educational Leader, Approved Provider/Owner,
Other – please specify

Which description best describes your service (tick all that apply)

Drop down box - Long Day Care, Family Day Care, Playgroup, Limited Hours Care, Kindergarten,
Other _____

Are you aware of the Get Up & Grow Guidelines?

Drop down box - Yes, No

If you answered 'yes' to the previous question, has your service taken any steps to implement the Get Up & Grow Guidelines?

Drop down box - Yes, No

What overall rating did your service get for your most recent National Quality Standard Assessment and Rating?

Drop down box - Significant Improvement Required, Working Towards NQS, Meeting NQS, Exceeding NQS, Not rated yet in new system, Not willing to share this information (if not rated yet – skip following question)

What rating did your service get for your most recent National Quality Standard Assessment for Quality Area 2: Children's Health and Safety?

Drop down box - Significant Improvement Required, Working Towards NQS, Meeting NQS, Exceeding NQS, Not willing to share this information

Have you identified any areas for improvement related to Nutrition and Physical Activity in your current Quality Improvement Plan?

Drop down box – Yes, No

If yes, please specify

Have any staff members at your service completed any professional development or in-service training in nutrition in the past two years?

Drop down box – Yes, No

Have you had any other services provide support on nutrition and physical activity at your service in the last 2 years? (QUT) Please specify who

Open question

If 'yes' to either of the previous questions, please state where and when this training was completed and what provider facilitated it:

Do you have children from culturally and/or linguistically diverse (CALD) communities at your service?

No – go to next question

Yes - Please specify how many and their cultural background?

Do you have children who identify as Aboriginal and/or Torres Strait Islander communities at your service?

No – go to next question

Yes - Please specify how many

Does your service provide all food for the children?

Drop down box –

Yes (survey automatically skips the following four questions)

No, parents provide all food

Food bought from caterers (if so please specify business name), other (survey automatically skips the following four questions)

Does your service have a policy regarding what food and items parents can include in their children's lunches?

Yes/No

Does your service provide parents with a hard copy of this policy?

Drop down box – Yes, No

What happens if a lunchbox is does not meet the policy?

How often do educators check the lunchboxes of children?

Once per week or less

2 times per week

3 times per week

4 times per week

Every day that the service is open

At your service, do you have a written policy specifically on nutrition that promotes healthy eating?

Yes

No

It is incorporated in another policy. Please specify

Do staff eat with the children?

Yes, No, sometimes

How often are specific learning experiences about healthy eating implemented as part of your curriculum/program (e.g. experiential activities about food, cooking skills, stories about food, vegetable gardens etc)?

Never

Annually

Monthly

Once per week

2-4 times per week

Every day of opening

In the last 12 months, for which of the following topics have you sent information home to families from a recognised health authority/organisation (this could include written information handed directly to parents, mailed or emailed, placed in their child's pigeon hole or bag, or information included in newsletters or at orientation)? Select all that apply:

Healthy eating for children

Physical Activity for children

Breastfeeding (only for services with children ages 0 – 12 months only)

Other health information (e.g. oral hygiene, immunisation)

No information is provided
Other (please specify)

How often does your service use the following strategies to communicate with parents about healthy eating and/or physical activity?

Tick one box in each row

Not at all, Once, Once a term, More frequently

Conversation at beginning/end of session

Telephone conversations

Individual written notes

Communication books

Bulletin boards/displays

Brochures/tip-sheets

Newsletters

Information nights/special events

Committees/Parent groups

Lending activities/books for home

Photos of the child

Facebook

Twitter

Email

Text message

Mail out

Other – please specify

How confident are you that you have adequate knowledge about nutrition for children?

(extremely not confident, not confident, neutral, confident, extremely confident)

What changes to practices, policies and procedures around eating and nutrition has your service made in the previous 12 months?

Open Question

Appendix C

Director interview guide

Director Interview
<p>Exploring partnerships between early childhood educators and parents to promote healthy eating to children</p> <p>QUT Ethics Approval Number 150000922</p>

Demographic survey

1. Gender: M/F
2. What is your age bracket? (please circle) Up to 20 years 21-30 years 31+ 40+
3. What is your country of origin?
4. What languages are spoken at home?
5. What is your highest qualification? Year 10 or below, Year 11, Year 12, Certificate III, Certificate IV, Diploma, Bachelor, Masters, PhD, Other (please specify)
6. How many years of experience do you have in ECEC?
7. How long have you been working at your current service?
8. Have you participated in any professional development or in-service training in the last two years including healthy eating? Yes/No. If yes please specify

Background

1. Please describe your position at the service. Can you tell me a little about your background and how you came to be working in this role?
2. Tell me a little bit about your service

Partnerships

3. The EYLF asks services to work in partnership with families. What does this mean to you? What does working in partnership look like? How do you build partnerships with parents? How do you maintain partnerships with families who have been attending the service for a longer time? Could you tell me about a time when a family has been difficult to engage?

Healthy eating

4. Can you talk me through your role in the service in regards to supporting healthy eating?
5. What is the educator's role in supporting children's healthy eating at your service? Do these roles extend outside the service?
6. What is the parent's role in supporting children's healthy eating?
7. How well do you feel that educators and parents work together when it comes to promoting healthy eating?
8. How do you communicate with parents about healthy eating?
9. What would happen if educators and parents didn't agree? (If any children bring breakfast/extra food- if a parent was bringing inappropriate food what would happen?)
10. Can you tell me about a time when you have been confident in talking about healthy eating with parents? What about a time where you were not so confident? – What do you think influences this?

11. I have had a look at your policies and QIP and observed meals and learning experiences related to food. Could you tell me what has been easy to implement in your service? What has been difficult?
12. Who is involved in decision making about nutrition in your service? How are they involved?

Questions to follow up on if not covered in first week

1. How many educators do you have in your service? How are educators delegated to care for different age groups? How often does this change?
2. Tell me about professional development in your service. What sort of professional development have you done in the last 12 months? Do educators do any professional development related to healthy eating?
3. Tell me about the short-term and long-term goals (action plans) for healthy eating for your service. Who sets the goals? Have you identified any opportunities related to healthy eating/nutrition in your quality improvement plan?
4. Do you have a food and nutrition policy? How is this communicated to staff and parents?
5. Do you use any of the Get up and Grow resources (they are also known as the Nutrition and Physical Activity Guidelines for Early childhood?) No: What other nutrition guidelines or resources do you use in your service? Yes: Where did you hear about them? How are you using them in your service?
6. How do you embed healthy eating implemented as part of your curriculum/program (e.g experiential activities about food, cooking skills, stories about food, vegetable gardens etc)? Could you describe a successful learning experience and related child outcomes?

Appendix D

Policy analysis guide

Policy analysis
Exploring partnerships between early childhood educators and parents to promote healthy eating to children
QUT Ethics Approval Number 150000922

Policy analysis

The policy analysis will be guided by the policy elements checklist used in previous Australian ECEC health promotion program evaluations, “Romp and Chomp” and “Kids- Go For Your Life” [36, 52]. An audit of relevant documents will be undertaken, guided by the document review checklist in the EPAO child care nutrition and physical activity instrument [53].

Policy elements for nutrition/food-related policies [36, 52]:

1. Limit or restrict foods and drinks available through the food service (internal/external)
2. Ensure the food service menu meets government guidelines for healthy eating or nutritional quality
3. Ensure the availability of water for children
4. Restricting foods associated with fundraising
5. Restricting foods associated with special events (e.g. birthdays, functions)
6. Setting aside adequate time for children to eat lunch/snacks
7. Promoting or restricting the types of foods that may be brought from home
8. Teaching that is focused on food and nutrition in the curriculum
9. Distribution of information to parents about healthy food and eating
10. Staff acting as role models in the area of healthy eating
11. Encouraging children to adopt healthy eating behaviors
12. Operating the food service on a not-for-profit basis
13. Foods are not used as rewards or punishment
14. Designated fruit/vegetable breaks
15. Promoting children's participation in growing, preparing and/or cooking food
16. Importance of healthy eating on learning outcomes (eg reduced absences, better behavior)
17. Engaging with allied health professionals to implement health promotion activities
18. Providing professional development for staff regarding healthy eating

Document Review Checklist [53]

- Centre Nutrition Policies
- Weekly menu
- Guidelines for parents on holiday / celebration foods
- Fundraising materials
- Training materials for staff on Nutrition
- Educational materials for parents on Nutrition
- Curriculum materials for children on Nutrition

Appendix E

Educator interview guide

Educator interview
<p>Exploring partnerships between early childhood educators and parents to promote healthy eating to children</p> <p>QUT Ethics Approval Number 150000922</p>

Demographic survey

1. Gender: M/F
2. What is your age bracket? (please circle) Up to 20 years 21-30 years 31+ 40+
3. What is your country of origin?
4. What languages are spoken at home?
5. What is your highest qualification? Year 10 or below, Year 11, Year 12, Certificate III, Certificate IV, Diploma, Bachelor, Masters, PhD, Other (please specify)
6. How many years of experience do you have in ECEC?
7. How long have you been working at your current service?
8. What age group do you work with most?
9. Are you a parent?
10. Please state your position at your service. Tick all that apply – Educator, Director, Coordinator, Educational leader, Approved provider/owner, Other (please specify)
11. Have you participated in any professional development or in-service training in the last two years including healthy eating? Yes/No. If yes please specify

Interview questions

1. The EYLF asks services to work in partnership with families. What does this mean to you? What does working in partnership look like? How do you build partnerships with parents? How do you maintain partnerships with families who have been attending the service for a longer time?
2. Tell me about your centre environment. How well does it support healthy eating? What do you think works well? What do you think can be improved? What contributes to a positive food experience for children?
3. What do you think your job is in relation to promoting healthy eating to children attending this service?
4. What do you think the parent's job is in relation to promoting healthy eating to their children?
5. How well do you feel that you and the parents work together when it comes to promoting healthy eating? Can you give an example of a time when you've engaged in shared decision making in relation to eating/feeding? What would happen if you didn't agree with the parents? (If any children bring breakfast/extra food to service – If a parent was bringing inappropriate food what would happen?) Could you tell me about a time when a family has been difficult to engage?
6. Are there ever any particular issues that you find difficult or challenging around healthy eating to talk about with parents? If so, please describe them. How confident do you feel answering questions from parents? What are the barriers and enablers to communicating with parents about healthy eating?

7. Do you provide any resources or referrals to parents in relation to feeding/healthy eating?
8. What support would help you to communicate with parents about healthy eating?
9. Could you tell me about a time when you have felt confident talking to parents about healthy eating? What about a time where you felt not so confident? – What do you think influences this?
10. What influences your service's decision making about nutrition? Do you have any short-term and long-term goals (action plans) for healthy eating in your service? If yes, please describe.
11. Tell me about any professional development on healthy eating you have done or plan to do?
12. How do you share and implement new ideas about healthy eating?

Appendix F

Parent interview guide

Parent Interview

Exploring partnerships between early childhood educators and parents to promote healthy eating to children

QUT Ethics Approval Number 150000922

Demographic survey

9. Gender: M/F
10. What is your age bracket? (please circle) Up to 20 years 21-30 years 31+ 40+
11. What is your country of origin?
12. What languages are spoken at home?
13. What is your highest qualification? Year 10 or below, Year 11, Year 12, Certificate III, Certificate IV, Diploma, Bachelor, Masters, PhD, Other (please specify)
14. What age is your child that attends this ECEC service?
15. Do you have other children? What are their ages?
16. How long have your children been attending this ECEC service?

Interview questions

1. How does your child care service support healthy eating? How well do they do? What more could they do?
2. What do you think the educator's job is in relation to promoting healthy eating?
3. What do you think your job is in relation to promoting healthy eating?
4. How do you communicate with educators about your child's eating/feeding?
5. How well do you feel that you and the ECEC service work together when it comes to feeding your child? Can you give me an example of a time when you've worked together? Has there ever been a time when you didn't agree? (If so- what happened? If not- what do you think would happen?)
6. Do you receive information from the service about healthy eating? How? –
7. Have you used this information to make changes at home? Could you tell me about this? Have you made changes at home based on practices at the service (for example- introducing a new food at home that your child eats at the service)?
8. Would you like to receive information/more information from the service about healthy eating? If so, how would you like to receive this information? Are there other things your service could do to support you to promote healthy eating at home?
9. Can you give me an example of a time when you've felt confident about feeding your child? What about a time when you were not so confident?
10. Where do you get information about healthy eating?
11. How confident do you feel about obtaining this knowledge from educators?

Appendix G

QUT Research Ethics Approval received 06/01/2016

Dear A/Prof Danielle Gallegos and Miss Julia Finnane

Project Title: Exploring partnerships between early childhood educators and parents to promote healthy eating to children

Ethics Category: Human - Low Risk
Approval Number: 1500000922
Approved Until: 6/12/1616
(subject to receipt of satisfactory progress reports)

We are pleased to advise that your application has been reviewed and confirmed as meeting the requirements of the National Statement on Ethical Conduct in Human Research.

I can therefore confirm that your application is APPROVED.
If you require a formal approval certificate please advise via reply email.

CONDITIONS OF APPROVAL

Please ensure you and all other team members read through and understand all UHREC conditions of approval prior to commencing any data collection:

- > Standard: Please see attached or go to <http://www.orei.qut.edu.au/human/stdconditions.jsp>
- > Specific: None apply

Decisions related to low risk ethical review are subject to ratification at the next available UHREC meeting. You will only be contacted again in relation to this matter if UHREC raises any additional questions or concerns.

Whilst the data collection of your project has received QUT ethical clearance, the decision to commence and authority to commence may be dependent on factors beyond the remit of the QUT ethics review process. For example, your research may need ethics clearance from other organisations or permissions from other organisations to access staff. Therefore the proposed data collection should not commence until you have satisfied these requirements.

Please don't hesitate to contact us if you have any queries.

We wish you all the best with your research.

Kind regards

Janette Lamb / Debbie Smith
on behalf of Chair UHREC
Office of Research Ethics & Integrity
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e: ethicscontact@qut.edu.au
w: <http://www.orei.qut.edu.au>

Appendix H

Director information and consent form

<p style="text-align: center;">PARTICIPANT INFORMATION FOR QUT RESEARCH PROJECT – ECEC involvement and Director interview –</p> <p style="text-align: center;">Exploring partnerships between early childhood educators and parents to promote healthy eating to children</p> <p style="text-align: center;">QUT Ethics Approval Number 150000922</p>

RESEARCH TEAM

Principal Researcher: Julia Finnane, Masters student, QUT
Associate Researcher: Associate Professor Danielle Gallegos, School of Exercise and Nutrition Sciences, QUT
Associate Researcher: Associate Professor Susan Irvine, School of Early Childhood, QUT

DESCRIPTION

This project is being undertaken as part of a Masters study for Julia Finnane.

The purpose of this project is to develop an understanding of collaborative partnerships between early childhood educators and parents to promote healthy eating to children.

Participation of children in early childhood education and care (ECEC) settings has been increasing in Australia and these settings are now being seen as important sites for promoting healthy eating. Nutrition in ECEC settings is addressed in the Get Up & Grow Guidelines, National Quality Standard (NQS) and Early Years Learning Framework (EYLF). The NQS and EYLF also emphasise the importance of working in partnership with families. The early years are a particularly important time for development of food preferences and a healthy relationship with food. Food preferences are influenced by a number of factors including availability and accessibility of food, modelling of eating behaviours by peers and caregivers and the use of feeding practices such as pressuring the child to eat or restriction of food. ECEC services can work alongside parents to provide early, positive, repeated experiences with food that are needed to develop healthy eating behaviours.

You are invited to participate in this project as the director of an ECEC service as you are a key promotor of healthy eating for children. ECEC services provide an important site for health promotion through their influence on the child while they are attending the service, and the potential to influence change in the home environment.

PARTICIPATION

As a part of the study your service is invited to participate in the following activities and will be visited by a QUT researcher for two weeks at a mutually agreeable time:

7. One audio recorded Director interview (approximately 1 hour)
8. Providing a copy of your service's policies relating to nutrition
9. One audio recorded professional conversation with 4-5 educators over an evening with light refreshments (approximately 90 minutes)
10. Interviews with parents of children attending your service (approximately 20-40 minutes)
11. Observations of meal times or other food occasions at your service
12. General observations of interactions between educators and parents to identify opportunities for promotion of healthy eating

Your individual participation will involve an audio recorded interview at your service that will take approximately 1 hour of your time. Questions will include 'What is your role in supporting children's

healthy eating at your service?, Do you have a food and nutrition policy? How is it communicated to staff and parents?'

Your participation in this project is entirely voluntary. If you do agree to participate you can withdraw from the project up until the time of data collection without comment or penalty. The interviews and professional conversations will be de-identified during transcription so it will not be possible to withdraw after this stage. Your decision to participate or not participate will in no way impact upon your current or future relationship with QUT.

EXPECTED BENEFITS

It is expected that this project may benefit your service directly by identifying areas for improvement in relation to working in partnership with parents to promote healthy eating to children. The researcher will attend your service at the completion of the project to report the results and provide feedback. An article will be provided for your service newsletter and summary will be provided to parents to outline the practical implications of the study.

To recognise your contribution should you choose to participate, the research team is offering participating services an active play kit or *Merrily, Merrily* book and CD of songs and rhymes (up to \$50 value).

RISKS

There are minimal risks associated with your participation in this project. Data collected will be de-identified and will be inaccessible to other parties so you/your service will remain anonymous. The researcher holds a positive notice Blue Card. Parents at your service may have concerns relating to their children being observed. The research will not be invasive and will focus on observations of everyday activities such as mealtimes and other food occasions such as cooking or gardening. The researcher will be available to discuss any concerns and participation for all parents and children is entirely voluntary.

QUT provides for limited free psychology, family therapy or counselling services (face-to-face only) for research participants of QUT projects who may experience discomfort or distress as a result of their participation in the research. Should you wish to access this service please call the Clinic Receptionist on **07 3138 0999** (Monday–Friday only 9am–5pm), QUT Psychology and Counselling Clinic, 44 Musk Avenue, Kelvin Grove, and indicate that you are a research participant. Alternatively, Lifeline provides access to online, phone or face-to-face support, call **13 11 14** for 24 hour telephone crisis support.

PRIVACY AND CONFIDENTIALITY

All comments and responses will be treated confidentially unless required by law. The names of individual persons are not required in any of the responses.

The audio recording of the interview will be destroyed after the contents have been transcribed.

Findings from this research may be published in reports, journals and presented at conferences. All publications will only include de-identified data and will not include any details of the name or location of the services that participated in the study to ensure privacy and confidentiality of all participants.

Please note that non-identifiable data collected in this project may be used as comparative data in future projects or stored on an open access database for secondary analysis.

CONSENT TO PARTICIPATE

We would like to ask you to sign a written consent form (enclosed) to confirm your agreement to participate.

QUESTIONS / FURTHER INFORMATION ABOUT THE PROJECT

If you have any questions or require further information please contact one of the research team members below.

Name: Julia Finnane, Masters student, QUT
Phone: 07 3069 7316
Email: j.finnane@hdr.qut.edu.au

Name: Associate Professor Danielle Gallegos, Supervisor, QUT
Phone: 07 3138 5799
Email: danielle.gallegos@qut.edu.au

CONCERNS / COMPLAINTS REGARDING THE CONDUCT OF THE PROJECT

QUT is committed to research integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the project you may contact the QUT Research Ethics Unit on [+61 7] 3138 5123 or email ethicscontact@qut.edu.au. The QUT Research Ethics Unit is not connected with the research project and can facilitate a resolution to your concern in an impartial manner.

Thank you for helping with this research project. Please keep this sheet for your information.

**CONSENT FORM FOR QUT RESEARCH PROJECT
– ECEC involvement and Director interview –**

**Exploring partnerships between early childhood educators and parents to promote healthy eating
to children**

QUT Ethics Approval Number 150000922

RESEARCH TEAM CONTACTS

Julia Finnane, Masters student, QUT
Phone: 07 3069 7316
Email: julia.finnane@qut.edu.au

Associate Professor Danielle Gallegos
Phone: 07 3138 5799
Email: danielle.gallegos@qut.edu.au

Associate Professor Susan Irvine
Phone: 07 5316 7472
Email: s.irvine@qut.edu.au

STATEMENT OF CONSENT

By signing below, you are indicating that you:

- Have read and understood the information document regarding this project.
- Have discussed this project with the parent management committee and/or approved provider/owner of this service.
- Have had any questions answered to your satisfaction.
- Understand that if you have any additional questions you can contact the research team.
- Understand that you are free to withdraw up until the time of data collection without comment or penalty.
- Understand that you can contact the Research Ethics Unit on [+61 7] 3138 5123 or email ethicscontact@qut.edu.au if you have concerns about the ethical conduct of the project.
- Understand that the project will include an audio recording.
- Understand that while the information gained in this study will be published as explained in the privacy and confidentiality section of the information sheet, ECEC services will not be identified, and individual information will remain confidential.
- Understand that non-identifiable data collected in this project may be used as comparative data in future projects.
- Agree to participate in the project.

DIRECTOR

Name _____

Signature _____

Date _____

APPROVED PROVIDER/OWNER

Name _____

Signature _____

Date _____

MEDIA RELEASE PROMOTIONS

From time to time, we may like to promote our research to the general public through, for example, newspaper articles. Would you be willing to be contacted by QUT Media and Communications for possible inclusion in such stories? By ticking this box, it only means you are choosing to be contacted – you can still decide at the time not to be involved in any promotions.

- Yes, you may contact me about inclusion in promotions.
- No, I do not wish to be contacted about inclusion in promotions.

Please return this sheet to the investigator.

Appendix I

Educator information and consent form

<p style="text-align: center;">PARTICIPANT INFORMATION FOR QUT RESEARCH PROJECT – Professional conversation - Educator –</p> <p style="text-align: center;">Exploring partnerships between early childhood educators and parents to promote healthy eating to children</p> <p style="text-align: center;">QUT Ethics Approval Number 150000922</p>

RESEARCH TEAM

Principal Researcher: Julia Finnane, Masters student, QUT
Associate Researcher: Associate Professor Danielle Gallegos, Faculty of Health, QUT
Associate Researcher: Associate Professor Susan Irvine, Faculty of Education, QUT

DESCRIPTION

This project is being undertaken as part of Masters study for Julia Finnane.

The purpose of this project is to develop an understanding of collaborative partnerships between early childhood educators and parents to promote healthy eating to children.

Participation of children in early childhood education and care (ECEC) settings has been increasing in Australia and these settings are now being seen as important sites for promoting healthy eating. Nutrition in ECEC settings is addressed in the Get Up & Grow Guidelines, National Quality Standard (NQS) and Early Years Learning Framework (EYLF). The NQS and EYLF also emphasise the importance of working in partnership with families. The early years are a particularly important time for development of food preferences and a healthy relationship with food. Food preferences are influenced by a number of factors including availability and accessibility of food, modelling of eating behaviours by peers and caregivers and the use of feeding practices such as pressuring the child to eat or restriction of food. ECEC services can work alongside parents to provide early, positive, repeated experiences with food that are needed to develop healthy eating behaviours.

You are invited to participate in this project as an Early Childhood Educator as you are a key promoter of healthy eating for children. ECEC services provide an important site for health promotion through their influence on the child while they are attending the service, and the potential to influence change in the home environment.

PARTICIPATION

Your participation will involve an audio recorded group professional conversation at your service or other agreed location that will take approximately 90 minutes of your time. A series of prompts will explore topics including your experiences as an educator, vignettes and strategies promoting best practice in working in partnership with families and promoting healthy eating. Questions will include "What is your role in relation to feeding children?, What are the barriers to communicating with parents about healthy eating?". The researcher will also observe meal times and other food occasions such as cooking or gardening activities, as well as interactions between educators and parents.

Your participation in this project is entirely voluntary. If you do agree to participate you can withdraw from the project up until the time of data collection without comment or penalty. The professional conversation and notes relating to observations will be de-identified during transcription so it will not be possible to withdraw after this stage. Your decision to participate or not participate will in no way impact upon your current or future relationship with your service or with QUT.

EXPECTED BENEFITS

It is expected that this project may benefit your service directly by identifying areas for improvement in relation to working in partnership with parents to promote healthy eating to children. The researcher will attend your service at the completion of the project to report the results and provide feedback.

To recognise your contribution should you choose to participate, the research team is offering participating services an Active Play kit or *Merrily, Merrily*, a book and CD of songs and rhymes (up to \$50 value). You will be provided with refreshments during the professional conversation.

RISKS

There are minimal risks associated with your participation in this project. Data collected will be de-identified and will be inaccessible to other parties so you will remain anonymous. The researcher holds a positive notice Blue Card.

QUT provides for limited free psychology, family therapy or counselling services (face-to-face only) for research participants of QUT projects who may experience discomfort or distress as a result of their participation in the research. Should you wish to access this service please call the Clinic Receptionist on **07 3138 0999** (Monday–Friday only 9am–5pm), QUT Psychology and Counselling Clinic, 44 Musk Avenue, Kelvin Grove, and indicate that you are a research participant. Alternatively, Lifeline provides access to online, phone or face-to-face support, call **13 11 14** for 24 hour telephone crisis support.

PRIVACY AND CONFIDENTIALITY

All comments and responses will be treated confidentially unless required by law. The names of individual persons are not required in any of the responses.

The audio recording of the professional conversation will be destroyed after the contents have been transcribed.

Findings from this research may be published in reports, journals and presented at conferences. All publications will only include de-identified data and will not include any details of the name or location of services that participated in the study to ensure privacy and confidentiality of all participants.

Please note that non-identifiable data collected in this project may be used as comparative data in future projects or stored on an open access database for secondary analysis.

CONSENT TO PARTICIPATE

We would like to ask you to sign a written consent form (enclosed) to confirm your agreement to participate.

QUESTIONS / FURTHER INFORMATION ABOUT THE PROJECT

If you have any questions or require further information please contact one of the research team members below.

Name: Julia Finnane, Masters student
Phone: 07 3069 7316
Email: j.finnane@hdr.qut.edu.au

Name: Associate Professor Danielle Gallegos, Supervisor
Phone: 07 3138 5799
Email: danielle.gallegos@qut.edu.au

CONCERNS / COMPLAINTS REGARDING THE CONDUCT OF THE PROJECT

QUT is committed to research integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the project you may contact the QUT Research Ethics Unit on [+61 7] 3138 5123 or email ethicscontact@qut.edu.au. The QUT Research Ethics Unit is not connected with the research project and can facilitate a resolution to your concern in an impartial manner.

Thank you for helping with this research project. Please keep this sheet for your information.

CONSENT FORM FOR QUT RESEARCH PROJECT
– Professional conversation - Educator –

Exploring partnerships between early childhood educators and parents to promote healthy eating to children

QUT Ethics Approval Number 150000922

RESEARCH TEAM CONTACTS

Julia Finnane, Masters student, QUT
Phone: 07 3069 7316
Email: julia.finnane@qut.edu.au

Associate Professor Danielle Gallegos
Phone: 07 3138 5799
Email: danielle.gallegos@qut.edu.au

Associate Professor Susan Irvine
Phone: 07 5316 7472
Email: s.irvine@qut.edu.au

STATEMENT OF CONSENT

By signing below, you are indicating that you:

- Have read and understood the information document regarding this project.
- Have had any questions answered to your satisfaction.
- Understand that if you have any additional questions you can contact the research team.
- Understand that you are free to withdraw up until the time of data collection without comment or penalty.
- Understand that you can contact the Research Ethics Unit on [+61 7] 3138 5123 or email ethicscontact@qut.edu.au if you have concerns about the ethical conduct of the project.
- Understand that the project will include an audio recording.
- Understand that while the information gained in this study will be published as explained in the privacy and confidentiality section of the information sheet, ECEC services will not be identified, and individual information will remain confidential.
- Understand that non-identifiable data collected in this project may be used as comparative data in future projects.
- Agree to participate in the project.

Name _____

Signature _____

Date _____

MEDIA RELEASE PROMOTIONS

From time to time, we may like to promote our research to the general public through, for example, newspaper articles. Would you be willing to be contacted by QUT Media and Communications for possible inclusion in such stories? By ticking this box, it only means you are choosing to be contacted – you can still decide at the time not to be involved in any promotions.

- Yes, you may contact me about inclusion in promotions.
- No, I do not wish to be contacted about inclusion in promotions.

Please return this sheet to the investigator.

Appendix J

Parent information and consent form

<p style="text-align: center;">PARTICIPANT INFORMATION FOR QUT RESEARCH PROJECT – Child participation and parent interview –</p> <p style="text-align: center;">Exploring partnerships between early childhood educators and parents to promote healthy eating to children</p> <p style="text-align: center;">QUT Ethics Approval Number 150000922</p>
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RESEARCH TEAM

Principal Researcher: Julia Finnane, Masters student, QUT
Associate Researcher: Associate Professor Danielle Gallegos, School of Exercise and Nutrition Sciences, QUT
Associate Researcher: Associate Professor Susan Irvine, School of Early Childhood, QUT

DESCRIPTION

This project is being undertaken as part of a Masters study for Julia Finnane. The purpose of this project is to develop an understanding of collaborative partnerships between parents and early childhood educators to promote healthy eating to children.

Participation of children in early childhood education and care (ECEC) settings has been increasing in Australia and these settings are now being seen as important sites for promoting healthy eating. The early years are a particularly important time for the development of food preferences and a healthy relationship with food. Food preferences are influenced by a number of factors including availability and accessibility of food, modelling of eating behaviours by peers and caregivers and the use of feeding practices such as pressuring the child to eat or restriction of food. ECEC services can work alongside parents to provide early, positive, repeated experiences with food that are needed to develop healthy eating behaviours.

You are invited to participate in this project because your child attends an ECEC service that has been selected as a case study centre for this project. Your experience in feeding your child, communicating with your service and engaging in shared decision making will provide insight into the best way for ECEC services and families to work together to promote healthy eating.

PARTICIPATION

Your child's participation will involve being observed by the researcher at the ECEC service. Your child will be observed going about their everyday activities including meal times and other food occasions such as cooking or gardening. The research will not be invasive and your child will be free to choose whether to participate in the study.

Your participation will involve an audio recorded interview at a mutually agreed location or over the telephone that will take approximately 20-40 minutes of your time. Examples of questions to be asked include 'what do you think your job is in relation to feeding your child? Do you communicate with educators about your child's eating/feeding? Do you feel that you and the ECEC service work together when it comes to feeding your child?'

Your participation and your child's participation in this project is entirely voluntary. If you do agree to participate you can withdraw from the project without comment or penalty, up until the time of your interview. The interview will be de-identified during transcription so it will not be possible to withdraw after this time. You can also withdraw your child's participation up until the commencement of observations by the researcher. It will not be possible to withdraw your child's participation after this time, as all notes relating to observations will be de-identified. If you or your child chooses not to participate in the project, the researcher will not collect any notes relating to interactions involving your child. Your decision to participate or not participate will in no way impact

upon your current or future relationship with your service or with QUT.

EXPECTED BENEFITS

It is expected that this project will not benefit you or your child directly. However, you may benefit from strengthened partnerships and improved communication with your service, and opportunities for the promotion of healthy eating may lead to improved health outcomes for your child. You will be provided with a summary of findings at the conclusion of the project.

To recognise your contribution should you choose to participate, the research team is offering participants a copy of “I’m having a rainbow for dinner” or “We’re growing a rainbow” children’s books.

RISKS

There are minimal risks associated with your participation in this project. Data collected will be de-identified and will be inaccessible to other parties so you will remain anonymous. The researcher holds a positive notice Blue Card.

QUT provides for limited free psychology, family therapy or counselling services (face-to-face only) for research participants of QUT projects who may experience discomfort or distress as a result of their participation in the research. Should you wish to access this service please call the Clinic Receptionist on **07 3138 0999** (Monday–Friday only 9am–5pm), QUT Psychology and Counselling Clinic, 44 Musk Avenue, Kelvin Grove, and indicate that you are a research participant. Alternatively, Lifeline provides access to online, phone or face-to-face support, call **13 11 14** for 24 hour telephone crisis support. For young people aged between 5 and 25, you can also call the Kids Helpline on **1800 551 800**.

PRIVACY AND CONFIDENTIALITY

All comments and responses will be treated confidentially unless required by law. The names of individual persons are not required in any of the responses.

The audio recording of the interview will be destroyed after the contents have been transcribed.

Findings from this research may be published in reports, journals and presented at conferences. All publications will only include de-identified data and will not include any details of the name or location of services that participated in the study to ensure privacy and confidentiality of all participants.

Please note that non-identifiable data collected in this project may be used as comparative data in future projects or stored on an open access database for secondary analysis.

CONSENT TO PARTICIPATE

We would like to ask you to sign a written consent form (enclosed) to confirm your agreement to participate.

QUESTIONS / FURTHER INFORMATION ABOUT THE PROJECT

If you have any questions or require further information please contact one of the research team members below.

Name: Julia Finnane, Masters student, QUT
Phone: 07 3069 7316
Email: j.finnane@hdr.qut.edu.au

Name: Associate Professor Danielle Gallegos, Supervisor, QUT
Phone: 07 3138 5799
Email: danielle.gallegos@qut.edu.au

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Thank you for helping with this research project. Please keep this sheet for your information

**CONSENT FORM FOR QUT RESEARCH PROJECT
– Child participation and parent interview –**

Exploring partnerships between early childhood educators and parents to promote healthy eating to children

QUT Ethics Approval Number 150000922

RESEARCH TEAM CONTACTS

Julia Finnane, Masters student, QUT
Phone: 07 3069 7316
Email: julia.finnane@qut.edu.au

Associate Professor Danielle Gallegos
Phone: 07 3138 5799
Email: danielle.gallegos@qut.edu.au

Associate Professor Susan Irvine
Phone: 07 5316 7472
Email: s.irvine@qut.edu.au

STATEMENT OF CONSENT

By signing below, you are indicating that you:

- Have read and understood the information document regarding this project.
- Have had any questions answered to your satisfaction.
- Understand that if you have any additional questions you can contact the research team.
- Understand that you are free to withdraw up until the time of the interview without comment or penalty.
- Understand that you can contact the Research Ethics Unit on [+61 7] 3138 5123 or email ethicscontact@qut.edu.au if you have concerns about the ethical conduct of the project.
- Have discussed the project with your child and what is required of them if participating.
- Understand that the project will include an audio recording.
- Understand that while the information gained in this study will be published as explained in the privacy and confidentiality section of the information sheet, ECEC services will not be identified, and individual information will remain confidential.
- Understand that non-identifiable data collected in this project may be used as comparative data in future projects.
- Agree to participate in the project.

Please tick the relevant box below:

- I agree for my child to participate in the study.
- I do not agree for my child to participate in the study.
-
- I agree to participate in an audio recorded interview with the researcher.
- Face to Face
 - By phone

Please provide your best contact number/email address:

Name _____

Signature _____

Date _____

MEDIA RELEASE PROMOTIONS

From time to time, we may like to promote our research to the general public through, for example, newspaper articles. Would you be willing to be contacted by QUT Media and Communications for possible inclusion in such stories? By ticking this box, it only means you are choosing to be contacted – you can still decide at the time not to be involved in any promotions.

- Yes, you may contact me about inclusion in promotions.
- No, I do not wish to be contacted about inclusion in promotions.

Please return this sheet to the investigator.