

# **BEACONSFIELD KINDERGARTEN INC.**

## **NUTRITION, ACTIVE PLAY & ORAL HEALTH POLICY**

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**Mandatory – Quality Area 2**

### **PURPOSE**

Beaconsfield Kindergarten Inc. acknowledges the importance of healthy eating, physical activity and good oral health practises, and its contribution to good health and overall wellbeing.

This policy will provide guidelines to:

- promote a healthy lifestyle to children at the service, including eating nutritious food and participating in physical activity and being aware of good oral health practises
- provide opportunities for active play
- encourage children to make healthy lifestyle choices consistent with national and state guidelines and recommendations
- Including learning experiences regarding oral health in programs
- ensure that the dietary and cultural needs of children and families are taken into consideration when planning menus for service events and activities.

As a health promoting service it is recognised that every member of the service impacts on children's health and can promote active play, healthy eating and oral health of children, educators, staff and families through learning, policies, creating a safe and healthy physical and social environment and developing community links and partnerships. All members of the service including educators, staff, children, families and volunteers will be given a chance to review the policy, and will be supported in its implementation.

### **POLICY STATEMENT**

#### **1. VALUES**

Beaconsfield Kindergarten Inc. is committed to:

- promoting nutritious food and eating habits that will contribute to healthy growth and development in children along with learning about dental hygiene and oral health
- providing a safe, supportive and social environment in which children can enjoy eating
- consulting and working collaboratively with families in regard to their child's nutrition and dietary requirements, including responding appropriately to food allergies and recognising cultural and religious practices and lifestyle choices
- promoting oral health
- ensuring that food and drink items provided by the service are consistent with national and state guidelines and recommendations
- providing children and families with opportunities to learn about food, nutrition, healthy lifestyles and oral health
- ensuring adequate health and hygiene procedures, including safe practices for handling, preparing, storing and serving food
- encouraging physical activity by providing a range of active play experiences for all children at the service.
- welcoming breastfeeding mothers at our service.
- ensuring educators, staff, children and families are key partners in developing and supporting healthy eating, oral health and active play initiatives in the service

- ensuring staff and educators are supported by having healthy food options in the staff room, for staff meetings and for professional learning
- ensuring educators are supported to access a range of resources to increase their capacity to promote healthy eating, oral health and active play initiatives for children.

## 2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisors, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Beaconsfield Kindergarten Inc.

## 3. BACKGROUND AND LEGISLATION

### Background

There are many benefits to promoting a healthy lifestyle in early childhood education and care settings, including the positive impact this has on each child's learning and development. Being made aware of positive eating behaviour, oral hygiene practices and the importance of physical activity from an early age can instil good habits that will remain throughout a person's life. Educators/staff are well placed to build this awareness among children and their families, while respecting lifestyle choices, and cultural and religious values.

The foods we eat provide our body with the nutrients we need to stay healthy. Good nutrition is the balanced eating of a variety of foods, and is especially important for children as they require a large amount of nutrients for growth and development. Research has shown that, when offered a variety of healthy foods, children can and do make good choices. It is also important to provide preschool children with a good foundation in healthy eating, as most children have formed lifelong eating habits before they reach school age. Tooth decay is Australia's most prevalent health problem despite being preventable<sup>1</sup>. It is important to note that oral health promotion is complementary to promoting healthy eating. Education and care settings provide many opportunities for children to experience a range of healthy food, and to learn about food choices from educators and other children (*Belonging, Being & Becoming – The Early Years Learning Framework for Australia*, p30 – refer to *Sources*).

Active play (play that involves using the large muscles in the body) develops a strong and healthy body, builds motor and co-ordination skills, creates a sense of wellbeing and helps protect from disease. Active play is about moving, being and doing.

A strong sense of health and wellbeing, supported by good nutrition and an active lifestyle, can provide children with confidence, energy and optimism that will contribute to their ability to concentrate, co-operate and learn (*Belonging, Being & Becoming – The Early Years Learning Framework for Australia*, p30 – refer to *Sources*). Learning about healthy lifestyles, including nutrition and active play, links directly to Outcome 3 in both the *Early Years Learning Framework* and the *Victorian Early Years Learning and Development Framework* (refer to *Sources*).

The Australian Government has produced guidelines, recommendations and resources for healthy eating and physical activity in early childhood settings, including the National Health and Medical Research Council's *Dietary Guidelines for Children and Adolescents in Australia* (refer to *Sources*) and the *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood* resources (refer to *Sources*). Practical, healthy eating advice is also available to early childhood services and schools via a telephone advice line: the Victorian Healthy Eating Advisory Service (Healthy Together Healthy Eating Advisory Service – refer to *Sources*), run by Nutrition Australia. Early childhood education and care services can also register for the *Victorian Prevention and Health Promotion Achievement Program* (refer to *Sources*). This program is designed to create safe, healthy and friendly environments for learning, by promoting physical, mental and social health and wellbeing.

## Meal times

Children will have access to food and water at all times throughout sessions and will be encouraged to recognise and respond to their own needs.

### Progressive meal times

In recognising children as active participants in their own learning, children should be encouraged to make meaningful decisions about elements of their own education and care. Incorporating progressive meal times into the educational program allows children to choose to eat when they are hungry, rather than according to a timetable. Children can gather in small groups to enjoy meals together, without interrupting the needs and play of others. This also encourages quieter, more social and meaningful interactions at meal times and allows for a smoother flow throughout the day. Children can make decisions based on their own needs, and can be supported to access food and water throughout the day by educators/staff, who actively participate in meal times.

## Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Australia New Zealand Food Standards Code*
- *Child Wellbeing and Safety Act 2005*
- *Disability Discrimination Act 1992 (Cth)*
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011: Regulations 77–78, 79–80 (if the service provides food), 168*
- *Equal Opportunity Act 2010 (Vic)*
- *Food Act 1984 (Vic), as amended 2012*
- *National Quality Standard, Quality Area 2: Children’s Health and Safety*
  - Standard 2.2: Healthy eating and physical activity are embedded in the program for children
    - Element 2.2.1: Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child
    - Element 2.2.2: Physical activity is promoted through planned and spontaneous experiences and is appropriate for each child
- *Occupational Health and Safety Act 2004*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – Comlaw: <http://www.comlaw.gov.au/>

## 4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

**Active play:** Large muscle-based activities that are essential for a child’s social, emotional, cognitive and physical growth and development.

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

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

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

**Healthy eating:** Describes eating patterns that provide all the recommended nutrients for growth and development, and good health and wellbeing, now and in the future. It also refers to preparing, serving and eating food in a way that recognises its importance as a social and cultural activity.

**Nutrition:** The process of providing or receiving nourishing substances.

**Oral health:** The absence of active disease in the mouth. It affects overall well-being and enables people to participate and socialise without discomfort or embarrassment.

**'Sometimes' foods and drinks:** Food and drink items that are high in fat, sugar and salt, and that contain minimal vitamins, minerals or fibre.

## 5. SOURCES AND RELATED POLICIES

### Sources

- *Australian Dietary Guidelines* (2013) National Health and Medical Research Council: <http://www.nhmrc.gov.au/guidelines/publications/n55>
- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia:* <http://education.gov.au/early-years-learning-framework>
- Better Health Channel: [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)
- Cancer Council Australia – for information on sun safety: [www.cancer.org.au/sunsmart](http://www.cancer.org.au/sunsmart)
- Cavallini, I and Tedeschi, M (eds) (2008), *The Languages of Food: recipes, experiences, thoughts.* Reggio Children Publications
- Dental Health Services Victoria – includes resources on oral health: [www.dhsv.org.au](http://www.dhsv.org.au)
- *Dietary Guidelines for Children and Adolescents in Australia* (currently being reviewed): [www.nhmrc.gov.au/guidelines/publications/n29-n30-n31-n32-n33-n34](http://www.nhmrc.gov.au/guidelines/publications/n29-n30-n31-n32-n33-n34)
- Early Learning Association Australia – Road Safety Education: [https://elaa.org.au/services\\_resources/our\\_services](https://elaa.org.au/services_resources/our_services)
- Food Safety Victoria, Department of Health – Food Safety and Regulation: 1300 364 352
- Food Standards Australia New Zealand – for information on food safety and food handling: [www.foodstandards.gov.au](http://www.foodstandards.gov.au)
- *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood:* [www.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhood-nutrition-resources](http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhood-nutrition-resources)

- *Healthy Together Achievement Program* - <http://www.achievementprogram.health.vic.gov.au/>
- *Healthy Together Healthy Eating Advisory Service (HEAS)* provides advice for Victorian early childhood education and care services, primary and secondary schools, hospitals and workplaces on healthy eating, including:
  - over-the-phone advice from nutrition experts on providing healthy food and drink to children
  - menu assessments
  - direct contact through an easy-to-access email address (Nutrition Australia).
 Contact HEAS: <http://heas.healthytogether.vic.gov.au/>  
 phone 1300 225 288 or email: [heas@nutritionaustralia.org](mailto:heas@nutritionaustralia.org)
- *Infant Feeding Guidelines* (2013) National Health and Medical Research Council: <http://www.nhmrc.gov.au/guidelines/publications/n56>
- Kids and Traffic – Early Childhood Road Safety Education Program: [www.kidsandtraffic.mq.edu.au](http://www.kidsandtraffic.mq.edu.au)
- Kidsafe: The Child Accident Prevention Foundation of Australia – for information on preventing childhood accidents in children under the age of 15 years: [www.kidsafe.org.au](http://www.kidsafe.org.au)
- Murdoch Childrens Research Institute, Royal Children’s Hospital Melbourne, *Limit ‘Sometimes’ Foods Background Paper*  
[http://www.goforyourlife.vic.gov.au/hav/admin.nsf/Images/Limit\\_sometimes\\_foods\\_background\\_paper.pdf/\\$File/Limit\\_sometimes\\_foods\\_background\\_paper.pdf](http://www.goforyourlife.vic.gov.au/hav/admin.nsf/Images/Limit_sometimes_foods_background_paper.pdf/$File/Limit_sometimes_foods_background_paper.pdf)
- Nitzke, S, Riley, D, Ramminger, A and Jacobs, G (2010), *Rethinking Nutrition: Connecting Science and Practice in Early Childhood Settings*. Redleaf Press, St Paul, USA
- Oberklaid, F (2004), *Health in Early Childhood Settings: From Emergencies to the Common Cold*. Pademelon Press, NSW
- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5<sup>th</sup> edition, 2013) National Health and Medical Research Council: <http://www.nhmrc.gov.au/guidelines/publications/ch55>
- SNAC – a website that provides activities, recipes, fact sheets and discussion boards to support early childhood educators. Developed by Edith Cowan University: <http://snacwa.com.au/>
- *Victorian Early Years Learning and Development Framework*: <http://www.education.vic.gov.au/Documents/childhood/providers/edcare/veylframework.pdf>
- *Victorian Prevention and Health Promotion Achievement Program*: [www.health.vic.gov.au/prevention/achieve\\_early\\_childhood.htm](http://www.health.vic.gov.au/prevention/achieve_early_childhood.htm)

### **Service policies**

- *Anaphylaxis Policy*
- *Asthma Policy*
- *Curriculum Development Policy*
- *Dealing with Infectious Diseases Policy*
- *Diabetes Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Road Safety and Safe Transport Policy*
- *Sun Protection Policy*

### **PROCEDURES**

#### **The Approved Provider is responsible for:**

- ensuring that the service environment and educational program supports children and families to make healthy choices for eating and active play

- providing ongoing information, resources and support to families, to assist in the promotion of optimum health for young children (refer to *Sources*)
- ensuring the implementation of adequate health and hygiene procedures, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (Regulation 77)
- ensuring that all educators/staff comply with the *Food Safety Act*
- ensuring that all educators/staff are aware of a child's food allergies and/or other medical conditions on enrolment or on initial diagnosis
- ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (refer to *Anaphylaxis Policy*, *Asthma Policy* and *Diabetes Policy*)
- ensuring that all educators/staff are aware of, and plan for, the dietary needs of children diagnosed with diabetes (refer to *Diabetes Policy*)
- providing healthy suggestions for morning/afternoon tea and/or lunchboxes for children
- discouraging parents/guardians from providing children with 'sometimes' foods and drinks (refer to *Definitions*)
- ensuring that fresh drinking water (preferably tap water) is readily available at all times, and reminding children to drink water throughout the day, including at snack/lunch times (Regulation 78(1)(a))
- ensuring that food and drinks are available to children at frequent and regular intervals throughout the day (Regulation 78(1)(b))
- ensuring that celebrations, fundraising activities and other service events are consistent with the purposes and values of this policy and service procedures.

**The Nominated Supervisor is responsible for:**

- ensuring that the service environment and the educational program supports children and families to learn about and make healthy choices for eating and active play
- ensuring the implementation of adequate health and hygiene procedures, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (Regulation 77)
- ensuring that all educators/staff comply with the *Food Safety Act*
- ensuring that all educators/staff are aware of a child's food allergies and/or other medical conditions on enrolment or on initial diagnosis
- ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (refer to *Anaphylaxis Policy*, *Asthma Policy* and *Diabetes Policy*)
- ensuring that all educators/staff are aware of, and plan for, the dietary needs of children diagnosed with diabetes (refer to *Diabetes Policy*)
- ensuring that fresh drinking water (preferably tap water) is readily available at all times, indoors and outdoors and reminding children to drink water throughout the day, including at snack/lunch times (Regulation 78(1)(a))
- ensuring that food and drinks are available to children at frequent and regular intervals throughout the day (Regulation 78(1)(b))
- registering the service with the *Victorian Prevention and Health Promotion Achievement Program* (refer to *Sources*)
- ensuring that cultural and religious practices/requirements of families are accommodated to support children's learning and development
- developing and reviewing guidelines for celebrations, fundraising activities and other service events in consultation with educators, staff, parents/guardians and families to focus on healthy alternatives

- developing links with local and regional health services, community organisations and businesses that provide expertise, resources and support for healthy eating, oral health and active play
- ensuring educators are supported to access resources, tools and professional learning to enhance their knowledge and capacity to develop adult guided and child initiated active play experiences and promote healthy eating and oral health
- facilitating training of staff to assist in compliance with the *Food Safety Act* e.g. safe food handling courses.

**Certified Supervisors and other educators/staff are responsible for:**

- complying with the service's *Nutrition and Active Play Policy* and with the *Food Safety Act*
- implementing adequate health and hygiene procedures, and safe practices for handling, preparing and storing food, to minimise risks to children
- being aware of a child's food allergies and/or other medical conditions on enrolment at the service or on initial diagnosis
- implementing measures to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (refer to *Anaphylaxis Policy*, *Asthma Policy* and *Diabetes Policy*)
- being aware of, and planning for, the dietary needs of children diagnosed with diabetes (refer to *Diabetes Policy*)
- ensuring that the service environment and the educational program supports children and families to make healthy choices for eating and active play
- discussing healthy eating choices with children, introducing the concept of 'sometimes' foods and drinks, and role-modelling positive behaviours
- providing cooking opportunities at kindergarten that include healthy food options such as fruit and vegetables. These will also promote a range of flavours, colours and textures
- exploring and discussing diverse cultural, religious, social and family lifestyles
- considering this policy when organising excursions and service events
- supporting students and volunteers to comply with this policy while at the service
- keeping parents/guardians informed of current information relating to healthy eating, oral health and active play
- ensuring that fresh drinking water (preferably tap water) is readily available at all times, indoors and outdoors and reminding children to drink regularly throughout the day, including at snack/meal times
- ensuring that children can readily access their own clearly labelled drink containers
- providing food and drinks at regular intervals, and encouraging children to actively participate in, and enjoy, snack/meal times without feeling rushed
- providing opportunities for children to learn about, and develop skills for oral health through the educational program
- providing adequate supervision (refer to *Definitions*) for all children during meal/snack times
- encouraging children to be independent at snack/meal times e.g. opening lunchboxes, pouring drinks, self-feeding, serving and using utensils in a culturally-sensitive way
- planning and providing outdoor, active play that is stimulating, promotes skill development, considers safety issues and provides adequate supervision (refer to *Definitions*)
- considering opportunities for children to be physically active indoors, particularly in adverse weather conditions
- providing daily opportunities for all children to participate in age-appropriate active play
- acting as positive role models by engaging in physical activity
- minimising and closely supervising screen-based activities, in line with recommended guidelines
- providing age-appropriate traffic safety education, including pedestrian and passenger safety to both children and parents/guardians at the service

- promoting safe behaviour through daily practice as part of the program.

**Parents/guardians are responsible for:**

- complying with the requirements of this policy
- providing details of specific nutritional/dietary requirements, including the need to accommodate cultural or religious practices or food allergies, on their child's enrolment form, and discussing these with the Nominated Supervisor prior to the child's commencement at the service, and if requirements change over time (refer to *Anaphylaxis Policy*, *Asthma Policy* and *Diabetes Policy*)
- communicating regularly with educators/staff regarding children's specific nutritional requirements and dietary needs, including food preferences
- encouraging their child/ren to drink an adequate amount of water (preferably tap water)
- providing healthy, nutritious food for snacks/meals, including fruits and vegetables where applicable
- providing healthy, nutritious food, including fruits or vegetables for sharing at morning or afternoon tea, where applicable
- providing nutritious food and drinks for celebrations, fundraising activities and service events, consistent with service policy
- encouraging children to exercise by engaging in active play, and walking or riding a bike to the service where appropriate
- discussing appropriate road traffic safety and car safety practices, and role-modelling this behaviour.

**Volunteers and students, while at the service, are responsible for following this policy and its procedures.**

## **EVALUATION**

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any change to this policy or its procedures.

## **ATTACHMENTS**

- Attachment 1: National Physical Activity Recommendations for Children 0-5 Years

## **AUTHORISATION**

This policy was adopted by the Approved Provider of Beaconsfield Kindergarten Inc. on 17<sup>th</sup> March, 2014.

**REVIEW DATE:** 24/06/2017

**REVIEW FREQUENCY:** 2 years

**NEXT REVIEW DUE:** May 2019



## National Physical Activity Recommendations for Children 0-5 Years

### *Questions and Answers*

The *National Physical Activity Recommendations for Children 0-5 Years* provide guidance in relation to physical activity, sedentary behaviour (sitting) and television viewing for young children.

#### **What are the physical activity recommendations for 0-5 year old children?**

- The five recommendations are:
  - For healthy development in infants (birth to 1 year), physical activity – particularly supervised floor-based play in safe environments – should be encouraged from birth;
  - Toddlers (1 to 3 years of age) and pre-schoolers (3 to 5 years of age) should be physically active every day for at least three hours, spread throughout the day;
  - For children 2 to 5 years of age, sitting and watching television and the use of other electronic media (DVDs, computer and other electronic games) should be limited to less than one hour per day;
  - Children younger than 2 years of age should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games);
  - Infants, toddlers, and pre-schoolers should not be sedentary, restrained, or kept inactive, for more than one hour at a time, with the exception of sleeping.

#### **Are there physical activity recommendations for other age groups?**

- Australian physical activity recommendations have also been developed for:
  - Children aged 5-12 years;
  - Young people 12-18 years;
  - Adults; and
  - Older Australians.

Further information on these recommendations is available at [www.healthyactive.gov.au](http://www.healthyactive.gov.au).

- The recommendations for 0-5 year olds are for children who haven't started school. For five years olds who have started school, please refer to the recommendations for 5-12 year olds.

### **What is physical activity for young children?**

- Physical activity for young children primarily occurs through unstructured, active play. It also includes walking to places and more structured activities such as water familiarisation, dance and gymnastics programs.
- Physical activity for Infants (first 12 months of life):
  - Activity or movement in the first 6 months of life includes reaching for and grasping objects; turning the head toward stimuli; and movement of the arms and legs whilst lying on the stomach ('tummy-time').
  - The second six months of life is characterised by learning basic movement skills such as crawling, pulling up to a standing position, creeping whilst using an object for support, and finally walking.
- Physical activity for Toddlers (1 – 3 years of age):
  - Physical activity for toddlers is characterised by active play and learning locomotor skills including running, jumping, hopping, galloping and skipping.
  - Activity may also include stability skills, including balancing and climbing. Toddlers also experiment with object control skills such as kicking, catching, throwing, striking, and rolling.
  - Structured activities such as water familiarisation, dance and gymnastics based programs may also provide valuable opportunities for toddlers to be active.
- Physical activity for Pre-schoolers (3 – 5 years of age):
  - Further development of locomotor, stability and object-control skills occurs during this period. It is important to provide pre-schoolers with opportunities to practice these skills, and to give feedback and encouragement.

### **Why should young children be encouraged to be physically active?**

- Being physically active can help young children to achieve and maintain a healthy weight. It can also help children to develop strong bones and muscles, as well as movement patterns and motor skills.
- Physical activity can also provide opportunities for young children to interact with others, make friends and develop social skills.
- Encouraging kids to be active when they are young can establish a pattern that could stay with them throughout their life.

### **What about physical activity for young children with a disability?**

- All children should be encouraged to be active whatever their level of ability.
- Advice should be sought from health care providers to identify the types and amounts of physical activity that are appropriate for young children with a disability.

### How can parents and carers encourage children to be more physically active?

- Parents and carers can encourage their child to be active by interacting with them in a gentle, physically active way as often as possible. As important role models, the involvement of parents and carers can help foster the child's involvement in, and enjoyment of, physical activity and play.
- It is important to allow children the freedom to create, imagine and direct their own play, and to undertake activities that encourage independence and appropriate risk taking (e.g. walking along a low wall), while maintaining a safe and supervised environment.
- Being active with children can also benefit parents and carers own health and may assist them to meet the *National Physical Activity Guidelines for Adults*.
- To further promote physical activity, parents and carers should consider child-care providers who promote physical activity and have adequate space and equipment.

### Does the recommended 3 hrs of physical activity for 1-5 year olds need to be of a particular intensity?

- No. The recommended 3 hrs of physical activity per day can include light intensity activity such as standing up, moving around and playing as well as more vigorous activity such as energetic play.
- Typical physical activity patterns of young children are characterised by short intense bursts of activity broken up by periods of rest or low intensity activity. The recommended 3 hours should be accumulated throughout the day, rather than all at once.
- Rather than intensity, it is the amount and the nature of the physical activity that is important. Physical activity for young children should be fun; encourage exploration and guided-discovery; and be focused on active play.

**Light Activity** includes a wide range of activities like standing up and moving around, walking at a slow pace and less energetic play.

**Moderate Activity** is similar in intensity to a brisk walk, and could include a whole range of activities like playing at the park, any sort of active play or riding a bike.

**Vigorous Activity** will make kids "huff and puff" and includes running, jumping, skipping and may include more organised activities like dance and gymnastics programs. Any sort of active play will usually includes bursts of vigorous activity.

**Why does the recommended amount of physical activity per day drop from 3 hours for 1 - 5 year olds, to 60 minutes per day for 5 – 12 year olds?**

- The 3 hours of physical activity recommended for 1-5 year old children includes light intensity activity, through to moderate-to-vigorous intensity physical activity. The 60 minute recommendation for older children only includes moderate-to-vigorous intensity physical activity.
- In addition, it is generally recognised that physical activity levels are likely to decline when children start school. For this reason it is important that young children are participating in substantially more than the recommended 60-minutes of moderate-to-vigorous activity for school-age children when they start school.

**Where can children be physically active?**

- Children can be encouraged to explore and play in both indoor and outdoor environments with access to space and equipment that is suitable and safe.
- Outdoor settings provide lots of opportunities for physical activity. However, many activities, such as moving to music, dress-ups, playing with balloons, games like hide-and-seek and obstacle courses can also be undertaken in restricted outdoor environments (eg. verandas and yards) and indoors.

**Why is it recommended that children under 2 years should not watch any TV (i.e. no screen-time for under 2 year olds)?**

- A variety of TV programs have been created for children under 2 years, however it is questionable whether TV enhances development in the first two years of life.
- There is some evidence indicating that TV watched in the first 2 years of life may be associated with delays in language development. A study conducted with children aged 15-48 months found that children who started watching TV under the age of 1 year, for more than 2 hours per day, were approximately six times more likely to develop language delays<sup>1</sup>.
- Research has also found that the distraction of background television can interfere with children playing and interacting with family members and others, which are important for language development<sup>1,2</sup>.
- In addition, research has found that each hour of daily TV watched by children under the age of 3 years is associated with poorer reading and intelligence<sup>2</sup>, and that greater amounts of TV viewing as an infant is related to a increased likelihood of attention problems at age seven.
- Perhaps the most important factor for parents and carers to consider is the undeniable benefits associated with children participating in active play and interacting with others. Through play and interaction young children learn valuable movement and communication skills.

### **What are some alternatives to TV when children need some “down-time”?**

- It is recognised that there are times when children need to play quietly and have some “down-time”, particularly before bed or when they are unwell.
- Some “down-time” activities that can encourage interaction and assist in the development of fine motor skills are:
  - reading or looking at books;
  - drawing or colouring in;
  - building with blocks or lego;
  - playing with playdough or clay; and
  - doing a jigsaw puzzle.

### **Why are baby walkers and jumpers not recommended for young children?**

- Baby walkers can be dangerous as they allow infants to move more quickly around the house and reach hazards such as stairs, fireplaces or dangerous objects before a parent/carer realises. There is also a risk of injury due to falls<sup>3</sup>.
- Rather than helping infants learn to walk, baby walkers and jumpers tend to reduce the time that infants spend on the floor which is an important step toward independent walking. Floor time allows infants to roll, crawl and creep, and eventually progress to pulling themselves into a sitting and then standing position. These are all important pre-walking skills that infants need to be encouraged to develop<sup>3</sup>.

### **What is meant by the term “sedentary”?**

- The *National Physical Activity Recommendations for Children 0-5 Years* state that “Infants, toddlers and pre-schoolers should not be sedentary, restrained, or kept inactive, for more than one hour at a time, with the exception of sleeping”.
- “Sedentary behaviour” refers to time spent being physically inactive, and includes time spent sitting watching TV; or when sitting (restrained) in a car seat, stroller, high-chair, baby walker or jumper, or even in a bike seat.
- As children tend to be naturally active, it is best to limit activities that require children to sit for long periods and take active breaks regularly.

### **Why is competitive sport not recommended for 0-5 year olds?**

- The official, rule based environment of competitive sport is not considered suitable for young children<sup>4</sup>. Instead, the emphasis for this age group needs to be on enjoyment, play and opportunities to learn basic movement skills like walking, jumping, running, throwing, catching and kicking in a non-competitive environment.
- The skills that young children develop through active play form the basic building blocks for more specific skill development that may be used in sporting activities in the future.
- Interactive play also assists in the development of important social skills and a positive attitude and enjoyment of physical activity.

## National Physical Activity Recommendations for Children 0-5 Years

### References

- <sup>1</sup> Chonchaiya W, Pruksananonda C. Television viewing associates with delayed language development. *Acta Paediatrica* 2008; **97**:977-982.
  - <sup>2</sup> Christakis DA. The effects of media usage: what do we know and what should we learn? *Acta Paediatrica* 2009; **98**:8-16.
  - <sup>3</sup> Australian Physiotherapy Association (2007): Baby walkers [Available at [http://www.physiotherapy.asn.au/images/Document\\_Library/Position\\_Statements/baby%20walkers.pdf](http://www.physiotherapy.asn.au/images/Document_Library/Position_Statements/baby%20walkers.pdf) Accessed 22 July 2010].
  - <sup>4</sup> Côté J. Junior Sport Framework Briefing Paper - Opportunities and Pathways for Beginners to Elite to Ensure Optimum and Lifelong Involvement in Sport, *Australian Sports Commission*, December 2006.
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