



THE BEST PRACTICE GUIDE FOR
Early Childhood Education
and Care Food Environment

Mealtime Environment and Practices

MODULE 1



The Best Practice Guide for Early Childhood Education and Care Food Environment

Module 1: Mealtime Environment and Practices

This Mealtime Environment and Practices (MEP) module is one of a series within *The Best Practice Guide (BPG) for Early Childhood Education and Care (ECEC) Food Environment, birth to 5 years*. The MEP module provides practical, evidence-informed guidance aligned with the Early Years Learning Framework (EYLF) v2.0 and the National Quality Standard.

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Acknowledgement of Country

We acknowledge and respect Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands on which this guide was created across Australia, and recognise and respect the significance of their communities, cultures and histories.

Foreword

'Nurturing Healthy Futures Best Practice Guide' – launching September 2026

Early childhood is a powerful window for shaping lifelong relationships with food, health, and community. Early Childhood Education and Care (ECEC) services play an essential role in nurturing these foundations – not only by providing meals, but by creating environments where children feel safe, included, curious, and connected. The 'Nurturing Healthy Futures Best Practice Guide' has been developed to support this vital work.

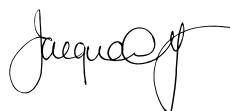
This guide brings together practical, evidence based strategies to help ECEC services reflect and enhance the food environments they offer across metropolitan, regional, and remote communities. Funded by Healthway and delivered by Edith Cowan University, it reflects extensive consultation, research, and collaboration with educators, health professionals, families, and community partners. The result is a resource designed to be both aspirational and achievable – supporting services to embed nourishing, culturally responsive, and sustainable practices in their everyday routines.

The guide is organised into a set of interconnected modules that together form a holistic approach to food provision and learning in ECEC. It provides practical guidance on everyday mealtimes practices, menu planning and meal quality, food safety, and food education, alongside strategies to strengthen partnerships with families and embed best practice into service-wide systems to support consistency, sustainability, and long-term impact.

Together, these modules acknowledge that safe and supportive food environments are not created through single actions, but through everyday choices, relationships, and shared commitments. They recognise the diversity of communities in Australia and the importance of culturally safe, inclusive approaches that honour children's identities and family traditions.

By adopting the practices outlined in this Guide, ECEC services can help build strong foundations for lifelong wellbeing for young children – supporting them to thrive physically, socially, and emotionally.

I hope this resource empowers educators and leaders to continue building safe and supportive food environments where every child feels included and respected, and where everyday food experiences support connection and nourishment. By noticing and responding to children's cues and partnering with families, services can support children's wellbeing as they grow and learn.



Dr Jacqueline McGowan-Jones

Commissioner for Children and Young People (WA)

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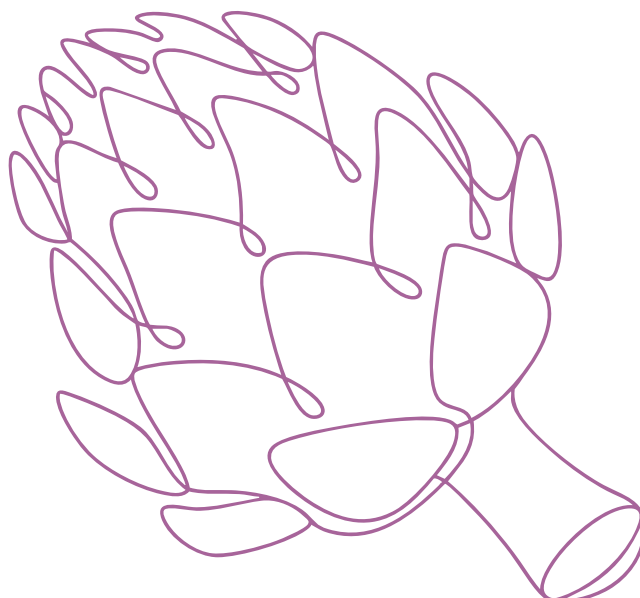
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Background

Mealtimes in early learning settings are more than a routine to help children eat. They are important opportunities for connection, learning and development, and for supporting children's confidence and comfort around food and eating. At the same time, services must balance safety, regulatory requirements, diverse developmental and cultural needs, family expectations and practical constraints such as time and staffing.

The Mealtime Environment and Practices (MEP) module has been developed to support Early Childhood Education and Care settings (ECEC), for children from birth to 5 years, to create mealtimes that are safe, calm, inclusive and responsive to each child, while reflecting current evidence and the needs of the sector.

This module aims to:

- Provide ECEC services guidance on safety standards in mealtime environments and practices, and support ECEC services to ensure food safety standards in mealtime environments and practices.
- Shift the focus of mealtimes from a care routine to a space and time for learning and development.
- To support ECEC staff to understand children's developmental pathways and adapt mealtime routines and environments to reflect each child's readiness, preferences, and way of engaging with food.
- Provide support to educators and services on how to encourage self-regulation in eating.
- Provide a Best Practice Guide based on current evidence and current needs of the ECEC sector and supporting the public health sector.
- Provide recommendations that are informed by an understanding of child development, and the impact of anxiety on food preferences and eating skills for a variety of reasons, including food allergy, trauma, neurodivergence, and disabilities.

The sections below outline why this guide was developed, how it connects to the Artichoke Model and who it is designed for.

Why this guide was developed

Many Australian children spend long hours attending ECEC each week. In June 2025, 901,050 Australian children attended ECEC.³ Children spend on average four full days per week (34 hours) in centre-based care and three full days per week (26 hours) in family day care. In these settings, they share food with their peers and receive support from educators. Within these settings, food and mealtimes feature across the whole day: during planned meals, in conversations with families about what children are and aren't eating, and in everyday teaching and play experiences. This creates daily opportunities for connection, co-regulation and children's self-regulation in eating, as well as for learning and development.

The MEP module was developed to support ECEC staff to build their awareness, confidence and practical skills in these areas. It is designed to help services create mealtimes that are safe, inclusive and responsive to each child, and to support a whole-of-service approach to the food environment in early learning settings.

The MEP module sits within the Artichoke Model (Figure 1), which guides the overall structure for this Best Practice Guide.

What is the Artichoke Model?

The Artichoke Model: ECEC Food Environment Model⁴ is a visual way of looking at the whole food environment in early learning settings.

Like the layers of an artichoke, the model places children's everyday food experiences at ECEC, surrounded by the people, places, systems and routines that shape those experiences. Each 'leaf' represents a key area of the food environment, and together they show how everyday practices, relationships, curriculum, policies and service systems all work together.

Where did it come from?

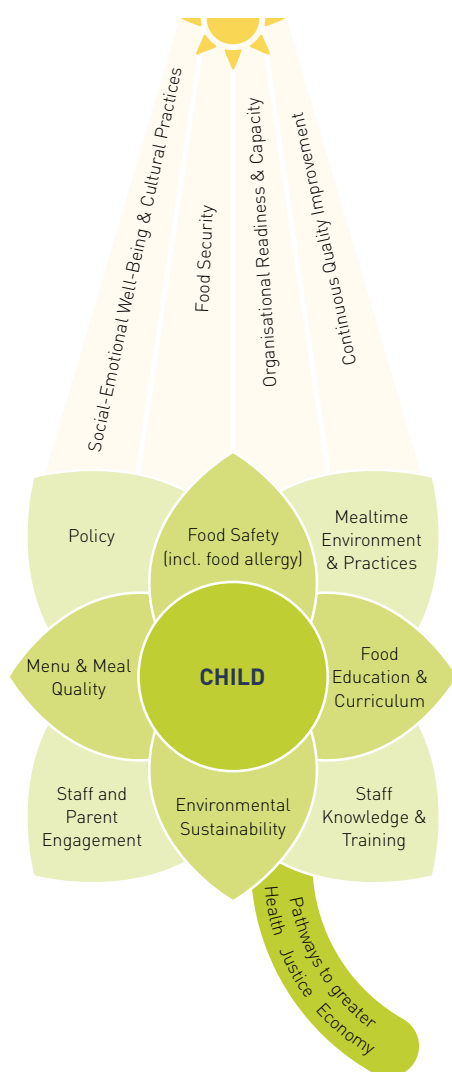
The Artichoke Model was co-designed in 2024 by members of the National Nutrition Network-ECEC, drawing on their collective experience as researchers, practitioners and policymakers.⁴ Through collaborative discussion and visual mapping, the group identified the key components of food environments, creating a simple, sector-owned way of mapping the ECEC food environment that feels recognisable to services and usable in day-to-day practice.

What does it include and why?

The Artichoke Model maps **12 connected 'leaves'** across the ECEC food environment, grouped into three layers:

- **What – food provided** (for example: Menu and Meal Quality, Food Safety and Food Allergen Management, Food Education and Curriculum, Environmental Sustainability)
- **How – feeding practices and support** (for example: Mealtime Environment and Practices, Staff Knowledge and Training, Staff and Family Engagement, Policy)
- **Environmental levers – service conditions that shape what's possible** (for example: Social-emotional wellbeing and Cultural Practices, Food Security of the ECEC service, Organisational Readiness and Capacity, Continuous Quality Improvement).

FIGURE 1: *The Artichoke Model*



Each leaf includes practical topics and reflection questions that services can use to think about where food and mealtimes already work well, where children might need something different, and what the next small step for improvement could be.

This Best Practice Guide builds on the Artichoke Model. The project team used the 12 'leaves' to scope and streamline key themes and sub-topics, then developed modules that turn the high-level map into practical recommendations, examples and tools for services. Each module zooms in on one or more parts of the Artichoke Model while still keeping sight of the whole service.

What does the Artichoke Model mean for MEP?

Within the Artichoke Model, MEP sits mainly in the 'How – feeding practices and support' layer, with links to the 'what' and 'environmental levers' leaves. For MEP, the Artichoke Model reminds us that great mealtimes don't happen by accident; they are part of how the whole service works, with the child at the heart of everyday decisions and routines.

The MEP module turns this part of the model into day-to-day practice guidance, focusing on *how meals happen*: the routines, interactions, environments and simple set-ups that help children feel safe, included and curious confident, child-centred mealtimes.

Scope of the Mealtime Environment and Practices (MEP) module

The MEP module focuses on:

- Everyday mealtimes that occur within ECEC services for children from birth to five years.
- How educators, cooks/chefs, and service leaders plan, organise and facilitate mealtimes.
- The social, emotional, sensory and cultural aspects of mealtimes.
- Interactions between children and educators, amongst children, and amongst adults during mealtimes.
- Co-regulation and appetite self-regulation in the context of typical ECEC practice.

What is not included?

This module does not:

- Provide detailed guidance on menu planning, nutrient analysis or specific food-based recommendations (these are covered in the Menu and Meal Quality module).
- Replace clinical assessment, diagnosis or treatment for feeding, eating or growth concerns.
- Provide protocols for specialist feeding therapy or oral-motor interventions.
- Override existing legislation, regulations, or individual healthcare/action plans for children.
- Focus on outside school hours care (OSHC) or home mealtimes, although some principles may still be useful in those settings.

ECEC staff and services should use this module alongside relevant regulations, service policies and any clinical advice for individual children.

Acknowledgements

This Mealtime Environment and Practices (MEP) module was developed through a strong, collaborative co-design process. For the purposes of citation and attribution, members of the Best Practice Guide Project Team, the Mealtime Environment and Practices Working Group and Best Practice Guide Advisory Group, together with those acknowledged under Workshop Development and Facilitation, Meetings Chair, and Additional Consultation, are collectively recognised as the Mealtime Environment and Practices Consortium. Contributions across the Consortium varied according to individual expertise and involvement and included Conceptualisation, Writing: original draft, and Writing: review and editing, as applicable to each contributor's role.

We sincerely thank the individuals and organisations represented across the Consortium for the breadth and depth of expertise they brought across early learning practice, nutrition and dietetics, public health, government, regulation, peak bodies, training, and service delivery. Their generous time, practical insights, and commitment to improving food environments in early learning settings have directly strengthened the relevance, feasibility, and quality of this guidance.

We are especially grateful to the educators, service leaders, cooks, and chefs in early childhood services across Australia who shared their time, everyday experiences, and honest insights during development. Their knowledge grounded this Guide in real practice and reminded us throughout what truly matters at mealtimes.

We acknowledge the National Nutrition Network for Early Childhood Education and Care (NNN-ECEC) for their foundational role in developing the Artichoke Model and for their sustained commitment to improving food environments for young children across Australia.

Mealtime Environment and Practices Working Group

Our Working Group (listed alphabetically) brought together experts in nutrition and dietetics, occupational therapy, trauma-aware and inclusive practice, shared mealtimes, food allergy management and service leadership to shape the Mealtime Environment and Practices module.

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Workshop Development and Facilitation and Meetings Chair

The development of the overall process and associated workshops as well as the chairing of the Advisory Group meetings and facilitation of Working Group workshops was completed by **Dr Helen Alexiou** from the Knowledge Brokering Group.

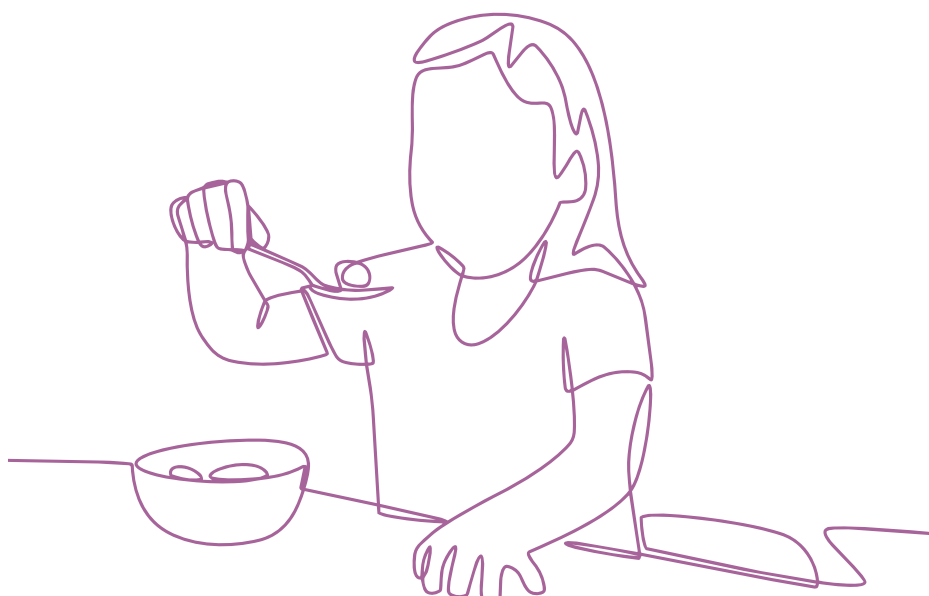
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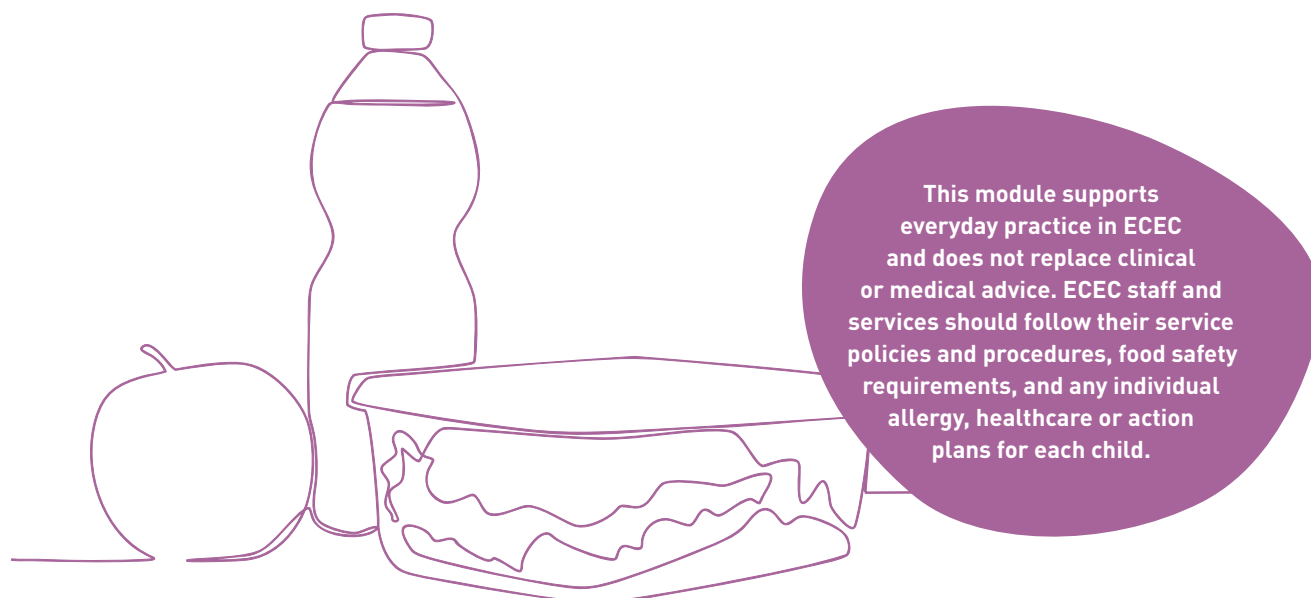


Who this module is for

The MEP module is for people working in ECEC services for children from birth to five years. The module applies across centre-based care and family day care, and is relevant whether food is provided by the service, brought from home, or a mix of both. Table 1 suggests how this module can be utilised for each target audience:

TABLE 1: *Intended users and use of the Mealtime Environment and Practices Module*

Intended users	How they can use this module
Educators and room leaders (including relief and casual staff)	To guide everyday mealtime routines and set-ups, support children's participation and self-regulation, and reflect on mealtime practices as part of ongoing quality improvement.
Service leaders/directors and educational leaders	To set and align expectations for mealtimes across rooms, inform or review service policies and procedures related to mealtimes, and plan professional learning and reflective discussions with staff.
Cooks, chefs, food coordinators and kitchen assistants	To coordinate how food is served and shared with children at the table, plan practical meal service routines with educators, and support calm, predictable mealtime environments.
Family day care educators	To adapt the principles to home-based mealtimes, plan flexible routines that respond to mixed-age groups.
Approved providers and management teams	To support consistent expectations across services, align mealtime practices with organisational policies, and identify areas where staff may benefit from further support or training.
Allied health partners (e.g. dietitians, speech pathologists, occupational therapists)	To align advice and support with the service's mealtime approach, provide practical suggestions that fit within everyday routines, and use a shared language with educators and families around mealtime environments and practices.
Quality and regulatory staff, inclusion support staff and local health promotion officers	To inform assessment and rating observations and guidance, support visits and resource development.
VET and university educators, RTOs and placement supervisors	To integrate mealtime environment and practices content into training programs, prepare students for real-world mealtime practice in ECEC, and support reflective conversations during placements.



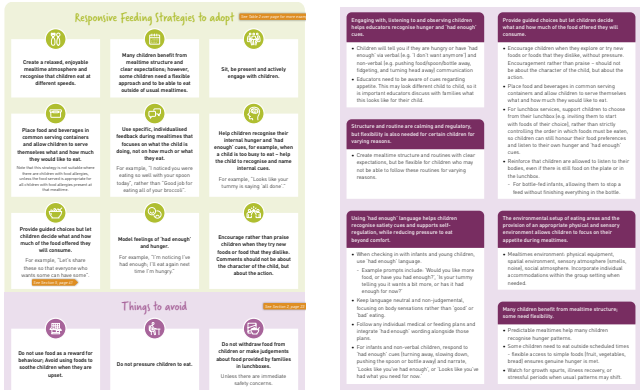
How to use this guide

Seven sections

The guide is divided into seven separate sections covering the following topics:

1. Appetite Regulation
2. Responsive Feeding and Hunger and 'Had Enough' Cue Recognition
3. Supporting Food preferences, Food Acceptance and Food Diversity
4. Development of Feeding, Eating and Drinking Practices
5. Language, Body Image and Responding to Eating Concerns
6. Managing Food Allergies
7. Designing Mealtime Approaches

Elements found across sections

Elements	Examples
Principles and practical strategies Generally presented in bullet points and found in the following formats:	

Vignettes including reflection and responses

A short moment and experience used for reflection, learning and information.

VIGNETTE 1
Food refusal



Liam is a three-year-old attending ECEC. During mealtimes, he often refuses foods with mixed textures, such as pasta with sauce or fruit salad, turning his head away or pushing the plate aside. Although Liam can sit at the table independently and use a fork or spoon, he often becomes upset when encouraged to try new foods.

At mealtimes, Liam may watch others eat but keeps his distance, occasionally tapping his fork on the plate or exploring the food with his fingers instead of eating. Liam can carry his own plate to the table. Educators have placed a 'tasting plate' in the centre of the table at each meal, offering a range of foods and textures for children to explore together.

Response

The use of a shared tasting plate and getting Liam to place this on the table each meal is an example of non-pressured, more positive food exploration that is age-appropriate. Using the 'Phased Approach to Incorporating a Relationship-focused (PAIR) framework' can help guide how educators respond during mealtimes. Following this approach, educators can put words to what children are doing or gently copy their actions to show interest and connection. With Liam, educators follow his lead in how he chooses to interact with the tasting plate.

For example, you might put words to what Liam is doing:

- "You're looking at our shared plate"
- "You are touching the banana slice on the shared plate"

Or you might model it and talk to it:

- "I am touching the banana too"

Recommendation statements

Highlight key points regarding language

RECOMMENDATION STATEMENT

Moving beyond 'healthy' in food talk (QA 2.1.3)

Links to Early Years Learning Framework and the National Quality Standard

Show the links to the Early Years Learning Framework and National Quality Standard.

EARLY YEARS LEARNING FRAMEWORK Outcome 1, Outcome 3	NATIONAL QUALITY STANDARD QA2, QA5
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Reflection questions

To consider in relation to information covered in each section.

Reflective questions



Educators

- Think about a child in your care. What hunger and satiety cues have you noticed?
- What are some examples of how you currently respond to children's hunger and satiety cues? What are some actions you could take to strengthen your practices?
- How do you create an inclusive environment where each child's appetite and varying abilities are respected?

Setting the scene

The following pages explore the foundations of responsive, inclusive mealtimes in ECEC. Mealtimes offer rich opportunities for educators to weave together safety, inclusion, and belonging within their everyday practice.

This section examines two key aspects that shape how to approach mealtimes: the language used to talk about food and eating, and how to meaningfully include all children. Understanding these foundations empowers educators to create mealtimes that are both safe and nurturing, mealtimes where regulatory requirements align with each child's developmental journey and cultural context, and where children feel valued, capable, and connected.

Language matters: Removing judgement from food talk

This section explores the MEP Recommendation Statement on language use and how thoughtful word choices support children's positive relationship with food, their bodies, and mealtimes as spaces of belonging.

RECOMMENDATION STATEMENT

Moving beyond 'healthy' in food talk (QA 2.1.3)

You won't find words like **'healthy'**, **'unhealthy'**, **'everyday foods'**, or **'sometimes foods'** used to describe foods or food choices throughout the MEP module.

These words sometimes give the impression that some foods are 'good', and others are 'bad', which can be confusing for educators and children. They can also moralise food choices and may contribute to shame.

Young children may not understand or care about whether the food they are eating is 'healthy', and some children may feel upset or shamed when the foods they enjoy or are served in their homes are called 'bad'. This can lead them to question whether they themselves are 'bad' for liking those foods. For some children, labels can increase anxiety or avoidance at mealtimes, and this may have a negative impact on children's relationships with food. In addition, saying some foods are 'unhealthy' can make children from food-insecure homes feel ashamed or embarrassed, especially if those are the only foods their families can access or afford.

Instead, when reading through the module, you will find plenty of examples of how to talk about food in a neutral or descriptive way – focusing on its colour, taste, smell, temperature, feel, texture, where it comes from and how we share it together. This language is inclusive and trauma-informed, and it supports cross-cultural food communication between educators, children and families. These ideas are easier for young children to understand and can help make food feel enjoyable and interesting.

This Best Practice Guide recommends that educators talk about food in similar ways and avoid using grouping words like 'healthy' or 'sometimes foods' in ECEC staff-child interactions.

By providing food options consistent with the Australian Dietary Guidelines, and creating non-pressured mealtime routines, children attending ECEC services will become familiar with a variety of foods over time.

RECOMMENDATION STATEMENT

Avoiding the word 'lifestyle' to signify acceptance

The word lifestyle is a broad, catch-all term that means different things to different people. In some instances, it can sound like a judgement on families, which is why we have chosen not to use the word 'lifestyle' in the Best Practice Guide. Routines around food are shaped by many things: work hours, caring load, budgets, transport, culture, and what's available locally. To keep our language kind and clear, we use neutral/descriptive words for food and eating, and encourage children to describe their own family's food and eating in a way that recognises each family's unique experience. Some families eat differently from other families, and that's OK.

What an inclusive approach to mealtimes looks like in practice

RECOMMENDATION STATEMENT

Participation (not consumption) is the primary goal for some children

An inclusive approach to ECEC mealtimes centres on creating a warm, predictable, and culturally safe environment where every child and family's mealtime routines, preferences, histories and needs are respected. Educators respond to children's cues, offer choice without pressure, and respect each family's routines and cultural practices. Inclusion in practice means noticing and adapting to the structural, sensory, familial, cultural and safety factors shaping each child's experience, and working alongside families as partners and experts in their child's mealtime needs.

It also recognises that children engage with food in diverse ways and that **participation (not consumption) is the primary goal for some children**. An inclusive approach emphasises emotional safety, autonomy, and respect for individual feeding needs, including for children who are tube-fed, have oral aversions, sensory sensitivities, allergies, or developmental differences.

This approach centres responsive feeding practices, where adults notice and interpret each child's cues, validate alternative ways of engaging with food (looking, touching, smelling, helping), and avoid pressure or judgement. Inclusivity also requires strong collaboration with families and allied health professionals to ensure mealtime practices align with individual feeding plans, therapeutic goals, and cultural considerations.

In practice, an inclusive mealtime environment in ECEC settings offers children meaningful roles and choices regardless of whether they eat orally. This includes passing serving utensils, choosing tableware, engaging in sensory exploration, or participating in conversations through speech, Augmentative and Alternative Communication (AAC), or gestures. Educators adapt seating, pacing, transitions, and sensory demands to support regulation and safety, including accommodations for dysphagia (difficulty swallowing), sensory overload, or medical devices. Structured mealtimes are implemented flexibly, with predictable routines, pressure-free exposure opportunities, and opportunities for social connection. Progress is understood inclusively, and tolerating proximity to food, engaging in sensory play, or communicating preferences is celebrated alongside eating. Educators use reflective practice to ensure their language, expectations, and modelling uphold dignity and belonging for every child.

What a trauma-informed approach to mealtimes looks like in practice

A trauma-informed approach within an ECEC setting draws from understandings from neuroscience and acknowledges that there are children who need an informed and (often) individualised approach to support them to engage well with relationships, learning, and activities (including mealtimes). This is because these children might be overly susceptible to not feeling safe and to emotional dysregulation. This approach is highly recommended for children who have experienced complex trauma (e.g. child maltreatment), but it is equally recommended for other children who might feel unsafe or who might emotionally dysregulate due to various other circumstances, associated with (for example) disability, sensory differences, previous allergic reactions or other adverse feeding experiences (e.g., choking, vomiting), grief and loss, etc.

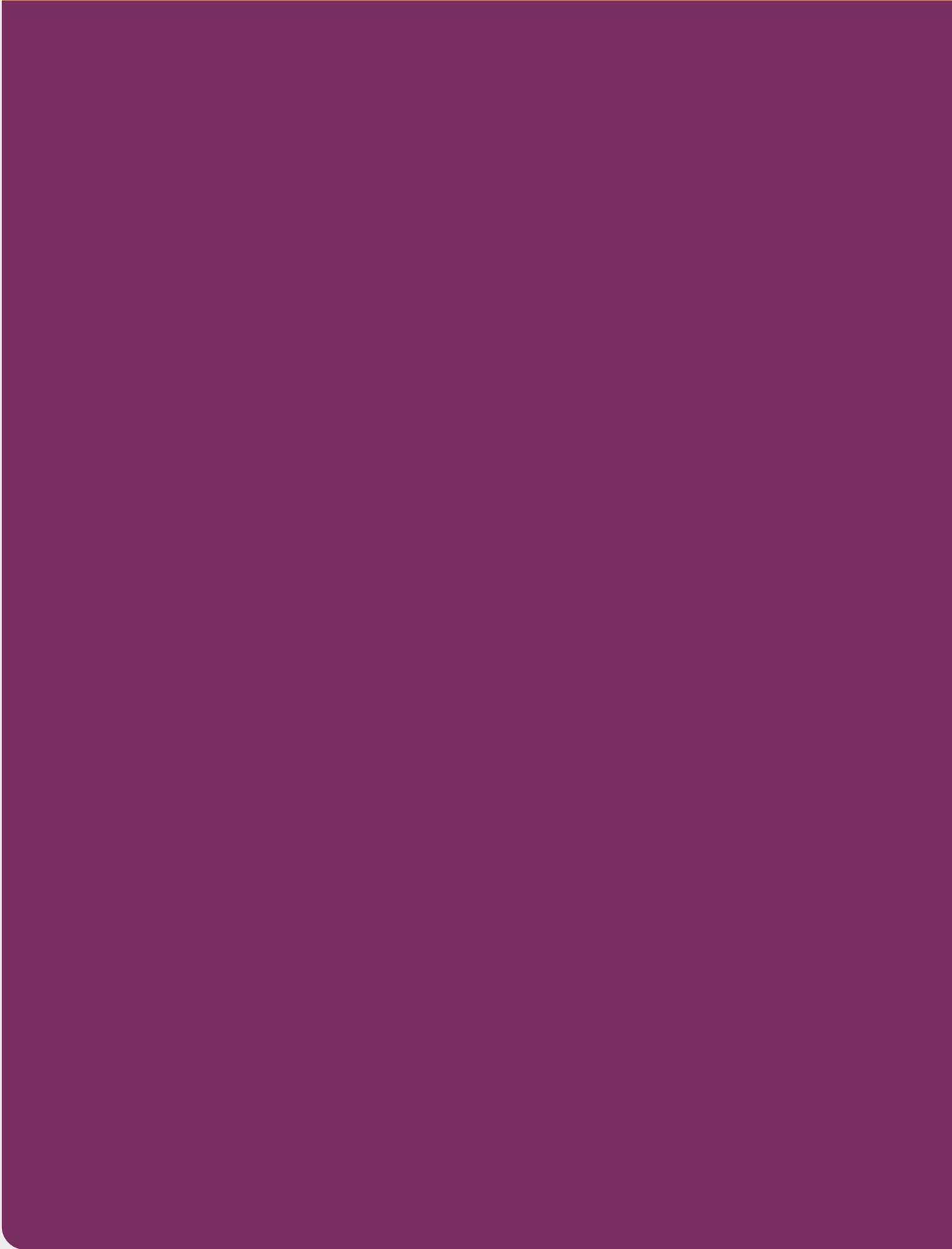
A trauma-informed approach acknowledges that emotional dysregulation is a nervous system response that can lead to hyperarousal (fight or flight) or hypoarousal (freeze) responses, which can range from moderate to severe. If this happens around mealtimes, individual considerations and informed staff responses are vital to help children to co-regulate their emotions and to re-engage with the program. Certain fight or flight responses (e.g. yelling, throwing food, aggression) or freeze responses (e.g. hiding under furniture, or refusing to come to the table, or eat, or talk) can easily be interpreted as deliberate and defiant, when they may actually be the result of a neurobiological stress response.

When there is an understanding of what a dysregulated nervous response is, why it happens, and what we can do to help, these vulnerable children can be assisted back to a regulated state where they can engage, eat, and play. Moreover, trauma-informed mealtimes may reduce the incidence of these stress responses in susceptible children in the first place.

What supporting body confidence in the early years looks like in practice

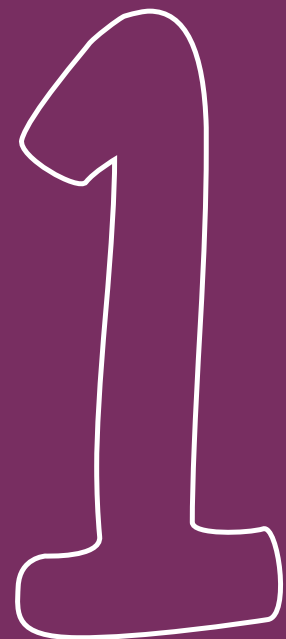
The language adults use around food, bodies and eating in the early years plays a powerful role in shaping children's developing self-concept, body confidence and relationship with food. Everyday comments, routines and responses at mealtimes can either support children to trust their bodies and feel safe and included, or unintentionally introduce pressure, judgement or shame.

To support consistent, evidence-based practice, this Guide includes a dedicated section on Language, Body Image and Responding to Eating Concerns (see Section Five). Section Five provides practical guidance for educators and service leaders, including food-neutral language examples, strategies to promote positive body image, and clear steps for responding appropriately when eating concerns arise. These approaches are designed to be embedded across daily routines, particularly mealtimes, and used alongside responsive feeding practices to create calm, respectful and inclusive food environments for all children.



SECTION 1

Appetite Regulation



Appetite regulation

Why is it important to notice, name and respond to hunger and satiety cues?

The number one reason is **connection**. Naming out loud what a child feels shows the child you acknowledge them and builds connection between the adult and child.

EARLY YEARS LEARNING FRAMEWORK
Outcome 1, Outcome 3

NATIONAL QUALITY STANDARD
QA2, QA5

Other reasons:

- **Health:** Naming cues helps children to stay in touch with their own hunger and satiety cues. Children are very good at following their own cues, and we want to support them to continue to keep this ability throughout childhood and into adolescence and adulthood. Supporting children to eat because of hunger (not other reasons, such as being bored or upset) and stopping eating when they have eaten enough, supports continued growth and a confident relationship with food.
- **Learning:** Just as we talk to children about all kinds of objects, scenarios and emotions to support language and social development, mealtimes and eating are another setting to do this.

Recognising hunger cues across development: what helps and what gets in the way

Children are born with a very good ability to recognise and follow their hunger and satiety cues. This begins in the newborn period when families are encouraged to pay attention to and respond to their infant's feeding cues, offering a milk feed whenever the infant shows signs they are hungry, and allowing them to feed for as long as they desire. When infants start to eat solid foods, the process of eating and feeding becomes more complex as the infant develops a new set of skills. Young children should be given the space to learn to eat when they are hungry and stop when they have eaten enough. Growth is not linear – children do not grow or gain weight at the same rate every day. Because children grow in spurts, they will be hungrier on some days (and eat more) than on other days to meet their needs for growth. This also means that children may eat more at some mealtimes than others – some children might eat more in the morning, then less in the afternoon. Some children will eat sparingly in the morning but eat more in the afternoon and evening.

Adults may not always understand or feel confident reading children's cues, or they may override cues because they are worried the child is not eating enough or eating too much, or they are worried the child is too small or too big.

These responses are often shaped by adults' own upbringing, cultural norms, and previous experiences, rather than a lack of care or concern.

We can inadvertently train children out of following their natural hunger and satiety cues by using non-responsive feeding practices (sometimes called coercive feeding). Examples of non-responsive feeding practices include pressuring a bottle fed infant to finish all of the breastmilk or formula in their bottle, encouraging a child to eat more because we don't think they have had enough, or they have not finished all of the food on their plate, using food as a bribe to eat a less-preferred food or as a reward for good behaviour, or using food to soothe a child who is upset.

The types of foods children are offered may also mean they ignore their own cues. Children are born with a preference for sweet food because breast milk and infant formula is sweet, and they will naturally choose these over more bitter foods such as vegetables. The biological drive to eat sweet foods can outweigh the other part of our brain that is telling us we have had enough. It may not happen for everybody all the time, but it is an important factor. This is why ECEC is an important setting for offering food consistent with the Australian Dietary Guidelines.

EARLY YEARS LEARNING FRAMEWORK
Outcome 3

NATIONAL QUALITY STANDARD
QA2

Food insecurity

It is important to note that for **children who have experienced not having enough to eat**, they might eat whatever amount is available to them whenever they have access to food. It is important to ensure that children and families with previous or current experience of food insecurity have appropriate support in place to stabilise their access to food as much as possible.

We also need to understand that some ECEC staff may themselves be experiencing food insecurity. Educators may be under financial stress themselves, and some report giving children food from their own lunch or going without food during the day so children can eat. While this comes from deep care, it is not sustainable or fair and can add to educator stress, fatigue and burnout. Educators or other staff should not be expected to meet children's food needs from their own lunch or wages; food security is best addressed through service-wide policies, budgeting and, where relevant, advocacy for improved funding and standards.

Self-regulation: What are the components, and how can this be developed in young children with varying abilities?

Appetite self-regulation is knowing when you are hungry and to start eating; when you have eaten enough during a meal and to stop eating; and knowing between meals that you are not yet ready to eat again. Many factors influence our ability to tune into and follow these internal cues.

Figure 2 maps these factors across three levels, including those to consider (e.g. genetics, pregnancy environment), those to respond to (e.g. temperament, trauma), and those to act upon (e.g. feeding practices, food being offered).

Emotional dysregulation is a nervous system response that can lead to hyperarousal (fight or flight) or hypoarousal (freeze) responses. In some children (e.g. those who have lived through maltreatment, violence, significant fear events), this type of dysregulation can be severe and can impact behaviour and engagement while attending ECEC. Children can feel unsafe, may not trust the relationships within ECEC, and may readily emotionally dysregulate.

If this happens around mealtimes, individual considerations and informed responses are vital – to do no further harm. Certain fight or flight responses (e.g. yelling, throwing food, aggression) or freeze responses (e.g. refusing to come to the table, or eat, or talk) can be interpreted as deliberate and defiant – when they are actually neurobiological survival responses to toxic stress.

However, when there is an understanding of what a dysregulated nervous response is – why it happens, and what we can do to help – these vulnerable children can be assisted back to a regulated state where they can engage, eat, and play.

EARLY YEARS LEARNING FRAMEWORK
Outcome 1, Outcome 3

NATIONAL QUALITY STANDARD
QA5

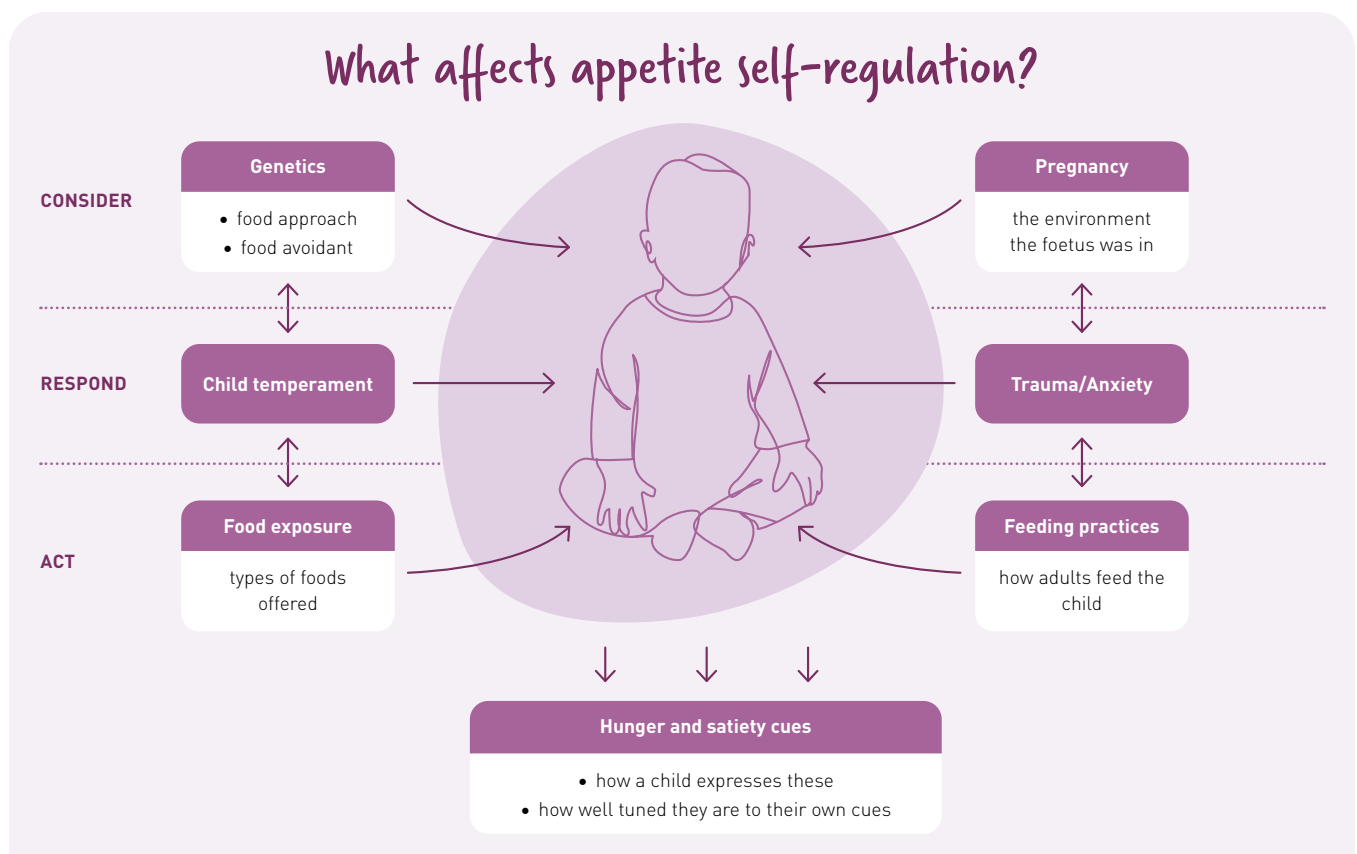
Reflective questions



Educators

- Think about a child in your care. What hunger and 'had enough' cues have you noticed?
- What are some examples of how you currently respond to children's hunger and 'had enough' cues? What are some actions you could take to strengthen your practices?
- How do you create an inclusive environment where each child's appetite and varying abilities are respected?

FIGURE 2: What affects appetite self-regulation?



How are young children's developmental eating practices influenced by disability or neurodivergence?

Children with disability may express hunger and satiety cues in different ways (e.g. non-speaking). As adults, we should behave the same way as we would with any child, i.e. notice, name and respond to cues, and use responsive feeding practices. Adults may need to make more modifications to the environment to support children with disability to recognise and respond to their own cues.

Ask yourself the following questions:

- *Is the mealtime atmosphere reasonably calm?*
- *Does seating support their body adequately?*
- *Are plates, cutlery and tablecloths suitable for their use?*
- *Is the texture of food appropriate?*
- *Are children being offered foods that they feel comfortable with?*

Occupational therapists and speech pathologists can provide wonderful support with identifying what is needed.

Neurodivergence includes areas of disability such as developmental delay and autism, but also can include the neurodevelopmental impact on nervous systems of children who have lived through maltreatment and violence.

Individual developmental and/or emotional and/or sensory issues that might impact appetite regulation need to be considered and addressed. This can include attention to food aversions, anxieties that stem from a range of sources (including trauma, food insecurity, medical procedures and concerns, allergic reactions, disability, etc.), and timeframe requirements that might not suit all children. Most children will be okay with generalised procedures, but there needs to be general staff awareness and acceptance that particular children will need an individualised and informed approach.

It is important that staff understand that hyperarousal or hypoarousal of the nervous system can impact digestion and toileting, and therefore appetite and even the capacity to engage in eating. Dysregulated children need help with emotional co-regulation before their bodies and brains are settled enough – so that they can feel hungry and want to eat, and can eat.

EARLY YEARS LEARNING FRAMEWORK
Outcome 1

NATIONAL QUALITY STANDARD
QA6

Reflective questions

Cooks/Nominated supervisor

- *How does this service's approach to menu planning, preparing and serving meals encourage children to eat according to their needs?*

Enteral feeding

For some children, medical or enteral (tube) feeding (such as gastrostomy tubes) will also shape how they participate in mealtimes. Children who are tube-fed can, and should, be fully included in the social and relational aspects of mealtimes. While gastrostomy feeding may alter the traditional experience of eating alongside peers, research shows it enables improved nutrition, energy, and broader participation in play and early education when managed inclusively.⁵

Educators should maintain inclusive routines by seating tube-fed children with peers, offering safe opportunities for sensory participation (e.g., smelling, handling, or serving food), and using Augmentative and Alternative Communication (AAC) or visuals to support communication. Further, for children who are partially tube-fed, they should be offered foods that are appropriate for their needs with no pressure to eat. Collaborating with families and health professionals ensures tube feeding is integrated safely into the daily rhythm without excluding children from shared moments. Respect for the child's dignity, autonomy, and right to participate should guide planning and language around feeding.

EARLY YEARS LEARNING FRAMEWORK
Outcome 1, Outcome 5

NATIONAL QUALITY STANDARD
QA5

Reflective questions

Service leadership team

- *Are any of these concepts new to you or your team? If so, what challenges you/them? Why? What further learning do you and your team require?*
- *Who do you need to discuss this with to suggest this as required support?*

The principles and strategies in Sections 2, 3, and 4 are relevant for all children. For specifics on bottle feeding or feeding babies, see the Menu and Meal Quality module.

SECTION 2

Responsive Feeding, and Hunger and 'Had Enough' Cue Recognition



Responsive feeding

In ECEC settings, how a child is offered food is equally important as which foods a child is served to eat. Offering food to a child involves caregivers responding to the child's individual needs.^{6,7}

Consistent, responsive interactions between a child and their caregiver in early life are crucial in shaping lifelong learning, behaviour, and health.⁸ Mealtimes provide a valuable opportunity for caregivers and children to engage in supportive, health-promoting interactions.⁹

Feeding practices versus Responsive feeding practices

Feeding practices can be defined as techniques that caregivers employ with children during mealtimes to ensure that children consume the type or amount of food the caregiver deems appropriate.^{6,10}

Responsive feeding practices shifts this focus and control to the child. Responsive feeding practices recognise, respond appropriately, and trust children's body cues at mealtimes.^{6,7,9,11} Responsive feeding practices encourage the child to eat independently and in response to their individual physiological and developmental needs, which may encourage self-regulation when eating whilst also supporting cognitive, emotional and social learning and development.^{6,7} Responsive feeding can be considered as a core element of nurturing and care.⁷

Responsive feeding approach

Responsive feeding follows three steps:

1. The child signals hunger or satiety (the satisfied feeling when you have 'had enough' food) through motor actions, facial expressions, or vocalisations.
2. The caregiver recognises the cues and responds promptly in a manner that is emotionally supportive, in response to the signal, and developmentally appropriate, e.g. helps the child access another helping if they are still hungry.
3. The child experiences a predictable response to signals. This last step is important for building trusting relationships as well as supporting individual cues.⁷

Responsive feeding may look different depending on the child's age, developmental stage and individual abilities.

The following two concepts are also useful to understand a Responsive Feeding approach:

Division of responsibility refers to the responsive feeding relationship where the caregivers are responsible for the developmentally appropriate structures and routines of feeding (the 'what', 'where' and 'when' of meals served). The child is responsible for whether or not they will eat, and how much of the meal they will eat.^{12,13}

Self-Determination Theory (SDT) is a well-researched framework for understanding motivation and optimal development. In the context of child feeding, SDT provides a useful lens for responsive feeding practices in that it highlights three core psychological needs:

- autonomy – feeling a sense of choice and control
- competence – feeling capable and effective
- relatedness – feeling connected and supported by others

When these needs are met, children are more likely to develop intrinsic motivation to eat, self-regulate effectively, and build a positive relationship with food.¹⁴

Reflective questions



Educators

- What do responsive feeding practices currently look like in your service? What strategies are working well? What would you like to improve?
- How can you involve children in evaluating the success of mealtime practices? How can you include their voices?

EARLY YEARS LEARNING FRAMEWORK
Outcome 1, Outcome 3

NATIONAL QUALITY STANDARD
QA5

Responsive feeding strategies

There are key strategies that form part of a Responsive Feeding approach. The following strategies are how an educator can support a responsive feeding approach in their service and during mealtimes.

Responsive Feeding Strategies to adopt

See Table 2 over page for more examples.



Create a relaxed, enjoyable mealtime atmosphere and recognise that children eat at different speeds.



Many children benefit from mealtime structure and clear expectations; however, some children need a flexible approach and to be able to eat outside of usual mealtimes.



Sit, be present and actively engage with children.



Place food and beverages in common serving containers and allow children to serve themselves what and how much they would like to eat.

Note that this strategy is not suitable where there are children with food allergies, unless the food served is appropriate for all children with food allergies present at that mealtime.



Use specific, individualised feedback during mealtimes that focuses on what the child is doing, not on how much or what they eat.

For example, "I noticed you were eating so well with your spoon today", rather than "Good job for eating all of your broccoli".



Help children recognise their internal hunger and 'had enough' cues, for example, when a child is too busy to eat – help the child to recognise and name internal cues.

For example, "Looks like your tummy is saying 'all done'."



Provide guided choices but let children decide what and how much of the food offered they will consume.

For example, "Let's share these so that everyone who wants some can have some".

See Section 5, page 41



Model feelings of 'had enough' and hunger.

For example, "I'm noticing I've had enough; I'll eat again next time I'm hungry."



Encourage rather than praise children when they try new foods or food that they dislike. Comments should not be about the character of the child, but about the action.

Things to avoid

See Section 2, page 23



Do not use food as a reward for behaviour; Avoid using foods to soothe children when they are upset.



Do not pressure children to eat.



Do not withdraw food from children or make judgements about food provided by families in lunchboxes.

Unless there are immediate safety concerns.

The following examples demonstrate how responsive feeding can be put into practice.

TABLE 2: *Responsive feeding strategies examples*

Strategy	Examples
Create a relaxed, enjoyable mealtime atmosphere and recognise that children eat at different speeds.	- Children may eat at different speeds; some are slow, and some are fast. - It is beneficial to create a relaxed mealtime, with safe access to sensory supports for those children who need them. The intent is not that every meal has to be 'enjoyable' or 'fun', rather mealtimes are a more relaxed and enjoyable experience when adults use responsive feeding practices and recognise and respond to child cues.
Many children benefit from mealtime structure and clear expectations; however, some children need a flexible approach and to be able to eat outside of usual mealtimes.	- Ensure water is always available. - Allow time to transition so the mealtime is not rushed, and have predictable windows for eating. - Expectations and routines are great and provide stability and security for many children, but all children may sometimes need a flexible approach for varying reasons. - Work with individual care plans (e.g. medical, additional needs, trauma, or neurodivergence) where children may need more frequent or flexible access to food. - Offer early/late other food options (e.g. fruit, vegetables, or milk) for children who are genuinely hungry outside the main eating window, so hunger is responded to.
Help children recognise their internal hunger and 'had enough' cues, for example, when a child is too busy to eat – help the child to recognise and name internal cues (for example, "Looks like your tummy is saying 'all done'. You listened well.>").	- Respecting children's decisions (e.g. no requirements to finish their plate or try a new food). - Invite children to pause and notice, e.g. "Let's listen to your body for a moment, does it feel like you need more, or is your tummy saying it's had enough?" - Use simple, age-appropriate language to help children notice and name hunger and 'had enough' cues, that consider developmental differences. - Recognising that some children will need to be emotionally regulated to be able to recognise and respond to these cues. - Gently check in with busy children who want to return to play, supporting them to decide if their body needs more food or a break. - Work with families to share similar language about hunger and 'had enough' cues across home and ECEC.
Use specific, individualised feedback during mealtimes that focuses on what the child is doing, not on how much or what they eat. For example, "I noticed you were eating so well with your spoon today", rather than "Good job for eating all of your broccoli."	- Sit with children at mealtimes, be present, and actively engage in conversation while supervising. - Plan routines to support uninterrupted mealtime presence of staff, especially when staffing is limited – e.g. Family Day Care changing nappies before mealtimes so educators can remain with children eating.

EARLY YEARS LEARNING FRAMEWORK
Outcome 1, Outcome 2, Outcome 3,
Outcome 4, Outcome 5

NATIONAL QUALITY STANDARD
QA1, QA2, QA3, QA5

Non-responsive feeding practices

Non-responsive feeding practices occur when caregivers ignore or misinterpret child hunger and satiety cues, leading to behaviours that pressure, force or manipulate children into eating certain foods or amounts of food.⁶

Why this matters

Recognising non-responsive feeding patterns empowers educators to strengthen children's natural ability to self-regulate and trust their bodies. These practices are common and often stem from caring intentions to ensure children eat well. By building awareness of how certain approaches may affect children's connection to their internal cues, educators can intentionally choose responsive strategies that honour children's autonomy and support their learning, development, and wellbeing.

Non-responsive feeding practices generally come from good intentions; however, they can have a significant negative impact on children's ability to develop awareness of their body signals and to build positive skills and attitudes for eating. At their extreme, coercive practices can send children messages that make them unsafe, such as believing that adults will not listen to them if something does not feel good.

Below are examples of coercive or controlling feeding practices which should be avoided in day to day practice:

Talking about food using moral language

EXAMPLE

'good', 'bad', 'naughty', 'cheeky'

Linking behaviour with food

EXAMPLE

*"you are a good boy/girl for eating the cucumber"*¹⁶

Assuming you know a child's hunger or satiety levels⁶

Treat/speak to children differently based on their body composition^{17,18}

Use words like 'should' when referring to eating

EXAMPLE

"I should eat my fruit, I shouldn't be eating this"

Pressuring to eat or pressuring a child to finish all the food on their plate^{6,17,18}

Using food as a reward or punishment^{6,16}

EXAMPLE

"you can have dessert if you finish your vegetables" or "you can only eat the muffin in your lunchbox once you have finished your sandwich."

Using food to regulate emotions, such as offering food to children to calm them when they are upset^{6,16}

Use food to encourage or discourage specific behaviours¹⁶

EXAMPLE

"if you behave well, you can have a lollipop."

Inadvertently misleading children about the purposes, functions or outcomes of eating certain foods

EXAMPLE

"eat your crusts for curly hair", or "you'll get fat if you eat that."

Hunger and 'had enough' cue recognition

RECOMMENDATION STATEMENT

Use 'had enough' instead of 'full' when referring to hunger and satiety cues

Throughout this Best Practice Guide, you will find information on identifying and responding to cues that infants and young children may present when they are 'hungry' or have 'had enough' to eat.

The term 'had enough' has been deliberately used instead of the commonly used term 'full'.

In Australia, many of us will say 'I'm full' at the end of a meal, which may imply that we could not fit any more food into our stomachs. Sometimes, feeling 'full' can also be uncomfortable if we have eaten too much, and it might mean we have eaten more food than our bodies require to be replenished and satisfied.

By using the term 'had enough' throughout this Guide and when speaking to young children, we encourage children to listen to their bodies and stop eating once they are comfortable – rather than waiting until they feel like they could not fit any more food in. [See Section 1, page 16](#)

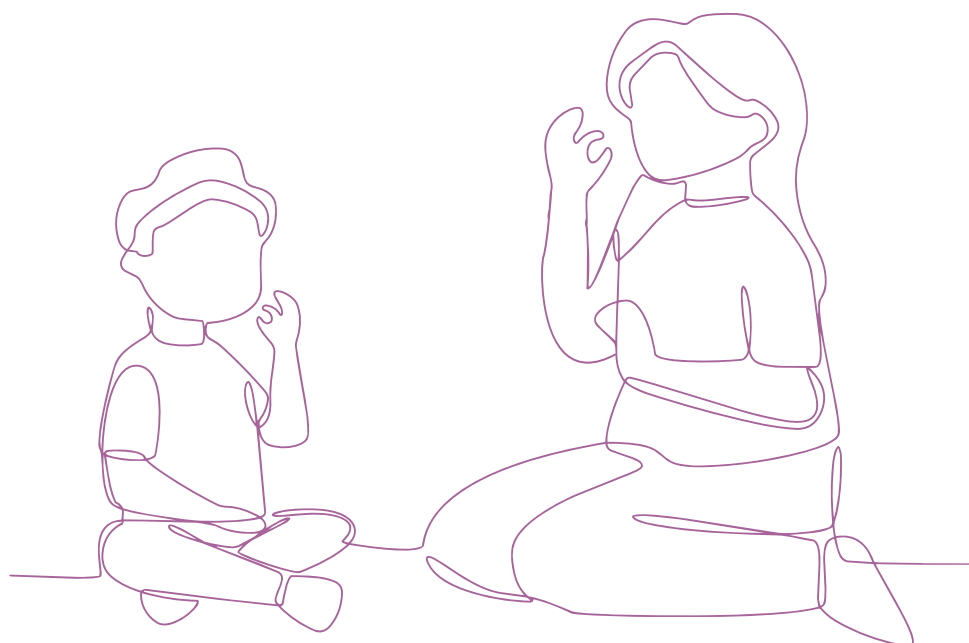
Remember that the amount of food someone needs can vary; 'enough' will look different at different mealtimes, on different days, and across different contexts.

Educators should use this same language when talking about their own eating. For example, "I've had enough, I'll eat again when I'm hungry" rather than "I'm so full." When children hear educators use this language naturally, it reinforces that listening to our bodies is how everyone eats, not just a rule for children.

Reflective questions

Cooks/Nominated supervisor

- How does our menu planning and food service support responsive feeding strategies?



Strategies to support the development of hunger and 'had enough' cue recognition

The following environment and practice-based strategies support a child's development of cue recognition:

Engaging with, listening to and observing children helps educators recognise hunger and 'had enough' cues.

- Children will tell you if they are hungry or have 'had enough' via verbal (e.g. 'I don't want anymore') and non-verbal (e.g. pushing food/spoon/bottle away, fidgeting, and turning head away) communication
- Educators need to be aware of cues regarding appetite. This may look different child to child, so it is important educators discuss with families what this looks like for their child.

Structure and routine are calming and regulatory, but flexibility is also needed for certain children for varying reasons.

- Create mealtime structure and routines with clear expectations, but be flexible for children who may not be able to follow these routines for varying reasons.

Using 'had enough' language helps children recognise satiety cues and supports self-regulation, while reducing pressure to eat beyond comfort.

- When checking in with infants and young children, use 'had enough' language.
 - Example prompts include: 'Would you like more food, or have you had enough?', 'Is your tummy telling you it wants a bit more, or has it had enough for now?'
- Keep language neutral and non-judgemental, focusing on body sensations rather than 'good' or 'bad' eating.
- Follow any individual medical or feeding plans and integrate 'had enough' wording alongside those plans.
- For infants and non-speaking children, respond to 'had enough' cues (turning away, slowing down, pushing the spoon or bottle away) and narrate, 'Looks like you've had enough', or 'Looks like you've had what you need for now.'

Provide guided choices but let children decide what and how much of the food offered they will consume.

- Encourage children when they explore or try new foods or foods that they dislike, without pressure. Encouragement rather than praise – should not be about the character of the child, but about the action.
- Place food and beverages in common serving containers and allow children to serve themselves what and how much they would like to eat.
- For lunchbox services, support children to choose from their lunchbox (e.g. inviting them to start with foods of their choice), rather than strictly controlling the order in which foods must be eaten, so children can still honour their food preferences and listen to their own hunger and 'had enough' cues.
- Reinforce that children are allowed to listen to their bodies, even if there is still food on the plate or in the lunchbox.
 - For bottle-fed infants, allowing them to stop a feed without finishing everything in the bottle.

The environmental setup of eating areas and the provision of an appropriate physical and sensory environment allows children to focus on their appetite during mealtimes.

- Mealtimes environment: physical equipment, spatial environment, sensory atmosphere (smells, noise), social atmosphere. Incorporate individual accommodations within the group setting when needed.

Many children benefit from mealtime structure; some need flexibility.

- Predictable mealtimes help many children recognise hunger patterns.
- Some children need to eat outside scheduled times – flexible access to simple foods (fruit, vegetables, bread) ensures genuine hunger is met.
- Watch for growth spurts, illness recovery, or stressful periods when usual patterns may shift.

Role modelling strategies to support the development of hunger and 'had enough' cue recognition

Role of the ECEC educator

ECEC educators have the opportunity to be a positive force in empowering a child to better understand and respond to their cues. This can be done by responding in predictable and supportive ways when a child expresses hunger or satiety.¹⁵ Including recognising how their cues change as the child develops, and understanding when hunger is not the reason for a child crying or fussing, to avoid using food as an emotional support tool.¹⁵

Role modelling to children on how to express their hunger and 'had enough' cues, e.g. equipping children with language and the words to use to express themselves

- Model feelings of hunger and of feeling like you have 'had enough' – including noticing and naming these cues from your body
 - For example: "I'm starting to feel hungry; it's nearly time for lunch", or "My tummy has had enough, so I'm going to stop eating", or "I am still feeling hungry, so I am going to have a second helping."
- Help children recognise their internal hunger and satiety cues. For example, a child may say they are too busy to eat – ask if they are not hungry right now, and that is why they don't want to eat. Offer flexibility and reassure them that food will be available when they are hungry.
- Sit with children where possible, whether or not you are eating at the same time
- Role modelling can also occur without educators having to eat the same food as the children
 - To acknowledge different foods, educators can give a brief, neutral explanation (e.g. an educator with a food allergy may say – "I can't eat that food because I have a food allergy")

Staff member may have their own concerns with food, body image, or following their own cues; this can make role modelling challenging.

There should be no comment on intake; no dieting talk or jokes about bodies. This relates both to adults commenting on children in the service, and to adults commenting on their own or each other's food or bodies in front of children.

Role modelling that there is no one 'correct' portion size

- Model taking an amount that feels right for you and name this briefly, e.g. 'I'll start with this much and see how my tummy feels', or 'I'll see how my energy levels feel'
- When educators need to serve food for practical reasons, they still check in with the child (e.g. 'Would you like a little or a lot to start with?') and offer the option for more or to stop when they've had enough.
 - This can be difficult when a limited amount of food is provided at a mealtime. To make sure there is enough for everyone, use a standardised serve and encourage children to come back for another serve after finishing their first.

How can appetite self-regulation in children, when eating, be supported in a way that is inclusive and non-judgemental?

- Avoid using food as a reward or punishment, or pressuring children to eat.
- Use specific, individualised feedback during mealtimes that focuses on what the child is doing, not on how much or what they eat, for example, 'I noticed you were eating so well with your spoon today', rather than 'Good job for eating all of your broccoli'
- Do not withdraw food from children or make judgements about food provided by families (unless there are immediate safety concerns)
- Using food as a reward for behaviour is not recommended and is also not appropriate for children experiencing trauma

EARLY YEARS LEARNING FRAMEWORK
Outcome 1, Outcome 3, Outcome 5

NATIONAL QUALITY STANDARD
QA1, QA2

Reflective questions



Service leadership team

- *What is your service's approach to creating a relaxed, enjoyable mealtime atmosphere? Is this consistent across your service?*

“

“I realised when the music is on, the children tend to kind of lower their voice by themselves, without us telling them. They’re talking to each other and we exchange a lot of information on what we are going to do at home, what we like to eat and things like that. And I think it’s a very positive experience.”

– Service leader, Very remote service

”

“In one of our team meetings we identified that as adults, when you go out for dinner with your friends and family you don’t just talk about what’s in front of you in terms of your meal, so we like to have lots of conversations to build relationships with children – [mealtime] is an opportune moment for this”

– Educational Leader, Outer regional service

More than the meal: Everyday learning at mealtimes

Mealtimes present many opportunities beyond nutrition, by offering opportunities to come together to foster connection and communication. The mealtime context is an informal, yet powerful site to continue to support belonging, being and becoming through the intentional creation of supportive environments and conversations.

Through discussions across life's spectrum, including educational, social and emotional-related topics, and using supportive language, educators can have a lifelong impact on how a child grows to perceive food and the contexts in which they consume it and associate it with. Therefore, seeking ways to engage the mealtime as an opportunity for learning, communication and connection is paramount.

This module focuses on day-to-day mealtimes and best practices for responsive feeding. However, mealtimes in ECEC hold space for more than eating and nutrition. They are occasions for:

1. Everyday learning
2. Everyday connection
3. Just being

Not every mealtime needs to do all three, and not every child will want or need the same thing at the same time. The aim is to notice what children need and to keep mealtimes low-pressure, responsive and genuinely supportive.

There are also occasions that are different to a typical mealtime in ECEC. Some examples are:

- **Cultural explorations or celebrations and theme weeks as an opportunity to explore diversity:** celebrations (e.g., Harmony Day) can be used to help children understand diverse values and beliefs in the community. This links to 'belonging' as described in the Early Years Learning Framework.¹
- **Child-based celebration (e.g., birthday):** The focus here is on the celebrated child, not their interaction with food.¹⁹

With this in mind, services can think about mealtimes through the three lenses on the next page.

EARLY YEARS LEARNING FRAMEWORK
Outcome 1, Outcome 2

NATIONAL QUALITY STANDARD
QA6

Reflective questions



Educators

- *Thinking about your group of children, what opportunities are there for the development of social skills during mealtimes? How could you facilitate this? What teaching strategies would you employ?*

Service leadership team

- *How do your service's mealtime practices honour the cultural traditions and include the food preferences of the children and families in your service? How is this reflected in your service philosophy and enacted in practice?*

Cooks/Nominated supervisor

- *How could you include families' voices in your service's menu planning? What opportunities might there be for you to contribute to supportive mealtime environments and conversations?*

1

Everyday learning

Mealtimes are rich with meaning and learning potential far beyond satisfying hunger and the nutritional value of meals. They naturally create opportunities for children to develop across many areas. These moments emerge organically through the routines and interactions that already happen at the table:

- Social skills²⁰
- Language skills²¹
- Cultural awareness and sense of community²²
- Mathematical learning²³
- Independence/responsibility¹⁴
- Relationship building²⁴
- Emotional regulation²⁵
- Problem solving²⁶
- Decision making and agency²⁷

For detailed examples of how mealtimes support learning across different developmental areas, see the *Food Education module*.

2

Everyday connection

Mealtimes offer rich opportunities for relationship building between educators and children, and among peers. When educators sit with children and eat comparable foods, they model calm, respectful, kind interactions. Unhurried conversations, sharing food from different cultural backgrounds, and the simple act of sitting together nurture a sense of community and belonging.

These moments of connection help children feel seen, understood, and valued. Connection at mealtimes is strengthened when educators show genuine interest in children's experiences and create space for children to help one another and share their families' food traditions.

3

Just being

Not every mealtime needs to be a teaching moment or an opportunity to achieve specific goals. Sometimes, mealtimes are simply a time to sit, eat, and 'just be', with no expectation to talk, join in an activity, or try new foods.

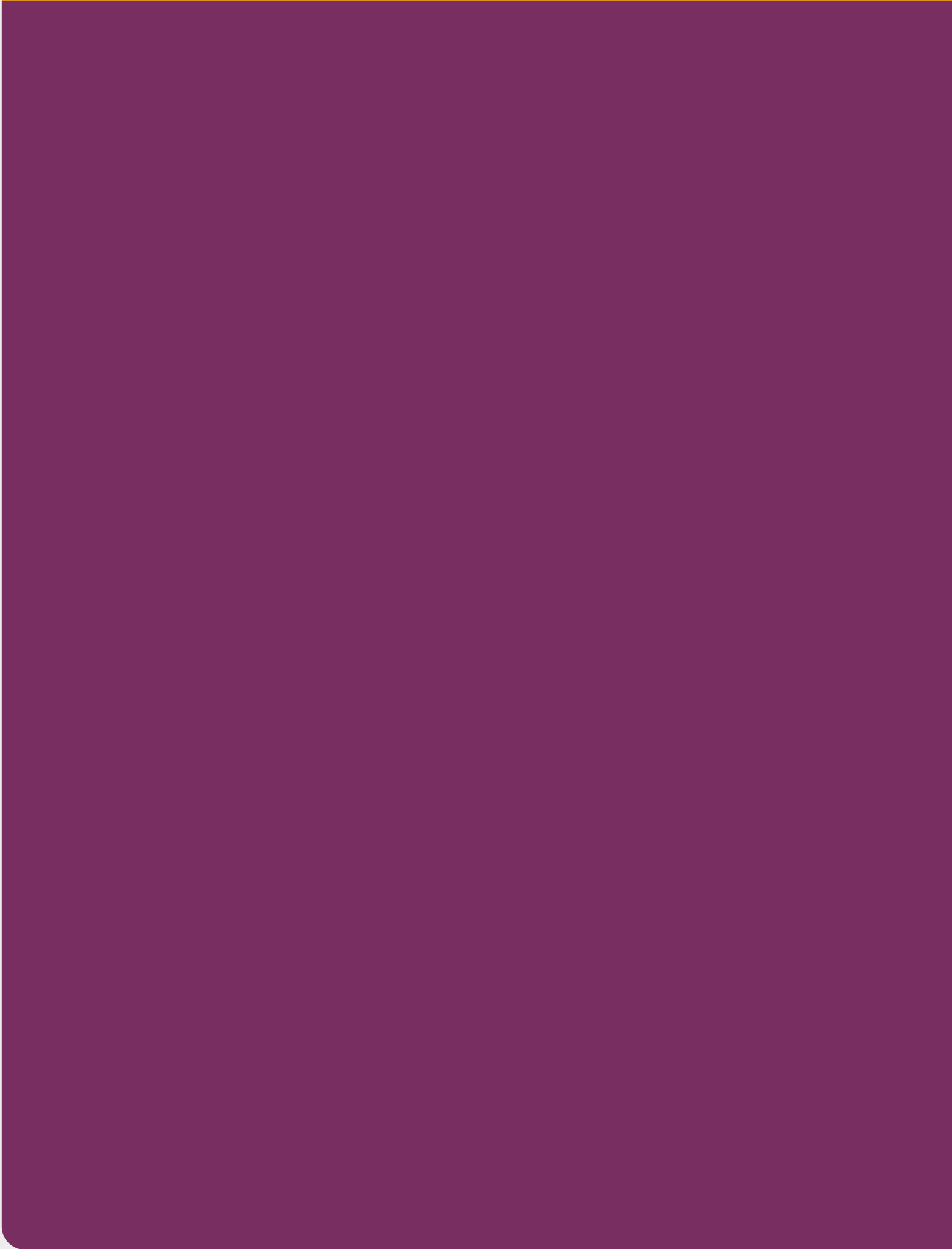
For some children, particularly those who need quiet time to regulate or simply rest, this space to 'just be' is vital. Creating room for low-pressure mealtimes acknowledges that:

- children have different sensory, social and emotional needs
- some children may prefer to watch and listen rather than join in
- calm, predictable routines can be as valuable as conversation or curriculum.

Creating room for low-pressure mealtimes acknowledges that children have different needs, and that responding with kindness – including kindness to ourselves as educators – is more important than 'getting it right' every time. It is both safe and appropriate for some meals to focus mainly on comfort, regulation and presence, rather than on learning outcomes. Sometimes the most valuable thing we can offer is calm, peaceful presence alongside food.

2

Responsive Feeding



SECTION 3

Supporting Food Preferences, Food Acceptance and Food Diversity



Supporting food preferences, food acceptance and food diversity

Children's food preferences shift constantly in early childhood, and this is completely normal. A toddler who once ate a wide variety may suddenly become more selective; a preschooler may step back from yesterday's favourite. These changes often prompt questions from families and educators, but they are typical signs of learning, development, growing autonomy, and sensory exploration.

This section explores how to support each child's individual food journey while creating environments that encourage positive, pressure-free food experiences. It provides practical guidance for service leaders, educators and cooks/chefs on offering safe, developmentally appropriate foods, while recognising that "appropriate" looks different for every child and changes as they grow.

Reflective questions



Educators

- *Think of a time when you felt that a child in your care did not eat enough food? How did you respond? Why? What actions could you take to strengthen your practice?*
- *What opportunities do you provide for children to enjoy food with all of their senses during mealtimes?*



Strategies to support food preferences, food acceptance and food diversity

Environment



Create a relaxed, enjoyable mealtime atmosphere and recognise that children eat at different speeds.



Give opportunities for children to enjoy food with all of their senses during mealtimes – this would include allowing children to eat with their hands at times.



Foster shared mealtimes where possible.

Educator Practices



Sit, be present and actively engage with children.



Role model authentic enjoyment of food when appropriate.



Where possible, eat meals with children.



Use neutral language when talking about food. Use language that leaves room for preferences to change, such as “they didn’t choose carrots today” rather than “they don’t like carrots”, and avoid terms such as ‘picky eater’ as children’s food preferences are still developing.



Provide regular and repeated exposure to a variety of foods, without any pressure to eat, as this is crucial for a child to learn to like different foods through using their senses (looking, touching, smelling, tasting, etc.)



Ensure that any feedback is specific to the child, individualised, and not value-labelled; for example, “I noticed you were eating so well with your spoon today”, rather than “Good job for eating all of your broccoli”.



Allow children to choose what they eat and how much they eat.



Children have the opportunity to learn how to approach food they are not sure about, how to refuse food, and how to decide against finishing a food if they don’t like the taste/texture.



Engage sensory experiences by describing foods and asking about sensory characteristics of food.

[See Food Education module](#)

TABLE 3: Food preferences, food acceptance and food diversity strategies

Strategy	Examples
Create a relaxed, enjoyable mealtime atmosphere and recognise that children eat at different speeds.	- Children may eat at different speeds; some are slow, and some are fast. - It is beneficial to provide 'just right' sensory input for all children (e.g. noise, clutter on tables, competing activities nearby). - The intent is not that every meal has to be enjoyable or exciting, but that mealtimes feel safe, respectful and unhurried. This may help children feel safe to explore new and familiar foods and to interact positively with others at the table.
Give opportunities for children to enjoy food with all of their senses during mealtimes – this would include allowing children to eat with their hands at times.	- A child who is still learning to like a food might 'play' with the food to become more familiar with it. Allow this to happen without pressuring them to taste or eat the food. - For children with sensory processing differences, feeding difficulties or other specific needs, consult with a dietitian, occupational therapist or other relevant professional. - Always consider food safety and allergies – follow individual allergy care plans and be aware of foods being touched.
Foster shared mealtimes where possible.	- Place food and beverages in common serving containers and allow children to serve themselves what and how much they would like to eat. - Close supervision is needed to ensure individual allergy care plans and food safety practices are followed (for example, using separate utensils), and choking risks are mitigated.
Sit, be present and actively engage with children.	- Sit with children at mealtimes, be present, and actively engage in conversation while supervising. - Plan routines to support uninterrupted mealtime presence of staff, especially when staffing is limited – e.g., in family day care, changing nappies before mealtimes so educators can remain with children who are eating.
Role model authentic enjoyment of food when appropriate.	- Educators are trusted adults during mealtimes so they can role model sitting at the table, and give the children opportunities to practice eating a wide variety of foods (which role modelling encourages). - Educators do not need to pretend to like a food they genuinely dislike. Authenticity is important, but negative comments (e.g. 'that's gross', 'I hate that') are avoided so they do not close down children's curiosity or exploration. 'Don't yuck my yum' may be useful. - Other aspects of mealtimes can also be role-modelled by educators, such as taking turns, sharing serving dishes, using cutlery, social conversation and connection, and offering food politely.
Where possible, eat meals with children.	- When educators eat similar foods to the children, it can support children to feel safe trying and tasting those foods; however, this is not always possible and should never be forced. - Drinking water and engaging in conversation during mealtimes still provides role-modelling of positive behaviours. - Services should consider practical barriers to staff eating with children, including not enough food prepared for educators, staff breaks and access to kitchen facilities. - When educators are eating different foods, due to preferences, practical barriers, or special dietary needs (e.g. food allergies, cultural or religious requirements) – Educators can briefly and neutrally explain why their food is different (e.g. 'My food looks a bit different today because of my religion').
Use neutral language when talking about food.	Use language that leaves room for preferences to change, such as 'they didn't choose carrots today' rather than 'they don't like carrots', and avoid terms such as 'picky eater' as children's food preferences are still developing.

Strategy	Examples
Children can choose what they eat and how much they eat. Regular and repeated exposure to a food, without any pressure to eat, is crucial for a child to learn to like that food through using their senses (looking, touching, smelling, tasting, etc.)	- From the foods and drinks that are offered, children can choose what they eat and how much they eat, without any coercion or pressure to taste or finish anything. - Support caregivers to remember that a) tastes can change over time and that b) some children need to be exposed to a food 8-15 times or more before they might accept it. - Regular exposure can include seeing a food on the table, serving it, smelling it or touching it, as well as tasting it; all of these count as part of learning about that food. - Offer small amounts of unfamiliar foods alongside familiar, accepted foods, so children can explore them at their own pace.
Ensure that any feedback is specific to the child, individualised, and not value-labelled.	- Ensure that any encouragement during mealtimes is not related to amounts or types of foods eaten – keep it task-based, e.g. 'I noticed you were eating so well with your spoon today', rather than 'Good job for eating all of your broccoli'. - Encourage rather than praise children when exploring new foods.
Children have the opportunity to learn how to approach food they are not sure about, how to refuse food, and how to decide against finishing a food if they don't like the taste/texture.	- Regular exposure is crucial for food acceptance. - Explicitly teach "trying steps" and refusal phrases so children can safely approach unfamiliar foods (e.g., "You can look, smell, touch, then decide"; "No thank you"/"Not today"/"Can I have a little bit to try?").
Engage sensory experiences by describing foods and asking about sensory characteristics of food.	- Use "sensory talk" at the table (look, smell, feel, sound) to describe foods without pressure to taste (e.g., "I love the way the broccoli is crunchy, do you like it crunchy or do you like it soft when it is cooked?"). - Ask simple, choice-based sensory questions to build curiosity and vocabulary (e.g., "Is it smooth or bumpy?" "Does it smell strong or mild?" "Would you like to touch it with your finger or your spoon?").

EARLY YEARS LEARNING FRAMEWORK
Outcome 1, Outcome 2, Outcome 3,
Outcome 4, Outcome 5

NATIONAL QUALITY STANDARD
QA1, QA2, QA3, QA5

Reflective questions



Service leadership team

- What are your team's personal beliefs and biases about food? How do they influence the way they offer children repeated, pressure-free exposure to different foods and use of neutral, respectful language during mealtimes?

Cooks/Nominated supervisor

- How does the way you plan and serve meals support children to explore a variety of foods without pressure and at their own pace?



SECTION 4

Development of Feeding, Eating and Drinking Practices



Development of feeding, eating and drinking practices

Mealtimes provide opportunities for connection and learning within family and cultural contexts. Caregiver responsiveness and attunement can support positive mealtime participation.^{28,29} Feeding is the term used to describe the process of bringing food to the mouth, sometimes called self-feeding. Eating and drinking are defined as keeping and manipulating food or liquid in the mouth, and swallowing is moving food from the mouth to the stomach.³⁰

Child development is linked with the occupations of feeding, eating and drinking

Understanding child development helps educators create safe, developmentally appropriate mealtime experiences. Table 4, outlines key developmental milestones from birth to five years, focusing specifically on skills that relate to feeding, eating, and drinking.

This information supports educators to match food textures, utensils, seating, and mealtime expectations to each child's emerging capabilities, while recognising that every child develops at their own pace and not always in a linear fashion.

Vignettes: Seeing practice in action

The following vignettes illustrate how the principles and strategies from this module come to life in real ECEC settings. Each scenario demonstrates responsive, inclusive approaches that support children's autonomy, belonging, and positive relationships with food.

Reflective questions



Educators

- How do you ensure families feel heard and included when they share concerns about their child's feeding or food preferences?

Cooks/Nominated supervisor

- How do you ensure that the menu effectively caters to the diverse development needs of children across your service?

VIGNETTE 1

Food refusal



Liam is a three-year-old attending ECEC. During mealtimes, he often refuses foods with mixed textures, such as pasta with sauce or fruit salad, turning his head away or pushing the plate aside. Although Liam can sit at the table independently and use a fork or spoon, he often becomes upset when encouraged to try new foods.

At mealtimes, Liam may watch others eat but keeps his distance, occasionally tapping his fork on the plate or exploring the food with his fingers instead of eating. Liam can carry his own plate to the table. Educators have placed a 'tasting plate' in the centre of the table at each meal, offering a range of foods and textures for children to explore together.

Response

The use of a shared tasting plate and getting Liam to place this on the table each meal is an example of non-pressurised, more positive food exploration that is age-appropriate. Using the 'Phased Approach to Incorporating a Relationship-focused' (PAIR) framework³¹ can help guide how educators respond during mealtimes. Following this approach, educators can put words to what children are doing or gently copy their actions to show interest and connection. With Liam, educators follow his lead in how he chooses to interact with the tasting plate.

For example, you might put words to what Liam is doing:

- "You're looking at our shared plate"
- "You are touching the banana slice on the shared plate"

Or you might model it and talk to it:

- "I am touching the banana too"

TABLE 4: Mastery of key developmental milestones from birth to five years

Age	Social/emotional development	Language/communication development	Motor skills
2 months old	Begins to smile at people³²	- Coos and turns head toward sound³³ - Recognises people³⁴	Can hold head up³⁵
4 months old	Likes to play³⁶	Cries in different ways to show hunger, pain or being tired and calms to a familiar voice³³	- Brings hands to mouth and reaches³⁷ - Uses hands and eyes together and grasps³⁸
6 months old	Responds to other people's emotions³⁹	Responds to own name³³	Begins to sit without support and rolls over in both directions³⁵
9 months old	Has favourite toys and may be clingy with familiar adults³⁶	Understands no and uses fingers to point at things³²	- Sits without support - Grasps food with hands - Removes food from spoon with lips - Begins to crawl⁴⁰
1-year-old	Repeats sounds or action to get attention and responds to name³³	Uses simple gestures like shaking head 'no'³⁴	- Walks holding onto something - Drinks from a sippy cup⁴⁰
18 months old	Temper tantrums may begin⁴¹	- Says and shakes head 'no' - Points to show what they want or to pictures in response to words - Can follow one-step commands³³	Eats food that requires chewing⁴⁰
2 years old	Shows more defiant behaviour, such as tantrums⁴²	- Says sentence with two to four words - Follows simple instructions⁴³	- Begins to run - Climbs onto and down furniture without help - Might use one hand more than the other - Able to use a spoon without spilling much⁴⁰
3 years old	- Shows a wide range of emotions - Gets upset with major changes in routine - Increased awareness of feelings of others and understands consequences³²	- Talks well enough for strangers to understand most of the time - Can follow three-step commands⁴⁴	- Climbs and runs easily - Can pour own drink - Can unscrew jar - Can use fork effectively without spilling much³⁵
4 years old	- Talks about what they like and are interested in⁴¹ - Starts to understand temporal relations for everyday events, like mealtimes⁴⁵	Tells stories and understands subtle cues, such as turn-taking in a conversation⁴⁶	Mashes own food and pours self a drink⁴⁷
5 years old	- Shows more independence - More likely to agree with rules - Capable of self-regulation⁴⁸ - Knows about things used every day, like food³⁴	Speaks clearly⁴¹	- Uses a fork and spoon and sometimes a table knife - Oral motor milestones for eating met⁴⁹

VIGNETTE 2

Feeding trauma



During lunch, four-year-old Sophie suddenly throws her spoon and pushes her plate away. The food lands on the floor, rice goes everywhere, and Sophie begins to cry. This is the second time she has done this in the past week. The educator feels frustrated and instinctively says, "That's not nice! We don't throw our food." Sophie becomes withdrawn.

Later, the educator learns from her parent that she has been becoming increasingly fearful of eating foods with grainy textures following a recent choking incident, and now reacts strongly to the sight or texture of foods like rice, oats and grainy bread.

Reflection

Food refusal, throwing, or gagging can be signs of distress, sensory overload, or past trauma related to eating. These are not "naughty" behaviours. For some children, mealtimes are emotionally or physically triggering, and their reactions are driven by fear and the need to protect themselves. Correcting or disciplining in the moment can escalate fear and shame.

Supporting a child who has experienced food-related trauma requires patience and attunement. The goal is not to "fix" their eating quickly, but to rebuild a sense of safety and autonomy so that positive experiences with food can build over time.

Educators can:

- Stay calm and neutral. Gently move the food away and reassure: "You're safe. We can take a break."
- If practical, invite the child to assist with cleaning up the spilt food once they have become regulated again: e.g., "Would you like to help me clean up the rice? It's okay if you need more time."
- Avoid commenting on behaviour as 'bad'. Focus on comfort and safety first.
- Observe and record patterns (which foods, settings, or triggers are involved) and share this information with the parent or supervisor.
- Collaborate with families to maintain consistency and support. If they have strategies that are working well at home, try to incorporate these into mealtimes at childcare.
- Maintain predictable, low-pressure mealtime routines, e.g. giving advance notice before meals, allowing the child to serve themselves, offering familiar/safe foods alongside new ones.

Types of specialist support

The following provides an overview of the roles of Australian health professionals involved with feeding, or a family with a selective eater⁵⁰:

- **Occupational Therapists:** Focus on mealtime participation, sensory processing, and family routines.
- **Speech Pathologists:** Address oral-motor, swallowing, and feeding skills to ensure safe and effective eating.
- **Dietitians:** Assess and manage nutritional intake, monitor growth, and provide dietary modification and meal planning advice to support the development of age-appropriate feeding patterns, dependent on the child's needs, these could be specialist Dietitians. Manage and support children requiring enteral feeding.
- **Medical Practitioners:** Identify and treat underlying medical or developmental issues contributing to feeding difficulties.
- **Psychologists:** Support behavioural and emotional aspects, reducing mealtime anxiety and stress for the child and family.
- **Nurses:** Provide feeding support such as enteral feeding, monitor child health and growth, and assist families in implementing professional recommendations.
- **Physiotherapist:** Support seating, posture, gross motor readiness, safe positioning, participation, fatigue and physical comfort.

How ECEC services work with health professionals

Referring families for support

When educators observe ongoing feeding concerns, they can sensitively suggest families speak with their GP, maternal and child health nurse, or paediatrician. Frame this as routine support: "Many families find it helpful to chat with a professional about mealtimes."

For all services:

- Keep communication family-centred, families are the experts on their child.
- Document observations objectively to share with families and professionals.
- Recognise that educators create supportive environments that complement (not replace) professional recommendations.

NATIONAL QUALITY STANDARD
QA6

Reflective questions



Service leadership team

- *How does your service work in partnership with families to understand their children's feeding needs, routines, and cultural practices? Are educator practices consistent across your service?*
- *What referral agencies/pathways exist in your community to assist families with feeding concerns? How can you ensure timely access to this information for your families?*

SECTION 5

Language, Body Image and Responding to Eating Concerns



5

Language, Body Image
and Responding to
Eating Concerns

Language, body image and responding to eating concerns

Supporting Children's Individual Food Journeys

Picky/Fussy/Selective

These terms are often used to describe when a child isn't eating enough variety. However, these terms tend to frame a child's eating as a problem, rather than part of normal development. Most children between one and five years old go through phases of preferring familiar foods, refusing new ones, or showing strong opinions about what's on their plate.

There are several reasons why a child may be eating less variety:

- They are learning about new foods. Providing opportunities for children to explore new foods through sight, touch, listening and smell, before tasting are important steps to becoming familiar with food and growing a child's confidence to try new foods.
- Recognising children's appetites change day to day as they grow and develop. They may be more likely to try new foods one day, or they may feel tired the next, making them less interested in eating.
- They may be distracted by the environment around them.
- They may be uncomfortable. Children eat best when they are sitting supported.

In terms of food learning, showing children how different foods are prepared is key. E.g. a potato may be mashed, made into fries or presented as a baked potato. Children need to learn this.

EARLY YEARS LEARNING FRAMEWORK
Outcome 3, Outcome 4

NATIONAL QUALITY STANDARD
QA1

Food Explorers

Instead of using the terms picky or fussy, educators can describe what they see, without judgement. Educators may also like to use the term 'food explorers' to describe all children, recognising that every child has a different comfort zone when it comes to learning about new foods.

For example:

- "They explored how peas balanced on their spoon today"
- "They are exploring how orange food smells before they are ready to taste it"
- "They're still exploring food and learning which foods they like"
- "It took me a while to learn to like asparagus too, so I'm excited that we can explore a new asparagus dish together."

For some children, particularly neurodivergent children, sensory preferences and sensitivities play a significant role in how they experience food. These experiences are valid, and educators can support children by respecting these preferences and offering pressure-free opportunities to explore food at the child's own pace and within their own comfort zones.

Outside of the early childhood setting, 'selective eating' may be used as a clinical term in health or research contexts, particularly when discussing children with feeding difficulties or avoidant/restrictive food intake disorder (ARFID).

For more information about eating and neurodivergence, visit:

➤ <https://nedc.com.au/eating-disorders/types/neurodivergence>

EARLY YEARS LEARNING FRAMEWORK
Outcome 1

NATIONAL QUALITY STANDARD
QA2, QA5

Good eater

Adults often say this as a form of praise or encouragement. It's meant to celebrate the child's willingness to try new foods, eat a full meal, or follow instructions at mealtime. It comes from a genuine place of wanting to recognise a child for making positive choices or showing helpful behaviours.

However, praising children for how they eat can make them focus on external approval rather than internal cues like hunger and 'had enough'. When 'good' eating is praised, eating differently can feel 'bad,' leading to pressure, shame, or anxiety at mealtimes for some children. It can also cause children to override their bodies' natural signals that they have had enough to please adults. Over time, this makes it harder for the child to know when they have had enough.

Educators don't need to compliment children on the way or amount that they eat, or to share these opinions with families. Instead, educators can focus on the skills that children are building, for example, "Wow, you balanced the peas on your spoon so well", or "You're listening to what your body needs", "What did the pasta sauce taste like?"

The vignettes below show how common "fussy eating" concerns and everyday mealtime language can unintentionally add pressure, and how educators can respond with calm, food-neutral support that protects children's autonomy and body trust.



VIGNETTE 3

Playing 'too full'

During free play, a group of three-year-olds are 'cooking' in the home corner. One child joyfully serves pretend meals to an educator over and over. After several helpings, the educator laughs and says, "No more for me, I'm full!" The child pauses, then imitates a phrase heard at home: "You need more exercise!"

Reflection

Children absorb language and ideas about food, bodies, and exercise from adults. This child has learned to equate fullness with a need to 'make up for' overeating. In this moment, the educator can gently steer the play towards body trust and curiosity: "I like to move my body sometimes! But my tummy has had enough, so I'll rest it now. I'll feel hungry again later." This helps to cue the child to their own bodily sensation of hunger and satiety and avoids reinforcing judgement calls about eating 'too much.'

Reflective questions



Educators

- Were the concepts presented about mealtime language and body image in this section new to you? With what you know now, what would you strengthen in your practice?
- Think of a time a family raised a concern about their child's eating with you? How did you approach this? Would you do anything differently?



VIGNETTE 4

'Finish your plate'

At lunch, an educator notices that a toddler has eaten only part of their meal and starts encouraging them to eat more: "Come on, finish your plate! You need to eat enough to get big and strong." When the child reaches for more of a favourite food, the educator hesitates: "No, you've had enough of that one. It's not healthy."

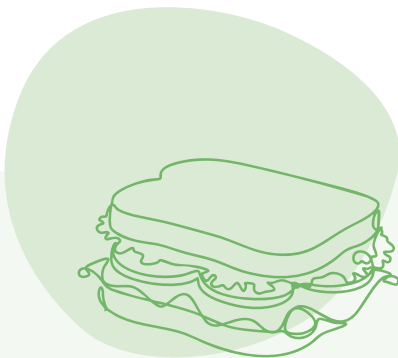
Reflection

Allowing children to make food choices helps them learn about food, eating and their body. This includes letting them choose when to stop eating and which items to eat from the meal provided. Mixed messages about 'good' and 'bad' foods or how much to eat can disrupt a child's ability to listen to their hunger and satiety cues. Instead, educators can say, "Let's check how your tummy feels. Does it feel hungry or like you have had enough?" Educators may also model their own awareness of their body sensations from eating, such as "My tummy feels rumby, I think I'm still hungry."

Any staff who wish to receive support for their own body image or eating concerns, or those who have questions on how best to support a child in their care, contact the Butterfly National Helpline 7 days a week, 8am–midnight (AEST/AEDT) by calling 1800 ED HOPE (1800 33 4673) or visit www.butterfly.org.au to chat online or email.

🔗 www.butterfly.org.au





VIGNETTE 5

'She only ate the bread'

At the end of the day, an educator greets a parent with concern: "She only ate the bread from her sandwich today. We tried to get her to eat the filling, but she refused." The parent responds, "That's OK, she eats well at home." The educator repeats the concern the next day, within earshot of the child.

Reflection

Repeated adult anxiety about what or how much a child eats can make the child feel they've done something wrong. When a parent signals comfort with their child's eating, educators can accept that reassurance and focus instead on creating calm, trusting mealtime environments. Not all children will eat the same foods every day. Flexibility and autonomy support children to develop body trust and positive relationships with food.



VIGNETTE 6

Parent concerns about 'fussiness'

At pickup time, a parent greets the educator with worry in their voice: "Did she eat her lunch today? She's been so fussy at home. I'm really worried she's not eating enough – she just picks at her food."

The educator checks the notes and replies, "She ate some of her rice and fruit. She seemed content and energetic all afternoon."

The parent sighs, "She just won't eat her vegetables. Maybe you could make her finish everything on her plate here before she can play?"

Reflection

Parents want their kids to be healthy and to grow up well. Some parents worry about what their children eat, but young children need time, patience and many exposures to some foods before they will be willing to try. It's normal for a child to have periods where they avoid certain foods, or for their diet to seem quite limited compared to the adults in their life. An educator can reassure parents calmly and share objective, neutral observations. They might say, "We see lots of variation at this age. She seems happy and active here, and she eats according to her appetite. We'll keep offering a range of foods and let her decide how much to eat." This can help reduce anxiety for both parent and child and reinforces that developmentally normal eating can look different for each child, each day.

Reflective questions**Service leadership team**

- How can you support your team to reflect upon the language they currently use at mealtimes with children and strengthen their practice?
- How might you support educators who encounter family concerns about their child's eating? How might you extend their skills in partnering with families?

Body image

Body image is a combination of the thoughts and feelings that you have about your body. Body image starts to develop once children recognise themselves in the mirror or in pictures. Preschoolers start to be aware of body shape and size, and children may start to say things like “I’m very short” or compare themselves to others, “I want to be tall like you.”⁵¹

Children and youth are sensitive to messages about body image and appearance shared by their families and other adults (including educators) around them. Research shows that children as young as three are worried about getting fat, this has been learnt from the behaviours and dialogue of adults and media around them.⁵² Over time, this can have negative impacts on physical and mental health and development. We can model behaviours that can benefit our children’s body confidence and self-esteem.

A positive body image is when a person is able to accept, appreciate and respect their body. This is not the same as body satisfaction, as you can be dissatisfied with aspects of your body, yet still be able to accept it despite these aspects.⁵¹

By role-modelling an appreciation of what our bodies can do, rather than what they look like, we can build body satisfaction and protect against appearance pressures.

RECOMMENDATION STATEMENT

Avoid using words that convey a relationship between a specific food and body weight, shape or size (e.g. fattening).

‘Fattening’ has long been used as shorthand for foods that are high in energy and/or fat content. Adults often use it in an attempt to promote ‘healthy choices.’ Other similar words or phrases include “that will make you fat”, or “that will make you put on weight.” These terms are usually not intended to shame, but to teach children to be careful about some foods.

However, when children hear that a food is ‘fattening,’ they learn to connect eating with weight, guilt, badness or fear. This can lead the child to believe that food is something that needs to be controlled, when in fact it is very important in early childhood to allow children to attune to their own hunger and satiety cues to meet their energy requirements.

This language also suggests that fatness is something bad or to be avoided. In the early years, children are forming foundational beliefs about food and bodies.

RECOMMENDATION STATEMENT

Avoid commenting on a child’s body size or shape using words like ‘chubby’.

‘Chubby’ is often used affectionately to describe young children’s roundness or ‘baby fat.’ Many adults use it as a term of endearment, without any intent to criticise or harm. It can also reflect cultural norms that view chubbiness as a sign of health in early childhood.

Even affectionate comments teach children that adults are noticing and commenting on how their bodies look. This can make children self-conscious and aware of body differences before they’re developmentally ready. As they grow, they may interpret ‘chubby’ as something negative or something to change. Drawing attention to size – positively or negatively – can contribute to body dissatisfaction and weight bias, which is seen in kids as young as three.

In addition, comments that connect being ‘chubby’ with being a ‘good eater’ can reinforce an unhelpful message for children about what you eat directly impacting how you look. There are many other factors which influence a child’s growing body shape and size. Most of them are things like genetics, which can’t be controlled, or socioeconomic status, which the child can’t do anything about.

Instead, educators should avoid commenting on appearance. Body-talk can focus on what bodies do and how they feel. For example: “Let’s do some belly breaths and feel our bodies fill up with air.”

The vignettes on the next page highlight how body talk and weight-based messages can surface in play and mealtimes, and how educators can respond in ways that promote respect, inclusion and positive body image for all children.

Reflective questions

Cooks/Nominated supervisor

- *How might your role contribute to responsive, inclusive approaches that support children’s autonomy, belonging, and positive relationships with food?*

VIGNETTE 7

A child calls another child 'fat'

During outdoor play, two four-year-olds are climbing on the playground. One child points to another and says, "You're fat!"

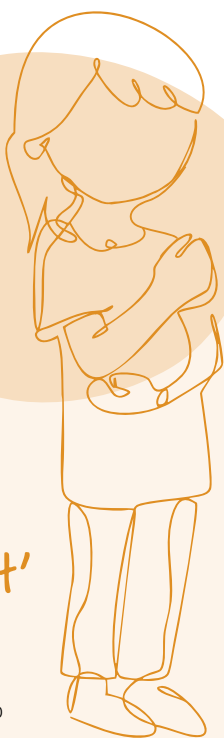
The other child looks surprised and goes quiet. The educator steps in and says gently, "We don't talk about people's bodies." The first child responds, "But my dad says being fat is bad."

Reflection

Children quickly absorb the language and attitudes they hear about bodies – at home, in the media, and in the community. When children use words like 'fat', it's often curiosity or repetition, not intentional unkindness. In these moments, educators can respond in ways that build respect, inclusion, and body acceptance.

Instead of shutting down the conversation, the educator might say, "Bodies come in all shapes and sizes, and all bodies are good bodies." They can then redirect the focus to what bodies *can do*, rather than how they look: "Our bodies help us run, climb, and play." This helps children develop empathy, body respect, and positive social understanding.

Services can also convey this message to children by including diverse toys and books that reinforce that all bodies are good bodies.



VIGNETTE 8

'That will make me fat'

At morning tea, a four-year-old looks at the muffins on the table and says, "I don't want to eat that – it will make me fat." The educator pauses, then gently replies, "It sounds like you've heard that word before. Can you tell me more about what you mean?" The child shrugs and says, "My grandma said she doesn't eat muffins because they make you fat."

Reflection

Even very young children can internalise ideas about food, bodies, and weight from the people around them. When a child labels a food as something that 'makes you fat,' it can signal that they've learned to link food choices with body size or value.

In this moment, the educator can respond calmly and factually: "Muffins are one of many foods that give our bodies energy. All foods help our bodies in different ways." Avoiding moral language ('good' or 'bad' foods) and shifting the focus to nourishment and enjoyment supports children to develop a positive and relaxed relationship with food.

Later, educators can reflect on how mealtime environments and casual comments from adults and peers shape children's developing attitudes toward bodies and eating. Creating spaces where all foods and bodies are respected helps children feel safe and confident in their own choices.

The ECEC may also send resources to families via the childcare app that supports families' knowledge of using body-neutral language for growing minds.



Guidance for responding to eating concerns

In some instances, children will experience feeding and eating problems that go beyond developmentally normal changes and stages. These children may need additional support from a health professional, and some parts of their healthcare plan may need to be upheld in the early childhood education service.

The steps below outline what an educator can do if they believe that a child's feeding or eating needs to be looked at.

1. Know your role and scope of practice

Educators play an important part in supporting children's positive relationships with food and eating, but they are not responsible for diagnosing or treating eating and feeding difficulties.

An educator's role is to:

- Create an enjoyable, trusting mealtime environment.
- Observe and record patterns that may affect a child's well-being.
- Share factual, non-judgemental observations with the appropriate person (for example, the service leader, nominated supervisor, or a child's parent or guardian).

Some educators or Educational Leaders may also:

- Support the family to access professional advice when needed.

2. Understand typical eating in early childhood

It's common for young children to:

- Eat small or inconsistent amounts.
- Prefer familiar foods.
- Go through stages of refusing certain textures or flavours.

However, concerns may arise if a child:

- Shows distress, fear, or frequent gagging around food.
- Has difficulty chewing, swallowing, or sitting at mealtimes.
- Experiences slowed growth or low energy.
- Is becoming increasingly restricted or anxious about eating.

These signs don't necessarily mean the child has a diagnosable illness or problem, but they do need attention and follow-up.

3. Communicate with families

As educators cannot make direct referrals to health professionals on behalf of a child, it is important that they raise any concerns with the child's family so that they can follow up. Educators can:

- Approach the conversation with a sense of partnership.
- Choose a private, calm time to speak with the family, rather than trying to quickly discuss the issues at drop-off or pick-up.

- Use descriptive, neutral language: "I've noticed that Jordan often seems uncomfortable at mealtimes. Is this the same at home?"
- Avoid labels or assumptions (e.g., "I think they have ARFID").
- Emphasise support: "We want to make sure Jordan feels comfortable and enjoys mealtimes here."

If the family expresses concern or wants guidance, educators can suggest that they speak with their GP, child health nurse, or a paediatric dietitian.

4. Observe and document

Educators may be asked by the family or by the child's care team (e.g., doctor, nurse, dietitian) to track what a child is eating during their time in care. In line with service policies, educators can keep objective records over time, such as:

- What was offered and what was eaten.
- The child's behaviour and mood around food.
- Any physical or behavioural symptoms (e.g., fatigue, irritability, difficulty with toileting).

Educators should avoid making judgements like 'fussy', 'refusing', or 'poor eater.' Instead, describe what you see (e.g., 'ate one bite of sandwich, appeared to lose interest,' or 'looked uncomfortable when offered yoghurt').

5. Escalate if there are ongoing or serious concerns

If:

- The child shows ongoing distress or avoidance around food,
- There is visible weight loss or slowed growth, or
- The family is unwilling or unable to seek help despite concerns,

Educators should follow their service's child wellbeing or safeguarding procedures, discuss with the nominated supervisor and document the steps taken.

Educators should not attempt to manage or correct the eating behaviour themselves, for example, by requiring the child to eat, removing food choices, or making comments about health, size, or nutrition.

6. Continue providing a safe and inclusive food environment

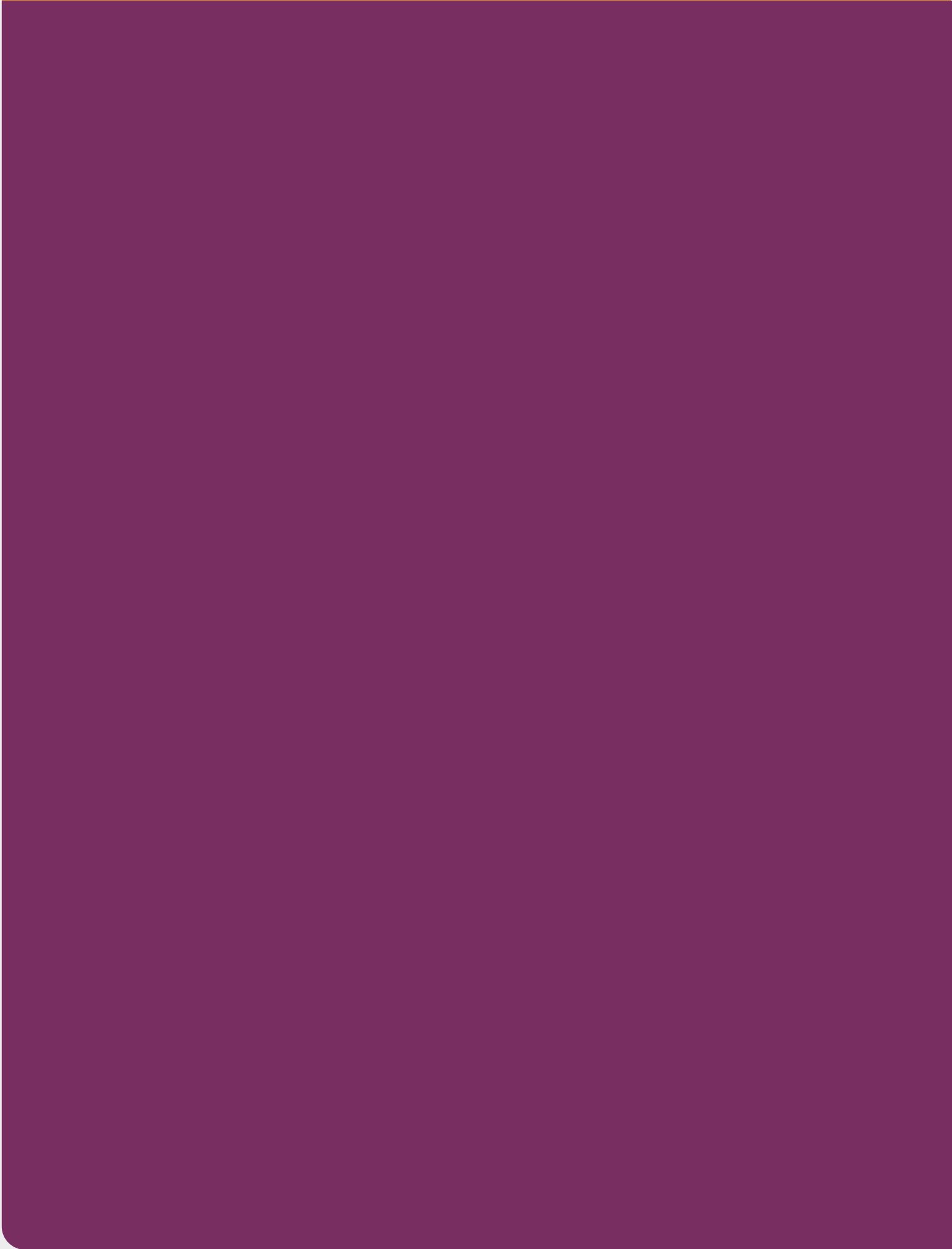
Regardless of any concerns or assessments underway, all children should continue to experience:

- Regular, predictable mealtimes.
- Neutral language about food, bodies, and eating.
- Opportunities to explore food without pressure.
- Respect for their hunger and satiety cues.

This consistency helps reduce anxiety and supports trust in both food and relationships.

EARLY YEARS LEARNING FRAMEWORK
Outcome 1, Outcome 3

NATIONAL QUALITY STANDARD
QA6



SECTION 6

Managing Food Allergies



Managing allergies in the ECEC setting

Allergies are common in Australia – it is estimated that around one in ten babies and one in twenty school aged children has a medically confirmed food allergy, and other children may have allergies to insect stings and medications.

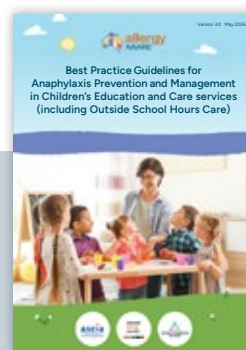
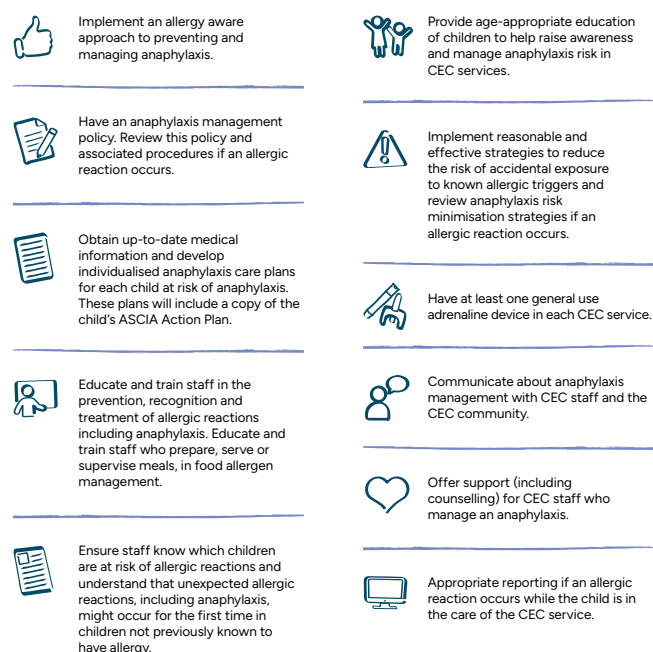
While most children have allergies to the common allergy causing foods (cow's milk/dairy, soy, egg, wheat, fish, shellfish, peanut, tree nuts and sesame), it is possible to be allergic to any food, including fruits and vegetables. The only way to manage a food allergy is for the child to completely avoid the food they are allergic to. Even a crumb or drop of food, or a sip of a drink can cause an allergic reaction.

To help care for children and young people with allergies, the National Allergy Council have published *Best Practice Guidelines for Anaphylaxis Prevention and Management for Children's Education and Care (CEC) (including Outside School Hours Care)*.

The Best Practice Guidelines:

- Outline the **key principles** and recommendations for reducing the risk of anaphylaxis in early childhood education and care settings and outside school hours care services.
- A set of **resources** including templates and sample documents are available as free downloads from the National Allergy Council's website:
 - [Allergy Aware](#)
- An **implementation guide** supports services to put the recommendations into place.

FIGURE 3: Key principles for reducing the risk of anaphylaxis in children's education and care



↓ [Best Practice Guidelines for Anaphylaxis Prevention and Management for Children's Education and Care \(CEC\) \(including Outside School Hours Care\)](#)

Food allergen management across mealtime approaches

For all mealtime approaches, follow best practice in food allergen management recommended by the National Allergy Council:

Staff knowledge and records

- All staff providing food and supervising mealtimes should have completed the All about Allergens for CEC online food allergen management training within the last two years.
- Know which children have food allergies and the days they attend your service.
- Have an up-to-date food allergy and special dietary needs record for each child.
- Use a daily attendance sheet to know which meals and snacks need to be changed for children with food allergies.

Food preparation and delivery

- Ensure processes are in place to ensure the right food and drink is given to the right child. This includes systems that begin in the kitchen.
- When meals are delivered to the eating space, allergy meals should be handed to the educator (using a meal sign-off form for allergies and special dietary needs).
- Serve children with food allergies first.
- Two staff should then identify the child with allergies and double-check that the right food or drink are given to the right child.

During the meal

- Children should always be supervised when eating to ensure they do not come into contact with food allergens from other children's meals.
- All children should wash their hands BEFORE and AFTER eating to reduce allergy risk.
- The eating environment (table/chairs/cutlery) should be cleaned & checked before meals. Spills should be cleaned up quickly.
- Use of common platters / shared bowls or buffet style dining (where children serve themselves) is not recommended for children with food allergies unless all foods are suitable for each child with food allergies.

For more information see Food allergy aware checklist for Children's Education and Care Services, page 38 National Allergy Council (2026):

- [All about Allergens. Managing Food Allergies in Children's Education and Care Kitchen Handbook](#)

Reflective questions



Service leadership team

- *What is your continuous improvement approach to managing food safety during mealtimes?*
- *How do you ensure casual staff's knowledge of your service's food safety practices?*



All About Allergens for ECEC online training and support resources



Allergy Aware website

➤ [Allergy Aware website](#)

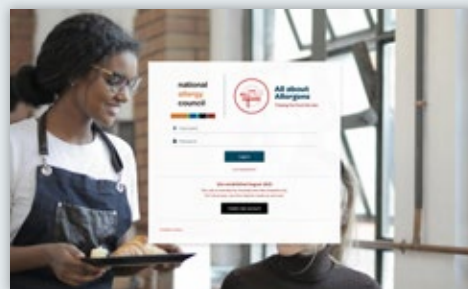
The Allergy Aware website is a resource hub that includes links to evidence-based resources and training for education and care services to help manage anaphylaxis. The website also contains links to state and territory specific information and resources. Note that the Allergy Aware website is separate from the All About Allergens Resource Hub which provides free training about managing food allergies when providing food. Further details on the All about Allergens Resource Hub can be found in the upcoming pages.



All About Allergens for CEC online training

➤ [All about Allergens for CEC](#)

It is recommended that all staff involved in planning, ordering, making, serving and supervising meals complete the National Allergy Council's free All about Allergens for CEC food allergen management online training.



All About Allergens Kitchen Handbook

➤ [All about Allergens Kitchen Handbook](#)

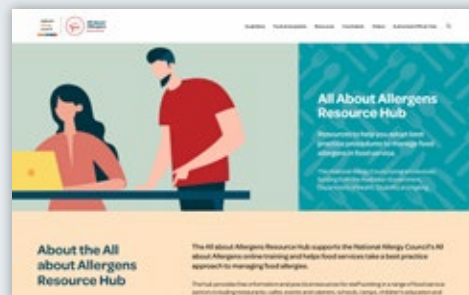
The National Allergy Council's All about Allergens Kitchen Handbook is the companion to the All about Allergens training. The Kitchen Handbook clearly outlines considerations when planning, ordering, making, serving and supervising meals for children with food allergies in Early Education and Care settings.



All about Allergens Resource Hub

➤ [All about Allergens Resource Hub](#)

The All about Allergens Resource Hub supports the National Allergy Council's All about Allergens online training and helps food services take a best practice approach to managing food allergies. The hub provides free information and practical resources for staff working in a range of food service sectors including children's education and care.



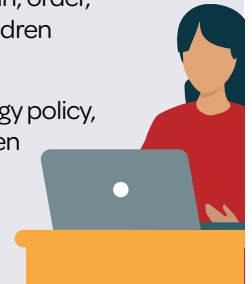
Managing food allergies in ECEC settings is everyone's responsibility

Managing food allergies is everyone's responsibility

Everyone plays a role and needs to communicate about food allergies.

Service Manager

- Make sure all staff are aware of the risk of food allergies. This includes managers, educators, cooks, chefs and other kitchen staff.
- Make sure that only staff who are trained in food allergen management plan, order, make, serve and supervise children eating the food.
- Make sure you have a food allergy policy, and procedures for food allergen management. Audit your service to make sure the policy and procedures are followed.



Parent/Carer

When they enrol, ask parents about their child's allergies and any other dietary needs.

Parents should:

- Tell the service if their child's allergies change.
- Provide a copy of their child's ASCIA Action Plan and allergy medication.



Educator

- Know how to recognise and respond to allergic reactions.
- Know how to provide a safe environment for children with food allergies during meal and snack times.
- Plan safe and inclusive activities for children with food allergy.



Cook/Chef

- Know how to make and serve suitable food for children with food allergies.
- Know what is in the food they make and serve.
- Know which children in their childcare service have food allergies.
- Be able to answer questions from parents of children with food allergies about the ingredients of the food they make and serve. Other CEC staff should know how to find this information if they are asked for it.

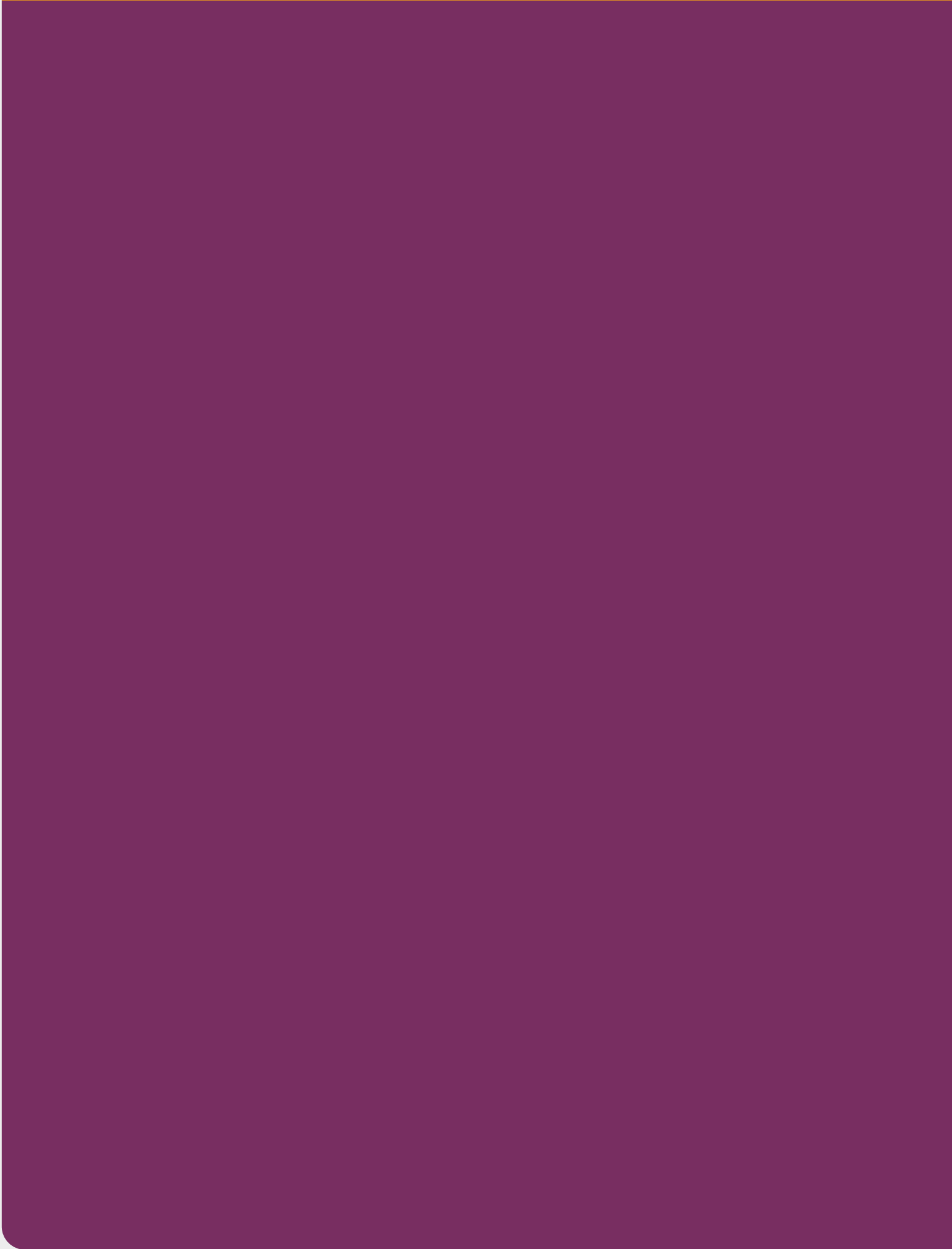


All food allergies must be taken seriously

Use the same approach for all types of food allergies, regardless of the type of ASCIA Action Plan they have.

Parents should not be asked to sign disclaimers or waivers about possible exposure to food allergens while their child is at a CEC service.

Poster supplied with permission from the National Allergy Council All about Allergens Kitchen Handbook.



SECTION 7

Designing Mealtime Approaches



Designing mealtime approaches

Every ECEC service creates mealtimes that work for their unique context, balancing children's needs, staffing patterns, space, and how food is sourced. This section provides a toolkit of mealtime approaches that services can choose from and adapt: structured group meals, progressive time windows, lunchbox routines, outdoor eating, and flexible overlays for cultural celebrations or individualised support. Whatever approach you choose, the foundations remain the same: responsive feeding, safety, autonomy, and inclusion.

Mealtime models framework

Why this framework matters

Mealtimes in ECEC are more than eating; they're everyday rituals where belonging, learning, connection, language, self-help, and self-regulation grow. The entries below describe each mealtime type (definition), what it looks like in practice (elements/characteristics), and what to expect (pros/cons). They're written in food-neutral, inclusion-first language so services can plan confidently and adapt for every child.

How to read the framework

Each 'Mealtime type' highlights a different way of providing food to children: timing (structured vs progressive), serving method (shared meal/shared platters), food source (lunchbox), or location (outdoor).

Three 'overlays' can be added to any mealtime type:

1. adapted/individualised
2. cultural/celebration
3. one-to-one/small-group

You can tailor food access, safety, culture and relationships without changing your service's preferred model of meal structure.

Regardless of mealtime type, the following foundational practices should be included:

- Responsive feeding practices are used.
- A predictable mealtime routine is in place.
- Children are seated when eating to reduce choking risk.
- Food is served in safe, manageable pieces and textures relative to developmental stage.
- Allergy/cross-contact controls are in place.
- Hygiene/temperature management procedures are followed.
- Equitable access (e.g., early/late provisions or gentle prompts so no one misses out).
- Mealtime talk stays respectful and non-judgemental (e.g., 'don't yuck my yum').
- Augmentative and Alternative Communication (AAC) and visual supports available.

How to use the framework

Choose and combine the mealtime type(s) that fit your setting and will work with the children attending the service. You can add individualised support, cultural celebrations, or small-group arrangements to any mealtime type when needed.

Use the Elements/Characteristics to plan staffing, environment and routines; use Pros/Cons to anticipate trade-offs and add simple mitigations. For example, tick off who has eaten, batch and cover food, set timing cut-offs, rotate roles, co-design with families, and include appropriate procedures for children with food allergies and other special dietary needs. The aim isn't uniformity, it's safe, dignified participation and rich learning for every child.

Reflective questions



Educators

- *How effective is your current approach to managing food safety during mealtimes? How do you support casual staff to effectively manage food safety?*
- *To what extent are your mealtime experiences child-centred? How do you involve children in decision-making?*
- *How flexible is your service's approach to mealtimes in meeting children's individual needs and rhythms? How can you support your team with this?*

TABLE 5: Mealtime models framework

Structured mealtimes

Children and educators come together at consistent, predictable times to share food and conversation. Educators sit with children and eat comparable foods, modelling calm, respectful interactions and responsive feeding (adults decide the menu/time/place; children decide whether and how much). Distractions such as screens and toys are minimised; routines are stable yet allow reasonable flexibility (e.g., early/late provisions) so no child goes hungry. Practices are adapted for allergies/food safety, cultural safety, sensory needs, and trauma-informed inclusion, with intentional mealtime talk that links to learning.

Characteristics

- **Timing/structure:** fixed, predictable sittings (e.g., morning tea, lunch); transition cues; adequate time to eat.
- **Grouping:** whole group (split to small tables if needed); everyone eats together.
- **Serving method:** pre-plated, self-served by children, or educator-served; simple self-help roles (pouring, clearing) where appropriate.
- **Educator role:** sit with children; model calm, respectful, food-neutral dialogue; link talk to learning.
- **Autonomy:** responsive to children's appetite (children decide whether/how much); right to decline; water always available.
- **Safety/hygiene:** handwashing (before and after eating), temperature control, choking risk checks, allergen plan/seating/utensils.
- **Inclusion:** sensory adjustments (quiet spots, smaller tables), visual/AAC supports, trauma-aware tone.
- **Monitoring/comms:** observe who has eaten/participated; reasonable flexibility (early/late provisions).

Pros & cons

✓ Pros

- Predictable routine supports regulation and a sense of safety/belonging.
- Whole-group experience strengthens community and shared norms.
- Easier to observe participation and check who has eaten.
- Simple to timetable; cleaning and setup happen in one block.
- Clear platform for intentional mealtime talk linked to learning.

✗ Cons

- Inflexible timing may override individual hunger/sensory cues.
- Interrupts deep play; difficult transitions for some children.
- Noisy/busy group can overwhelm sensitive learners.
- Risk of pressure (finish quickly/finish everything) if not monitored.
- Less individual autonomy over when to eat.

EARLY YEARS LEARNING FRAMEWORK

Outcome 1, Outcome 2, Outcome 3, Outcome 4, Outcome 5

NATIONAL QUALITY STANDARD

QA1, QA2, QA3, QA4, QA5,

Indoor Communal Mealtimes (seated or gathered, indoor shared meal)

A seated, indoor shared mealtime where educators and children eat together at tables, or on picnic rugs on the floor (dependent on child needs) to build connection and mealtime dialogue. Food may be offered from shared platters, educator-served dishes, or individual plates as appropriate. Children self-serve with guidance where safe; alternatives are provided for allergy, cultural, sensory, or trauma-aware needs so every child can participate with dignity. Educators co-dine, model calm, food-neutral conversation, and link the experience to learning.

Characteristics

- **Structure:** seated, indoor shared meal; predictable routines; small tables.
- **Serving method:** pre-plated, self-served by children, or educator-served; simple self-help roles (pouring, clearing) where appropriate.
- **Educator role:** co-dine at the table; model manners and food-neutral talk; facilitate inclusive conversation.
- **Autonomy:** children choose what/how much; second helpings available; spills treated as learning.
- **Safety/hygiene:** serving utensils only; allergen-safe plans (separate serves/placements/clean up food spills quickly); seated-only eating.
- **Inclusion:** adaptive utensils, pre-cut textures, visual/AAC; sensory seating options; trauma-aware pace.
- **Learning links:** fine-motor/self-help (tongs, pouring), counting/turns, respectful food dialogue.

Pros & cons

✓ Pros

- Belonging and peer culture through eating together.
- Autonomy in what/how much; strong fine-motor/self-help practice.
- Rich opportunities for respectful food dialogue and manners.
- Positive peer modelling can broaden food acceptance over time.
- Shared routines build responsibility and cooperation.

✗ Cons

- Higher cross-contact risk; strict allergen controls required. Exclusion of children with multiple food allergies.
- Messier and slower; more setup/cleanup time.
- Can be overwhelming for some children (noise, proximity, smells).
- Uneven participation if confident children dominate serving.
- Greater educator attention/skill needed to keep non-pressured.

EARLY YEARS LEARNING FRAMEWORK

Outcome 1, Outcome 2, Outcome 3, Outcome 4, Outcome 5

NATIONAL QUALITY STANDARD

QA1, QA2, QA3, QA4, QA5,

Outdoor shared meal experiences

Outdoor shared meal experiences where children and educators eat and are seated outside (picnic tables/blankets). Designed to connect with place/Country and wellbeing while maintaining safety, hygiene and inclusion.

Characteristics

- **Location:** seated outside (picnic tables/blankets); shade/UV and weather plan.
- **Structure:** calm pace; seated-only eating to reduce choking risk; contingency to move indoors.
- **Safety/hygiene:** handwashing access (use wipes for children as hand sanitisers do not remove allergens); clean surfaces; pest management; temperature control for food transport/holding.
- **Educator role:** co-dine; link to place/Country (e.g., Acknowledgement of Country); nature-based conversation prompts.
- **Inclusion:** sensory-aware spaces; AAC/visual supports; allergen plans and adrenaline devices (e.g., EpiPen) travel with the group.
- **Sustainability:** waste/compost systems; reusable crockery and cutlery.

Pros & cons

✓ Pros

- Connection to place/Country; high engagement and curiosity.
- Sensory benefits (fresh air, nature sounds) can support regulation.
- Strong curriculum links (eco-/place-based learning).
- Memorable community feel; novel context for mealtime talk.
- Opportunities for stewardship (waste sorting, caring for place).

✗ Cons

- Weather/UV/insects; reliable contingency needed.
- Food safety during transport/holding is more complex.
- Distractions; supervision coverage across a larger space. Distractions and deviation from normal routines can be a food allergy risk.
- Increased choking risk if children move about (requires seated-only rule).
- Extra logistics (handwashing access, equipment, cleanup).

EARLY YEARS LEARNING FRAMEWORK

Outcome 1, Outcome 2, Outcome 3, Outcome 4, Outcome 5

NATIONAL QUALITY STANDARD

QA1, QA2, QA3, QA4, QA5,

Lunchbox/brought from home meals

Children eat food provided by families. A seated, indoor or outdoor shared mealtime where educators and children eat together to build connection and mealtime dialogue.

Food from home is not shared between children; the shared experience is conversation, routines/rituals and inclusion.

Characteristics

- **Food source:** family-provided meals; no sharing/trading or swapping between children.
- **Structure:** seated mealtime with educators present; calm, non-judgemental tone.
- **Safety/hygiene:** storage/temperature control; checks for choking risk foods; allergen plans and seating/utensils.
- **Educator role:** open containers as needed; model respectful dialogue; celebrate food diversity without value judgements.
- **Autonomy:** child chooses what/how much from their lunch; water available; support self-help (opening, packing away).
- **Equity:** service backup options if food is insufficient; plain-language guidance to families (food-neutral).
- **Learning links:** conversations about culture/family, routines, waste sorting/reusables.

Pros & cons

✓ Pros

- Strong family partnership and cultural continuity.
- Builds self-help (opening, packing away) and ownership.
- Lower kitchen demands for the service.
- Clear boundaries (no trading) support safety and dignity.
- Natural platform for inclusive, non-judgemental mealtime talk.
- Provision of familiar/safe foods.

✗ Cons

- Variable contents/volume; may not align with service nutrition guidance or include all core food group components.
- Choking-risk items may be present; limited service control over what is packed; requires vigilant checks and seating/serving plans.
- Allergen risks; need for clear labelling, seating, and utensil controls.
- Visible differences in lunches can raise equity concerns.
- Limited exposure to new/different foods compared with service-provided menus.
- Risk of cuts from lids of tins such as tuna cans
- Mealtimes may take longer due to extra time needed for opening lunchboxes, wrapping, individual containers and/or deciding what to eat.

⚠ Additional food safety & food allergy management

- Families will provide safe food for their children with food allergies.
- The lunch box or food brought from home must be labelled with the child's name and their allergies.
- Always need to supervise children when they are eating.
- Ensure that children do not swap foods.
- Need a contingency for provision of safe foods for the child with allergies in case the lunch box is dropped, or food is spilled.

EARLY YEARS LEARNING FRAMEWORK
Outcome 1, Outcome 2, Outcome 3, Outcome 5

NATIONAL QUALITY STANDARD
QA1, QA2, QA3, QA4, QA5, QA6

Overlay elements

Mealtime overlays provide flexible ways to tailor any mealtime model to children's needs without changing the service's overall approach to meal structure.

The three overlays, adapted/individualised, cultural/celebration, and one-to-one/small-group (outlined in Table 6 overpage), can be applied to any mealtime type to support inclusion, safety, culture and relationships. Overlays allow educators to make intentional adjustments to the environment, supervision, communication supports and routines, ensuring all children can participate with dignity. They are designed to complement, not replace, core responsive feeding practices and should be planned thoughtfully, implemented consistently and reviewed regularly in partnership with families and, where relevant, allied health professionals.

Reflective questions



Cooks/Nominated supervisor

- *How do you work with educators to effectively manage food safety?*
- *What adaptations would you need to make in your menu planning and food service to support flexible mealtimes? (e.g. progressive mealtimes)*



TABLE 6: Overlay elements

Adapted/individualised mealtimes

Inclusive, child-centred mealtime experiences tailored to each child's developmental, sensory, medical and dietary needs. Educators co-design with families/allied health and provide reasonable adjustments, e.g., seated/quiet spaces, texture or utensil/adaptive equipment, visual/AAC supports, food allergy/dysphagia plans, and gentle prompting without pressure – so every child can participate safely and with dignity (through eating, or by alternative engagement such as seeing, smelling, or helping).

Characteristics

- **Planning:** developed with families/allied health; clear diet prescriptions for children with special dietary needs (dysphagia/individual allergy care plans/texture modification, etc.) documentation.
- **Environment:** small/quiet space; predictable routine; visual schedule; consistent educator for co-regulation.
- **Serving/equipment:** adaptive utensils, seating, textures; paced feeding supports; seated-only eating.
- **Participation:** multiple pathways (eating or alternative engagement – seeing, smelling, helping); no pressure.
- **Communication:** AAC/visual supports embedded; wait time; affirmation of preferences/cues.
- **Inclusion:** brief peer/buddy options or parallel dining to maintain social connection; regular review.

Pros & cons

✓ Pros

- Safety and dignity for children with medical, sensory or developmental needs.
- Participation pathways beyond eating (seeing/smelling/helping).
- Reduced distress; better self-regulation and trust.
- Skills develop at the child's pace with tailored supports.
- Stronger partnership with families/allied health.

✗ Cons

- Higher staffing/time load; scheduling complexity.
- Risk of isolation if not intentionally connected to peers.
- Extra preparation (textures, adaptive equipment).
- Dependence on specific staff if plans aren't well documented.
- Requires ongoing review and consistent implementation.

⚠ Additional food safety & food allergy management

- Ensure processes are in place to ensure the right food and drink is given to the right child. This includes systems that begin in the kitchen.
- When meals are delivered to the eating space allergy meals should be handed to the educator (using the sign out form for allergies and special dietary needs).
- Only the educator (or other assigned staff) should then identify the child with allergies, and double check that they are giving the right food or drink.
- Children should be supervised when eating to ensure they are not coming into contact with allergens from other children's meals.
- Eating environment (table/chairs/cutlery should be cleaned and checked). Spills should be cleaned up quickly.
- All children should wash their hands BEFORE and AFTER eating to reduce allergy risk.
- Use of common platters/shared bowls or buffet style dining (where children serve themselves) is not recommended for children with food allergies unless all foods are suitable for all of the children with food allergies.
- Educators should liaise with families and health care professionals (as relevant) for specific instructions related to the mealtime environment.
- For example, children with food aversions related to allergy exposure may need to only feed themselves, or only eat certain foods, with no intervention by educators.

EARLY YEARS LEARNING FRAMEWORK
Outcome 1, Outcome 2, Outcome 3, Outcome 5

NATIONAL QUALITY STANDARD
QA1, QA2, QA3, QA4, QA5, QA6

Cultural/celebration mealtimes

Developed with children and families, these shared meals honour diverse cultural identities, traditions and values (e.g., birthdays, cultural holidays, community events). They build belonging, intercultural understanding and respect while remaining safe and inclusive (clear food allergen management and labelling, opt-in/no-pressure tasting, respectful food dialogue, and equitable, service-provided options with non-food ways to celebrate where appropriate).

Characteristics

- **Collaboration:** plan with children/families; consent around foods, stories, language and music.
- **Menu/practice:** culturally relevant options; opt-in/no-pressure tasting; food allergen management and clear labelling.
- **Equity:** service-provided or low-cost; non-food ways to celebrate (songs, dress, art).
- **Educator role:** facilitate respectful dialogue ('don't yuck my yum'); acknowledge Country where appropriate.
- **Inclusion:** seating/sensory adjustments; AAC/visuals; ensure participation without singling out.
- **Sustainability:** reusables/compost; minimise waste.

Pros & cons

✓ Pros

- Belonging and intercultural understanding.
- Validates home identities, languages and traditions.
- Community building with families and children.
- Flexible entry points (stories, music, artefacts) beyond tasting.
- Powerful context for respectful food dialogue.

✗ Cons

- Tokenism/stereotyping risk if not co-designed.
- Allergen/cross-contact risks rise with varied foods.
- Perceived pressure to taste; potential discomfort for some.
- Cost burden/time on families if not service-supported.
- Can crowd out routine if celebrations are too frequent.

⚠ Additional food safety & food allergy management

- This is a high risk for children with food allergies. All of the usual food allergen management procedures should be prioritised.
- Excursions – only trained educators should be responsible for providing food and supervising children with food allergies.

EARLY YEARS LEARNING FRAMEWORK
Outcome 1, Outcome 2, Outcome 3, Outcome 4, Outcome 5

NATIONAL QUALITY STANDARD
QA1, QA2, QA3, QA4, QA5, QA6

⚠ Safe eating and choking prevention

All mealtime formats follow safe eating practices to minimise choking risk. Children are always seated while eating and actively supervised by educators who are first aid trained, including choking response.

Foods are modified to suit developmental stage: e.g., hard fruits/vegetables are softened or grated; grapes and cherry tomatoes are quartered lengthwise; and choking-risk foods like popcorn and whole nuts are not offered to children under 5. Bottles are never propped. Infants are held during feeds.

Practices are guided by current national health advice and meet or exceed regulatory expectations (e.g. National Regulations 77, 78, 85, 136, 168). These measures apply regardless of mealtime delivery mode and ensure eating is safe, supportive and respectful of each child's needs.

One-to-one/small-group mealtimes

A relationship-based mealtime with increased adult presence, where one educator sits with one child or a small group to nurture connection and self-regulation. Educators use responsive feeding (children choose whether, what and how much to eat), model non-judgemental, food-neutral eating practices, and scaffold communication and self-help at each child's pace. The routine is calm and predictable, with seating/sensory adjustments, AAC/visual supports, and clear food allergen management/safety plans. Access is planned and fair (scheduled rotations and targeted support as needed). Mealtimes are non-pressured, purposeful, and reviewed regularly.

Characteristics

- **Ratio/setting:** increased adult presence; one educator with one child or a small group; calm, predictable routine.
- **Responsive feeding:** children choose whether/what/how much; unhurried pace; right to pause/stop.
- **Targeted coaching:** communication (serve-and-return, AAC), self-help (pouring, serving, wiping) at the child's pace.
- **Safety:** allergen management/safety plans visible to the educator; seating and texture adjustments.
- **Access/fairness:** scheduled rotations and targeted support; time-limited, purposeful sessions; share insights with the team.

Pros & cons

✓ Pros

- Deep connection; strong serve-and-return communication.
- Targeted coaching for communication and self-help.
- Calm pacing supports self-regulation and confidence.
- Helpful for infants/new enrolments and children needing extra support.
- Clear observation opportunities to inform planning with families.

✗ Cons

- Staff time and coverage; opportunity cost for the wider group.
- Equity concerns if access isn't planned and transparent.
- Potential for over-reliance on one adult if sessions are too frequent/long.
- Can drift into monitoring/pressure without reflective practice.
- Requires careful boundaries and documentation.

⚠ Additional food safety & food allergy management

- Ensure processes are in place to ensure the right food and drink is given to the right child. This includes systems that begin in the kitchen.
- When meals are delivered to the eating space allergy meals should be handed to the educator (using the sign out form for allergies and special dietary needs).
- Only the educator (or other assigned staff) should then identify the child with allergies, and double check that they are giving the right food or drink.
- Children should be supervised when eating to ensure they are not coming into contact with allergens from other children's meals.
- Eating environment (table/chairs/cutlery should be cleaned and checked). Spills should be cleaned up quickly.
- All children should wash their hands BEFORE and AFTER eating to reduce allergy risk.
- Use of common platters/shared bowls or buffet style dining (where children serve themselves) is not recommended for children with food allergies unless all foods are suitable for all of the children with food allergies.
- Only educators trained in food allergen management should be responsible for providing food and supervising children with food allergies.
- A two-person check to ensure the right meal is given to the right child with food allergy is recommended.

Progressive mealtime models

Progressive mealtime models (time-windows rather than one fixed sitting) are commonly used in ECEC because they protect play flow and honour appetite cues. They also introduce supervision, hygiene and tracking challenges.

In practice, quality for progressive mealtimes is highest in smaller rooms/settings or where there are adequate staff-to-child ratios and a dedicated 'host' educator at the eating area. Clear systems (e.g., tick-off and last-call, batch serving and temperature control, food allergen management, and a defined cut-off before the next meal) help make these models safe, inclusive and equitable.

Table 7 (overpage) separates progressive breakfast, grazing station, and main mealtime models from the main mealtime models outlined in Table 5. Each model includes specific guidance on how to manage flow, ensure equity and inclusion, and meet food safety and allergen management requirements. Although the format differs, the pedagogical intent remains aligned with responsive feeding and quality adult-child engagement.

Shared foundations for all progressive mealtime models

- **Timing:** an open time window with a clear cut-off before the next meal.
- **Hosting:** a dedicated educator 'hosts' the area, greets children, keeps tone calm, and tracks participation (tick-off and last call).
- **Autonomy:** children choose if/when/how much they eat; no pressure; water is always available.
- **Safety/hygiene:** handwashing on entry and after eating; seated-only eating; utensil-only serving; batch, cover, and hold foods safely; discard perishables past safe times.
- **Inclusion:** visual/AAC prompts, sensory-aware seating, quiet options; gentle prompts so no child misses out.
- **Food allergens:** policies, protocols and procedures to ensure that children with food allergies are given the right food for them. Handwashing before and after eating for all children.
- **Learning links:** brief, authentic mealtime talk; self-help roles (serving/pouring/clearing); simple sustainability (reusables/compost).
- **Example cut-off guide for timing of mealtimes:** Breakfast closes ~30-45 min before morning tea and other food opportunities; Grazing stations close ~30-60 min before the next main meal; Main meal window runs ~45-60 min total.

TABLE 7: Progressive Mealtimes Models

Progressive breakfast (arrival window)		
Arrival-time window where breakfast is available for children who haven't eaten at home or arrive early; hosted calmly with tracking and a cut-off to protect appetite for morning tea.		
Characteristics • Open during arrival (from service opening, close 30-45 min before morning tea). • Small rotating groups as children arrive; settling/relationship-building focus. • Clear and clean the surfaces between arrivals to prevent allergy risks.	Pros & cons ✓ Pros • Supports families with early starts; warm, regulated start to the day. • Reduces dysregulation from arriving hungry. ✗ Cons • Food safety challenges with long serving windows (temperature control, hygiene). • High supervision load during busy drop-off period. • Requires a reset of surfaces and utensils between waves of children.	Risks & mitigations • Food safety concerns over long windows: batch/hold correctly; timestamp, cover. • Supervision load at drop-off: assign a dedicated host; keep menu simple. • Appetite impact if breakfast runs too close to morning tea: time cut-off required. • Quick cleaning of spills (to reduce allergy risk)
⚠ Additional food safety & food allergy management • Follow best practice food allergen management protocols; ensure known allergens are not on open platters; seat/serve per plans; hand-washing before and after eating (for all children). • Two person check that the right food and drink is given to the right child with food allergy.		

Progressive grazing station (morning and afternoon tea and other food opportunities)

Defined window (~45-60 min) with a supervised grazing station.

Children choose if/when/how much to eat; host tracks/tick-off and issues a last call; clear cut-off protects appetite.

Characteristics	Pros & cons	Risks & mitigations
• Station design: simple self-serve, small-batch replenishment, cover between groups. • Equity prompts for children who forget/avoid eating; quick invite to quieter/engaged learners. • Water is always freely available.	 Pros • Responsive to appetite; minimal disruption to play. • Small-group social talk; easy sustainability wins. • Builds self-help (serving/pouring/clearing) in authentic moments.  Cons • Children may forget or avoid meal opportunities without active tracking and reminders. • Grazing too close to the next meal can suppress appetite. • Requires constant hygiene management and food safety vigilance. • Popular items may run out unequally without monitoring. • Staffing can be stretched if a dedicated host isn't available. • Risk of food waste if perishables aren't replenished in small batches.	• Missed meal opportunities: tick-off + timed reminders and last call. • Appetite dampening: set cut-off 30-60 min before the next meal. • Hygiene/waste: utensil-only; discard time-out perishables; plan fair replenishment. • Staffing stretch: roster a host; keep food on offer limited and repeatable.

Additional food safety & food allergy management

- Higher risk for children with allergies; needs close supervision and a two staff checking process to ensure the right food is given to the right child.
- Ensure handwashing before and after eating for all children.

Progressive mealtimes (time-window for the main meal)

Open lunch window (~45–60 min). Children choose when to eat; host supervises, tracks participation, and gently prompts to ensure equitable access, with intentional mealtime engagement.

Characteristics	Pros & cons	Risks & mitigations
• Serving: self-serve or educator-served in batches to keep food appealing/safe. • Participation equity: monitor patterns (e.g., persistent late eaters) and coach timing. • Transition to school models: occasional practice with fixed-start mini-sittings.	 Pros • Strong autonomy; protects play flow; richer small-group conversations. • Fits varied appetites/sensory needs; encourages self-monitoring and regulation.  Cons • Some children delay or skip eating without prompts, risking hunger. • Children graze and do not get the opportunity to feel appropriate hunger cues ahead of the next meal • Maintaining food quality, temperature, and appeal over time is challenging. • Requires more complex supervision across play and meal areas. • Documentation of intake can be inconsistent without clear systems.	• Use tracking and gentle prompts to ensure all children eat. • Batch-serve or reheat food to maintain safe temps and appeal. • Assign a host to manage food area while others supervise play. • Practice fixed-time mealtimes occasionally to prepare children for school.

Additional food safety & food allergy management

- Pre-plate meals for children with food allergies that are labelled with the child's name and their allergy. Ensure clean utensils; Two staff double-check that the right meal is given to the right child.
- Seat children with food allergies according to plan; supervise during eating.
- Use dedicated utensils and do not offer share plates if anyone is consuming that child's food allergen at the meal.
- Ensure handwashing before and after eating for all children.
- Wipe down all surfaces thoroughly, including rapid cleanup of food spills.

EARLY YEARS LEARNING FRAMEWORK
Outcome 1, Outcome 2, Outcome 3, Outcome 4, Outcome 5

NATIONAL QUALITY STANDARD
QA1, QA2, QA3, QA4, QA5

Safe eating and choking prevention

All mealtime formats follow safe eating practices to minimise choking risk. Children are always seated while eating and actively supervised by educators who are first aid trained, including choking response.

Foods are modified to suit developmental stage: e.g., hard fruits/vegetables are softened or grated; grapes and cherry tomatoes are quartered lengthwise; and choking-risk foods like popcorn and whole nuts are not offered to children under 5. Bottles are never propped. Infants are held during feeds.

Practices are guided by current national health advice and meet or exceed regulatory expectations (e.g. National Regulations 77, 78, 85, 136, 168). These measures apply regardless of mealtime delivery mode and ensure eating is safe, supportive and respectful of each child's needs.

SECTION 8

Appendices



Appendix A – Glossary

Abbreviations and acronyms

Abbreviation	Full form
AAC	Augmentative and Alternative Communication
ARFID	Avoidant/Restrictive Food Intake Disorder
BPG	Best Practice Guide
ECEC	Early Childhood Education and Care
EYLF	Early Years Learning Framework
FE	Food Education module
MEP	Mealtime Environment and Practices module
NNN-ECEC	National Nutrition Network – Early Childhood Education and Care
NQS	National Quality Standard
OSHC	Outside School Hours Care
WHO	World Health Organization

Key terms and definitions

Term	Definition
Appetite regulation	The internal biological process that helps children recognise when they are hungry and when they have had enough to eat. Appetite regulation involves noticing hunger and satiety cues and responding appropriately to these bodily signals.
Artichoke Model	A visual conceptual framework for understanding the whole food environment in Early Childhood Education and Care settings. Like the layers of an artichoke, the model places children's everyday food experiences at the centre, surrounded by the people, places, systems and routines that shape those experiences. The model includes 12 connected 'leaves' grouped into three layers: What (food provided), How (feeding practices and support), and Environmental levers (service conditions).
Best Practice Guide (BPG)	The Best Practice Guide for Early Childhood Education and Care Food Environment – a comprehensive guide providing evidence-informed recommendations for creating positive food environments in ECEC settings for children from birth to 5 years.
Body-neutral language	Language about food and bodies that avoids judgement, moral labels (e.g. 'good/bad'), dieting talk, weight talk or appearance-based comments.
Choking risk prevention	Safe eating practices that reduce choking risk, including seated eating, active supervision, and offering foods in sizes and textures appropriate to children's developmental stage.
Co-regulation	The process where adults help children manage their emotions, stress responses and bodily experiences (including hunger and satiety) by providing a calm, supportive presence and responsive interactions. In the context of mealtimes, co-regulation helps children develop the capacity for self-regulation around eating.
Developmentally appropriate practice	Practices that match expectations, environments and supports to children's individual developmental stages and abilities.
Division of Responsibility	A responsive feeding concept where caregivers and children have distinct roles: caregivers are responsible for the developmentally appropriate structures and routines of feeding (the 'what', 'where' and 'when' of meals served), while the child is responsible for whether or not they will eat and how much.

Term	Definition
Early Childhood Education and Care (ECEC)	Formal care and educational settings for children from birth to 5 years, including long day care, family day care, preschools and kindergartens.
Early Years Learning Framework (EYLF)	Australia's national framework (version 2.0) that guides early childhood educators in developing high-quality programs for children from birth to 5 years. The framework describes the vision, principles, practices and outcomes essential to support and enhance children's learning, development and wellbeing.
Eating concerns	Patterns of eating or behaviour that may require follow-up beyond typical developmental variation, such as distress, fear, gagging, difficulty swallowing, or increasing restriction.
Enteral feeding	Feeding delivered through a tube directly into the stomach or intestine, used when a child cannot safely or adequately eat by mouth. Also called tube feeding or gastrostomy feeding.
Food allergy	Food allergy is an immune system reaction to a food. Foods that cause an allergic reaction are called food allergens.
Food diversity and acceptance	Exposure to and acceptance of a variety of foods across different food groups, tastes, textures and cultural cuisines.
Food explorers	A strengths-based term used to describe children as they learn about food, replacing judgemental labels such as 'fussy' or 'picky'.
Food intolerance	A food intolerance is not the same as a food allergy. A food intolerance does not involve the immune system and is not life threatening.
Food neophobia	A developmental stage typically occurring between ages 2-6 years where children show reluctance or fear of trying new or unfamiliar foods. This is a normal part of development and not the same as 'picky eating'.
Food-neutral language	Language that describes food by its sensory qualities (taste, smell, texture, temperature) or purpose, without assigning value or moral judgement.
'Had enough' cues	Alternative term for satiety cues – the signals a child shows when they are satisfied and have had enough to eat. Examples include slowing eating pace, becoming distracted, pushing food away, or saying 'all done'.
Hunger cues	Signals that indicate a child is hungry and ready to eat. These vary by age and developmental stage and may include crying or fussing (infants), pointing to food, bringing hands to mouth, becoming restless, or verbally requesting food (older children).
Inclusive approach	An approach to mealtimes that recognises children engage with food in diverse ways and adapts to the structural, sensory, familial, cultural and safety factors shaping each child's experience. Inclusion emphasises emotional safety, autonomy, and respect for individual feeding needs, with participation (not consumption) as the primary goal for some children.
Inclusive mealtimes	Mealtimes designed so all children can participate with dignity, including children with disability, neurodivergence, allergies, feeding differences or medical needs.
Intrinsic motivation	The drive to engage in an activity because it matters to the individual. In early childhood, intrinsic motivation fosters the enjoyment of something without the external reward.
Mealtime Environment and Practices (MEP)	This module, which focuses on the everyday practices, interactions, environments and approaches that support children's mealtime experiences in ECEC settings.
Mealtime models	Different ways services structure meals (e.g. structured sittings, lunchbox meals, outdoor meals, progressive time-window models).
National Quality Standard (NQS)	Australia's national benchmark for quality in education and care services, consisting of seven quality areas including Educational Program and Practice, Children's Health and Safety, Physical Environment, Staffing Arrangements, Relationships with Children, Collaborative Partnerships with Families and Communities, and Governance and Leadership.

Term	Definition
National Nutrition Network – ECEC (NNN-ECEC)	A community of practice comprising researchers, practitioners, and government and non-government employees who collaborate to improve nutrition and food environments in early childhood education and care settings across Australia. www.nationalnutritionnetwork.com.au
Neurodivergence	Describes differences in how children's brains process information, regulate sensory input and manage emotions. In the context of eating, neurodivergent children may experience food, mealtimes and eating differently, including having heightened or reduced sensory responses to food textures, tastes, smells or the mealtime environment.
Non-responsive feeding practices	Also called coercive feeding. Feeding approaches that don't respond to a child's hunger and satiety cues, such as pressuring, bribing, restricting food, using food as reward or punishment, or insisting children finish everything on their plate.
Progressive mealtime models	Mealtime approaches that intentionally progress children's autonomy, self-regulation and mealtime skills over time through gradual increases in choice, responsibility and independence appropriate to their developmental stage.
Responsive feeding	A feeding approach based on recognising and responding appropriately to children's hunger and satiety cues. Responsive feeding creates a supportive feeding relationship where adults provide structure and guidance while respecting children's internal regulation of food intake. This approach avoids pressure and allows children to decide whether and how much to eat from what is offered.
Satiety	The satisfied, comfortably full feeling that signals when the body has had enough to eat. Recognising satiety cues helps children develop healthy appetite regulation.
Satiety cues	Signals that indicate a child is satisfied and has had enough to eat (see also 'Had enough' cues'). These may include slowing eating pace, becoming distracted, saying they're full, pushing food away, or closing their mouth when food is offered.
Self-regulation	In the context of eating, this refers to a child's developing capacity to recognise their own hunger and satiety signals and respond by starting to eat when hungry and stopping when satisfied. Self-regulation develops over time with appropriate support and responsive feeding practices.
Sensory sensitivities	Heightened or reduced responses to sensory input including taste, texture, smell, temperature, visual appearance and sounds related to food and mealtimes. Children with sensory sensitivities may find certain foods or mealtime environments overwhelming or uncomfortable.
Service leader	This may include roles such as director, nominated supervisor, coordinator, or other service leadership positions depending on the service structure and jurisdiction.
Trauma-informed approach	An approach that acknowledges some children may be particularly susceptible to feeling unsafe or emotionally dysregulated at mealtimes due to trauma, previous adverse experiences, or other factors. A trauma-informed approach emphasises creating safety, predictability, choice and calm co-regulation to support these vulnerable children.

Appendix B – MEP Module Development Process

Stage 1: Scoping

Purpose: To develop the initial topic and question list for the Best practice Guide.

Approach: Using the Artichoke Framework as a basis the following process was completed:

- Alignment of the artichoke model to reduce duplication of themes and sub topics.
- Problem Analysis based on each theme and sub topic of the artichoke model.
- Based on initial problem analysis and associated problem trees adaptation to theme objectives, and associated questions.
- Development of background and foreground questions addressing each problem statement.

Who was involved: Best Practice Guide Project Team

Stage 2: Evidence sourcing, co-design and question refinement

Evidence Sourcing and Co-Design

Purpose: Source relevant evidence (all forms), lived experiences and contexts.

Approach: Using the initial topic and question list Evidence Sourcing, System Mapping and Co-design was undertaken using the following approach:

- Literature reviews.
- Surveys representation from a wide range of centre types (e.g., centre-based care, family day care), meal provision models (meals provided onsite, lunchbox services) and locations (metropolitan, inner regional, outer regional, remote, very remote).
- Focus groups (ECEC cooks, educators, service leaders and Authorised officers)
- BPG Advisory Group

Who was involved

- Best Practice Guide Project Team
- Advisory group (review only)
- MEP Working Group

Question refinement

Purpose: To review and provide feedback to refine the initial question list for the Best Practice Guide.

Approach: Presentation of the process and associated outputs (i.e, themes and question list) for review and refinement.

Who was involved

- Advisory group (review only)
- MEP Working Group

Stage 3: MEP Guide development

Purpose: To develop the recommendations, strategies and practices and review associated supporting text for the Best Practice Guide.

Approach	Who was involved
Induction Session and Background Session: To outline the process to date and review the evidence from the evidence sourcing and co-design process outputs.	• MEP Working Group • BPG Advisory Group • BPG Project Team
MEP Workshop 1: To develop the guide recommendation, strategies and background text - Out of Session: Review outputs of previous workshops	• MEP Working Group • BPG Project Team
MEP Workshop 2: To develop the guide recommendation, strategies and background text - Out of Session: Review outputs of previous workshops	• MEP Working Group • BPG Project Team
MEP Workshop 3: To develop the guide recommendation, strategies and background text - Out of Session: Review outputs of previous workshops	• MEP Working Group • BPG Project Team
MEP Workshop 4: To develop the guide recommendation, strategies and background text - Out of Session: Review outputs of previous workshops	• MEP Working Group • BPG Project Team
MEP Workshop 5: To develop the guide recommendation, strategies and background text - Out of Session: Review outputs of previous workshops	• MEP Working Group • BPG Project Team
Specialist Input	• National Eating Disorders Collaboration (NEDC) • Food, Environmental Health Directorate, Public and Aboriginal Health Division, Department of Health, Western Australia. • Education Consultants
Review and Design Process: Finalise MEP Module	• MEP Working Group • BPG Advisory Group • BPG Project Team
MEP Guide Completed	

Appendix C – Evidence Framework

This Best Practice Guide is evidence-informed, using a comprehensive evidence framework that intentionally draws on multiple forms of evidence. It integrates peer-reviewed research, national and international guidelines, policy and regulatory requirements, and practice-based and lived experience evidence from ECEC educators, families and sector interest holders. Where high-quality research evidence was limited or still emerging, we deliberately incorporated practice wisdom, sector consensus and experiential knowledge so the guidance remained realistic, inclusive and implementable across diverse ECEC contexts.

Purpose	A range of questions were developed in consultation with the project team. The evidence framework guides the sourcing, identifying, selecting and synthesis of evidence to answer these questions		
Types of evidence – all types of evidence were included, including:			
Qualitative	Qualitative research design - Phenomenological - Ethnographic - Grounded theory - Historical - Case study - Action research - Participatory research		
Quantitative	Experimental - Randomised controlled trial - Non-randomised controlled trial - Cross-sectional study	Observational analytical - Observational analytical - Cohort study	Descriptive Case report, case series, case study
Other	- Grey literature (when searches could not answer questions sufficiently) - Best Practice Guide: Focus group interviews - Best Practice Guide Surveys		
Process			
Search strategy	Key search terms were developed by an expert research team specialising in the ECEC food environment, in collaboration with a faculty librarian. Constructs were based on the Population (children aged 0-5), Context (ECEC), Concept (questions to be answered) framework.		
Databases searched	- Medline - CINAHL	- Education source - ERIC	Cochrane
Screening	Articles were imported to the program Covidence for screening. Title and abstract screening excluded articles that were not related to the food environment in ECEC. Full text screening applied the below inclusion and exclusion criteria.		
Inclusion/exclusion criteria	- Studies were included if they aligned with the Population, Context, Concept principles aligned with the research questions outlined. - Date range: published since 2020. Older studies considered “key” evidence were included - Studies were excluded if they were: - not conducted in ECEC - not involving children aged 0-5 - not related to the food environment - not related to one of the questions - more than 5 years old (unless considered a key resource)		
Data extraction (literature reviews)	A structured extraction tool with predefined categories corresponding to each question was utilised to ensure consistency in data extraction		
Synthesis/data analysis	Literature reviews: A narrative synthesis was conducted for each literature review question utilising predefined templates. The templates outlined the information in sections based on the proposed format i.e. definitions, paragraph, image, evidence statement, table and gaps in the literature. Surveys: Descriptive data from surveys (cooks, educators, service leaders and authorised officers) informed focus group questions and discussions. Focus groups: transcripts were analysed using thematic analysis.		

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