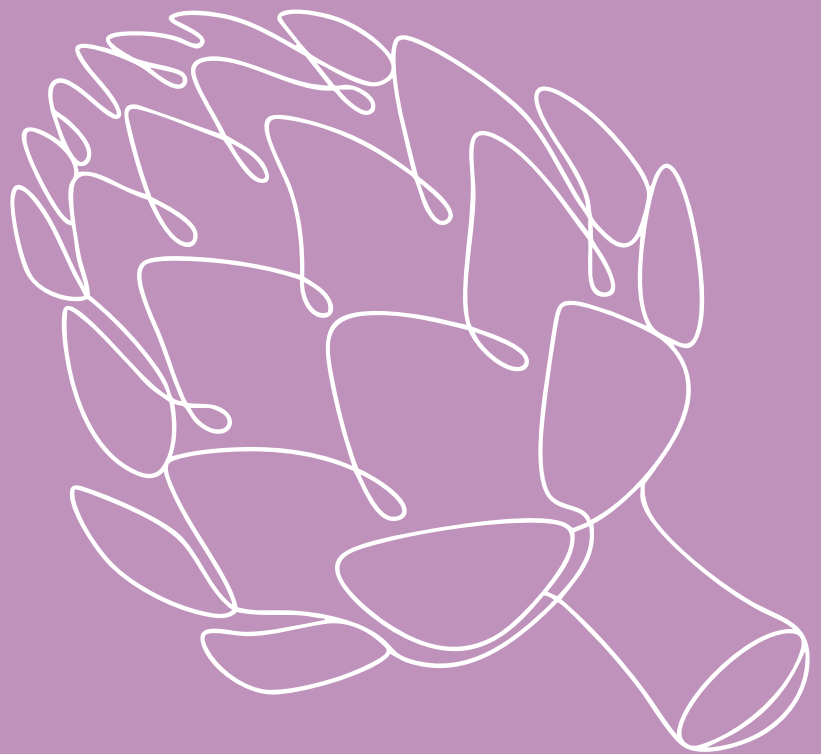




THE BEST PRACTICE GUIDE FOR
Early Childhood Education
and Care Food Environment

Staff and Family Engagement

MODULE 4



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

Module 4: Staff and Family Engagement

This Staff and Family Engagement (SFE) 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 SFE 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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Disclaimer

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- Advice may not be applicable to a particular individual's needs and should always be considered having regard to medical advice provided to an individual.
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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.

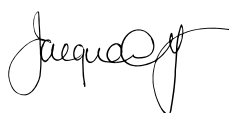
This guide brings together practical, evidence based strategies to help ECEC services reflect and enhance the food environments they offer across metropolitan, regional, and remote communities. Funded by Healthway and delivered by Edith Cowan University, it reflects extensive consultation, research, 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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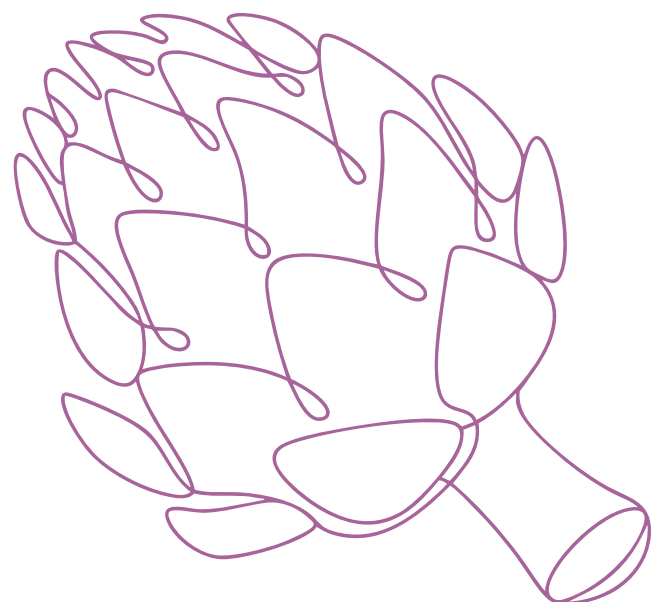
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Background

Engaging with families is a core responsibility of ECEC services and staff. By building positive, personal relationships with families, ECEC staff are able to share concerns or queries about the children in their care in a sensitive way.

One of the more sensitive topics that can come up is food – what they are eating, how much they are eating, their eating behaviours and skills, and everything in between. Through quick conversations at drop-off or via formal communication platforms, services can share a range of information about a child's eating patterns and behaviours, and also gather information from families to better understand the child as they grow.

This Staff and Family Engagement (SFE) module aims to:

- Support ECEC services to confidently discuss mealtimes, the menu, and other food-related topics with families.
- Provide practical strategies to gather knowledge and wisdom from families, to better support their children.
- Strengthen the use of feedback from families to review and improve menus and meals.
- Be the catalyst for critical reflection regarding staff and family engagement, providing support for an inclusive approach to communication.

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 many hours attending ECEC each week, and for many children the food provided in care makes up a substantial share of their daily intake.^{1,2} This creates both a significant responsibility and a genuine opportunity to nourish children well. Australian research consistently shows that many services do not currently meet guidelines for the provision of vegetables, meat and alternatives, and dairy, while discretionary foods are commonly included on menus.

The SFE module was developed to support educators, service leaders and cooks with the knowledge and strategies required to deepen engagement with families about food to support a safe and nourishing environment for the children in their care.

The SFE 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 Model³ 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 at the centre, with the people, places, systems and routines that shape those experiences being the 'leaves' surrounding and supporting the child. 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?

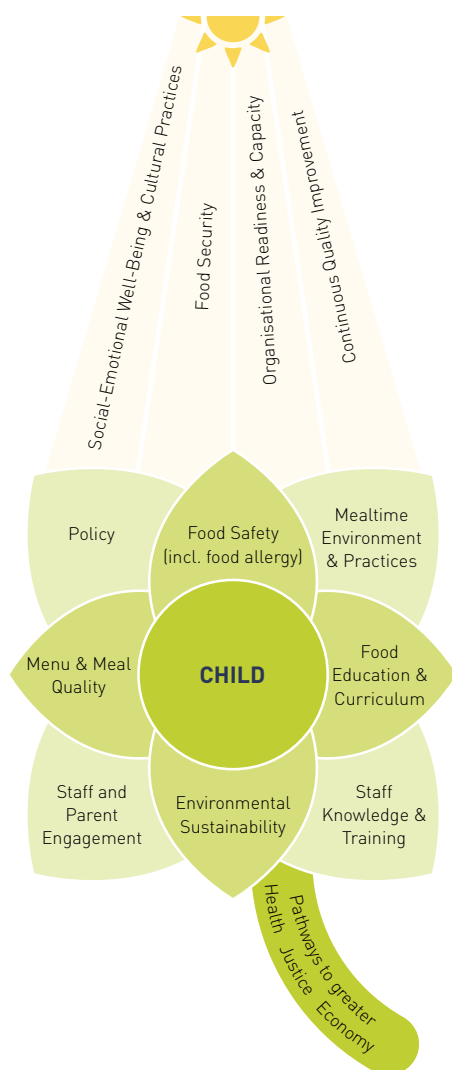
The Artichoke Model was co-designed in 2024 by members of the National Nutrition Network for Early Childhood Education and Care (NNN-ECEC), drawing on their collective experience as researchers, practitioners and policymakers.³ Through collaborative discussion and visual mapping, the group identified 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 SFE?

Within the Artichoke Model, SFE sits mainly in the 'How – feeding practices and support' layer, with strong links to the 'what' and 'environmental levels' layers – in particular the Menu and Meal Quality leaf and the Mealtime Environment and Practices leaf.

The SFE module expands upon a critical element of the ECEC food environment, engaging with families to ensure their voice is heard, and that mealtimes (along with the meals themselves) are physically and emotionally safe for children, while supporting children to see their own family's food reflected at the service and to be curious about the food of others.

Scope of the Staff and Family Engagement (SFE) module

The SFE module focuses on:

- Two-way communication between families and ECEC staff related to meals and mealtimes.
- Providing specific, valuable feedback to families – including raising concerns that may need to be further investigated.
- Utilising inclusive practices to provide a safe environment for all children, and reassurance to their families.
- Proactive strategies to engage families to assist continuous improvement of practice, without creating a burden.

What is not included?

This module does not:

- Replace clinical assessment, diagnosis or treatment for feeding, growth or medical nutrition concerns.
- Replace a child's individual allergy or healthcare/action plan, or advice from a child's treating health team or a dietitian.
- Override existing legislation, regulations, food safety requirements or service policies.
- Focus on outside school hours care (OSHC), 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 Staff and Family Engagement (SFE) 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 Staff and Family Engagement 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 Staff and Family Engagement 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, service delivery, and family perspectives. 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.

Staff and Family Engagement Working Group

Our Working Group (listed alphabetically) brought together parents of children attending ECEC, ECEC educators and service leaders with years of experience engaging with families, and experts in inclusive practice, nutrition, dietetics, and food allergen management.

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The Best Practice Guide Project Team conducted an interview for the case study with the following ECEC staff to provide on-the ground examples of staff and family engagement in different contexts:

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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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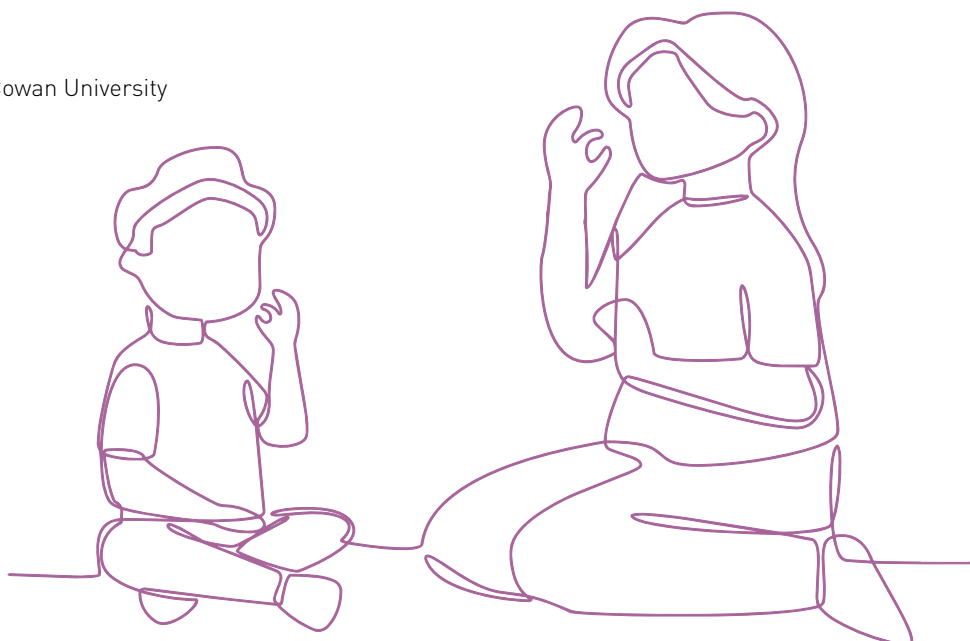
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Who this module is for

The SFE module is for people working in ECEC services for children from birth to five years. It applies across centre-based care and family day care. The module includes information helpful to services that provide food to children, with specific detail useful to services where families provide some or all of the food. Table 1 suggests how this module can be used by each audience.

TABLE 1: *How this module can be used by each audience*

Intended users	How they can use this module
Educators and room leaders (including relief and casual staff)	To reflect on current engagement methods utilised with families, and understand the range of information that can be communicated to support mealtimes for each child.
Family day care educators	To adapt strategies to work in family day care setting with smaller number of children and families, creating a sense of community and gathering valuable feedback to support practice.
Service leaders/and educational leaders	To support staff with innovative strategies to communicate with families and plan professional learning and reflective discussions with staff.
Cooks, chefs, food coordinators and kitchen assistants	To increase personal involvement in family communication and plan the menu with family input in mind.
Approved providers and management teams	To support consistent expectations across services, align communication practices with organisational policies, and identify areas where staff may benefit from further support or training.
Allied health partners (e.g. dietitians, nutritionists, speech pathologists, occupational therapists, physiotherapists)	To understand how services can proceed with referrals to external health professionals, and consider improving connection with local ECECs to support a strong exchange of knowledge.
Quality and regulatory staff, inclusion support staff and local health promotion officers	To inform assessment and rating observations and guidance, support visits, and resource guidance.
VET and university educators, RTOs and placement supervisors	To integrate staff and family engagement content into training programs, prepare students for food-related discussions with families, and support reflective conversations during placements.

This module supports everyday practice in ECEC and does not replace clinical, medical or dietetic advice. ECEC staff and services should follow their service policies and procedures, food safety requirements, and any individual allergy, healthcare or action plans for each child.

How to use this guide

Six sections

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

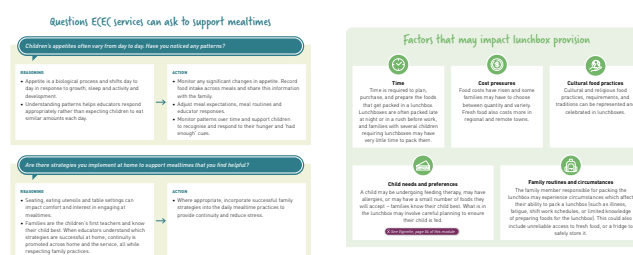
1. Communication with Families Around Mealtimes, Meals and Menus
2. Services and Educators' Knowledge, Experience and Insights
3. Referral Pathways – Support, Information, Advice
4. Supporting Families at Lunchbox Services
5. Supporting Families with Children who Experience Disability
6. Supporting Families of Children with Food Allergies

Elements found across sections

Elements	Examples
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Principles and practical strategies

Generally presented in bullet points and found in the following formats:



Vignettes and case studies

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

VIGNETTE 3

Day-to-day communication that values participation

At pickup, educators tell Luca's father, "He didn't eat much lunch again." Luca is four, Autistic and often participates in meals by sitting near a trusted educator, smelling food from a distance and eating a familiar item from his lunchbox. His father looks worried and says, "So it was another bad day?" The educator realises that the feedback has focused only on consumption and has missed Luca's progress in participation and regulation.

Response

Day-to-day communication shapes how families understand their child's experiences and how much trust they feel in the service. For some children, participation is a significant achievement even when little food is eaten. This does not mean ignoring nutrition or safety concerns, it means giving families a fuller and more respectful picture of the child's day.

A more inclusive update might be: "Luca ate six of his familiar crackers and sat with the group for about ten minutes today. He smelled the pasta from his seat and we had a peaceful mealtime. When the room became very noisy, Luca chose to move to the quieter table before everyone came back for the story. We noticed he seems more comfortable knowing he has these choices."

If there are concerns about intake, staff can discuss them carefully and in line with service procedures. However, routine feedback should also recognise autonomy, cues, sensory comfort, peer connection and the strategies that support belonging.

Reflective questions

- What do we usually report to families: intake only, or participation, comfort, cues and connection?
- How do we describe children's progress without pressuring them or worrying families unnecessarily?
- What patterns from daily feedback should be used to adjust the environment or routine?

Links to Early Years Learning Framework and the National Quality Standard

Show the links to the Early Years Learning Framework and National Quality Standard which are further outlined in appendix D.

EARLY YEARS LEARNING FRAMEWORK
Outcome 1, Outcome 3

NATIONAL QUALITY STANDARD
QA2, QA5

Reflective questions

To consider in relation to information covered in each section.

Reflective questions

For educators, cooks and leaders

- What does inclusion feel like at the lunch table for this child?
- When a menu is modified to meet needs for food allergies or other medical conditions, is the child also socially included?
- Are alternatives planned as part of the shared experience, or added as an afterthought?
- How do we document participation, comfort and belonging, not only food consumption?

Setting the scene

The Staff and Family Engagement module creates a bridge between the service and the family around food, eating and mealtimes. It offers advice on how services and families can communicate more effectively with each other in the best interests of the child.

It can give services the knowledge and resources to talk confidently with families about a child's time in ECEC including when a child may need a little extra help. Through this communication, there is an opportunity for the service to learn more about the child and for the family to learn more about the food related practices of the service. With this in mind, the module has been underpinned by inclusive approaches, alongside each of the following elements: families as knowledge holders; seeking and respecting children's perspectives, input and feedback; and educators' knowledge, experience and insights.

Families as knowledge holders

Staff and Family Engagement refers to a three-way knowledge flow between the family, the ECEC and the child. By establishing clear communication pathways for knowledge flow between these parties, stronger connections can be made, and trust can be built.

Families know their child, their child's hunger and 'had enough' cues, their cultural and religious food practices, their child's sensory preferences and food allergies, and what works for mealtimes at home. They also hold essential knowledge about what helps their child feel safe, included, respected and able to participate. Family knowledge is especially important in the food environment because food is deeply personal and connected to culture, individual needs and capabilities, health, safety, identity, trauma, poverty and experiences of parenting judgement.

Creating trusting engagement with families as knowledge holders means creating openings for family sharing without pressure and acting on what families share. Enrolment and ongoing dialogue between staff and families are opportunities to gather and document family knowledge in a rich way.

The idea of family is broad and encompasses more than just the person who drops-off or picks up a child. Family includes grandparents, other next of kin, regular caregivers, and Elders, to name a few. Some families have households that are multi-generational. Child and family circumstances can change, and families may be navigating their own struggles and experiences. By creating a partnership where families in all their diversities feel welcome to share their knowledge with staff, and communication is open, this knowledge can be passed on to the ECEC service. The service can then create a supportive environment for children and their families and build continuity between practices in the home and the ECEC environments.

Educators' knowledge, experience and insights

Educators spend a lot of time with children, observing and responding to their individual cues and needs. Their experience extends across multiple children with differing needs making them particularly knowledgeable of a wide range of children in their care.

Both educators and families will carry their own history with food and body image, culture and level of experience with children. It's important to acknowledge this as sometimes these factors can be a barrier to staff and family engagement in ECEC food environments. Engagement between educators and families is built over time, and confidentiality is critical to building trust, especially around sensitive and deeply personal matters.

Seeking and respecting children's perspectives, input and feedback

Children communicate their opinions and perspectives about food in many ways: through words, signs, devices, drawing, movement, gesture, silence, facial expression, behaviour, touch, sound, proximity, refusal, repetition, play, etc.⁴ These signals happen throughout the day, not only at mealtimes, and are how children share what they enjoy, what they are unsure of, and when they have had enough to eat or drink.

Communication is not only speech, children are communicating all the time, and in different ways:

- If a child pushes food away, that is communication.
- If a child leaves the table, that is communication.
- If a child eats only when seated next to a trusted educator, that is communication.
- If a child watches but does not touch, that is communication.
- If a child becomes distressed during cooking experiences, that is communication.
- If a child beams when they can hand out cups, that is communication.
- If a tube-fed child reaches for the lunchbox, the pump, the spoon, sings the song, wants a friend beside them, that is communication.
- If a child refuses food, that is communication, not defiance. Accepting that children may refuse to eat or drink sits at the heart of responsive feeding.

The challenge for caregivers can be learning to listen in the many ways that it takes to understand this communication.

Listening to children means treating all communication as meaningful. Child eating cues or responses (hunger, 'had enough', refusal) are meaningful communications led by a sense of safety and belonging. For example, a child may not want to sit at the table to eat due to fear or uncomfortable feelings around certain food or people, table set up, chairs – anything that could be reasons for a child not engaging in mealtimes. Understanding and documenting children's body cues at mealtimes will help educators to understand children's communication during these times and create a more supportive environment.

Communication will vary as children grow and develop. Even though the methods change, the principles are the same – children are the knowledge holders of their needs, and their perspectives should actively shape food environments. Their input needs to influence what happens throughout the day while they are in care. This might include adapting routines, seating, food experiences, communication, sensory supports, participation options, and expectations in response to what children communicate.

Children should have meaningful ways to participate and give feedback without pressure or coercion. Participation might include watching, touching, smelling, licking, tasting, eating, growing food, helping set the table, sharing cultural knowledge, communicating preferences, or simply being together in a way that feels safe. Child feedback should be actively embedded in the program, with educators intentionally seeking and implementing feedback through meaningful observations, voting, drawings, conversations and collaborative decision making. Children can also provide feedback about portion size, meal preference, garden produce, cultural foods, cooking experiences, mealtime experiences and mealtime sustainable practices. Consider augmentative and alternative communication (AAC) and supports that may be required to help a child provide input and feedback in a meaningful way.

Inclusion

In early childhood food environments, engagement is about the relationships, routines and systems that help children and families experience food moments as places of dignity, safety, belonging, joy, participation and trust. Food is never only about food. It is relational, sensory, cultural, medical, emotional and social. It is also an everyday place where children learn to respect (and expect respect regarding their own) bodies, cultures, preferences, communication and needs.

This module begins from an inclusion lens. Inclusion is more than words or the simple presence of a child in the room. Inclusion is something children and families experience in practical, embodied ways: in how adults plan, speak, listen, feed, protect, respond, document and make space for different ways of participating. Inclusion is about all of us – every child and every adult. For staff and families, this means asking not only whether all children are present or technically accommodated, but whether each child is able to belong, contribute, influence what happens and be recognised in all the diverse ways children communicate and engage.

Inclusion in practice

Food environments can be powerful sites of belonging, and can also at times be powerful sites of exclusion. A child may be medically safe but socially excluded. A child may be present at the table but not meaningfully participating. A family may have provided all requested information but still feel judged, exposed or unheard. A service may use inclusive language while routines, menus, celebrations or communication systems are still designed only for some children.

We all want to be inclusive and sometimes this requires us to dig deeper and reflect carefully on practice. Inclusive engagement asks: Are we changing the environment, not only the wording? Are we gathering children's perspectives and actively responding to these? Are we carefully considering what information we gather from families and why? Are we reflecting on who holds power and how we can share power? Are we considering what counts as participation?

Food safety is non-negotiable. This is complex and involves an array of considerations such as food allergen management for children with food allergies, diabetes management, minimising choking risk, texture modification, dysphagia considerations and individual medical or feeding plans. However, safety and inclusion are not opposites. The inclusive question is not "Do we include the child, or do we keep the child safe?" The inclusive question is "How do we design the food environment so that safety, dignity, participation and belonging are held together?"

Practice prompt



Before a food routine, celebration, cooking experience or family communication is finalised, ask:

- *Who could be missing from this moment?*
- *Who can safely participate, and who might be made to feel separate?*
- *What counts as participation here, beyond eating or tasting?*
- *What have children and families told us, and how has it changed what we do?*

Families as knowledge holders

Families are knowledge holders, not just information providers. Families bring deep knowledge of their child's routines, communication, preferences, safety needs, cultural practices, sensory experiences, medical histories, strengths, worries and what has or has not worked elsewhere. Staff are also knowledge holders, holding professional knowledge about early childhood practice, food safety, nutrition, regulation, curriculum, pedagogy and service systems. Inclusive engagement brings these knowledge systems together with humility and respect.

Food-related conversations can be intensely personal.⁵ Questions about what a child eats, how a child feeds, what food is available at home, or how families manage medical or sensory needs can raise complex feelings around culture, poverty, body image, disability, trauma, religion, parenting judgement, family stress and identity. A question that seems simple to a professional may feel loaded to a family, particularly if families have previously experienced stigma, assumptions, ableism, poor communication, lack of respect or repeated pressure to justify their child's needs.

Services should be clear and careful about what information is gathered, why it is needed, who will access it and how it will be used. Families should not have to hand over every detail of their child's body, diagnosis, feeding history, trauma history, family life, finances or routines. Services need to balance gathering genuinely useful information and partnering with families, with careful and thoughtful consideration of what information is actually needed (and what might not be), and what and how questions can be asked respectfully and sensitively. The aim is to gather the information needed to keep the child safe, respected and included, and then to act on it.⁵ In doing so, the intention is to build a strong foundation for connection with families free from judgement and anxiety.

Practice prompt



Before asking a family for information, pause and ask:

- *Why do we need to know this?*
- *How will this information improve the child's safety, participation, dignity or belonging?*
- *Have we explained why we are asking, who needs access, and what will change because of what the family tells us?*

Seeking and respecting children's perspectives, input and feedback

Children are also knowledge holders. Children's perspectives are essential, and children communicate in many ways. Children communicate through words, signs, devices, drawing, movement, gesture, silence, facial expression, behaviour, touch, sound, proximity, refusal, repetition and play. If a child pushes food away, leaves the table, watches but does not touch, becomes distressed during cooking, eats only beside a trusted educator, or reaches for a lunchbox, pump, spoon or song card, all of this is communication.

Listening requires more than noticing; it requires a response. A child's cues, preferences and distress should not be reduced to labels such as fussy, difficult, controlling, non-compliant or attention-seeking. An inclusive lens asks: What is the child experiencing? What are they communicating? What might be overwhelming? What does safety feel like for this child? What would participation look like without coercion? How can we protect dignity while supporting gentle, judgement – and pressure-free food exploration?

Participation may look different for different children. It may include sitting near the group for a short time, touching food with a utensil, smelling from a distance, helping set the table, passing cups, using AAC to choose a role, eating a familiar food while joining the social routine, or being present for the song, story or conversation connected with mealtime. The goal is not sameness. The goal is dignity, belonging, safety, relationship and participation.

Building trust through responsive action

Trust is not built by saying that families are welcome or that children are included. Trust is built when children and families consistently experience the service as respectful, thoughtful, competent, curious in the right ways and accountable.⁶ Rather than asking, "How do we get families to engage?", services can ask, "How do we make engagement feel safe, worthwhile and trustworthy?"

In practice, this means working with families before predictable pressure points arise, so inclusion is not improvised under pressure. Orientation and transition conversations should identify what supports safety and belonging. Day-to-day communication should include quiet celebration of participation, comfort, relationships, preferences and progress, not only what or how much a child ate. When staff listen to a family or child, they should be able to show how that listening changed the environment, routine, menu planning, language, celebration, role, seating, transition, documentation or feedback loop. Diversity is not an exception to plan for; it is the starting point for high-quality food environments.

Reflective questions



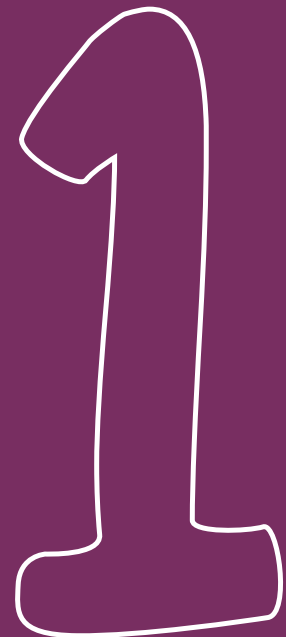
- *What does inclusion feel like at the lunch table for this child?*
- *When a menu is modified to meet needs for food allergies or other medical conditions, is the child also socially included?*
- *Are alternatives planned as part of the shared experience, or added as an afterthought?*
- *How do we document participation, comfort and belonging, not only food consumption?*

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

NATIONAL QUALITY STANDARD
QA1, QA2, QA5, QA6

SECTION 1

Communication with Families around Mealtimes, Meals and Menus



RESEARCH

1

What we know about communication with families when it comes to food environments

Research conducted by the BPG Project Team found that family and staff communication was essential in building strong and trusting relationships between the centre and families. Open, two-way communication, using a variety of communication methods, was seen as key to creating the best possible environment for the children in care, and promote continuity of care between the home and the ECEC service.

How families and staff communicate, and what works well

The research found that staff and families communicate in various ways, including:

- Face-to-face conversations
- Apps
- Emails
- Newsletters
- Phone calls
- Text messages
- Via surveys
- Written forms
- Social media

Both families and staff reported that face-to-face conversations were the preference, but families also appreciated when services offered a variety of communication methods to suit their needs. Families reported that although apps were convenient, sometimes information about amount of food eaten was not clear as it was presented in vague terms with little reference for actual portions consumed (e.g. small, medium, large portion; all, half, none).

Families and staff appreciated when communication was open both ways, regardless of method. Services providing opportunities for families to provide feedback, being open to feedback from families, and taking this feedback on board in their processes, programs, menus, etc, was also mentioned as a way to build and strengthen relationships and trust. This was seen to ensure greater continuity of care between the home and the service.

Families reported that they generally felt comfortable speaking with ECEC staff about their child's food needs. That said, when they had a suggestion or request about food for their child, some families were less sure how it would be received, and at times chose not to raise it.

What do families communicate about?

In relation to the food environment and their child's feeding and eating:

- Families mainly spoke with educators about their child's food intake or food dislikes.
- Topics were largely surface level – what and how much the child had eaten that day.
- Staff found that most families were just happy their child was eating vegetables and was well-fed in care.
- Families occasionally spoke with cooks to ask for recipes or what was on the menu.
- Cooks reported not having much interaction with families and children but said they would like to be more involved to build relationships, feel less isolated from families and share nutrition knowledge.
- Service leaders found that the extent of food conversations with families really depended on the family and how involved they wanted to be.

When feeding concerns or issues arose

- Families mainly spoke with the service leaders who would then pass the message on to the educators and cooks.
- Staff had clear processes in place if they noticed a child was experiencing challenges with feeding, such as:
 - Having open communication, and meeting with families directly.
 - At many services, staff would recommend the family see their child health nurse or General Practitioner (GP) to decide on next steps for support.
 - However, some services had ties to local allied health professionals, and could facilitate a link with the family (after gaining family consent to do so).
- Staff reported being open to making adjustments for the child if needed, and working with the allied health professionals to create plans and learn how to support the child in the best way possible.

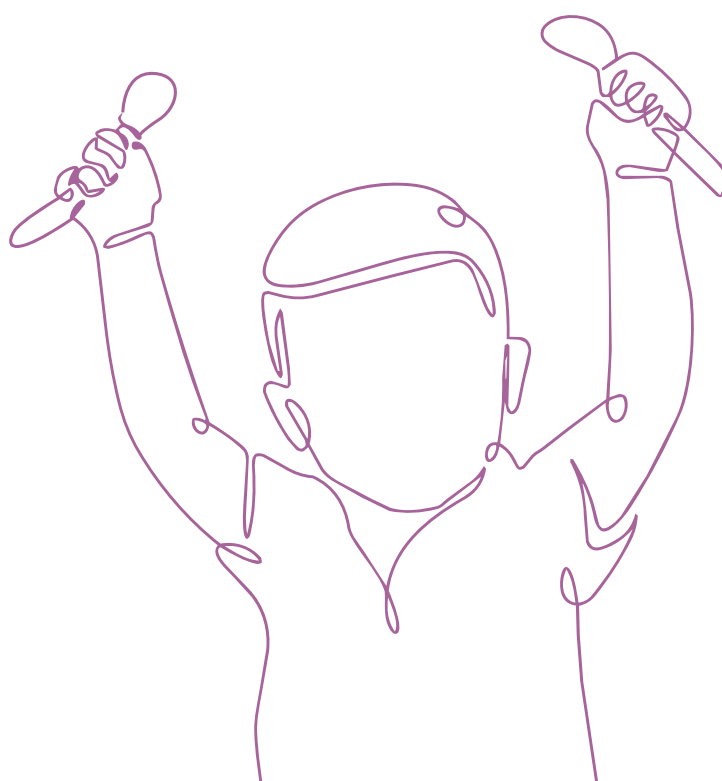
What are some of the challenges?

- Family engagement with the centre. Staff reported the following:
 - Limited time to have discussions with families as:
 - > Families are busy.
 - > Drop off and pickup times are often rushed.
 - > Staff are supervising children and cannot leave to have discussions with families.
 - Having to cancel family sessions due to lack of interest or time to attend.
- Families reported the following:
 - Food-related conversations were initiated during enrolment, demonstrating there was an early focus on understanding family preferences and needs.
 - Following enrolment however, these discussions were perceived to occur more on an ad hoc basis.
 - In the absence of regular opportunities for dialogue, they were occasionally hesitant to raise food-related topics and perceived these conversations as being met with varying levels of openness.
- Lack of policy around staff and family engagement.
 - All staff and families reported not having, or being unaware of, policy regarding conversations with families around children's feeding and eating.
 - This is a gap that highly individualised and contextually appropriate policy could fill and enhance communication around food at the service or coming in from home, and children's changing needs as they grow.
- ECEC service menus not matching what was being served to the children.

- Lack of communication from staff to families about their child's day
 - Families found that the amount of information given varied depending on which staff member was present at pickup, and they did not always have much information to provide families

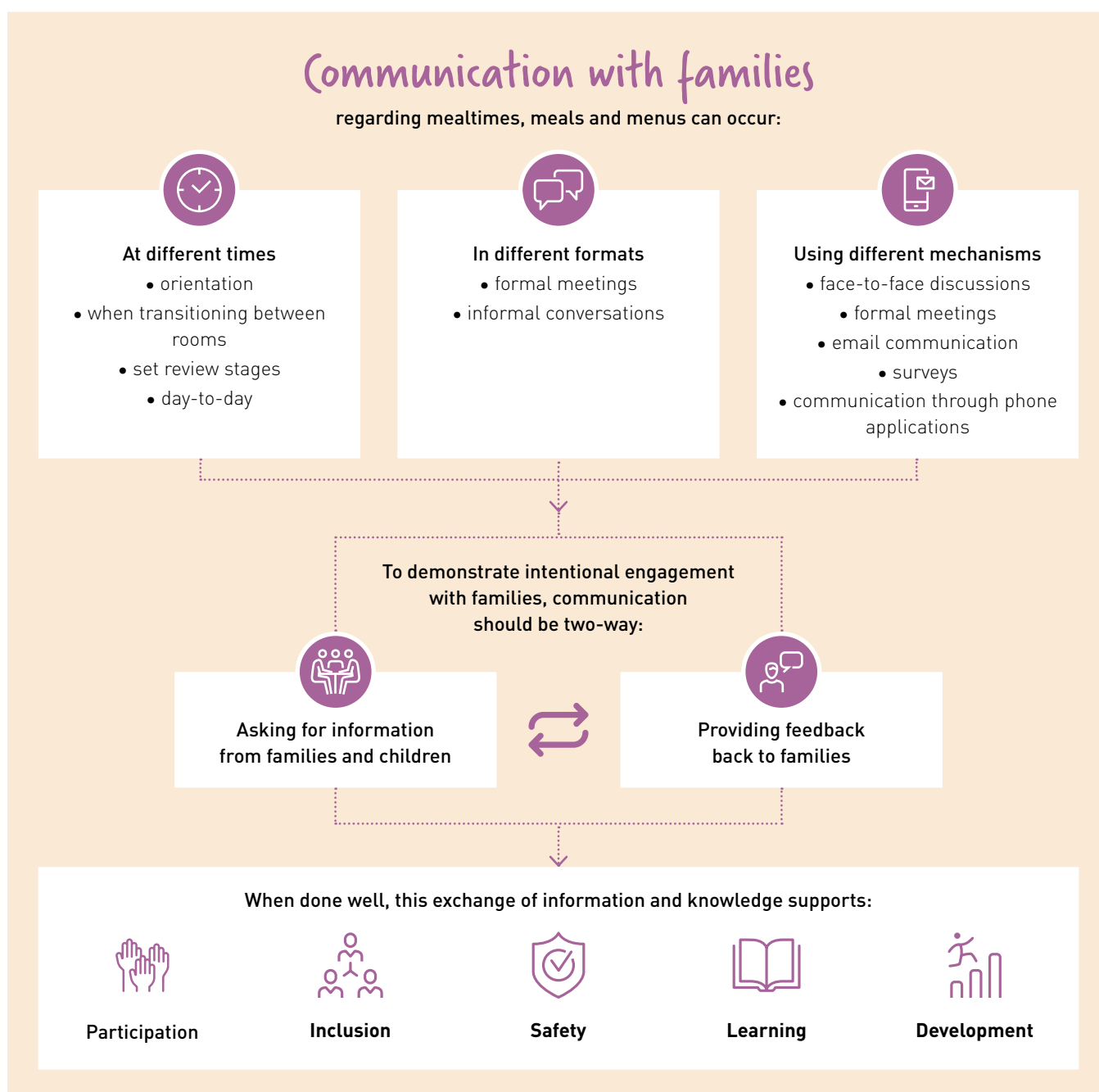
Overcoming these challenges

- Development of policy, using best practice guidance, to improve the quality and quantity of staff and family engagement.
- Invite families to participate.
 - Families reported that they were more likely to be involved if invited as they may not know how or when to get involved.
- Continued work of building communication and strengthening relationships between staff and families so that ECEC services are aware of what families need, and so that families feel confident to share their needs with services.



Communicating with families

The 'Communicating with families' section outlines what types of information and knowledge can be exchanged with regards to mealtimes, meals and menus and how this detail can be used. However, to begin it is important to consider what information is actually needed as well as how and when communication occurs and acting on the information received.



The case study Turtle Cove Wandina Early Learning Centre provides an example of one services approach to communication with families. [See Case study, page 28 of this module](#)

What information is actually needed, how and when we collect it and ensuring we use it

Services and educators need to be clear about what information is actually needed, considering the precise purpose of each aspect of the information gathered. The aim is to understand what will keep this child safe, respected, and included and to ensure that families feel supported rather than exposed. This means gathering only what information is needed, then acting on it.

Before asking a family for information, staff might pause and consider:

- *Why do I need to know this?*
- *How will this information improve the child's safety, participation, dignity, or belonging?*
- *Who will have access to it?*
- *Have I explained why I am asking?*
- *Could I ask this in a less intrusive way?*
- *What will I do with what the family tells me?*

The above questions can become a practical guidance prompt – e.g. what do we need to know, why do we need to know it, who needs access to it, and how will it change what we do?

Perhaps especially important because food is personal (culture, poverty, body image, medical histories, disability, parenting judgement, family stress, sensory experience, religion, trauma, and identity). A question that seems simple to a professional may feel loaded to a family. For example “What does your child eat at home?” can be supportive, but it can also feel like surveillance or a potential place for judgement.

NATIONAL QUALITY STANDARD
QA2, QA6



VIGNETTE 1

Asking only what we need, then acting on it

During enrolment, Sofia's grandmother mentions that Sofia has recently become anxious around food after a choking incident at home. The enrolment form asks several broad questions about food routines, medical history and family circumstances. A staff member begins asking Sofia's grandmother about the choking incident in the hallway while other families are nearby. Sofia's grandmother becomes quiet and says, “Maybe I should talk to her mum first.”

Response

Food conversations can feel exposing, especially when families have past experiences of judgement, worry or stress. Inclusive engagement requires services to ask with purpose, privacy and care. Staff should explain why information is needed, gather only what will support Sofia's safety, participation, dignity and belonging, and make clear how the information will be used.

A supportive response might be: “Thank you for telling us. We do not need to discuss details here. Would you prefer a private time with the room leader so we can understand what helps Sofia feel safe at mealtimes and what you would like staff to know?” The conversation can focus on practical supports: signs that Sofia is anxious, foods or textures to avoid until further advice is given, calming strategies, who to contact, and whether any medical or allied-health advice is needed.

The information should then change practice. Staff might plan a predictable seat, avoid pressuring Sofia to taste, use calm language, monitor distress cues and provide family feedback on safety, comfort and participation.

Reflective questions

- *Why are we asking this question, and how will the answer change what we do?*
- *Are we gathering information in a way that makes families feel supported rather than exposed?*
- *How do we ensure important information is shared with the right staff while respecting privacy?*

Communication regarding mealtimes – questions and feedback

Each service is unique

Of the questions listed below, not all will apply to every service. Therefore, when taking inspiration from this section, select what is relevant to your ECEC service and broader community. This includes acknowledging how cultural practices can influence eating and mealtimes, and understanding the priorities of families within the service.

General points

- Use open questions, provide prompts to initiate engagement/communication.
- Remain non judgemental.
- Gather necessary information that is actionable only.
- Focus on the child feeling included, safe (referring to physical, emotional, and cultural safety), supporting participation and maintaining dignity and agency.
- Different questions will be needed depending on the age group.
- Frame questions around support that can be provided, including limiting what is in scope for a service and what would be referred out or discussed. This could include supporting skills, experiences, familiarity with different foods, etc.

NATIONAL QUALITY STANDARD
QA5, QA6

VIGNETTE 2

Responding to family perspectives



If a family came to your service whose child was fed by hand or by a spoon when your service generally encourages child agency in feeding, how would you respond?

- Using the family's preferred feeding method gives them confidence that we are on the same page.
- Our service would try to maintain the feeding method families were already using at home.
 - After the child had been at the centre for a while, we would discuss feeding again with the family.
 - In agreement with the family, we would introduce the method that we use at our service. If the family would prefer not to do this, we would follow their wishes.
- We would also ask whether the family felt comfortable explaining their eating practices so we could share them with other children who might be interested.

How would you support that conversation?

The big thing during a conversation with a family member is to:

- Let them know we really want to know what they're talking about.
- Listen attentively and ask questions to understand and support the child in the best way possible.
- Create a safe environment – not only for the child, but for the family as well.

The best way to support the conversation is to provide families with different tools to interact with the centre, like:

- Giving them the chance to share their children's habits in a format they feel comfortable with.
- Some families may prefer to talk, while others may prefer to write an email or use an app.

How would you approach the family to transition to what the service does while respecting what the family does?

Children often learn from each other through their natural social interactions throughout the day. This transition occurs by following the children's interests and providing opportunities to explore one another's beliefs.

Why do we ask questions?

- Understand mealtime structure at home to support transition.
- Learn about food preferences and any concerns around particular foods.
- Understand stage of solid food introduction.
- Learn about any special dietary needs.
- Understand the family's goals, expectations and child's development.
- Build partnerships with families, recognising their knowledge and expertise.
- Understand the child's individual appetite, eating patterns, independence and developmental stage.
- Plan responsive environments, routines, and intentional teaching experiences around food.
- Ensure mealtimes remain child centred, inclusive and evidence informed.
- Learn about potential challenges or food-related trauma.

Reflective questions



- *Are there different questions dependent on age group?*
- *Do the questions provide meaningful information for educators to use to inform responsive mealtime practices and individual support?*
- *Do the questions support culturally responsive and inclusive practice, acknowledging each family's values, traditions and meal routines?*
- *Will the information gathered help strengthen continuity of learning between home and the education and care setting?*

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

NATIONAL QUALITY STANDARD
QA1, QA2, QA5, QA6

Questions ECEC services can ask to support mealtimes

Children's appetites often vary from day to day. Have you noticed any patterns?

REASONING

- Appetite is a biological process and shifts day to day in response to growth, sleep and activity and development.
- Understanding patterns helps educators respond appropriately rather than expecting children to eat similar amounts each day.



ACTION

- Monitor any significant changes in appetite. Record food intake across meals and share this information with the family.
- Adjust meal expectations, meal routines and educator responses.
- Monitor patterns over time and support children to recognise and respond to their hunger and 'had enough' cues.

Are there strategies you implement at home to support mealtimes that you find helpful?

REASONING

- Seating, eating utensils and table settings can impact comfort and interest in engaging at mealtimes.
- Families are the children's first teachers and know their child best. When educators understand which strategies are successful at home, continuity is promoted across home and the service, all while respecting family practices.



ACTION

- Where appropriate, incorporate successful family strategies into the daily mealtime practices to provide continuity and reduce stress.

*Are there some signs your child gives when they are hungry or have 'had enough'?
For babies and non-speaking children: does your child know sign language/baby sign language?*

REASONING

- Babies and non-speaking children will indicate their hunger and 'had enough' signals in various ways and older children may communicate in a different language.
- Recognising these signs supports responsive feeding and helps children recognise body awareness.

**ACTION**

- Note individual hunger and 'had enough' cues among non-speaking children and ensure educators are made aware.
- Respond consistently to the cues and avoid pressure to eat.
- Support the children to trust and regulate their own appetite.

Are there any food experiences that you would like us to try? e.g. cooking, cultural celebrations, sensory explorations

REASONING

- Food experiences support learning, identity and cultural inclusion. They embrace curiosity and confidence around food beyond just eating.
- Asking for food experience ideas creates an opportunity to invite families to collaborate and be actively involved.

**ACTION**

- Incorporate family suggestions into the daily curriculum.
- Include families and children in menu planning.
- Invite families to take part or engage in food experiences that may involve sharing their culture.

How often does your baby show they need a feed? How much do you usually offer them? Are there any feeds that they take better than others? Are there any particular feeding routines that we need to be aware of?

REASONING

- Understanding a baby's usual intake helps educators maintain consistent feeding routines.

**ACTION**

- Plan the child's bottle feeds based on the child's current schedule from home to promote consistency with established routine, while remaining responsive to developmental needs and change in appetite.

Is there anything about what mealtimes often look like at home that you think would be helpful for us to know?

REASONING

- Understanding broader mealtime environments provides educators with context about family routines, expectations, and relationships with mealtimes. It also shows respect for family rituals and offers a sense of belonging.

**ACTION**

- Use this information to establish continuity between home and the ECEC service, personalise the educator responses and communicate with families regarding children's mealtime experiences.

*How is your child going with self-feeding? e.g. can they hold a spoon etc.?
How does your child usually drink? e.g. do they have experience with an open cup?*

REASONING

- Families may have different goals, expectations, and priorities in regards to self-feeding. Working with families helps educators understand these goals and expectations and maintains a supportive and respectful partnership.

☉ See Vignette 2, page 20 of this module

☉ See Vignette 5, page 61 of this module

- Self-feeding reflects the child's growing independence, coordination and confidence in eating. Every child develops at their own pace.

ACTION

- Work with families to develop consistent approaches and intentional opportunities for children to practice and develop self-help skills.
- Offer opportunities to practice self-feeding with an understanding of baseline level to start from.
- Provide age appropriate utensils, opportunities and encouragement that match the child's current developmental stage while supporting independence.

Food is a challenging area for many of us. Have you noticed any challenges for your child around food or mealtimes in the past? e.g. difficulties self-feeding, distractions, etc

REASONING

- Children can have varying challenges around food for many different reasons. These may be due to negative past experiences, sensory processing differences, oral-motor difficulties or other developmental differences.
- Early identification of challenges during mealtimes enables the educators to respond proactively and implement supportive strategies that can help reduce stress for children and families.

ACTION

- Provide supportive feeding experiences that respect sensory preferences, reduce mealtime stress and support positive mealtimes.
- Monitor ongoing feeding difficulties and share observations about eating patterns and progress.
- Adapt the mealtime environment, routines and educator interactions where appropriate. This may include allowing the child to eat in a space where they feel safe.
- Work collaboratively with families and, if needed, relevant professionals if additional support is required.

Are there any cultural practices, routines or rituals in your home that you would like us to continue at the service?

REASONING

- Including varied cultural food practices can offer a sense of belonging, connection, identity and cultural responsiveness.
- Demonstrates respect for family traditions and supports inclusion.

ACTION

- Celebrate diversity and promote inclusion by including different cultural practices at mealtimes and in food related celebrations.
- Embed family practices into mealtimes where possible.
- Ensure mealtimes are culturally safe, inclusive and meaningful.

Ongoing feedback

- For ongoing conversations** – consider asking families for feedback on mealtime practices in the service.
- Seek feedback from families when making adaptations to mealtimes** – work in partnership, set goals with families for continuity across care environments, guided by resources/research. *See Menu and Meal Quality, Section 7, page 76*

Feedback to families on mealtimes

Each family is unique

Providing feedback to families is sensitive, and requires a strong relationship between educators and family members. All information in this section should be adapted to suit the community at your service, and the relationship each educator has with each family.

General points

- Consider using a 'sandwich' approach for difficult or complex feedback. For example, start with something positive, then raise the concerns, then end with a different positive statement.
- When communicating with families, impart confidence that you know their child, or that you would like to get to know them more.
- Ask families directly how they would like to communicate, including but not limited to:
 - A quiet space at the service to speak in person.
 - A private phone conversation.
 - Via an app (including group notes or daily diaries).
- All feedback should be provided with family sensitivity in mind, particularly when discussing behaviours that may be perceived as being out of the ordinary.
- Follow up the conversation with an email reiterating what was discussed, asking the family to confirm that the information is correct and aligns with their goals, expectations, and is culturally appropriate.

Why do we provide feedback?

- Understand mealtime structure at home to support transition.
- Support families by sharing strategies educators have used to overcome mealtime challenges in the service.

Reflective questions



- *Is the feedback necessary, supportive, or helpful for families?*
- *Is the feedback urgent, or is there a more appropriate opportunity in the future to raise this with the family?*
- *Does feedback to families about children's mealtimes reflect ongoing observations and patterns in the child's eating experiences, rather than a one-off observation?*

NATIONAL QUALITY STANDARD
QA6

Feedback points

Adaptions to meals based on cultural requirement, language and cues; and how educators are responding to those requirements

REASONING

- Demonstrates respect for each child's identity, culture and family values while strengthening families' confidence that their child's needs are understood and respected.



APPLICATION

- Embed culturally responsive practices, individual routines and responsive feeding approaches that reflect each child's home experiences where possible.

- *Patterns observed during mealtimes – perhaps if a child has expressed that they did not want a meal*
- *Acknowledging low/no food intake and raising this with family, then inviting a discussion on reasons why and work on strategies together*
- *Food insecurity (e.g. noticing that the child regularly seems hungry after eating all of the food in their lunchbox, or regularly arrives after breakfast is provided without having eaten)*

REASONING

- Children can eat and engage with food differently whilst in care compared to when at home. This can include either positive or negative interactions with food.
- Sharing patterns and observations helps families and educators collaborate and develop a shared understanding of the child's eating behaviour over time. It also helps recognise that a child's appetite can naturally vary due to growth, illness, environment, sleep, activity or other factors.
- If a family is experiencing food insecurity, this can affect the child's health, wellbeing, participation in mealtimes and learning.

**APPLICATION**

- Sharing this information with families and understanding differences in the home and care environment can help both parties to agree on shared strategies that best support positive food experiences.
- Are there any triggers, or certain events or foods that influence the mealtime?
- Discuss observations with families, identify consistent patterns, and collaboratively adapt routines or mealtime practices where appropriate to support the child's wellbeing.
- Have sensitive conversations with families regarding food insecurity to discuss whether professional support may be needed. The ECEC service can then assist families to access additional support if required. *See Section 4, page 57*

If a child at a lunchbox service was interested in other children's food. This could be communicated to families e.g. your child was interested in x food (as information – noting the children did not share the food)

REASONING

- Children can show curiosity around food, and this may include food that other children are eating – especially within lunchbox services.
- Noting a child's curiosity about other food shows that educators are carefully observing children's interests and allows for the possible expansion of a child's palette and range of foods they may accept both at home and at the ECEC service.

**APPLICATION**

- Use food diaries/support plans for children that outlines accepted foods, new foods tried, success of trialling, etc. This can incorporate a channel for communication that can be used during verbal hand overs.

Feedback on diverse mealtime behaviour – needs to be delivered with sensitivity, and consideration of duration of the behaviours

REASONING

- The way children approach food and mealtimes can vary from day-to-day, and looks different for each child.
- If educators are concerned about specific behaviours exhibited at mealtimes, sharing this with families can provide them with a greater understanding of their child and whether further action needs to be taken.



APPLICATION

- If the family is concerned about their child's particular mealtime behaviours, it may be helpful for them to seek external advice from a health professional.

See Section 3, page 39

Communication regarding mealtime skill development

REASONING

- Feedback or concerns in terms of age-appropriate feeding skills can be shared with families and used to identify whether a child may need additional support around feeding and mealtimes.



APPLICATION

- Use verbal communication or the service's app (if they have one) to communicate mealtime skill development with families.

EARLY YEARS LEARNING FRAMEWORK
Outcome 1, Outcome 3

NATIONAL QUALITY STANDARD
QA1, QA6



VIGNETTE 3

Day-to-day communication that values participation

At pickup, educators tell Luca's father, "He didn't eat much lunch again." Luca is four, Autistic and often participates in meals by sitting near a trusted educator, smelling food from a distance and eating a familiar item from his lunchbox. His father looks worried and says, "So it was another bad day?" The educator realises that the feedback has focused only on consumption and has missed Luca's progress in participation and regulation.

Response

Day-to-day communication shapes how families understand their child's experiences and how much trust they feel in the service. For some children, participation is a significant achievement even when little food is eaten. This does not mean ignoring nutrition or safety concerns; it means giving families a fuller and more respectful picture of the child's day.

A more inclusive update might be: "Luca ate six of his familiar crackers and sat with the group for about ten minutes today. He smelled the pasta from his seat and we had a peaceful mealtime. When the room became very noisy, Luca chose to move to the quieter table before everyone came back for the story. We noticed he seems more comfortable knowing he has these choices."

If there are concerns about intake, staff can discuss them carefully and in line with service procedures. However, routine feedback should also recognise autonomy, cues, sensory comfort, peer connection and the strategies that support belonging.

Reflective questions

- What do we usually report to families: intake only, or participation, comfort, cues and connection?
- How do we describe children's progress without pressuring them or worrying families unnecessarily?
- What patterns from daily feedback should be used to adjust the environment or routine?

Communication regarding meals and menus

Much of the information in this module relating to communication with families about mealtimes also relates to communication about the menu and meals themselves. However, communication with families about the menu is also regulated in the Education and Care Services National Regulations 2012, and is therefore crucial to understand and implement.

By communicating with families about the menu, services can understand and plan for the dietary needs of each child. This includes meeting their specific dietary requirements to ensure physical safety, but it also improves emotional safety by providing foods appropriate to a child's culture or preferences, and strengthens the sense of community at the service by allowing families to feel their voice has an impact.

Below is a list of regulations and recommendations regarding menu and meal communication with families, alongside strategies to support this and sections of the Best Practice Guide with more detailed information.

TABLE 2: Regulations and recommendations regarding menu and meal communication with families

Regulations	Strategies
Regulation 79. Service providing food and beverages	Although much of this information can be gathered at enrolment, children's preferences change rapidly. Engage with families regularly to understand if dietary requirements have changed.
Regulation 80. Weekly menu	Notify families if a change is made to the menu.

Recommendations	Strategies
Provide families with daily information about the child's food intake and experience	If the number of portions is provided (e.g. 3 serves pumpkin soup), ensure families have a clear understanding of what a 'serve' looks like to provide context. Consider providing information about a child's experience with food, not only their intake. For example, 'Sam was confidently using his fork to eat pieces of beef today'.
Gather feedback from families about their child's dietary preferences and requirements	This can be done formally (e.g. a short survey) or informally (e.g. a menu suggestion box near the front door). Consider requesting recipes children enjoy at home, or ideas families would like to trial.

CASE STUDY

Communication with families

Feedback: mechanisms, review and embedding into practice

SERVICE	Turtle Cove Wandina Early Learning Centre
SERVICE TYPE	Long day care
MEAL PROVISION MODEL	All meals provided on-site
BUSINESS MODEL	Private, for-profit
AGE RANGE	3 months to 4 years
NUMBER OF APPROVED PLACES	59
NUMBER OF STAFF	30
REMOTENESS AREA CLASSIFICATION	Outer regional

LOCATION

Wandina, WA



Background

Turtle Cove Wandina prioritises open communications with families at their service. There are formal moments for communication embedded in their processes, as well as opportunities for those informal, ad hoc conversations that happen throughout the day.

How do you approach feedback to families in your service?

- Feedback is central to our service approach of holistic care.
- Our goal is not only to care for the child, but to care for families as partners in their child's learning and wellbeing journey.
- In line with this, we have embedded practices for seeking feedback about our service so that families feel included, supported, and genuinely valued within our community.

How do you identify areas of feedback?

- We use monthly group observations and identified trends within the learning environment to develop service-wide feedback initiatives.
- When families or educators identify a common area of development, interest, or need across a group of children, we provide:
 - Targeted feedback and information to families
 - This promotes consistency between home and the service

An example

If educators are supporting children to develop independence skills such as using utensils at mealtimes, we may share the following with all families within that age group, based on group observations and reflective practice:

- Observations
- Strategies
- Practical suggestions
- Information relating to:
 - Language development
 - Social skills
 - Sleep routines
 - Self-help skills
 - Wellbeing initiatives

These initiatives strengthen partnerships with families by sharing common goals, promoting consistent approaches, and supporting children's development across both the home and early learning environments.

What mechanisms and approaches do you use (both formal and informal)?

We encourage families to share their perspectives, ideas, concerns, and aspirations for their children, recognising that they are their child's first and most important teachers.

We actively seek family feedback through:

- Formal surveys
- Informal conversations
- Our enrolment and orientation discussions
- Family meetings
- Suggestion opportunities
- Daily communication with educators

We also seek feedback on the following to ensure our practices remain responsive to the needs of our community:

- Specific initiatives
- Events
- Environments
- Service changes

How often do you provide feedback?

- We seek feedback from families through both formal and informal processes that are embedded into our everyday practice.
- By embedding ongoing feedback opportunities, we ensure family perspectives continuously inform decision-making, service improvement, and children's learning experiences.

Informal feedback

- Encouraged daily through conversations at drop-off and pick-up
- Phone calls
- Emails
- Digital communication platform (app)

Formal feedback

- Opportunities provided at least annually through family surveys
- At enrolment
- At orientation
- During transition periods
- At family meetings
- Additional feedback sought following:
 - Significant events
 - Service changes
 - Policy reviews
 - Environment updates
 - New initiatives

How do you review feedback?

Feedback received is reviewed by the leadership team and educators:

- Actions are communicated back to families where appropriate
- This allows family voices to be heard and to influence:
 - Decision-making
 - Service improvements
 - Program development
 - Policy review

How often do you provide feedback beyond orientation?

Feedback is provided to families on an ongoing basis throughout their child's enrolment, rather than only at orientation.

Educators share information daily through:

- Daily conversations
- Learning updates through announcements
- Daily group journal
- Child comments
- Observations and photographs on a mobile communications app.

In addition to daily communication, more focused feedback is provided at key points throughout the year, including:

- When creating and completing observations and developmental assessments.
- During transitions between rooms.
- When educators identify emerging interests, strengths, or areas requiring additional support.
- Following significant milestones or achievements.
- During family meetings, when developing support plans and goal-setting discussions.
- When implementing group initiatives or focus areas across a room.
- Following incidents, injuries, illnesses, or wellbeing concerns.
- During policy reviews, service changes, or quality improvement initiatives where family input is sought.

What are some of the points that are raised during discussions with your team about how often you should provide feedback to families?

Some of the key points raised during these conversations include:

- Ensuring every family receives regular and equitable feedback about their child's learning, development, and wellbeing.
- Finding the balance between the quantity and quality of feedback
 - Ensuring updates are meaningful rather than simply frequent.
- Identifying families who may benefit from more personalised communication or additional support.
- Discussing the most effective methods of communication for different families, including:
 - Face-to-face conversations
 - Digital platforms
 - Phone calls
 - Meetings.
- Reflecting on whether feedback is linked to children's learning outcomes, developmental progress, and individual goals.
- Considering how children's voices and perspectives are represented within feedback shared with families.
- Reviewing family engagement with feedback and exploring strategies to encourage two-way communication.
- Ensuring feedback celebrates children's strengths and achievements while also addressing areas where support may be beneficial.
- Discussing feedback opportunities during key transition periods, significant milestones, or changes in a child's circumstances.
- Reflecting on family feedback and whether current communication practices are meeting the needs and expectations of our community.

These discussions form part of our ongoing reflective practice and commitment to continuous improvement, ensuring our communication with families remains purposeful, collaborative, and centred on positive outcomes for children.

How do you provide specialised feedback, for example if it relates to a support plan?

Specialised feedback is:

- Tailored to the individual child and family
- Provided in a way that respects confidentiality, collaboration, and family preferences.

While the approach may vary depending on each family's needs and circumstances, specialised feedback is routinely shared through scheduled meetings with members of our leadership and educational teams. These meetings provide an opportunity to:

- Discuss progress against goals
- Review strategies outlined within support plans
- Share observations and documentation
- Celebrate achievements
- Collaboratively identify next steps

Families are encouraged to contribute their insights, ask questions, and participate in decision-making to ensure a consistent and holistic approach across home and the service.

Where appropriate, specialised feedback may also be supported through the following methods, ensuring all interest holders are informed and working towards shared outcomes for the child:

- Written summaries
- Communication books
- Emails
- Phone calls
- Collaboration with external professionals

Example of feedback in practice

During reflective discussions, educators identified that many children across the Clownfish Room (3–5 years) were showing an interest in food preparation and developing independence at mealtimes.

Through conversations, observations, and children's choices during play, educators noted that children were frequently pretending to cook, discussing foods they ate at home, and expressing preferences about meals.

Group feedback Initiative

The team decided to implement a mealtime focus centred on:

- Using utensils independently
- Serving themselves appropriate portions
- Participating in cooking experiences
- Developing positive mealtime conversations

The initiative was guided by children's voices. Educators asked children:

- "What foods do you like helping to make?"
- "What would you like to cook?"
- "What foods do you eat with your family?"
- "How do you know when your tummy has 'had enough'?"

Children's responses informed:

- Cooking experiences
- Menu discussions
- Mealtime practices
 - For example, children requested smoothies, vegetable muffins, and homemade pizzas, which were incorporated into the menu.

A group communication was shared with families that included:

- An explanation of the focus, highlighting children's interests and ideas
- Practical suggestions they could try at home, such as:
 - Involving children in meal preparation
 - Offering child-sized utensils
 - Encouraging opportunities for children self-serving their food

Ongoing feedback to families

Throughout the term, educators provided regular feedback through:

- Daily conversations at pick-up
- Learning stories documenting cooking experiences
- Photographs of children preparing fruit platters and baking muffins
- Weekly updates highlighting children's progress and engagement

Examples of feedback included:

- "Today Ava independently used tongs to serve herself fruit at afternoon tea. She proudly told educators she helps make fruit salad with her grandmother at home and wanted to show her friends how she does it."

Team discussions about feedback

During team meetings, educators reflected on:

- Whether all families were receiving meaningful mealtime feedback
- How often updates should be shared
- Which children may benefit from more targeted feedback
- How children's perspectives and ideas were being captured and communicated to families
- Strategies for ensuring children's voices informed future food and cooking experiences

The team agreed that feedback should not only focus on what children were eating but also on:

- Ideas, choices, preferences, and decision-making children demonstrated during mealtimes
- Increased verbal feedback around mealtimes due to strong family interest in children's eating habits.

Seeking family feedback

Midway through the initiative, families were invited to share feedback through a short survey and informal conversations. Questions included:

- Have you noticed any changes in your child's independence at mealtimes?
- Has your child shown increased interest in helping prepare food at home?
- Are there any mealtime goals you would like us to support?

Several families reported that their children had begun helping to set the table and requesting opportunities to prepare food at home.

Specialised feedback example (support plan)

One child had a support plan goal related to expanding their range of accepted foods and reducing anxiety around trying new foods.

- A meeting was held with the family, Room Leader and Nominated Supervisor.
- During the meeting, educators shared:
 - Observations of the child's participation in cooking experiences
 - Foods the child was beginning to explore through sensory play
 - Successful strategies used during mealtimes
 - Progress towards agreed goals
- Together, the support plan was reviewed and consistent approaches between home and the service were agreed on, including:
 - Involving the child in food preparation
 - Offering familiar and unfamiliar foods together
 - Celebrating small successes without pressure
- A written summary was provided following the meeting, and progress continued to be discussed during regular check-ins with the family.

As a result of the initiative, the child demonstrated increased independence, confidence, and enjoyment during mealtimes. The family reported seeing similar behaviours at home, and the service used family feedback and educator reflections to inform future cooking experiences and mealtime practices.

SECTION 2

Services and Educators' Knowledge, Experience and Insights



Various pathways for knowledge sharing

One of the key elements of the Staff and Family Engagement module is the expertise and role of ECEC educators. ECEC services are well positioned as sites of knowledge and expertise in child development, as well as brokers of knowledge and connections between other specialists within the early childhood development sector. The role of educators and services as a broker can occur in a variety of ways and have a number of benefits; this section provides support in two ways:

Educators and services sharing details of approaches taken in services which align to best practice

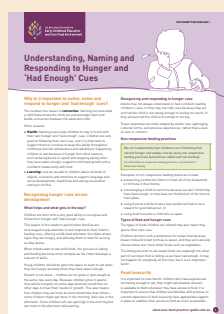
Here the families not only benefit from getting a better understanding of what happens during the day in relation to food environments, but they also have the information to adopt elements of those practices at home if they choose to.

Alternatively, having a better understanding of what is happening in services during the day with respect to food environments may highlight differences and allow for clearer communication and understanding between staff, services and families.

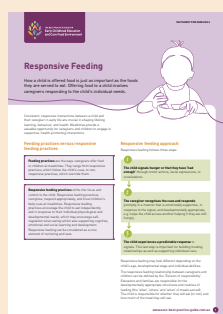
The resources below have been developed by adapting sections of the Mealtime Environment and Practices and Menu and Meal Quality modules, making the information relevant and practical for families.

Services may wish to share these resources with families asking for further information about a variety of topics.

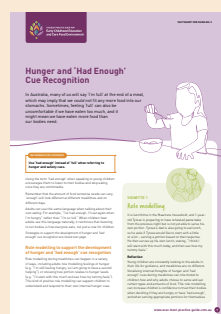
Support resources specific to mealtimes



↓ Understanding, Naming and Responding to Hunger and 'Had Enough' Cues



↓ Responsive Feeding



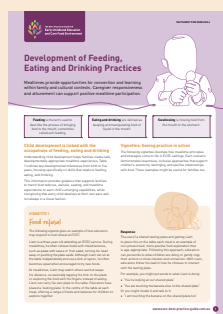
↓ Hunger and 'Had Enough' Cue Recognition



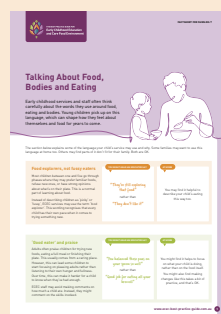
↓ More than a Meal: Everyday Learning at Mealtimes



↓ Supporting Food Preferences, Food Acceptance and Food Diversity

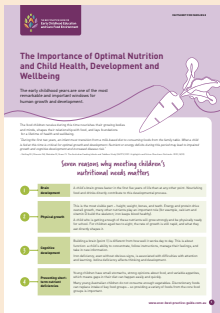


↓ Development of Feeding, Eating and Drinking Practices



↓ Talking About Food, Bodies and Eating

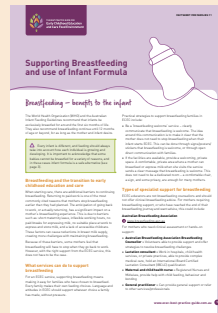
Support resources specific to meals and menus



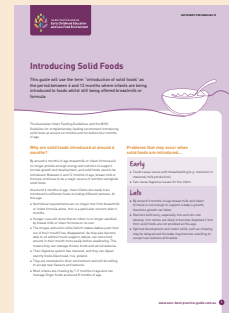
↓ The Importance of Optimal Nutrition and Child Health, Development and Wellbeing



↓ The Australian Dietary Guidelines and the Australian Infant Feeding Guidelines



↓ Supporting Breastfeeding and the use of Infant Formula



↓ Introducing Solid Foods

The role of food education

Food education can play a part in how services engage with families to support participation, connection and learning. In practice this can mean inviting families into cooking, gardening and tasting experiences, sharing what children are exploring and learning about food, and using everyday food moments to build children's confidence, curiosity and food knowledge – strengthening the partnership between home and service. The Food Education module provides details, recommendations, learning experiences and case studies that further explores and supports this important topic area.

See Food Education module

EARLY YEARS LEARNING FRAMEWORK
Outcome 3, Outcome 4

NATIONAL QUALITY STANDARD
QA1, QA6

Reflective questions



- How do we engage in sensitive, family-centred conversations when sharing observations about a child's eating, feeding or mealtime experiences?
- How inclusive and responsive is our mealtime environment for children with diverse sensory, cultural, developmental, medical or feeding needs? What adjustments could further support participation and engagement?
- Are there any barriers within our environment, routines or practices that may unintentionally restrict children's participation, comfort or enjoyment during mealtimes?

SECTION 3

Referral Pathways – Support, Information, Advice





Referral pathways – support, information, advice

Referral pathways in ECEC should be considered in its broadest sense. Referral pathways are not solely about assessment and diagnosis; indeed educators may support families to access information, community services, health professionals or specialist services for a range of reasons including participation, wellbeing, family support and inclusion.

Recognising when additional support may be helpful

In practice, educators are often sharing observations about a child's participation, development, learning or mealtime experiences and discussing possible sources of support with families. It is important to keep in mind however that in the ECEC workforce, educators may hold qualifications ranging from Certificate III to postgraduate level, it may be more appropriate to focus on recognising patterns in children's participation, development and mealtime experiences, and knowing when to discuss observations with families, rather than positioning educators as having expertise in developmental screening, diagnosis or referral processes.

Support in practice

How support is accessed and undertaken can vary across settings and scenarios and depend on a range of factors including but not limited to the practical application of guidance, available resources and workforce capabilities. The following case studies have been provided to give a range of examples of how services have accessed external expertise and built educator capabilities across different service types and contexts.

Acknowledging educators' scope of practice

It is important to consider an educator's scope of practice. The intent of bringing in external expertise is often to build educator knowledge, confidence and capability, rather than for educators to deliver specialist interventions. An educator's roles and scope of practice support children's participation, wellbeing and learning through everyday practice, while health and allied health professionals provide discipline-specific assessment, advice and intervention. Clarifying these roles may help support shared understanding across professions and reduce the risk of responsibilities becoming blurred or extending beyond educators' professional scope.

Service leaders should encourage educators to discuss observations with the educational team, to gather different perspectives. An educator with a strong relationship with the family can then be the one who initiates any sensitive conversations.

Inclusion support professionals

Depending on your locality additional support may also be available for ECEC services. The titles and roles of professionals who support inclusion vary significantly across jurisdictions, sectors and funding programs. For example, these roles may be referred to as Inclusion Consultants, Inclusion Support Professionals, early childhood intervention practitioners, or other local titles.

Types of additional specialist support

The following provides an overview of the roles of Australian health professionals involved with feeding or a family with a selective eater.

See *Mealtime Environment and Practices*, Section 4, page 37

- **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 concerns raised by families, that are 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.
- **Physiotherapists:** Support seating, posture, gross motor readiness, safe positioning, participation, fatigue and physical comfort.

NATIONAL QUALITY STANDARD
QA6

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 other professionals.
- Recognise that educators create supportive environments that complement (not replace) other professionals recommendations.

ECEC services play an important role in supporting children’s participation, wellbeing and learning, including during mealtimes. Through everyday interactions, educators may notice patterns or changes that suggest a child or family could benefit from additional support or advice.

When sharing observations, educators focus on what they have seen over time and engage families in respectful, family-centred conversations. Families bring valuable knowledge about their child, and collaborative discussions can help build a shared understanding of the child’s strengths, preferences and support needs.

Educators do not diagnose or assess children. Instead, they can support families to access further information or professional advice when appropriate. This may include encouraging families to speak with their GP, child and family health nurse, paediatrician or other relevant professionals.

When working with families and other professionals, educators can:

- recognise families as experts on their child and partners in decision-making
- document observations objectively and respectfully
- seek family consent before sharing information with external professionals
- contribute information about the child’s participation and experiences within the ECEC setting
- work collaboratively with families and professionals to support consistent approaches across environments
- create responsive and inclusive environments that complement professional advice and recommendations.

Intergenerational trauma and past experiences with service systems may influence some families trust and engagement with professional and healthcare services, particularly for Aboriginal and Torres Strait Islander families.

NATIONAL QUALITY STANDARD
QA3, QA6

Additional observations related to food environments

The following are some red flags that indicate that a child may benefit from a medical assessment or an assessment by a feeding team or feeding specialist.

Frequent coughing or gagging during mealtimes.

A traumatic or stressful feeding experience such as a choking incident, with refusal to eat certain foods after this.

Infants who cry or back arch at most mealtimes, or who cry at the sight of food or the highchair.

Difficulty with moving from one food texture to another (such as from smooth purees to lumpy foods), or issues managing foods with mixed textures (such as smooth foods with some lumps).

Young children who have a very limited number of foods in their diet.

Young children who consume large amounts of milk or formula and only eat small amounts.

Young children who frequently eat non-food items (such as dirt or paper).

Children’s oral food eating journeys are individual and may follow diverse pathways or timelines. For some children, progress may look like tasting, chewing or eating new foods. For some, it may begin with feeling safe near food, watching peers eat, touching or smelling food, choosing a utensil, engaging with hands, joining mealtime conversation, or taking on a helper role.

Children may move between observing, touching, smelling, tasting and eating at their own pace, and this can be shaped by sensory preferences, disability, medical needs, tube feeding, oral aversion, previous feeding experiences, culture, relationships and confidence. Inclusive mealtime practice recognises that success is not the same for every child: participation, comfort, autonomy, communication and belonging are meaningful parts of the journey too.

Services working with families to gain further support for children and families

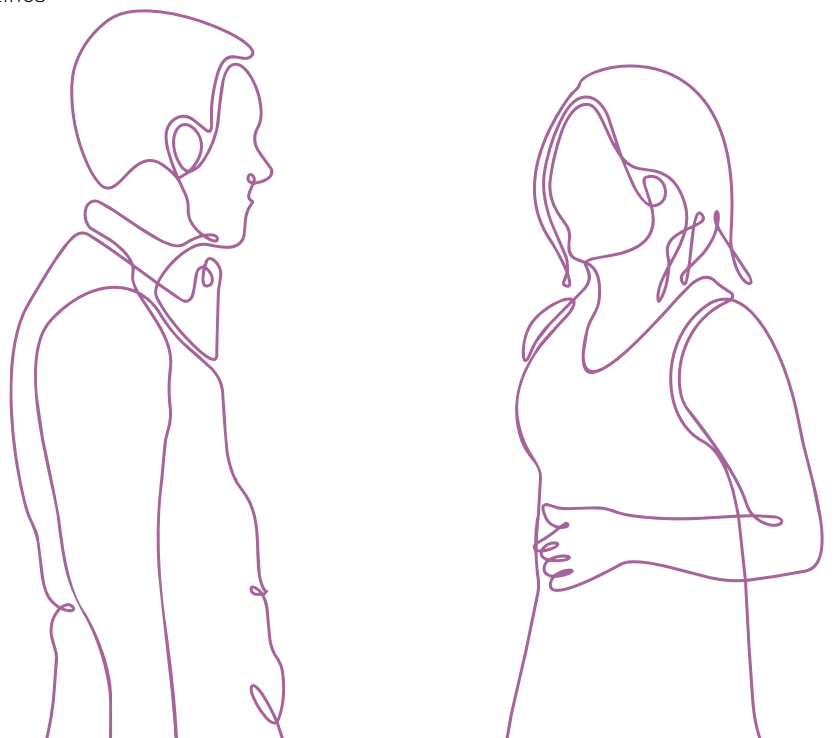
In some circumstances, ECEC services may work collaboratively with families to support access to additional services or professional advice. This may occur when a child would benefit from further assessment, specialised support, or coordinated planning across settings. Observations of the child's development related to eating, feeding and mealtimes are often best understood through a holistic view of the child, recognising that experiences at home, in education and care settings, and in the broader community may all influence participation and wellbeing.

The nature and extent of this collaboration will vary depending on the needs of the child and family, the service context, and the supports available. For example, educators may contribute observations, participate in conversations with families and professionals, share information with consent, or implement agreed strategies within everyday routines and experiences. Through these partnerships, educators can provide valuable insights into a child's participation, strengths, preferences and experiences within the ECEC environment.

Collaborative approaches recognise that families bring deep knowledge of their child and play a central role in decision-making. By working together, families, educators and professionals can develop a shared understanding of the child's strengths, needs and goals, and identify strategies that support participation, inclusion and positive mealtime experiences across environments.

Effective collaboration is underpinned by respectful relationships, open communication, shared decision-making and recognition of the expertise that families and professionals each bring to supporting the child. Consistent approaches across home, education and care, and professional settings can help children experience greater predictability, confidence and success in everyday routines and interactions.

NATIONAL QUALITY STANDARD
QA6



CASE STUDY

Contacting inclusion support services

Background

The Inclusion Support Program is a government funded, fee-free service.⁷ There are Inclusion Agencies in each state and territory, and support is accessible to all eligible Australian ECEC services to address inclusion barriers.⁷

Inclusion Agencies offer mentoring and coaching of ECEC staff as their main service. This means that ECEC services, rather than individual children or families, are their main clients.⁷

A common assumption about inclusion agencies is that they exist only to provide funding for extra staff to increase ratios. In reality, the focus of inclusion support is to provide mentoring to ECEC staff to build their capacity to provide appropriate and inclusive support to children with diverse needs in their services. This is achieved through guiding staff through self-reflection in order to build practices that are child-centred, inclusive and tailored to the service.

Why support capacity building?

Supporting capacity building for inclusive practices allows ECEC staff to:

- Build their personal and collective skill base.
- Create and build on inclusive practices at the service in the immediate, short and long term.
- Ensure children can participate and engage meaningfully within the service.

Identifying support

Inclusion professionals (IPs) help identify the support needs of services through conversations and mentoring with service leaders and staff. IPs are most often asked to come into services via contact from service leaders who have gained permission from a child's family to engage their services. The service leader would have spoken with the child's family after educators noticed that:

- A child/children may need extra support. In a mealtime context, this may look like:
 - Support with physical and medical needs during mealtimes, social support or support to access specialised training and/or specialist equipment
- The service environment needs modification for greater inclusivity. In a mealtime context, this may look like:
 - Alterations to seating arrangements, reducing noise in the meal area or reflecting on practices and transition needs

Support needs can be tailored to the whole service, the environment or the child, and can also be created in collaboration with families and allied health professionals.

Providing support

IPs provide support to services via in-person, telephone or online mentoring sessions. In these sessions:

- The IP speaks with the service leader or staff to find out more about what is happening at the service, and why they were called for support.
- The IP then poses reflective questions and prompts to assist the staff to think about what is happening with the child/children/environment, why it may be happening, and what possible solutions could be.

In a mealtime context, questions and prompts could be:

- What would you hope a mealtime would look like for this child/environment?
- Are mealtimes fun, engaging and well-paced?
- What are the current experience and needs of the educators?
- The children's families may have different practices at mealtimes at home – consider speaking with the families and see what is working at home.
 - Consider whether it will be possible to mirror practices from home at the service.
- Consider whether the mealtime environment could be changed to make it more accommodating to sensory diversity. For example:
 - How many children are sitting at the table? Is this too many/too few?
 - Is the eating area very noisy or does it have a lot of echo? If it is very noisy, how could the noise level be reduced?
 - Do the children have autonomy in serving themselves food?
- The IP will make suggestions and support implementation of these suggestions by the staff. This may look like:
 - On the ground mentoring and coaching.
 - Directing services to the free, self-guided training available on the inclusion support website for the relevant state or territory.
 - Giving suggestions for alterations or additions to the physical environment.
 - For example, different sized chairs, resistance bands – some of these may also be available to borrow from the inclusion support agency's specialist equipment library.
 - If the child is seeing an allied health practitioner – suggesting that they observe the child while they are at the service.
 - Providing access to funding for extra staff if the previous mentoring and training have been completed, but extra support may still be needed.

Follow-up on support implementation varies depending on the service. Even when an IP has finished working with a service, the service is still able to re-engage with them whenever needed.

The Inclusion Support Program is an important resource to assist ECEC staff to build their capacity to support children in ways that are child-centred and inclusive, and that help children to thrive.

CASE STUDY

Referrals to General Practitioners and allied health practitioners from ECEC services

Educators play an important role when sharing observations to support families in seeking professional support. They build this understanding through their relationships with children, their observations and their knowledge of child development. Children develop in different ways and at different rates, so educators should consider each child's strengths, experiences and individual context.

Educators can share what they notice with families and listen to what families know about their child. These conversations should be respectful, strengths-based and focused on the child's learning, development and wellbeing.

Educators do not diagnose developmental conditions. If further advice may help, educators and service leaders can work with families to consider next steps. This may include families speaking with a general practitioner (GP), child health professional or allied health practitioner (AHP).

Background

At Kidz Life Day Care, food is prepared on-site and is a normal part of the daily routine.

Sam is two and a half years old and has been at the service for one year. For the past two months he often:

- Refuses to taste or smell the food.
- Displays dysregulation and participation during mealtimes is challenging – educators are unsure on how to provide appropriate support.
- Pushes the food away and throws it.
- Screams and runs away from the table.

To ensure Sam has eaten something, and reduce these behaviours, educators revert back to food they know he will eat.

Identifying support

Educators have identified that Sam may need some extra support as he displays social and food refusal. They inform their director, Lani.

As a first step, Lani looks at the service's mealtime environment and asks educators to:

- Observe Sam during meals and note:
 - What he seems comfortable or uncomfortable with
 - > For example, certain foods, textures, smells, sounds or other parts of the mealtime experience (including transitions to and from mealtimes)
 - What behaviour he displays and when, noting:
 - > What does he say and do? When does he become regulated again? What supports him to become regulated?

This can help the team better understand what may be affecting Sam's participation in mealtimes.

Next, Lani starts with a short, informal chat with Sam's family at a suitable time. She keeps the conversation relaxed and curious, asking:

- We've been noticing what Sam enjoys at mealtimes and what seems to make him comfortable. We'd love to hear what mealtimes are like at home. Are there particular foods, routines or things that work well for him?

Lani listens to what the family shares and asks simple follow-up questions, such as:

- What foods does Sam usually enjoy?
- Are there any foods or textures he tends to avoid?
- Is there anything that helps make mealtimes easier or more comfortable?
- Have you noticed anything similar at home?

This gives the family a chance to share what they know about Sam before the service suggests any next steps. It also helps keep the conversation strengths-based and avoids diagnosing.

If Sam's experiences at home are different, Lani can work with the family to identify familiar routines or approaches that may help Sam feel more comfortable at the service. If the family has noticed similar experiences at home, Lani can discuss this with them and suggest they consider seeking further advice from a GP, child health professional or AHP.

If needed, Lani can then arrange a more detailed conversation with the family to agree on next steps and how the service can continue to support Sam.

Connecting to support

During the conversation with Sam's family, Lani finds out that the same behaviours are occurring at home. Sam's family say they feel worried and frustrated and would like some help, but don't know what to do.

Lani encourages the family to speak with their local GP. She explains that the GP can provide specific support and offer advice and referrals to an AHP, like a speech pathologist or an occupational therapist, if needed.

Providing support

If an allied health practitioner is needed, Lani explains that with the family's permission, the service can:

- Allow the AHP to come into the service to observe Sam.
- Partner with the therapist to share observations and implement support strategies while Sam is in care.
- Invite the AHP to share their knowledge, skills and expertise around Sam's needs with the broader team.

She also lets them know that if a referral is provided and getting an appointment takes time, the service can work with the Inclusion Support Agency and GP on strategies to support Sam and his family while they await their appointment.

This support may include:

- Capacity building of the family around:
 - Documenting and observing Sam's sensory needs and behaviours at mealtimes.
 - Looking at the mealtime environment and considering whether noise, lighting, seating, routines or other people affect Sam's comfort and participation.
- Communicating with the family to decide on which practices they will trial at the service and at home, and ensure continuity across both environments.
 - This will involve:
 - > Working in partnership with Sam's family and the educator team to share observations, reflect on what is supporting his participation and wellbeing, and agree on any changes or strategies to try next.
 - > Regular meetings that may be held, for example, at five-week intervals.
 - > Implementing one change at a time, allowing around ten weeks for each change to become embedded, and be reviewed and reflected upon.

Having plans in place to engage support from the GP and AHPs is essential for wrap-around, consistent support for children in care.

CASE STUDY

Trauma-informed and mental health support for mealtimes in long day care services

Exposure to adverse experiences including housing insecurity, poverty, parental mental health issues, family violence and trauma have impacts on young children's brain development. This can impact their learning and emotional regulation, including their interactions with food and the ECEC mealtime environment.

ECEC staff can provide children and families with some support with this challenge. They can also provide contact details for support services and partner with medical and allied health professionals to ensure wrap-around support is available where needed.

Background

Taylor is a shy three-year-old who has attended Butterflies Day Care for over two and a half years.

At mealtimes, educators have recently noticed the following new behaviours:

- Taylor becomes visibly stressed just before mealtimes.
 - About 10 minutes before mealtimes, her body starts to move fast – she flits from one experience to another and has difficulty concentrating.
- During mealtimes she has difficulty sitting at the table with other children, continually getting up and down.
- When the meal is served, she will ask for more even if her bowl is full.
- She will often empty the contents of her bowl into the bin before asking for more.
- While eating she will break her food into tiny pieces, shovelling it into her mouth.

Staff reflections, discussions and actions

At the next staff meeting, educators first reflect on their practice, asking themselves:

- How might Taylor be feeling in these moments, and what actions can I take to help her right now?
- What may be happening in the mealtime environment that may be triggering this reaction in Taylor?
- What may be happening in Taylor's life that may be contributing to this reaction?

After some discussion, staff agree on the following actions to try and help Taylor:

- Have food available during the day for Taylor to access at any time.
- In the moments where she appears anxious about the food, reassure her that she can ask for extra if she is hungry at any time of the day.
- Use statements such as 'there is plenty for everyone'.
- Ask her if she would like to see the food on the trolley when the cook comes out, so she can see there is enough.
- Pile her bowl high with food so she feels a sense of abundance rather than scarcity.

The staff will monitor the effect of these actions over the next two weeks and discuss them again at the next meeting.

They also ask their director, Matt, to speak with Taylor's mother, Bobby, to find out about what might be happening at home that may be contributing to this behaviour.

Connecting with the family

While speaking with Bobby, Matt finds out the following:

- Bobby has been experiencing ongoing family violence.
- As a result, two months ago Bobby lost her job.
- Currently, Bobby and Taylor are staying with friends as they no longer feel safe at home and cannot afford alternative accommodation.
- Their friends are also struggling financially and there are difficulties with food provision.

Bobby thinks that the combination of these ongoing stressors may be why Taylor is feeling stressed around mealtimes and is displaying these behaviours.

Providing support options

Matt feels that Taylor and Bobby may benefit from some additional support:

- First, he asks Bobby if they would like any contacts to support services.
 - Bobby says they are fine for now, and she has a job interview the next day, but will get in touch if it doesn't work out.
- Next, he lets her know that there are flyers in the reception area related to domestic violence support, and she is free to take one if she likes.
- Finally, he sets up another meeting with Bobby in two weeks where they can discuss the staff actions and monitor Taylor's progress.

In the meantime, he also collates some support options in case they are needed, such as:

- Contact details for:
 - Domestic violence support services.
 - Refuge and housing support services.
 - Intensive family support organisations.
 - Food relief support.
- Suggestions for general practitioners, child and youth mental health services and allied health practitioners for assistance in dealing with mental health concerns and relational trauma.
 - The service can also help families prepare referrals if needed.

Final thoughts

Dealing with instances of mental health concerns and trauma in ECEC services is delicate and important work.

Remember:

- Be thoughtful
 - Consider your priorities for the children in your care and each family's resources and capacity.
 - Consider undertaking professional learning in this space.
 - Ensure you also look after your own mental health and wellbeing.
- Build a deep sense of trust and respect with children and families
 - Often an ECEC service can relieve the pressure for struggling families – having a trusting relationship between families and the service is essential for families to know that their children are safe and will be well cared for, even when it may not be possible at home.
- Remember that each situation is unique and contextual
 - There is no one way of being or doing, and solutions must be created together with families to ensure the best fit for each situation.
- Timeframes for change or improvement can differ
 - The ECEC service may be the place where the initial steps of developing change in a child's brain architecture occurs, and educators may not see the fruits of their efforts while a child is in care – trust that what you are doing to help the child in these early years of life matters and will make a difference in the child's development and wellbeing.
- Take the wins
 - Celebrate a child's achievements through these times of adversity.
 - Celebrate the important work you and your team are doing to help children and families heal and grow.

CASE STUDY

Referrals to allied health practitioners in family day care services

Family day care (FDC) educators cater to a small number of children and families each day. Because of this, they are able to build strong and close relationships with families. This can make it easier for them to have conversations with families about difficult subjects, such as whether they have noticed that a child may need some extra support for their growth and development.

Background

Sarah is a FDC educator in regional Australia. She has cared for Frankie, who is two-and-a-half years old, for the last two years.

Identifying support

Through relationship building and observation over time, Sarah has noticed that Frankie does not seem like her usual self – she has not been eating at FDC for about two weeks now, and this is unusual for her.

Sarah reaches out to her FDC coordinator and asks for some advice.

After discussions with her coordinator, Sarah decides her first action is to speak with Frankie's family and see if there is anything happening out of the FDC service that may be affecting her appetite.

While speaking with Frankie's family, Sarah discovers that she hasn't been eating at home either, and the family are feeling concerned and are unsure about what to do next.

Sarah feels that outside support from an allied health practitioner may be needed and discusses this delicately with the family.

Connecting to support

Sarah suggests that Frankie's family reach out to their GP for support in the first instance. She is also aware of other supports in their regional community, such as the local child health nurse, and knows when the allied health practitioners are in town. She gives Frankie's family details of these supports.

Sarah can also engage an allied health professional with the permission of the family, and ensuring that their privacy and confidentiality are maintained at all times. Gaining permission is essential as it ensures that their role as Frankie's primary carers is respected.

Frankie's family are a little unsure about reaching out to the child health nurse, and give Sarah permission to connect them with her. Sarah then engages with the child health nurse on behalf of the family and gives a brief overview of Frankie's needs.

After seeing Frankie in the clinic, the child health nurse suspects that she may have textural sensitivities and refers the family to an allied health practitioner for further assessment and support.

Sarah engages the allied health practitioner on behalf of the family as they have asked her to assist with this. Sarah then requests the necessary permission forms required to engage in observation and more detailed observation sharing. Sarah then works with the family to decide on times for the allied health practitioner to have contact with Frankie while she is at home and at the FDC.

After the allied health practitioner assesses Frankie, Sarah arranges for all parties to come together to discuss outcomes and requirements for Frankie moving forward.

Providing support

When the allied health practitioner appointments arrive, the practitioner, the family and Sarah work as a team to help Frankie. The allied health practitioner:

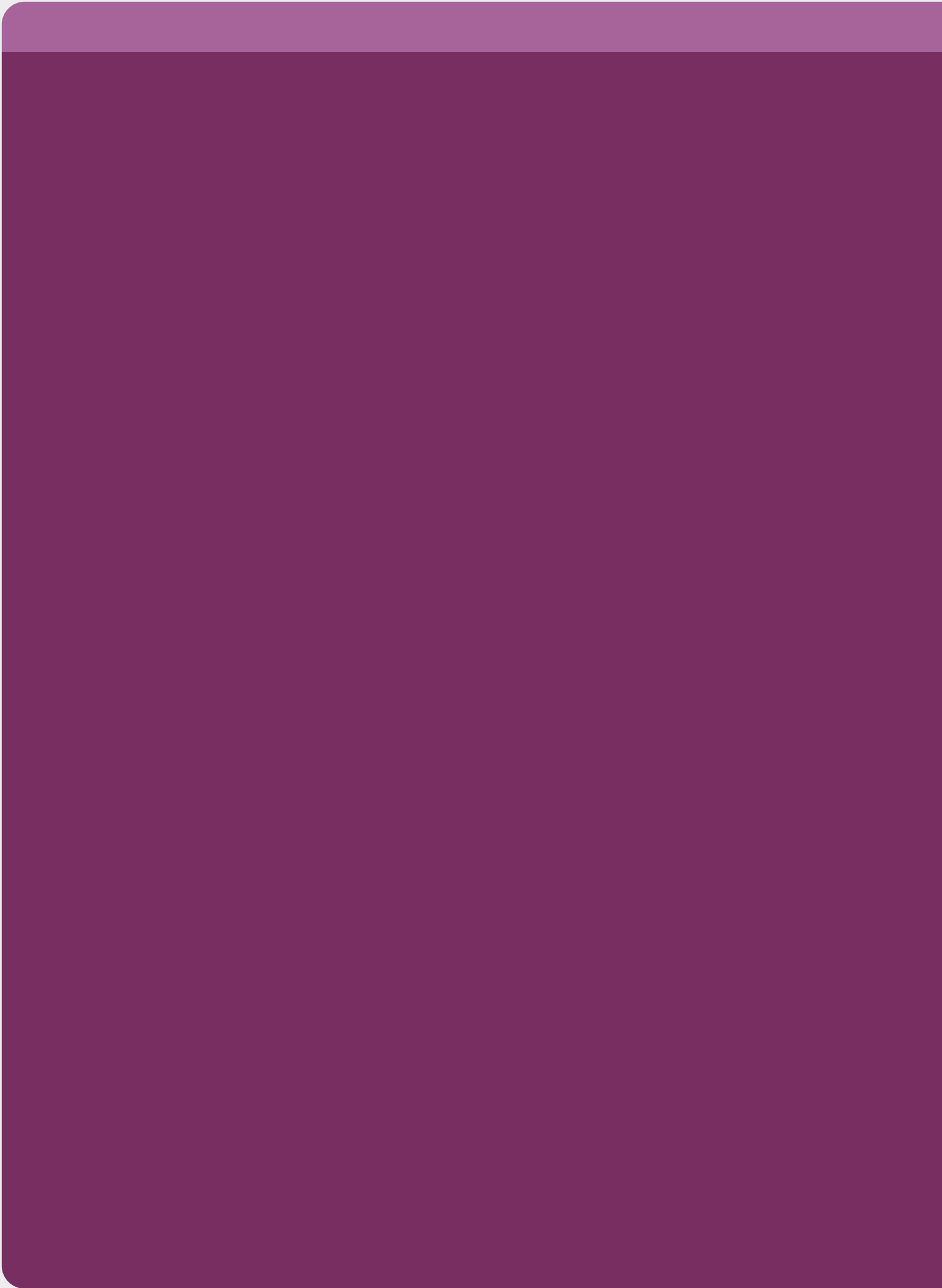
- Has a session with Frankie and her family at their home.
- Has multiple sessions with Frankie and Sarah at the FDC service.
 - Sometimes Frankie's family are able to come to the FDC to join in sessions there as well.
- Is in regular email contact with both Frankie's family and Sarah and provides them with suggestions and reports.

Both Frankie's family and Sarah:

- Carry out suggestions given by the allied health practitioner in the same way at home as in FDC.
 - This ensures a consistent approach to Frankie's therapy.

Reflections on the process

- Through close observation of children, relationship building with children and families, developmental concerns can be identified early, and support can be identified and provided.
 - As wait times for support services can be extensive, early detection of developmental concerns is essential in providing timely support to children and families.
- The FDC educator, family and allied health professional working as a team creates the best environment to support a child who may need some extra assistance.
- It can be helpful for regional and remote FDC educators to stay up to date with supports available in their communities via e.g. online groups or keeping in contact with community health nurses.
 - This will give them more support options for families if referrals are needed.



SECTION 4

Supporting Families at Lunchbox Services



Unpacking lunchboxes

What are the contexts that ECEC staff need to understand and consider when it comes to lunchboxes

When it comes to lunchboxes, ECEC services need to acknowledge and understand the family/home context and how this may impact or influence lunchbox provision. For example, below are some of the factors that may impact lunchbox provision.

Where children attend both an ECEC service and a school (e.g. kindergarten or foundation transition programs), services should work collaboratively with schools to promote consistent messaging about lunchbox guidance and food safety where appropriate. Educators should recognise that school policies and mealtime practices may differ from those in ECEC settings, and these differences can sometimes be confusing for children and families. Establishing positive relationships with local schools can support continuity of care and communication.

NATIONAL QUALITY STANDARD
QA2, QA6

Understanding responsibilities

What is the ECEC service responsible for?

It is important to recognise where the various responsibilities lie when it comes to lunchboxes as this provides guidance on the type of support that families may require. The responsibility for foods provided in lunchboxes is not with the service but the families, therefore much of this is out of control for the ECEC service.

Food safety duties are shared. Families are responsible for packing and transporting food safely. The service is still responsible for how food is stored, handled and served once it arrives, and for hygiene at mealtimes, under Regulations 77 and 78 of the National Regulations. Further, under Regulation 168 services must have appropriate policies in place related to the storage and provision of lunchboxes.

4

Supporting Families at
Lunchbox Services

Factors that may impact lunchbox provision



Time

Time is required to plan, purchase, and prepare the foods that get packed in a lunchbox. Lunchboxes are often packed late at night or in a rush before work, and families with several children requiring lunchboxes may have very little time to pack them.



Cost pressures

Food costs have risen and some families may have to choose between quantity and variety. Fresh food also costs more in regional and remote towns.



Cultural food practices

Cultural and religious food practices, requirements, and traditions can be represented and celebrated in lunchboxes.



Child needs and preferences

A child may be undergoing feeding therapy, may have allergies, or may have a small number of foods they will accept – families know their child best. What is in the lunchbox may involve careful planning to ensure their child is fed.

See Vignette 4, page 54 of this module



Family routines and circumstances

The family member responsible for packing the lunchbox may experience circumstances which affect their ability to pack a lunchbox (such as illness, fatigue, shift work schedules, or limited knowledge of preparing foods for the lunchbox). This could also include unreliable access to fresh food, or a fridge to safely store it.

The ECEC remains responsible for:

- Providing a safe mealtime – support children’s health, wellbeing and inclusion
- Allowing children to access the foods in their lunchbox if they are hungry outside of scheduled mealtimes
- Food safe practices – storage, handling, and supervision of lunchboxes
- Managing food allergies and dietary requirements – ensuring children with food allergies are known by all educators, have access to medication and action plans, communicating known allergens to other families if necessary
- Providing clear expectations and information

Families are also responsible for:

- **Food safety** – providing insulated lunchboxes if possible, ensuring food is cut to reduce choking risk (where applicable), providing food that is safe for their child to eat and handle near others (e.g. does not contain any allergens that should be excluded)
- **Medical or cultural needs** – Informing the service of any allergies, cultural considerations, child’s eating needs
- **Communicating** with the service regarding goals, nutrition, feeding, safe foods, sensory requirements

NATIONAL QUALITY STANDARD
QA2, QA7

What are families responsible for?

Lunchbox provision responsibility lies with families. To align with the Division of Responsibility model outlined in the Mealtime Environment and Practices Guide (Section 2), the following describes the responsibilities of the family, ECEC and child:

- **Family:** decides what is packed in the lunchbox
- **ECEC:** offer safe mealtime opportunities for children to eat
- **Child:** decide whether to eat, and how much to eat, from what has been packed.

What are the contexts that families need to understand and consider when providing lunchboxes

Lunchbox storage

Families should be informed where lunchboxes are stored. For example, families should be aware of whether the service has a fridge to store lunchboxes and their contents (and can the contents stay inside the lunchbox, or are they taken out and need to be individually labelled?)

Children’s independence

Families should understand the importance of packing foods that their child can safely and independently manage where developmentally appropriate. This supports confidence, self-help skills and participation during mealtimes.

Food allergen management

Families need to be made aware of any food allergen management procedures, including whether certain foods are restricted or discouraged to help minimise the risk of allergic reactions.

Lunchbox access and provision

Families need to understand how lunchboxes are offered and at what times of the day. For example, do foods need to be provided in separate containers for different mealtimes? This includes families being made aware of whether food can be reheated prior to eating.

Families should know whether children can access their lunchbox if they are hungry outside of scheduled mealtimes.

Food preparation

Families need to know whether foods can be reheated by staff, or if they should be prepared before arriving at the service (e.g. fruit peeled, oranges quartered, lids loosened, packaging removed, grapes cut according to safe food guidelines). Families should understand any expectations regarding reusable containers, minimising packaging, and supporting environmentally sustainable practices where appropriate.

Labelling

Lunchboxes, drink bottles, and containers should be clearly labelled with the child’s name.

Whole-service consistency

Families should understand that mealtime practices are guided by the service’s policies, food safety requirements and approved learning frameworks to ensure equitable and consistent practice for all children.

A holistic approach to lunchboxes

Considering lunchboxes holistically

What does 'considering lunchboxes holistically' mean? A holistic approach to lunchboxes means considering lunchboxes through more than one element.

For example:

- *Is it safe?*
- *Is the child being fed, is there enough to eat?*
- *Is the child happy to eat this meal?*
- *Are the food textures appropriate for this child?*
- *Does the lunchbox provide food to meet the nutritional needs of the child?*
- *Can the child access the food? (e.g. open containers)*

Whilst the above elements allow us to consider lunchboxes in a holistic way, it is important to note however that what may be 'appropriate' in each element will be up to individual circumstances. Child preferences can be tricky to cater for as they frequently change, therefore guidance should stay general rather than catering to preferences.

A comment about staff reactions to lunchboxes

Having a holistic approach and understanding of lunchboxes supports educators to reflect on and support their own communication when it comes to mealtimes at lunchbox services. For example, some children may have a limited number of safe foods that they accept. Passing judgement on foods in a child's lunchbox may be enough to make the food drop off their list.

Labelling foods as 'good', 'bad', 'healthy', 'junk', or 'treats', comparing lunchboxes, or praising or criticising the contents of a child's lunchbox can contribute to shame, guilt or anxiety around eating. Instead, educators should remain neutral, support children's autonomy, and focus on creating positive mealtime experiences where all children feel safe and included.

NATIONAL QUALITY STANDARD
QA5

4

Supporting Families at
Lunchbox Services

VIGNETTE 4

Complexity of lunchboxes

Three-year-old Mikey attends your ECEC service on Tuesdays and Wednesdays. Your ECEC service does not have a kitchen, and families supply food each day in a lunchbox. Staff are concerned because Mikey's lunchbox only contains two small bags of crunchy corn-based snacks, and a pack of potato chips.

When you speak to Mikey's parent, they explain that he is engaging in feeding therapy.

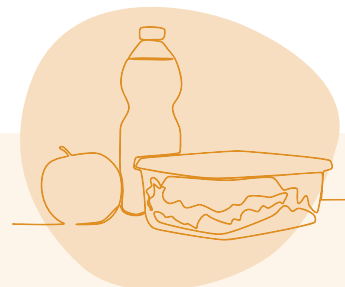
What is happening here?

Children may develop feeding difficulties for many reasons. They may have missed the opportunity to gain necessary feeding skills because they were born early, had many illnesses early in life, or may have developmental delays or sensory preferences. Children who have unpleasant associations with food such as pain associated with gastro-oesophageal reflux, or reactions to foods due to food allergy may also develop feeding difficulties.

Children with feeding difficulties may see a variety of health professionals to help with their nutrition and feeding skills. These may include paediatric dietitians, speech pathologists and occupational therapists.

Children who are having feeding therapy are often encouraged to eat dry and crunchy foods. For these children, foods like potato chips or crunchy corn-based snacks might be the only food in their lunchbox.

There are many steps in the process of learning to eat a new food. One model uses 8 steps to help a child learn about eating a new food.⁸ The steps include sight (looking at a food) > touch > smell > lick > taste > bite > chew > swallow. Children with feeding difficulties might be learning about new foods using any of these steps – before they are able to chew and commit to swallowing a food.



Supporting and communicating with families around lunchboxes

Providing feedback and support to families on lunchboxes

How can services support families who provide lunchboxes, and how is this support provided? When taking into consideration:

- A holistic understanding of lunchboxes
- the contexts and circumstances which influence lunchbox provision
- the division of responsibilities when it comes to provision.

Communication with families about lunchboxes needs to be:

Sensitive and supportive

- Recognising time-poor nature of families (for those in regional towns – isolation pressure can also impact lunchbox provision).
- Tailoring to families that need extra support.
- Approaching the subject with, empathy, curiosity and objectivity.
- Acknowledging and supporting cultural and religious food practices, including halal and kosher requirements, vegetarian and other dietary practices, foods prepared for religious observances, and celebration foods that matter to a family or may be unfamiliar to educators.

Adopt a strengths-based approach

A strengths-based approach includes:

- Highlighting the positive things that families are already doing.
- Sharing information to all families in a supportive rather than directive manner (e.g. on the important role of food in children's growth).
- Inviting families to share recipes, tips and ideas.
- Avoiding practices that create shame (e.g. 'stickers' sent home in lunchboxes denoting 'bad' foods).

Families are more likely to seek support and share challenges when they feel respected and listened to.

Consistent and accessible support

Communication techniques around lunchboxes may be:

- Part of a welcome pack upon induction e.g. this is what we suggest.
- Educational booklet (rather than targeting specific people).
- Recipes of simple lunchbox foods.
- Posters or photo's of lunchbox ideas, which can also be based on seasonal foods.

Ensure any information and resources provided are accessible by considering literacy levels, language needs and preferred methods of communication of families.

Setting these practices out in a policy, clearly communicated to staff, helps ensure they happen consistently rather than occasionally (e.g. through e-news, the service phone application, or during lunchbox week).

NATIONAL QUALITY STANDARD
QA6

Type of support which can be provided

There are a range of areas where information can be provided to families when it comes to lunchboxes, however it is important to provide information based on family needs:

What to include in lunchboxes

Families often ask for information of what they should pack in lunchboxes. Some services provide pictures of different lunchboxes as examples, including a range of foods. Lunchboxes need to represent what is suitable for each child, including appropriate quantity, texture, and nutrition.

What foods to avoid in lunchboxes

Some services may request certain foods to be avoided in lunchboxes, such as peanut butter or other sticky nut pastes where there are children attending the service that have peanut/tree nut allergies.

How much food to include

Families may also want to know how much food to provide for each meal, a visual would help with this.

Food safety

Guidance on age-appropriate foods, including choking risks, and safe transportation of lunchboxes with cold packs, insulated containers, etc.

Diversity and variety

Including small amounts of unfamiliar foods, alongside familiar foods, can increase a child's exposure to new foods, even if they don't eat it.

Lunchbox nutrition

Provide lunchbox ideas and recipes that support nutritional balance and meet children's nutritional needs based on their age (e.g. baby lunchbox, toddler lunchbox).

Whole-service consistency

Families should understand that mealtime practices are guided by the service's policies, food safety requirements and approved learning frameworks to ensure equitable and consistent practice for all children.

Reflective questions



- To what extent do our interactions with children and families reflect a strengths-based approach that avoids judgement, comparison or criticism of lunchbox contents?

OR

- When concerns arise about a lunchbox, do we approach families with curiosity and partnership, or do our assumptions influence the conversation?
- Do our lunchbox policies and practices genuinely support equity and inclusion for all families, or might they unintentionally disadvantage some families?
- How do our mealtime environments and educator practices promote children's autonomy, belonging and positive relationships with food?

NATIONAL QUALITY STANDARD
QA6



Managing areas of concern

The previous section outlines the type of information that could be provided to support families. However, there may be times where specific areas of concern may arise, Table 3 provides a starting point for some areas of concern.

TABLE 3: *Managing areas of concern*

Area	Areas of concern	Further support strategies
Food safety	- Ensuring food (lunchbox) is transported and stored safely - Keeping cold food cold - Clean lunchboxes - Safe reheating practices of hot foods (if that is offered) - Appropriate food size and texture to reduce choking risk - Cross-contamination risk for children with food allergies	- See food safety information on next page Food Standards Australia New Zealand – Safe reheating guidance See Section 6, page 63
Food insecurity	The child does not have enough food for the entire day.	To support families who may be experiencing food insecurity, services can: - Offer information about local food relief opportunities (either in private conversations or as generic information provided to all families). - Host a 'food donation shelf', where families can bring in food to share. - Keep a supply of 'back-up' food (e.g. bread, fruit, cheese, etc) for any children who don't have enough food or are still hungry after eating everything in their lunchbox.
Guidance on food inclusions	- It is not the responsibility of ECEC staff to assess lunchboxes and identify if they are nutritionally adequate or not. - If families ask for support, appropriate guidance can be provided.	- Engage with an external dietitian to come into the service for an hour during 'pick-up time' to support families. - Create a booklet with photos of different lunchbox foods and recipes as ideas, provide to families at induction. - If families request support with nutritional balance, provide guidance on where to access information about balancing core food groups. - Provide a stand of lunchbox ideas with pictures or lunchbox food samples at drop-off or pick-up time.

NATIONAL QUALITY STANDARD
QA2, QA6

Safe eating (in the context of lunchboxes)

Foods that are known choking risks should not be included in lunchboxes. These include whole nuts, large or round pieces of hard fruits and vegetables such as whole grapes, cherry tomatoes and blueberries as well as raw pieces of carrot and celery sticks.

Key food safety lunchbox measures include:



Children and staff must wash their hands before eating, and when they have finished eating.



All children must always be seated and supervised when eating and drinking.



Children must not share food.



Clean up spills straight away.

Where there are children with food allergies attending the ECEC service:

- A food allergy aware approach is recommended rather than banning foods that children in the ECEC service are allergic to. To lower the chance of children with peanut, tree nut or egg allergies accidentally being exposed to their food allergen, services may ask that sticky foods like nut pastes and messy foods such as egg sandwiches are not included in children's lunchboxes.
- Each child's lunchbox must be clearly labelled with their name and a symbol that they can recognise. If they have a food allergy, ask families to write the child's food allergy on the label.
- Store lunchboxes belonging to children with food allergy separately, for example with their bag, or in a separate crate in the fridge, not with all the other lunchboxes. Have a system in place to check that children only eat from their own lunchbox.
- Make sure children with food allergy are not exposed to their food allergen by food spills from other children.

NATIONAL QUALITY STANDARD
QA2

SECTION 5

Supporting Families with Children who Experience Disability



Collaboration with families to support inclusion and reflection of services practices

Inclusive mealtimes recognise the many ways of participating and being part of the community. The goal is not sameness. The goal is dignity, belonging, safety, relationship, and participation.

This means helping staff ask the right questions early, document what matters, share information respectfully across the team, and revisit arrangements with families rather than assuming one plan will remain right over time.

The importance of orientation time

Asking “how staff and families can work together before these moments arise, so inclusion is not improvised under pressure.”

Understanding/acknowledging the impact of past experiences

For families, this can be intensely emotional. What families might be carrying from past negative experiences and the impact of this (not neutral space, often starts from experience induced anxiety).

For example, families might think – will they:

- judge me?
- think I have caused this?
- understand my child?
- keep my child safe?
- call me every time something is hard?/not call me when my child needs me?
- exclude my child from food learning?
- pressure my child?
- listen to us?
- see my child as a whole person?

Families experience the impacts of ableist views, stigma, lack of respect, lack of communication, assumptions, rigidity, failure to build relationships, seeing the label rather than the child.⁶ Families also identify that misunderstanding inclusion is a major barrier.⁶ Families describe the exhaustion of continually having to fight for inclusion and being reminded of the “extra” effort required for their child to participate.⁵ That exhaustion matters for staff and family engagement.

Why families might disengage/cancel/don't want to talk

Sometimes, when a family disengages, cancels therapy, avoids meetings, does not return forms, or seems reluctant to talk, services may understandably wonder what is happening. But one risk is that this gets interpreted too quickly as denial, non-compliance, lack of commitment, or poor engagement.

Families may stop therapy or disengage from services for many reasons. For example:

- The goals do not feel like their goals.
- Every session feels like a report card on their parenting.
- Child is distressed and they feel that no one is listening.
- ‘Support’ is focused on making the child appear more ‘typical’, rather than supporting the child to flourish.
- Emotional labour is too much.
- Tired of being asked intimate questions that do not seem connected to meaningful support.
- Don't feel safe.
- Child doesn't feel safe.

Building trust with families

Shift from “How do we get families to engage?” to “How do we make engagement feel safe, worthwhile and trustworthy?” Trust is not built by saying we are inclusive. Trust is built when families experience us as respectful, careful, competent, humble, curious in the right ways, and accountable.

Consider what is asked and why⁶

It is important to carefully consider what we ask families and why. Families should not have to hand over every detail of their child's body, diagnosis, feeding history, trauma history, family life, culture, finances, routines, or struggles simply because professionals are curious.

It is essential to be really clear about what information we actually need, so we need to consider the precise purpose of each aspect of the information we are gathering. We need to consider what we need to understand so this child is safe, respected, and included.

We need to ensure that we don't inadvertently make families feel exposed, instead make families feel supported. Gather only what information is needed, then act on it. Before asking a family for information, we might pause and ask ourselves:

- Why do I need to know this?
- How will this information improve the child's safety, participation, dignity, or belonging?
- Who will have access to it?
- Have I explained why I am asking?
- Could I ask this in a less intrusive way?
- What will I do with what the family tells me?
- How will it change what we do?

This is especially important in food environments because food is personal. Food connects to culture, poverty, body image, medical histories, disability, parenting judgement, family stress, sensory experience, religion, trauma, and identity.

Responding

Listening requires response. The important question is not only how staff gather information, but how that information changes practice. Menu planning requires us to ask: “does this meet dietary guidelines?” but also:

- Who can safely eat this?
- Who is left out?
- Whose culture is represented?
- Whose family food knowledge is respected?
- Whose sensory needs have we considered?
- Whose medical needs have we planned for without making them feel separate?
- How will children participate if they do not eat this food?
- How will we communicate with families without judgement?
- How will we notice whether children feel included?

Instead of asking, “What special arrangement do we need for this child?” we might ask, “How do we design a setting where many ways of eating, feeding, communicating, and participating are expected?”

NATIONAL QUALITY STANDARD
QA2, QA6

Inclusion in practice – experiences and family engagement

Children have very strong views about inclusion and exclusion.^{9,10} Children describe inclusion as being part of something, being able to play, being together, and helping others understand that difference is not bad.⁹ Children also describe exclusion as feeling left out, not belonging, and being deeply affected by these experiences.⁹

As we think about food environments, we might ask what does inclusion feel like:

- At the lunch table?
- When a child has food allergies?
- When a child is tube fed?
- When a child has sensory aversions?
- When a child has diabetes and coeliac disease and the birthday cake arrives?
- When the menu is safe but the child is still sitting apart?
- When everyone else is praised for “trying new foods,” but one child is doing extraordinary work just tolerating the smell, the sound, or the proximity of food?



VIGNETTE 5

Including a tube-fed child in mealtime as a social routine

Kai is two and gains his nutrition by being tube-fed. During orientation, Kai's family explains the feeding routine and shows staff how Kai communicates comfort, discomfort and interest. At lunch, staff initially plan for Kai to have his feed in a quieter corner while the group eats. Kai looks toward the lunch table, vocalises when the mealtime song begins and reaches toward the basket of cups. His family has shared that Kai enjoys being near peers during family meals and likes choosing between two spoons to hold while he has his tube-fed meal.

Response

Mealtime can still be meaningful when a child does not eat orally. Kai's participation may include social connection, rhythm, communication, choice, sensory engagement and belonging. The service should follow all health and feeding plans, while also designing the routine so Kai is not positioned outside the group.

Educators can seat Kai safely with peers, offer choices such as which cup to pass or which spoon to hold, and

respond respectfully to other children's curiosity. For example: “Kai you have food in a different way, don't you. You like sitting with us while we all have our food and you are great at helping with the cups.” Staff should speak with Kai, not only about him, and ensure equipment is treated as ordinary and respected rather than hidden or made to feel strange.

Family engagement is central. The team should document what supports Kai's safety and belonging, who needs to know the plan, and how arrangements will be reviewed as Kai's needs and preferences change.

Reflective questions

- *Does our service understand mealtime participation as more than oral eating?*
- *What meaningful roles and choices are available for children who do not eat the same food, or do not eat orally?*
- *How do we support other children's curiosity in ways that are respectful and matter-of-fact?*

An inclusive mealtime recognises many ways of participating socially and communicating preferences. One child may speak. Another may point. Another may gesture. Another may communicate through facial expression, body movement, stillness, or distress. One child may eat orally. One may be tube fed. One may use their hands. One may use cutlery. One may need specific textures. One may need distance from food. The goal is not sameness. The goal is dignity, belonging, safety, relationship, and participation.

NATIONAL QUALITY STANDARD
QA2, QA5

Seeking and respecting children's perspectives, input and feedback

This is where children's perspectives are essential. Children communicate in many ways: through words, signs, devices, drawing, movement, gesture, silence, facial expression, behaviour, touch, sound, proximity, refusal, repetition, and play. Communication is not only speech.

- If a child pushes food away, that is communication.
- If a child leaves the table, that is communication.
- If a child eats only when seated next to a trusted educator, that is communication.
- If a child watches but does not touch, that is communication.
- If a child becomes distressed during cooking experiences, that is communication.
- If a child beams when they can hand out cups, that is communication.
- If a tube-fed child reaches for the lunchbox, the pump, the spoon, sings the song, wants a friend beside them, that is communication.

The challenge is increasing guidance for the depth of listening that this takes.

EARLY YEARS LEARNING FRAMEWORK
Outcome 5

NATIONAL QUALITY STANDARD
QA2, QA5

Reflective questions

- *How do we ensure mealtimes promote dignity, belonging, safety, relationships and participation for all children, rather than focusing solely on food consumption?*
- *To what extent do our mealtime environments and routines accommodate different ways of eating, feeding, communicating and participating, rather than expecting all children to engage in the same way?*
- *How do educators listen to and interpret children's communication during mealtimes, including non-verbal communication such as gestures, behaviour, proximity, refusal, sensory responses and emotional regulation?*
- *Does our service definition of "participation" include children who are tube-fed, have sensory sensitivities, allergies, medical needs, or who engage with food in different ways?*



VIGNETTE 6

Refusal as communication, not non-compliance

Noah is three and often becomes distressed when foods with a strong aroma are served. He turns away, covers his nose and pushes the bowl away. During a busy lunch, an educator says, "Noah is being fussy again. He won't even try it." Noah slides under the table and begins to cry. Another educator notices that Noah had been calm before the food arrived and that the smell and mixed texture seemed overwhelming for him.

Response

An inclusive lens treats Noah's refusal and distress as communication. The question is not "How do we make him try it?" but "What is Noah experiencing, and what would safe participation look like today?" The educator can reduce pressure, acknowledge Noah's communication and offer a role that protects dignity and belonging.

A response might be: "Noah, we think your body is telling us this smell is too much right now. You can sit beside me with your familiar food, or you can sit over here by the door where the smell is less." Staff can work with the family to understand sensory preferences and what supports have helped elsewhere. They can also plan predictable, pressure-free exposure, such as a small lidded tasting bowl at a distance, a choice of seating, a gradually building exposure to different smells, or a role that lets Noah participate without needing to eat strong smelling food.

Feedback to the family can include participation and regulation, not only intake: "Noah didn't like the smell of the soup today. He moved away, then came back to help hand out spoons and sat with the group for the song. We are trialling a seat near the door where the smells are less strong and will keep watching what helps him feel safe. We would welcome any ideas you might have."

Reflective questions

- *What labels do we use when children decline, move away or become distressed around food?*
- *What might the child be communicating through behaviour, proximity, silence or refusal?*
- *How can day-to-day feedback describe participation, comfort and support strategies, rather than only what was eaten?*

SECTION 6

Supporting Families of Children with Food Allergies



Managing allergies in the ECEC setting

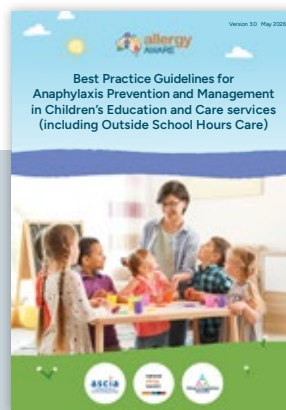
Allergies are common in Australia – it is estimated that around one in ten babies and one in twenty school aged children has a medically confirmed food allergy, and other children may have allergies to insect stings and medications.

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.



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

FIGURE 2: Key principles for reducing the risk of anaphylaxis in children's education and care

Implement an allergy aware approach to preventing and managing anaphylaxis.	Provide age-appropriate education of children to help raise awareness and manage anaphylaxis risk in CEC services.
Have an anaphylaxis management policy. Review this policy and associated procedures if an allergic reaction occurs.	Implement reasonable and effective strategies to reduce the risk of accidental exposure to known allergic triggers and review anaphylaxis risk minimisation strategies if an allergic reaction occurs.
Obtain up-to-date medical information and develop individualised anaphylaxis care plans for each child at risk of anaphylaxis. These plans will include a copy of the child's ASCIA Action Plan.	Have at least one general use adrenaline device in each CEC service.
Educate and train staff in the prevention, recognition and treatment of allergic reactions including anaphylaxis. Educate and train staff who prepare, serve or supervise meals, in food allergen management.	Communicate about anaphylaxis management with CEC staff and the CEC community.
Ensure staff know which children are at risk of allergic reactions and understand that unexpected allergic reactions, including anaphylaxis, might occur for the first time in children not previously known to have allergy.	Offer support (including counselling) for CEC staff who manage an anaphylaxis.
	Appropriate reporting if an allergic reaction occurs while the child is in the care of the CEC service.

An allergy aware approach

Allergy aware ECEC services support staff as they work with families to reduce the risk of a child with food allergies having an allergic reaction. Children should not miss out on activities because of their food allergy – instead, plan ahead so that activities do not expose them to the food they are allergic to.

The information below provides practical guidance on how to be allergy aware.

Documentation

- When they enrol, ask families about their child's allergies and any other dietary needs. Document this in the child's individual anaphylaxis care plan along with a copy of the child's Australasian Society of Clinical Immunology and Allergy (ASCIA) Action plan.
- Know which children with food allergies will be present at the CEC service on the day you are planning activities.

Training

- All staff who supervise children with food allergies should complete the ASCIA anaphylaxis e-training, so they know how to recognise and treat an allergic reaction.
- All staff who plan, make or serve food and those who supervise children with food allergies should complete the National Allergy Council's:
 - [All About Allergens for CEC free online training](#)

Risk Reduction

- Include children with food allergy by planning games, craft activities, sensory food exploration and cooking activities that are free from the food they are allergic to.

Cooking and food exploration

- Talk to families before planning food-based activities. Substitute known food allergens with other suitable ingredients – families of children with food allergy and the allergy trained staff in your kitchen can provide advice.

Craft

- Do not use recycled items that may contain food allergens for craft (such as empty plastic milk bottles, egg cartons, cereal boxes, empty peanut and tree nut butter jars, ice cream containers).
- Avoid activities that use nut husks or shells, eggshells and dried pasta.
- Products such as play dough contain food allergens such as wheat or nut oils. Consider making wheat free play dough using wheat free flour. Clean play dough tools very well before and after use.
- Activities that include skin contact (such as face painting or making masks moulded to a child's face) should be discussed for suitability with families before the activity.

Special events

Special events that involve food are high risk for children with food allergy. The National Allergy Council:

➤ Anaphylaxis checklist for CEC: Preparing for off-site activities (events, excursions, sporting activities)

has been designed to help develop risk management plans with risk minimisation strategies specific to anaphylaxis for off-site activities.

- Consider children with food allergy when planning excursions, fundraisers, cultural days or stalls, breakfast mornings, picnics and other celebrations involving food.
- Children with food allergy can participate in birthday celebrations if their families supply foods that are appropriate for their child's food allergies. Examples include cupcakes that may be stored frozen in a sealed container labelled with the child's first and last name and their allergy.
- Children with food allergy should not consume any food brought in by other children or their families even if they are thought to be safe.

Reflective questions



- *How do we work collaboratively with families to develop a shared understanding of each child's food allergy, individual needs, and strategies to support their safety, inclusion and wellbeing?*
- *To what extent do our mealtime and food-related practices support children with food allergies to participate fully and feel included, rather than different or excluded from their peers?*
- *How do we respond when family preferences, cultural practices or food traditions intersect with allergy management requirements?*
- *What evidence do we have that all educators are confident and competent in implementing allergy management procedures and responding to allergic reactions?*

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](#)

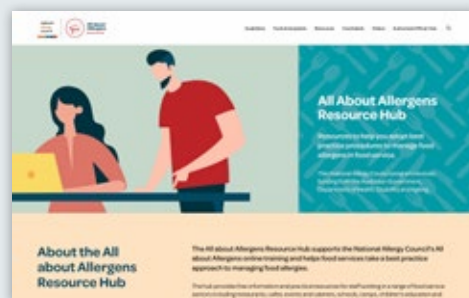
The National Allergy Council's All about Allergens Kitchen Handbook is the companion to the All about Allergens training. The Kitchen Handbook clearly outlines considerations when planning, ordering, making, serving and supervising meals for children with food allergies in Early Education and Care settings.



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.



Reducing the risk of allergic reactions (including anaphylaxis) in Children's Education and Care services

➤ [Reducing the risk of allergic reactions \(including anaphylaxis\) in Children's Education and Care](#)

The Reducing the risk of allergic reactions (including anaphylaxis) in Children's Education and Care booklet provides ECEC services with examples of strategies to help reduce the risk of exposure to known allergens. This webpage also includes case studies showing how ECEC services can develop inclusive food and cooking experiences.



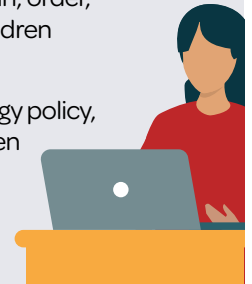
Managing food allergies in ECEC settings is everyone's responsibility

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

Appendices



Appendix A – Glossary

Abbreviations and acronyms

Abbreviation	Full form
AAC	Augmentative and Alternative Communication
BPG	Best Practice Guide for Early Childhood Education and Care Food Environment
ECEC	Early Childhood Education and Care
EYLF	Early Years Learning Framework
FDC	Family Day Care
FE	Food Education module
GP	General Practitioner
MEP	Mealtime Environment and Practices module
MMQ	Menu and Meal Quality module
NNN-ECEC	National Nutrition Network – Early Childhood Education and Care
NQS	National Quality Standard
OSHC	Outside School Hours Care
SFE	Staff and Family Engagement module

Key terms and definitions

Term	Definition
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.
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 principles, practices and outcomes essential to support and enhance children's learning.
Food allergy	Food allergy is an immune system reaction to a food. Foods that cause an allergic reaction are called food allergens.
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
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.
Referral	Services or educators supporting families to receive additional advice regarding medical or developmental observations.
Service leader	This may include roles such as Director, Nominated Supervisor, Coordinator, or other service leadership positions depending on the service structure and jurisdiction.

Appendix B – SFE 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 daycare), 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)
- SFE 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)
- SFE Working Group

Stage 3: SFE 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.	• SFE Working Group • BPG Advisory Group • BPG Project Team
SFE Workshop 1: To develop the guide recommendation, strategies and background text - Out of Session: Review outputs of previous workshops	• SFE Working Group • BPG Project Team
SFE Workshop 2: To develop the guide recommendation, strategies and background text - Out of Session: Review outputs of previous workshops	• SFE Working Group • BPG Project Team
SFE Workshop 3: To develop the guide recommendation, strategies and background text - Out of Session: Review outputs of previous workshops	• SFE Working Group • BPG Project Team
SFE Workshop 4: To develop the guide recommendation, strategies and background text - Out of Session: Review outputs of previous workshops	• SFE Working Group • BPG Project Team
SFE Workshop 5: To develop the guide recommendation, strategies and background text - Out of Session: Review outputs of previous workshops	• SFE Working Group • BPG Project Team
Specialist Input	• National Eating Disorders Collaboration (NEDC) • Education Consultants
Review and Design Process: Finalise SFE Module	• SFE Working Group • BPG Advisory Group • BPG Project Team
SFE 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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