

SECTION 2

Australian Dietary Guidelines



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Note: The Australian Dietary Guidelines are currently under review at time of publication. Content may change.

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Australian Dietary Guidelines

What are dietary guidelines/food based dietary guidelines?

Food-based dietary guidelines are evidence-informed recommendations that translate nutritional science into clear, practical guidance about food choices. They equip populations, governments, health professionals, and institutional food service providers with the knowledge to support health, ensure appropriate nutrition, and build the foundations for long, well-nourished lives.¹² Dietary Guidelines are also intended to guide public food and nutrition, health and agricultural policies, as well as nutrition education programs.^{12,13,14}

Why are they developed, what are the underpinning intentions?

In Australia, the 2013 Australian Dietary Guidelines were developed by the National Health and Medical Research Council to equip Australians with the knowledge to nourish themselves well from the five core food groups, with specific focus on reducing the burden of chronic conditions including cardiovascular disease, type 2 diabetes, and certain cancers.⁶

The guidelines for children are fundamentally different from the guidelines for adults. For young children, the guidelines aim to support physical growth, brain development, and the establishment of eating patterns that serve long-term health and wellbeing.^{13,14} Whereas the focus for adults is primarily on prevention of chronic disease.

The ADGs provide a strong foundation for food provision in settings that are responsible for feeding children. For ECEC services, a commonly used menu-planning recommendation is that menus should provide enough food to meet at least 50% of children's recommended daily food group serves, over morning tea, lunch, and afternoon tea (based on an 8-hour ECEC day).

However, many children attend ECEC for 8–12 hours each day and depending on their hours of attendance, require additional food opportunities, such as breakfast and late afternoon tea. When planning menus, it is recommended that these children are offered more than 50% of their total daily recommended daily food group serves.

This is a menu planning recommendation (not a regulatory requirement), and expectations/guidance can vary across States and Territories.¹⁵

See Section 2, page 26

How are they developed?

The National Health and Medical Research Council develops the Australian Dietary Guidelines using its established evidence-based guideline development process. This involves prioritising research questions, systematically evaluating new and existing evidence, and applying a structured evidence-to-decision framework to inform recommendations. Multidisciplinary expert committees provide advice throughout the process, with stakeholder and community input incorporated to support transparency and ensure the revised guidelines are relevant and appropriate for Australians.

What are the Australian Dietary Guidelines?

Name: Australian Dietary Guidelines (ADGs)

Developed by: National Health and Medical Research Council (NHMRC) in partnership with the Australian Government Department of Health

Year: 2013

Review date: Currently under review; updated guidelines are anticipated for release in 2027.

See Setting the Scene, page 12

Five core food groups

The ADGs organise foods into five groups that together provide the full range of nutrients children need to grow and develop:

1. Grain (cereal) foods, mostly wholegrain and/or high-fibre varieties
2. Vegetables and legumes/beans
3. Fruit
4. Lean meats, poultry, fish, eggs, tofu, nuts, seeds, and legumes/beans
5. Milk, yoghurt, cheese and/or alternatives

Discretionary foods are identified as a separate category, those high in saturated fat, added sugar, or salt, which are best kept to small amounts and offered only occasionally.

Each standard serve within a food group provides approximately equivalent energy, defined by weight or volume. For example, half a cup of cooked vegetables and a full cup of salad vegetables both count as one serve.

Visual presentation

The ADGs are accompanied by the Australian Guide to Healthy Eating, a plate-shaped graphic that illustrates the proportions of each food group to be enjoyed across the day, helping users visualise balance without prescribing exact amounts at each meal.

Age groups and serves

The ADGs and associated 'Educator Guide' specify recommended daily serves per food group for different age groups. With the exception of infants under 12 months, the size of a serve remains the same as children age, the recommended number of serves is what changes. For ECEC settings, the most relevant age groups are:

- 1–2 years
- 2–3 years
- 4–8 years.

Special dietary requirements

Where children have special dietary requirements (e.g., food allergies, cultural preferences, vegetarian/vegan), menu planning should support both inclusion and nutritional adequacy (e.g., ensuring enough energy and protein in addition to crucial nutrients such as iron, calcium, unsaturated fats, and fibre).

Working with families can support services in successfully supporting children with special dietary requirements, as they may already be seeking professional support which can then be embedded in the service, if appropriate to do so.

TABLE 3: Australian Dietary Guidelines

Guideline 1

To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs. Children should eat sufficient nutritious foods to grow and develop normally.

- Children are generally able to regulate the amount of food they eat in alignment with their bodies' needs. It is important to create a supportive food environment which allows children to respond to their internal cues.

See *Mealtime Environment and Practices*, Section 2, page 20

How are the Australian Dietary Guidelines organised

The ADGs are structured as five overarching guidelines, supported by tools that help people apply them in practice (e.g., the Australian Guide to Healthy Eating plate graphic and serve size tables by age group).⁶

The ADGs are underpinned by the Nutrient Reference Values (NRVs) for Australia and New Zealand, which inform nutrient adequacy benchmarks across life stages.¹⁶

Current global trends indicate increasing attention to environmental sustainability and sociocultural factors in guideline development and messaging.^{9,15}

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Guideline 2

Enjoy a wide variety of nutritious foods from these five food groups every day and drink plenty of water.

Element	Description	Recommendation
Vegetables	Provide fibre, vitamins and minerals that support growth, gut health and long-term health.	Examples of 1 serve of vegetables (about 75g): • ½ cup cooked vegetables (e.g. carrot, broccoli, pumpkin) • ½ cup cooked dried legumes/beans (e.g. lentils, chickpeas) • 1 cup salad vegetables (e.g. leafy greens, carrots, tomato) • ½ medium potato
Fruit	Provide fibre, vitamins, minerals and energy to support long-term health.	Examples of 1 serve of fruit (about 150g): • 1 medium piece (e.g., apple, banana, orange) • 2 small pieces (e.g., apricots, kiwi fruit) • 1 cup diced/canned fruit (no added sugar) • ½ cup fruit juice (note: juice is not preferred, whole fruit is recommended)
Grains	Grain foods provide energy for active children plus fibre and B-group vitamins. Prioritise mostly wholegrain/high-fibre choices.	Examples of 1 serve of grains: • 1 slice bread (40g) • ½ medium roll (40g) • ½ cup cooked rice/pasta/noodles • ½ cup cooked porridge • ¾ cup breakfast cereal flakes • ¼ cup muesli • 1 small (about 35g) tortilla/flat bread
Lean meats and meat alternatives	Supports growth, muscle development, iron status and immunity through protein, iron, zinc and other nutrients.	Examples of 1 serve of meat and meat alternatives: • 65g cooked (or 100g raw) lean red meat (e.g. beef, lamb, kangaroo) • 80g cooked (or 100g raw) poultry • 100 g cooked (or 115g raw) fish • 2 large eggs • 1 cup (150g) cooked/canned legumes/beans (e.g. lentils, chickpeas) • 170g tofu • 30g nuts/seeds (only where safe and consistent with allergy/choking guidance)
Milk, yoghurt, cheese and/or alternatives	Supports bone health and growth through calcium, protein and iodine.	Examples of 1 serve of dairy: • 1 cup (250mL) milk • ¾ cup (200g) yoghurt • 2 slices (40g) cheese • ½ cup ricotta • 1 cup (250mL) calcium-fortified alternative milk (e.g. soy milk, oat milk)
Water	Proper hydration supports children's energy, mood, attention and physical play. The key focus is water as the main drink across the day.	• The ADGs recommend water as the main drink for children over 12 months of age, and limiting drinks high in sugar, such as soft drinks, cordial, and juices. • Water should be freely available and encouraged throughout the day (Regulation 78 of the Education and Care Services National Regulation). This involves making it visually accessible and appealing throughout the day (including during outdoor play and in hot weather). Additionally, water should be at all mealtimes. • This supports children to stay hydrated with water without needing to be prompted. • For many services, this is already part of routine practice. If drinks such as juice or cordial have become normalised at mealtimes, transition gradually towards water only whilst communicating the change to families.

Guideline 3**Limit intake of foods containing saturated fat, added salt and added sugars.**

- Discretionary foods, the primary source of saturated fat, added salt, and added sugars in children's diets, are not a necessary part of children's diets and are not recommended on the regular menu in ECEC services.
- However, discretionary foods are commonly enjoyed during celebratory occasions. Having a clear food policy that recognises how these foods may be included at such occasions, without judgement, makes it easier to navigate their use more consistently.

Element	Description	Recommendation
Saturated fats	Are often found in discretionary foods such as pastries, fried foods, many processed snacks, and processed meats. Additionally, certain cooking staples are high in saturated fats, such as butter, ghee, and coconut oil.	Checking labels when buying products is one of the most effective steps a service can take to reduce saturated fat on the menu, and small changes here can make a meaningful difference without changing the food experience for children. Although saturated fats should be limited, unsaturated fats support health. A variety of unsaturated fats can be used when cooking to support the nutritional quality of meals, including: plant-based oils (such as olive oil, canola oil), avocado, nuts/seeds (where safe), oily fish.
Added salt	Excess salt can come from a variety of foods, most often processed foods and added during cooking. Examples of foods with high amounts of added salt include: processed meats, salty crackers/chips, some sauces/stock powders.	Most salt in children's ECEC menus doesn't come from adding salt specifically in cooking but from discretionary and processed products including stocks, sauces, seasoning mixes and processed meats. Thoughtful purchasing choices can significantly reduce salt content without requiring major changes to recipes or cooking practice. Many cooks are already skilled at building flavour through herbs, spices, lemon, garlic and onion, and these approaches naturally reduce reliance on salt and high-salt condiments. Choosing reduced-salt or no-added-salt versions of stocks, canned goods and sauces is an easy swap. Children's taste preferences are still developing, so consistent exposure to lower-salt food in ECEC shapes what children come to enjoy, something cooks and educators are well placed to influence.
Added sugar	Added sugars are common in sweet snacks and sweetened drinks. Examples: biscuits, cakes, lollies, juice/fruit drink, cordial, soft drinks.	To reduce added sugars in drinks, offer water at all mealtimes. Although sweetened flavoured milks provide nutrients, they can be high in added sugar, therefore plain milk is preferable as a dairy drink if being offered. Addressing added sugar in cooking ingredients can be more challenging (e.g. tomato sauce, chilli sauce). Reading labels and looking for 'reduced sugar' or 'lower sugar' options can make a big difference.

Guideline 4**Encourage, support and promote breastfeeding.**

- Services are well placed to support mothers and families to continue breastfeeding upon starting attendance at ECEC.

See Section 3, page 32

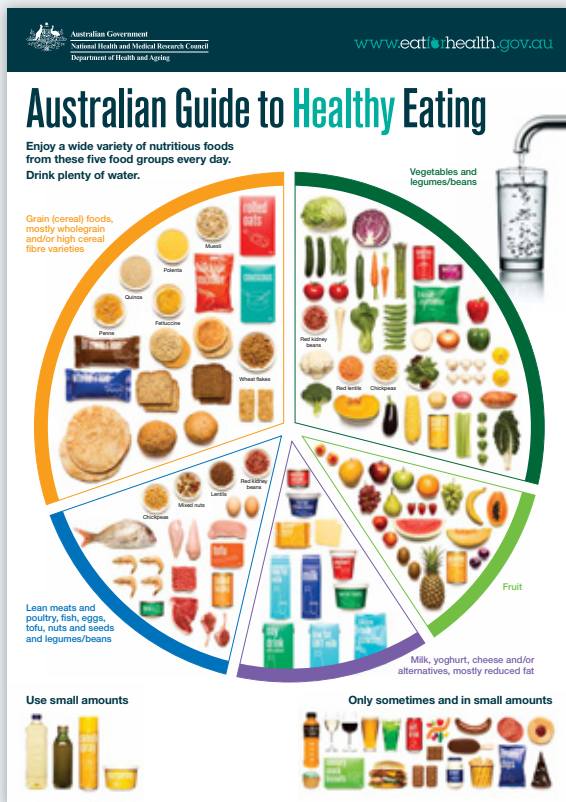
Guideline 5
Care for your food; prepare and store it safely.

Element	Description	Recommendation
Provision of safe food	Providing safe food in ECEC requires a whole-of-service approach to food safety and food allergen management. By following appropriate procedures, safe food provision prevents foodborne illness and reduces the risk of children with food allergies being accidentally exposed to their food allergen.	The ADGs recommend following safe food handling practices across all stages of food preparation and storage, including cleaning, separation of raw and ready-to-eat foods, cooking to safe temperatures and chilling. In ECEC services, food safety extends to food allergen management, age-appropriate food preparation including choking risk considerations, and documented processes that support consistency across staff. Food safety practice in ECEC is already supported by regulatory requirements (Regulation 77 of the Education and Care Services National Regulation), and most services have strong foundations in place. The aim is to ensure that food safety systems remain consistent during periods of staff change and that food allergen management is integrated into everyday practice rather than treated as a separate process. Clear, documented procedures and regular staff training are the most effective ways to maintain high standards over time. See Section 8, page 80



How are the Australian Dietary Guidelines visually presented?

Australian Guide to Healthy Eating plate (the plate)



The plate is a pictorial representation of the recommended proportions of the five food groups over the course of the day (fruit, vegetables and legumes, meat and meat alternatives, grains, milk, dairy and dairy alternatives)

It includes guidance to drink plenty of water, use unsaturated fats in small amounts, and limit discretionary foods to only sometimes and in small amounts.

KEEP IN MIND

- **The plate is a planning guide, not a per-meal prescription.** Proportions of food groups are best applied across the day rather than to every single meal.
- **Children are food explorers;** what is plated is not always what is consumed, and that is okay.
- **Foods eaten at home contribute to children's overall dietary intake.** Where a service provides only some meals in the day (e.g., morning tea, lunch and afternoon tea), proportions across those meals may look different to the full-day 'plate', and some flexibility is appropriate.

Grams/serving size tables

Table 2.6: Standard serve size equivalents for vegetables, legumes/beans and fruit

Food group	Serve sizes (100–350kJ)
Vegetables and legumes/beans	75g (½ cup) cooked green or brassica or cruciferous vegetables
	75g (½ cup) cooked orange vegetables
	75g (½ cup) cooked dried or canned beans, chickpeas or lentils, no added salt
	75g (1 cup) raw green leafy vegetables
	75g starchy vegetables (e.g. ½ medium potato, or equivalent of sweet potato, taro, sweet corn or cassava)
	75g other vegetables e.g. 1 medium tomato
Fruit	150g (1 piece) of medium-sized fruit e.g. apple, banana, orange, pear
	150g (2 pieces) of small fruit e.g. apricots, kiwi fruit, plums
	150g (1 cup) diced, cooked or canned fruit*
	125ml (½ cup) 100% fruit juice**
	30g dried fruit** e.g. 4 dried apricot halves, 1½ tablespoons of sultanas

Notes: *Preferably with no added sugar

**Only to be used occasionally as a substitute for other foods in the group

Source: Food Modelling System.⁴

Vegetables and fruit should be stored and prepared properly to maintain nutrient status. Vegetables should be washed to remove microbes and surface debris, and overcooking should be avoided. Root vegetables should be peeled or scrubbed (see Chapter 5). Tinned and/or frozen varieties are nutritious alternatives to raw produce.

Pregnant and breastfeeding women

Fruit and vegetable consumption before and during pregnancy makes an important contribution to health outcomes for women and their children. Many women may need to increase their current consumption of these valuable foods as a prospective cohort study found that only about half of pregnant women may be consuming the recommended amounts of fruits and vegetables.⁴⁰³ While fruit and vegetables are valuable foods for pregnant women, pre-prepared or pre-packaged cut fruit and vegetables should be avoided due to risk of listeriosis.^{404,405}

Infants

Pureed and mashed vegetables, including legumes/beans, and fruit are important in the diets of infants from around 6 months of age. Choices should be varied to ensure adequate energy (kilojoule) and nutrient intake. Fruit juice is not recommended for infants. When additional liquids are required for infants, water is preferable. All acidic drinks, including juices, increase the risk of dental erosion.^{406,407} By 12 months of age, infants should be consuming a wide variety of foods consumed by the rest of the family, having progressed from pureed or mashed foods to foods that are chopped into small pieces. Care should be taken early on to choose foods of a suitable texture. Hard pieces of foods, such as some raw vegetables and nuts, should be avoided as they can cause choking. A variety of tastes and textures may be more appealing. As with all foods, some vegetables may need to be introduced more than ten times before being accepted.⁴⁰⁸ Whole fruit is preferable to fruit juice due to its higher fibre content.

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Tables which provide standard serves (by weight/volume) of different foods in each food group.

Serves within a food group are designed to be roughly comparable for planning purposes. For example, ½ cup cooked rice and 1 slice of bread both equal one serve of grains.

KEEP IN MIND

- **Standard serve sizes are designed for individual dietary planning, not group catering.** Cooks need to scale quantities significantly, for example, a standard serve of cooked pasta (½ cup) needs to be multiplied across age groups, numbers and likely second servings.
- **Serves within each food group are designed to be roughly equivalent in energy,** which means cooks can substitute one form for another within a group (e.g., chickpeas for lentils, rice for pasta) without significantly changing nutritional value.
- **Services typically cater for mixed age groups.** Having age-grouped serve size guidance (2–3 years vs 4–8 years) is useful for menu planning.

How much food should ECEC services provide?

ECEC services are uniquely placed to make a meaningful contribution to children's nutrition every day. Understanding how much food to provide, and for which age groups, is the foundation of a strong food environment.

The ADGs set out the minimum daily serves from each of the five core food groups needed to meet most children's nutritional needs. It excludes discretionary foods and assumes that recommended serves are spread across all eating occasions throughout the day. This relates specifically to Element 2.1.3 of the National Quality Standard.

It is important to note that the ADGs and associated resources apply to children aged one year and over (see Table 4). For children under 12 months of age attending ECEC services, including those transitioning from a breast milk or infant formula based diet to including solid foods, see Sections 3 and 4 which utilise the National Health and Medical Research Council Infant Feeding Guidelines as an evidence base.⁵

The recommended serves differ by age group (see Table 4). Planning menus with these age-specific targets in mind is what allows services to provide food that genuinely meets children's needs, rather than a one-size-fits-all approach.

Figure 2 maps the recommended food groups serves (Table 4) showing the typical distribution of serves between home (breakfast, late afternoon tea, dinner) and ECEC (morning tea, lunch, afternoon tea). The distribution of serves while at ECEC makes up at least half of a child's daily serves. **This is a minimum amount: children who are taller or more active will need bigger serves.** The remaining serves are eaten at home as breakfast, dinner, and during other food opportunities. If a service also provides breakfast or other food opportunities, more serves from each food group are provided at ECEC, with fewer needed at home. The example shown is one of many ways to map serves across a day, and is not meant to be followed exactly.

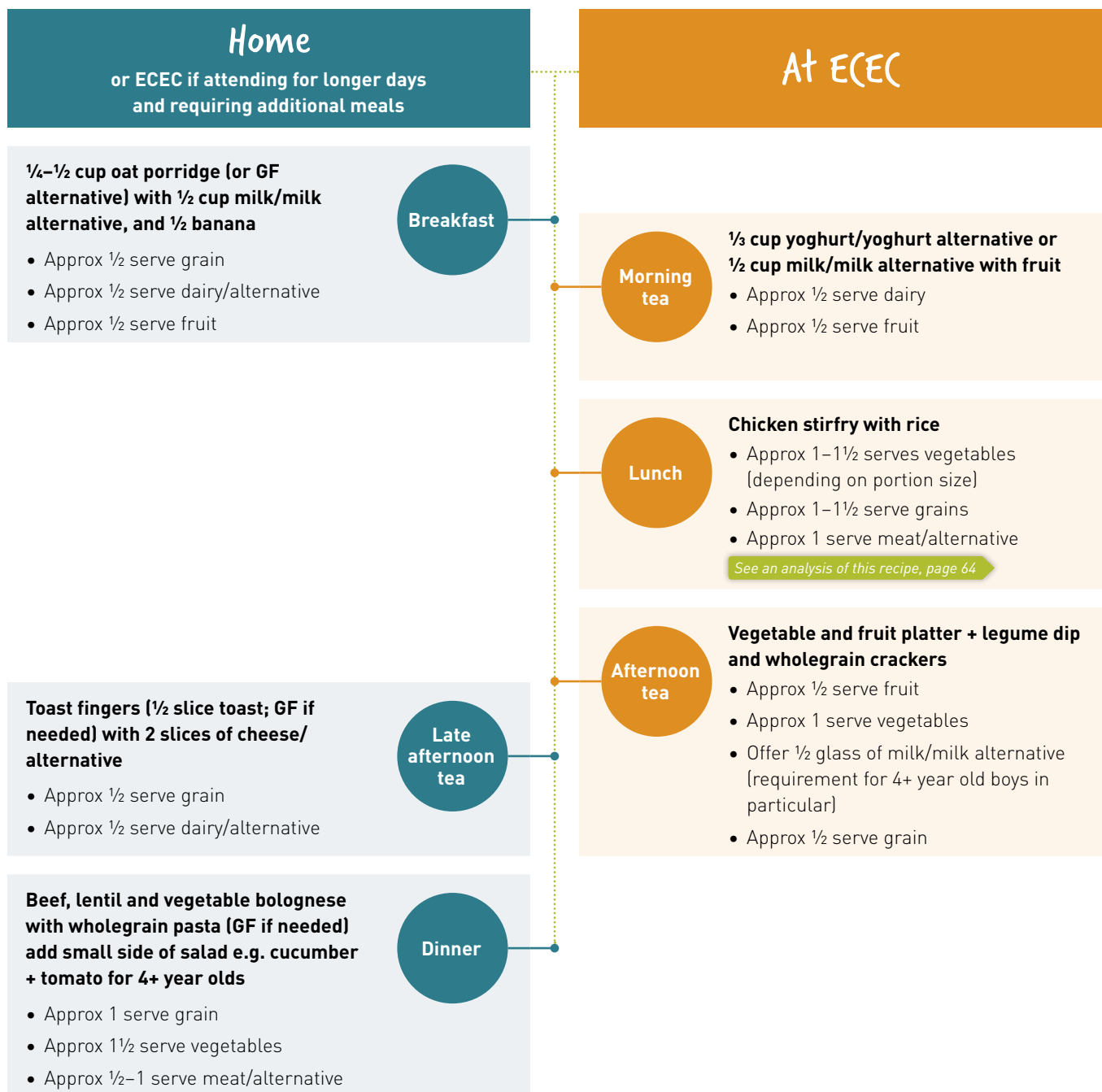
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TABLE 4: Recommended daily serves by age group⁶

	1-2 years		2-3 years		4-8 years	
	Serves for full day	Minimum serves whilst at ECEC*	Serves for full day	Minimum serves whilst at ECEC*	Serves for full day	Minimum serves whilst at ECEC*
FOOD GROUP Vegetables and legumes/beans	2-3	1/2-1 1/2	2 1/2	1.25	4 1/2	2 1/4
Fruit	1/2	1/4	1	1/2	1 1/2	3/4
Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties	4	2	4	2	4	2
Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans	1	1/2	1	1/2	1 1/2	3/4
Milk, yoghurt cheese and/or alternatives	1-1 1/2	1/2-3/4	1 1/2	3/4	2 (boys) 1 1/2 (girls)	1 (boys) 3/4 (girls)

Services should meet at least 50% of a child's total daily recommended serves from each food group across morning tea, lunch and afternoon tea.

*Serves whilst at ECEC assumes children are provided morning tea, lunch, and afternoon tea (based on an 8-hour ECEC day). Services should meet at least 50% of a child's total daily recommended serves from each food group across these feeding opportunities. However, many children attend ECEC for up to 12 hours each day, and therefore require extra food – often in the form of breakfast and other food opportunities. This would result in greater than 50% of total daily nutritional needs being provided.

FIGURE 2: Example day of food provision for a child across ECEC and home

GF = Gluten Free

Reflective Questions

- Are our menu planning processes driven by children's nutritional requirement or by convenience, cost, habit and children's existing food preferences?
- How does our service demonstrate that food and nutrition are viewed as an essential component of children's health, wellbeing, learning and development rather than simply a care routine?
- If we reviewed our menu against the Australian Dietary Guidelines today, what strengths would be identified and what opportunities for improvement would emerge?