



Level 2 Children's Care, Play, Learning and
Development - Core
**Unit 002 Nutrition and
hydration**

Supporting Materials

Assessor Notes/Learner Handout	
The Eatwell Guide: A Guide for Children's Care, Play, Learning and Development Childcare Workers	
Level 2 Children's Care, Play, Learning and Development: Core Unit 002	AC 7.2

The Eatwell Guide: Government Recommendations for a Balanced Diet

In March 2016, Public Health England launched a new and revised Eatwell Guide in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland.

Eating well and having a healthy lifestyle can help us all feel our best and make a big difference to our long term health. Health professionals, community organisations, teachers, the food industry and local authorities are being encouraged to use the Eatwell Guide to help the nation improve their diet and choose more sustainable foods.

The Eatwell Guide applies to most people regardless of their weight, dietary restrictions, preferences or ethnic origin. The Eatwell Guide does not fully apply to children under 2 as they have specific nutritional needs. Between the ages of 2-5 years, children can gradually move to eating the same foods as the rest of the family/carers in the proportions shown in the guide.

The Eatwell Guide encourages us to choose a variety of foods from the five food groups to help us get the wide range of nutrients our bodies need to stay healthy. It shows the proportions of the food groups that form a healthy diet:

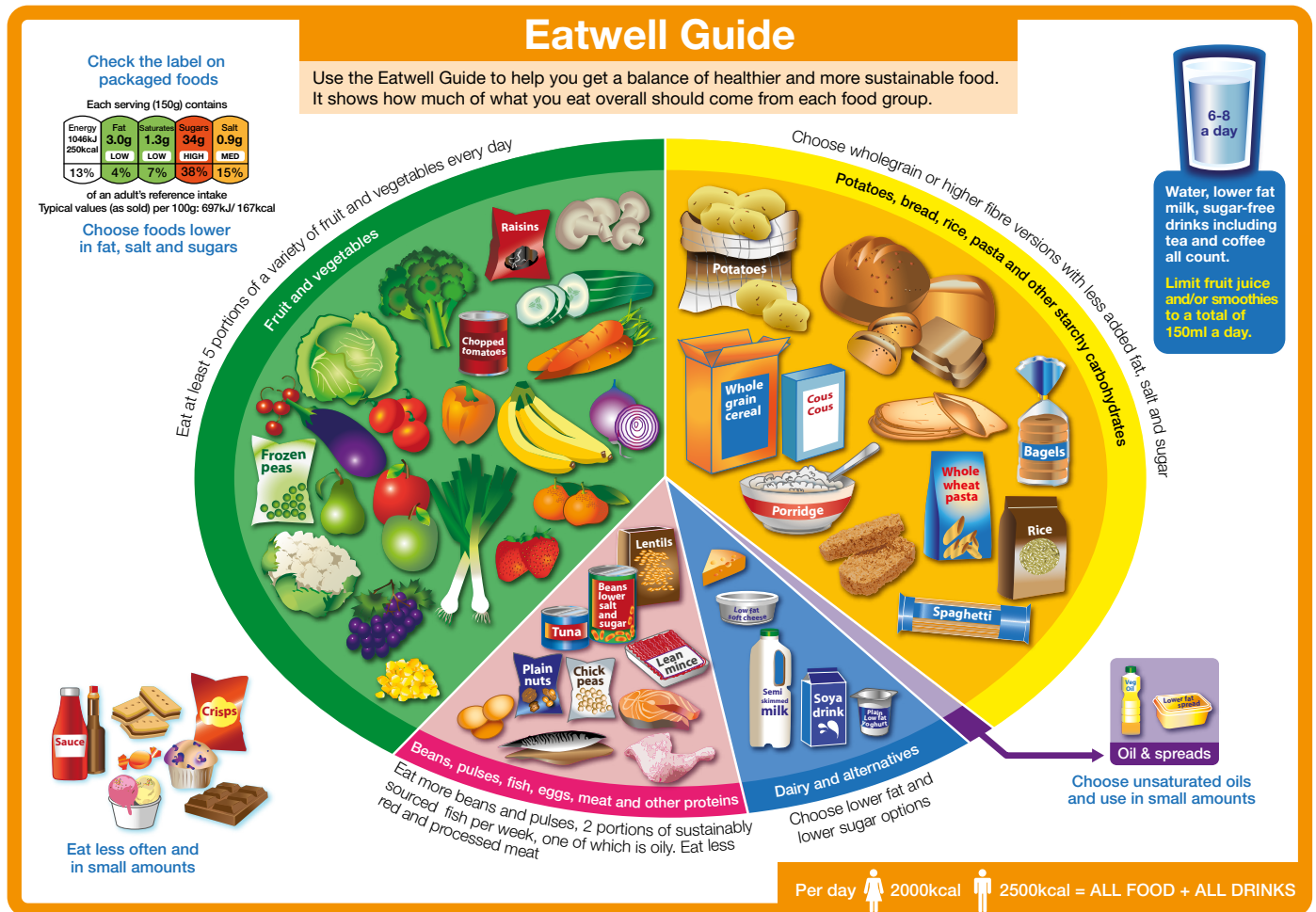
- Eat at least 5 portions of fruits and vegetables every day.
- Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible.
- Have some dairy or dairy alternatives (such as soya drinks); choosing lower fat and lower sugar options.
- Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily).
- Choose unsaturated oils and spreads and eat in small amounts.
- Drink 6-8 cups/glasses of fluid a day.

If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts.

Anyone with special dietary requirements or medical needs might want to check with a registered dietitian on how to adapt the Eatwell Guide to meet their individual needs.

An Eatwell Guide booklet with further information can be found at:

<https://gov.wales/eatwell-guide>



The Eatwell Guide and children under 5 years

Eating well and active play are essential for young children to enjoy good health and well-being. Childcare workers are in an ideal position to help shape eating habits for life and to help young children be a healthy weight by the time they start school.

Eating a variety of foods from the five food groups of the Eatwell Guide is important in the early years, including a range of fruits and vegetables. However, it is important to note that there are key differences in the recommendations for adults and the nutrition guidelines for pre-school children.

So how does the guidance differ for young children?

- The calorie requirements shown on the Eatwell Guide apply to adults. Rather than focussing on calories, it is more important that young children are offered regular, nutritious meals and snacks (3 meals a day and 2-3 snacks) along with plenty of active play. Young children do not need the same amount of food as adults and it is important to provide portion sizes appropriate to their age. For portion size guides for children see the Welsh Government Food and Nutrition in Childcare Settings Best Practice Guidance and <http://www.firststepsnutrition.org>
- Low fat diets are not appropriate for children under 5 years as they are unlikely to provide the calories needed for growth. Children under 2 years should be given full fat dairy foods e.g. yogurt, cream cheese and milk. Children 2-5 years can change to lower fat dairy foods and semi-skimmed milk if they are eating well. Skimmed and 1% milks are unsuitable as a main drink for children under 5 years. Some children may drink cows' milk alternatives e.g. oat, soya or nut milks. For children under 2 years, this will usually follow discussion with a health professional. It is important to choose unsweetened brands that are fortified with calcium.
- The Eatwell Guide encourages choosing wholegrain or higher fibre starchy foods. Children under 5 can be offered a mixture of white, wholemeal and granary breads and other starchy foods.
- Tea and coffee are suggested as suitable drinks in the Eatwell Guide. These are not appropriate for preschool children. The only drinks they need are water or plain milk. On average, a 1-2 year old is likely to need no more than 400ml of milk a day as a drink and a 3-4 year old, no more than 300ml of milk to drink a day.
- The Eatwell Guide encourages us to eat less red meat and replace this with alternative sources of protein e.g. beans, other pulses and poultry. Red meat such as beef or lamb, is a valuable source of iron and useful to include in weekly meal plans for young children, if not vegetarian. A suitable range of vegetarian foods can also provide sufficient iron. See <http://www.firststepsnutrition.org> for further information.

Extra vitamins

It is recommended that children from 6 months to 5 years take a vitamin supplement containing vitamins A, C and D, unless they are drinking a pint or more of infant formula milk a day. This is important even if they are eating well and spending time in the sunshine. Breast-fed babies need to be given a vitamin D supplement from birth. Children over 5 years and adults including pregnant and breastfeeding mothers could also benefit from taking a vitamin D supplement. Some families/carers will be eligible for free vitamins as part of the Healthy Start Scheme (<http://www.healthystart.nhs.uk>). Families/carers can speak to their Midwife, GP, Health Visitor or Community Pharmacist for more information.

Feeding infants in their first year

The Eatwell Guide is not appropriate when introducing solid food to infants at around 6 months. A range of infant feeding publications for professionals and the public can be found at: <http://www.firststepsnutrition.org> <http://www.nhs.uk> and Every Child Wales (Public Health Wales) – <http://www.everychildwales.co.uk>. Families/carers can also speak to their Health Visitor.

Further information about the food groups of the Eatwell Guide in relation to children's diets

One of the basic principles to ensure healthy eating for children of all ages is to eat a wide variety of foods. To enable children to get all the nutrients they need for holistic growth, well-being and development it is recommended that they are offered 3 regular main meals and nutritious snacks in-between depending on their appetite. Continually eating/grazing on snacks and drinks can lead to obesity and poor nutritional intake. Childcare and play settings provide an ideal opportunity for children to get used to a regular eating pattern and healthy foods. To ensure a balanced diet, a variety of foods should be offered from the five food groups. Foods high in salt and sugar are not needed in the diet and should be eaten infrequently and in small amounts. Offering different textures and colours can help children enjoy their food and keeps mealtimes interesting.

Fruit and vegetables

This group includes all fresh fruit and vegetables as well as dried, canned (in juice or unsalted water) and frozen varieties. Pure fruit juices are also included in this group, however current guidance is that childcare providers offer plain water and milk only. The foods in this food group are important sources of dietary fibre and vitamins and minerals. They also contain phytochemicals, compounds commonly found in plant foods that may have protective health benefits. From the start of complementary feeding (introducing solid foods), children should be introduced to a variety of fruits and vegetables. From 1 year, children and adults should aim to eat at least 5 servings of fruit and vegetables daily. The recommended portion size for young children is around 40g – about the amount they can hold in one hand. For older children and adults a portion is around 80g e.g. 1 apple or banana, 2 plums or satsumas. Fruit juice only counts as 1 portion each day irrespective of how much is taken and should be diluted with water for young children if families/carers/parents decide to offer it at home. Dried fruit is nutritious but should be served as a part of a meal rather than a snack to help protect teeth. A portion of dried fruit is around 30g for adults and 15g for children – roughly the amount you can pick up with your fingertips.

Potatoes, bread, rice, pasta and other starchy carbohydrates

This group includes starchy foods such as bread, breakfast cereals, rice, pasta, noodles, potatoes, yams, couscous and chapati. These foods provide energy (in the form of starchy carbohydrate), fibre, iron and B vitamins. Children should be offered a starchy food at their 3 main meals and some snacks too. Children under 5 can be offered a mixture of white and wholemeal/grain varieties. Older children and adults should aim for higher fibre varieties whenever possible. When choosing breakfast cereals for children look for low sugar and low salt varieties.

Dairy and alternatives

This group includes foods and drinks such as milk, cheese, yoghurts and fromage frais. These items are particularly good sources of calcium which is important for bone development and teeth. This group also contains important sources of protein, zinc and vitamins A, riboflavin and B12. It is recommended that children consume around 3 portions of milk and dairy foods (or calcium fortified, unsweetened dairy alternatives) each day. Full fat dairy foods should be offered to children less than 2 years of age as they need the extra fat and vitamins these provide. Lower sugar options are the best choices e.g. plain unsweetened milk, natural yogurt, home-made low sugar custard.

Beans, pulses, fish, eggs, meat and other proteins

This group includes beans, peas and lentils (these are types of pulses), fish, lean meat, chicken and eggs. These foods are good sources of protein, iron, zinc and B vitamins. Oily fish such as salmon, trout, sardines and pilchards are a rich source of omega-3 fatty acids and a good source of vitamin A and D – children should be offered a portion of oily fish every week (if not vegetarian). Tofu, Quorn and soya mince are useful meat alternatives for vegetarians. Sausages, burgers, bacon, ham and reformed meat products are known as processed meat products and should be limited. Children should be offered around 2 portions of foods from this food group daily and 2-3 if vegetarian or vegan.

Oils and spreads

This group includes unsaturated oils and their spreads. Unsaturated fats are usually from plant sources and in liquid form as oil, for example vegetable oil, rapeseed oil and olive oil. Children can be offered small amounts of oils and spreads as part of a balanced diet e.g. sunflower spread on bread, a little olive oil in a salad dressing. A small amount of fat in the diet is needed for energy and to help the body absorb vitamins A, D and E.

Foods high in fat, salt and sugars

Foods high in fat include: butter, mayonnaise, cream, chocolate, crisps, biscuits, pastries, cake, puddings, ice-cream. Foods high in sugar include: full sugar soft drinks, sweets, jam, honey and sugar as well as cakes, pastries and ice-cream. Foods high in salt include: sauces, stock cubes, gravy granules and crisps. These foods are not essential in the diet so, if included, should only be eaten in small amounts. Eating too many foods high in fat and/or sugar can lead to unhealthy weight gain. Too many high salt foods can increase the risk of high blood pressure and stroke later in life. Although most children enjoy sweet foods from time to time, these should be kept to mealtimes to help protect teeth from decay.

For guidance on reading food labels see

<https://www.nhs.uk/live-well/eat-well/how-to-read-food-labels/>

Check the label on packaged foods

Each serving contains

Energy	Fat	Saturates	Sugars	Salt
1046kJ	5g	1.3g	34g	0.9g
	LOW	LOW	HIGH	MED
12.5%	7%	6.5%	38%	15%

of an adult's reference intake
Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fats, salts & sugar

Assessor Notes/Learner Handout

The Importance of Hydration

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

AC 7.2

Level 2 Children's Care, Play, Learning and Development: Practice Unit 202

AC 1.9 & AC 1.15

The importance of hydration

Hydration is the amount of water in our body. Infants and young children's bodies contain a higher proportion of water than adults and are more susceptible to changes in body temperature. This makes them more at risk of dehydration. It is important that those who work in the CCPLD sector are aware of their role in monitoring and promoting hydration.

Factors that may affect hydration

Hydration in babies and children can be affected by a number of factors. This includes a high temperature, hot weather, increased activity and a sore mouth or throat. Repeated episodes of diarrhoea and vomiting will also increase the risk of dehydration. Children can become very involved in what they are doing and forget to drink, or may see drinking as boring and an inconvenience. As children don't recognise the early signs of thirst as well as adults, it is essential that carers encourage children to drink throughout the day to ensure they get enough fluids.

The signs of dehydration in babies and children

When a child is dehydrated they may appear thirsty, restless, have a dry mouth, they will have fewer wet nappies (babies) and their urine may be darker than usual. Other signs of dehydration include: drowsiness, a sunken fontanelle (soft spot on head), sunken eyes, few or no tears when they cry and fast breathing. Children can also become constipated if they do not have enough to drink. If a baby or young child becomes dehydrated medical advice may be required and parents should be contacted, following the setting's protocols/procedures. Severe dehydration requires urgent medical attention.

The impact of dehydration on health and well-being

The impact of dehydration on health and well-being is not yet fully understood. Being fully hydrated may help prevent headaches, irritability, tiredness, dizziness and help children to be alert and ready to learn. Some studies have suggested cognitive ability (mental performance and ability to concentrate) is affected by hydration (National Hydration Council, 2013).

Fluid requirements of babies and children

Babies and children have highly individual fluid requirements. These can depend on the weather, age of the child, gender and activity levels. Certain medical conditions may also affect how much fluid they need.

Babies 0-12 months

Responsive breastfeeding is recommended, that is a mother responding to her baby's cues, as well as her own desire to feed her baby. Breastfeeding should be supported for as long as the mother and infant want to continue. No additional water is required for breastfed babies, even in hot weather. Plain water from a cup can be given from around 6 months of age, or when solid food is introduced.

Formula fed babies may need some additional water in hot weather. This should be boiled then cooled for babies under 6 months, and for babies of any age if being used to make up infant formula milk.

Children

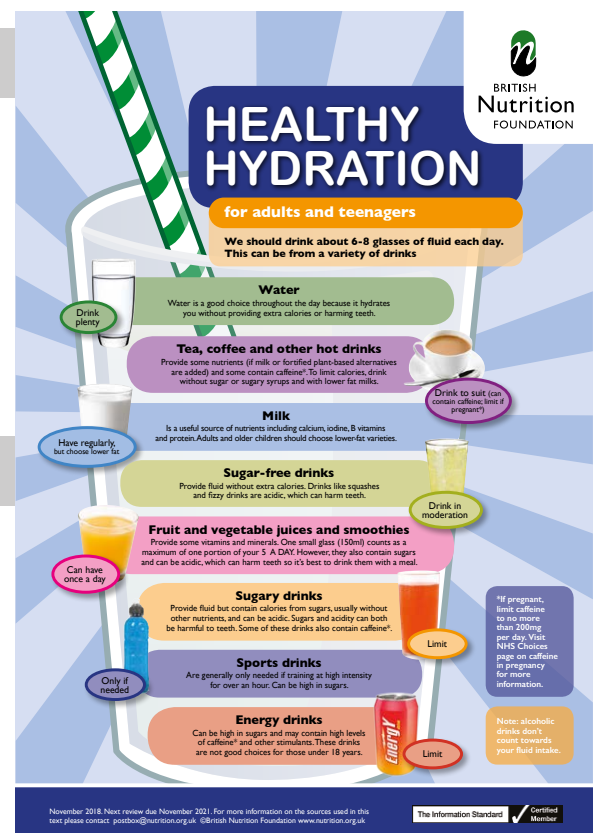
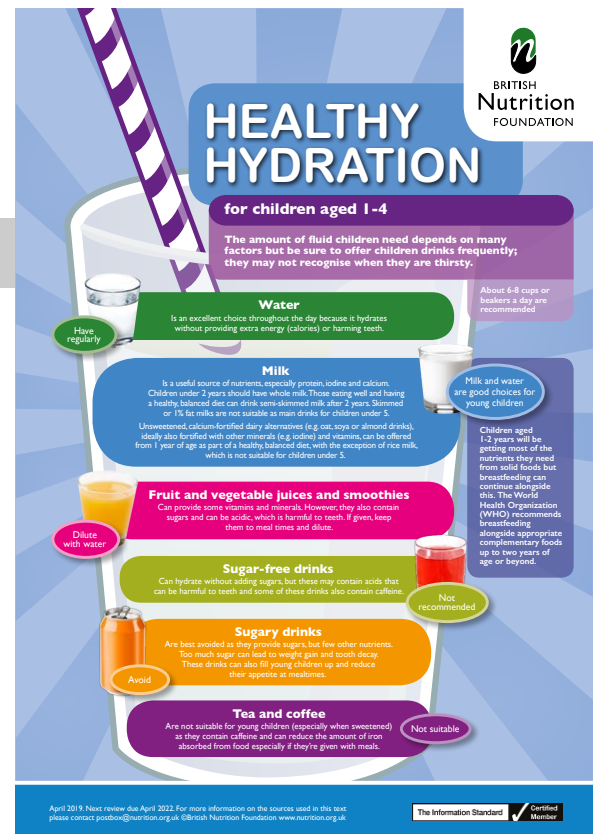
As a very rough guide, children need around 6-8 cups (100-150ml per cup) daily. Children should be offered a drink at all meal and snack times and water should be freely available in between. Children will also obtain some fluid from the foods they eat such as soups, yogurt and fruits and vegetables with a high water content.

Teenagers and adults

Teenagers and adults need around 6-8 cups of fluid daily (around 200ml per cup) to meet their fluid requirements.

For more information and downloadable posters on healthy hydration for children aged 5-11 and teenagers and adults see - <https://www.nutrition.org.uk>

For more information on recommended intakes of water see the British Dietetics Association Food Fact Sheet on Fluid - <https://www.bda.uk.com/foodfacts/home>.



The promotion of hydration for children

Healthy drinking habits can be promoted in play and childcare settings through a number of approaches:

- Careful monitoring of fluid intake in line with setting procedures.
- Having a policy on drink provision.
- Providing help and encouragement to use appropriate cups for child's age e.g. a lidless cup or free flow beaker from around 6 months.
- Having a drinks table where water is freely available with colourful cups and straws.
- Allowing children to pour their own drinks to increase involvement.
- Putting chopped fruit in water to make it colourful.
- Providing supervision at snack and mealtimes.
- Staff being role models and drinking healthy drinks in front of the children.
- Making home-made smoothies as an activity. This is only recommended as an occasional activity as smoothies can damage teeth if consumed regularly. These are best offered at mealtimes and limited to a maximum of 150ml a day.
- Provide praise to children drinking regularly.
- Prompt children to access drinks regularly.
- Provide small quantities of drinks, frequently.
- Promote water and drinking through age appropriate activities.
- Support breastfeeding mothers to feed their baby at the setting when they wish to. Mothers can continue to breastfeed for as long as they and their infant would like to.

The key messages regarding hydration in babies and children

- Those who work in play and childcare settings have an essential role in ensuring babies and children in their care are adequately hydrated.
- Young children can often forget to drink and are more susceptible to dehydration than adults, therefore supervision and encouragement is required.
- Children should be encouraged to have a drink at meal and snack times. In addition, water should be available freely throughout the day in line with standard 12.3 of National Minimum Standards for Regulated Childcare (Welsh Government, 2012).
- Milk and water are the only safe drinks for teeth for all age groups.
- Fruit juices are no longer recommended as a drinks option for childcare settings. Schools can decide to provide fruit juices but must be offered at mealtimes only.
- Babies can learn to drink from a cup from around 6 months of age. Cups should be lidless or free-flowing to help protect teeth. Bottles should be discouraged from around one year of age. All babies are different and some may need more practice and encouragement with a cup than others.
- Fizzy, sugary and caffeinated drinks including tea, coffee and sugar-free squashes, are not suitable for babies and young children. Children can easily fill up on sweet drinks, leading to a reduced appetite for meals and increasing their risk of dental decay and anaemia. Excessive volumes of milk can also reduce a

child's appetite and tannins in tea and coffee can reduce the absorption of iron, increasing the risk of iron deficiency anaemia. Caffeine in drinks e.g. colas, tea and coffee can disrupt sleep.

- Offer formula fed babies additional cooled boiled water.
- Additional fluids will be required in hot weather and also after a lot of physical activity.

For more information on hydration and recommended drinks for children see the Welsh Government Best Practice Guidance: Food and Nutrition for Childcare Settings Available from – <https://gov.wales/food-and-nutrition-childcare-settings-full-guidance>.

Assessor Notes/Learner Handout

Dietary Sources of Essential Nutrients

Level 2 Children's Care, Play, Learning and Development: Core Unit 002	AC 7.2
Level 2 Children's Care, Play, Learning and Development: Practice Unit 202	AC 1.4

It is important children are offered a **balanced diet with a variety of foods from the different food groups**. This will help them to get all the nutrients they need for growth, well-being and development. Some important nutrients are as follows:

Nutrient	Examples of foods this nutrient is found in	Importance for holistic growth, well-being and development
Calcium	Cows' milk and milk alternatives fortified* with calcium, cheese, yogurt, egg, pilchards and sardines, tofu, white bread, beans and pulses, spinach.	Important for healthy bones and teeth.
Zinc	Lean meat, sardines, tuna, pilchards, cheese, eggs, milk, chicken and turkey, beans and lentils, tofu, wholemeal bread, ground nuts/ nut butters, wholegrain breakfast cereals, plain popcorn.	Needed to make new cells in the body and for wound healing. The body needs zinc to help use the carbohydrate, fat and protein in food.
Iron	Meat (e.g. beef, lamb), oily fish, green vegetables, fortified* breakfast cereals, beans and pulses, bread, dried fruit e.g. raisins and dried apricots, eggs, tofu.	Needed to make red blood cells that carry oxygen around the body.
Vitamin C	Fruits, vegetables, potatoes. Particularly good sources are blackcurrants, oranges, strawberries, tinned guava, spring greens and green and red peppers.	Helps to maintain healthy skin, blood vessels and bones. Important for wound healing and protecting cells in the body from damage.
Vitamin A	Carrots, sweet potatoes, spinach, red peppers, cantaloupe melon, broccoli, liver** cabbage, mango, dried apricots, cheese, broad beans, full-fat milk, salmon, herring, eggs.	Important for a healthy immune system and healthy skin and vision.

Nutrient	Examples of foods this nutrient is found in	Importance for holistic growth, well-being and development
Iodine	Cheese, milk, fromage frais and yogurt, eggs, fish, shellfish, seaweed.	Important for brain function and learning. Needed to make hormones in the body (thyroid hormones).
Omega-3 fats	Oily fish e.g. salmon, kippers, herring, trout, pilchards, sardines, sprats. Vegetarian sources include green leafy vegetables, soya and soya products (e.g. tofu) and oils such as rapeseed, walnut and linseed. Some foods are fortified* with omega-3 fats and can be useful sources e.g. eggs.	Important for heart health and brain development of the baby during pregnancy. There is some evidence that omega-3s can help with memory, learning and depression but more studies are needed to be sure of this.
Vitamin D	Most of our vitamin D comes from sunshine rather than food. There are some dietary sources which include herring, pilchards, sardines, tuna, salmon, eggs and vegetable fat spreads, breakfast cereals and malted milk drinks fortified* with vitamin D.	Important for healthy muscles, bones and teeth. Children under 5 years need to be given a daily vitamin D supplement. Older children and adults should also consider taking a daily vitamin D supplement, particularly during autumn and winter months.
Fibre	Fruits, vegetables, oats, beans, pulses, wholemeal and multigrain breads, wholegrain cereals, brown rice and pasta, potato skins.	Important for heart health and healthy bowels (alongside adequate fluids and keeping active).

**Fortified means that a nutrient has been added to a food during the manufacturing process – the nutrient may or may not have been present in the original product.*

***Liver is a rich source of vitamin A and should be given to children no more than once a week. Pregnant women are advised not to eat liver and liver containing products as high levels of vitamin A can harm the developing baby.*

For more information about nutrients and their importance for growth, well-being and development visit <http://www.nhs.uk>, <http://www.nutrition.org.uk> and <http://www.bda.uk.com>

Assessor Notes/Learner Handout

Suitability of Drinks for Children 0-19 years

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

AC 7.2

Not all drinks are suitable for children. The following list explains suitable and unsuitable choices:

Milks	
Follow-on infant formula milks	These are not suitable for babies under 6 months. There is no need to switch to a follow-on formula unless advised by a health professional, as there are no proven health benefits.
Casein-based infant formula milks	These milks are advertised as suitable for “hungrier babies”. There is little nutritional difference between these formulas and first infant formula and there is no evidence that babies settle better or sleep longer when fed this type of milk.
‘Toddler’ and ‘growing up’ milks	There is no need to give babies or young children ‘toddler’ or ‘growing up’ milks unless under the advice of a health professional. These milks are often higher in sugar than plain cows' milk and most children can get all the vitamins and minerals they need from a healthy, balanced diet (and the recommended vitamin supplements A, C and D).
Cows' milk	Small amounts of cows' milk can be used in cooking during complementary feeding but cows' milk is unsuitable as a main drink until one year as it doesn't contain sufficient vitamins, minerals and calories. Full fat milk should be used for children under 2 years. From 2 years children can be offered semi-skimmed if they're eating a good variety of foods. Skimmed milk and 1% fat milks are unsuitable for children under 5 years. Milky drinks such as hot chocolate and malted drinks are not suitable for young children or childcare settings. If families/carers offer them at home , they need to be limited as they can be high in sugar.
Rice milk	Rice milk is not recommended for children under 5 years as it contains small amounts of arsenic.
Cows' milk alternatives e.g. soya, oat milk	Alternative milks to cows' milk may be recommended for infants and children diagnosed with a cows' milk protein allergy (CMPA). These milks can be used in cooking from around 6 months but usually not as the main drink for children under two. These milks may not contain enough of the calories and vitamins the infant needs for growth. Infants under 2 years will usually be prescribed a specialist infant formula. Some children with CMPA may also be allergic to soya therefore should speak to their Dietitian, Health Visitor or GP before using soya milk and products. If the child is eating and growing well a health professional may advise they can use a milk alternative to drink e.g. oat milk, almond milk, after the age of one. For older children and adults milk alternatives can be used as long as they are unsweetened and fortified with calcium.
Goats' and sheep's milk	These are unsuitable for babies under one year as they don't contain enough vitamins and minerals. As long as they are pasteurised, they can be used from one year of age.

Water

Bottled and mineral waters	<p>For babies under 6 months use tap water that has been boiled first then cooled. All water being used to make up infant formula needs to be boiled first. Let the water cool a bit before making up the feed but not for longer than 30 minutes (so the water remains at a temperature of at least 70°C when the powder is added).</p> <p>Bottled water is not recommended for making up infant formula feeds as it's not sterile. If it is used, check that the sodium level (Na) is less than 200mg per litre and the sulphate (SO or SO₄) is less than 250mg per litre.</p> <p>For children and adults plain tap water is the best drink for health and for teeth.</p>
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Juices

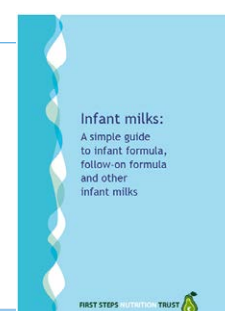
Fruit juices	<p>It is not necessary to give babies and young children fruit juices e.g. orange, apple, grapefruit or 'baby' juices. These are not recommended as a drinks option in childcare settings to help protect children's teeth. If families/carers choose to give these at home, they should be limited, very well diluted and given in a cup at mealtimes only.</p> <p>The Eatwell Guide (which applies fully to children and adults over 5 years) states that 150ml of pure fruit juice a day can count as a maximum 1 portion of our 5 A DAY. Schools often provide fruit juice as an option but at mealtimes rather than as a snack, again to protect teeth. Fruit juices can be diluted for older children to reduce their acidity and sugar content.</p> <p>Making fruit smoothies can be an occasional activity for children. These can provide useful vitamins and minerals but when fruit is blended or juiced, the sugars are released and can be harmful to teeth.</p> <p>Fruit juices and smoothies should be kept to a maximum total of 150ml a day.</p>
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Squashes, flavoured milk, fruit drinks and sugary fizzy drinks

Squashes, flavoured milk, fruit drinks and sugary fizzy drinks	<p>These are not suitable for babies and young children. They contain sugar which can damage teeth and can fill children up and reduce their appetite at mealtimes. Sugar free varieties can also encourage a preference for sweet drinks and be discouraged.</p> <p>For older children and adults, sugar-free drinks can be used occasionally at home (not in childcare settings) but even sugar-free varieties can be acidic and harmful to the enamel on teeth. Some of these drinks also contain caffeine. The healthiest drink choices are plain water and plain milk.</p>
Sports and energy drinks	<p>These drinks are not suitable for children. They can be high in sugars and energy drinks may contain high level of caffeine or other stimulants.</p>
Tea and coffee	<p>Tea and coffee are not suitable for infants and children under 5 years. They contain caffeine (which can disrupt sleep) and tea and coffee contain tannins which can interfere with the absorption of dietary iron.</p> <p>For older children these can be an occasional choice if de-caffeinated and no sugar is added.</p>

Further Information

A simple guide to infant milks and their suitability can be found at <http://www.firststepsnutrition.org>



Assessor Notes/Learner Handout

Diets of Children and Young People in the UK

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

AC 7.5

Think about the children and young people you work with or know in your own life. What sorts of foods and drinks do they consume?

There are concerns that the typical diets of many young children in the UK contribute to health problems both in childhood and in later life. The most common concerns in this age group are:

- an increasing number of children who are overweight and obese
- children eating too few fruits and vegetables and not enough fibre
- high intakes of sugar and soft drinks that can damage teeth and lead to unhealthy weight gain
- higher than recommended intakes of salt and processed foods
- iron deficiency anaemia through too little dietary iron and low intakes of other important nutrients. Young girls in particular can have low intakes of important nutrients in their diet.

CCPLD childcare workers can play a vital role in supporting children and their families/carers to eat well. This can be through providing, encouraging and role-modelling healthier choices and helping children learn about nutrition and hydration through play and activities.

Public Health Wales Child Measurement Programme for Wales

The Child Measurement Programme seeks to determine how children of reception age (4-5 year olds) are growing. With the consent of their parents/carers, all eligible children have their height and weight measured whilst at school. The measurements are collated and reported annually – see <https://phw.nhs.wales/>

Key Findings 2017-2018

- The majority of children (72.8%) measured in Wales for the Child Measurement Programme are of a healthy weight. There is variation across health boards and local authorities.
- 26.4% of children measured in Wales are overweight or obese.
- 78.3% children living in the least deprived areas of Wales are a healthy weight, while 69.8% of children living in the most deprived areas are of a healthy weight.

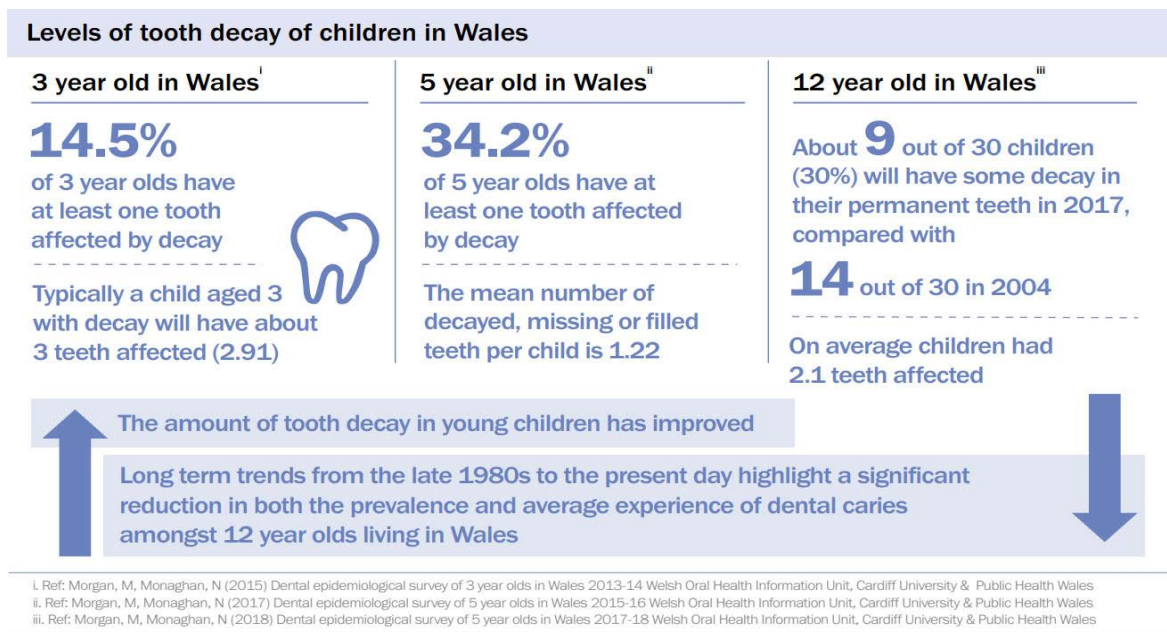


- Children living in the most deprived areas of Wales are more likely to be overweight or obese.

Plenty of active play, adequate sleep, healthy drinks, limiting screen time and a balanced diet are all important ways to help children to have a healthy weight by the time they start school. For further information and resources visit <http://www.everychildwales.co.uk>. Visual posters outlining recommended active play and physical activity levels for infants, children and adults can be found at <https://www.gov.uk/government/publications/physical-activity-guidelines-infographics>.

Dental Health and Tooth Decay

Dental health has improved in Wales in recent years but still remains an issue amongst children and young people. Frequent consumption of sugary drinks and foods, particularly if eaten/drunk between meals, is a key risk factor for dental decay. A common misconception is that baby teeth don't matter but decayed or missing teeth in infancy/early childhood can affect the growth of adult teeth.



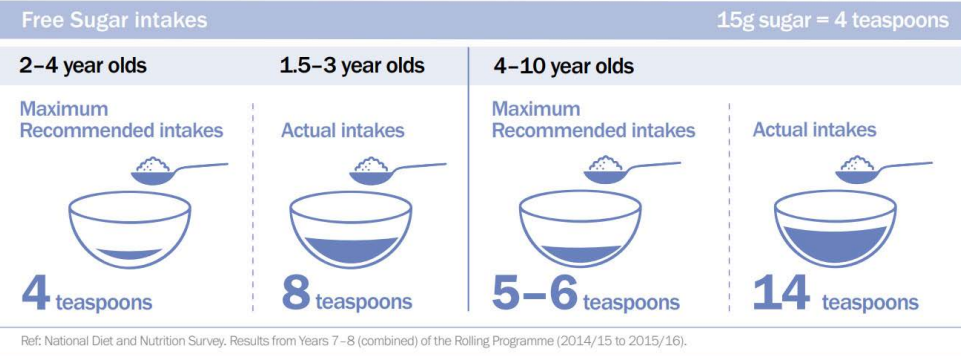
The National Diet and Nutrition Survey (NDNS) (2018) showed that children in the UK are consuming far more sugar than is recommended for good health and well-being. Regular consumption of drinks containing 'free' sugars in particular is linked with unhealthy weight gain in children. 'Free' sugars are those added to food and drink and those naturally present in syrup, honey and fruit juices. The NDNS survey showed that as children get older they drink increasing amounts of sugary soft drinks.

Sugar sweetened soft drinks a day (ml)



Children's dietary intakes of sugar

Current dietary intakes show that children are eating too much sugar.

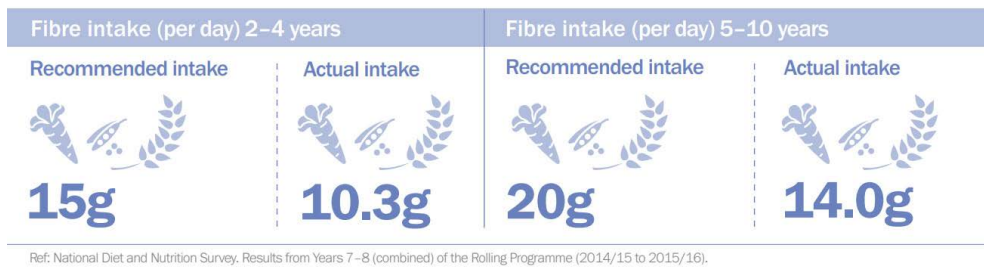


Dietary Fibre

Although young children do not need as much fibre as older children and adults they still need to be eating more than they currently do. Fibre is important for a healthy heart and digestion and preventing constipation (alongside adequate fluids and keeping active). Good sources of fibre include fruits and vegetables, oats, pulses, brown rice, wholemeal pasta, wholemeal and multigrain breads, the skins on potatoes and high fibre low salt/sugar breakfast cereals.

Dietary intakes of fibre

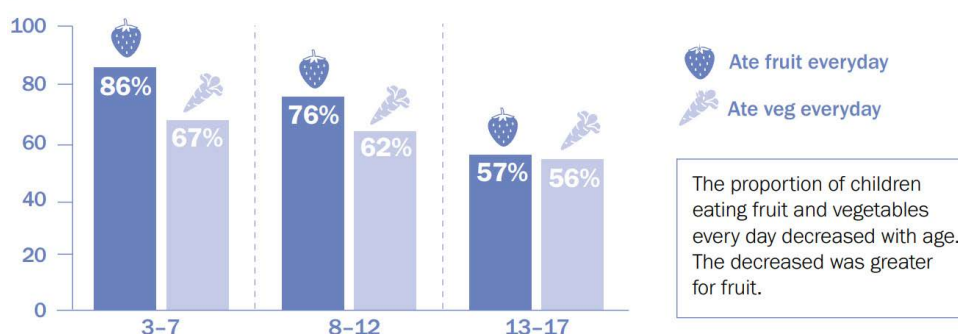
Current dietary intakes show that children are not eating enough fibre.



Fruit and Vegetable Consumption

The National Survey for Wales (2017) showed that many children are not eating enough fruits and vegetables and that consumption of fruits and vegetables decline as children get older. Fruits and vegetables are an important source of fibre, vitamins and other nutrients known to help protect the body against diseases such as certain cancers, heart disease and stroke.

Recent data for Wales on the percentage of children who ate fruit and vegetables every day, by ageⁱ



ⁱ Statistics Wales (2017) National survey for Wales 2016/17 Child health Lifestyle

Vitamins and Minerals

The National Diet and Nutrition Survey (2015/16 data) showed that children's diets in the UK can be lacking in important vitamins and minerals. Some children aged 4-10 years were not getting enough zinc in their diet and some children aged 11-18 years had diets low in calcium, iodine and vitamin A. 48% of girls 11 to 18 years were not getting enough iron in their diet. A lack of dietary iron can lead to iron deficiency anaemia with symptoms such as fatigue, looking pale, poor appetite and difficulty concentrating.

Low levels of vitamin D in the blood were found amongst all the age groups in the survey. Vitamin D is important for healthy bones, teeth and muscles. The UK Department of Health and Welsh Government currently recommend that all children aged 6 months-5 years take a vitamin supplement containing vitamins A, C and D (unless they are drinking 500ml of infant formula milk a day or more). Breastfed babies need to be given a vitamin D supplement from birth. Children over 5 years and adults should also consider taking a daily vitamin D supplement, particularly in autumn and winter months. For more information see <http://www.nhs.uk> and <http://www.healthystart.nhs.uk>

Sources of Information

Public Health England (2018). National Diet and Nutrition Survey – see <https://www.gov.uk/government/collections/national-diet-and-nutrition-survey>

StatsWales (2017). National Survey for Wales – see <https://statswales.gov.wales/Catalogue/National-Survey-for-Wales>

See also section 1 (Diet and Children's Health) of the Welsh Government Best Practice Guidance: Food and Nutrition for Childcare Settings. Available from - <https://gov.wales/food-and-nutrition-childcare-settings-full-guidance>.

Assessor Notes/Learner Handout

Sugar Consumption and Oral Health

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

AC 7.5

Dental Decay

- Tooth brushing is essential but alone it does not prevent dental decay.
- Sugar in the diet is the primary cause of dental decay.
- By reducing the frequency of sugar consumed, including drinks high in sugar and acid, we can help to prevent the development of dental decay. This is why plain milk and plain water are the safest drinks for teeth.

What Causes Dental Decay?

- The mouth contains millions of bacteria.
- The bacteria accumulate on the surface of the teeth and gums as dental plaque.
- Within one to two minutes after tooth brushing the bacteria begin to multiply again.
- The bacteria feed on sugars that are eaten and drunk and this feeding process produces acid.
- The acid softens and weakens the dental enamel, calcium and mineral salts are lost from the tooth surface. This is called an '**Acid Attack**'. If this process is repeated too frequently the enamel will break down and dental decay will occur.

Prevention

- Saliva is the body's natural defence mechanism in the fight against dental decay, and helps to neutralise the acid and repair the damaged tooth enamel by replacing lost mineral salts from the tooth surface. However, this process can take up to two hours to complete. Therefore, if we eat and drink sugary foods regularly we do not allow sufficient time for the saliva to do its job.

Figure 1 - The highlighted areas indicate the number of acid attacks per day if sugar is eaten at mealtimes only

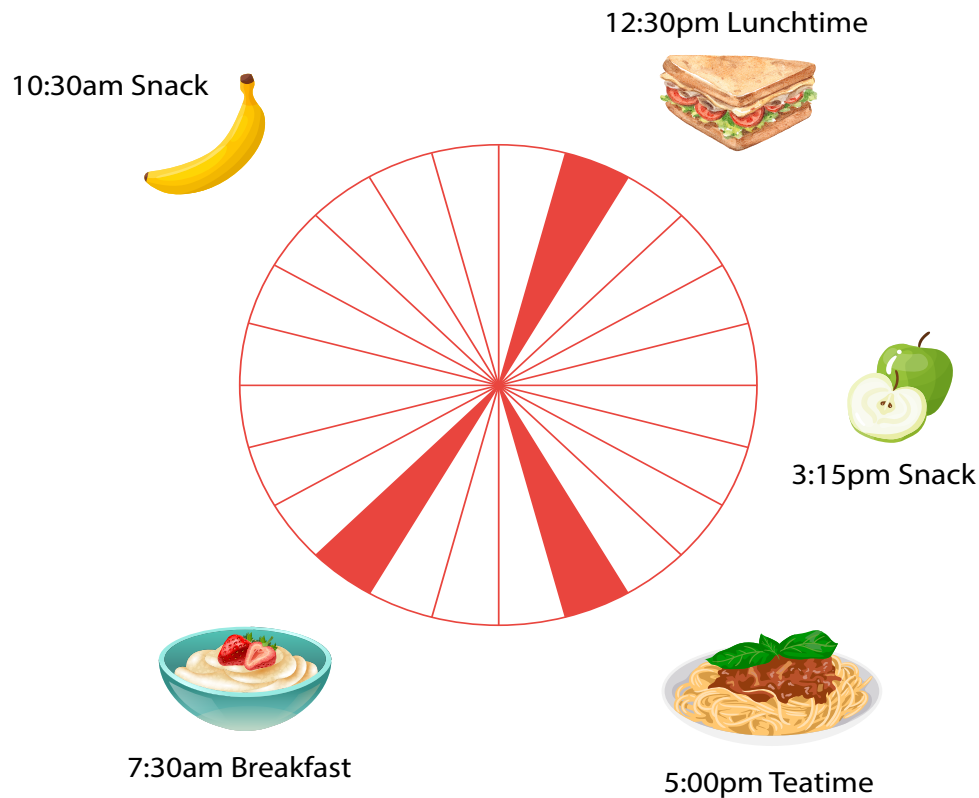
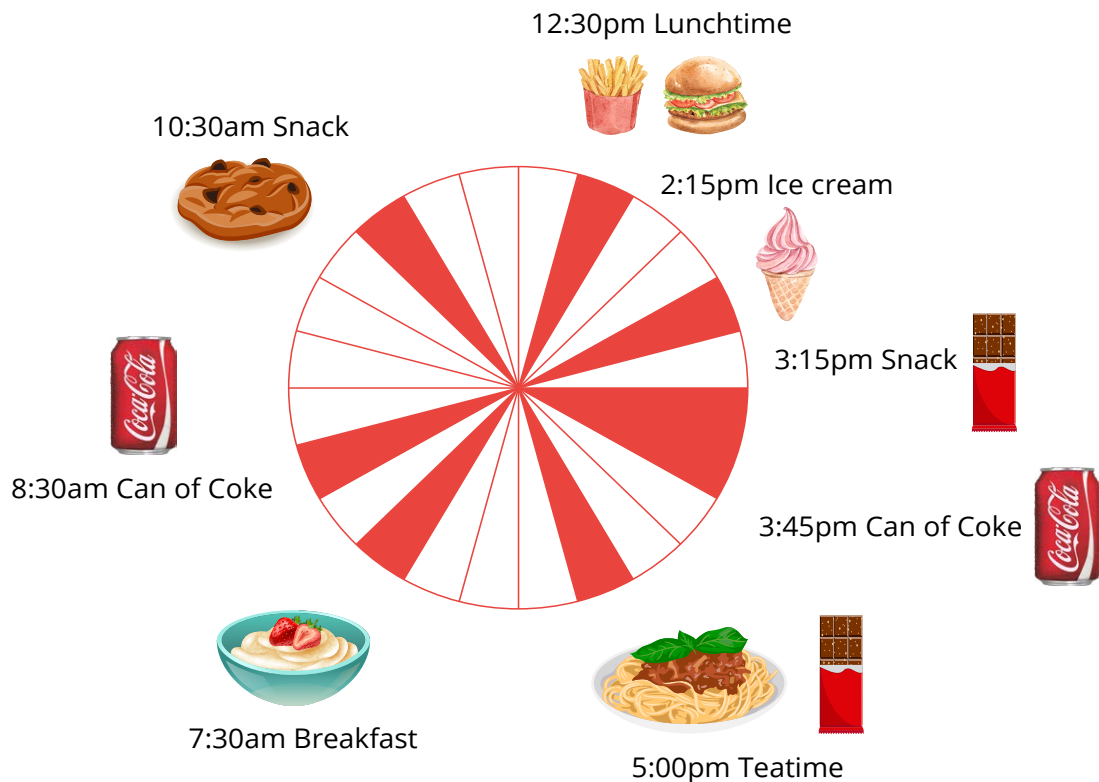


Figure 2 - The highlighted areas show the number of acid attacks per day as a result of more frequent sugar intake



(Figures 1 & 2 reproduced with permission from Thameside, Glossop, and Oldham NHS Trust).

Summary

- The main cause of tooth decay is not the amount of sugar in the diet, but how often it is consumed. It is therefore important to limit sugary foods and keep them to mealtimes only.
- For snacks, try fresh fruit and raw vegetables, breadsticks, toast or plain English muffins.

A note on Dried Fruit and Fruit Juice

- Dried fruit is nutritious and a source of fibre and iron. However, dried fruit is very concentrated in sugars so should be kept to meal times only. The drying process releases some of the sugar from the cell walls inside the fruit becoming 'free' sugars which can damage teeth.
- Fruit juice is a rich source of vitamin C however, it is also high in 'free' sugars and fruit acids that can cause dental decay and erosion.
- For this reason, childcare and play settings are advised not to offer fruit juice as an option for drinks.
- If families/carers decide to offer fruit juice to children in their own home, it's best to dilute the juice with water and serve it in a cup at mealtimes (rather than a bottle or cup with a valve).

Further information

Designed to Smile. National Child Oral Health Improvement Programme. See -

<https://www.designedtosmile.org/welcome-croeso/welcome/>

Assessor Notes/Learner Handout

National and Local Initiatives that Support Nutrition and Hydration

Level 2 Children's Care, Play, Learning and Development: Core Unit 002	AC 7.4
Level 2 Children's Care, Play, Learning and Development: Practice and Theory Unit 202	AC 3.8

This handout contains details of national and local initiatives and resources that support the nutrition and hydration of children throughout Wales and the wider UK. The list is by no means exhaustive and learners and assessors may be aware of further schemes and programmes in their local area.

First Steps Nutrition

First Steps Nutrition Trust is an independent public health nutrition charity that provides information and free downloadable resources to support eating well from pre-conception to five years.

<http://firststepsnutrition.org>

Designed to Smile

Designed to Smile is a national programme to improve the oral health of children in Wales funded by the Welsh Government.

Designed to Smile is:

A preventative programme for children from birth:

This involves a wide range of professionals, including health visitors and other early years services. The aims are to help start good habits early by giving advice to families/carers with young children, providing toothbrushes and toothpaste, and encouraging going to a dental practice before a child's first birthday.

A preventative programme for Nursery and Primary School children:

This involves the delivery of nursery and school-based tooth-brushing and fluoride varnish programmes for children to help protect teeth against decay.

<https://www.designedtosmile.org/welcome-croeso/welcome/>

Public Health Network Cymru

Public Health Network Cymru aims to create a network for all those working on public health issues in Wales such as nutrition and physical activity. The website contains information on national and local initiatives that support health including good nutrition and hydration.

<https://www.publichealthnetwork.cymru>

School Holiday Enrichment Programme

During the school holidays, when Free Breakfast in Primary Schools and Free School Meals (FSM) are not available, some families/carers struggle to afford or access food that provides a healthy diet. The School Holiday Enrichment Programme (SHEP) is a school-based scheme that provides healthy meals, food and nutrition education, physical activity and enrichment sessions to children in areas of social deprivation during the school holidays.

<https://www.wlga.wales/food-and-fun-school-holiday-enrichment-programme>

Healthy Start

The Healthy Start Scheme is a UK wide means-tested scheme for families/carers with young children. Families/carers on a low income or on certain benefits may be eligible to enrol. Once registered, families/carers get free vouchers every week to spend on milk, fresh and frozen fruits and vegetables and infant formula milk. Pregnant women, new mothers and children under 4 years can also claim free vitamins. For more information and promotional materials, visit <http://www.healthystart.nhs.uk>

Local Snack Award Schemes and Tiny Tums

In some areas of Wales, Public Health Dietitians work with partners to offer award schemes for childcare settings achieving best practice in their food and drink provision. For more information, contact the local Public Health Dietetics Department in your area.

Free Breakfast in Primary Schools

All children who go to a primary school which is maintained by a local authority can have a free breakfast at school, if their school provides free breakfasts. This initiative is funded by the Welsh Government.

See - <https://gov.wales/sites/default/files/publications/2018-03/free-breakfast-in-primary-schools.pdf>

Welsh Network of Healthy Schools

In 2011, the Welsh Government extended the Welsh Network of Healthy School Schemes into pre-school settings and the Healthy and Sustainable Pre-School Scheme is now available in each local authority area in Wales. The scheme aims to support staff in developing a whole setting approach to health and well-being including emotional health, the environment, active play, nutrition and oral health, encouraging links with the home and the wider community.

For more information visit the Public Health Wales website -

<http://www.wales.nhs.uk/sitesplus/888/page/82249>

Nutrition Skills for Life™

Nutrition Skills for Life™ is a programme of training and nutrition initiatives delivered by dietitians across Wales. On completion of Agored Cymru accredited level 2 nutrition training, community childcare workers can be supported to deliver courses themselves such as Foodwise or Get Cooking (an 8 week practical cookery course). For more information about Nutrition Skills for Life™ courses for professionals, young people and families/carers in your area, contact your local Public Health Dietetics Department.

Foodwise in Pregnancy is delivered in some areas of Wales as part of the Nutrition Skills for Life™ programme. This is an informal course for pregnant women and their partners about eating well and healthy weight gain during pregnancy. Families/carers can contact their Midwife or Health Visitor for more information.

Play, Learn and Grow Healthy

This initiative is for after school clubs via Clybiau Plant Cymru. The Healthy Friends Workshop can help children improve their physical activity levels and nutrition knowledge through a range of peer led activities.

<https://www.clybiauplantcymru.org>

Every Child Wales

The Every Child Wales website was launched by Public Health Wales to help children have a healthy and happy future. The website is designed for families/carers and professionals and contains free downloadable resources e.g. Introducing Solid Foods, a screen time tracker and further information to help children have a healthy weight by the time they start school.

<http://everychildwales.co.uk/>

Unicef UK Baby Friendly Initiative

The Baby Friendly Initiative (BFI) aims to support women and families/carers with feeding and giving babies the best possible start in life. A key area of BFI is supporting women to start breastfeeding and continue for as long as they and their baby would like to. The UK initiative is part of global work between Unicef and the World Health Organisation. See [http:// www.unicef.org.uk](http://www.unicef.org.uk)

Parenting. Give it time.

A Welsh Government initiative to support families/carers to get the most out of family life. This website gives parents/carers ideas so they can make decisions about what can work for their child and family/carer and build a positive relationship with their child. The website contains information around managing mealtimes and other 'tricky moments' as children grow and develop.

<https://giveittime.gov.wales>

Best Practice Guidance: Food and Nutrition for Childcare Settings

This best practice guidance was launched by Welsh Government in 2018 to support childcare settings in meeting the nutrition and hydration requirements of children in their care and help children develop good eating habits for life. The document is also designed to inform families/carers about the childcare setting's approach to food and drink.

<https://gov.wales/food-and-nutrition-childcare-settings-full-guidance>

The Nursery Milk Scheme

The Nursery Milk Scheme is operated by the Nursery Milk Reimbursement Unit (NMRU) on behalf of the Department of Health. It entitles children under 5 years who attend approved day care facilities to receive 189ml (1/3 pint) of milk each day, free of charge.

<https://www.nurserymilk.co.uk/>

Healthy Eating in Maintained Schools (2014)

The Healthy Eating in Schools (Wales) Measure 2009 requires local authorities and governing bodies to take action to promote healthy eating and drinking by pupils in maintained schools. This guidance document provides advice on: what constitutes healthy eating and drinking and appropriate action to promote healthy eating and drinking amongst pupils.

See <https://www.wlga.wales/healthy-eating-in-schools>

Start4Life

Start4Life is part of Change4Life, the nationwide campaign to help adults and families/carers to eat well and move more. It also provides resources for Early Years providers on healthy eating and activity for toddlers and pre-school children.

See <https://www.nhs.uk/start4life>

Assessor Notes/Learner Handout

The Impact of Nutrition on Health and Well-being

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

AC 7.5

Level 2 Children's Care, Play, Learning and Development: Practice Unit 202

AC 1.8

A healthy balanced diet is essential for the health and well-being of children, young people and adults. In Wales we are not eating the best diet for health and are not achieving the recommended levels of physical activity. As a result, health in Wales compares poorly with that in England and many other countries in Europe. It is important that those working in the CCPLD sector are aware of the impact of a poor diet in childhood and understand the contribution they can make to promoting good nutrition. Improving the health and well-being of children and young people is a collective responsibility including the government, schools, carers, parents, health professionals as well as early years, play and childcare workers.

The following table gives examples of how diet can impact on health and well-being to help facilitate discussion.

Area of health and well-being	The impact of diet
Growth and development	<ul style="list-style-type: none"> • Childhood is a time of rapid growth and development and a healthy diet is required to support this. • Poor nutrition and insufficient calories can lead to faltering growth where children don't grow at the expected rate for their age. • Poor growth in childhood can affect health later in life. • Poor nutrition and consuming excess calories, combined with a lack of play/physical activity can lead to being overweight and obesity. • The health and nutritional status of mothers during pregnancy can affect lifelong outcomes for the child.
Nutrient deficiencies	<ul style="list-style-type: none"> • The National Diet and Nutrition Survey shows that children have diets higher in sugar and lower in fibre than is recommended for good health and well-being. Girls aged 11-18 had the highest intake of free sugars and low intakes of a range of important minerals including iron. • Infants have high dietary iron requirements in relation to their size. Iron is important for brain development, healthy blood and fighting infections.
Bone health	<ul style="list-style-type: none"> • A well-balanced diet containing a range of foods from the different food groups is important for bone health. • In particular, calcium and vitamin D are needed for strong bones and preventing the bone diseases rickets and osteomalacia. • Being underweight (Body Mass Index (BMI) under 19kg/m²) increases the risk of osteoporosis.
Immune function	<ul style="list-style-type: none"> • Good nutrition is important for immunity and supporting the body to fight infections. • Breastfeeding helps the infant to develop a healthy immune system.

Area of health and well-being	The impact of diet
Dental health	<ul style="list-style-type: none"> • Regularly consuming foods and drinks high in sugar particularly in-between meals can increase the risk of tooth decay. • Prolonged and inappropriate use of baby bottles is associated with tooth decay. • Tooth decay in 'baby' teeth can affect the health of adult teeth. • In 2016/17, 30% of 12 year olds had experienced dental decay (PHW & Cardiff University 2018). This figure has improved in recent years but still remains high.
Bowel health	<ul style="list-style-type: none"> • Constipation is common in young children, many cases are linked to diet i.e. insufficient fluid and fibre intake. If a child is constipated this can reduce their appetite.
Behaviour and learning	<ul style="list-style-type: none"> • A healthy diet with a variety of foods from each food group is important for general mental health and well-being. • Regular meals and healthy snacks help children have the energy they need to play and learn throughout the day. • Insufficient iron intake has been linked with behaviour problems and delays in cognitive and motor development. • Dehydration may make children more irritable and less able to learn. • Artificial colourings used in soft drinks and foods may have an adverse effect on attention levels in some children (see the British Dietetic Association fact sheet https://www.bda.uk.com/foodfacts/diet_behaviour_learning_children) • Omega 3 fats may play a role in children's behaviour and concentration levels however, more evidence is needed in this area.
Maintaining a healthy weight	<ul style="list-style-type: none"> • Breastfeeding has been shown to reduce the risk of obesity later in life. • Children who eat well and are active, are more likely to be a healthy weight for their height. Most cases of overweight and obesity in children are caused by eating too many calories and not enough play/physical activity. • Fizzy drinks are associated with obesity in children (SACN 2015). • 26.4% of 4 year olds in Wales are currently overweight or obese (Public Health Wales 2019). • Being overweight in childhood increases the risk of obesity and chronic diseases such as asthma, type 2 diabetes, heart disease and stroke in later life. • Children who are overweight are more likely to get bullied. They may feel excluded from peer activities and encounter verbal teasing by peers. • Being overweight at conception and during pregnancy increases the risk of the baby being overweight in childhood.
Chronic diseases	<ul style="list-style-type: none"> • Chronic diseases such as heart disease and stroke may have origins in childhood. • Reduced fruit and vegetable consumption as a child is linked to increased cancer risk later in life.
Reproductive health	<ul style="list-style-type: none"> • Being both overweight and underweight can affect fertility and the menstrual cycle.

Area of health and well-being	The impact of diet
Mental health and well-being	<ul style="list-style-type: none"> • A regular supply of energy and the right mix of nutrients are important for the brain to function properly. • There is some evidence that certain nutrients (e.g. B vitamins, zinc and omega-3 fats) can be helpful in managing depression. • Regular alcohol consumption and binge drinking is associated with a range of social and health problems.
Establishing good eating habits and a positive relationship with food for life	<ul style="list-style-type: none"> • Attitudes towards food start to develop during childhood. This plays an important role in the development of eating habits and the subsequent health of the adult, as well as future generations. • There is some evidence that using foods to make a child feel good or better, can lead to reliance on foods to help regulate their emotions.
Other	<ul style="list-style-type: none"> • Eating has wider benefits to well-being. This includes the social aspects of cooking and mealtimes together.

Public Health England (2018). National Diet and Nutrition Survey – see <https://www.gov.uk/government/collections/national-diet-and-nutrition-survey>

Public Health Wales (2019). Child Measurement Programme for Wales: Current Annual Report. Available at: <http://www.wales.nhs.uk/sitesplus/888/page/67795> (Accessed 2nd April 2019).

Public Health Wales & Cardiff University (2018). Picture of oral health: 2018: Dental epidemiological survey of 12 year olds 2016-17. Available at: <http://www.wales.nhs.uk/sitesplus/documents/888/Picture%20of%20Oral%20Health.pdf> (Accessed 2nd April 2019).

Scientific Advisory Committee on Nutrition (2016). Carbohydrates and Health Report. Available at: <https://www.gov.uk/government/publications/sacn-carbohydrates-and-health-report> (Accessed 2nd April 2019).

Assessor Notes/Learner Handout

Factors that can affect Nutrition and Hydration in Children and Young People

Level 2 Children's Care, Play, Learning and Development: Core Unit 002	AC 7.6
Level 2 Children's Care, Play, Learning and Development: Practice Unit 202	AC 1.6

A variety of factors can affect the nutritional intake of young children and their families/carers. These can include health, environmental, financial, cultural and social factors. The following list is by no means exhaustive but is a starting point for discussion and can be used as a handout for learners. The group should be encouraged to think of factors they have observed within play and childcare settings or their own lives that may negatively or positively impact on diet and hydration. This discussion can lead on to how they, as childcare workers can help influence what the children they work with and their families/carers eat.

Factor	Potential impact on nutrition and hydration
Poverty/low income	<ul style="list-style-type: none"> • A survey in 2018 by the Food Foundation found that many low income households in the UK struggle to afford a balanced diet as shown by the Eatwell Guide – see https://foodfoundation.org.uk. The 2019 Children's Future Food Inquiry report can be found at the same web address. • In Wales, approximately 1 in 3 children are living in poverty (in households at or below 60% of median income) – see http://www.poverty.ac.uk/ • There has been an increase in families/carers in Wales using food banks which provide emergency food supplies – see https://www.trusselltrust.org/ • Children living in poverty are more likely to make poor food and drink choices and be at greater risk of dental decay and being overweight by the time they start school – see Child Measurement Programme for Wales. (http://www.wales.nhs.uk). • Families/carers on a low income are less likely to eat the recommended amount of fruits and vegetables and more likely to have diets high in fat, sugar and salt. • Poor housing, lack of transport and cooking facilities may restrict food and drink choices. • In Wales, some families struggle to feed their children in the school holidays – see https://www.wlga.wales/food-and-fun-school-holiday-enrichment-programme
Body image	<ul style="list-style-type: none"> • Body image is connected to self-esteem and attitudes towards eating and physical activity. • Young women are most likely to develop an eating disorder, particularly those aged 12 to 20, but older women and men of all ages can also have an eating disorder. Children as young as seven can be affected. For more information see – http://www.beateatingdisorders.org.uk

Factor	Potential impact on nutrition and hydration
Food available in settings accessed by children and young people e.g. childcare, schools, youth provision, leisure facilities, colleges and other community venues	<ul style="list-style-type: none"> • Settings within the community provide an invaluable opportunity to help children learn about healthy eating and to expose them to a wide variety of nutritious foods and drinks. • Nutritionally balanced snacks and meals and healthy drinks will have a positive contribution to a child's nutritional intake. • Staff who are good role models and create a positive eating environment will help children build good habits and enjoy healthy options from an early age.
Individual habits and preferences	<ul style="list-style-type: none"> • Healthy eating preferences and habits are established in the early years. Encouraging children to eat and drink a wide variety of healthy options when they are young will contribute to an improved nutritional intake throughout life.
Psychological factors	<ul style="list-style-type: none"> • Being upset or over tired can discourage children from eating and drinking. • Anxiety in parents or carers at mealtimes can contribute to a reduced appetite and 'picky' eating in young children. • Stress and anxiety amongst children and young people can affect appetite and food choices.
Lack of skills and knowledge	<ul style="list-style-type: none"> • Families, children and staff may lack the skills and knowledge to choose and prepare healthy options. • Families with limited cooking skills are more likely to rely on convenience foods which can be high in fat, sugar and salt and less likely to eat fruit and vegetables (Garcia et al., 2012). • Play and childcare workers can support children to develop basic food preparation skills when facilities allow.
The mealtime environment	<ul style="list-style-type: none"> • A calm, fun and relaxed eating environment is important for children. • Involving children in the mealtime e.g. setting up and preparing food, pouring drinks can encourage them to eat and drink. • Eating with others can encourage children to eat and make mealtimes sociable. • Making food look colourful and attractive will encourage children to try it. • Distractions at mealtimes (e.g. television and other screens) should be limited.
Unresponsive feeding practices	<ul style="list-style-type: none"> • Encouraging children to clear their plate when they are full could encourage overeating. • Coaxing, bribing or forcing children to eat is not recommended. • Regularly offering food in the absence of hunger (e.g. for reward or management of behaviour) can also encourage overeating.
Culture and religion	<ul style="list-style-type: none"> • Culture will affect foods chosen, how they are cooked and eaten. • Some religious groups may avoid certain foods or require food that is prepared in a specific way e.g. halal meat for Muslims • A child/family/carer may avoid a food if they are unsure if it meets their religious requirements.

Factor	Potential impact on nutrition and hydration
Neglect	<ul style="list-style-type: none"> It is important for childcare workers to look out for children who are regularly very hungry and may not be getting enough food and drink elsewhere. Childcare workers should know their setting's policy on reporting concerns about a child's nutrition and hydration. For more information see the NSPCC website - https://www.nspcc.org.uk
Special diets	<ul style="list-style-type: none"> Children on special diets may need to exclude certain foods and drinks which can impact on nutritional intake.
Health issues and disability	<ul style="list-style-type: none"> Health conditions that cause pain or difficulty when eating e.g. a sore mouth, gastro-oesophageal reflux and dysphagia (difficulty swallowing) will affect nutritional intake. Children with autism may show obsessional or repetitive behaviour linked to food and drink. Children with learning disabilities may need additional support at mealtimes to ensure adequate intake. Constipation and anaemia (low iron) have been linked to poor appetite, with constipation specifically linked to poor hydration.
Alcohol and drugs	<ul style="list-style-type: none"> Alcohol and certain drugs can affect appetite and body weight.
Mass media	<ul style="list-style-type: none"> Advertising has a significant impact on the foods and drinks we choose to buy. Many unhealthy foods and drinks that are high in fat, sugar and salt are marketed to children. Restrictions on advertising unhealthy foods during children's TV before 9pm have reduced the number of junk food advertisements. However this needs to be extended to other TV programmes that are most watched by children. It also needs to be consistently applied to other forms of media e.g. online and in magazines.
Family/carer and peer influences	<ul style="list-style-type: none"> Parents, carers, siblings and staff can positively affect nutritional intake through role modelling. Children are more likely to try new foods if they see other children and adults eating and enjoying them. Keeping cupboards in the home stocked with healthy items to restrict access to unhealthy food and drinks.
Ethics values and beliefs	<ul style="list-style-type: none"> Some people may choose to avoid certain foods or whole food groups due to ethical beliefs or values e.g. vegans and vegetarians. It is important that these children/families replace the nutrients from foods avoided, to ensure a nutritionally balanced diet. Families feeding their infant a vegan diet should seek advice from a paediatric dietitian. Some people prefer to purchase organic and/or locally produced ingredients to increase the sustainability of their diet.

Learner Activity/Worksheet:

What is meant by the terms 'Nutrition' and 'Hydration'?

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

What is meant by the terms 'nutrition' and 'hydration'?

AC 7.1

In your own words, explain what is meant by the two terms below:

Nutrition

Hydration

Learner Activity/Worksheet:

The Eatwell Guide

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

The principles of a balanced diet and good hydration for children

AC 7.2a

Using Assessor Notes/Learner Handout (A guide to the Eatwell Guide for CCPLD childcare workers) to help you, answer the following questions.

1. Imagine a colleague, friend or family/carer you work with has never seen the Eatwell Guide before. They ask you to explain each of the food groups and why each is needed as part of a balanced diet for children. **Jot down key points you would mention for each group. Include examples of foods that would fit into the groups and at least one important nutrient provided.** The fruits and vegetables food group has been completed for you as an example.

Food Group	Key points
Fruits and vegetables 	<p><i>This food group is an important part of children's diets as it provides fibre for healthy bowels and vitamins and minerals. It's important to offer children 5 child-size portions of fruits or vegetables every day. This group includes all fresh fruit and vegetables as well as dried, canned (in juice or unsalted water) and frozen varieties. Pure fruit juices are also included in this group however current guidance is that childcare providers offer plain water and milk only.</i></p>
Potatoes, bread, rice, pasta and other starchy carbohydrates 	
Dairy and alternatives 	

Beans, pulses, fish, eggs, meat
and other proteins



Oils and spreads



2. What is the key message in the Eatwell Guide about these foods?



Learner Activity/Worksheet:

The Principles of Good Hydration for Children

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

The principles of a balanced diet and good hydration for children

AC 7.2b

1. Explain the importance of good hydration for children.

2. Outline **three factors** that can affect the fluid requirements of children.

3. Explain how you might know if a child is dehydrated?

4. Name **two** types of drink that **are not recommended** for children and explain why they are unsuitable.

5. Outline **three ways** to encourage children to drink a sufficient volume of fluid in practice?

Learner Activity/Worksheet:

Children's Diets: Facts and Myths

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

Government recommendations for a balanced diet and hydration

AC 7.3a

Group Activity

Discuss the statements provided and decide if they are a fact or myth.

Children need to be offered 5 servings of fruit and 5 servings of vegetables daily.

Children are advised to take a daily omega-3 supplement.

Children need to be offered full fat milk until they are 8 years old.

Young children should not be offered high fibre starchy foods like wholemeal and multigrain bread as these can fill them up too much.

Fruit juices and smoothies are high in 'free sugars' which can be harmful to teeth.

Children should be encouraged to graze throughout the day and have access to snacks at all times.

Children should not be offered a second course/ pudding unless they have cleared their plate.

Processed meats (e.g. ham, sausages) can be high in salt.

Plain water and milk are the safest drinks for teeth.

Suggested Answers

Children's Diets: Facts and Myths

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

AC 7.3a

Truths/Facts

	Explanation
Fruit juices and smoothies are high in 'free sugars' which can be harmful to teeth.	Yes, fruit juices and smoothies are high in 'free sugars' which can damage teeth. The sugar found in whole fruits doesn't damage teeth as it's stored inside cells within the fruit – it's the juicing process that releases the sugar. For this reason childcare settings are advised to offer plain water and milk only. For older children (5 years +) and adults, fresh fruit juice can count as one of the recommended '5 a day' but should be limited to 150ml a day and kept to mealtimes to protect teeth.
Plain water and milk are the safest drinks for teeth.	Plain, fresh tap water and plain milk are tooth friendly, healthy drinks for children, young people and adults.
Processed meats e.g. (ham, sausages) can be high in salt.	Processed meats need to be limited as they are higher in salt than fresh, unprocessed varieties. Lower salt sources of protein include beans and pulses (tinned in water), homemade beef-burgers, lean chicken, tinned fish (in water) and eggs.

Myths

	Explanation
Children should not be offered a second course/pudding unless they have cleared their plate.	Children can be offered a second course if they haven't finished their first course/main meal as long as it's nutritious e.g. a fruit based dessert. It's important not to ask children to clear their plate when they may be full.
Children should be encouraged to graze throughout the day and have access to snacks at all times.	Children need a regular meal pattern of 3 meals a day with nutritious snacks in-between. Grazing continuously throughout the day is not recommended and can lead to unhealthy weight gain.
Young children should not be offered high fibre starchy foods like wholemeal and multigrain bread as these can fill them up too much.	Young children can gradually be offered high fibre starchy foods as part of their diet e.g. wholemeal or multi-grain bread, brown rice and pasta and breakfast cereals such as porridge and Wheat Bisks. Fibre is important for healthy bowels (alongside plenty of fluids and keeping active) and a healthy heart.
Children need to be offered 5 servings of fruit and 5 servings of vegetables daily.	Children need to be offered at least 5 portions of fruit or vegetables each day. A portion is about a child-sized handful. Evidence tells us that children in the UK are not eating enough vegetables in particular.

<p>Children are advised to take a daily omega-3 supplement.</p>	<p>There is no UK government recommendation to give children an omega-3 supplement. Children should be offered 2 portions of fish a week and one of these should be an oily fish e.g. sardines, mackerel, tinned or fresh salmon, herring, trout, kippers and pilchards. Oily fish contains many other important nutrients as well as omega-3 fats. Vegetarian sources of omega-3 include green leafy vegetables and rapeseed, walnut and linseed oils which can be used in small amounts.</p>
<p>Children need to be offered full fat milk until they are 8 years old.</p>	<p>Children need full fat milk until they are 2 years old to support their growth and development. After 2 years, children can be offered low fat dairy foods including semi-skimmed milk as long as they are eating a good variety of foods. Skimmed milk is not suitable for children under 5 years.</p>

Learner Activity:

Children's Diets: Applying Government Recommendations.

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

Government recommendations for a balanced diet and hydration

AC 7.3b

Scenario: Kayleigh's diet

Kayleigh is 18 months old. Have a look at an example of her daily diet and think about the government's recommendations for a balanced diet and hydration. Pick out **2 positive things** you notice about what she eats and drinks and **suggest 5 areas for change**, giving reasons for your answers.

Before breakfast	Bottle of infant formula milk
Breakfast	Toast (leaves most of it)
Mid-morning snack	Raisins Cup of squash
Lunch	Cheese on toast 2 mini pots of strawberry fromage frais
Mid afternoon snack	Cup of squash 2 plain biscuits
Evening meal at home	Fish fingers with mashed potato
Before bed	Bottle of infant formula milk

Suggested Answers

Children's Diets: Applying Government Recommendations.

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

AC 7.3b

Scenario: Kayleigh's Diet

Positive things about Kayleigh's diet:

- she's offered regular meals and snacks
- she's offered a starchy food at her main meals
- she's being offered a cup for some of her drinks.

Areas for change:

There are many possible ways to make Kayleigh's diet more balanced. The following are just some examples. In real life, it would be realistic to make one or two changes at a time:

- Offer an open or free-flowing cup for all drinks.
- Limit her milk intake to 300-400ml a day. Large volumes of milk could reduce her appetite at mealtimes (she's too full for breakfast). She can have full fat cows' milk to drink now that she's over 12 months.
- Stop the bottle of milk when she wakes and give her breakfast straight away – the milk could be offered in a cup or added to a breakfast cereal.
- Raisins are a healthy choice and a source of fibre but can damage teeth if given between meals. The raisins could be offered at lunchtime instead.
- Her diet is low in iron rich foods. At breakfast time she could be offered an iron fortified low sugar/salt breakfast cereal with some chopped fruit e.g. banana, tinned pears (in natural juice). Some baked beans could be added to her lunch.
- Add some vegetables (e.g. frozen peas or mixed veg) to her evening meal to make it more balanced and to add vitamins and fibre.
- Swap the squash for water – the squash could be diluted down over time.
- Swap the biscuits for lower sugar alternatives e.g. toasted English muffin with unsaturated spread and sliced grapes, crackers with hummus and cucumber sticks.
- Offer plain, natural yogurt or fromage frais after her lunch. Fresh or frozen fruit (e.g. mixed berries) could be added for flavour and colour. Many 'children's' yoghurts are high in sugar.
- Before bed she could be offered a small cup of milk rather than a bottle, or porridge or toast if she's hungry.

Learner Activity:

Children's Diets: Applying Government Recommendations.

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

Government recommendations for a balanced diet and hydration

AC 7.3b

Scenario: Ryan's diet

Ryan is 7 years old. Have a look at an example of his daily diet and think about the government's recommendations for a balanced diet and hydration. Pick out **2 positive things** you notice about what he eats and drinks and **suggest 5 areas for change**, giving reasons for your answers.

Breakfast	Skips most days
Mid-morning break	Banana and water in school
Lunch	Packed lunch in school: White bread ham sandwiches Packet of crisps Cereal bar Water
After school club	Jam on white bread toast Glass of milk
Evening meal at home	Sausages, spaghetti hoops and mashed potato 2 biscuits Glass of sugar-free squash
Before bed	Bowl of Crisped Rice with milk 2 finger chocolate wafer biscuit

Suggested Answers

Children's Diets: Applying Government Recommendations.

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

AC 7.3b

Scenario: Ryan's Diet

Positive things about Ryan's diet:

- he has a healthy snack mid-morning
- he eats fairly regularly (although he skips breakfast)
- he likes drinking water and milk which are healthy choices
- he has a starchy carbohydrate food at his lunch and evening meal.

Areas for change:

There are many possible ways to make Ryan's diet more balanced like the Eatwell Guide, the following are just some examples. In real life it would be realistic to make one or two changes at a time:

- Try to eat breakfast to help him concentrate in school e.g. wholemeal or multigrain toast with unsaturated spread or a high fibre cereal with milk.
- His diet is low in fruits and vegetables. These could be added in throughout the day e.g. some carrot sticks with his packed lunch, fruit on his cereal, swap the spaghetti hoops at his evening meal for some frozen sweetcorn or peas.
- It would be recommended that his afterschool club offer a portion of fruit or vegetables as part of their snack provision and swap the jam for a lower sugar alternative e.g. unsaturated spread, hummus, cream cheese. They could offer a range of breads e.g. wholemeal, multigrain or 50/50 for added fibre.
- Check the labels on the cereal bar as many are high in sugar.
- Try breadsticks as a lower salt and fat swap for crisps.
- Swap the ham at lunchtime for egg, tuna or lean chicken as he is having processed meat (sausages) at his evening meal too.
- Swap the 2 biscuits after his evening meal for some fruit and Greek yogurt – this will provide calcium and add to his daily fruit and vegetable intake. Alternatively, have one biscuit and some fruit.
- The Crisped Rice before bed is a healthy choice but could be swapped for a higher fibre cereal e.g. porridge and raisins. This might help fill him up more so he doesn't ask for the chocolate biscuit.
- Drink 6-8 cups of fluid daily to keep hydrated – water and milk are the safest drinks for teeth.

Learner Activity:

National and Local Initiatives that Support Nutrition & Hydration

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

National and local initiatives that support nutrition and hydration

AC 7.4

Pair/Group Activity

Identify a local or national initiative that supports nutrition and hydration amongst children and families e.g. **the Healthy School Scheme, the Healthy Pre-School Scheme, the School Holiday Enrichment Programme (SHEP), Healthy Start, Designed to Smile, a local food co-op, community cooking courses, a local Healthy Snack Award, the Nursery Milk Scheme, a local breastfeeding support group.**

1. As a pair or small group, find out the following:
 - What is the aim of the initiative?
 - Who delivers/leads the initiative?
 - Is it a local or national initiative?
 - Who is the target group/s?
 - What are the potential benefits for children and families/carers?
 - Where can families/carers/childcare workers find out more about the initiative?
2. Share your findings with the wider group and discuss how those working in the CCPLD sector could participate in the initiative for the benefit of the children and families in their care.

Learner Activity/Worksheet:

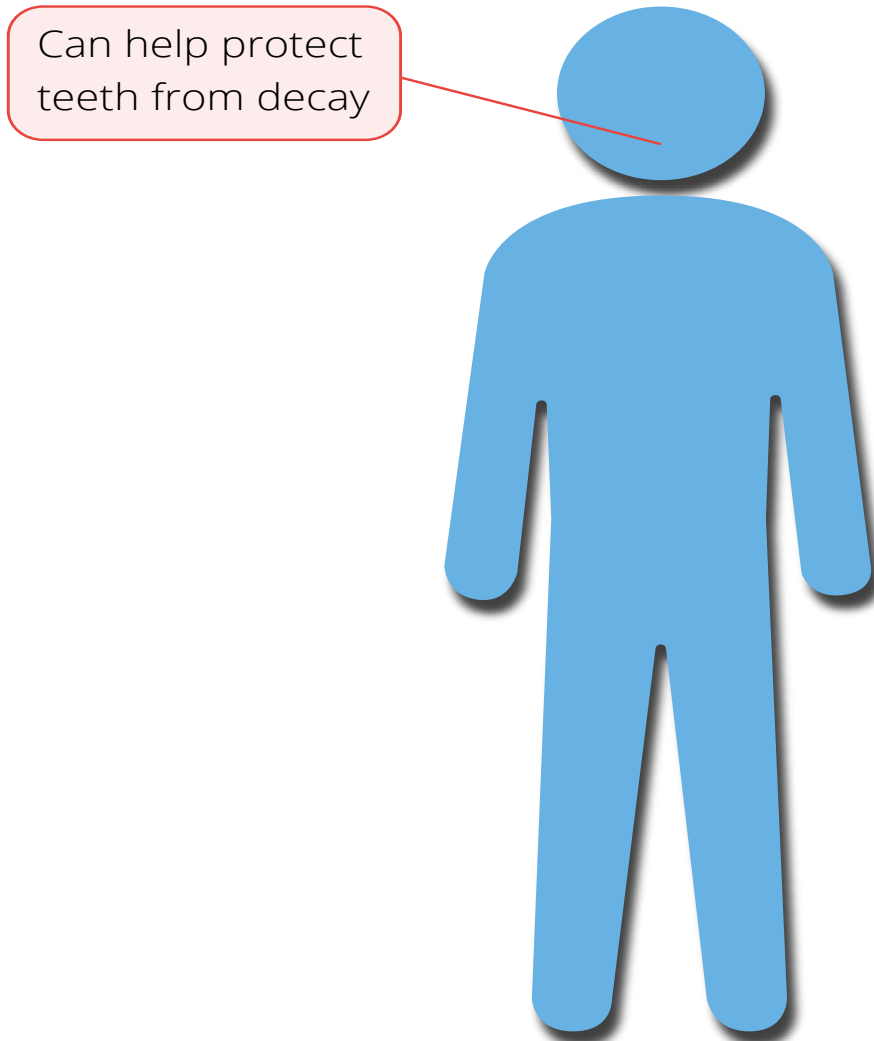
The Importance of a Balanced Diet and Potential Impact of Poor Nutrition and Hydration

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

The importance of a balanced diet for optimum health, development and growth of children

AC 7.5

On the body image below, **map out as many benefits of a balanced diet as you can think of** including benefits to health, well-being, growth and development. An example has been given to help you get started.



From the reasons you have identified why a balanced diet is important, **choose 3** and explain your answer further. Some examples are shown below.

Reason why a balanced diet is important	Further explanation
Help prevent tooth decay	It is important that children and young people are offered healthy snacks that are low in sugar and healthy drinks such as plain water and milk to help protect their teeth. Frequent sugary foods and drinks throughout the day can increase the risk of tooth decay.
To support learning and concentration	It is important that children are given a nutritious breakfast so they have the fuel they need to concentrate and learn during morning activities. Encouraging children to drink plenty of fluids will help to keep them hydrated and able to concentrate.

Learner Activity/Worksheet:

Factors affecting Nutrition and Hydration

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

Factors that can affect nutrition and hydration

AC 7.6

Choose three factors that can affect the nutrition and/or hydration of children and young people and explain **how** this factor can influence their eating and/or drinking. You might want to choose factors you have observed in practice. An example is given to help you get started.

Factors that can affect nutrition and/or hydration	How these factors affect/influence nutrition and/or hydration
Psychological factors	<ul style="list-style-type: none"> • being anxious, upset or over tired can discourage children from eating and drinking • anxiety in parents or carers at mealtimes can lead to food refusal • concerns over body image can affect the food choices amongst children and young people

Learner Activity/Worksheet:

Encouraging children to make healthy food choices

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

AC 7.7

Read the scenarios below and come up with **5 suggestions** for each setting to help them encourage the children in their care to make healthy food choices.

Scenario One

Claire is a childcare worker working in a day nursery. A parent of a 2 year old boy called Charlie is concerned as she feels he doesn't eat well at home although he is growing normally. She tells you he can be "fussy" with his food and often prefers snack items like crisps, biscuits and yogurts, rather than eat his meals. She is hoping now that Charlie has started nursery, his eating habits will start to improve.

Within the limit of her role and responsibilities, how could Claire encourage Charlie, and the other children in the setting, to make healthy food choices?

Scenario Two

Jason is a childcare worker working in an after school provision. He's noticed that many of the children who attend regularly drink energy drinks and other fizzy drinks high in sugar. He has also noticed that a couple of the children are above a healthy weight. Jason has just become part of a local healthy snack award scheme and is offering snacks such as fruit, toast and cereal, however the children often ask for healthier alternatives.

Within the limit of his role and responsibilities, how could Jason encourage the children to make healthy food and drink choices?

Suggested Answers

Encouraging children to make healthy food choices

Level 2 Children's Care, Play, Learning and Development: Core Unit 002

AC 7.7

The following are ideas on how to encourage the children in each scenario to make healthier food and drink choices. Learners may come up with their own, additional suggestions that have worked in their own experience.

Scenario One

- Involve Charlie and the other children in food preparation – children are more likely to try new foods if they've helped to prepare them.
- Make snacks and meals colourful and interesting so they are appealing.
- Let the children feed and serve themselves (with help as needed) to encourage independence.
- Ignore any fussing at snack and mealtimes and praise the children when they eat well or try new foods.
- Provide food in the right portion sizes. Young children can be put off by large amounts of food.
- Feedback to parents/carers/families on any new foods the children have tried so this can be continued at home.

Scenario Two

- Carry out an educational activity with the children on the benefits of healthy drinks e.g. using sugar cubes. to look at the sugar content of fizzy and energy drinks.
- Jason could role-model drinking healthy drinks and eating healthy snacks himself.
- Involve the children in planning the snack menu for the after school club.
- If facilities allow, involve the children in preparing healthy snacks.
- Carry out active games as part of the club if facilities allow, to help the children increase their physical activity levels.
- Share information about healthy snacks and drinks with families/parents/carers so this can be continued at home.