



“PRESCHOOL, PRIMARY AND BEYOND”

Community Research into Family Attitudes to Healthy Lunchboxes



**Final Report Written by HC Productions for North Yarra Community Health, City of Yarra and Nutrition Australia, November 2006.
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EXECUTIVE SUMMARY

PROJECT

North Yarra Community Health (NYCH) was successful in obtaining a City of Yarra Community (CoY) Grant to undertake some qualitative community research into family attitudes to healthy lunchboxes.

METHODOLOGY

This project was undertaken in conjunction with a family support service and two preschools all of which operate within the CoY.

One preschool based in the suburb of Richmond and another in Fitzroy were involved as was an agency which provides support/outreach to families with at risk and welfare concerns.

Focus groups were undertaken with workers from the family support service and children, parents and teachers from the preschools.

AIMS OF THE PROJECT

The project aimed to achieve the following:

- gauge parents' level of awareness of what constitutes healthy foods
- find out what preschoolers know about healthy food
- gain insight into what guides parents to provide better food
- understand what drives parents to make less healthy choices
- identify factors which impact on children accepting or rejecting food in their lunchboxes

SUMMARY OF KEY THEMES

These were the key themes that emerged from our discussions with teachers and families at the two Preschools and from our talks with the family support service in terms of provision of healthy lunchboxes.

Overall, the community research showed that:

1. In vulnerable families (low income, CALD, Aboriginal, those affected by substance abuse, single parent families) providing healthy lunchboxes is not a priority – it is more important trying to provide **enough** food for the family;
2. The relationship with food in these families is complex as food is often used as a behaviour management tool by parents, with junk food used as a reward and healthy food as a punishment;
3. Workers who advise these families are concerned by quality of these children's diets and the detrimental effect on the children's behaviour;

4. CALD families would like to adopt Australian style food but did not know how to prepare it and found making the shift to westernised food to be stressful;
5. Families are unsure where to obtain information on healthy lunchboxes and educational material provided in English is difficult to understand. However when CALD families do seek advice, it was likely to be through CoY staff Maternal Child Health Nurses (MCHN) or preschool teachers;
6. Parents and preschool staff alike were concerned about being able to provide sufficient variety in children's lunchboxes;
7. Families providing healthy lunch boxes benefited from reinforcement and encouragement by preschool teachers.
8. Vulnerable families would benefit from information on healthy lunchboxes and healthy eating if it was presented to them in a way which was fun and easy to understand;
9. Preschools responded positively to external reinforcement of healthy lunchbox messages.
10. Preschool teachers enthusiastically supported the possibility of professional development and training in the area of healthy eating and in particular healthy lunchboxes and
11. Preschool teachers would like suitable written educational material in languages other than English, to distribute to parents.

CONCLUSION

The pre-school setting is a positive environment in which to educate both parents and children about healthy lunchboxes. When parents are educated about what constitutes a healthy lunchbox and there is ongoing support by the preschool, the feedback is very encouraging.

This research has highlighted a number of barriers to providing healthy lunchboxes. These include; poor knowledge about basic nutrition, lack of translated and culturally appropriate information, limited food access (food availability, low income) and parenting skills. The research has also illustrated the negative impact the glamorization of junk food can have on vulnerable families.

The community research conducted highlights the need for effective collaboration between local government, community health services and educational settings. A concerted effort within the CoY, to provide appropriate worker training for child service providers, and more suitable educational resources for vulnerable families, will result in positive outcomes.

BACKGROUND

NYCH was successful in obtaining a CoY Community Grant to undertake community research into family attitudes to healthy lunchboxes.

NYCH is a major provider of primary health services to the CoY and Carlton/Parkville. The organisation has a strong focus on addressing health inequalities by working with those who are most disadvantaged in the community. This is reflected in the organisation's mission and policies which target and prioritise for those most in need, and by some of the targeted services that NYCH provides for high need groups including refugees, new arrivals and other culturally and linguistically diverse (CALD) communities, Aboriginal people, homeless people, public housing tenants, people with drug/alcohol dependency issues, and people with mental health issues.

Childhood obesity is growing at an alarming rate in Australia. Approximately 25% of Australian children are overweight or obese and this is continuing to rise. Obese children have a 25-50% chance of becoming obese adults, while obese adolescents have a 78% chance of becoming obese adults (NHMRC, 1997).

Childhood obesity is associated with the increased availability and marketing of high energy food and drinks, low levels of physical activity and high levels of sedentary behaviour (Waters, Baur, 2003). The over consumption of foods that are high in fat, salt, sugar and low in fibre can lead to chronic diet related conditions such as high blood pressure, diabetes and a range of other health problems (gastrointestinal, orthopaedic, respiratory, psychological), which have been identified in children as young as 5 years of age.

Local data from Eat Well Today for Tomorrow (EWT-FT) Paediatric Needs Assessment conducted in 2001 indicates the prevalence of overweight and obesity amongst children in the CoY is possibly worse than the national average. The findings indicated that 30% of children aged 2-5 years in CoY were overweight, and also of concern 34% were underweight (Doljanin and van Herwerden, 2003). The consumption of sweet fluids was also alarming with most infants being introduced to baby juice or fruit juice by 12 months of age and most children aged 0-5 years drinking 1-2 cups of sweet drinks on a daily basis. Intakes of fruit and vegetables were much less than the National recommendation and intakes of high calorie snacks an issue with 15% of children eating these on a daily basis. In response to other needs assessment findings, NYCH has established a Yarra Healthy Weight Committee to improve the health and well-being of children aged 0 – 12 living in the CoY, by supporting and implementing healthy eating and physical activity initiatives.

Childhood obesity is identified as an issue of concern in the CoY Early Years plan (City of Yarra, 2005a, p64) and obesity, physical inactivity and poor nutrition are identified as "critical health and wellbeing issues" for Yarra in its Municipal Health Plan 2005 -2008 (City of Yarra, 2005b, p1). The CoY are major providers of children's health services including maternal and child health, vacation care and preschool services.

In public housing in Yarra, there are a large number of people who are from CALD and refugee communities who may have poorer access to information regarding health and available services due to language barriers and social isolation. Cultural background is also relevant in terms of knowledge of local food and drink types as

often this is very different to that available in the country of origin. Access to affordable, culturally appropriate food is a concern for many families in Yarra.

There are well known links between socio economic status and health status. Children from families of low socio-economic background are more likely to be overweight or obese than other children (Australian Institute of Health and Welfare, 2005, p 46). It is known that a child's growth and support in their early years has a significant effect on their adult health. Slow physical growth in the early years has been linked to increased risk of cardiovascular, respiratory, pancreatic and kidney disease in adulthood. Children from low socioeconomic backgrounds are most at risk (World Health Organization 2003).

Dr Cate Burns, in her review of the link between poverty, food insecurity and obesity, found that National data indicates that obesity is 20-40% higher in those communities who experience food insecurity; which exists whenever the availability of nutritionally adequate safe foods, or the ability to acquire personally acceptable foods in a socially acceptable way is limited or uncertain (Campbell,1991). The literature suggests a need to develop interventions that focus on not only education but also "food policy, food and physical activity environments to improve the availability of cheap, healthy food, opportunities for exercise and encourage societal change" (Burns, 2004).

Preschool and early primary years are a time when children and parents are establishing new behaviours in relation to food choice. Preschool and early primary settings can therefore play an important role in establishing healthy eating patterns. National obesity prevention strategies encourage early childhood settings to provide a supportive environment that has a positive influence on children's food preferences. CoY, is a major provider of preschool services in Yarra, and has a demonstrated a strong commitment to promoting good nutrition in children. The provision of funds from the CoY is an example of this.

HC Productions facilitated the community research into attitudes towards healthy lunchboxes with support from NYCH Paediatric Dietitian and Nutrition Australia. HC Productions is a communications and film making company with a specific interest in health and educational issues. The company was interested in talking to families about their attitudes to healthy lunchboxes with a view to making an educational DVD on the subject to be used in primary schools.

Nutrition Australia is a non-government, non-profit community education organisation which provides information to the community on all matters to do with healthy food choices and nutrition. Nutrition Australia provided advice and in-put at every stage of this project.

The CoY was able to provide part of the original funds requested. As consequence the research was conducted with a smaller sample.

METHODOLOGY

The project was undertaken in conjunction with a family support service and two preschools all of which operate within the CoY.

FAMILY SUPPORT SERVICE

The agency involved provides support/outreach to families with at risk and welfare concerns

PRESCHOOLS

Two preschools one based in the suburb of Fitzroy and the other in Richmond were involved in the community research. Both preschools implement programs for three and four year olds children three days per week. Families with children in the four-year old program were invited to participate.

FACILITATORS

These discussions and focus groups were facilitated by Hilary Christmas from HC Productions and Lina La Guardia, Paediatric Dietitian with NYCH. Nutrition Australia provided support and expertise in selecting the target group and devising focus group questions.

The discussions and focus groups for children, parents and teachers were conducted on site. Preschool teachers provided interpretation services where needed.

The project was undertaken in four phases

- GROUP DISCUSSION WITH A FAMILY SUPPORT AGENCY

Hilary Christmas and Lina La Guardia undertook a group discussion with a team leader and a team of three workers at the agency site.

- FOCUS GROUPS WITH PARENTS

Hilary Christmas conducted three focus groups with parents from the two Preschools. Parents from the preschool in Richmond were interviewed by Hilary in English. At the preschool in Fitzroy, one focus group was conducted in English with translations into Vietnamese and another group was conducted in English with translations into Chinese (both Cantonese and Mandarin). Interpreting was undertaken by bilingual staff due to budgetary constraints.

- INTERVIEWS WITH PRESCHOOL TEACHERS

Hilary Christmas interviewed the Preschool Teacher and Assistant Teacher from both preschools.

- FOCUS GROUPS WITH CHILDREN

Hilary and Lina held two focus groups with children from Richmond in English, followed by short one-on-one interviews with children from both Preschools about their lunchboxes.

AIMS OF THE PROJECT

The project aimed to:

- Identify parents' level of awareness of what constitutes healthy foods
- Determine out what preschoolers know about healthy food
- Establish the major barriers for parents to provide healthy lunches for their children
- Determine what motivates parents to provide better food for their children's lunches
- Identify factors which impact on children accepting or rejecting food in their lunchboxes

DEMOGRAPHICS

Of the 22 families who agreed to participate in the community research living in Richmond;

- 86% were two parent families with one to three children
- 14 % were single parent families with one to four children
- 70% of parents were born in Australia
- 30% of parents were born overseas
- 55% of parents worked full time and 2% worked part-time
- 14% of families were Health Care Card Holders

Of the 11 families who participated living in Fitzroy:

- 55% were two parent families with one to two children
- 45% were single parent families with one to five children
- 94% of parents were born overseas
- 6% of parents were born in Australia
- 81% of parents worked full time and 27% worked part-time
- all families were Health Care Card Holders

The family support service agency that participated in the research primarily works with infants, toddlers, children and young people aged 0 – 18 and their parents and caregivers who:

- live in the CoY or Darebin
- are Indigenous or
- are a family where a parent lives in supported accommodation for people with alcohol or other drug problems in the northern and western suburbs.

SUMMARY OF KEY THEMES

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Overall, the community research showed that:

1. In vulnerable families (low income, CALD, Aboriginal, those affected by substance abuse, single parent families) providing healthy lunchboxes is not a priority – it is more important trying to provide **enough** food for the family;
2. The relationship with food in these families is complex as food is often used as a behaviour management tool by parents, with junk food used as a reward and healthy food as a punishment;
3. Workers who advise these families are concerned by quality of these children's diets and the detrimental effect on the children's behaviour;
4. CALD families would like to adopt Australian style food but did not know how to prepare it and found making the shift to westernised food to be stressful;
5. Families are unsure where to obtain information on healthy lunchboxes and educational material provided in English is difficult to understand. However when CALD families do seek advice, it was likely to be through CoY staff Maternal Child Health Nurses (MCHN) or preschool teachers;
6. Parents and preschool staff alike were concerned about being able to provide sufficient variety in children's lunchboxes;
7. Families providing healthy lunch boxes benefited from reinforcement and encouragement by preschool teachers.
8. Vulnerable families would benefit from information on healthy lunchboxes and healthy eating if it was presented to them in a way which was fun and easy to understand;
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KEY THEMES IN DETAIL

1. PROVIDING ENOUGH FOOD

The workers from the family support service were asked whether healthy lunchboxes and healthy eating generally are priorities for the families they work with.

They explained that in their view, healthy eating was not a priority for vulnerable families:

- ❖ *“ I find that with my families that food is a priority in the respect that it needs to be there and there needs to be enough to feed everybody but in terms of healthiness of that food I don't think it's a priority.”*

It became clear that we had to elaborate this point to understand the context of healthy lunchboxes for these families.

The workers explained that many families they work with have to deal with a number of issues at any one time:

- ❖ *“...with one particular family, if I don't raise it as a concern or highlight it to her, I don't think she will have it on the top of her mind every day because of all the other issues that she has going on.”*

They further explained that providing food in itself can be a problem:

- ❖ *“I would say that a lot of our families run out of money to buy food because of numerous things that they have going on and they rely on food parcels.”*

Another worker added:

- ❖ *“Well, usually, I'd get a call and they would say”I've got no more money and I don't get paid until next Monday or something, I had to pay off a bill and I've got no food left and I've got no bread and I'm worried....so you arrange a food voucher from some agency or a food parcel...”*

The food parcels do not necessarily contain nutritious food items:

- ❖ *“The food parcels have processed foods and you get a lot of confectionery and chips and a lot of pretty unhealthy food...they're really like party packs.”*

So, for many families facing a number of issues, healthy eating is something which is hard to achieve. When we asked more specifically about preparing healthy items for lunchboxes, we were told that these families:

- ❖ *“..are not aware of what their child should be eating and they should be eating particular foods which could be expensive and can they afford it and do they have time to prepare it and stuff like that...”*

2. BEHAVIOUR MANAGEMENT

Behavior management was highlighted by staff as another major issue which affected what food items went into lunchboxes –

- ❖ *“I think it is easier you know to put a packet of chips in the lunchbox than to have to get fruit or cut up stuff or whatever, but I also hear a lot of parents say: “Oh! he’ll never eat that, he won’t be happy if I give him blah, blah, blah but it’s like the kids have got into that habit of expecting...”*

They felt that within these families, the parents often used food as a way to influence or control children’s behaviour: junk food can be used to keep children under control or it can be offered as a reward:

- ❖ *“It’s less effort for the parent to buy the chocolate and keep the child quiet eating a Freddo frog...”*
- ❖ *“When we talk about rewarding behaviour or encouraging positive behaviour the frequent answer parents will give me when we’re talking about that is around food, and they have to buy children chocolates or McDonalds rather than spending time with the children or going to the playground...”*
- ❖ *“For one of my families, like the threat is ‘If you’re good you can have pizza, if you’re bad you have to come home and have fish fingers and veggies...”*

One worker summarized the way food was used in the families she worked with:

- ❖ *“It’s almost like a behaviour management strategy like it’s if we give the kids an apple they’re not going to be happy with that but if you give them something sweet and sugary or a packet of chips...or you’ll get this or you’ll get that and it’s just kind of a bargaining tool.”*

Healthy eating , she said:

- ❖ *“It’s a punishment. That’s what I really feel. Like treats are always lollies and junk food so it’s just like you’re going to have to have health food, like that’s my kind of threat...”*

Worse still, too many parents lacking fundamental control over their children and so were therefore unable to control what they ate:

- ❖ *“..some parents we work with have difficulty actually taking authority so the children basically rule the roost sometimes...and this includes dictating what goes in the shopping trolley...”*
- ❖ *“I would say with a lot of my families as well...it comes down to the inability of parents to be able to say no....., feeding them the right food is not a high priority when they’re dealing with other more difficult behaviours to handle and so kids just often get what they want because parents just won’t say no...”*

One worker commented:

- ❖ *“..the amount of two-year olds that can say McDonalds but can't say any other word,..just even this week like there've been visits I've been to where two-year-olds had either had McDonalds or were eating McDonalds during the visit or were going to McDonalds and can't really say any other words but can say something like McDonalds or Maccas or whatever....sometimes I feel a bit concerned....”*

3. QUALITY OF DIET

Ironically, workers themselves could see how detrimental unhealthy diets were on the children's behaviour – the bad behaviour that parents sought to contain by offering their children junk food.

Workers talked of a camp they ran for children of the families they worked for. They gave their own observations when they introduced changes to the diet on camp.

- ❖ *“Concentration, er their irritability, how well they can control their emotions, the diet actually has huge implications and when you say like on the camps that we run, we usually offer cordial on most camp programs and the last camp we changed that and had no cordial and just water and it dramatically affected the behaviour, like we always eat healthy foods but just changing from cordial to water made the behaviour much more easy to contain.”*

When it came to levels of awareness of what constituted healthy foods, workers expressed concern that parents were often misinformed. Two of the workers voiced particular concern about parents' reliance on soft drinks, on fruit juices being regarded as a “good choice”:

- ❖ *“...a lot of parents think that their foods are healthy....they think that soft drinks like fruit juices ...are the only source of Vitamin C...”*
- ❖ *“there's that myth of juices as nutritious and it's no added sugar....I've never seen in my personal life, so many kids drinking....soft drinks of one description or another or juices.”*

The one emerging positive trend which the workers spoke of it is that where parents are able to find a bit of stability in their lives and when they are offered advice and support, it was possible to make changes:

- ❖ *“I do have a couple of families that are kind of getting a few other issues under wraps and then they are able to start kind of thinking about the diet of their children....I've got one Mum that that's become a bit of a goal is actually trying to reduce the sugar content of the child's lunchboxes and trying to get her child to eat vegetables...”*

However, when parents attempt to improve diet or eat better foods, they are confused about what constitutes improvement:

- ❖ *“In the lunchbox...she changed the Le Snack to a light Le Snack.. I think she might have cut back a packet of chips or something and not having multiple soft drinks just the one soft drink...she's obviously really trying.*

4. TRANSITION TO WESTERNISED FOOD

Of the preschool families who attended the focus groups, families from CALD communities found preparing lunchboxes harder than Anglo-Australian families.

Some families are providing traditional meals such as rice or noodles, which are then re-heated by teaching staff at lunch time. Mothers or grand-mothers prepare the meals the night before or in the morning for their children to bring to preschool.

When parents were asked what they gave their children, some of the parents told us:

- ❖ *“We all eat together and now at lunchtime he just eats something small of our food”*
- ❖ *“I just make a meal like mine the night before and then he takes it to Kinder.”*
- ❖ *“Always cooked meals like noodles, sometimes fried rice.”*

One grand-mother would cook a fresh Chinese meal in the morning for her grand-daughter to bring to preschool that day.

Some parents mentioned that they are already making the changes to Australian food but that they vary what their child brings to school:

- ❖ *(Interpreted by preschool teacher “Sometimes she brings noodles, sometimes pie, sandwich, sometimes rice and chicken.”*
- ❖ *(Interpreted by preschool teacher) Two mums said the lunch includes “Chinese and Western food.”*

These parents admitted that they have made changes to their diet and now provide Australian food for their children. For this family the motivating force came from the child.

(Interpreted by pre-school teacher) “This mum said that her daughter doesn’t like Chinese food, or the way she cooks Chinese food, so she likes the Western food.....both her children, a son and a daughter have become very picky. She says if I provide Chinese food, they are not happy so I do something else and they are still not happy so it’s always difficult for her.”

Where the transition is being made from traditional food to more Australian food, it can sometimes be difficult. Young CALD children have their own views about what constitutes Australian food:

- ❖ *(Interpreted by preschool teacher) “She loves KFC and pizza and McDonalds. She never gets bored of it.”*
- ❖ *(Interpreted by preschool teacher) “ This mum said my child doesn’t like to eat Chinese food – rice – she likes to eat chocolate, biscuits, ice-cream, yoghurt and Mum doesn’t think it’s a good idea but she argues with me all the time so she finds it difficult to cope with that.”*

When family support workers and preschool teachers were asked about families from CALD communities making the transition to Australian food, and they commented on the tension between the older ways of the parents born overseas and their children born here:

- ❖ *“It can be a battleground you know, because the children are getting older and in terms of the cultural differences, that the child is growing up here and the parents kind of want to retain strong traditions and values...”*
- ❖ *“I think perhaps some families, they come into the country as immigrants and they try to survive and they have probably a bit, well no information about what’s called healthy foods and then they think that, they watch telly commercials...I think they all have problems to understand English so when they watch telly there’s going to be trouble because they don’t understand, they watch the pictures and don’t know what’s happening...”*

They gave examples of how families had struggled at first but with education from the Preschool teachers, they had improved the quality of the lunchbox:

- ❖ *“You tend to find it’s the more disadvantaged families, the Asians, they would not have as healthier lunch as the other children. One little girl just brought in chocolate chip cookies, that was all there was for her lunch....”*
- ❖ *“One African family, the mum at first would bring chocolate biscuits and chips and then we tried to talk to mum, you know, can bring some fruit or water or some muesli bars, just the plain ones and she change.”*

When this particular African mother was asked what she fed her child at Preschool, she told us:

- ❖ *“She’s OK but she’s not eating well. I have to come and feed her. She likes tuna and bread. I also give her pasta.”*

When parents were asked how they felt about making the switch to Australian food, they expressed interest in making the changes:

- ❖ *“We think it is good to mix with Australian culture. That’s good. Because we all have to do the same thing. At home, maybe we do our culture but at school we have to do Australian culture.”*
- ❖ *“Let us make our children not different with another children. We join together, we hope so.”*

Parents on the whole felt it would be a positive for their children:

- ❖ *“I mean, try to let the children eat the sandwich when they go to school then when they go home to eat Vietnamese, like their parents eat....If they only eat Asian food, then they go somewhere where there is no Asian food then they get hungry.”*

5. PROVIDING INFORMATION FOR CALD FAMILIES

CALD parents were concerned about what constitutes healthy food in a different culture:

- ❖ *“We think we need information about healthy food. But just to give ham sandwich, it is very hard for our children but we don’t know. We don’t know which food is good for our children and problem with another.”*

And the Preschool teachers were concerned about how to tell parents what to bring, particularly if it is not a face-to-face talk. In fact, they told us that when information is sent home and it is written in English it is as likely to cause concern as it is to provide parents with anything really helpful. The Preschool teacher explained:

- ❖ *“...because of the language, there’s difficulties you know and it’s really difficult to make them understand but I try to. I didn’t want to make it very official to send that home because constantly when I send something home it becomes a problem for the family. They try to find anywhere to translate it...they panic and they call everyone.....they’ve probably never had this in their life before and now you’re telling them this is the food to eat...”*

CALD families said they relied on advice from their Maternal and Child Health nurse as well as older family members:

- ❖ *“ This mum says – regarding healthy foods, she gets information from her Maternal and Child Health Nurse who told her. A lot of time she’s been given information from the older people in her family because she has not got a lot of experience to take care of her children.”*

Both Preschools offered one-on-one advice about healthy lunchboxes at the start of the year and followed up with ongoing education to parents and children throughout the year:

- ❖ *“We start off the year by encouraging parents to have a healthy lunch at our parent interview/orientation time and we follow that up by saying if you’ve got chips or something...no we don’t have those at kinder..you might like to have those at home....”*
- ❖ *“...sometimes parents don’t know what they can have and they do ask us, you know, at the beginning well, what will I put in the lunchbox. A sandwich, piece of fruit, a yoghurt and water, we often suggest those things”*
- ❖ *“ We also provide tips sheets from the DHS I think – they have different ideas about what’s a good idea for a lunchbox...”*
- ❖ *“...the first time they come to kindergarten, we can remind parents, you know, if you want to bring some hot food for your children, we have a microwave so we can reheat for the children. So please don’t bring Kentucky or McDonalds we try to teach the children to learn healthy food.”*

Where good communication about healthy lunchboxes was achieved, the results were encouraging - one preschool teacher commented;

- ❖ *“There’s dips, there’s been celery, there’s been quite a bit of yoghurt,.....And water’s becoming popular now. Sandwich fillings are interesting.....sometimes they bring wraps, we’ve been getting pizza rolls as well....there’s not a lot of Nutella that we had last year...”*

One-on-one communication by preschool staff can make a big difference with families, as with the example of the African family.

6. VARIETY AND PRESENTATION

This problem with providing variety was something which concerned families and preschool teachers alike. Even Australian born parents who were confident they were preparing a healthy lunch were concerned about the provision of a variety food:

- ❖ *“The thing I find is trying to keep it healthy. It does limit the choices to some degree, you sort of have to be you know, cut carrot, mandarin, you know trying to vary the choices all the time. I mean it’s very basic I just do a sandwich, a cheese stick, a yoghurt and a bit of fruit and that’s pretty well the standard...but then it’s making the choices and varying the different components within that..”*

Preschool teachers voiced the same concerns:

- ❖ *“You know, everyday, to be faced with the same lunchbox every day it’s very boring for some kids.”*

Certainly CALD parents were also concerned about offering variety to their children:

- ❖ *“Simply to change for the children – if you send them with the same food every day, they will get bored and they won’t eat that.”*

Preschool teachers talked of children being given the same food day after day:

- ❖ *“...but a couple of Vietnamese families, they tend to have just plain sandwiches with just pieces of chunks of meats and I don’t know what meat it is but the whole time the child’s been eating for the whole term the same, every lunch same...”*

There were some ideas of how lunchboxes could be made more attractive. Presentation was something which teachers felt contributed to children’s enjoyment of their lunchboxes:

- ❖ *“Presentation is something kids really like. We have to think about these things. How do we present lunchboxes?...one of our parents is a chef. He uses a circle cutter to cut the sandwiches which then followed onto hearts and stars...the kids think it’s fantastic...can we do that???”*

It was also felt that offering children a choice of a range of foods is a good idea.

- ❖ *“How do we get kids to eat tomatoes? Just give them a little bit so they can try it. And make it interesting. Put it in a compartment where they have to open it and see oh! what’s in there today? Little compartments or boxes of different things is really good.”*

7. EDUCATION FOR PRESCHOOLERS

Preschool teachers did spend time throughout the year re-enforcing the message with the children about eating healthy foods. They linked it back to how the food the children were eating would help with their physical activities and their concentration.

- ❖ *“To reinforce, what Jan and I do here, really, because we say look it’s really good to have a healthy lunch, we try to show them that we eat healthily, why we do it...for our teeth and our body and our bones and sport you bring into it, ball games and things like that...”*

Preschool teachers also tried to help the children distinguish between healthy foods and junk foods:

- ❖ *“When I see them eat things like chips or lollies I say, OK,you can eat this when you have a party, but when you come to kinder or school you have to eat something very healthy to give you energy and learn and run and play with a friend...”*

This education process clearly has an impact, as children were able to identify healthy and unhealthy foods when asked.

When the children were shown a plate of less healthy food items, including chips and lollies, one child commented:

- ❖ *“They are salty and they are bad for you and they give you decay and you have to brush your teeth.”*

In another group, a child commented on a variety of yoghurts which were being displayed:

“Excuse me, but this yoghurt isn’t very good for you. It’s chocolate.”

8. EDUCATION FOR VULNERABLE FAMILIES

In terms of assisting these families with information, agency staff recommended that any educational materials developed and distributed should:

- provide quick, easy, fun ways of preparing healthy food for children;
- be attractive and written in language that is easy to understand;
- suggest ways of preparing food which is affordable

Information sessions should be linked in to existing groups, for example a Maternal Child Health new mothers’ session.

9. EXTERNAL SUPPORT FOR PRESCHOOL TEACHERS

Preschool teachers welcomed the opportunity to have regular visits from a pediatric dietitian from the CoY to re-enforce the messages they are already giving to children.

The visits to the Preschools by Hilary Christmas and Lina La Guardia to undertake this community research generated a very positive response. Both Lina and Hilary facilitated discussion about “everyday and sometimes” foods and made reference to the food and drink items in the childrens lunch box. Food models, posters, stickers and other visuals were used to engage the children.

The children were excited and pleased to talk about their lunchboxes. Subsequent to the visit, staff were inspired to organize activities about healthy eating with the children.

Staff talked about the impact of the visits both on the children and on parents:

- ❖ *“...the follow-on has been amazing, they are just forever making sandwiches and coming up to us...fruit mobiles have been popular, the homework they’ve done, the parents have got involved...the kids are saying have you got more homework to do, they love it!...”*
- ❖ *“I love this event so much..after this event, things are better...some children bring water, and then Kadija no more biscuits, no more chips...from last week to this week they have brought in more variety, not just the same food every day.”*

Even parents noticed and enjoyed the impact the visit had on the children:

- ❖ *“I found that even the little homework activity that came home was just fantastic because...just talking about vegetables, why vegetables are good and “always food and sometimes food” – those concepts that have obviously come from the school – that had a huge impact and I found that the homework, as well as providing something to occupy for a couple of days, really just reinforced a lot of things...”*

This positive response to the community research by the Preschools was a bonus to the project and one which was not necessarily anticipated at the outset.

10. PROFESSIONAL DEVELOPMENT FOR CHILD SERVICE PROVIDERS WITHIN THE CITY OF YARRA

Family support service staff responded positively to the suggestion that NYCH dietitians hold a training session for staff on the issue of healthy eating. They felt they could then pass on appropriate messages to their clients. Staff felt that currently they only consciously become involved with issues to do with healthy eating and diet when there is a problem:

- ❖ *“I guess the only time when I really focus on food is when you know that the child has a medical problem...has deficiencies....vitamins and stuff...that’s when you really explore...”*

Equally, preschool teachers welcomed the idea of an in-house training session to be organized by the CoY on the issue of healthy lunchboxes.

Staff mentioned that a Professional Development Day could be organized for staff about healthy eating and lunchboxes. Staff liked the idea of receiving information about healthy eating but also asked for training about how to educate parents and children.

- ❖ *“Oh that would be lovely. I’d love that...I realize that it’s really hard to to tell people what needs to be brought to school.I find it difficult to find a better way to communicate with parents. You talk more and it becomes like a lecture and they become really offended. So PLEASE a workshop would be really helpful.”*
- ❖ *“That is a very good idea! I have some information in my head, you know, and then when I can explain things to parents, when I know for sure...”*

Staff also mentioned they would like advice about re-heating cooked food for lunches. This theme clearly needs further exploration and should be considered when planning professional development.

12. EDUCATIONAL RESOURCES

Preschool teachers are already using written educational materials on healthy lunchboxes from a variety of sources, which they find very useful. However, most of the material is written in English and in a style which can be quite dense.

They have asked for materials to be provided in English where the style is very straightforward and easy to understand. They have also asked for translated versions for parents who do not speak or read English.

Preschool teachers responded positively to the idea of an educational DVD for parents:

- ❖ *“Oooo – that would be so good. That’s a much better idea. If there was a DVD that I could find I would give them out to the families....some people don’t like to read.”*

Preschool teachers also asked for information and suggestions for parents on providing variety in the lunchboxes.

It was suggested that any information on healthy lunchboxes explains how different elements of a healthy diet helps with physical and mental development of a child:

- ❖ *“It would help to have some writing to explain to them if you eat that group of food you can have some vitamins to help you learn for your body and to explain to them about bread, something like that so they understand so they can change the way they cook or something.”*

This would reinforce work already being done at the preschools with the children:

- ❖ *“we try to show them that we eat healthily, why we do it....for our teeth and our body for our bones and sport, you bring into it....”*

Preschool teachers welcomed the nutrition activity sheets brought in by NYCH dietitian and thought printed materials provided by the CoY and NYCH for the children to enjoy would be a good idea.

Parents felt an information sheet provided by the Preschool or school would be better than say, a website address. They also welcomed the opportunity to attend an information session.

CONCLUSION

There is no doubt that the two pre-schools involved in this project are undertaking some good work in promoting health lunch boxes.

The pre-school setting is a positive environment in which to educate both parents and children about healthy lunchboxes. When parents are educated about what constitutes a healthy lunchbox and there is ongoing support by the preschool, the feedback is very encouraging.

Where there are cultural and linguistic barriers to providing basic education about healthy lunchboxes, then it tends to be harder for families to understand what to provide.

This research has highlighted a number of barriers to providing healthy lunchboxes. These include; poor knowledge about basic nutrition, lack of translated and culturally appropriate information, limited food access (food availability, low income) and parenting skills. The research has also illustrated the negative impact the glamorization of junk food can have on vulnerable families.

The community research conducted highlights the need for effective collaboration between local government, community health services and educational settings. A concerted effort within the CoY, to provide appropriate worker training for child service providers, and more suitable educational resources for vulnerable families, will result in positive outcomes.

RECOMMENDATIONS FOR NORTH YARRA COMMUNITY HEALTH AND THE CITY OF YARRA

1) DEVELOPMENT OF GUIDELINES FOR CHILD SERVICE PROVIDERS

Develop straightforward, simple guidelines about healthy eating/healthy lunchboxes for staff who work with vulnerable families with young children. These may include;

- Preschool Teachers
- Health workers
- Maternal and Child Health Nurses
- Family support workers

The guidelines would cover such issues as

- basics of nutrition (carbohydrates, vitamins etc)
- nutrition and it's impact on a child's mental and physical development
- straightforward, simple guidelines for nutritious lunchboxes
- how to educate children about healthy eating
- how to communicate with parents about healthy eating
- recognizing the needs of specialist groups such as CALD communities and vulnerable families

2) PROFESSIONAL DEVELOPMENT

Once the guidelines are produced, it is recommended that NYCH and CoY. facilitate professional development days outlining key nutrition messages and strategies to promote them, for workers who are involved in supporting Yarra families..

Topics could include:

- General nutrition (covering the basic principles of nutrition)
- relationship between good nutrition and emotional and physical development of children
- suggestions for ways to broach the issue of healthy eating with parents
- ideas for how to talk to children about healthy eating
- ideas for affordable healthy eating
- acknowledging factors that affect food choice including food access
- a background to the work of NYCH and the work of the pediatric dietitian
- How to pack a healthy lunch box workshop (this workshop has been developed by Nutrition Australia and implemented as part of the Healthy Eating Schools program)
 - **Background information on nutrition for children**
 - **What is a healthy lunch for children?**
 - **How to make healthy eating easy and fun at school**
 - **Practical lunch ideas**
 - **Fruit and Vegetables**
 - **Food Safety**
 - **Practical snack ideas**
 - **Comparing the price!**
 - **Drinks to choose**
 - **Dealing with Fussy Eaters**
 - **Role Models**
 - **Optional activity: Label Reading**

3) EDUCATIONAL MATERIALS FOR FAMILIES

Develop a one page information sheet on healthy lunchboxes, which could be easily photocopied by staff to hand out to parents and families.

These materials should be written in simple English, include visuals and should be appropriate for the target group. Ideally, the resources should be focused tested.

Translations should be made into other community languages such as Vietnamese and Arabic.

4) DISSEMINATION OF THE COMMUNITY RESEARCH REPORT TO KEY AGENCIES

HC Productions and NYCH Dietitian to meet with and inform the State Kids –“ Go For Your Life” project team of the community research findings.

The report will be accessible to agencies (with permission from CoY).

5) SUPPORT FOR EDUCATIONAL DVD ON HEALTHY LUNCHBOXES

Preschool teachers responded enthusiastically to the idea of a DVD which can be used to educate parents about healthy lunchboxes.

We recommend that CoY & NYCH actively advocate for this DVD to be produced at State or Federal level.

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APPENDICES

Questions for preschool teacher interviews

Questions for parent focus group

Questions for preschool children focus group

Interview questions for family support workers

PRESCHOOL TEACHER QUESTIONS

What observations can you make about the lunchboxes you see at your Preschool?

Why do you think parents make choices which are less healthy?

What influences parents to make healthy choices?

Do you provide guidance to parents about lunchboxes? How do you do that? How do parents react?

Do you provide guidance to children about lunchboxes? How do you do that? How do the children react?

Is there a policy in your preschool about contents of lunchboxes?

Where do you receive your information about contents of lunchboxes? What resources do you use?

Has the City of Yarra provided in-house training about contents of lunchboxes? Would it be helpful if in-house training we provided?

Would it help you if City of Yarra provided straightforward guidelines for teachers and parents about contents of lunchboxes?

Has anyone ever come to give a talk to the children about healthy eating?

PARENT FOCUS GROUP QUESTIONS

Can you tell me how it has been for you this year to provide lunches for your child at this Preschool?

Is this the first year you have had to provide lunches for this child?

What have been the positives of preparing lunch for your child?

What have been the negative things?

How do you make choices about the food you prepare for lunches? Does your child participate in those choices either?

- out shopping with you, or
- in preparing the lunchboxes?

Can you tell me how much cost is an issue when choosing items for Your child's lunch?

How much does your child help with preparing his or her lunch?

Can you tell me in which ways the Preschool has been able to help you with advice on preparing school lunches?

Do you think there are any other things the Preschool could do to help you?

Your child will start school next year (probably) – what are your thoughts about preparing lunches for your child next year?

Do you anticipate any changes?

Would you like any information to help you with preparing lunches for your child at school next year?

Where do you get your information from currently?

QUESTIONS FOR PRESCHOOL CHILDREN

Game to introduce healthy food/eating children

(Showing tray of healthy foods – carrot, apple, bread) What can you tell me about these foods?

(Showing tray of less healthy foods – roll-up, packets of chips, packet of lollies) What can you tell me about these foods?

What foods do you like in your lunchbox?

Why?

What foods don't you like in your lunchbox?

Why?

What drinks do you like in your lunchbox? What do you think about water?

Who makes up your lunchbox, Mum or Dad?
Do you help them? What do you do?

Who chooses what goes in the lunchbox – you or Mum or Dad?

What do you do if there is something you don't like?

If your teacher says this food is good to eat, would you eat it?

Do you look at your friends' lunchboxes? Do you see that they have different things to you?

Does it matter what your friends think of your lunchbox?

Interview Questions for Family Support Workers- Meeting 26th July 2006

- 1) Could we start by asking you about the nature of the work you do with families in the City of Yarra.

- 2) Can you tell us about the priority which food has for the families you are working with? What about lunchboxes, how important are they?

- 3) Are there times when the family cannot afford the food for a lunchbox? What happens then?

- 4) Could you explain to us how, in your experience, cultural background or financial situation can influence lunch box items. Are there any other factors which could influence lunch box items?

- 5) Can you tell us about the lunchboxes you have seen? Does the quality vary considerably?

- 6) Do you think the children understand the importance of eating healthy foods?

- 7) How aware are the parents of healthier food choices?

- 8) Is there adequate support for parents to influence their children's eating habits?

- 9) Educational materials may be produced on the issue of healthy lunchboxes. This may be a DVD or some simple pamphlets. Are there issues which need to be taken into account to meet the needs of your clients?

- 10) Are there ways in which City of Yarra could change the delivery of their services to ensure healthy lunchboxes are provided?

- 11) Do you have any other suggestions for the City of Yarra to consider on this issue?