



## Nutritional Practice and Guidelines for the Early Years

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### Short Communication

Until quite recently, there was a relative dearth of data about the activity, dietary patterns and behaviours around food of the United Kingdom's pre-school 0-5 population and still less about their childcare environment. Some parliamentarians, including amongst their number, Frank Field, Graham Stringer and Dame Claire Tickell commissioned a series of reviews stressing the need for a necessary shift in emphasis and these complemented official Government publications starting with 'Every Child Matters' (2004) 'The National Service Framework for Children (2004) and 'Supporting Families in the Foundation Years' (2011). Yet despite the 2016 issue of a National Child Obesity Strategy, there remains a profoundly unsatisfactory focus on the role played by parents and families in feeding young children and the central importance of nutrition in the lives of the under-fives.

Some infant food likings will persist into adulthood and parental influence is a critical determinant in fixing food preference (Benton D. 'Role of Parents in determining the food preferences of children and the development of obesity, 2004). Young children require a varied and balanced diet to ensure that they will thrive and breastfeeding and good nutrition in the preschool years have been found to be essential components of beneficial health outcomes. In this context, the concept that combating child obesity necessitates the creation of a family and home environment that promotes and is conducive to healthy 'whole family' habits is gaining wider acceptance. However, many young children in the UK today do not receive a diet that is abundant in essential nutrients and become as a consequence, more than usually vulnerable and susceptible to serious conditions affecting toddlers such as iron deficiency anemia.

Modern day life (with patterns whereby one or both parents will probably be working full time) means that responsibility for child care is frequently shared between extended family members, child minders and early year's educators in childcare centers, playgroups and nurseries. Wherever children are fed, the adults involved should be fully aware of their responsibility to facilitate positive improvements in the child's daily diet and lifestyle. Research also indicates that if sustained improvements in nutrition and physical activity within all child care settings are to be achieved, interventions should focus upon role modelling by the child care staff and the consistent promotion of policies affecting child wellbeing.

Children learn behavior through the example of the adults supporting and teaching them and dietary choices are influenced via food availability and adult role models. If children are to be fully and comprehensively supported, it is therefore essential to engage and work

with families. The collective wellbeing of all stakeholders must be addressed, involving everyone concerned in training and development. To date, there is no statutory training available to support childcare settings wishing to improve the quality of nutrition they provide, the physical activity environments they offer and the health promotional skills that can be cascaded to the family.

A well-qualified highly trained workforce is fundamental to improving health outcomes for children and families. The 2013 'More Great Childcare' initiates a new Level 3 award of Early Years Educator (EYE) and a new graduate award of Early Years Teacher (0-5 years) but takes a backward step in altering the emphasis from a play-based holistic child-centered approach, towards formal teaching and learning. This limits its beneficial effect upon the individual family. The 'Healthy Child Programme' built upon by the 2011 'Health Visitor Call to Action' is a public health promotion programme centering upon children and young families. It offers a framework of early intervention and its objectives include increased rates of breastfeeding, early recognition of growth factors and risk factors for obesity; healthy eating and increased activity levels, goals for child wellbeing and positive parenting, readiness for school and improved learning. The programme signposts early detection focusing on developmental delay, patterns of ill health and abnormalities. The Two Year Review undertaken by Health Visitors and Early Years practitioners as part of the new Early Years Foundation Stage Curriculum stresses that partnership working between primary health care professionals (Health Visitors, Midwives, School Nurses) and educationalists is essential to achieve the stated objectives.

If real progress is now to be made, Government must embed early child nutrition indicators into the key developmental checks and frameworks that measure child poverty and health inequalities and the Department of Health and Public Health England should review and refresh the Start4Life and Change4Life strategies to develop clear messages on healthy eating and lifestyle for the toddler age group, currently missing out and dropping between initiatives. Similarly, the Department of Health must work constructively with all stakeholders to build consensus around guidelines on the earliest age at which parents can safely introduce solid food into their babies' diet and provide clear, consistent advice for universal use. A holistic approach and collaborative working must be a key here. Online parenting forums, 'early life' brands and retailers that parents trust should work with the department of health to disseminate consistent advice on early life nutrition to families.

Activity in the community is an important complement to the above recommended practice. The Department of Education and Department of Health should work with Children's Centers and nurseries to share good practice about the establishment of community hubs of support and expertise for families about early life nutrition and health lifestyles from pregnancy through to preschool and it is

important that the department of education formally recognizes the early years as a unique stage in its own right (and not merely a preparation for school) in which understanding of nutrition goes hand in hand with the reinstatement of free play in establishing a healthy level of physical activity in young children. The new graduate award of Early Years Teacher (0-5 years) and the Level 3 award of Early Years Educator (EYE) should include play work as part of the foundation training.

Health and Wellbeing boards should be given a statutory duty to commission local services to provide consistent and clear advice for parents on breastfeeding, the introduction of solid foods and toddler feeding and there is a need to strengthen the research and evidence base. Here, the department of health and public health England should take responsibility with the aim of improving early life nutrition and giving information and guidance to Health and Wellbeing boards and other local commissioners.

It is acknowledged that food intake is influenced by external and internal non-hunger stimuli. Children aged 3-4 may respond to external cues to eat when they are not actually hungry. Like adults, they may eat because others are doing so, or to imitate the eating habits of others. The desire to 'comfort eat' and 'empty plate syndrome' (compulsively finishing what is left over) are interactive behaviours that can also lead to over-eating. Research shows that whilst parents and caregivers are reasonably alert to the symptoms of a baby's hunger, they are slower to pick up the signs of fullness. Ongoing feeding, even after full cues are given, is common practice among parents who thereby disregard their child's natural desire to stop eating. Longitudinal data provides evidence that poor responsive feeding patterns exhibited by caregivers, including controlling and indulgent feeding styles and providing excessive portion sizes, can supersede this internal regulation and may contribute to childhood obesity [1]. Health Visitors are best placed to offer advice, practical suggestions about how much food to offer, the correct behaviours to encourage and the appropriate weight for a child's height. Rapid weight gain in a child's first year should be identified and discussed with parents in the same way as it is routine to identify and discuss growth faltering after birth. The focus should additionally be upon emphasizing the risks associated with rapid weight gain and health visitors must be equipped via personal training with the means whereby to support parents by identifying strategies to counteract weight gain that is too rapid and establishing a countering nutritionally balanced diet.

What happens in early life impacts directly upon health and social outcomes throughout the life course via a number of different pathways?

Ultimately, the environments in which people live 'get under the skin' because social circumstances interact with biology to shape health, wellbeing and risk of mortality. It is therefore essential that all strategies to prevent overweight and obesity from taking a grip in the very early years of a child's life must be thoughtfully planned, considered and audited, bearing in mind matters of social and economic equality at all times [2].

In establishing nutritional principles for the early years, the following recommendations may be helpful:

- National nutritional standards and portion size guidance for children aged 1-5 years.
- Mandatory rather than voluntary food or nutrient standards for nurseries, preschool settings and child-minders.
- Health and Wellbeing boards to have a statutory duty to commission local services to provide age-appropriate and consistent advice for parents on breastfeeding, solid food introduction, dental health and toddler feeding.
- Government to embed childhood nutrition indicators into key developmental checks and frameworks measuring child poverty and health inequalities (such as the Integrated Review).
- To ensure that all healthcare professionals with responsibility for 0-5 year olds have the requisite knowledge and skills to assess nutritional status and provide consistent advice on dietary behaviour.
- Start4Life and Change4Life to develop clear evidence-based messages on healthy eating and lifestyle for the toddler age group, using like-for-like tools such as a toddler eat well plate and NHS Choices website.
- Children's centers and nurseries to share good practice in building community hubs of expertise and support for all parents, particularly on early life nutrition and the role of physical activity and play in creating and sustaining a healthy lifestyle from pregnancy to preschool.

## References

1. Engle PL, Pelto GH (2011) Responsive feeding: Implications for policy and program implementation. *J Nutr* 141(3): 508-511.
2. Bartley M (2012) Life gets under your skin, ESRC international center for life course studies in society and health, UCL, London.