



Practical help and information  
on nutrition and development

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# FEEDING THE 21<sup>ST</sup> CENTURY TODDLER

A report from the Infant & Toddler Forum  
Study Day, London, 2009

**Addressing key issues on the nutritional requirements  
and eating behaviour of one to three year olds**

Supported by an educational grant from Danone UK.

# INTRODUCTION

The nutrition of preschool children has important implications for long-term health.

However, providing a healthy diet for young children poses a considerable challenge for the parents in the 21st Century. Modern parents have busy, stressful lives. Short on time and with ever-increasing financial pressures, many find themselves favouring convenience and economy over healthier choices when preparing their children's meals.

A recent Infant & Toddler Forum survey revealed that while 83 per cent of mothers believed their child had a healthy, balanced diet, most relied to some extent on convenience foods. One in five mothers said they served their toddlers ready meals or takeaways for most meals. These convenience foods can be relatively low in key nutrients and may be high in saturated fats, salt and sugar. In addition, 43 per cent of mothers said they had not received clear and consistent advice on feeding toddlers and 26 per cent expressed a desire for more advice from their healthcare professionals (HCPs).

Clearly modern parents are struggling to make the right food choices for their preschool children. Even those who make the effort to feed their children healthily may feel confused by conflicting nutritional advice received from healthcare professionals, the food industry and the media. Food labelling also appears to be a source of considerable uncertainty.

It was, therefore, the aim of this year's Study Day to bring some clarity to this confusion.

Presented by a multi-disciplinary group of experts with first-hand experience in child nutrition, growth and development, the sessions offered practical guidance on how to advise parents on feeding their toddlers. This advice was presented in the context of modern-day nutritional issues such as the rising levels of obesity, fast food culture, lower activity levels and increasingly high pressure lifestyles.



**Atul Singhal**

Chair, Infant & Toddler Forum

## STUDY DAY SPEAKERS

**Cath Baker**, Nurse and community development worker, Sure Start, Sheffield

**Kathy Cowbrough**, Dietitian and public health nutritionist

**Johanna Hignett**, Nutritionist and state registered dietitian

**Alison Lennox**, Head of population nutrition research, Medical Research Council

**Judy More**, Registered dietitian specialising in children's nutrition, London

**Atul Singhal**, Honorary Consultant Paediatrician, Whittington Hospital and Great Ormond Street Hospital

**Sarah Wademan**, Public health nutritionist, Sure Start, Sheffield

## WHAT THE DELEGATES SAID

*'Excellent speakers, very informative sessions. Useful information to share with patients and colleagues'*

Clinical Nurse Specialist, South Thames Service

*'Case study talk was fantastic. Inspiring'*

Professional nanny / consultant, West Sussex

*'A very enjoyable/informative day. Lovely venue, lovely food'*

Community Staff Nurse, Wokingham

*'Clear, useful topics'*

Community Nursery Nurse, Kent

*'Excellent. So much information. Want to research more as a result. Need more forums and sharing of all this information. Such an emotive subject'*

Community Nursery Nurse, Flitwick

*'Very good session. Interesting to hear that other areas have same problems as ourselves'*

Community Nutritionist, Grimsby

*'All presentations very useful - last session very inspiring'*

Specialist Dietitian, Birmingham

*'Looking forward to seeing the 'Tot It Up' tool'*

Early Years Project Coordinator, NHS Medway

*'Enjoyed today's topics and learnt a lot!'*

Clinical research assistant, Cambridge

# EDUCATION, EDUCATION, EDUCATION

Better nutritional education for parents and health and childcare practitioners is the key to improving the diets of preschool children, consultant paediatrician Dr Atul Singhal told the meeting.

In his opening address to the Study Day, Dr Singhal, who is chair of the I&TF, stressed that the toddler years are a crucial time in the adoption of a healthy diet. It is during this period that lifelong dietary tastes and eating habits are developed, he said. These dietary preferences may then have a significant impact on the child's health in adult life.

*'The preschool period is a critical period for establishing good dietary habits to enable good long-term health. In fact nutrition in the preschool period is probably the most critical window for determining long-term health,'* said Dr Singhal. *'I'm here to try to convince you that the best way to deal with the problems of feeding the 21st Century toddler is through education, education, education.'*

*'Unfortunately many toddlers currently have an inadequate diet,'* said Dr Singhal.

Deficiencies in vitamin D, iron and zinc are all common and many children eat little or no vegetables and fruit.

*'Five per cent of children have absolutely no fruit and vegetable intake in their diet and 25 per cent have minimal intake,'* said Dr Singhal.

*'The prevalence of vitamin D deficiency in children has been increasing for the past 20 years - 20 to 40 per cent of Asian children now have vitamin D deficiency,'* he said.

Vitamin D deficiency can lead to rickets, leave children prone to infection and raise the risk of both type 1 and type 2 diabetes<sup>1</sup>.

*'Government policy is therefore to give children under five vitamin D supplements,'* said Dr Singhal. *'But we know that only around 20 per cent of toddlers receive these supplements'<sup>2,3</sup>.*

Many toddlers' diets are also deficient in iron, said Dr Singhal. In some cases this deficiency can lead to anaemia which, in turn, can hinder the child's neuro-cognitive development<sup>4</sup>.

*'Iron deficiency is very common in the under five age group - 17 per cent are anaemic and 84 per cent have inadequate intake,'* said Dr Singhal.

In contrast to these dietary deficiencies, there is also the problem of dietary excess, said Dr Singhal. For instance, one recent study found that children in Scotland are consuming 17.4 per cent of their calorie intake as sugar<sup>5</sup>. The WHO recommended intake is just 10 per cent. The most obvious consequence of this excess consumption is childhood obesity.

In the Millennium cohort study<sup>6</sup>, nearly a quarter of white children and a third of black children are already overweight by the time they are three. These children will inevitably be at increased risk of heart disease in later life.

*'Childhood obesity is an independent risk factor for heart disease regardless of what happens in adult life,'* said Dr Singhal. *'If you are obese as a child then you have a 10 per cent increased risk of having a heart attack even if you lose weight later on. Most of the obesity is determined by the time you get to school, so getting the nutrition of preschool children right is absolutely critical.'*

However, Dr Singhal acknowledged that feeding young children is difficult and not made any easier by some of the conflicting advice that parents often receive.

*'There is a huge battle of education and knowledge,'* he said. *'Adults are encouraged to have a high fibre, low fat diet. But young children are not small adults. They have greater energy needs and smaller stomachs so they need a higher fat, low fibre diet. So parents are receiving confusing messages.'*

Dr Singhal presented data comparing modern toddler diets with those of the 1950s. This showed that today's toddlers consume:

- Less energy
- Less starchy food such as bread and potatoes
- Less iron
- 25 times as many sweets
- 34 times as many soft drinks and juices

Dr Singhal said there appears to be a link between toddlers' unhealthy diets and the educational attainment of their mothers.

*'Junk food is associated with low levels of maternal education,' he said. 'So educating mothers is key to improving the nutrition of young children.'*

So who should provide this education? Often that task falls to the health visitor or other health or childcare professional, said Dr Singhal.

*'Healthcare professionals are often the first port of call for carers when they are looking for advice on nutrition. But are they trained to meet that challenge?'*

A recent I&TF survey<sup>7</sup> of health visitors, school and community nurses suggests that levels of nutritional training are worryingly low.

Over one-third had received less than seven days of training on nutrition during their entire training and subsequent careers. Nine out of ten said they needed more information on dietary advice for toddlers. Most worrying was the fact that 46 per cent did not feel confident in calculating children's body mass index (BMI), the key diagnostic indicator for overweight and obesity<sup>8</sup>.

*'There is a huge lack of knowledge,' said Dr Singhal.*

Indeed, it is one of the key roles of the I&TF to help improve the nutritional knowledge of both healthcare professionals and parents through the publication of resources such as:

- The I&TF series of nutritional Factsheets
- The I&TF website
- The Open Book on Growth
- Little People's Plates
- The I&TF Study Days

*'This is the role of the Forum,' said Dr Singhal.*

*'It's not my job to make parents feel guilty. It's my job to educate and empower them to make healthy choices. I don't for one minute think this is going to be easy but I do think we can educate parents.'*

*'In fact I think we must.'*

# EARLY YEARS NUTRITION MOVES UP THE AGENDA - BUT DO WE HAVE THE TOOLS FOR THE JOB?

Government guidance on the dietary needs of young children is clear on what children should be eating. However, it is rather less clear on how they can be persuaded to do so.

*'We know a lot about the **what**, but we need to spend a little bit more on the **how**,'* said Kathy Cowbrough, a freelance dietitian and public health nutritionist, who was a member of the Programme Development Group for the NICE maternal and child nutritional guidelines in 2008.

She presented the meeting with a range of national and local initiatives designed to improve the diets of young children. She used this to discuss the delicate balance between producing too much guidance – leading to information overload and duplication – and too little – leading to a lack of consistency and inadequate support in important areas.

She then asked the audience whether they felt they needed national nutritional guidelines for children during the early years.

The general consensus was that national guidelines would be useful as long as they were properly resourced.

*'Guidelines would help us get more consistency in our advice to parents. But unless we have the resources and the people it doesn't matter how many guidelines we have,'* said Ms Cowbrough.



She went on to discuss the nutritional guidance included in initiatives such as:

- The Caroline Walker Trust – Eating well for under-5s in child care. 2006
- Grub4life
- HENRY – health exercise nutrition for the really young
- Nutritional guidance for early education and childcare settings for children aged 1-5. Scotland 2006
- Nutritional matters for the early years: healthy eating for the under fives in childcare. Northern Ireland
- Food and Health Guidelines for Early Years and Childcare Settings. March 2009. Wales

Nutritional guidance is also offered at a local level and Ms Cowbrough listed a range of local initiatives including those in:

- The North West
- The South West
- Leeds
- Birmingham
- Barnsley
- Doncaster
- Bristol
- Newham
- Bradford

*'You can see that some areas are doing a lot while others don't appear to be doing much,'* said Ms Cowbrough.

However, she pointed out that despite the abundance of guidance for HCPs, most mothers are still getting their dietary advice from friends, family, the media and books.

*'We need clear food and nutrition messages that parents can understand,'* said Ms Cowbrough.



Other areas where further guidance is needed include training for those working in early years (*not just HCPs*) on:

- How to get nutritional messages across to parents
- Skills - food provision, food hygiene, planning meals and snacks
- Confidence to raise the issue on:
  - overweight staff
  - food and drink provided by parents
  - parents' activity with children
  - parents' overweight/obesity
  - family meals together

*'I think we need the skills to make it easier for parents to make healthier choices,' she said.*

## DISCUSSION

### Question from the floor

*Do you think there is a role for the food industry in providing better nutritional guidance?*

#### Kathy Cowbrough

*I do think there is a role for industry but of course they have their own agenda so we are all rather wary of what they have to say.*

#### Atul Singhal

*I think there is a role for both the industry and health professionals. What we are all really trying to do is to educate parents to eat better.*

## WHAT IS A HEALTHY LIFESTYLE FOR TODDLERS?

In toddlers, just as in adults, diet and exercise are two important elements in amongst a host of other factors that make up a healthy lifestyle namely:

- Love and social interaction
- Nurture and play
- A healthy environment
- Public health measures such as vaccination
- Routine and boundaries
- Sleep
- Nutrition
- Exercise

Paediatric dietitian Judy More urged the audience to form a partnership with parents to help them provide toddlers with a balanced diet and opportunities for exercise each day.

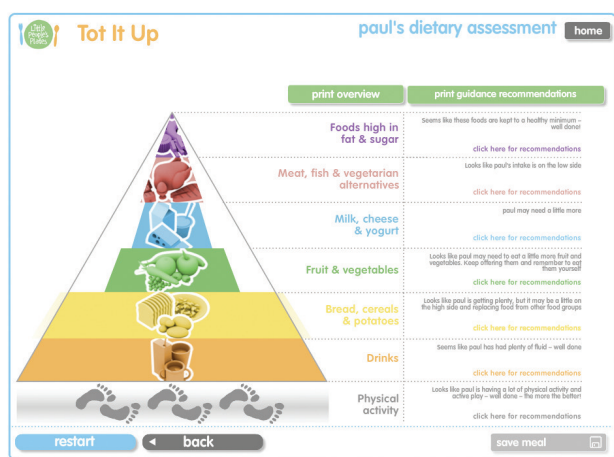
Ms More said that activity recommendations for toddlers are not well defined but various bodies recommend around 12 hours a day sleeping, one hour of structured physical activity and no more than one hour watching TV or other sedentary activities.

Ms More acknowledged that many parents do find it challenging to feed their preschool children healthy meals.

Therefore, to help parents assess and improve their toddler's diet Ms More unveiled a new online resource.

The Tot It Up calculator, which is available at [www.littlepeoplesplates.co.uk/totup](http://www.littlepeoplesplates.co.uk/totup), has been developed by the I&TF to provide parents with a personalised analysis of the meals they feed their toddler.

The calculator encourages parents to type in everything their toddler has eaten and drunk in one day (*for a general overview*) or during an entire week (*for a more detailed analysis*). Activity levels are also recorded before the calculator creates a personalised pyramid showing how closely the toddler's diet and activity levels meet current guidelines and recommendations. The resource also delivers practical tips on healthy eating and activities.



Ms More pointed out that much of the feedback that the calculator offers parents is positive.

*'Often parents are not sure whether they are doing the right thing or not. This resource does reassure parents that some of what they are doing is good. It then offers advice on the areas that need change.'*

She stressed that the calculator is not intended to replace the advice offered by health professionals and acknowledged that it would never be used by the 'hard-to-reach' groups who might need nutritional advice the most. Nevertheless, Ms More stressed the calculator could be a valuable addition to the tools used by health visitors and could be used as a discussion point between HCPs and parents.

*'We've created this calculator for those parents who will use it. It's not been created for those hard-to-reach groups. That's where you come in.'*

One of the reasons the I&TF decided to develop the Tot It Up calculator is the lack of consistent nutritional advice available to parents, said Ms More.

*'Where can parents go for nutritional advice?' she asked. 'There is the Department of Health's Birth to Five book which parents do use when the child has just been born. But by the time the child gets to one year old it is no longer anywhere to be seen.'*

Other sources of information include:

- The Food Standards Agency website [www.food.gov.uk](http://www.food.gov.uk)
- Leaflets and booklets produced both nationally and locally
- Food industry websites

- Consumer group websites such as [www.mumsnet.com](http://www.mumsnet.com)

None of these, however, offer the interactive and personalised feedback available with the Tot It Up calculator.

*'I do think that a lot of mothers will spend the time to input the data because at the moment there is little else for them,'* said Ms More.

## DISCUSSION

### Question from the floor

*Why have you used the food pyramid to illustrate the toddler's diet rather than the plate model?*

#### Atul Singhal

*The appropriate balance of the five food groups can be represented in a number of ways. The plate format is used in the Eatwell Plate by the UK Food Standards Agency for children five and over and is a very precisely calculated representation of how to combine the food groups for adults and children over five years. The pyramid format is used in several other countries and is less precise because there are no calculated angles. We chose the pyramid format because it is less precise and is a visual approximation of how to combine the food groups for toddlers.*

### Question from the floor

*Why is salt intake not included?*

#### Judy More

*Tot It Up has been designed to give parents guidance on how to offer a balance of the five food groups to their toddlers. Salt is an ingredient or additive, not a food, and is therefore not listed within any food group. Advice on choosing foods that are low in salt for toddlers is outside the remit of this resource. Our Factsheets 'How to choose nutritious fresh and convenience foods' and 'Understanding food labels' can be used in conjunction with this resource.*



# 21ST CENTURY LIFESTYLE CHOICES AND THE CHALLENGES THEY POSE

Contrary to popular belief, many of the changes that have occurred in toddlers' nutrition over the past few decades have been towards a healthier diet. Unfortunately, uptake of these advances has varied considerably according to the region of the country, socioeconomic group and level of parental education.

Alison Lennox, head of population nutrition research at the Medical Research Council, presented data showing the changing meal patterns and nutrient intake of toddlers over the past 60 years (see figures 1,2,3).

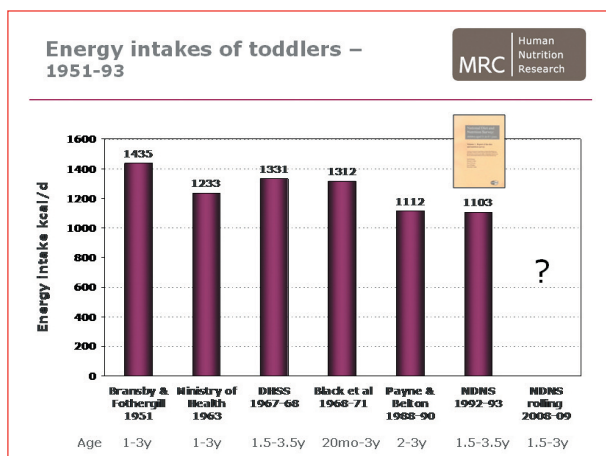


Fig 1.

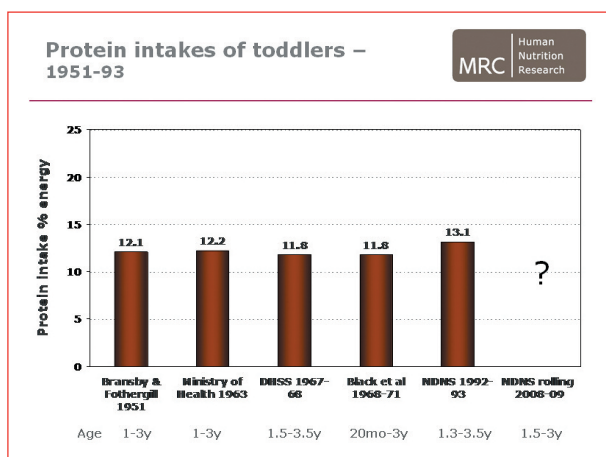


Fig 2.

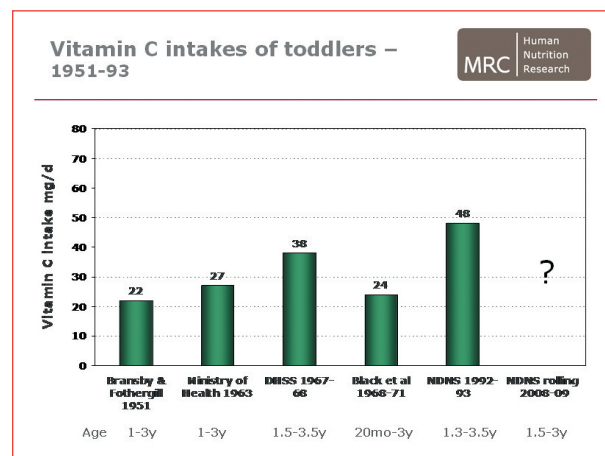


Fig 3.

*'So, contrary to what many people think, average energy intake in one to three year olds is decreasing over time, fat and protein intake have not changed much and vitamin C intake is actually on the increase,' said Dr Lennox.*

However, she pointed out that closer examination of the data revealed significant variations in how toddlers' diets were changing.

*'The Black et al study [in which fat intake was shown to be higher than in national studies] took place in Newcastle,' said Dr Lennox. 'More fruit and vegetables are consumed in the South East of England than in the North, and vitamin C intakes are linked to the number of children in the family and the level of maternal education. So these results show that there are subgroups that do not have healthy diets. Many families in the UK are doing the right things but there are still people who are struggling.'*

An even clearer picture of changes in the national diet is likely to emerge from a nationwide survey being carried out over the next few years. The National Diet and Nutrition Survey rolling programme recruits 1,000 people each year of all ages over 1.5 years. The first year of the survey is now complete and year 2 is in progress. The survey combines computer assisted personal interviews (CAPI) and self-completion questionnaires with an estimation of food intake collected using a food diary.

The NDNS interview collects data on:

- Demographic and socioeconomic characteristics
- Dietary habits, food and nutrient intake and population trends in food consumption
- Physical activity
- Oral health
- General health and lifestyle

Dr Lennox said she hoped the rolling programme would add to our understanding of a range of factors that affect the nation's diet. She presented data<sup>9</sup> showing how young children's diets are influenced by:

- Children's preferences
- Parents' preferences, beliefs and attitudes
- Food availability / accessibility
- Social context of meals
- TV viewing
- Eating out
- Portion size
- Feeding styles

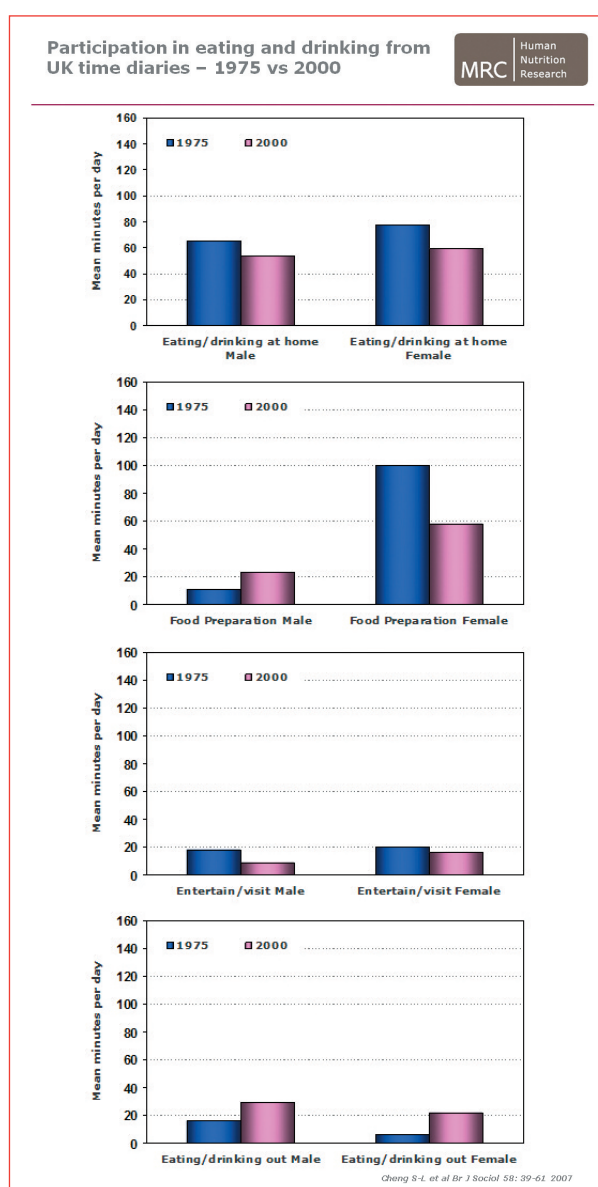
Children's taste preferences are particularly important in governing what they eat, said Dr Lennox. These taste patterns are often set in place from a very early age.

*'The window in which children are open to new tastes is from four to seven months,' she said. 'So when weaning starts it's important to introduce flavours that we want our children to like, such as vegetables. It's important to introduce vegetables earlier in order for them to like vegetables later. This very early eating behaviour influences later behaviour and if you keep introducing these foods then the children may get to like them.'*

A child's diet is also heavily influenced by what their parents eat, said Dr Lennox.

*'If the parents don't eat fruit and vegetables then it is very difficult to get the children to eat fruit and vegetables.'*

Dr Lennox presented data from the Centre for Time Use Research showing how British families' eating patterns have changed over the past 30 years<sup>10</sup> (see figure 4).



**Fig 4.**

*'People are eating and drinking at home a lot less than they used to, and spending less time preparing food and more time eating out.'*

Dr Lennox said that the pressure of modern life often leaves parents feeling they don't have the time to prepare healthy meals. Those who feel they have the least time are:

- Single mothers
- Those solely responsible for childcare
- Those with a preschool child
- Those with inflexible work schedules and night workers

Other barriers to healthy meal preparation include a lack or a perceived lack of cooking skills.

*'If you don't know how to cook then it is going to be difficult to prepare healthy meals even if you are well intentioned,' said Dr Lennox. 'But if you do have the cooking skills then you can do a lot, even if you don't have very much money.'*

Dr Lennox said the main lesson from the data is that while many families in the UK are managing to feed their children healthily, there are still a number of target groups that face significant challenges.

*'In particular we need to provide guidance on cooking skills, how food can be prepared for toddlers, repeatedly introducing healthy foods, shopping on a low budget and on meal planning.'*

## DISCUSSION

### Question from the floor

*Current advice is for weaning not to occur until six months. However your data shows that the window for accepting new tastes opens at four months and shuts at seven months. This only gives us one month to get the child to accept these new foods.*

#### Alison Lennox

*Yes this is true. I have shown you what the data says. The current advice doesn't necessarily match the data.*

#### Atul Singhal

*The current weaning advice is based on World Health Organization guidance. This was produced for the developing world where it absolutely is the right thing to do as early weaning has a direct link to increased mortality. However, in the developed world that is not the case. And in the UK less than five per cent of mothers breastfeed exclusively to six months, so that's the real world in which we have to give advice. A reference that outlines the evidence supporting the current weaning recommendations is:*

*Optimal duration of exclusive breastfeeding: what is the evidence to support current recommendations? American Journal of Clinical Nutrition (Vol. 85, No. 2, 635S-638S, Feb 2007).*

### Question from the floor

*Are different approaches to weaning and toddler nutrition having an adverse effect by confusing people?*

#### Atul Singhal

*That is certainly a danger. I think we need to focus on the basic food messages that we all agree on.*

### Question from the floor

*How will the data be collected in The National Diet and Nutrition Survey rolling programme?*

#### Alison Lennox

*Respondents are selected at random by post code. We then interview them and use four-day, unweighed food diaries to assess food consumption.*

### Question from the floor

*Is 1,000 people a big enough sample on which to base serious recommendations?*

#### Alison Lennox

*Obviously there are budgetary constraints, but remember it's a rolling programme, so that's 1,000 in the first year but 4,000 by year four.*

### Question from the floor

*Could your data be used to inform guidelines?*

#### Alison Lennox

*That is certainly the intent. Nutrient and food intakes will assist with government nutrition policies. We are also doing a lot of work in portion sizes, which I think will be particularly helpful for parents.*

# FOOD LABELLING - MAKING THE RIGHT CHOICES

Confusion over food labelling is a significant barrier to healthier eating. Although most food is now packaged with important information on its nutritional content, many parents either do not understand what this means, or simply do not have enough time or energy to read it.

Johanna Hignett, consultant nutritionist at Nourish consulting, guided the meeting through the complexities of the different systems currently used to label foods.

She stressed that the pace of modern living means it is inevitable that families will rely to a certain extent on quick and easy-to-prepare foods.

*'Two-thirds of mothers are in employment and may not have time to cook, so it's no surprise that many families rely on convenience foods for at least some meals,' she said.*

As some convenience foods are far healthier than others, it is important that parents both read the food labels and can understand them.

*'Reading labels takes time of course so very often we do it when we get home after we have bought the products,' said Ms Hignett.*

She explained that shoppers are more likely to read food labels when:

- Comparing two or more similar products
- Buying a product for the first time
- Their usual product is not available
- Buying own brands
- Buying food for children

They will, however, read the label on a single food if looking out for a certain nutrient that fits in with a health regime, such as salt or calories.

*'People are beginning to learn about salt in the diet and that they should be aiming for 6g per day for an adult. Parents and carers need to be aware that it's much less for toddlers.'*

One source of confusion over food labels is the fact that there are currently two labelling schemes in operation – the traffic light scheme in which red, amber and green signs are used to denote high, medium and low levels of calories, sugar, fat, and salt; and the guideline daily amount (GDA) scheme in which the constituents are represented as percentages of the GDA.

Both systems have their pros and cons, said Ms Hignett. The GDA system offers a good benchmark that allows consumers to compare products directly, while the traffic light system offers an at-a-glance guide. However, many shoppers find the GDA system's use of percentages confusing and the traffic light system can put consumers off healthy food, such as cheese, that happens to be high in one of the constituents.

She stressed that labelling is just one of the factors that shoppers take into consideration when buying food. Other factors include:

- Price and availability
- Brand loyalty
- What the family will eat
- Packaging
- Organic
- Locally sourced
- Fairtrade
- Peer pressure
- Advertising and promotions

She also offered some advice on resources where parents could find good information on cooking and preparing healthy meals.

These include **BBC Food** at [www.bbc.co.uk/food/get\\_cooking](http://www.bbc.co.uk/food/get_cooking)

**Jamie Oliver's Ministry of Food** at [www.jamieoliver.com/jamies-ministry-of-food](http://www.jamieoliver.com/jamies-ministry-of-food)

and the **Food Standards Agency** at [www.eatwell.gov.uk/healthydiet/recipes](http://www.eatwell.gov.uk/healthydiet/recipes)

Ms Hignett offered some 'Top Tips' for parents when buying food for their children:

- Compare levels of key nutrients between similar products (*per 100g*)
- Check the nutrient content of the food you buy regularly – could you eat less of it or cut it out? Is there a healthier alternative?
- Watch out for portion size with % GDA labelling

She said that parents should not be advised simply to avoid all so-called unhealthy foods. Instead they should aim to make healthier choices in the food that they buy.

*'The advice to parents should not be to just buy greens and ambers, but to compare foods and where there is a choice go for the healthier alternative,' said Ms Hignett.*

## DISCUSSION

### Question from the floor

*Have you found that own brand and value foods can sometimes be healthier than the branded alternatives?*

**Johanna Hignett**

*Sometimes. This is why it is always worth looking at the labels.*

## SHARING KNOWLEDGE AND ENGAGING PARENTS

It is one thing to learn the theory of good nutritional guidance for parents of young children. However, most health and childcare practitioners are acutely aware of the difficulties of putting that theory into practice.

In the Study Day's most inspirational presentation, two Sure Start workers from Sheffield demonstrated that creative thinking and a proactive approach can achieve huge things in the most challenging of circumstances.

Cath Baker and Sarah Wademan work in two Sure Start children's centres in a deprived area of Sheffield. The infant mortality and low birth weight rates are the 2nd highest in Sheffield and there is a high proportion of lone parent households.

Within this challenging environment they have been organising a range of healthy eating and cooking activities that have managed to engage parents across the whole community. One of the most successful of these initiatives has been a Dads' cooking group that has been teaching practical cooking skills to a number of fathers, many of whom are unemployed and often take on significant childcare roles.

*'Often a lot of the talk about healthy eating and cooking is aimed at Mums, but we are very active in getting the Dads involved. We offer six sessions with a pre-existing Dads' group to help them develop practical cooking skills and learn how to prepare cheap healthy family meals,' said Ms Baker.*



*'We do try to keep it really simple and include loads of fruit and vegetables.'*

The aim of the group is not just to learn how to cook, but also to encourage fathers to spend time with their children and to meet other Dads.

*'Their enthusiasm for this and the way they are prepared just to have a go is really fantastic,' said Ms Baker. 'The feedback has been really positive.'*

Other initiatives include a Big Cook Little Cook project based on the CBeebies TV programme in which children are encouraged to prepare and eat a wide range of healthy foods. There is a Holiday Cooking Club in which older children are given the opportunity to learn to cook simple meals during the half term break. A Community Allotment project involves families in growing fresh food and then cooking and eating it. There is a Baby Café for breastfeeding mothers, weaning sessions and a project known as Tuesday Surprise.

*'Tuesday Surprise is aimed at those families that are particularly hard to reach and it offers a different activity every week based around the aims of Every Child Matters,' said Ms Baker. 'The group then eats a meal together and they can take away recipes. It also gives staff a chance to chat to parents about healthy eating.'*

*'We find that food is a really good draw for people and it's easier to engage with them if you can tailor the activities to what they want and what they can repeat at home,' said Ms Wademan.*

*'There's no one thing that works for everybody, so our job is to enable people to access these services by tailoring them to their needs. We see ourselves as enablers.'*

## DISCUSSION

### Question from the floor

*I think what you are doing is absolutely brilliant. But I have to ask: where does the money come from?*

#### Cath Baker

*Well it's not easy. We get Sure Start funding. But year on year our budget is being reduced and we are spread more and more thinly. We rely a lot on volunteers and donations. We also try as much as possible to join up with other agencies because they have all got little bits of money.*

### Question from the floor

*What is the role of the PCT?*

#### Cath Baker

*The PCT is our accountable body. We take a very holistic approach and we are lucky to have the health visitors and midwives on site with us.*

### Question from the floor

*How do you reach the hard-to-reach groups?*

#### Sarah Wademan

*We have a parent involvement officer who is fantastic and we also have outreach workers who go out and actively encourage people to come into the centres. But it does take time. You can't do these things in a rush.*

#### Cath Baker

*Our Dads worker is a master texter and he is very, very persistent.*



### Question from the floor

*Are you collecting long-term assessment data for the PCT?*

#### Cath Baker

*We are having to evaluate everything we do all the time. But a lot of things are really difficult to measure.*

#### Atul Singhal

*Assessment is crucial if you want to obtain and keep hold of your funding for lifestyle interventions. One way of accessing funding is to link what you are doing into the fight against obesity.*

*The money is there for obesity but the thing that they will ask you for is data. If you can cross that first hurdle then you stand more chance of getting funding in the long-term.*



## DEBATE

The Study Day concluded with an interactive debate in which panellists and the audience discussed the way forward for health and childcare professionals in providing nutritional guidance on toddler nutrition.

Calls were made for:

- **Clarity** – much of the educational material on childhood nutrition is unclear or offers conflicting advice.
- **Continuity** – funding streams are often short-term. But nutritional interventions are, by their very nature, long-term projects. 'A lot of the stuff that we are doing won't be evidenced until the toddlers are parents themselves.'
- **Evidence on interventions** – 'We need to know what kind of interventions are really effective in this age group.'
- **Evaluation** – 'It's important that we all evaluate what we are doing and publish the results so that others can learn from it. We need before and after data.'
- **Education on evaluation** – 'There are evaluation tools we can use.'
- **Compilation** – 'There is too much documentation from all the various initiatives. We need a resource kit that gathers it all together and makes sense of it all.'
- **Childcare** – 'Parents with more than one child are often excluded from educational initiatives because they have no one to look after the children.'
- **Time** – 'We need more time for individual consultation and counselling.'
- **Empowerment** – 'The work in Sheffield shows that simply improving parents' confidence and self-esteem can be extremely valuable. This needs to start before the baby is even born.'
- **Advertising restraints** – 'Some adverts on snacks and fast food are extremely misleading and undermine all the advice we are giving.'

**All resources are free to access or download**



## INFANT & TODDLER FORUM

[www.infantandtoddlerforum.org](http://www.infantandtoddlerforum.org)

### **Factsheets**

Download/order Factsheets covering topics discussed here in more detail.

### **Toddler Dietary Assessment Charts**

Download charts to help record and assess what toddlers are eating and to know how closely this meets the recommendations for a toddler's daily and weekly intake.

### **Open Book On Growth**

Access 'Open Book On Growth', our new online educational resource designed to help healthcare professionals develop and update their skills and knowledge on child growth assessment as part of their continuing professional development.



## LITTLE PEOPLE'S PLATES

[www.littlepeoplesplates.co.uk](http://www.littlepeoplesplates.co.uk)

### **The Tot it Up calculator**

This is an innovative online calculator that helps parents compare the nutritional intake and activity levels of their toddlers against the recommended amounts.

### **Guidance and Tips for Parents**

Offer useful advice and practical tips for parents and carers.

## **General Information**

The Infant & Toddler Forum brings together representatives from paediatrics, neonatology, health visiting, dietetics and child psychology who share a common professional interest in infant and child health and nutrition.

A goal of the Forum is to improve the access of healthcare professionals to reliable, evidence-based nutritional information relevant to their practice, which will equip them to advise and support the parents of infants and young children.

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