

## Supplementary Document

### Nutrition, Oral Health and Active Play Policy Review

This document provides evidence and rationale for amendments to the Early Learning Association Australia's (ELAA) Nutrition, Oral Health and Active Play Policy for Early Childhood Education and Care (ECEC) settings inclusive of long day care, family day care, preschool/kindergarten and outside school hours care services. The review ensures that the new Nutrition, Oral Health and Active Play Policy aligns with the Victorian Eating Disorders Strategy 2024-31, the Wellbeing in Victoria: A Strategy to Promote Good Mental Health 2025-35 and the National Eating Disorders Collaboration Eating Disorder Safe Principles.

This document is guided by the most recent evidence, including best practice for developmentally appropriate mealtimes and food learning, the framing used to define food within the context of broader determinants of health (e.g., financial and time constraints), and the potential unintended harm for children when binary or restrictive terminology is used.

While ELAA's Nutrition, Oral Health and Active Play Policy addresses nutrition, oral health, and active play, within the review process, the majority of suggested amendments were applied to the nutrition elements of the template.



## Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander people as the first peoples and Traditional Owners and custodians of the land and waterways on which we live, and we acknowledge that sovereignty was never ceded. We honour and pay our respects to Elders past and present.



We express our sincere gratitude to all the individuals who have shared their lived / living experience for the development of this report.

## Authors

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# Background

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Most children in Australia attend and consequently are exposed to half of their daily meals at an ECEC setting<sup>1</sup>, providing a strong rationale in supporting educators to foster a positive food environment for children through policy and practice.

Early childhood (ages 2-5 years) is recognised as a window of opportunity to support children to develop a positive relationship with food and their bodies<sup>2</sup>. Learning to eat a variety of foods is a skill built over time with each child learning at their own pace. Positive and developmentally appropriate food experiences and role modelling support children to learn to eat and develop a positive relationship with food<sup>1,3</sup>.

While each person's relationship with food is unique, a positive relationship with food generally looks like:<sup>1,4</sup>

- Having positive or neutral attitudes about food and eating. For example, feeling calm when eating (not experiencing guilt or negative emotions).
- Food acceptance, including feeling comfortable with food, flexible with food choices and able to learn to like new foods.
- Intuitively eating by listening and responding to your body's cues around hunger, satiety and what it needs in that moment.

## Research shows:



Supporting children to develop a positive relationship with food over time leads to more nourishing eating behaviours later in life<sup>1</sup>.

**3 - 5**

Children aged 3-5 years are aware of dietary restriction as a means to lose weight and they exhibit weight bias<sup>5,6</sup>

**19%**

Children with body dissatisfaction and weight bias are more likely to engage in disordered eating behaviours, with 19% of childcare professionals having seen children reject food because 'it will make them fat'<sup>7</sup>.

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[1] Australia's Food Environment Dashboard (2023). Early Childhood Education and Care.

[2] Satter, E. (2007). <https://doi.org/10.1016/j.jneb.2007.01.006>

[3] Paroche et al. (2017). <https://doi.org/10.3389/fpsyg.2017.01046>

[4] Butterfly Foundation. Health not weight. <https://butterfly.org.au/body-image/health-not-weight/>

[5] Damiano et al. (2015). Dietary restraint of 5-year-old girls: Associations with internalisation of the thin ideal and maternal, media, and peer influences.

<https://doi.org/10.1002/eat.22432>

[6] Rodgers, R.F., Wertheim, E.H., Damiano, S.R. et al. (2015). "Stop eating lollies and do lots of sports": a prospective qualitative study of the development of children's

awareness of dietary restraint and exercise to lose weight. *Int J Behav Nutr Phys Act* 12, 155 <https://doi.org/10.1186/s12966-015-0318-x>

[7] Professional Association for Childcare and Early Years Coram (PACEY) (2024) Body confidence [webpage], Coram PACEY. <https://www.corampacey.org.uk/body-confidence/>

# Why review this policy?

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ECEC settings are guided by key legislation, frameworks and regulatory bodies<sup>8</sup>. Nationally, the Nutrition, Food and Beverages, Dietary Requirements Policy Guidelines (2021)<sup>9</sup> provides processes and procedures to guide ECEC policy development. According to the guidelines, the Education and Care Services National Regulations (Appendix 1) require approved providers, nominated supervisors and family day care (FDC) educators to ensure:

- Adequate health and hygiene practices, as well as safe practices for handling, preparing and storing food (**Regulation 77**).
- That children have access to safe drinking water at all times and are offered food and beverages appropriate to each child's needs on a regular basis throughout the day (**Regulation 78**).
- The food or beverages provided are nutritious and adequate in quantity and chosen based on each child's dietary requirements (accounting for their growth and development needs, as well as any specific cultural, religious or health requirements) (**Regulation 79**).
- A weekly menu is displayed and accessible to family members which accurately describes the food and beverages to be provided by the service each day (**Regulation 80**)<sup>10</sup>.

Note that Regulation 79 and Regulation 80 explicitly state that “this regulation does not apply to food or a beverage provided by a parent or family member for consumption by the child”. This is highlighted again within the Guide to the National Law and Regulations (2017)<sup>11</sup> “Regulations 79 and 80 do not apply to food and beverages provided by a parent or family member for consumption by their child. However, services where children bring their own food and beverages could promote healthy choices through strategies such as information pamphlets from recognised nutrition authorities”.

With this exemption, there is a significant grey area for the ECEC sector and families, when food is brought into ECEC services from home. In addition to this, the inclusion of several criteria within policies, not founded in evidence or best practice, creates further ambiguity for families and ECEC settings. Within these guidelines, there is no discriminatory or binary language used when referencing food or nutrition, for example ‘discretionary food’, “limit discretionary foods”, or to reference these foods as “everyday or sometimes food”. So why does this show up in so many ECEC policies?

“We were known as a ‘strict with food’ kindergarten and notes would go home to families.”  
– Director

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[8] Department of Education and Training (2021) Regulatory Framework: Regulatory Authority For Early Childhood Education And Care Services in Victoria. State of Victoria [https://www.education.vic.gov.au/Documents/childhood/providers/regulation/QAR\\_Regulatory\\_Framework\\_Aug2021.pdf](https://www.education.vic.gov.au/Documents/childhood/providers/regulation/QAR_Regulatory_Framework_Aug2021.pdf)

[9] Australian Children's Education & Care Quality Authority. (2021). Nutrition, food and beverages, dietary requirements: Policy and procedure guidelines. <https://www.acecqa.gov.au/sites/default/files/2021-08/NutritionFoodBeveragesDietaryRequireGuidelines.pdf>

[10] Education and Care Services National Regulations (2011). <https://legislation.nsw.gov.au/view/html/inforce/current/s1-2011-0653>

[11] Australian Children's Education & Care Quality Authority (2017). Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011. <https://www.acecqa.gov.au/sites/default/files/2018-01/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf>

The interpretation of early childhood evidence-based theory and best practice, to inform pedagogical decision-making and policy, is mixed across ECEC educators<sup>12</sup>. There is a gap in specialised training, resourcing and ongoing professional development for educators<sup>13</sup>, within a system that is rapidly shifting. The key policies required within ECEC services, are represented in Regulation 168<sup>10</sup> and to date, there is no legal requirement or mandate for ECEC services to have policies relating to oral health or active play. Although this is the case, the ELAA Nutrition, Oral Health and Active Play Policy will maintain the inclusion of oral health and active play to support safe, inclusive and health-enhancing early childhood environments.

Through deep reflective practice and consultation with educators and families (through the BHN Health Promotion teams Mealtime Expectations project), it is evident that the interpretation of “limit discretionary foods” has become a harmful practice in food surveillance, food policing, restrictive feeding practices<sup>14</sup> and inappropriate food learning for pre-school aged children<sup>15</sup>.

While there is no guidance on how often a policy should be reviewed, policies should be up to date with current research and contemporary views on best practice<sup>17</sup>. The emerging evidence and calls from ECEC services suggests that now is the time to review this broader policy template to better reflect the latest research, sector insights and community expectations, creating the conditions needed for supportive, inclusive and safe food environments.

“A kindergarten my child attended, had a policy position of removing food from a child’s lunchbox, zip lock bagging the food and putting it in the child’s bag to take home so they didn’t have a ‘sometimes food’ while at the kinder.” – Parent

“Before doing the Mealtimes program, we would teach the children about food in a confusing way. One example is teaching them that red foods are good for your heart, and blue foods are good for your brain.” – Educator



[12] Levickis, P., Murray, L., Lee-Pang, L. et al. (2025). How do Educators Use Evidence to Inform Decision-Making in Australian Early Childhood Education and Care Settings? A Qualitative Interview Study. IJEC <https://doi.org/10.1007/s13158-025-00422-8>

[13] Siraj, I., Kingston, D., & Neilsen-Hewett, C. (2019). The role of professional development in improving quality and supporting child outcomes in early education and care. Asia-Pacific Journal of Research in Early Childhood Education, 13(2), 49–68. <https://doi.org/10.17206/apjrece.2019.13.2.49>

[14] Fisher, J.O., Birch, L.L. (2000). Parents' restrictive feeding practices are associated with young girls' negative self-evaluation of eating. J Am Diet Assoc. doi: 10.1016/S0002-8223(00)00378-3. PMID: 11103656; PMCID: PMC2548290

[15] Mealtime Expectations (2025) [https://drive.google.com/file/d/1t4zKOk1en4VvMT8P8v\\_4MfZyYqrPICy/view?usp=sharing](https://drive.google.com/file/d/1t4zKOk1en4VvMT8P8v_4MfZyYqrPICy/view?usp=sharing).

[16] Mealtime Expectations (2025) Evaluation unpublished

[17] [11] Australian Children's Education & Care Quality Authority (2017). Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011. [https://www.acecqa.gov.au/sites/default/files/2018-01/NQF\\_Resource-02-Guide-to-ECS-Law-Regs.pdf](https://www.acecqa.gov.au/sites/default/files/2018-01/NQF_Resource-02-Guide-to-ECS-Law-Regs.pdf)

# How has the policy changed?

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The ELAA Nutrition, Oral Health and Active Play Policy has been reviewed with the following key amendments. These amendments are reflected throughout several sections of the policy document:

- Removal of restrictive terminology
- Reframed deficit language to strengths language
- Broadened the context of 'healthy eating' (then subsequently removing this)
- Applied neuroaffirming principles, ensuring the policy supports neurodiversity feeding practices and sensory processing.
- Ensured the policy does not discriminate for ability, culture or access to food
- Revised and updated supporting evidence/sources
- Reviewed and amended regulations and standards applied to each element within the responsibilities framework.
- Condensed the responsibilities table from 60 down to 47 points

Following wider consultation with state-based health promotion organisations, additional amendments were applied. These include:

- Removed terminology of 'healthy eating' to 'nutrition' or 'nutritious'.
- Consistency with terminology of 'professional learning' as this is the preferred language used by ELAA.
- Consistency with the use of 'developmentally appropriate' as opposed to 'age-appropriate'.
- Revised 'healthy lifestyle' to 'health and wellbeing'.
- Inclusion of reference to 'whole of service approach' within the introduction paragraph.
- Revised 'variety of diverse food' to 'variety of nutritious and diverse food'.
- Addition of 'Nutrition', 'Neurodiversity' and 'Feeding differences' in the definitions section.
- Removal of 'Progressive Mealtimes' in the definition section.



# Evidence for change

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To support the changes made to the ELAA Nutrition, Oral Health and Active Play Policy, the following section will provide evidence across two key areas; Developmentally appropriate mealtimes and food learning, and Framing of food and potential unintended harm.



## Developmentally appropriate mealtimes and food learning

Policies are critical for supporting ECEC services to establish and maintain positive food environments. They articulate the service's pedagogical approaches, the language and interactions expected of educators, and the learning experiences that promote children's wellbeing and development. Clear nutrition policies communicate to families the values and practices that underpin children's experiences with food and mealtimes while in care. In alignment with National Quality Standards, regulations and law, ECEC nutrition policies should offer educators clear guidance on both **food provision** and **developmentally appropriate practices**. These policies should enable educators to facilitate mealtimes that are relaxed, respectful and inclusive, and that respond to each child's individual needs.

### Ellyn Satters Division of Responsibility

A positive mealtime environment should be guided by responsive feeding practices<sup>18</sup>. The Division of Responsibility (DoR) in feeding is a recognised approach to support children to be confident and competent eaters<sup>19</sup>. This approach encourages the adult to take leadership with what, when and where of feeding, while the child is responsible for determining how much, or if a they will eat at all from the food that is offered (this includes offering a variety of all foods)<sup>19</sup>. This supports children to listen to their hunger and satiation cues. During mealtimes, when controlling or directive language (e.g. "eat your sandwich before your biscuit") is used by an adult, it can override hunger and satiation cues, promoting disordered eating behaviours<sup>20</sup>. In ECEC services, this can be displayed through controlling children's food and portions, deciding the order in which foods must be eaten and holding attitudes and beliefs that may encourage children to overeat<sup>19</sup>. Instead, mealtimes should focus on educator role modelling, positive interactions and the removal of pressure to eat certain foods and in a particular order.

### Piagets Developmental Theory

Piaget's Developmental Theory demonstrates that children are concrete thinkers until late primary school and learn best through play-based (or body-based) learning where they can engage with tangible events and objects<sup>21,22</sup>. Nutrition is an abstract concept; we cannot see or touch the nutrients in food. Children aged between 2-7 years are unlikely to understand nutrients (i.e. protein, vitamins, minerals), the relationship between nutrients and food, may not understand the effects of food on the body,<sup>19</sup> or be able to apply nutritional concepts to their own food choices.

[18] Byrne, R., Baxter, J., Davidson, Z., Irvine, V., Vidgen, H., & Gallegos, D. (2024). "For me it's just the conversation: Responsive-feeding influences among early-childhood educators." *Public Health Nutrition*. doi:10.1017/S1368980024001885

[19] Satter, E. (2024). *Division of Responsibility in Feeding*. <https://www.ellynsatterinstitute.org/the-division-of-responsibility-in-feeding/>

[20] Ramsay, S.A. et al. (2010). Are you done? Child Care Providers' Verbal Communication at Mealtimes That Reinforce or Hinder Children's Internal Cues of Hunger and Satiation. *Journal of Nutrition Education and Behavior*. doi:10.1016/j.jneb.2009.07.002

[21] Bas Kale, H., Bahar, Z., Baser, G. & Qri, M. (2009). *Rev. Nutr.* DOI:10.1590/S1415-52732009000600012

[22] Australian Education Research Organisation (2023). *Play-based learning and intentionality*. <https://www.edresearch.edu.au/sites/default/files/2023-12/introduction-play-based-learning-intentionality-aa.pdf>

## Food Learning

Food learning for this age group should focus on positive, simple and neutral messaging and provide the opportunity to explore food through colours, shapes, taste, textures, sounds and smells<sup>20, 23</sup>. Activities such as cooking, growing and sensory games support children to explore food with neutral exposures<sup>21</sup>. ECEC nutrition policies that encourage the discussion of concepts like ‘everyday’ and ‘sometimes’ foods with children, counter best practice guidance for both responsive feeding and positive mealtime practice, therefore should not be promoted.

In addition to the evidence presented on age-appropriate food learning and responsive feeding above, many educators have not received formal training in age-appropriate or developmentally appropriate food learning. As a result, they often rely on their own personal knowledge, experiences, and beliefs about food to decide what and how to teach children<sup>24</sup>, including the interpretation of ECEC nutrition policies. This can lead to inconsistent messaging, the use of controlling or moralising language, and practices that may unintentionally undermine children’s ability to self-regulate their eating or develop a positive relationship with food.



## Framing of food and potential unintended harm

The narratives we use when talking about food shape how it is understood. When policies are unclear and use moralising language when talking about food and nutrition, they fail to reflect the broader conditions on why and how people eat the food they do.

Policies should reflect the social determinants of health<sup>25</sup>, understanding that not everyone has the privilege of access to high nutrient dense foods (e.g. families packing the lunchbox), limited food budgets or access to fresh produce (e.g. for ECEC services providing food)<sup>26</sup>. “Addressing the social determinants of early childhood development (from conception to compulsory school age) is essential for improving population health, and especially important for more vulnerable children<sup>27</sup>.”

## Reframing Healthy Eating

When referring to healthy eating, most population groups have a sense of what this means, citing “regular consumption of fruits and vegetables; the concept of balance; choosing fresh, colourful, and minimally processed over highly processed foods; and avoiding foods of low nutritional quality with high fat, sugar, and salt contents”<sup>28</sup>.

However, the framing of healthy eating continues to be influenced by moral codes, commonly referred to as the ‘moralisation’ of food<sup>18</sup>, resulting in feelings of guilt, regret, or shame when perceived unhealthy food is consumed<sup>29,30</sup>. When reflected in policy, framing of healthy eating can evoke a sense of shame and failure in parents and children, detracting from the goal of the setting<sup>25</sup>, and contributing to the binge restrict cycle or disordered eating behaviours, increasing the risk of eating disorders<sup>31</sup>.

[23] Teach Food First. Guiding Principles.

[24] Love, P., Walsh, M. & Campbell, K.J. (2020). Int. J. Environ. Res. Public Health. Knowledge, Attitudes and Practices of Australia Trainee Childcare Educators Regarding Their Role in the Feeding Behaviours of Young Children. doi:10.3390/ijerph17103712

[25] World Health Organization. (2025). Social determinants of health. <https://www.who.int/health-topics/social-determinants-of-health>

[26] Aristova, A., Spence, A.C., Irwin, C., Love, P.(2025). From policy to plate: stakeholder perspectives on nutrition policy in Australian early childhood education environments. doi: 10.1093/heapro/daaf165

[27] Saunders, M., Barr, B., McHale, P., et al.(2017). Key policies for addressing the social determinants of health and health inequities [Internet]. Copenhagen: WHO Regional Office for Europe. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK453571/>

[28] Klink, U., Härtling, V., Schüz, B. (2024). Perspectives on Healthy Eating of Adult Populations in High-Income Countries: A Qualitative Evidence Synthesis. Int J Behav Med. doi: 10.1007/s12529-023-10214-w

[29] Delaney, M., McCarthy, M.B. (2014). Saints, sinners and non-believers: the moral space of food. A qualitative exploration of beliefs and perspectives on healthy eating of Irish adults aged 50–70. Appetite.

[30] McPhail, D., Chapman, G.E., Beagan, B.L. (2011) “Too much of that stuff can’t be good”: Canadian teens, morality, and fast food consumption. Soc Sci Med. DOI: 10.1016/j.socscimed.2011.05.022

[31] Fiskum C, Riiber Å, Eik-Nes TT. Prevention of Unhealthy Weight, Disordered Eating, and Poor Body Image in Children. Perspectives From Norwegian Parents and Healthcare Professionals. Front Psychiatry. 2022 Apr 27;13:895781. doi: 10.3389/fpsy.2022.895781. PMID: 35573359; PMCID: PMC9094704.

Evidence highlights that when including messaging about healthy eating, it is essential to avoid inducing feelings of guilt or moralisation, instead emphasise the pleasure of eating and including a wide variety of foods<sup>18</sup>. If using the words ‘healthy eating’ a positive framing is defined by Nutrition Australia as: “Eating a wide variety of foods from the five food groups each day...in a way that is socially and culturally appropriate, having regular meals and snacks, and eating food to satisfy hunger, appetite and energy (nutrition) needs”<sup>32</sup>. This definition endorses flexibility, connection with others, internal eating cues and variability of energy or nutritional needs<sup>33</sup>. Alternative words like nourishing eating, nutritious, or a variety or diverse foods are always preferred to avoid any unintended moralising or misinterpretation.

In addition to the framing of healthy eating, ECEC policies, similar to that within school settings, have the potential to inadvertently “promote an improper binary view of foods”<sup>34</sup>. Identifying foods as ‘everyday’ or ‘sometimes’ foods similar to ‘healthy’ or ‘unhealthy’, “relies on a **narrow biomedical understanding of food** that fails to incorporate cultural aspects of foods and ignores household barriers”<sup>17,35</sup>. When seeking feedback on this policy language from Dr. Zali Yager, she highlighted:

“**Advising people to eat less ‘discretionary foods’, or ‘sometimes foods’ might seem like a good idea, but it’s counterproductive, and potentially harmful. Restrictive feeding styles in early childhood may contribute to a reduction in children’s ability to self-regulate and respond to their own hunger cues, which may lead to increased consumption of ‘discretionary’ foods and excessive weight gain in children, rather than protecting against overconsumption**<sup>36,37</sup>.”

**In addition, higher parental control, pressure, and restriction – are directly associated with higher rates of anorexia, bulimia, binge eating, and compensatory behaviors in adolescence and young adulthood**<sup>38</sup>

- Dr Zali Yager

Executive Director, The Embrace Collective  
Adjunct Associate Professor, Institute of Health and Sport, VU.  
Conjoint Academic, UNSW Medicine and Health

[32] Nutrition Australia Victorian Division. [www.nutritionaustralia.org](http://www.nutritionaustralia.org)

[33] Willer, F. (2022). Size inclusivity review. Commissioned by Star Health and Peninsula Health

[34] Gingell T, Esdaile E, Gallegos D (2025) School food and nutrition environments in Australian primary schools: A scoping review. *PLoS One* 20(7): e0327310. <https://doi.org/10.1371/journal.pone.0327310>

[35] Tanner C, Maher J, Leahy D, Lindsay J, Supski S, Wright J. (2019). ‘Sticky’ foods: How school practices produce negative emotions for mothers and children. *Emotion, Space and Society*. <https://doi.org/10.1016/j.emospa.2019.100626>

[36] Liang, J., Matheson, B. E., Rhee, K. E., Peterson, C. B., Rydell, S., & Boutelle, K. N. (2016). Parental control and overconsumption of snack foods in overweight and obese children. *Appetite*, 100, 181-188. doi: [10.1016/j.appet.2016.02.030](https://doi.org/10.1016/j.appet.2016.02.030)

[37] Rollins, B. Y., Savage, J. S., Fisher, J. O., & Birch, L. L. (2016). Alternatives to restrictive feeding practices to promote self-regulation in childhood: a developmental perspective. *Pediatric obesity*, 11(5), 326-332. DOI: [10.1111/ijpo.12071](https://doi.org/10.1111/ijpo.12071)

[38] Loth, K. A., MacLehose, R. F., Fulkerson, J. A., Crow, S., & Neumark-Sztainer, D. (2014). Are food restriction and pressure-to-eat parenting practices associated with adolescent disordered eating behaviors?. *International Journal of Eating Disorders*, 47(3), 310-314. DOI: [10.1002/eat.22189](https://doi.org/10.1002/eat.22189)

## Disability Discrimination Act

Further to this, within ECEC policies, blanket 'limit discretionary foods' statements, may increase the risk of indirect disability discrimination under the Disability Discrimination Act 1992 (DDA)<sup>39</sup>, particularly for neurodivergent children with sensory-based food selectivity. For example, neurodivergent children may experience sensory sensitivities that make certain foods or textures distressing or intolerable, and/or anxiety or dysregulation when appropriate safe or trusted foods are not accessible<sup>40</sup>. Access to 'safe foods' may also alleviate anxiety for many children in a setting that can be very overwhelming. Examples of this access to 'safe or trusted foods', can be in the form of adjustments to the mealtime environment (e.g. low sensory or sensory stimulating spaces, option for safe movement)<sup>41</sup>, when and how often children are offered food (e.g. free access to lunchbox), children being permitted to bring in their own lunchbox, rather than eating the menu in LDC, serving a 'safe or trusted food' alongside other foods on the services menu<sup>41</sup>, or allowing families to pack the foods that are safe and trusted for their children, free from judgement or shame.

## Legal Disclaimer

Please be advised, the above evidence regarding the Disability Discrimination Act 1992 is not legal advice; it is interpretation of the Act and standards. Please seek appropriate advice from legal professionals.

Within the DDA, it establishes that it is unlawful for an education provider, including ECEC services, to discriminate against a child on the basis of disability (Section 22)<sup>39</sup>. Under the DDA, discrimination includes failing to make reasonable adjustments to ensure that a child with disability can participate on the same basis as other children, unless the provider can demonstrate that the adjustment would impose unjustifiable hardship (DDA, Section 11; Section 22(4))<sup>39</sup>. Policies that fail to consider the functional reasons why certain foods may not be accessible for people with disabilities have potential to be deemed indirectly discriminatory.

To prevent othering, isolation, or the need for additional accommodations, removing 'limit discretionary foods' and similar terminology throughout ELAA Nutrition, Oral Health and Active Play Policy significantly mitigates potential discrimination risk by allowing individualised, reasonable adjustments for each child, as required under the Disability Standards for Education 2005, Sections 3.3 and 3.4<sup>42</sup>.

[39] Australian Government. (1992). Disability Discrimination Act 1992 (Cth). <https://www.legislation.gov.au/Details/C2018C00125>

[40] Cermak, S.A., Curtin, C., Bandini, L.G. (2010). Food selectivity and sensory sensitivity in children with autism spectrum disorders. *J Am Diet Assoc.* doi: 10.1016/j.jada.2009.10.032

[41] Ellyn Satter Institute. Neurodivergence. <https://www.ellynsatterinstitute.org/how-to-feed/neurodivergence/>

[42] Australian Government Department of Education. (2005). Disability Standards for Education 2005. <https://www.education.gov.au/disability-standards-education-2005>

# Conclusion

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ECEC nutrition policies play a critical role in shaping positive, developmentally appropriate food and mealtime environments. Evidence demonstrates that responsive feeding practices, respectful educator–child interactions, and inclusive approaches, are essential for fostering children’s wellbeing, agency, and healthy relationships with food.

Policies must provide clear, actionable guidance to educators on creating relaxed, respectful, and inclusive mealtimes. The framing, language, and structures embedded in these policies directly influences how educators approach food and mealtimes, shaping children’s experiences.

By prioritising evidence-informed, responsive, and strengths-based approaches, in addition to nutritious and diverse foods, ECEC services can ensure that nutrition policies not only meet regulatory requirements but actively contribute to equitable, positive, and sustainable food environments that support lifelong positive eating behaviours and minimise weight bias and disordered eating risk.

