Executive Summary

According to the provincial Healthy Eating Nova Scotia strategy, eating habits are developed early in life. Some evidence suggests that food habits established before the age of five are maintained in adulthood. Approximately 70% of Nova Scotia preschool children have mothers in the workforce and most of these children do much of their eating, and learning about eating, outside the home. Therefore, child care providers, both formal and informal, play a critical role in the development of eating habits.\(^1\) There is a significant opportunity in Nova Scotia to influence child health, long-term health outcomes, and the provision of life-long learning opportunities through a focus on early childhood nutrition.

In 2004, Public Health Nutritionists and Early Childhood Development Officers participated in an analysis that identified variation in the type and level of provincial food and nutrition support provided to licensed child care centres throughout Nova Scotia. Concurrently, the Healthy Eating Nova Scotia\(^1\) strategy was released, and included a recommendation to increase the ability of licensed child care centres to implement nutrition-related provincial regulations, through the provision of additional training and resources.

Therefore, the Departments of Community Services and Health Promotion and Protection recommended an assessment of the current practice related to food and nutrition support for licensed child care centres, in order to determine potential enhancements to this support. Based upon a literature review, key informant interviews and feedback sessions, this report was developed to inform efforts to enhance food and nutrition support to licensed child care settings in Nova Scotia.
The findings of this work show that food and nutrition supports available to licensed child care settings are structured differently in each province and territory. All provincial and territorial jurisdictions do rely on legislation to outline minimum standards for licensed child care. The amount of detail pertaining to food and nutrition in the legislation varies between provinces and territories.

Key informants identified a diverse list of existing nutrition supports available for licensed child care settings. Many of these supports were described as having both strengths and challenges. Supports included nutritionists, employees associated with early childhood and licensing, acts and regulations, food safety officers, early childhood education and professional development, books, manuals, fact sheets, websites, Canada’s Food Guide, food vendor arrangements, parents, community resources and the children themselves.

Key informants also discussed how food and nutrition supports could be enhanced by implementing policies and guidelines specific to nutrition, increasing training available to staff and parents, implementing family style meals in child care settings, developing menus, increasing parental involvement, exploring incentives and offering nutrition education for preschoolers.

This environmental scan identified many different and often divergent stakeholder opinions. There did appear to be willingness among many stakeholders to collaborate and enhance nutrition supports to licensed child care settings in Nova Scotia.
2.1 Recommendation for Food and Nutrition Support in Licensed Child Care Centres in Nova Scotia

Create a comprehensive food and nutrition policy for licensed child care in Nova Scotia.

A comprehensive policy should include food and nutrition standards, best practices in child care, and resources to aid implementation of the policy within licensed child care centres. This policy might address foods and beverages served in licensed child care centres, family style meals, parental involvement, food and nutrition education in diploma/degree programs, nutrition education for children, professional development related to food and nutrition, and resource development. To carry out this recommendation, suggested actions are outlined below.

2.2 Suggested Actions

1. Establish a Provincial Working Group to inform the development of a comprehensive food and nutrition policy for licensed child care in Nova Scotia. The Working Group should delineate the roles and responsibilities of all appropriate partners in the provision of food and nutrition supports in licensed child care centres. Provincial leadership should be provided by the Department of Community Services and the Department of Health Promotion and Protection with input from key stakeholders such as Public Health Services, Regional Community Services staff, early childhood sector, community-based organizations, educators for early childhood education, parents, Nova Scotia Department of Agriculture, and Nova Scotia Department of Environment and Labour. The Working Group will require a clear mandate that enables it to develop a standardized approach to food and nutrition in licensed child care that can be tailored and delivered to meet the needs
of communities across the province. Such a Working Group requires resources to be successful, including dedicated staff time to foster the development and coordination of the Working Group and to undertake specific tasks that the Working Group may be required to complete in order to fulfill its mandate.

2. Provide professional development opportunities for Public Health Nutritionists to support capacity building initiatives related to early childhood nutrition.

3. Within the comprehensive food and nutrition policy for licensed child care centres, provide a clear interpretation of the Day Care Act and Regulations.

4. Once the comprehensive food and nutrition policy for licensed child care is developed, phase out the existing Memorandum of Agreement surrounding nutrition supports for licensed child care settings between the Department of Community Services and Department of Health.

   a. Once the Memorandum of Agreement has been phased-out, the detailed menu assessment and menu approval processes completed by Public Health Nutritionists should be discontinued; and

   b. Public Health nutrition resources in district health authorities should then be re-allocated to capacity building initiatives to support the implementation of the food and nutrition policy in licensed child care centres.

5. Increase the nutrition-related knowledge and skills of child care centre operators, employees, early childhood sector, and family home day care
consultants. Regular workshops, training programs and newsletters may be means by which to build capacity.

6. Public Health Nutritionists and Early Childhood Development Officers should maintain their linkages and continue to collaborate related to food and nutrition supports in licensed child care. Suggested capacity building initiatives include:

a. Identify/develop food and nutrition resources appropriate for licensed child care settings. The resources should be culturally relevant, socially inclusive and contain affordable suggestions to provide food and nutrition support. For example, resources might include manuals, CD/DVD, web site, etc.;

b. Create accessible professional development opportunities for the early childhood sector related to food and nutrition (e.g. train-the-trainer approach);

c. Collaborate with early childhood education and nutrition training institutions to improve diploma/degree course content in early childhood nutrition;

d. Find innovative ways to highlight best practices and successes with food and nutrition in licensed child care settings through the sharing of information and stories in handouts and/or publications, and coordinate access to many of the food and nutrition resources available to child care settings; and

e. Consider combining food and nutrition supports with other health promotion and early childhood development initiatives.
7. Develop a communication strategy for all stakeholders to increase awareness and understanding regarding the comprehensive food and nutrition policy for licensed child care centres in Nova Scotia.

8. Establish an evaluation framework, with appropriate resources allocated, that defines and monitors both the expected processes and outcomes of implementing the recommendation and suggested actions.