

Assessing the Impact of Reducing Food-Related Choking for Babies and Young Children at Early Learning Services Guidance: Online survey in four regions of New Zealand

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Abstract (450 words for NZNS excluding references, no headings, references word limit is 50) (needs at least one reference, e.g., for background section)

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Young children, especially those under one year of age, are at higher risk of choking on food due to their body's immature physiology and chewing, swallowing and coughing ability⁽¹⁾. In 2020, the Ministry of Education mandated the Ministry of Health's food-related choking guidance for babies and young children at early learning services (ELS), adding it to the licensing criteria⁽²⁾. Some ELS managers reported that this policy may negatively influence the food and nutrition environment within ELS⁽³⁾. This study aimed to assess the impact of the food-related choking policy on the food and nutrition environment within ELS.

Data were collected using an online Qualtrics questionnaire from ELS in four District Health Board regions: Waikato, Bay of Plenty, Lakes, and Auckland (N=1066), sourced from the Ministry of Education, *Education Counts* database.

Responses were received from 179 ELS (17%) and most reported making changes due to the food-related choking guidance. The main changes were to the food provided by the ELS (75%), education for whānau/family (73%), and supervision of children (70%). Over half of the centres reported adjusting staff duties to allow for increased supervision of eating (60%) and changed/ceased celebrations or fundraisers (58%). Over half of the respondents (55%) reported that changes to reduce the risk of food-related choking had affected the 'cultural kaupapa' (plan/policy) of the ELS. A key theme from written responses was that centres had 'not come together as whānau', which refers to reduced hosting of centre events/celebrations within the centre and externally with children and whānau (families). The main reason appeared to be that the food restrictions in the guidance made the management of 'shared kai (food)' too difficult. Approximately two-thirds of centres (61%) reported removing foods from menus, and around half (49%) modified texture of foods. Fifty-one per cent of ELS reported that there had been no change in parent-supplied food. The main foods removed from ELS menus were fruit, vegetables, hard crackers, sausages/other

meats, and popcorn. Soft fruit, e.g., canned fruit, soft crackers, and soft meats (hamburger patties, mince, luncheon, and ham), were the main foods added to menus.

ELS have responded to most of the new food-related choking guidance requirements regarding food provision, texture modification, and supervision; however, some ELS may need support to implement fully. Ceasing shared kai events at ELS has reduced opportunities to engage with whānau and limits cultural expression, connection and reciprocal learning and teaching about food and nutrition between the centre and whānau as outlined in Te Whariki Early Childhood Curriculum. Improved communication and support for parents and ELS to implement the recommendations for home and centre-supplied foods is needed. Together with sufficient funding for supervision and nutrition education to support children's learning and cultural needs around food.

Keywords

Food-related choking; early childhood education; food environment

References

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