Additional Nutrition Pilot Programme (also known as Hot Meals Pilot Scheme) Evaluation Report

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Contents

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We would like to thank everyone who contributed to this report in particular.

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Executive summary

The Additional Nutrition Pilot Programme (also known as the Hot Meals Pilot Scheme) was commissioned by the Department of Children, Equality, Disability, Integration and Youth. The aim of the pilot programme was to test the provision of meals to provide additional nutrition and healthy eating practices in early learning and childcare services.
The pilot programme allowed for the provision of a range of meal options, including hot and cold meals and snacks to children attending these services.

Nine early learning and childcare services took part in the programme which started after a period of preparation at the beginning of May 2023 and ran for six weeks.
The results of the pilot programme will inform decisions about a possible wider roll out.

Overall, the pilot was well received by service providers, parents and their children.
Some of the main reported benefits include:

- An increase in the variety, quality and nutritional content of meals provided.
- Increase in children's curiosity for new nutritional foods with new textures and tastes.
- The educational value of children learning about nutrition, the food chain, food waste, sustainability and involving children in food preparation through play.
- Communal dining fostered an atmosphere of inclusion at mealtimes.
- Positive influences from their peers encouraged children to try a wider variety of foods. This also led to a change in the perception among parents, service managers and staff of what foods children were prepared to eat.
- Evidence of emotional, behavioural and social development of children which overlapped into other areas of life outside the childcare setting.
- Noteworthy cases where children with additional needs became more engaged and attentive as a result of the pilot programme.

A large majority of services and parents would like to see the initiative continue in the future. Some operational challenges became apparent over the course of the pilot programme. Delivering quality healthy food takes additional time and staff resourcing was an issue for a number of services due to an increased volume of work across areas such as meal planning, meal preparation, cleaning, and associated administration. Sourcing equipment and lack of food storage space posed a challenge in some cases.

The dietitian played a key role in supporting services to improve the nutritional content of meals and impart knowledge which contributed to the success of the pilot. This advisory support role should be considered in any future programme along with supports in relation to regulatory requirements and further examination of the operational issues encountered.

1. Introduction and objectives

In November 2022, Roderic O'Gorman, Minister for Children, Equality, Disability, Integration and Youth, (DCEDIY) announced a pilot programme to provide meals, both hot and cold to children in early learning and childcare settings.

"The Hot Meals pilot scheme" is one of a range of measures under "First 5", a whole-of-government strategy for babies, young children, and their families, to help tackle early childhood poverty and to support children's health, learning and development.

Nine early learning and childcare services were selected to participate in the pilot to be delivered over a six-week period in 2023 (2nd May – 9th June).

Funding of €150,000 was provided by the Dormant Accounts Fund and the pilot programme was administered by Pobal. Costs associated with the purchase of food, kitchen equipment and HACCP (Hazard Analysis and Critical Control Point) food safety training were eligible under the pilot. Three meal options were available to service providers; (1) Breakfast or snack, (2) Breakfast or snack, plus a packed lunch to take home; (3) Hot meal or snack. Guidance and support from a dietitian was also available to help service providers with meal planning.

This report presents an evaluation of the pilot programme through consultation educators and parents along with learning stories and feedback from the participating services. It examines the benefits and challenges experienced by service providers, children, and their parents over the course of the pilot.

It includes analysis of the issues faced by service managers and staff in delivering the pilot programme such as administration, meal planning and staff resources, the reaction of children to the pilot and its impact on their behaviour and possible broader effects on their family life.

The results of the pilot programme will inform government decisions about any possible wider roll out of an Additional Nutrition Programme to early learning and childcare providers.

It will also contribute to ongoing work in the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) to provide services with a proportionate mix of universal and targeted supports to support children and families accessing their services who are experiencing disadvantage.

2. Profile of participating service providers

Nine early learning and childcare services operating in areas of concentrated disadvantage in five different counties participated in the pilot programme.

Seven are based in urban areas and two in rural areas. All but one of the services are community /not for profit organisations.

Six of the services are located in areas classified as marginally below average and three in areas classified as disadvantaged on the Pobal HP Deprivation index[1].

The figures on the number of children partaking in the pilot presented in Table 1, as well as the contract data, are based on a snapshot taken from the Early Years Platform (EYP) system as at 24th of April 2023.

- There was a total of 353 children attending the nine providers.
- The highest number of children at a single provider was 77.
- The lowest number of children at a single provider was 19.
- 100% (n = 9) of the providers offered NCS (National Childcare Scheme), availed of by 244 children.
- 89% (n = 8) of the providers offered ECCE (Early Childhood Care and Education), availed of by 164 children.
- 38% (n = 3) of the providers offered CCSP (Community Childcare Subvention Plus), availed of by 12 children.
- 89% (n = 8) of the providers offered AIM (Access and Inclusion Model) Supports to 22 children.

Table 2.1. Profile of participating Early Learning and Childcare Services

Service name	No. of children attending	Service type	Deprivation Index rating	Urban / rural	County division
Naíonra Cró na nÓg	20	Community	Marginally below average	Urban	Cork City
TVG Goras Community Childcare	45	Community	Marginally above average	Urban	Cork City
Little Treasures Community Creche	53	Community	Marginally above average	Urban	Dublin City
St Margaret's Pre school	21	Community	Disadvantaged	Urban	Dublin City
Sunbeams Playschool	20	Private	Marginally below average	Urban	Dublin Fingal
Johnstown Community Childcare Centre	42	Community	Disadvantaged	Rural	Kilkenny
Ballymore Community Childcare Facility	77	Community	Marginally below average	Rural	Westmeath
Kids Aloud	56	Community	Marginally below average	Urban	Wicklow
Bray Family Resource & Development Centre Ltd.	19	Community	Disadvantaged	Urban	Wicklow

[1] Deprivation Indices (pobal.ie)

In the weeks prior to the pilot starting, participating services received a visit from a member of the Pobal PDI team and Louise Reynolds (MSc. MINDI CORU Registered Dietitian). This allowed services providers to get an overview of the pilot programme and discuss menus and equipment required. Service providers had support from Pobal by telephone, email, and Microsoft Teams throughout the course of the pilot.

In addition to the support provided by the dietitian, service providers were given copies of "Safe Food 101 Square Meals[2]" and "Nutritional Standards for Early Learning and Care Services[3]" as a reference guide for nutritional information and meal planning.

A wide variety of kitchen / catering equipment was purchased by services participating in the pilot, from large kitchen appliances such as fridge freezers and cookers to smaller items such as toasters and child friendly crockery/cutlery. The majority of services purchased ingredients and prepared the food on site while a small number used external caterers.
Participating services were offered HACCP training, and a number chose to avail of this.

Each service was required to submit a financial return to Pobal including a detailed list of financial transactions (payments) funded under the programme together with relevant supporting documentation (copy bank statements, certified declaration, copy receipts, where necessary).

[2] 101 Square Meals Cookbook, Safefood, 2022 101 Square Meals interactive recipe ebook (safefood.net)

[3] Nutrition Standards for Early Learning and Care Services, Healthy Ireland, 2023 2472 - C - Safefood - Early Childcare Nutritional Standards 40pp v7.indd - f9394732-e700-447f-8f6f-1f101c6f9565.pdf (www.gov.ie)

3. Methodology

This evaluation is based on research conducted through solicited feedback from all stakeholders on a range of elements of the pilot programme from operational roll-out (communication, funding, support from dietitian/Pobal etc) to impact on the services and children and their families.

Several different research methods were utilised including; online surveys of service managers and staff and telephone surveys of parents; learning stories completed by services in consultation with children; input from the dietitian who supported service providers; and other feedback obtained through regular contact with the services over the course of the pilot.

The surveys were designed by the Pobal Monitoring, Analysis and Outcomes (MAO) team and the Programme Design and Implementation (PDI) team in conjunction with the DCEDIY.

A short primary survey was conducted during the week of 2nd May 2023 as the pilot began with both the service providers and parents. This allowed us to get a general understanding of the food provision issues faced by individual service providers prior to the pilot programme and also the types of food parents were giving their children to eat while attending the services and the challenges faced by parents in providing healthy nutritious meals.

More detailed post implementation surveys were conducted with service providers and parents during the week of 19th June 2023 when the pilot programme had concluded. The analysis of the responses to these post implementation surveys is the main focus of this evaluation.

Both sets of surveys were conducted online for service managers and staff. Parents were surveyed by telephone, which was carried out by Abtran on behalf of Pobal.

Table 3.1: Number of respondents per survey by stakeholder type

Stakeholder	Survey method	Survey 1 respondents	Survey 2 respondents
Service managers	Online	9	10
Service staff	Online	21	21
Parents	Telephone	177	130

The surveys consisted of both open-ended and single/multi choice questions.
The former to capture qualitative feedback. The latter to identify the perceived effects of the pilot, measure the level of agreement with statements regarding the pilot and its effects and to measure the extent to which these effects were perceived.

Most of these questions used a Likert scale, where the respondent was asked to select an option from a five-point scale where 1 represents one side of the spectrum and where 5 represents the opposite side, such as a scale ranging from "Totally disagree" to "Totally agree".

Participating service providers used learning stories to record children's behaviour during the pilot programme. A 'Learning story' records what an educator has seen a child (or group of children) doing in an early learning and care service. Learning stories are a method of documenting and assessing a child's learning in an early learning setting and require knowledgeable educators who understand children's learning.

Service managers and staff provided other feedback over the course of the six-week period through check in calls held every two weeks on Microsoft Teams with Pobal and the dietician. Longer sessions were also held at the beginning and conclusion of the pilot programme which were attended by all stakeholders and offered a valuable opportunity to gain insights into service providers experience which was not captured in the surveys.

The analysis of the surveys, learning stories and other feedback form the basis of the evaluation of the pilot programme.

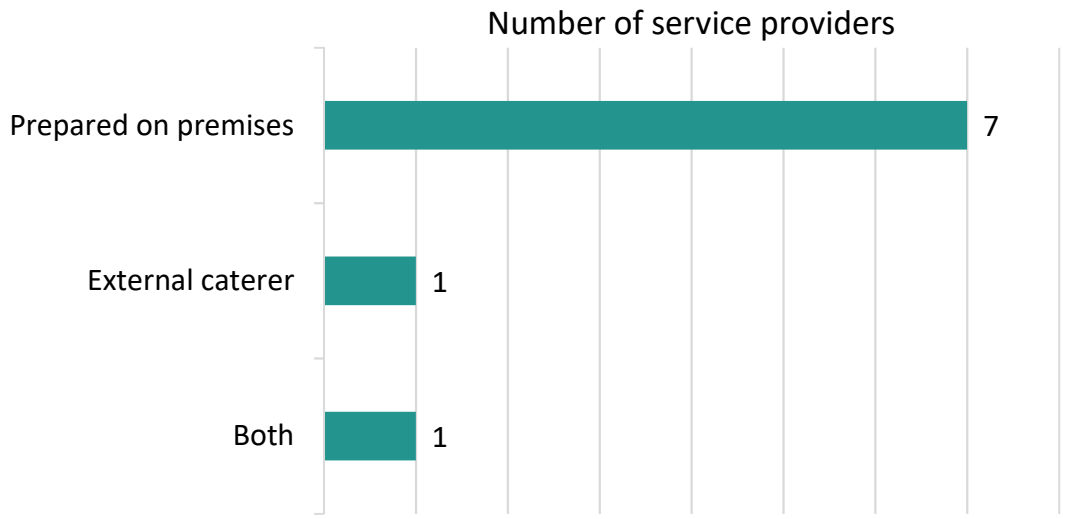
Chart representation of both primary and post implementation surveys and examples of learning stories submitted by service providers are included in the appendices.

4. Evaluation: key findings

4.1 Service provider readiness for effective delivery

Before introducing the pilot programme, service providers conducted a thorough evaluation of their existing setups to determine the necessary adjustments required to effectively implement it. Key considerations included the evaluation of kitchen facilities, appropriate food storage spaces, necessary equipment, and staffing arrangements. These factors played a pivotal role in shaping the delivery strategy of each service provider, influencing their decision to either prepare all meals on-site or collaborate with external caterers. Figure 4.1 provides an overview of the diverse approaches adopted by the providers throughout the pilot's implementation.

Figure 4.1: Food offering approaches adopted by the service providers

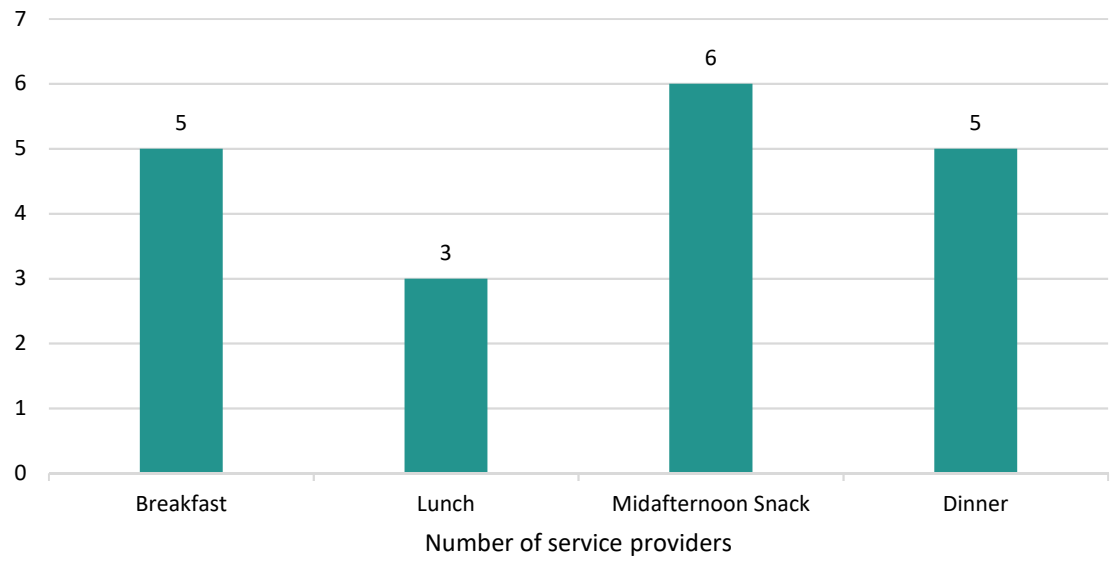


- Seven providers 78% opted to prepare all meals on their premises.
- One provider exclusively engaged external caterers for meal provisioning.
- One provider also adopted a hybrid approach, involving on-site preparation for certain meals while relying on external caterers for others.

Initially, not all service providers offered a complete daily lineup of breakfast, lunch, snacks, and dinner. Instead, some provided a single meal or a limited combination of these options, supplementing with meals brought from home by the children.

However, the implementation of the pilot programme prompted the service providers to expand their offerings by introducing additional meals. Figure 4.2 presents the meals introduced by the providers as a result of the pilot:

Figure 4.2: Meals introduced during the pilot programme



- Five providers (56%) introduced breakfast options.
- Three providers (33%) added lunch alternatives to their offerings.
- Six providers (67%) included a midafternoon snack in their range.
- Five providers (56%)) incorporated dinner choices into their meal selections.

4.2 Nutritional guidance supports from a dietitian

Each of the nine service providers participating in the pilot programme received a visit from the project manager and a dietitian, prior to the commencement of the pilot programme. The visits lasted between 90 to 120 minutes.

Service providers reported being nervous about the initial dietitian's visit, however, post visit, they reported it as being positive and supportive. The focus of the visit was on acknowledging the existing positive aspects, such as the presence of numerous nutritious food options. Simultaneously, suggestions were offered to enhance nutritional quality through adjustments in food shopping and cooking methods.

During the visit, an in-depth conversation ensued regarding the current food arrangements. This encompassed considerations like in-house hot meals, in-house snacks, or food brought in lunch boxes by children – the approach varied based on each service's offerings.

Although a comprehensive nutritional analysis was not conducted, there was a thorough evaluation of weekly menus, encompassing discussions on cooking techniques and ingredient sourcing. Recommendations encompassed meal swaps and snack alternatives.
In instances where in-house kitchens were in operation, discussions were held with chefs and assessments of fridges, freezers, and store cupboards were carried out.

Attention was drawn to portion sizes, prompting recommendations for child-sized utensils, plates, cups, etc., as relevant.

Strategies were discussed to address the issue of food waste. For instance, surplus fruit could be transformed into smoothies on Fridays, and extra vegetables could be incorporated into stews or soups.

Furthermore, misconceptions around nutrition were debunked through discussions aimed at dispelling common nutrition myths.

The survey results from service provider employees indicated a favourable reception of this guidance, with 15 (72%) of staff members and eight (80%) of the managers expressing appreciation for the meal planning support provided by the dietitian. One constructive suggestion offered by a staff member involved the dietitian supplying a range of pre-designed menus, streamlining the process instead of requiring staff members to design menus independently. This feedback highlights the ongoing commitment to enhancing the programme's efficiency and satisfaction levels.

4.3 Communication and awareness of the pilot programme

To ensure the seamless operation of the pilot programme, both the staff and management of participating services actively engaged with parents to share information about the pilot programme. Including, providing a hard copy of the 101 Square Meals book, explaining the programme's objectives, and detailing the tailored approaches each service would employ for its delivery.

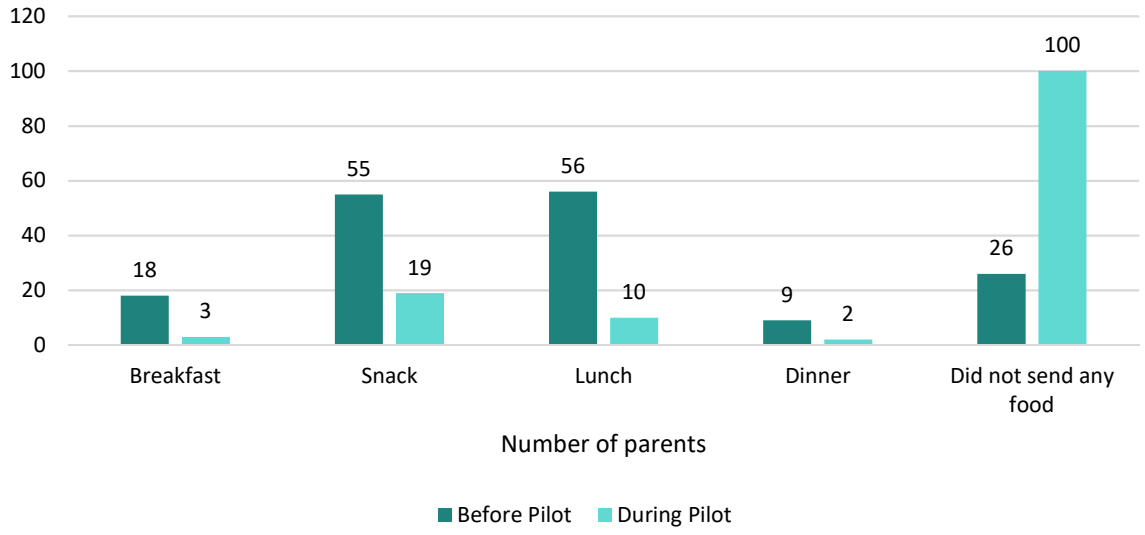
The result of the parents' survey underscores the success of these efforts, revealing that an overwhelming 127 (98%) of the parents acknowledged being well-informed about the pilot's implementation. This sentiment was echoed in the staff survey, where 19 (90%) of the respondents agreed that parents were adequately informed about the impending changes in the provisioning of food to the children.

Furthermore, a detailed comparative analysis of the meal contributions sent from home prior to and during the pilot programme provides additional insight into the extent of parental awareness and participation. This analysis highlights a shift in behaviour, with 106 (80%) of the parents previously sending at least one meal from home, this figure reduced to 31 (23%) during the pilot's implementation phase.

Figure 4.3 presents a comprehensive breakdown of the pre-pilot and during-pilot food contributions by parents, offering insights into the shift across various meals:

- Initially, 18 (14%) of the parents sent breakfast with their child, this decreased to three (2%) during the pilot's execution.
- Prior to the pilot, 55 (42%) of the parents provided a snack for their child, which experienced a reduction to 19 (15%) in light of the pilot's implementation.
- Similarly, a visible change is observed in lunch provisions. Initially, 56 (43%) of the parents sent lunch with their child, but this proportion decreased to ten (8%) during the pilot.
- A similar trend can be observed with dinner contributions. Originally, nine (7%) of parents sent dinner with their child, which reduced to two (1.5%) during the pilot's implementation phase.

Figure 4.3: Breakdown of food contributions before and during pilot programme



The trends described above show the shift in parental involvement in meal provisioning during the implementation of the pilot. The results evidence the role of the pilot in streamlining meal offerings, reducing the burden on parents and providing children with consistent meals through the pilot's provisions.

The trends presented above indicate that the communication strategy implemented by staff and management has been successful in changing parental behaviour regarding the food contribution, i.e. the reduction in externally provided meals during the pilot.

4.4 Impact of the pilot programme on children

A comprehensive understanding of the pilot programme's impact on participating children has been derived from a consolidation of data sources, including surveys conducted among service managers, staff and parents, supplemented by learning stories shared by services. This comprehensive approach has been further enriched by insights garnered from a report authored by the dietitian who provided guidance to the service providers. The combined results offer a multifaceted insight into the effects of the programme on the children involved.

Listed below are trends that have been identified through a thorough analysis of the various data sources and surveys mentioned earlier.

Guided by the insights of a dietitian who provided essential guidance to the service providers, the pilot programme ventured to cater to a well-established nutritional principle. This principle emphasises the pivotal significance of the early childhood years — from infancy to the formation of a comprehensive dietary pattern. This phase holds a dual importance: not only in terms of fulfilling the nutritional prerequisites for growth but also in terms of introducing young children to an extensive array of tastes, textures, and food categories, capitalising on their inherent openness to new experiences.

The dietitian's assessment of the pilot programme shed light on a notable benefit: the pilot's capacity to present children with a broad spectrum of previously unexplored foods. In conventional circumstances, services might be reluctant to invest in foods with uncertain acceptance among most children. However financial support granted them the freedom to experiment, facilitating both the service providers and the children in embracing the new experiences.

Survey responses showed the pilot's success in diversifying children's diets. Approximately 16 (76%) of the staff survey participants confirmed that the pilot was effective in introducing a wider variety of foods during mealtimes. Moreover, eight (80%) managers deemed the allocated funding, adequate to implement this dietary improvement. This included the inclusion of a range of fruits and vegetables, an expanded range of fish like salmon and tuna, along with diverse cheese selections. The menu evolution encompassed other nutritious offerings such as meats, wholegrain breads, eggs, chicken, crackers, milk, hummus, pasta, yogurt, and smoothies.

The Word Cloud presented in figure 4.4 provides a visualisation of the newly introduced foods. The prominence of each term in the Word Cloud corresponds to its frequency of mention in the manager survey, reflecting the collective sentiment of respondents:

Figure 4.4: New food types introduced represented in word cloud format

The pilot's success in offering a variety of healthy foods shows how it helps children try new foods and improves their nutrition and well-being.

4.4.1 Factors influencing food variety

The factors that led to changes in the range of food offerings by service providers as a part of the pilot were two-fold: a concerted effort to increase the appeal of meals to children, and an emphasis on elevating the nutritional value of the meals.

When the managers were asked about the most significant factor influencing the shift in food variety for children, they stated it was enhancing the meals' appeal to children. This endeavour can be visually understood through the image on the left. Staff members harnessed their creativity to present food in a way that captured the attention and curiosity of the children, thereby fostering a heightened willingness to engage with the food.

This approach not only contributed to the increase in the variety of foods offered to children but also highlighted the adaptable and resourceful nature of service providers, who sought to align the pilot's objectives with the preferences and sensibilities of the children. Through this

approach service providers managed to achieve a balance between nutritional benefits and visual appeal

4.4.2 Varied dietary backgrounds prior to pilot programme

Service providers reported that although most of the children enjoyed a varied diet from home before the pilot programme's launch, not all children did.

Staff members shared examples of particular situations prior to the pilot commencing that highlighted the needs of some children that the introduction of the pilot helped to significantly address. For example:

- Certain services were sending extra snacks, sandwiches, or fruit home with children in their pockets.
- In specific instances, children were accommodated for an additional hour post ECCE (Early Childhood Care and Education) hours at no cost, allowing them to have a hot lunch available on a given day.
- A particularly notable case highlighted a child who relied on a single packet of biscuits for the entire week, dividing them into portions for each day. Service staff stepped in to ensure alternative meals and snacks were provided for this child.

In response to an open-ended question about the pilot's benefits, service provider staff voiced support for the programme. Around 15 staff (71%) highlighted the pilot's role in ensuring all children received nutritious food — this is something that was not guaranteed when meals were coming from home, where the possibility of missed meals or inadequate nutrition was plausible.

Additionally, five (24%) of the respondents emphasised how the pilot mitigated the risk of children going hungry, offering free food to families, and addressing potential socio-economic difficulties. These insights highlight the importance of the pilot for the well-being of children and families.

The manager survey also highlighted advantages of the pilot, including the pilot's capacity to introduce children to a diverse range of foods and promote improved eating habits. It also highlighted the pilot's role in enhancing parental awareness of their children's food likes and dislikes, while encouraging children's social skills by transforming mealtimes into social occasions.

The examples above that were shared by the staff from the service providers highlight the impact of the pilot on the children who participated, particularly those from more disadvantaged backgrounds.

By providing alternative meals and snacks, the service staff not only addressed nutrition but also represented the overall mission of the pilot programme: to improve the circumstances of children from diverse backgrounds. By ensuring access to nutritious meals and addressing the unique needs of disadvantaged children, the pilot tackles inequality and offers these children a fair chance at a healthier future.

4.4.3 Establishment of good social skills around eating

Multiple services highlighted notable changes in mealtime dynamics that unfolded during the pilot programme. These changes encompassed a transition from individual lunchbox meals to a collaborative, communal sharing style at tables with classmates. The inclusivity of this communal approach was emphasised, as it removed any sense of singling out children receiving "free" food. It promoted an environment where each child was treated as an equal, encouraging a sense of unity among the children.

The insights offered by the dietitian resonated with the observed changes. The popularity of self-service style meals introduced by some services was evident. It enabled children to explore, interact with, and gradually embrace new foods, even those they initially approached with caution. The approach adhered to the principle of "service provides, and child decides", creating an atmosphere free from plate-clearing pressure. This facilitated a relaxed setting for children to experiment with new foods, a sentiment that the manager's survey echoed by highlighting children's increased willingness to explore new foods when surrounded by peers.

One service noted a case of a child suffering from social anxiety and who was uncomfortable participating in group activities and social occasions. The child also has had a limited appetite. Making the snacks visually entertaining appealed to the child's sense of humour and this child at the end of the pilot was spontaneously sitting down with the group and randomly selecting different foods to taste. The child has also developed a strong appetite and started enjoying the social aspect of mealtimes.

Incorporating a buffet-style breakfast in a couple of services added a new aspect. Previously, children who had not eaten breakfast at home (as known to staff) would eat their breakfast separately, but the pilot's introduction saw all children enjoying breakfast together. Staff members attested to the transformative nature of this inclusive approach, where shared mealtimes yielded positive changes in children's behaviour.

The pilot's impact on children with sensory challenges around food was particularly significant. The exposure to a variety of foods, arranged self-service style at the centre of the table, proved influential in enhancing acceptance levels. Services reported shifts in food acceptance patterns over the pilot's duration, leading to reduced anxiety surrounding the introduction of unfamiliar foods.

The following quote is from a service manager in relation to a child with additional needs who attends full day care.

"The child has very specific, fixed attitudes towards the texture and type of food they will eat, generally only eating crackers or rice cakes. The child is now quite curious about the range and variety of foods available. On the first day of the pilot programme, the child observed the other children eating the melon boats. Once the child had the opportunity to discover the sensory delight of eating melons, they now try all the foods on offer including creamy mashed potatoes, egg mayonnaise mix, yogurts and of course melons."

The approaches adopted by service providers highlight the multiple advantages of communal dining experiences. Shared mealtimes provide a platform for children to try new flavours, textures, and tastes. Moreover, observing healthy eating habits among both peers and adults encourages children to make more wholesome choices.

The dietitian highlighted that the changes observed on children with sensory challenges requires further exploration within childcare settings, suggesting a potential avenue for future research.

4.4.4 Learning about food and healthy eating

During the pilot programme's implementation, several service providers began to incorporate nutrition education into their daily activities, encouraging an engaging and educational experience for the children. Below, three distinctive activities are presented that demonstrate the approaches used to promote healthy eating habits and enhance nutritional understanding.

These activities demonstrate the methods used by service providers that merge nutrition education with creativity and enjoyment. The integration of food within activities not only nurtured healthier eating practices but also developed a foundation of nutritional knowledge that can impact children's food choices.

Food Pyramid activity

One service provider completed an activity using the food pyramid and presented children with a number of real food items to place at each level.

The children had no previous knowledge or awareness of the food pyramid. They could name fruits and vegetables but found it difficult to name dairy products except for milk. The children did not realise that milk was also used to produce cheese, butter, cream, and ice-cream, and found this interesting.

The service provider informed the children that dairy products are a source of calcium, and this is good for healthy teeth and bones. They showed the children that the small section at the top of the pyramid was for treats, sugars and fats, and the children were surprised that treats were the smallest section. The service provider took the opportunity to highlight to the children how important fruit and vegetables were in their diet, and visually showed them that this was the biggest section on the pyramid.

Pizzeria activity

Another activity completed by a service provider involved the children making their own homemade pizza with a range of nutritious toppings.

They set up a pizza shop and the children had great fun creating their pizzas and pretending to be working in a pizzeria.

Each child was given a piece of dough, and flour was scattered on the table. The children were shown how to roll the dough into a ball with their hands, and then how to flatten it out on the table with their fingers to create a base for the pizza.

The toppings were then presented, and they named each topping. They also discussed the origin of pizza and what country it came from. The children then spread the passata sauce on the pizza using a spoon and chose their toppings to decorate their pizza.

Through this experience the children learnt to interact with others in a group setting, share ideas and show interest in other children's creations. The children talked about vegetables and their favourite toppings and displayed an increasing awareness of nutrition and healthy eating choices.

This activity promoted: communication, language development, identity and belonging, exploring and thinking, observing, questioning, creativity and the children's view of themselves as capable learners. It also provided them an opportunity to use their imagination, and to develop a positive attitude to nutrition.

Orange Juice activity

This activity involved the children making freshly squeezed orange juice from oranges that had been prepared in halves.

The children sat in a circle around the table, they held half an orange in the palm of their hand and cupped it over the juicer whilst applying pressure on the orange to squeeze out the juice.

The service provider informed the children that oranges contain Vitamin C and that this has many advantages and keeps our bodies healthy.

They also observed seeds falling out from the oranges, and the service provider told them that these seeds could be planted to grow an orange tree. Most of the children did not know that seeds from fruit can grow into trees when planted in soil.

When they each finished squeezing the oranges, the children poured the juice through a strainer and into a jug. Although there were mixed reviews on the taste and texture of freshly squeezed orange juice, what was clear was that most of them loved oranges and preferred the orange halves to the juice.

This activity promoted: communication, language development, exploring and thinking, fine motor control, learning important life skills, food preparation, making connections between

new learning and what they already knew, and showing confidence in being able to do tasks independently.

4.5 Observations of pilot programme's impact on children

This section presents an overview of the survey responses in relation to the pilot's impact on children from the perspective of service managers, staff and parents. The results show the observed changes in the attitudes and behaviours of the participating children during the pilot.

These observations highlight the changes in relation to nutrition as well as behaviour and well-being. Moreover, these results reflect the combined views of both service staff and parents, providing a holistic understanding of the children's evolving behaviour.

While the following summary focuses on the predominant trends, it is important to note that the complete survey results are available for reference in the report's appendix.[4]

Survey participants were presented with a series of statements outlined below and asked to select their level of agreement with each statement.

Nutrition related observations

Statement 1: *The children have become more involved in snack and mealtimes.*
The subsequent survey findings highlight the collective perspective in relation to this statement:

90% of managers totally agreed (n = 9)

81% of staff either partially (n = 3) or totally agreed (n = 14)

85% of parents either partially (n = 31) or totally agreed (n = 79)

[4] This is not an academic study; instead, it reflects the observations of the survey participants.

Statement 2: *The children's attitude to food has changed.*
The following survey findings provide an insight into this collective viewpoint:

80% of managers totally agreed (n = 8)

86% of staff either partially (n = 5) or totally agreed (n = 13)

83% of parents either partially (n = 37) or totally agreed (n = 71)

Behavioural and wellbeing observations

Statement 3: *Children have been more participative in activities.*
The survey results below provide an insight into this statement:

70% of managers either partially (n = 2) or totally agreed (n = 5)

52% of staff either partially (n = 3) or totally agreed (n = 8)

61% of parents either partially (n = 22) or totally agreed (n = 57)

Statement 4: *Children have been more communicative*.
The increased level of interaction is evident in the following survey results:

80% of managers either partially (n = 1) or totally agreed (n = 7)

62% of staff either partially (n = 3) or totally agreed (n = 10)

67% of parents either partially (n = 28) or totally agreed (n = 59)

Statement 5: *Children's wellbeing has improved.*
When exploring this statement, the majority view of managers, staff and parents can be seen in the following survey results:

90% of managers either partially (n = 3) or totally agreed (n = 6)

62% of staff either partially (n = 5) or totally agreed (n = 8)

68% of parents either partially (n = 31) or totally agreed (n = 58)

One service discussed the case of an afterschool child who had difficulty regulating his emotions leading to behavioural challenges. Prior to the pilot programme, the child had been getting breakfast at home. The child now takes part in the breakfast club every morning with the other children. They absolutely love the breakfast bar and generally eat at least two bowls of cereal and a banana every morning.
The child also avails of transport to national school provided by the service and had sometimes exhibited challenging behaviour during these trips. Over the last few months, both the bus driver and the child's teacher have noted that the child is much more settled and calmer in the mornings.

Statement 6: *Children's attention and focus level has increased.*
The majority view of managers, staff and parents is illustrated through the below survey results:

60% of managers either partially (n = 1) or totally agreed (n = 5)

57% of staff either partially (n = 3) or totally agreed (n = 9)

63% of parents either partially (n = 35) or totally agreed (n = 47)

5. Parents experience of the pilot programme

As outlined in previous sections of this report, service providers ensured effective communication of the pilot programme's objectives to parents. Also, a majority of parents reported favourable changes in their children's behaviour and attitude over the course of the pilot.

A factor which likely contributed to the positive parental experience was a shared alignment of values. With 125 (96%) of the parents emphasising the importance of healthy eating and nutrition for their families, a value that is aligned with the pilot programme's core purpose.

Survey responses show that parents experience of the pilot was generally positive, with 122 (94%) of the parents agreeing that their experience with the pilot was positive. Additionally, 127 (98%) of the parents offered their support for the continuation of the pilot in the future.

Addressing any challenges that arose, 103 (79%) of the parents stated they experienced no issues with the service provider's meal offering to their children. Among the parents who did face challenges, ten (8%) expressed concern about the limited variety of food choices, while eight (6%) noted that their children were not open to the meals being offered by the service provider. The remaining nine (7%) outlined a range of issues of varying nature which included:

- Three parents (2%) said the children did not like the food.
- Two parents (1.5%) said the portion sizes were too big or too small.
- One parent (1%) said the children did not like the texture of the different foods.
- One parent (1%) said it was difficult to know the quantities children were eating.
- One parent (1%) said the service provider did not advise on the food provided.
- One parent (1%) said the food was mixed on the plate.

The following six points provide an overview of parents' engagement with the pilot programme. This summary offers an interpretation of the parental experience and also serves as a gauge of the pilot programme's impact.

1. **Parental alignment with values:** 125 (96%) of the parents indicated healthy eating and nutrition as being important to their families. This strong alignment of values between the pilot's objectives and parental priorities highlights a shared commitment to adopting healthier eating habits.
2. **High support for programme continuation:** The survey results revealed 127 (98%) of the parents indicated they would like the programme to continue in the future. This support signifies an endorsement of the pilot's positive impact on children's nutrition and wellbeing.
3. **Minimal issues reported:** 103 (79%) of the parents reported having no issues with the service provider's meal offerings. This suggests that most parents found that the pilot programme was successfully integrated into their children's daily routines, reflecting an effective implementation by the service providers.
4. **Limited variety and food preference challenges:** Among the parents who encountered challenges, ten (8%) highlighted the limited variety of food choices as a concern, while eight (6%) indicated that their children showed some form of resistance to the meals

offered by the service provider. These insights shed light on the importance of diverse menu options and the need to cater to varying taste preferences.

5. **Positive experience and behaviour changes:** The survey results demonstrated that 122 (94%) of the parents had a positive experience with the pilot programme, which correlated with observed improvements in the behaviour and attitudes of children during the pilot. This dual effect highlights the pilot programme's overall impact on both dietary habits and general behaviour.
6. **Communication and engagement:** The fact that most parents observed positive changes in their children's behaviour and attitude suggests effective communication between service providers, parents, and children. This alignment signifies a collaborative approach to promoting healthy eating habits.

These combined insights provide a better understanding of the parent's perspectives, highlighting both the achievements and areas for potential enhancement in the implementation of the programme.

5.1 Holistic impact beyond service attendance

The pilot programme’s influence extended beyond the boundaries of the service provider, resonating within the families’ lives. The majority of parents, 77 (59%), stated that they had introduced changes to family meals at home as a result of the programme.

Additionally, the emphasis on adopting healthy eating habits rippled into homes, with 85 (65%) of the parents agreeing that they would like to explore healthy eating further. This desire for further learning aligns with the service providers’ approach to promote nutritional awareness and better dietary habits both within the service and in the children’s homes.

6. Operational delivery of the pilot programme

This section gives an overview of the service providers experience of implementing the pilot programme and explores the achievements and challenges encountered.

Service managers and staff expressed a high rate of satisfaction with the level of funding provided to cover food costs. The majority of managers, amounting to nine (90%), and of staff, totalling 16 (76%), indicated that the funding provided adequately covered food costs and allowed for the provision of healthy and nutritious meals.

Additionally, eight (80%) of the managers and 14 (67%) of the staff agreed that the funding allowed for a greater variety of food offerings. This financial support provided a setting in which children could explore new food options, promoting not only nutritional wellbeing but also the development of their tastes through appealing meals.

In terms of establishing an effective operational framework for the service provider, nine (90%) of the managers and 15 (71%) of the staff expressed satisfaction with the financial assistance allocated to cover the costs of purchasing kitchen/catering equipment.

Although the funding proved sufficient and removed financial challenges, it is worth noting that challenges were experienced sourcing equipment. This challenge was perceived by six (60%) of the managers and 12 (57%) of the staff, citing difficulties sourcing equipment which may have involved multiple suppliers and prolonged delivery times. In some cases, the requirement for tradespeople such as electricians and plumbers for the installation of specific equipment added additional costs and delays.

As mentioned earlier in this report, service providers expanded their food offering by introducing previously unavailable meals. However, this increased output resulted in larger quantities of ingredients and foodstuffs requiring additional storage space which posed a challenge for some service providers.

Although six (60%) of the managers and 12 (57%) of the staff were satisfied with their existing storage capacity for food. Four (40%) of the managers and seven (34%) of the staff encountered difficulties in storing the larger food quantities.

In summary, the financial support provided was seen as satisfactory by both service managers and staff and facilitated the purchase of a variety of healthy food and necessary equipment. While the funding mitigated most of the financial challenges, the process of sourcing equipment emerged as a difficulty, and the increase in the food offering resulted in the need to reconsider storage capacity.
These insights collectively highlight the relationship between funding allocation, operational efficiency, and practical implementation in ensuring the successful delivery of the pilot.

6.1 Pilot programme implementation and time implications

Delivering fresh, nutritious food demands added time and effort, and a notable challenge was highlighted: nearly half of all employees identified staff resourcing inadequacies as a pressing issue. This shortage hampered their ability to effectively manage the increased workload across meal planning, preparation, cleaning, and administrative tasks.

This increased workload was also noted in the dietitian's report. She notably highlighted that for services that were not accustomed to providing extensive meals prior to the pilot's commencement, this represented approximately two additional hours per day.

The dietitians report also noted that sustaining the same nutritional standards may require additional staff resourcing. This challenge may affect the maintenance of standards, including the ability to provide varied fresh fruit platters, vegetable sticks with hummus, fruit-based smoothies, and other time-intensive, health-oriented meals prepared fresh daily.

The introduction of the pilot programme brought about notable shifts in the time allocation required for various associated activities. The survey results highlight that these changes were particularly noticeable in some aspects of the pilot's delivery.
Nine (90%) of the surveyed managers and 16 (76%) of the staff saw an increase in the time dedicated to administrative tasks and paperwork related to the pilot. Three (30%) of the managers and eight (38%) of the staff indicated that this activity was taking much more time than expected.

Meal planning also showed an increased demand on time. Nine of the ten managers (90%), and 15 (71%) of the staff reported that meal planning now required more time investment, with six (60%) of the managers and ten (48%) of the staff stating that the increase in time required to complete the planning was considerable.

The pilot programme also effected the time allocated to food purchasing. In relation to this activity, eight (80%) of the managers and seven (33%) of the staff perceived that the time allocated for food shopping had extended, with six (60%) of the managers and six (29%) of the staff acknowledging that the increase in time required to purchase the food was significant.

The amount of time required for food preparation was also impacted by the delivery of the pilot. Nine (90%) of the managers and 18 (86%) of the staff stated that the time spent on food preparation for the children's meals had increased, and eight (80%) of the managers and 15 (71%) of the staff felt that this task was taking much more time than expected.

All ten (100%) surveyed managers and 18 (86%) of the staff agreed that the time dedicated to cleaning increased during the pilot programme's implementation. With four (40%) of the managers and 12 (57%) of the staff indicating that cleaning was taking much more time than prior to the pilot's commencement.

These survey findings, as seen in figures 6.1 and 6.2 , collectively highlight the impact across key operational areas of delivering the pilot programme. The service providers experience of

implementing the pilot programme highlight not only its benefits but also the need to address time constraints for effective and sustainable delivery.

Figure 6.1: Post implementation survey - Managers

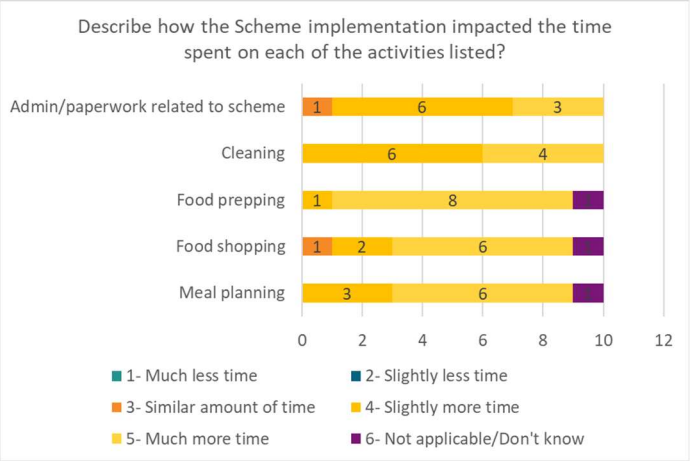
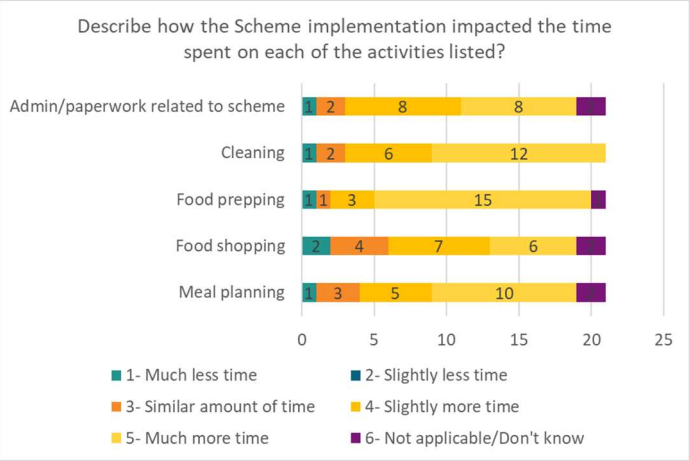


Figure 6.2: Post implementation survey - Staff



6.2 Food waste management

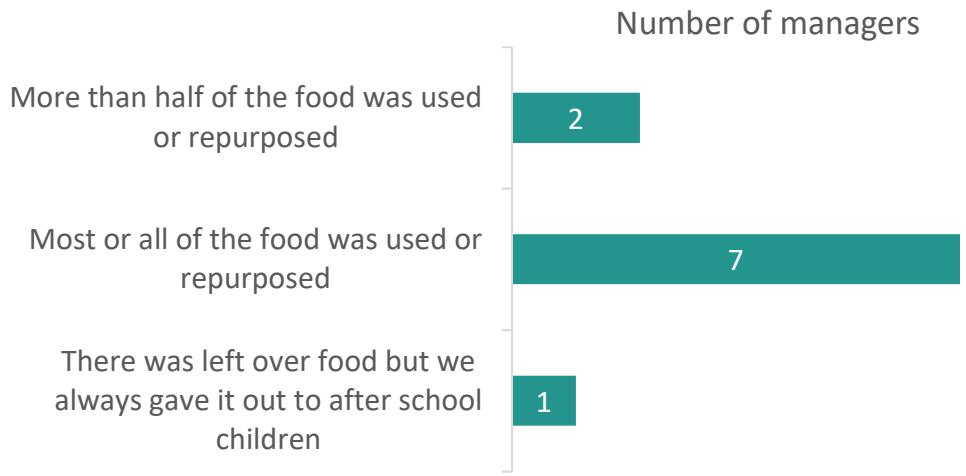
The introduction of a wider range of foods by service providers, allows children to explore and develop their food tastes through exposure to new foods and textures. However, it can also affect levels of food waste.

Observations from service staff regarding food waste levels over the course of the pilot programme show only one provider (5%) reported zero food waste and this case is examined in more detail later in the report. Five (24%) of the staff noted a higher-than-expected level of food waste. In contrast, eight (38%) acknowledged a lesser amount of food waste than initially estimated. The remaining seven (33%) reported a moderate level of food waste, consistent with their initial expectations. These results can be observed in figure 6.3.

Figure 6.3: Statements that best describe the food waste experienced in an average week by service staff

The minimal food wastage observed among service staff is largely attributed to the effective waste management strategies implemented by the managers. This sentiment is reinforced by the manager survey responses, with eight (80%) indicating that the majority or all of the food was repurposed, used, or provided to after-school children. The remaining two (20%) mentioned that over half of the food was repurposed or utilised. These results can be observed in figure 6.4.

Figure 6.4: Statements that best describe the food waste experienced in an average week by management



In relation to the previously referenced case of the service that reported zero food waste, this was achieved through an innovative waste management strategy using a number of initiatives including; Using surplus fruit to make nutritious smoothies. Purchasing fruit and vegetables in precise quantities, rather than discounted bulk quantities with excessive packaging. Composting food waste including fruit and vegetable skins. The compost is then used by the local senior gardening group for growing herbs, vegetables, and flowers.

This strategy has not only minimised the amount of food and packaging waste, it also teaches the children about sustainability and care for the environment.

Another example that showcased effective food waste management was initiated by a child attending one of the services. The child noticed discarded potato skins, boiled broccoli stalks, and carrot tops being thrown into the bin. Intrigued, the child inquired whether they could take the leftover food home to feed their two pigs, preventing unnecessary waste.

This highlights how children keenly observe and imitate positive behaviours. The child's experience at home for minimising food waste left a lasting impression and resulted in the same concept being adopted by the service provider and a reduction in food waste.

Adopting waste food management initiatives such as recycling and composting not only promotes responsible behaviour but also offers children an example for sustainable practices. Engaging in herb and vegetable growing or collaborating with local gardening groups gives children a practical insight into the workings of the food chain.

6.3 Staff sentiment and additional suggestions

The pilot programme aimed to improve nutrition and healthy eating practices in early years services. The following survey results are an overview of the service provider staff members opinion of the pilot and its potential continuation:

- A majority of both managers and staff expressed the belief that ongoing support from a dietitian would be beneficial (eight (80%) managers and 15 (72%) staff).
- There was an identified need for more education on healthy eating and nutrition, with seven (70%) managers and 16 (76%) of the staff expressing this requirement.
- Overall, the pilot was considered beneficial, with nine (90%) of the managers and 20 (95%) of the staff agreeing on its positive impact.
- The majority of participants (eight (80%) managers and 19 (91%) staff) indicated their intention to continue implementing the changes and lessons learned from the pilot.
- On a scale of 1 to 10, the average score across all 31 employees (managers and staff) for recommending the pilot to another service was 9.
- All 31 (100%) managers and staff participants expressed a desire for the pilot to continue, with 20 (64%) suggesting it continue with some changes and 11 (36%) preferring the pilot programme to continue in its current format.

Feedback and suggestions were also gathered from both service staff and the dietitian:

Staff survey suggestions:

- Nine (43%) of the staff suggested additional funding be provided for kitchen staff to assist with the planning, preparing, and cleaning up after meals. This funding would help to minimise disruptions caused by childcare staff covering additional kitchen duties.
- Suggestion to launch the Additional Nutrition Programme at the start of the programme year to capitalise on the new term and before children establish a routine of bringing lunch from home.
- A desire to streamline administrative requirements for the programme.
- Proposal to host an information evening to introduce the programme and its benefits to parents.

Dietitian's suggestions: This is a summary of the feedback provided as part of the Dietitians report, the full version of which can be viewed in appendix 4

Ongoing nutrition education and support: Feedback highlighted the importance of this aspect of the pilot programme. It will not be possible for one dietitian to visit all services. It needs to be decided how this can be replicated if the programme is rolled out nationwide.

Expanding it nationwide could fit within the remit of the Health Service Executive's (HSE) Community Food and Nutrition Workers. This may warrant further investigation.

Online Continuous Professional Development (CPD) webinars: Further training for managers, staff and chefs/cooks around good nutrition practices for early years services could be set up. This could create a Community of Practice for those working to provide better, more nutritious foods for the early year's services. Questions could be submitted in advance and answered live or ideally a live Q&A session as issues arose, this approach worked well in the pilot study.

Compliance with nutrition standards / healthier food choices: Ensuring continued adherence to healthier food choices post-monitoring was discussed. Practical solutions involve engaging Community Food and Nutrition Workers, TUSLA inspector visits, Environmental Health visits, and dietitian led continuous professional development (CPD) webinars for ongoing supervision.

As this section of the report highlighted, the survey results show the positive effect of the financial supports provided and the operational efficiencies implemented by services. It also highlights the key challenges and increased time demands for service providers and their staff as a result of the pilot programme. Staff sentiment was generally positive, and a number of suggestions were made for continued improvement and expansion of the programme.

Appendices

Appendix 1: Primary survey results[5]

A summary of responses received from the primary survey participants; managers, staff and parents are outlined below. This is followed by chart representation of the responses from each of the primary surveys.

Summary of manager and staff responses:

Managers and staff of nine services were surveyed, responses were received from 9 managers and 21 staff, in some services multiple staff responded. There were 180 responses to the parent survey.
M = Manager Response, S = Staff Response

Type of meals provided (M)(S)

Six services (67%) provide hot and cold meals. Two services (22%) do not provide any hot or cold meals, while one service only provides hot meals. A mid-afternoon snack is the most common meal provided by six services with mid-morning snack provided by five services. Breakfast is provided by four services as is lunch. Dinner is the least common meal provided with two services providing hot dinners.

Factors which influence food purchasing (M)

Service managers were asked to rate the factors that influence their food purchasing for the service in order of priority (1 being the most important and 10 being the least important under the following categories: Cost, Health /Nutrition, Childrens preferences, Cooking facilities /equipment, Food preparation time, Parent/Guardian's wishes, Staff availability, Cultural considerations and Convenience, Storage facilities.
Five services, 56% of respondents listed cost as their most important factor with 44% (4 services) listing health/nutrition as the most important. Childrens preferences was the third most common factor with 56% (5 services) listing it as the second most important factor.

What are the most important considerations when serving food in your service? (S)

Health and nutrition were most important factor, followed by children's preferences and parents/guardians wishes. Convenience was the least important consideration.

Do parents/guardians send any food into pre-school with their child? (M)

Yes: All parents do (5), No: Service provides all food for health and safety reasons (3) Some parents do (1)
Examples of food supplied by parents include, sandwich, fruit, biscuits, cheese, crackers, rice cakes.

[5] Survey results refer to the pilot programme as the "Hot Meals Scheme" as it was called when the surveys were carried out.

One service said they had a healthy eating policy which restricted the types of food children were allowed to bring in. One service also noted that many parents rely on the service to feed their children due to the family's limited income.

What are the challenges to providing hot food in your service? (M)

Managers responded to this question where cost and food preparation time were reported as the biggest challenges (8 responses for each). This was followed by staff availability to prepare food (7). Cooking facilities and storage space both had 6 responses each and the administration involved with food provision was the least challenging aspect with 5 responses.

How satisfactory is your current kitchen equipment for providing healthy nutritious meals? (M)(S)

Both managers and staff were asked this question.
Managers responses: Satisfactory (6), Unsatisfactory (2), Very Unsatisfactory (1).
Staff responses:
Staff responses were similar to the manager responses for this question, in six services, the majority of staff said equipment was satisfactory or very satisfactory while the majority of staff in three services said the equipment was unsatisfactory.
Which of the following best describes mealtimes in your service? Fun, Stressful, Busy, Long and relaxing, Quick turnaround, Other. (S)

Busy was the most common response to this question (13), followed by fun (9). Short with a quick turnaround time was the third most common response (3). Stressful had 2 responses as did long and relaxing. Four respondents said none of the above would describe mealtimes.

Do you sit with the children at mealtimes? (S)

Always (18), Sometimes (2), Rarely (1)

Do you discuss food choices / healthy eating with the children at mealtimes? (S)

Sometimes (12), Always (9)

Are children encouraged to feed themselves at mealtimes? (S)

All respondents answered Always (21)

Are children provided with age-appropriate feeding and drinking utensils at mealtimes? (S)

Yes (20), No (1)

Are food/drinking utensils adapted if necessary to meet developmental and physical needs of individual children? (S)

Yes (18), No (3)

In your opinion, do you have a good knowledge of nutrition/healthy eating? (S)

Yes (18), Somewhat (3)

Would you be interested in learning more about nutrition/ healthy eating? (M)(S)

Both managers and staff were asked this question with similar responses from each. Eight mangers answered yes, and one was not sure. Nineteen staff answered yes with two answering no.

If you are looking for information on nutrition/healthy eating, where do you find it? (M) (S)

Managers: Seafood (8), Healthy Ireland (7), Books on nutrition (5), Smart Start (3), Google (2), Other (1)
Staff: Google (12), Books on nutrition (11), Seafood (10), Healthy Ireland (8), Smart Start (7), Other (1)

Parent Survey Responses:
180 responses were received.

What meals do you prepare for your child to eat in pre-school?

Meal Type	Responses	Percentage
Mid-morning snack	68	28%
Lunch	58	24%
Breakfast	22	9%
Mid afternoon snack	20	8%
Dinner	13	5%
Did not answer	59	25%
Totals	240	100%

What types of food do you give your child to bring to school?

Food Type	Responses	Percentage
Fruit	91	23%
Sandwiches	86	22%
Dairy	81	20%
Treats	27	7%
Pasta Rice Potatoes	20	5%
Meat Fish Chicken	18	5%
Vegetables	13	3%
Did not answer	61	15%
Totals	397	100%

Do you get feedback about the food eaten/enjoyed by your child in the service?

Feedback	Responses	Percentage
Always	82	46%
Sometimes	55	31%
Never	30	17%
Rarely	8	4%
Did not answer	5	3%
Totals	180	100%

Please indicate the level of agreement with the statement – healthy eating is important/nutrition is important for you and your family.

Healthy eating important to family	Responses	Percentage
Strongly agree	115	64%
Agree	64	36%
Neither agree nor disagree	0	0%
Disagree	0	0%
Strongly agree	0	0%
Did not answer	1	1%
Totals	180	100%

5. Which if any of the following do you think is important to children's healthy eating?

Important for children's healthy eating	Responses	Percentage
Fruit everyday	147	17%
Veg everyday	138	16%
Regular meals	132	15%
Breakfast everyday	123	14%
Dairy everyday	103	12%
Not skipping meals	101	12%
Small snacks during day	97	11%
other ideas	12	1%
Did not answer	1	0%
Totals	854	100%

How easy is it for you to provide a healthy nutritious diet for your family?

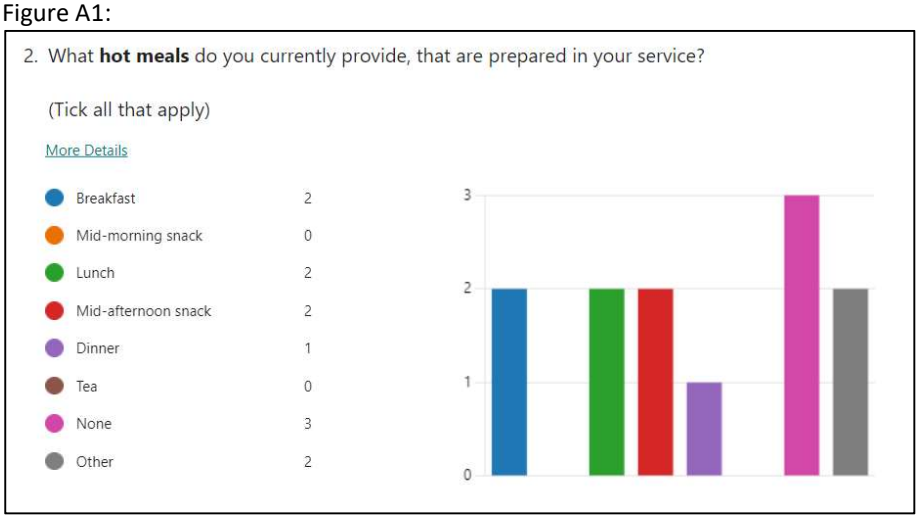
How easy to provide healthy nutritious diet for family	Responses	
Easy	91	51%
Very Easy	35	19%
Neither easy nor challenging	29	16%
Challenging	24	13%
Very Challenging	0	0%
Did not answer	1	1%
Totals	180	100%

Do you find it challenging to provide a healthy nutritious diet for your family (Select all that apply)

What are challenges providing healthy nutritious diet for family	Responses	Percentage
Childrens specific preferences	18	58%
Specific diet requirements	4	13%
Not enough time to prep food	4	13%
It is expensive	2	6%
Other	2	6%
Variety of food available	1	3%
It is not convenient	0	0%
Lack of storage space	0	0%
Lack of kitchen equipment	0	0%
Limited cooking skills	0	0%
Did not answer	0	0%
Totals	31	100%

Manager Responses

Figure A1:



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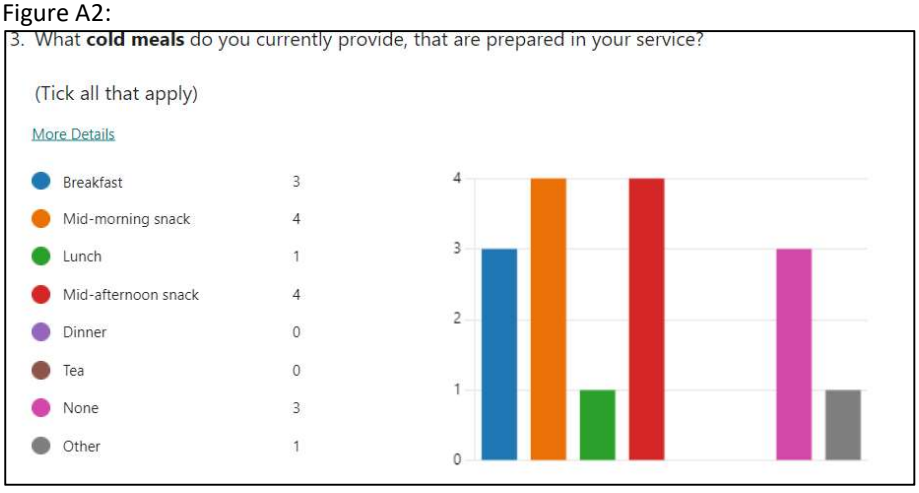

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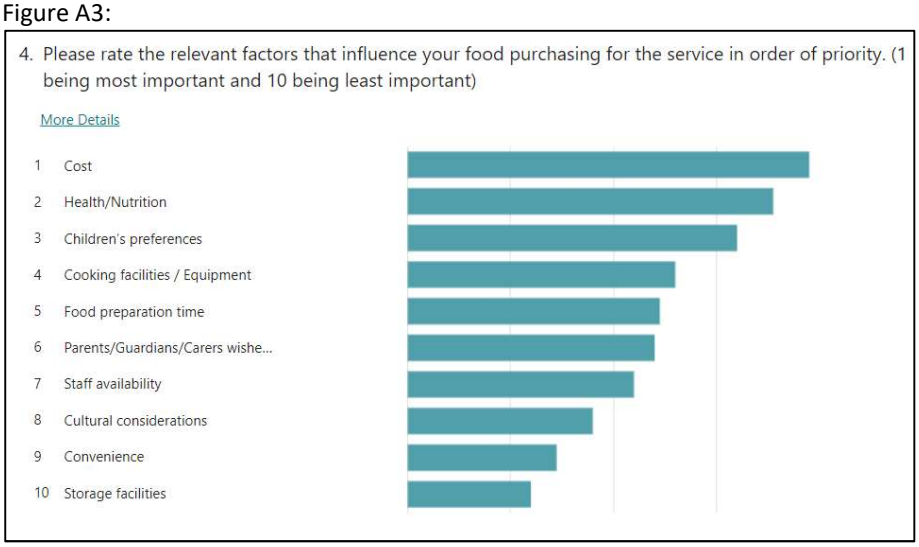

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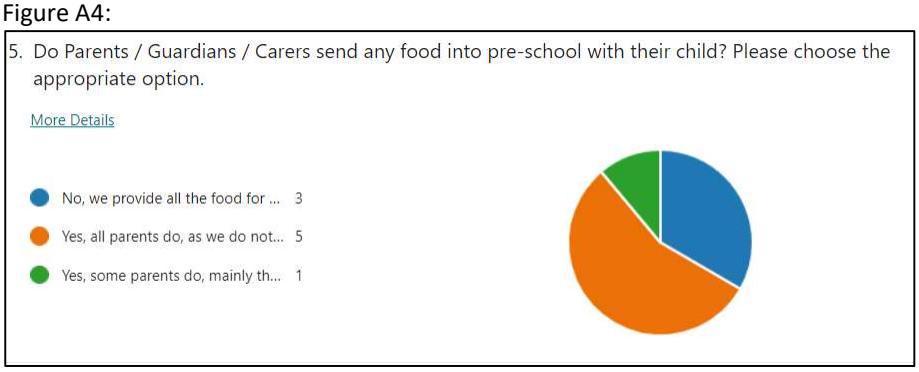

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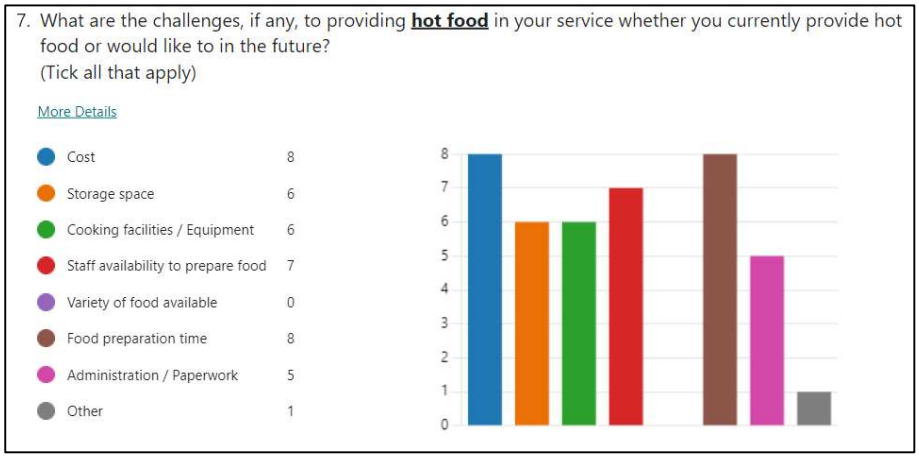

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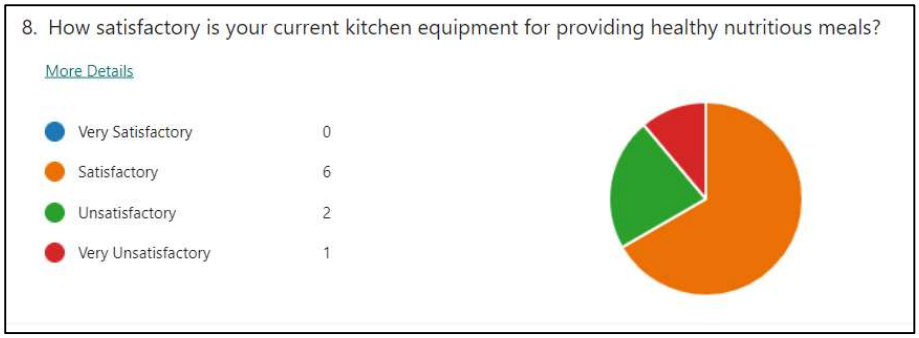

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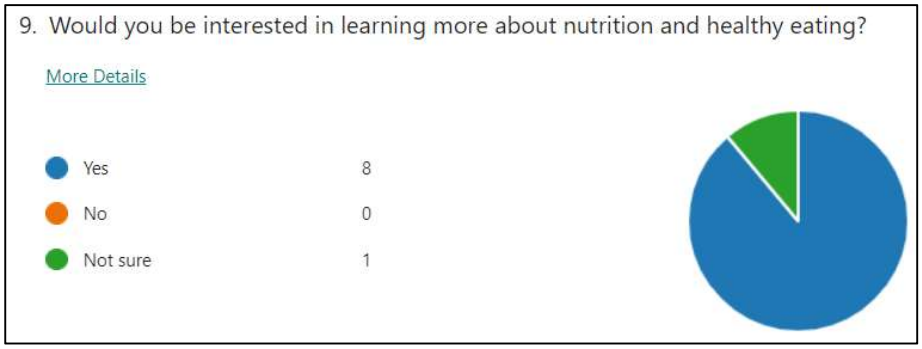
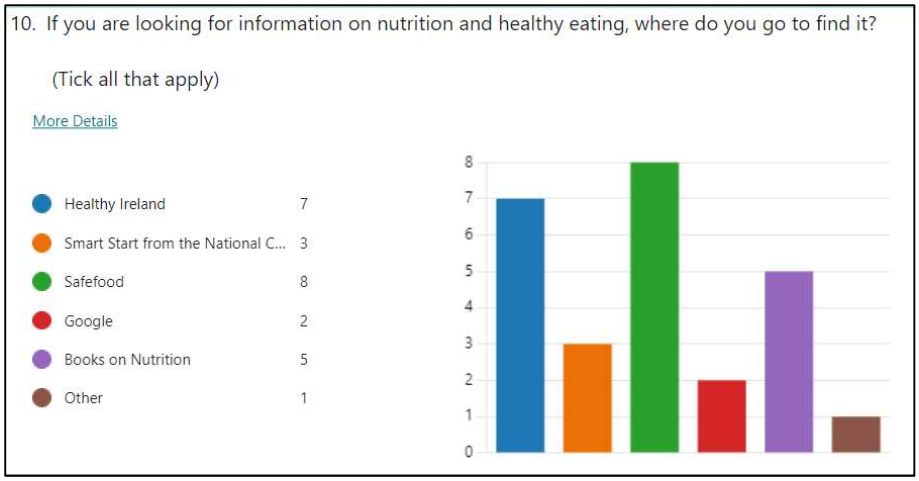
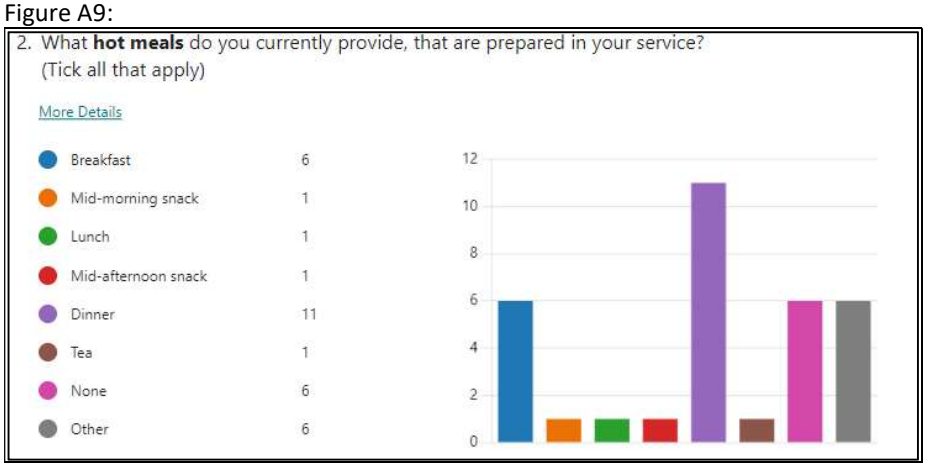


Figure A8:



Staff Responses

Figure A9:



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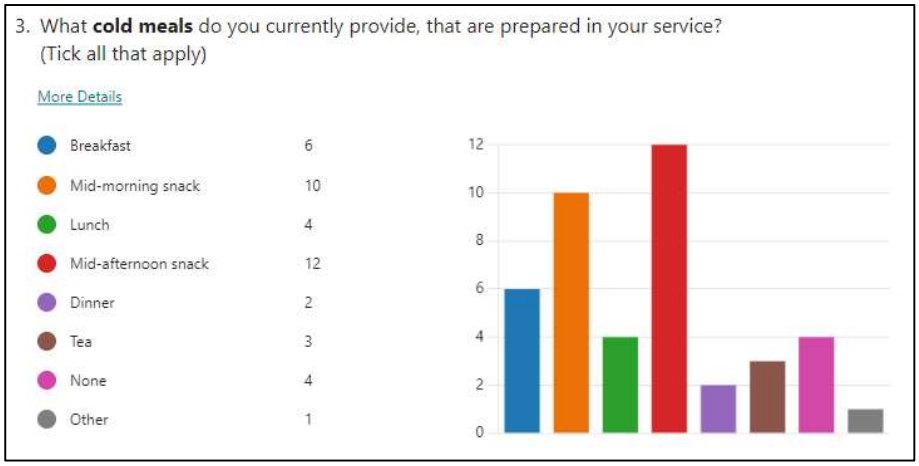

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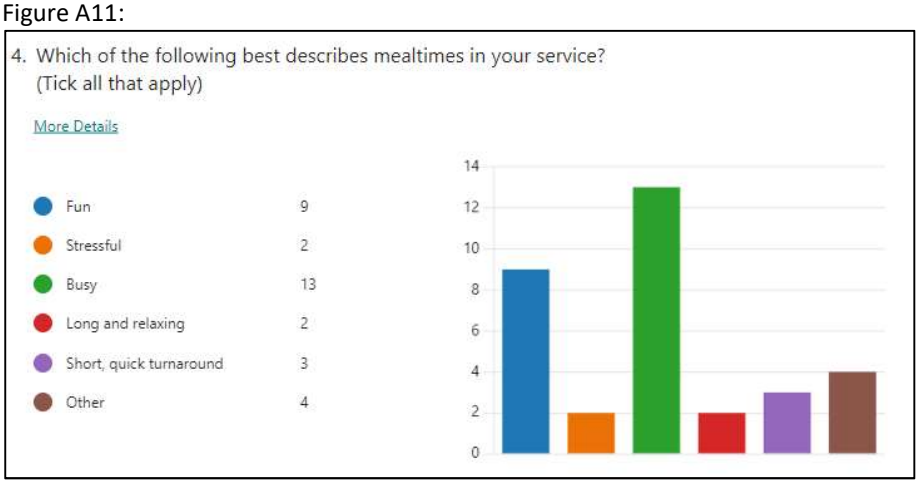

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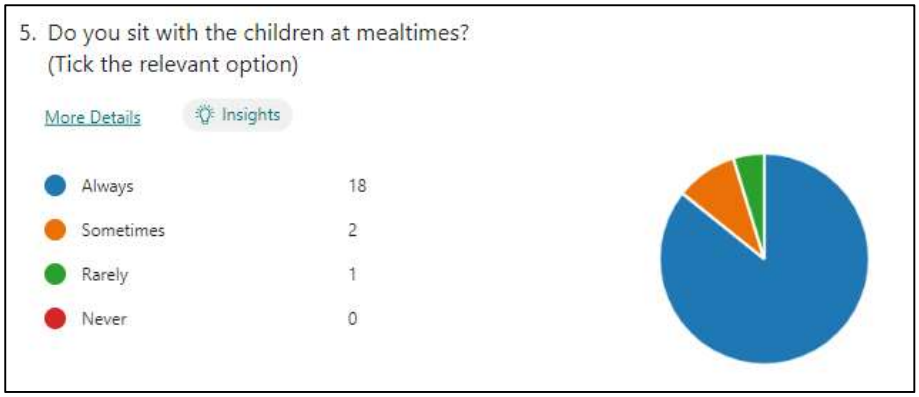

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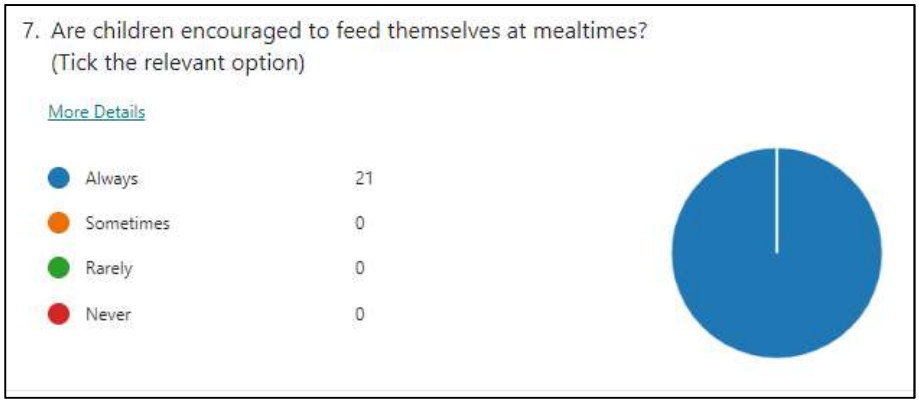
Figure A14:



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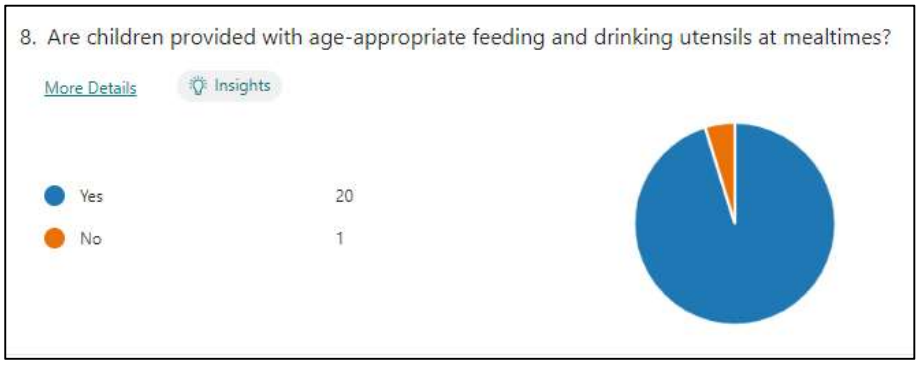

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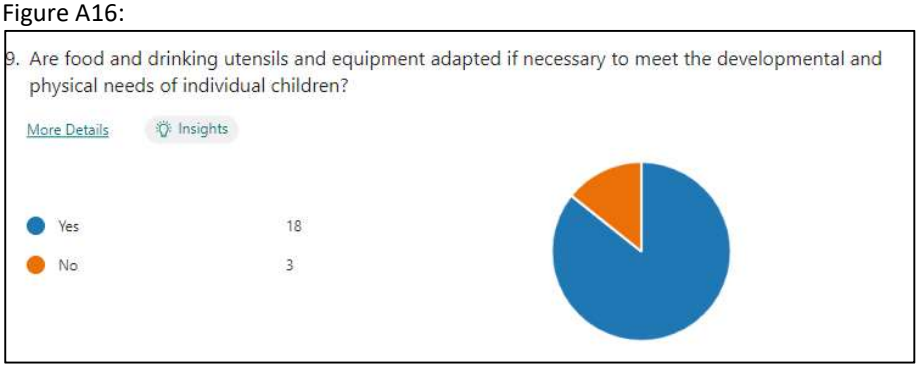

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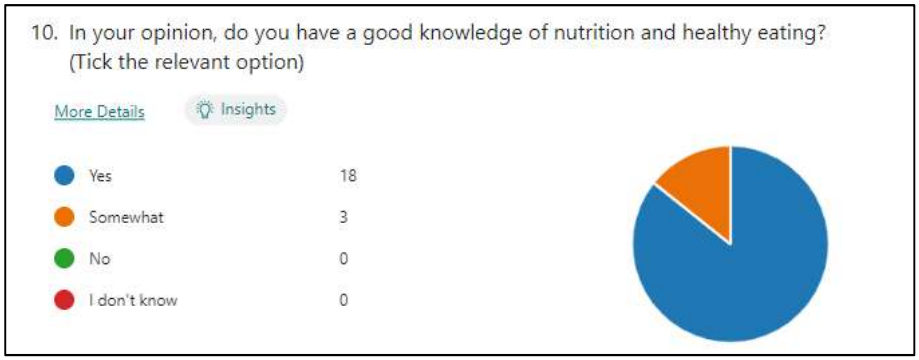

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Figure A19:

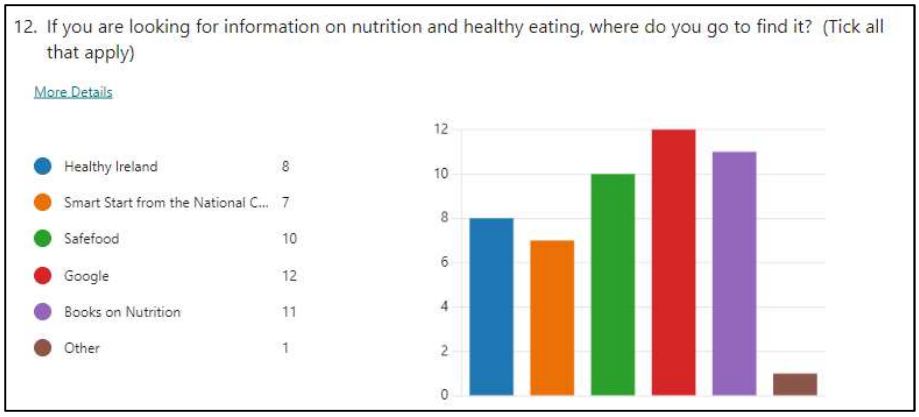
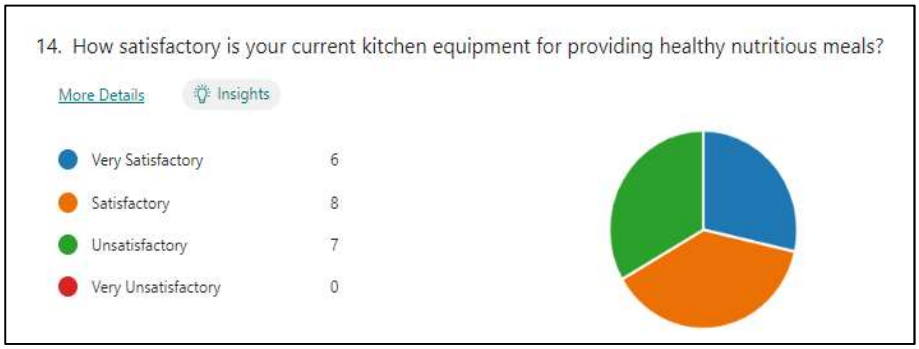


Figure A20:

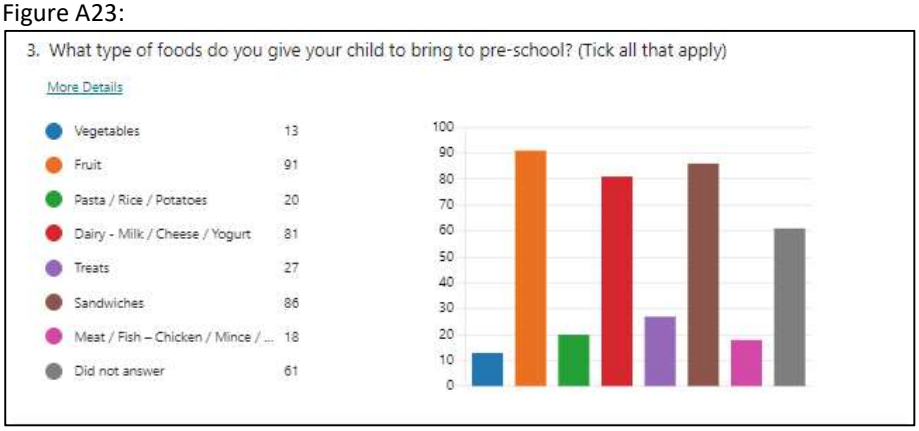
Figure A21:



Parent Responses

Figure A22:

Figure A23:



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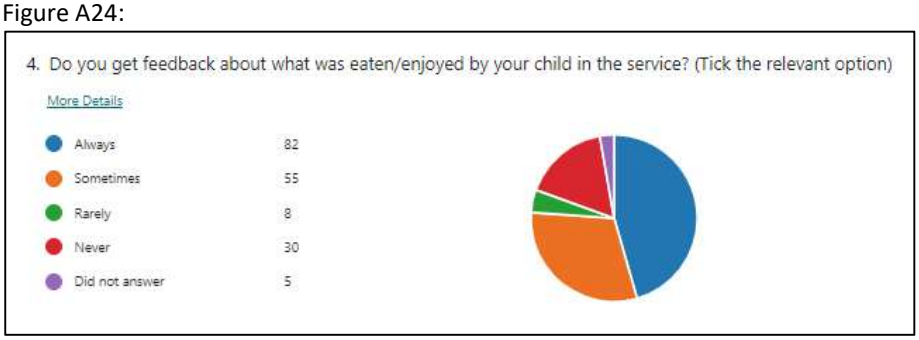

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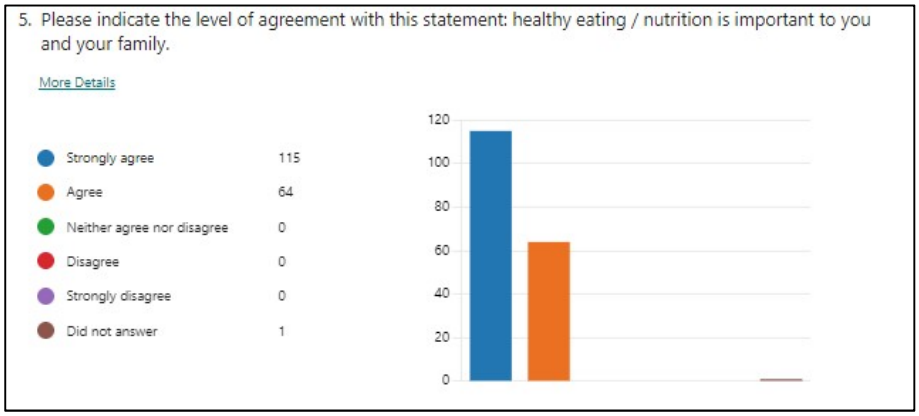

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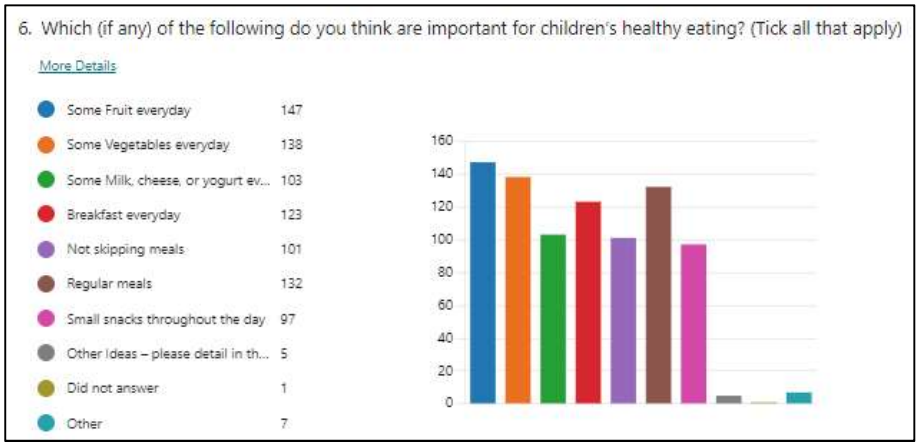

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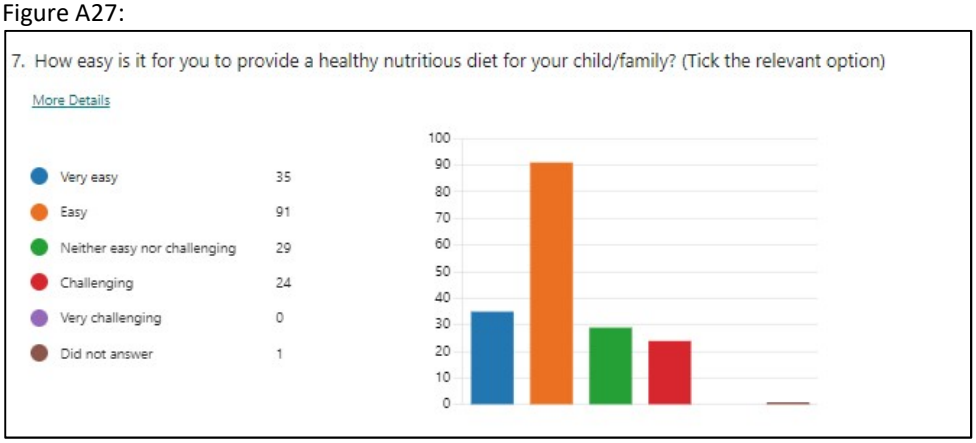
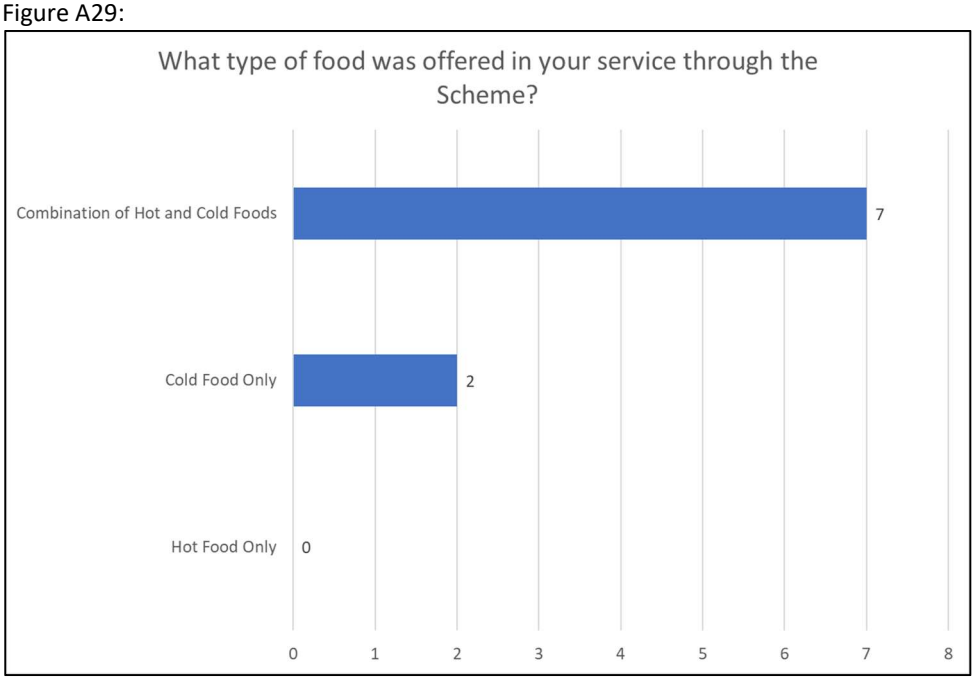


Figure A28:

Appendix 2: Post Implementation Survey Results[6]

Manager Responses

Figure A29:



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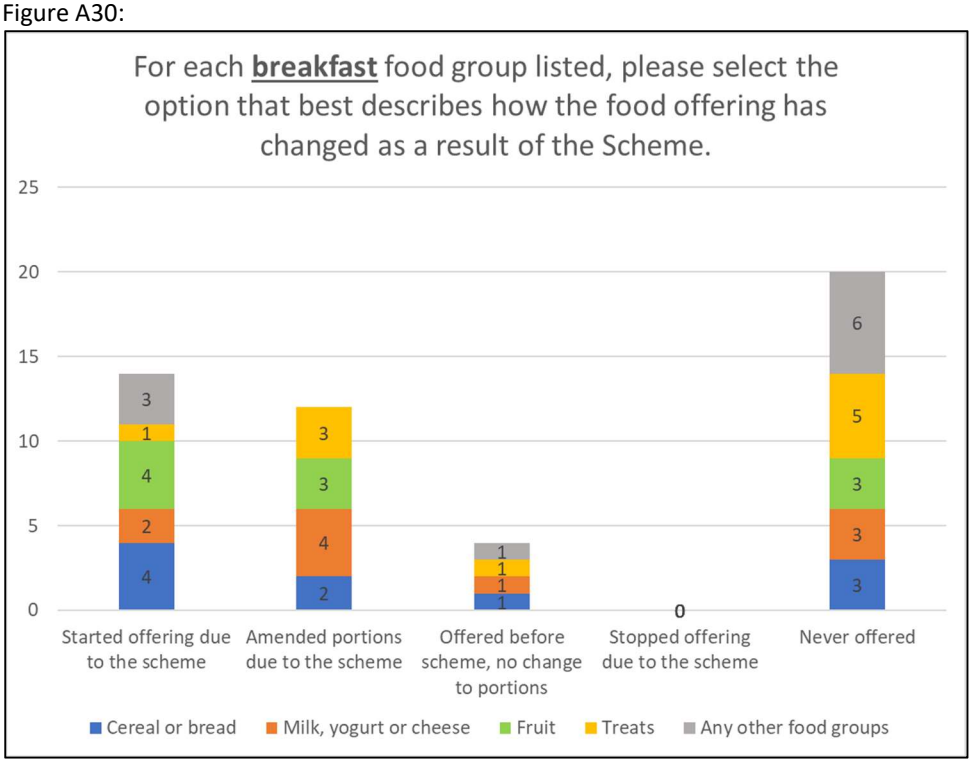
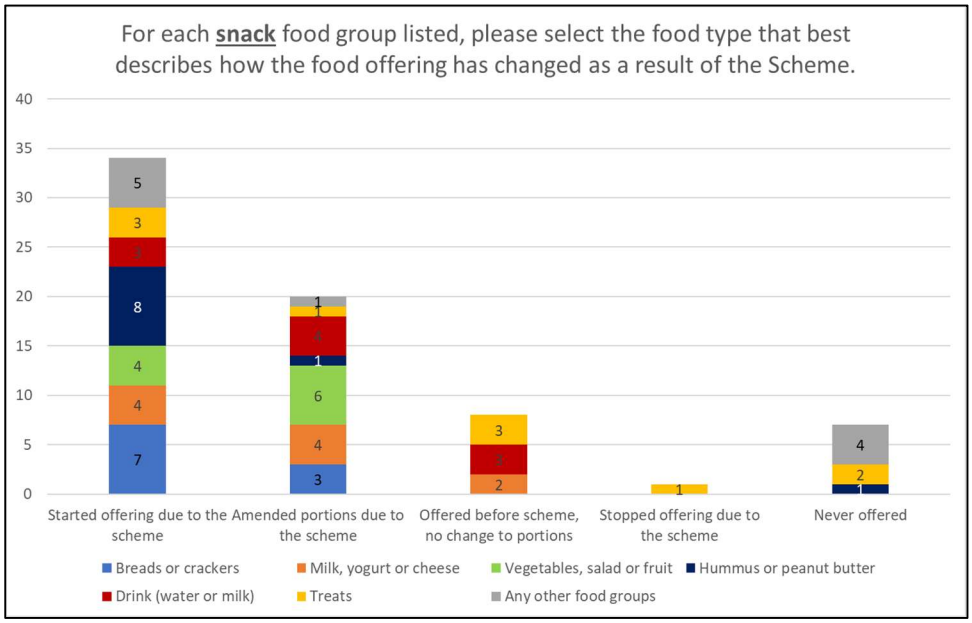


[6] Survey results refer to the pilot programme as the "Hot Meals Scheme" as it was called when the surveys were carried out.

Figure A31:



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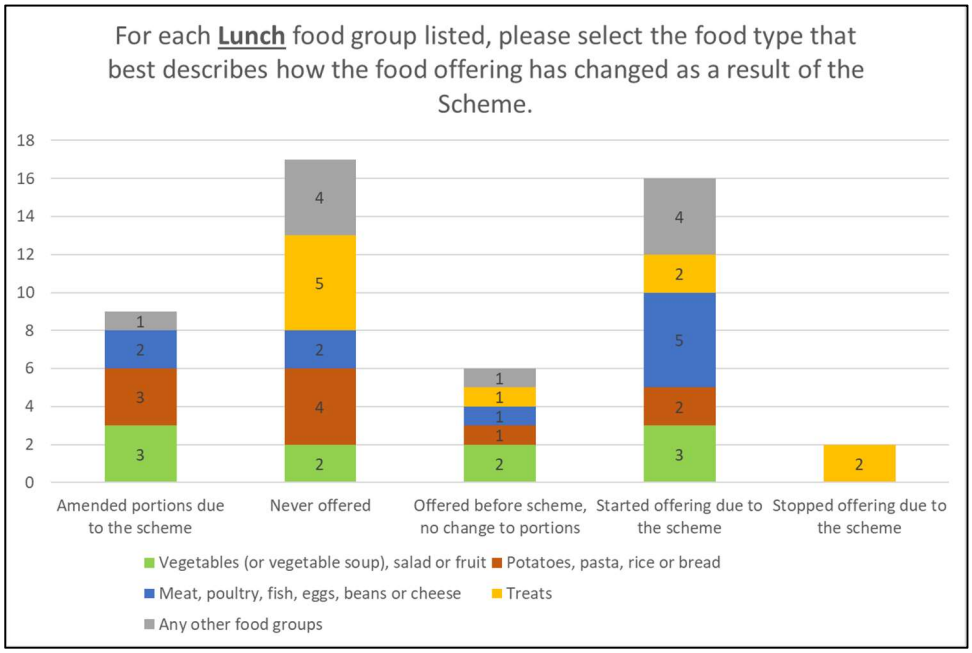

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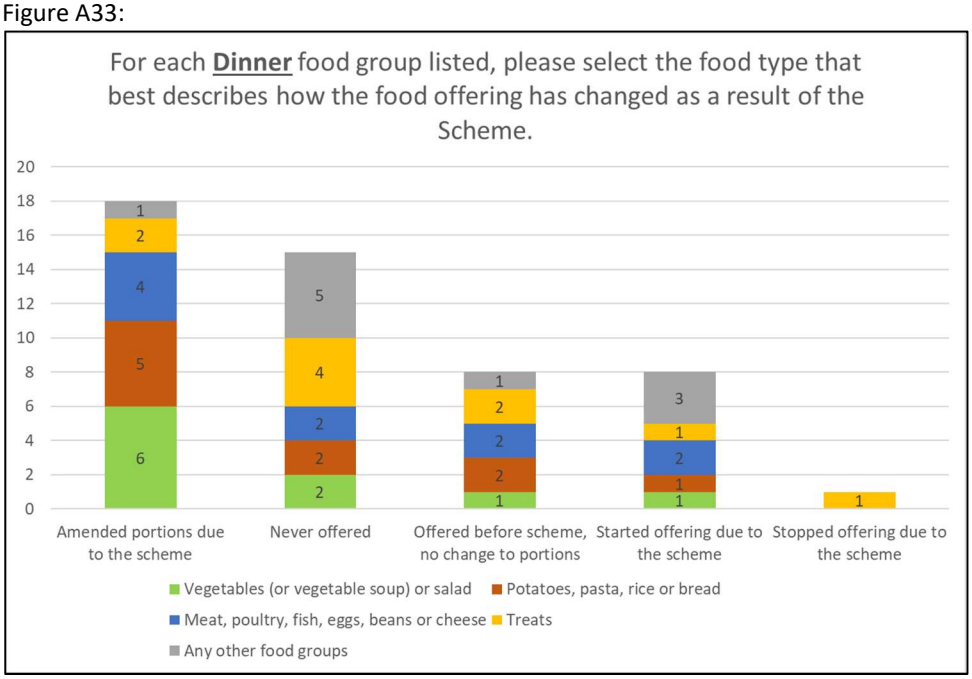

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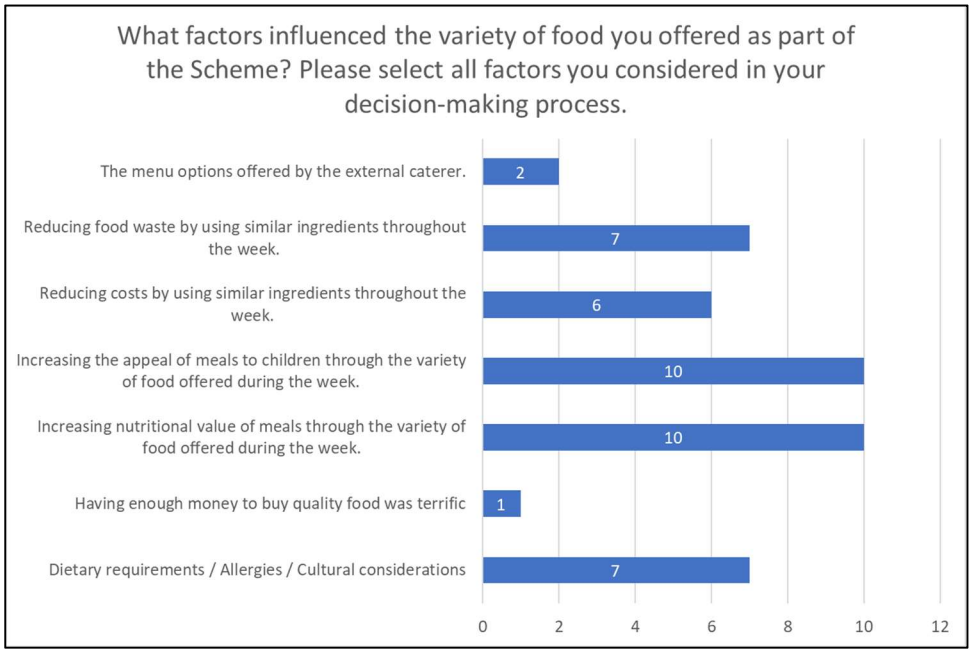

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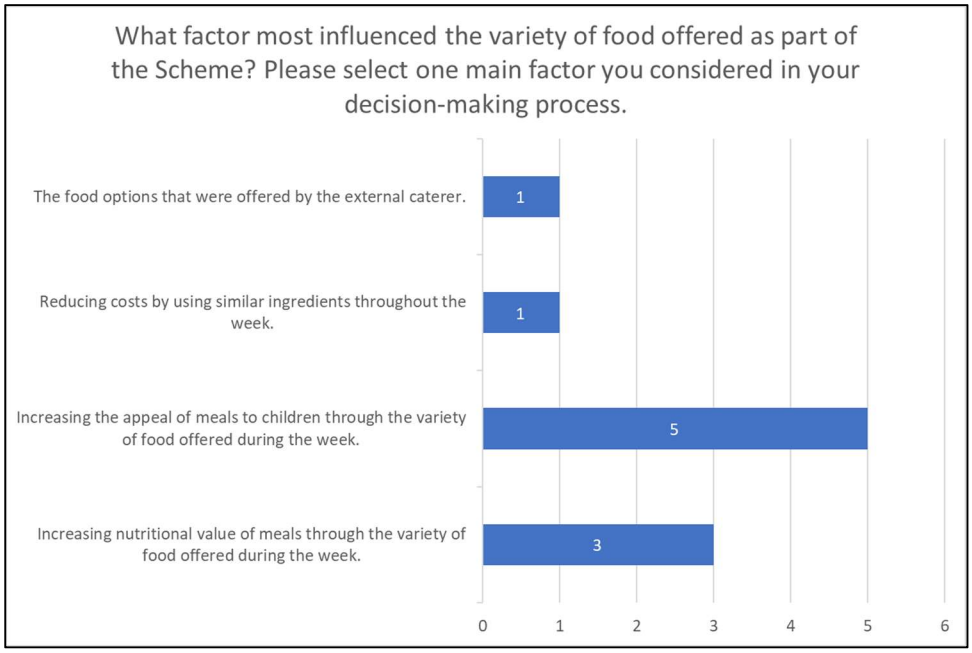

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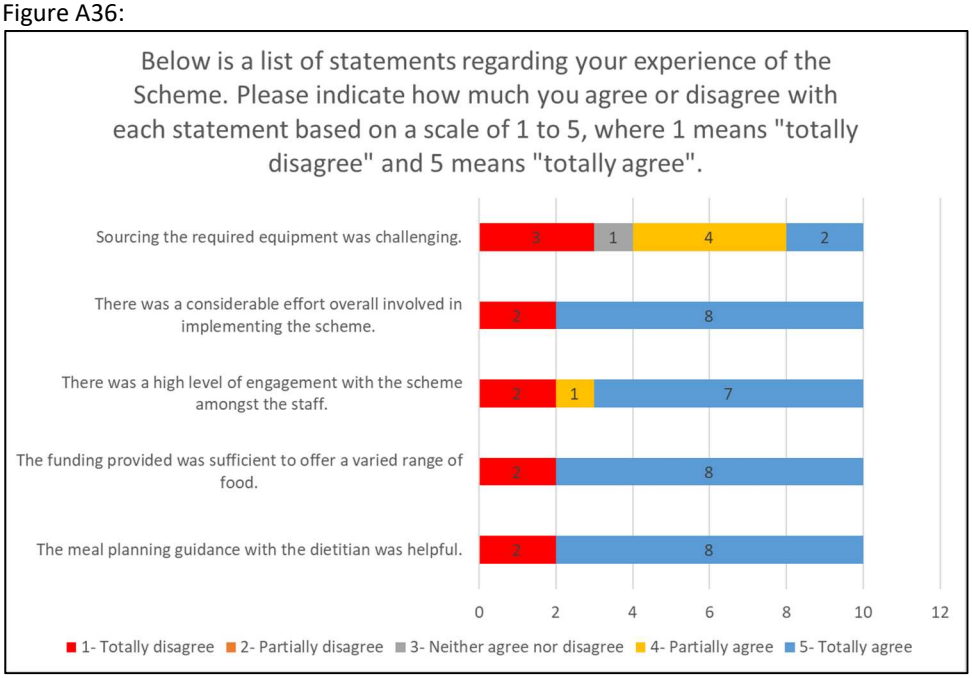

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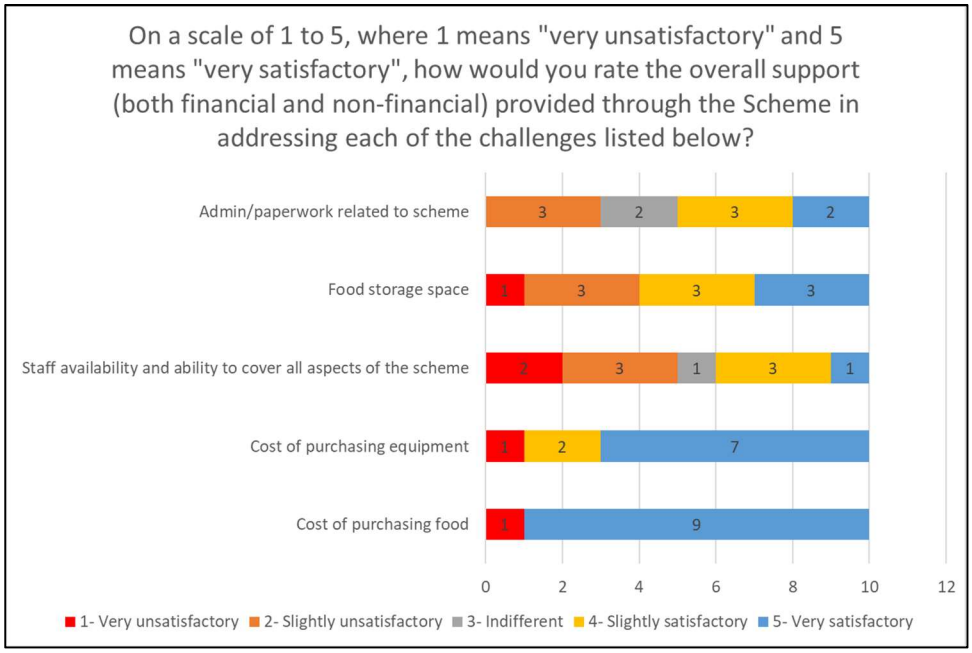

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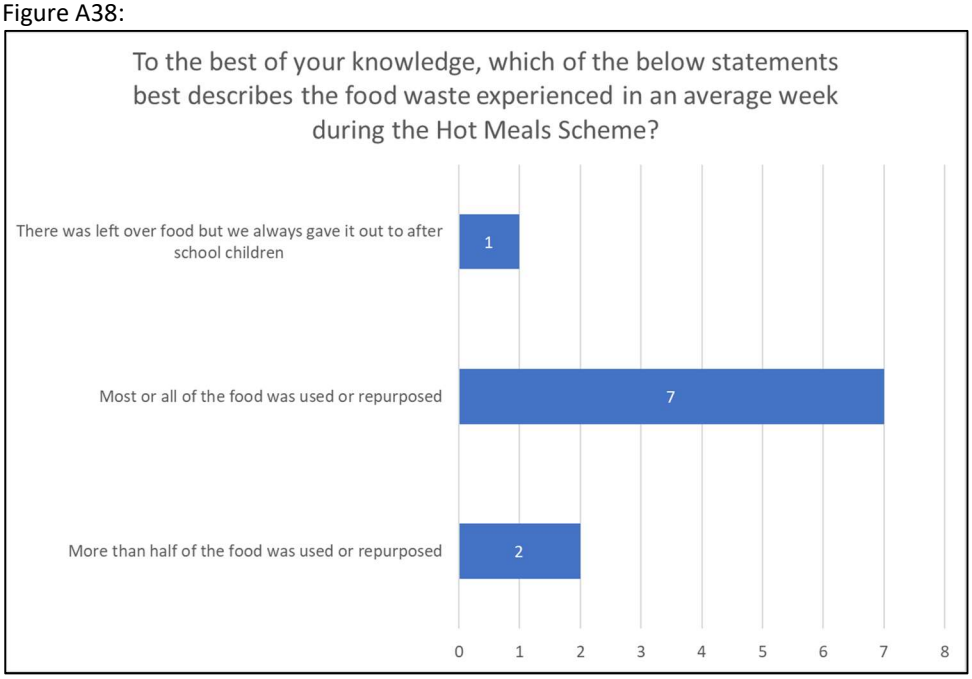

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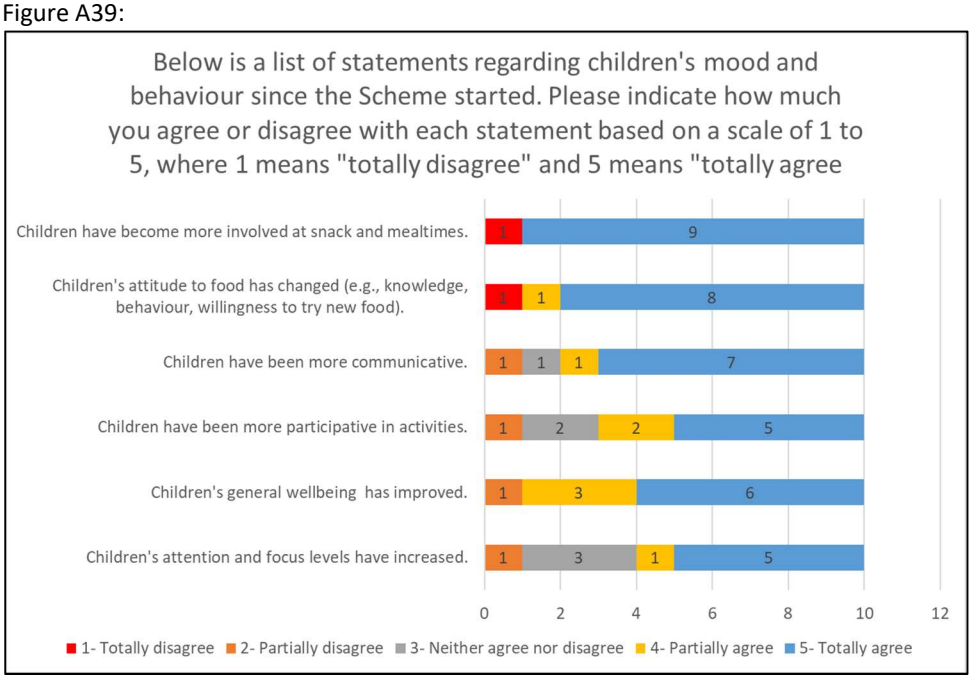

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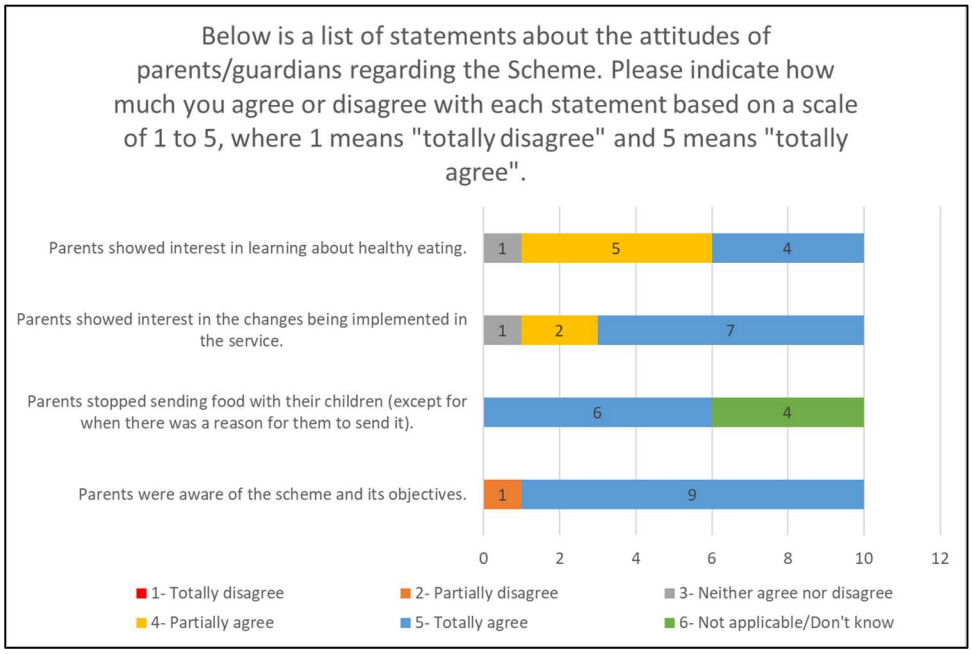

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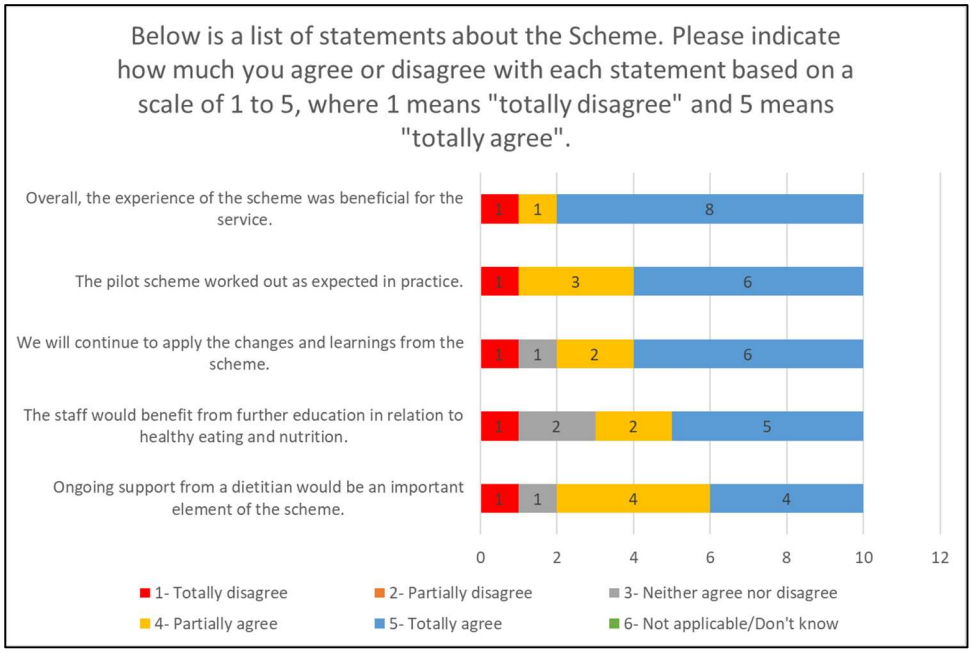

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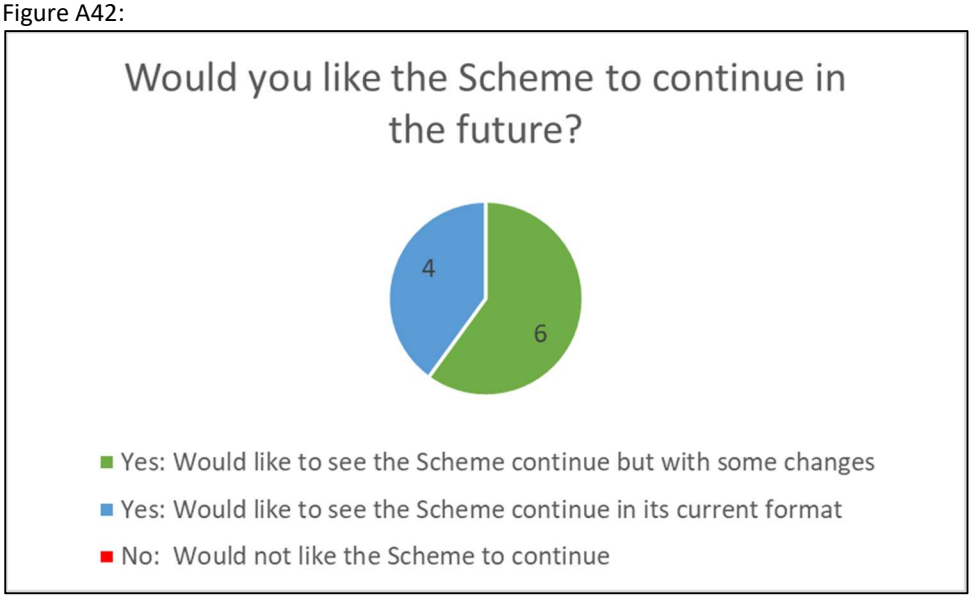
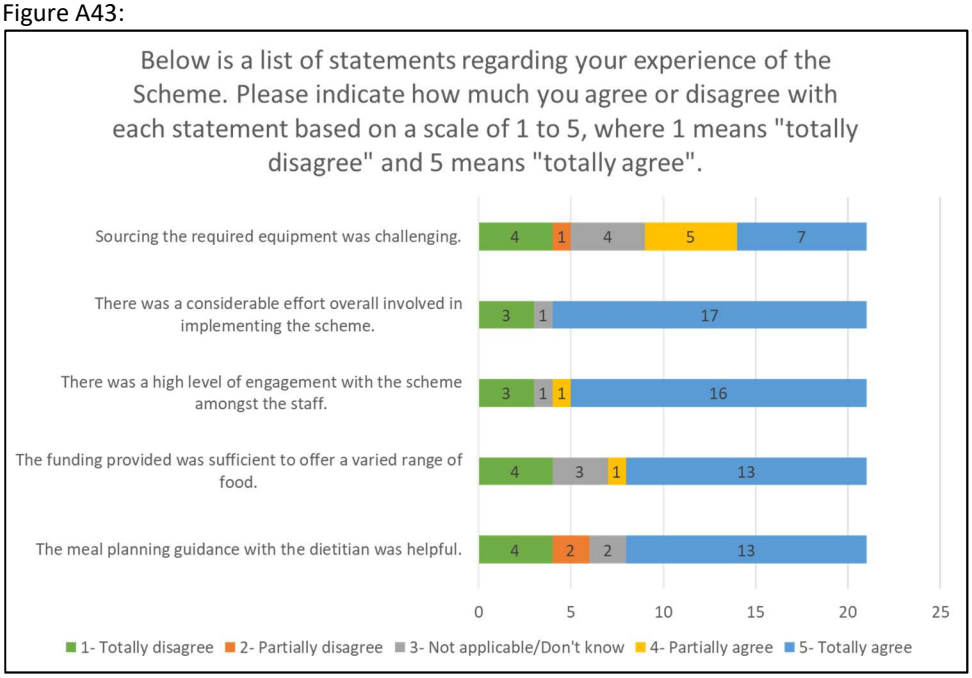


Staff Responses

Figure A43:



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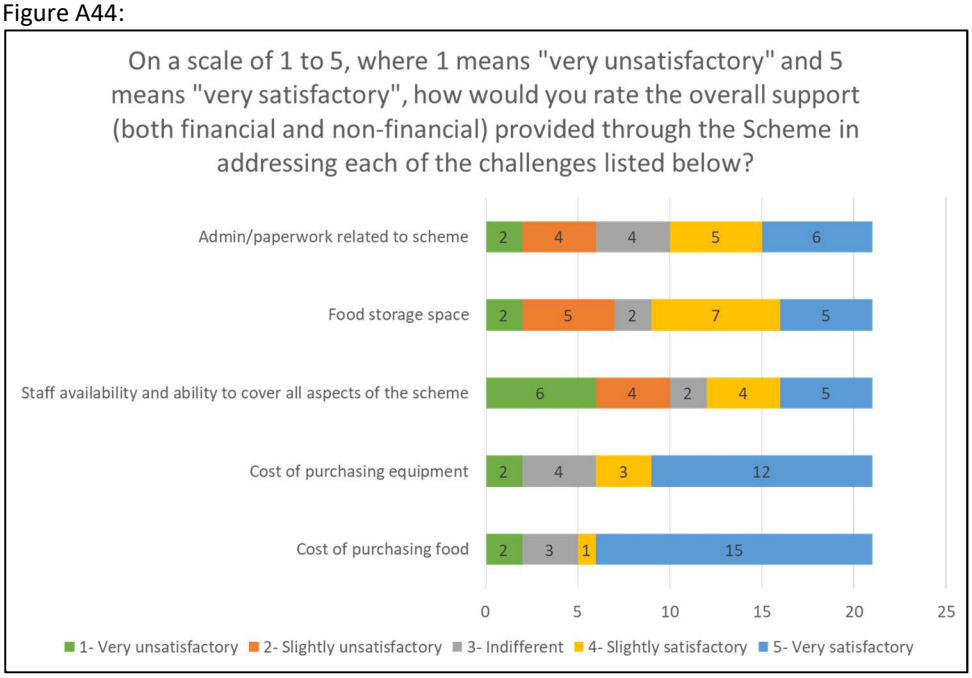

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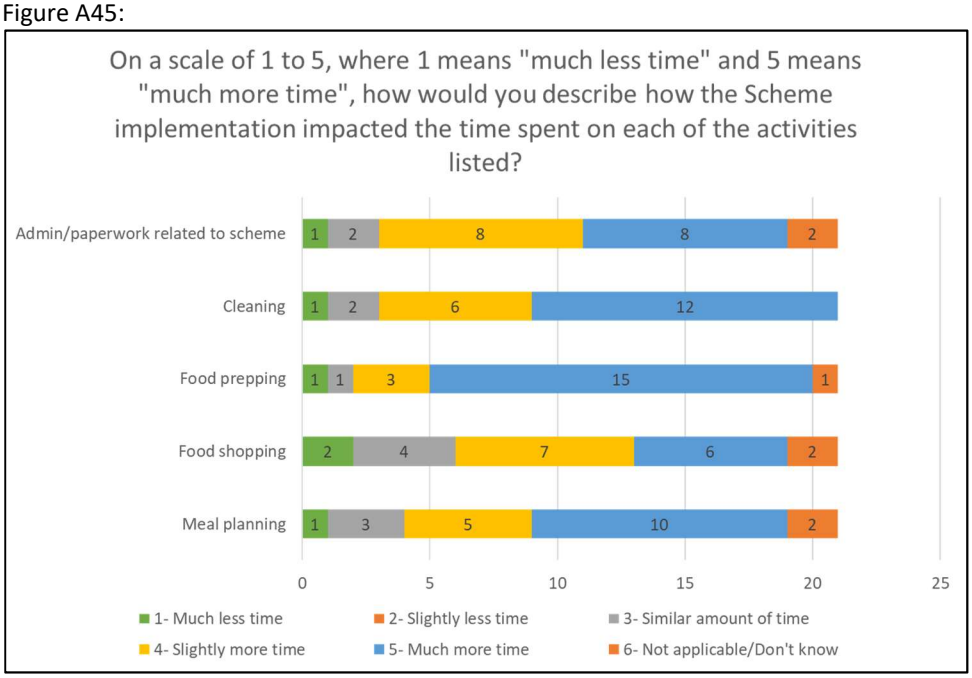

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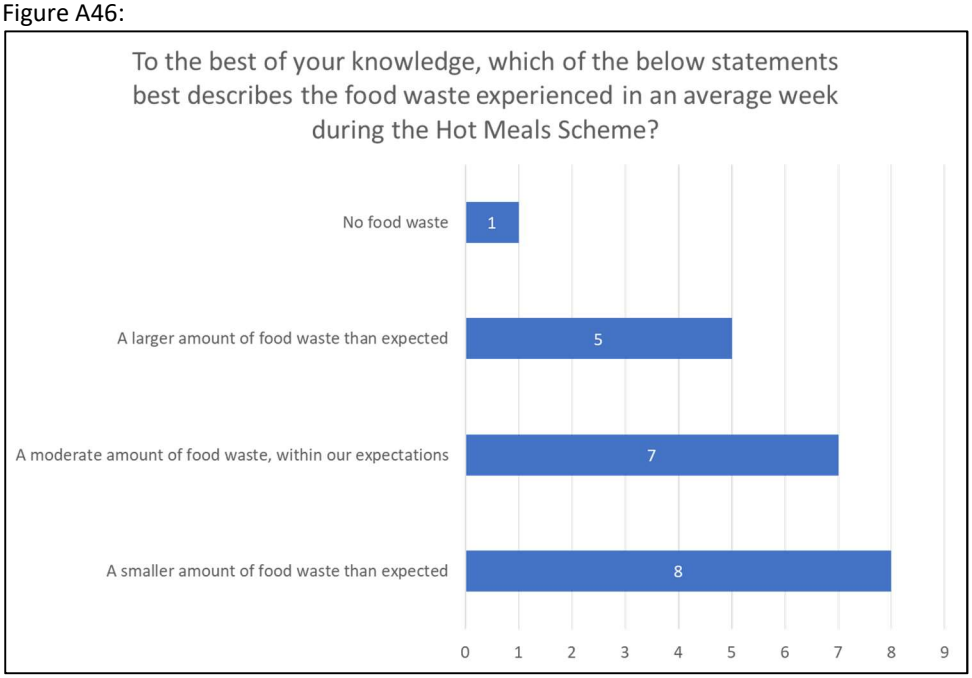

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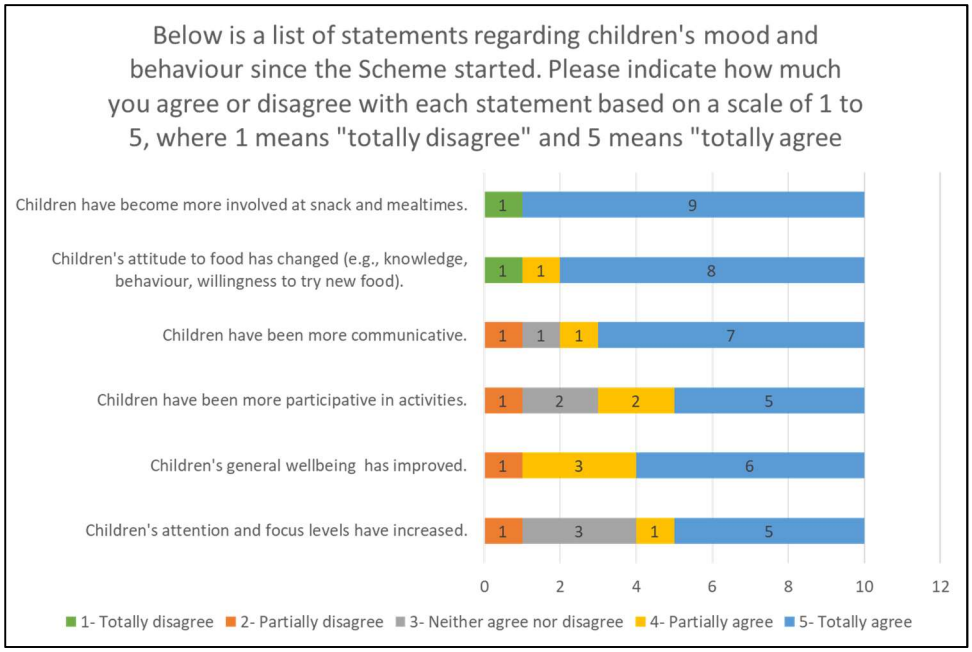

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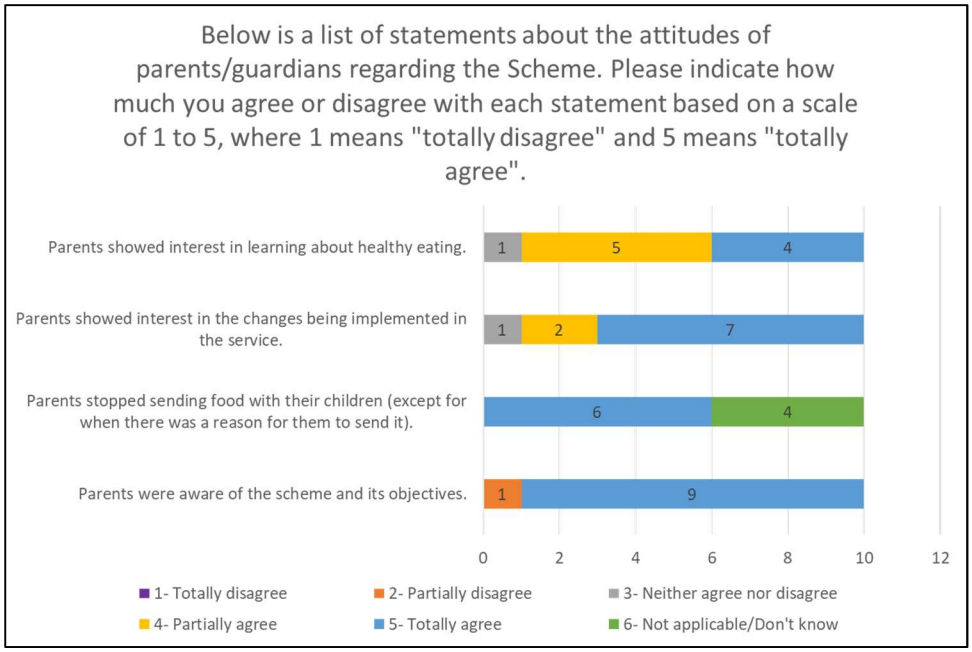

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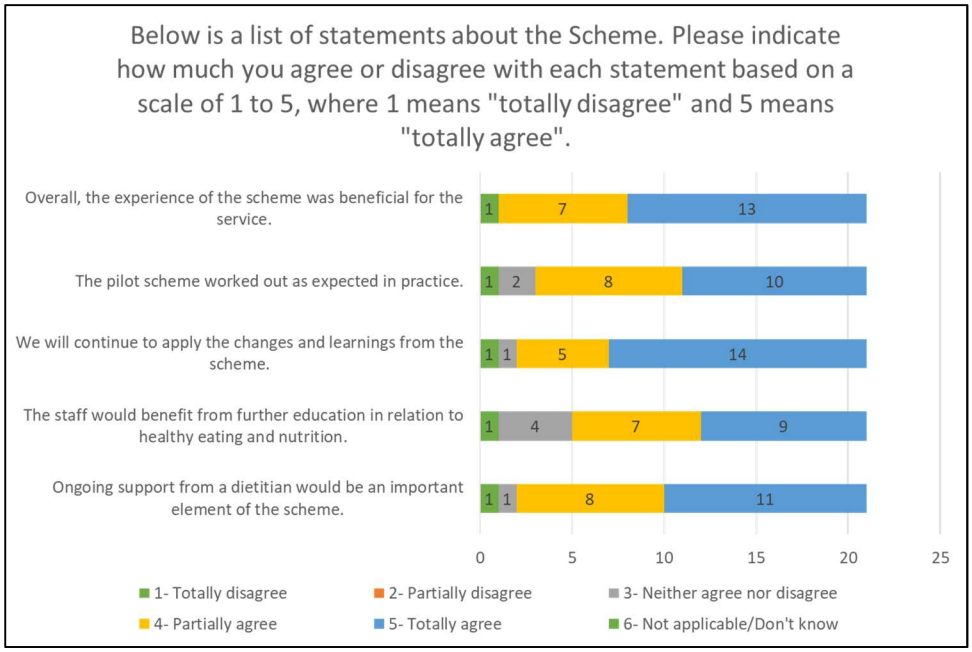

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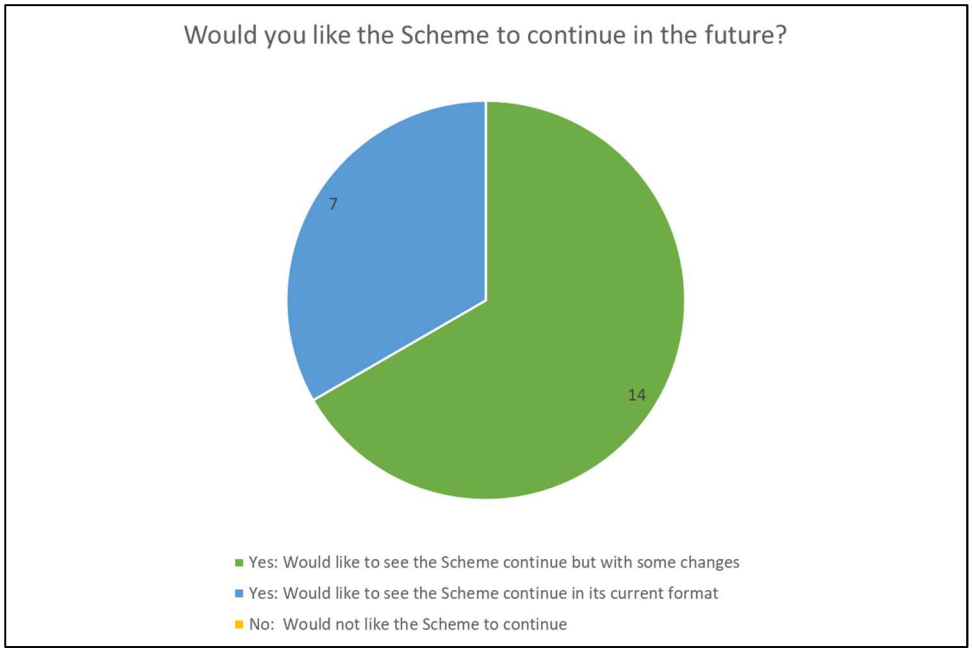

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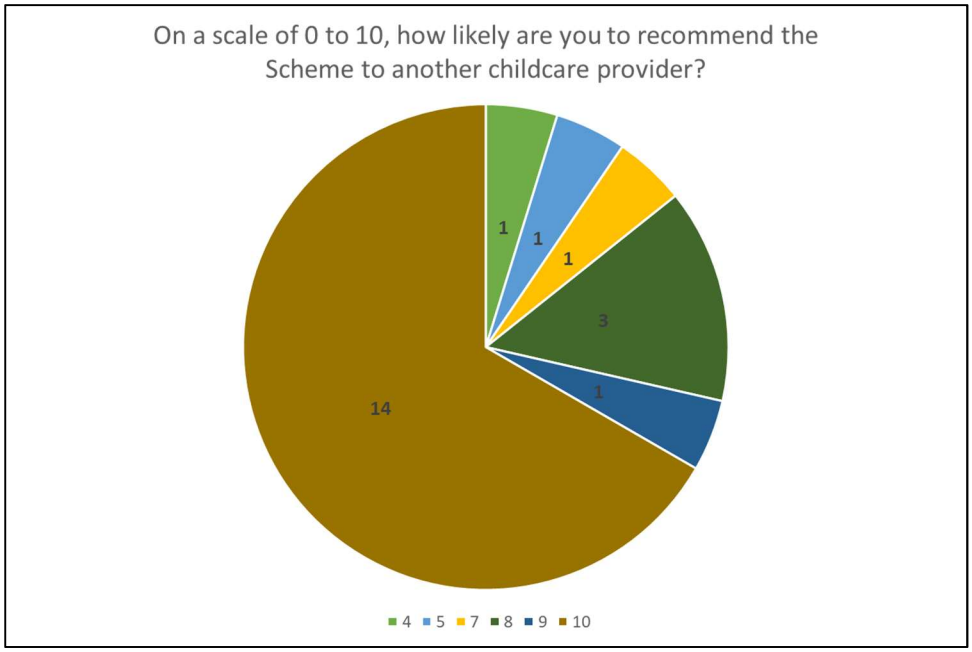
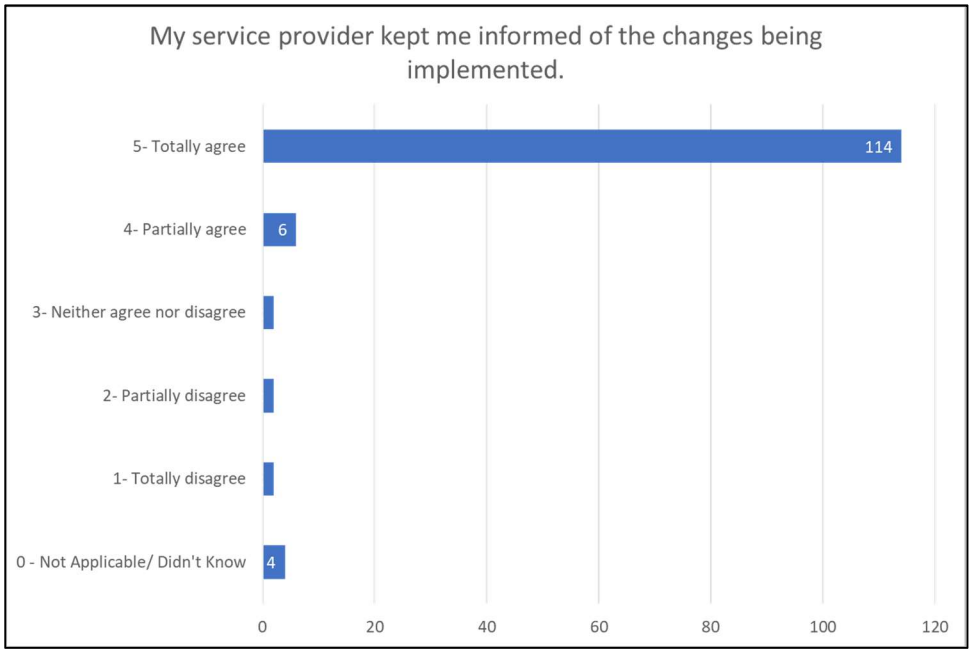

On a scale of 0 to 10, how likely are you to recommend the Scheme to another childcare provider?
1
1
1
3
1
14
4
5
7
8
9
10

Parent Responses

Figure A52:



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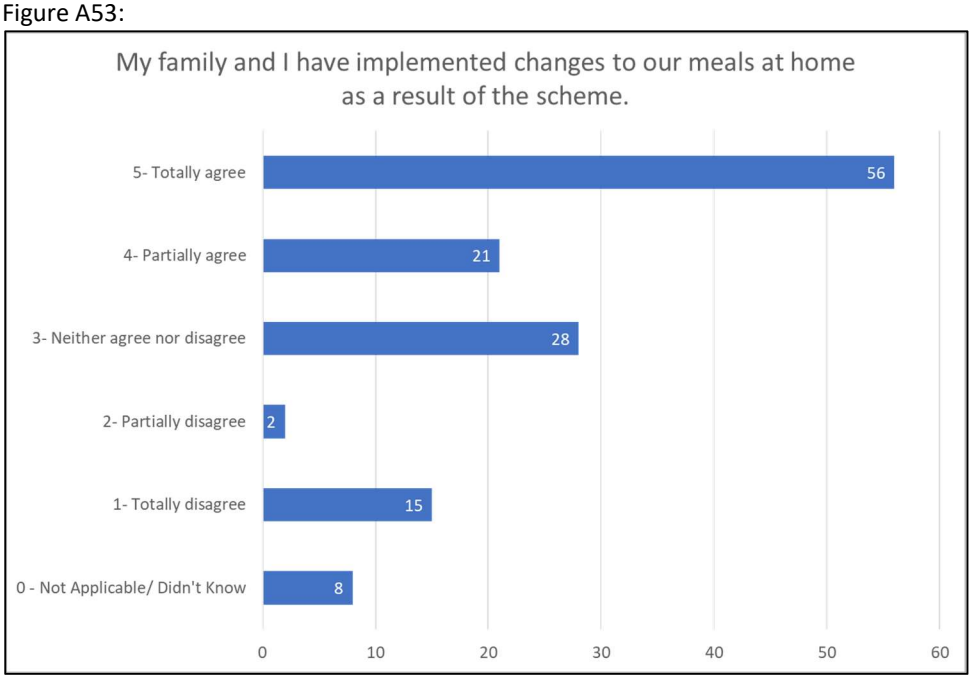

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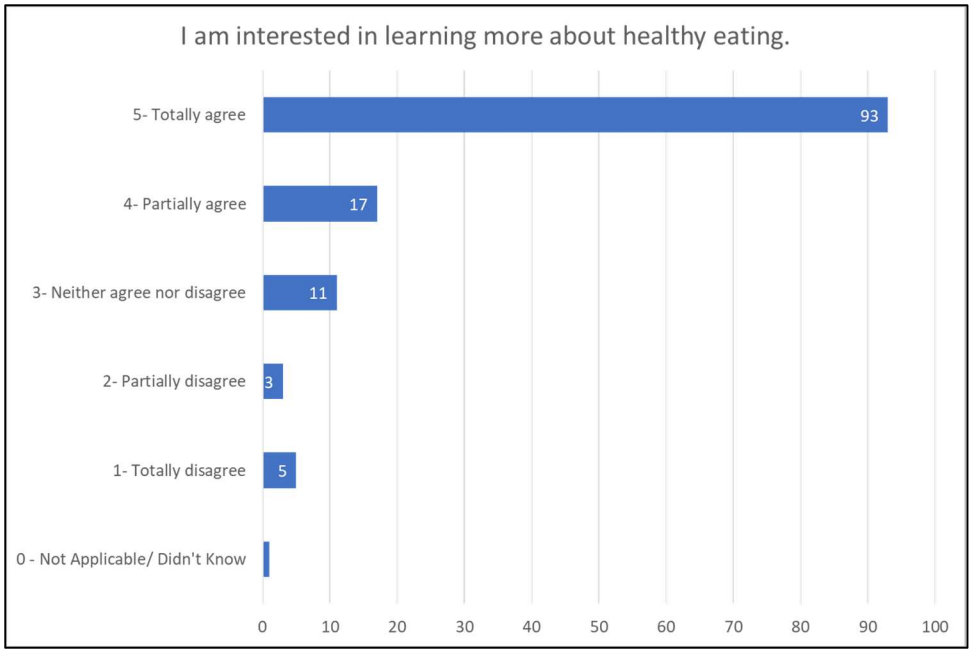

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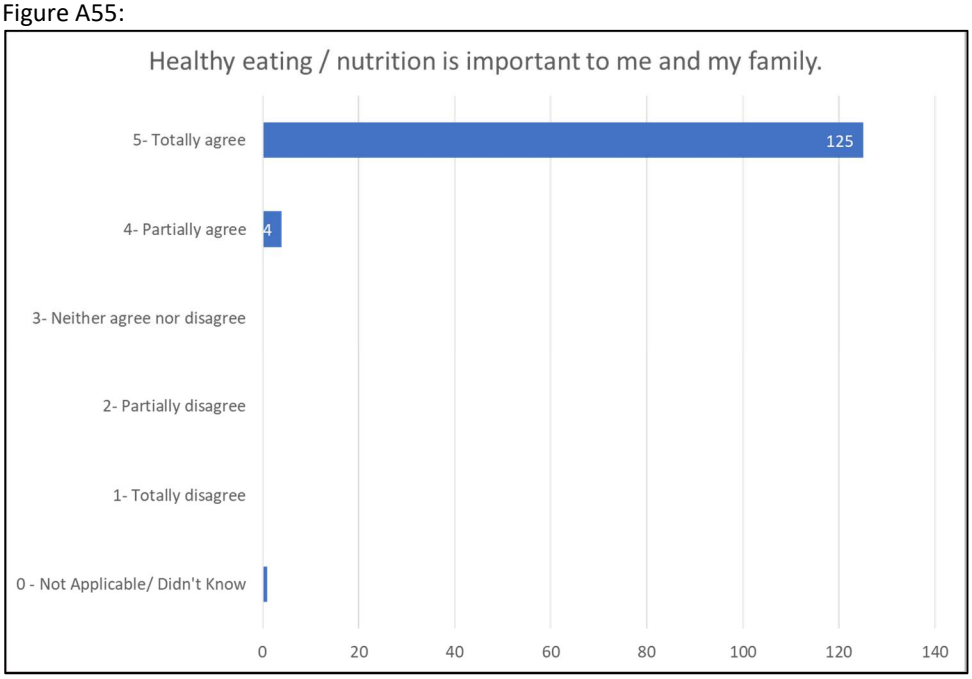

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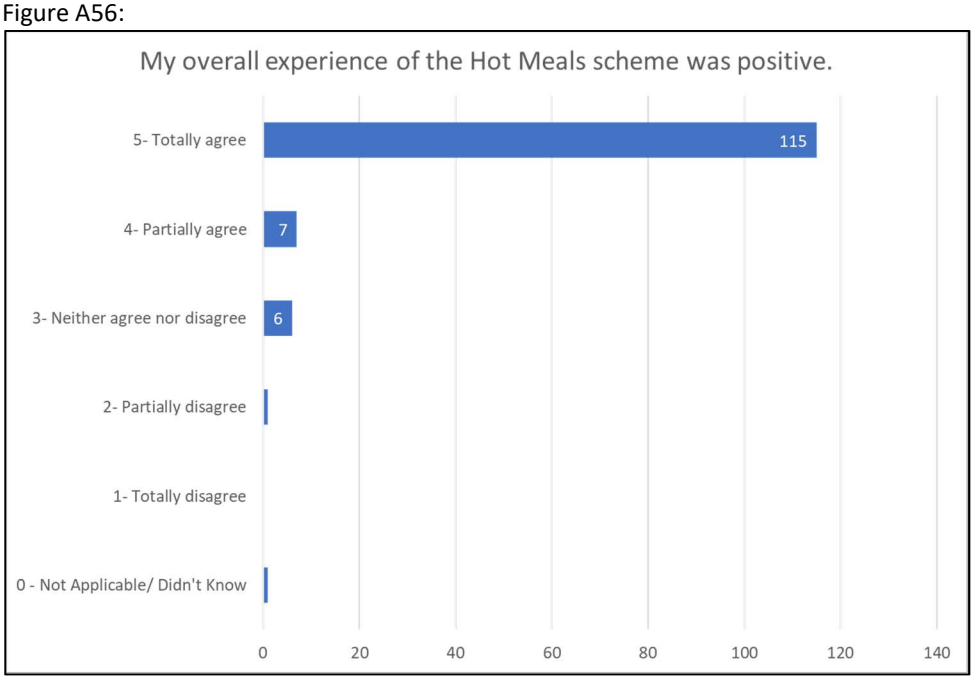

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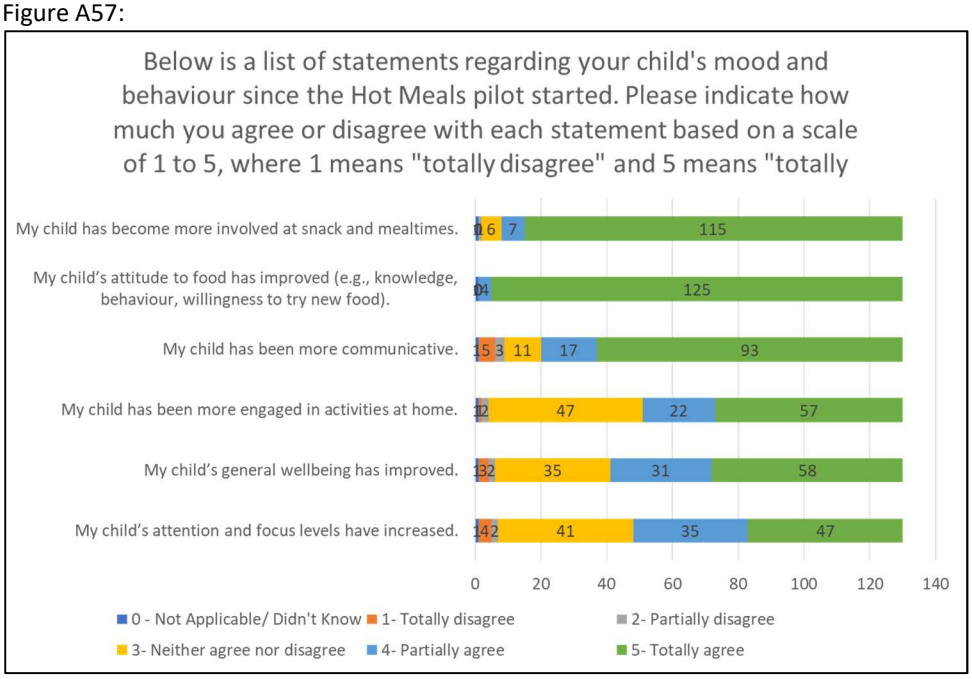

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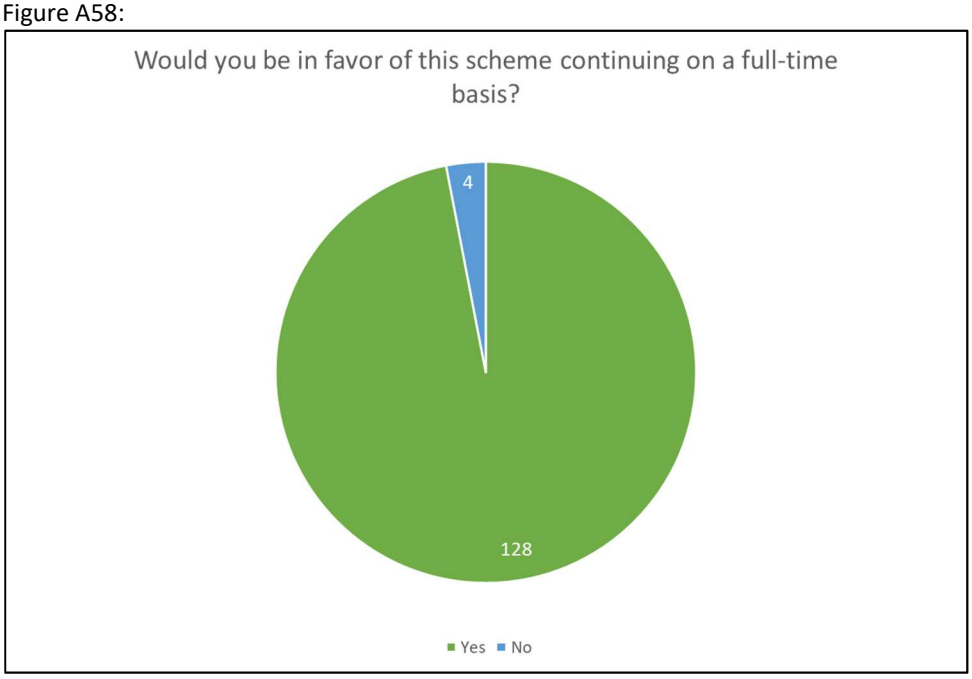
Would you be in favor of this scheme continuing on a full-time basis?
4
128
Yes
No

Appendix 3: Learning Stories

The image collages and narratives below were submitted by service providers as part of their learning stories.

Learning story A1:

Learning story A2:

Learning story A3:

Learning story A4:

Learning story A5:

Food Pyramid

Today we introduced the children to the food pyramid. The children sat around the table and we explained the 5 food groups:

- fruit and vegetables,
- cereals, breads and potatoes,
- dairy products
- meat and fish,
- oils, fats and salt.

The children had no previous knowledge or awareness of the food pyramid. The children could name fruit and vegetables but found it difficult to name dairy products except for milk. The children didn't realise that milk was also in cheese, butter, cream and ice-cream.

We talked to the children about dairy products giving us calcium for healthy teeth and bones. We spoke about food keeping us healthy and giving us energy. We showed the children the small section at the top for treats, sugars and fats.

The children were surprised by this been the smallest section. We told the children how important fruit vegetables were in their diet and showed them this was the biggest section on the pyramid.

We gave all the children food and helped them put the food on the different food groups on the food pyramid.

Learning outcomes

- Introduce food groups to the children
- Learn the 5 different food groups + know what foods belong in each category. E.g.: milk is a dairy product
- Give them a guide to show what they should eat +what they should eat little of
- Talking about and learning about a healthy diet – eating different foods from each group will help them grow, think and. give them energy to play.
- Learning that calcium comes from milk and gives us healthy bones and teeth.
- Dairy products come from a cow, naming dairy products.

Links to Aistear

- Communicating – Aim2 – language development
- Identity + Belonging – Aim 4 – see themselves as capable learners
- Exploring + Thinking – Aim 2 – observing, questioning, creativity, imagination
- Well-being – Aim1-make decisions on their own learning and development

Aim 2 – Support children's psychological + physical well-being + independence by helping them to make decisions about nutrition.
Aim 4 – positive outlooks on learning, make choices + decisions

Links to Siolta

Standard 2: Environments
Standard 3: Parents + Families
Standard 5: Interactions
Standard 6: Play
Standard 7: Curriculum
Standard 8: Planning + Evaluation
Standard 9: Health + Welfare
Standard 12: Communication
Standard 14: Identity + Belonging

Learning story A6:

We were delighted to be part of the 6 weeks Pilot Programme which commenced on the 2nd of May. Our community creche currently caters for 56 children aged 4 months – 5 years. Our 1st week focused on setting up new equipment, reviewing our menu plan for the week and being mindful to have little/no waste.

Getting Ready/Set Up

In preparation for our participation in the Pilot Programme, we looked at equipment for the kitchen. We drew up a list and were successful in getting approval. However, whilst this equipment (& funding for same) was great, we didn't factor in the set-up costs. For example, the potato peeler required plumbing, access to power point and situated in a suitable location.

Shopping

We maintained our regular order with Musgraves. However, we found that fresh fish, fruit & vegetables were not always available or in stock. In light of this, we set up an account with Supervalu and from week 2, we placed 2 orders each week. This worked out well in terms of planning & expiry dates etc.

From week 2 onwards, we asked the children what fruit & veg they wanted. They all gave their opinion and why they were their favorites. This is captured in the Learning Journal where each child's voice was recorded.

Menus – new foods introduced.

We are fortunate to have a creche cook on site who was delighted to work with Childcare Coordinator in planning & introducing new foods.

The children got involved in preparing their fruit & berries. They took great pride in cutting up their favorite fruits and put them in their bowls.

The preschoolers loved getting involved. Eating & trying new foods saw mealtimes become very social & inclusive. There was great excitement comparing melon & pineapple to see which was their favorite. They used all their senses:

- **Look** at the fruit & talk about colour
- **Smell** – to see if they were different
- **Touch** – do they feel the same

- **Taste/lick –** is there a different taste

The activity demonstrated great comparative language, confidence in choosing their preference.

After all this, they decided which one they'd like to eat. The jury came at 50/50.

Our regular menu included recipes from '101 Square Meals':

- Spaghetti Bolognese – page 30
- Beef Stew (using slow cooker) page 37
- Chicken Casserole page 55
- Chicken Curry page 56

As the weeks progressed, along with their regular vegetables, the children were introduced to the following:

- Salmon (mashed in potato) with vegetables
- Beef Stew
- Scrambled egg
- Cream cheese & bread sticks
- Rice cakes
- Cereal with fruit & berries
- Turnip
- Peppers
- Sprouts
- Hummus & celery were not popular

Extra hours required

We found that there was a lot more extra time involved between ordering, sorting out deliveries, preparation, clean up etc. This meant we had to pay a staff member 2 hrs. each day (10 hours p/w). Increase in cleaning etc.

Wastage

We have no food wastage.

Fruit/berries are used to make smoothies – which the children love.

We ordered fruit & veg online & with funding could purchase loose (in kilos). This meant there was no plastic or extra wrapping was (another saving to the environment).

Composting

Given the increase in vegetable peels & fruit skins, our cook asked about using the composter. Contents will be used by our senior gardening group for their herbs, veggies and flowers. We will get to use some of the produce.

This is a great example of how mindsets have changed – we have tried to encourage our cook to use the composter for over 12 months, but now she sees the value is keen to use it.

We feel there has been great value (some unexpected) gained from the Pilot Programme.

- Children's voice, opinion etc. is heard & valued
- Children are independent & confident
- Eating together is a social event
- Choosing & preparing preferences
- Funding allowed for a wide variety of fruit, veggies & fish
- Increased environmental awareness (composting)
- Benefits to all (babies to elders)
- Parents awareness of foods children are trying & their likes/dislikes
- Comparing different fruits etc
- Colours, shapes & origins of fruit & veg.

In conclusion, the benefits or the pilot programme outweigh the challenges. Through the 6 weeks, there has been great learning for the future.

Without this funding, we couldn't offer the choice, variety nor support our senior gardeners.

Learning Story A7:

Food Pyramid

The service introduced children to the food pyramid and explained the five food groups:

- fruit and vegetables,
- cereals, breads and potatoes
- dairy products
- meat and fish,
- oils, fats and salt

The children had no previous knowledge or awareness of the food pyramid and while they could name fruit and vegetables, they found it difficult to name dairy products except for milk. The children didn't realise that milk was also in cheese, butter, cream, and ice-cream. The children were taught how dairy products provide calcium for healthy teeth and bones, and the importance of eating fruits and vegetables. The staff then gave the children food and helped them put the food on the different food groups on the food pyramid.

Stories

Children were given some pieces of chicken on their plates or in their roll depending on their own preferences. One child said she had never tried chicken before and did not want to try it that day. When chicken was provided the following week, the child took a tiny bite at first before having another bite. She then said she liked it and that she never eats meat at home.
Children might not try a new food the first time but may be willing to try the next time.

A Child is picking up her roll, she turns it around in her hand, looking curiously at it. She opens it up and looks at what is inside. There is only butter, so she puts two halves back together and starts eating it unsurely but still willingly to try and finish.

A Child picks up a pepper and puts it to her lips. She shakes her head and says it is spicy but still not sure if she likes it or not. She tries again, shakes her head again and puts it back to her plate. Staff praised her for trying and maybe she will try again another day. This is the way children discover what they like and dislike.

A Child is picking up a cube of cheese saying he eats cheese at home, but this cheese looks different. He said he didn't know if he would like it or not. The staff encouraged him to try it. He tries it and says it tastes the same as his cheese at home. He realises that things might have different shapes and even colours but still be the same kind of food and taste the same.

A Child is eating chicken. A member of staff asked him if he likes it. He says he does but it tastes different than chicken at home. The staff member asked him what he thinks can be the difference. He says his chicken at home has gravy. The staff member says so now you like chicken with gravy and without gravy.

A child tastes salami for the first time and finds it hot. He sticks out his tongue and gets some water. Another child tastes salami for the first time and she loves it.

One boy tried frubes, cheese string, breadsticks, licked the jam, drank the actimel. Before the pilot he only ever ate dried bread rolls and apples.

Pizza Day

Each child was given a piece of dough and flour was scattered on the table. The children were shown how to roll the dough into a ball with their hands and then flatten it out to create the pizza base. The children then spread the sauce onto the pizza using a spoon and got to select their own toppings.

All of the children made their own little pizza. Some put cheese, others put ham or peppers or salami. Through this experience the children learned to interact with others, share ideas and showed an interest in the other children's creations. Some of the children said they didn't like their pizza, but the majority loved theirs.
One child said: "We made pizza with our own self. We put cheese, flour, sauce, toppings. They were circle one and they were lovely. We put them in the oven."

Orange Juice

The children were sat in a circle around the table and given oranges that were prepared in halves. The children cupped the oranges over the juicer moving from left to right applying pressure. As they squeezed the oranges the children chatted saying "I can smell the oranges", "I love oranges, they taste good".
As the children squeezed the oranges it was explained to them how oranges contained vitamin C, which helps keep their bodies healthy. The children then poured the juice through a strainer into a jug. When the children observed the seeds coming out of the oranges, they were told how planting the pips could grow an orange tree.

The children were very excited to try the orange juice but, in the end, there was only one child who liked it. Some children didn't like the bits in it while others found it too bitter. Surprisingly most of the children admitted they liked oranges, but the juice seemed to taste different for them.

Learning Story A8:

The following is a short story from a service provider to a child attending their service. The child had fixed eating habits before the pilot started.

"We noticed that you loved our dinners. You loved simple food and would always ask for more potatoes.
Today was our last day. It was a different day - we were inviting all the Mammy's, Daddys and Granny's for some tea and scones to say goodbye for the summer.
You weren't too keen on the scones. You didn't like the fiddly sandwiches but then you saw….
A Bowl of Honey Dew and Watermelons!
And even better a Water Melon Ice-Pop to cool down on a hot day! "

Appendix 4: Dietitian's Report

Additional Nutrition Pilot Programme – Early Years Services 2023

Dietitian's Report

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For children attending Early Learning and Care Services on a full-time basis in particular, a significant proportion of their daily food intake will be provided by these Services – as much as 70%. Considering that 96% of children in this country avail of the universal Early Childhood Care and Education Programme (ECCE) pre-school programme from the age of 2 years and 8 months, it becomes clear that the programme provides a significant opportunity to influence healthy eating habits from an early age.

The Nutritional Standards for Early learning and Care services was published in May 2023. While the focus of the Standards is on the nutritional aspects of food, mealtimes do not happen in isolation but are an intrinsic part of the child's social day. Every healthy eating occasion, therefore, provides opportunities for holistic learning. Mealtimes are, by their nature, social occasions and the accompanying language, communication and customs provide valuable learning. Associating the enjoyment of healthy food with social interaction on a daily basis may yield positive reciprocal benefits for both.

Within the Nutrition Standards for Early learning and Care Services, services are encouraged to inform children and raise awareness with parents and families about healthy eating including correct portion size for young children and limiting treats. Family background and culture in relation to foods offered must also be considered.

The Department of Health, together with a team of nutrition experts, has produced the *National Healthy Eating Guidelines for* 1- to 4-year-olds*,* including the Children's Food Pyramid. These resources are designed to help parents, healthcare professionals and education professionals to teach good eating habits to children. It lays out clearly what foods children should be eating, recommends portion sizes, and outlines how often children should be given treats.

This pilot programme provided a unique opportunity to put the Nutrition Standards and Healthy Eating Guidelines into practice and support the services involved while they did so.

In the initial feedback forms, and from discussions with the project manager, it has been highlighted that a key aspect of this programme was the on-site and online support of a registered dietitian in advance of the pilot and throughout the 6-week programme and beyond.

What did the nutrition support look like?

PRIMARY VISIT – In person

- On selection for the programme, each of the nine sites was visited in person by the project manager and a dietitian. This initial visit lasted between 90-120 minutes.
- While there was some apprehension about the 'Dietitian' coming to visit, the overall approach was one of positive support – praising what was going well (and there was a lot of good foods on offer) while suggesting where nutritional gains could be made with changes to purchasing and cooking habits.
- The visit included a detailed discussion around current food provision (in house hot meals, in house snacks or food provided in lunch boxes by parents – depending on what was available in each service).
- Weekly menus were discussed and evaluated (no detailed nutritional analysis was carried out – but cooking methods and food purchasing was discussed).
- Suggested mealtime swaps and suggested snacks were provided.
- In the cases where in house kitchens were in operation, discussions with the chef were held and fridge/freezer/store cupboards were evaluated.
- Portion sizes were highlighted – suggestions to apply for child sized utensils, plates, cups etc. were made in some cases.
- Food waste was an issue which was discussed. Any leftover fruit would be made into smoothies on a Friday, extra vegetables could be added to stews or soups.
- Common nutrition myths were discussed.

Follow -up support – Zoom calls at week 0,2,4,6 & 8

The service managers, staff and parents were followed up separately with pre-and post-questionnaires the results of which can be found elsewhere in this report.

My observations from a nutritional perspective are outlined here – both positive and negative – in an effort to support the successful roll out of this pilot programme on a nationwide basis in the future.

Observations

- **Early exposure to a wide variety of foods:** It is well established by nutrition experts that the early years of a child's life, from birth right through weaning and to establishment of a family style diet, are really critical. Critical both in terms of meeting nutritional requirements for growth and in terms of exposing children to a wide variety of tastes, textures and food types while they are more open to trying different foods. While some children were receiving a varied diet from home (in both foods provided in the lunchbox in cases where parents provided food and also in homes where freshly cooked foods and meals were the norm), in all of the services the staff told us of children who were not receiving adequate nutrition.
    - Some services were sending extra snacks/sandwiches/fruit home with children in their pockets
    - In some cases, children were being kept on for an extra hour after ECCE hours free of charge (suggested by staff) so that they could avail of the hot lunch which was on offer that day.
    - In one instance, where parents sent in all food to be eaten in pre-school, a child brought in a packet of biscuits on a Monday to last for the week (2 on a Monday, 2 on a Tuesday and so on). In this case, the staff would have food available to provide alternative meals/snacks for this child.

- **Establishment of good social skills around eating:** The change in some services from children eating what was provided in their own lunchbox to a sharing style communal meal at a table with their classmates
    - **Services commented on the inclusivity of such an approach.** No one was singled out for 'free' foods, and everyone was being treated in the very same manner.
    - Breakfast buffet style service was added to a couple of services whereas before, children who came in and who had not eaten (known to staff) would sit separately and eat breakfast. Including everyone together was described as transformative by some staff.

- Children with **sensory issues around food** were found to be very responsive to the programme and the benefits of exposure to a wide variety of foods served self-help style in the centre of the table. Some services reported dramatic changes in acceptance of new foods over the 6/8-week duration and many others reported less anxiety around new foods being offered. While only applicable to a small number of children, these results are exciting and could warrant further investigation.

- **Self-service style** meals were very popular. Not only does this allow children to see/touch/taste new foods which they may be wary of at first, it also encourages them over time to eat what they may see others eating in a non-pressurised environment. The approach was very much 'Service provides, and child decides.' There was no pressure to clean plate etc. so, allowing children to try new foods in a relaxed environment.

- **New Foods:** A selection of new foods being offered was a benefit of the project. Previously, services were not likely to spend money on foods which may not be eaten but the pilot programme funding gave them lee way to do this

Challenges

- **Time Commitment:** In the services who had previously not purchased or prepared any food (all food supplied by parents with some cereals/toast/bananas on hand for hungry children), the pilot project provided the biggest challenge in terms of having to prepare weekly menus, make shopping lists, purchase ingredients, unpack shopping and prepare foods. It was estimated that this represented on average a 2-hour time commitment, and this concerns me in terms of the continuation of a successful programme if it is rolled out. Without extra support in terms of staff, this will not be sustainable, and the same nutritional standards may not be maintained (fresh fruit platters being prepared each day / vegetable sticks and hummus platters / smoothies made from extra fruit / scrambled eggs on toast for breakfast etc…)
- **On-going Nutrition Education and Support:** This was a key part of the pilot programme according to the feedback from services. It will not be possible for one Dietitian to visit all services. It needs to be decided how this can be replicated if the programme is rolled out nationwide. Various options are worth investigation:
    - **Community Food & Nutrition Workers (HSE).** The roll out of the programme in early years services could fit within the remit of the Community Food & Nutrition Workers. There are 19 of these posts currently filled or being filled. This warrants further investigation.

Main Purpose of Role:	The Community Food & Nutrition Worker will work within the Sláintecare Healthy Communities (SHC) Programme. This initiative focuses on the implementation of an enhanced Health and Wellbeing Programme within areas where Social Inclusion Community Activation Programme are active, with the greatest levels of disadvantage and highest proportion of young families to deliver evidence informed services to improve local population health and wellbeing outcomes.

    - **Online CPD Webinars**: Further training for staff, managers, and chefs/cooks around good nutrition practices for early years services could be set up. This could create a Community of Practice for those working to provide better, more nutritious foods for the early year's services. Questions could be submitted in advance and answered live or ideally a live Q&A session as issues arose – this worked well in the pilot study.

    - There will be questions which arise, and it is important to ensure that those involved are aware of the good nutrition practices for pre-school children. E.g., children of that age have specific nutritional needs and healthy eating advice that may be good for adults will not always apply.

- **Compliance with Nutrition Standards / Healthier food choices**. There has been much discussion around the ongoing monitoring and supervision of this project if it is to be funded nationwide in DEIS designated early learning services. How can it be ensured that the service will continue with the provision of the wider choices and healthier foods once the monitoring/support has ended? Suggestions for ongoing monitoring include Community Food & Nutrition Workers involvement? TUSLA inspector visits? Environmental health visits? Could these in some way take on the monitoring role in association with the ongoing support from a project Dietitian? Dietitian led CPD webinars?


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