

Fun not Fuss with Food Workshop

1. Do you want to learn how to improve your child's fussy eating behaviour?
2. Do you want to prevent your child from developing fussy eating behaviours?
3. Is your child aged between 2 and 10 years?

If you answered YES to the above questions, then the Fun not Fuss with Food workshop is for you!

Come along to this 2½ hour workshop and learn about:



- Why children become fussy eaters
- What children need for healthy growth and development
- How to positively manage your child's fussy eating behaviour

The next workshop will be:

Date:	For further information please contact:
Venue:	
Time:	

Enquiries to: Insert Name and
Branch/Unit Title
Telephone: Insert telephone
number
Facsimile: Insert Fax number
Our Ref: Insert Ref. Number

Insert Addressee's Name
Insert Addressee's Title
Insert Company or Departmental Title
Insert Address
Insert City, State, Postcode

Dear Insert Salutation

***Fun not Fuss with Food workshop:
An early intervention workshop for parents with children who have
problem eating and mealtime behaviours***

I would like to inform you of an exciting new workshop that is being offered to parents with children who are 'fussy eaters'. *Fun not Fuss with Food* is an early intervention and prevention group education workshop.

Problem eating and mealtime behaviours are common in children, with an estimated prevalence ranging from 20% to 41%. However, these figures are conservative estimates, and only include problem behaviours brought to professional attention. Problem eating and mealtime behaviours are estimated to account for 25% to 35% of referrals to outpatient paediatric and mental health clinics.

The aim of the *Fun not Fuss with Food* workshop is to provide parents with information and strategies so that they may better manage their child's problem eating and mealtime behaviours. It is hoped that when parents implement the behaviour management strategies there will be a subsequent improvement in the child's problem eating and mealtime behaviours. This will result in mealtimes that are more enjoyable for the parent and the child.

The workshop is a 'one-off', two-and-half-hour education program that covers the main content areas of childhood nutrition and behavioural management strategies. The workshop is targeted towards parents with children aged between two and ten years who have problem eating and mealtime behaviours.

Please find enclosed a number of parent fliers that provide contact details for parents, so that they may register for this program.

Regards

Insert Name
Insert Professional Details



Fun not Fuss with Food

Information Sheet for Health Professionals

What is *Fun not Fuss with Food*?

Fun not Fuss with Food was developed in 2000 by a multidisciplinary team of health professionals at the Gold Coast Health Service District.

It is a single session, two-and-a-half-hour workshop that covers nutrition for children and behavioural management strategies. Options for further support or assessment are provided as required.

The workshop aims to increase the capacity of parents with children aged 2–10 years in managing their child's problem eating and mealtime behaviours.

There is a range of resources to support health professionals (child health nurses, child psychologist/early intervention specialists, and nutritionists/dietitians) to deliver the workshop. These include a Facilitator's Manual, Facilitator's Guide (Video/DVD), and Parent Resources.



Why should we address problem eating behaviours in children?

Problem eating and mealtime behaviours are common in children. If these behaviours are not addressed, children are at risk of developing both short and long term health problems such as mild nutritional imbalances, constipation, iron deficiency anaemia, failure to thrive, and obesity.



Common problem eating and mealtime behaviours:

- gagging or vomiting
- difficulty with managing appropriate food textures
- spitting out of food
- refusal or inability to chew foods
- refusal or reluctance to try new foods
- refusal to come to or to stay seated at the table
- whining or crying
- playing with or throwing food
- fighting with siblings during mealtime

The workshop provides an alternative to one-to-one consultations for both parents and health professionals and supports a number of priority areas under *Eat Well Queensland* and the *Strategic Policy Framework for Children's and Young People's Health 2002–2007*.

What is covered in the workshop?

There are three sections to the workshop:

1. Nutrition for children covering the importance of good nutrition, safety, the parent-child feeding relationship, nutritional needs, and tips for dealing with food refusal.
2. Managing behaviours covering common mealtime problems, road to success, and a five-step action plan.
3. Community resources and where to go for further help.



For further information contact:
Southport Child Health Centre
Phone (07) 5531 1560

IS YOUR CHILD A FUSSY EATER?

- ☑ Do you have a child aged between 2 and 10 years?
- ☑ Does mealtime in your home create havoc?
- ☑ Do you have concerns that your child is not eating enough food or the right types of food for them to grow healthy and strong?

If you answered YES to either of these questions then the following workshop could be for you.

Fun not Fuss with Food **Workshop**



Come along to this workshop and learn:

- Why children become fussy eaters
- What children need for healthy growth and development
- How to positively manage your child's fussy eating behaviour

To register for the *Fun not Fuss with Food* workshop please telephone:

Media release



Insert Date

Help is at hand for children who are fussy eaters

Parents with children who are fussy eaters are the focus of a new Queensland Health nutrition workshop.

Queensland Health Community Child Health Nurse, *[insert name]* said the 'Fun not Fuss with Food' workshop aims to reduce problem eating behaviours and improve dietary intake for children aged 2 – 10 years.

"Food refusal and fussy eating are common problems experienced by parents that can make children's mealtimes a difficult and stressful time," *[insert name]* said.

"Behavioural problems such as food fads, picky eating and food refusal can lead to poor childhood nutrition which may lead to a child's failure to thrive.

"We know that poor dietary habits during childhood can lead to chronic diseases later in life, such as coronary heart disease, diabetes and obesity, so it is important that problem eating and mealtime behaviours in children are managed early," *[he/she said]*.

[insert name] said the workshop teaches parents about their child's nutritional needs and ways to manage problem eating and mealtime behaviours.

"Learning to eat a wide range of nutritious foods is an important step in developing lifelong healthy eating habits and attitudes.

"Through the workshop parents gain the knowledge, skills and confidence to introduce a wide range of nutritious foods to their child, without all the fuss," *[he/she said]*

'The Fun Not Fuss With Food' workshop will be held at *[venue]* on *[insert date, time]*. For more information and to register for the program, please phone *[xxxx xxxx]*.

Media contact:

To help us make this workshop effective please answer the following questions.

Date ___/___/___

1. What is the postcode of your home address? ___ ___ ___ ___
2. What is the age of the child you are attending this workshop for? ___ yrs ___ mths
3. What is your relationship to this child? _____
4. How did you find out about this workshop? *(Please tick all that apply)*

<input type="checkbox"/>	Child health nurse	<input type="checkbox"/>	Community health centre
<input type="checkbox"/>	Dietitian	<input type="checkbox"/>	Media (eg. newspaper, radio)
<input type="checkbox"/>	GP/Doctor	<input type="checkbox"/>	Poster
<input type="checkbox"/>	Paediatrician	<input type="checkbox"/>	School
<input type="checkbox"/>	Psychologist	<input type="checkbox"/>	Friend
<input type="checkbox"/>	Speech pathologist	<input type="checkbox"/>	Other _____

5. Do you feel the child is meeting their nutritional needs in the following food groups?
(Please tick one box for each group)

	Yes	No	Unsure
Breads, cereals etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables, legumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk, yogurt, cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat, fish, poultry etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How concerned are you about the child's nutritional intake? *(Please circle one number)*

Not at all.....Very much
 1 2 3 4 5

7. What strategies are you currently using to improve the child's nutrition? *(Please tick all that apply)*

<input type="checkbox"/>	3 main meals	<input type="checkbox"/>	Limit intake of milk
<input type="checkbox"/>	Provide a range of foods	<input type="checkbox"/>	Limit intake of softdrinks/cordials
<input type="checkbox"/>	Use low-fat foods	<input type="checkbox"/>	Vitamin and mineral supplements
<input type="checkbox"/>	Limit high sugar foods	<input type="checkbox"/>	None
<input type="checkbox"/>	Encourage water	<input type="checkbox"/>	Other _____

8. What problem eating and mealtime behaviours does the child display? *(Please tick all that apply)*

<input type="checkbox"/>	Refuses to come to the table	<input type="checkbox"/>	Plays with or throws food
<input type="checkbox"/>	Refuses to stay at the table	<input type="checkbox"/>	Gags or vomits
<input type="checkbox"/>	Refuses to eat	<input type="checkbox"/>	Whines or cries
<input type="checkbox"/>	Refuses to taste new foods	<input type="checkbox"/>	None
<input type="checkbox"/>	Spits food out	<input type="checkbox"/>	Other _____

9. How concerned are you about the child's problem eating and mealtime behaviours?

(Please circle one number)

Not at all.....Very much
 1 2 3 4 5

10. What strategies are you currently using to improve the child's problem eating and mealtime behaviours?

(Please tick all that apply)

<input type="checkbox"/>	Hand feed the child	<input type="checkbox"/>	Punishments (such as no dessert/TV)
<input type="checkbox"/>	Distraction with TV, toys etc.	<input type="checkbox"/>	Bribe (eg. desert if finish meal)
<input type="checkbox"/>	Ignore their behaviour	<input type="checkbox"/>	Praise
<input type="checkbox"/>	Behaviour charts	<input type="checkbox"/>	None
<input type="checkbox"/>	Threats	<input type="checkbox"/>	Other _____

11. How confident are you in managing the child's problem eating and mealtime behaviour?

(Please circle one number)

Not at all.....Very much
 1 2 3 4 5

Thank you for completing this questionnaire.

Children's Eating and Mealtime Behaviour Inventory

Identification number

Questionnaire number

Child's name: _____

		Never	Seldom	Some- times	Often	Always	Is this a problem for you?	
1	My child chews food as expected for his/her age	5	4	3	2	1	YES	NO
2	My child enjoys eating	5	4	3	2	1	YES	NO
3	My child asks for food which he/she shouldn't have	1	2	3	4	5	YES	NO
4	My child feeds his/her self as expected for his/ her age	5	4	3	2	1	YES	NO
5	My child gags at mealtimes	1	2	3	4	5	YES	NO
6	I feel confident my child eats enough	5	4	3	2	1	YES	NO
7	My child vomits at mealtime	1	2	3	4	5	YES	NO
8	My child takes food between meals without asking	1	2	3	4	5	YES	NO
9	My child chokes at mealtimes	1	2	3	4	5	YES	NO
10	My child makes foods for him/her self when not allowed	1	2	3	4	5	YES	NO
11	I get upset when my child doesn't eat	1	2	3	4	5	YES	NO
12	At home my child eats food he/she shouldn't have	1	2	3	4	5	YES	NO
13	My child uses cutlery as expected for his/her age	5	4	3	2	1	YES	NO
14	At friends' homes my child eats food he/she shouldn't eat	1	2	3	4	5	YES	NO
15	My child asks for food between meals	1	2	3	4	5	YES	NO
IF YOU ARE A SINGLE PARENT SKIP TO NUMBER 19								
16	My child's behaviour at meals upsets my spouse	1	2	3	4	5	YES	NO
17	My child interrupts conversations with my spouse at meals	1	2	3	4	5	YES	NO
18	I get upset with my spouse at meals	1	2	3	4	5	YES	NO
IF YOU HAVE ONLY ONE CHILD SKIP NUMBER 19								
19	My child's behaviour at meals upsets our other children	1	2	3	4	5	YES	NO
<i>For office use only Total problem column score:</i>							Number of YES	

Source: Archer, Rosenbaum & Streiner, (1991).

CEBI Scoring Cover Sheet

Client identification number

Questionnaire number

To calculate the **total parent problem score**:

STEP ONE:

Number of YES responses =

STEP TWO:

Number of YES/NO questions answered =

STEP THREE:

$\frac{\text{Total number of YES responses}}{\text{Total number of YES NO questions answered}} \times 100 = \text{---} \times 100 =$

The total parent problem score =

To calculate the **total problem eating and mealtime behaviour score**:

STEP ONE:

Add the numbers down each column

Column 1 =

Column 2 =

Column 3 =

Column 4 =

Column 5 =

STEP TWO:

Add the total number of each column, to obtain total column score.

Total column score =

STEP THREE:

$\frac{\text{Total column score}}{\text{Total number of questions answered}} \times 19 = \text{Total problem eating and mealtime problem score}$

— x 19 =

The total problem eating score =

Please note: A total problem eating and mealtime problem score of 41 or higher may indicate the child has a clinically significant score.

Example of CEBI Scoring

Identification number 1 2 3

Questionnaire number 1

Child's name: David Smith

		Never	Seldom	Some- times	Often	Always	Is this a problem for you?		
1	My child chews food as expected for his/her age	5	4	✓3	2	1	✓	NO	
2	My child enjoys eating	5	4	✓3	2	1	✓	NO	
3	My child asks for food which he/she shouldn't have	1	2	3	4	✓5	✓	NO	
4	My child feeds his/her self as expected for his / her age	5	✓4	3	2	1	YES	✓	
5	My child gags at mealtimes	1	2	✓3	4	5	YES	✓	
6	I feel confident my child eats enough	✓5	4	3	2	1	✓	NO	
7	My child vomits at mealtime	✓1	2	3	4	5	YES	✓	
8	My child takes food between meals without asking	1	2	3	✓4	5	✓	NO	
9	My child chokes at mealtimes	1	2	✓3	4	5	YES	✓	
10	My child makes foods for him/her self when not allowed	1	2	3	✓4	5	✓	NO	
11	I get upset when my child doesn't eat	1	2	3	4	✓5	✓	NO	
12	At home my child eats food he/she shouldn't have	1	2	3	✓4	5	✓	NO	
13	My child uses cutlery as expected for his/her age	5	✓4	3	2	1	YES	✓	
14	At friends' homes my child eats food he/she shouldn't eat	1	2	✓3	4	5	YES	✓	
15	My child asks for food between meals	1	2	3	4	✓5	✓	NO	
<i>IF YOU ARE A SINGLE PARENT SKIP TO NUMBER 19</i>									
16	My child's behaviour at meals upsets my spouse	1	2	3	✓4	5	✓	NO	
17	My child interrupts conversations with my spouse at meals	1	2	3	4	✓5	✓	NO	
18	I get upset with my spouse at meals	1	2	3	✓4	5	✓	NO	
<i>IF YOU HAVE ONLY ONE CHILD SKIP NUMBER 19</i>									
19	My child's behaviour at meals upsets our other children.	1	2	3	4	5	YES	NO	
<i>For office use only</i>									
<i>Total problem column score (calculated):</i>		6	8	15	20	20	Number of YES 12 (67%)		

Source: Archer, Rosenbaum & Streiner, (1991).

Example of Calculating the Total CEBI Score

To calculate the *total parent problem score*:

STEP ONE:

Number of YES responses = 12

STEP TWO:

Number of YES / NO questions answered = 18

STEP THREE:

$$\frac{\text{Total number of YES responses}}{\text{Total number of YES/NO questions answered}} \times 100 = \frac{12}{18} \times 100 = 67\%$$

Therefore, the *total parent problem score* is 56%

To calculate the *total problem eating and mealtime behaviour score*:

STEP ONE:

Add the numbers down each column

Column 1 = 6
Column 2 = 8
Column 3 = 15
Column 4 = 20
Column 5 = 20

STEP TWO:

Add the total number of each column, to obtain total column score.

Total column score = 69

STEP THREE:

$$\frac{\text{Total column score}}{\text{Total number of questions answered}}$$

X 19 = total problem eating and
mealtime problem score

$$\frac{69}{18} \times 19 = 72.8$$

Therefore, the ***total problem eating and mealtime problem score*** is **73**

Please note: A total problem eating and mealtime problem score of **41** or higher may indicate the child has a clinically significant score.

Therefore, the total problem eating and mealtime score of **73** indicates a clinically significant score.

Now that you have attended the workshop, we would like to know if your knowledge has changed and if you will be using some of the strategies suggested in today's session.

Date ___/___/___

1. Please write the number of serves a child (*not specifically your child*) should be eating each day from the following food groups

- Breads, cereals etc. _____
- Vegetables, legumes _____
- Fruit _____
- Milk, yogurt, cheese _____
- Meat, fish, poultry etc. _____
- Extra foods _____

2. Do you feel the child is meeting their nutritional needs in the following food groups?
 (Please tick one box for each group)

	Yes	No	Unsure
Breads, cereals etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables, legumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk, yogurt, cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat, fish, poultry etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How concerned are you about the child's nutritional intake? (*Please circle one number*)
 Not at all.....Very much
 1 2 3 4 5

4. Please tick the recommended strategies for improving children's problem eating and mealtime behaviours?

<input type="checkbox"/>	Hand feed the child	<input type="checkbox"/>	Praise (Positive feedback)
<input type="checkbox"/>	Distract with TV, toys etc.	<input type="checkbox"/>	Bribe (eg. desert if finish meal)
<input type="checkbox"/>	Ignore their behaviour	<input type="checkbox"/>	Clear instructions
<input type="checkbox"/>	Behaviour charts	<input type="checkbox"/>	Logical consequences
<input type="checkbox"/>	Threats	<input type="checkbox"/>	Establish a mealtime routine
<input type="checkbox"/>	Offer 5-6 small meals per day	<input type="checkbox"/>	If child refuses meal, offer milk

5. How confident are you in managing the child's problem eating and mealtime behaviour?
 (*Please circle one number*)
 Not at all.....Very much
 1 2 3 4 5

6. Do you intent to use to use any strategies or tips from today's workshop?

Yes	No	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please list what you intent to do? _____

Thank you for completing this questionnaire.

To help us improve this workshop, please tick the answer that suits you and make comments.

Date ___/___/___

1. Overall, how would you **rate the workshop**?

	Very Poor	Poor	Satisfactory	Good	Excellent
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviours facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Were there any parts of the workshop you found **particularly helpful**?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, what were they? _____

3. Were there any parts of the workshop you found **difficult to understand**?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, what were they? _____

4. Do you have **any comments or suggestions** for improving the *Fun not Fuss with Food* workshop?

Thank you for completing this questionnaire.

Please use this form to record details on the Fun not Fuss with Food workshop and your reflections and recommendations as a facilitator.

Workshop date	
Venue	
Facilitators/ roles	
Number of participants <i>(include female and male breakdown)</i>	
Other participant information <i>(if applicable)</i>	
Marketing/ promotion	
Workshop follow-up activities	
Reflections	
Recommendations	
Reported completed by	
Today's date	