

# Setting the Table

**Nutritional guidance  
and food standards  
for early years childcare  
providers in Scotland**

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## Ministerial foreword

Valuing and supporting Scotland's childcare providers is one of the best ways we can help make Scotland the best place in the world to grow up. We know that eating habits developed in the early years frequently last into adulthood, so childcare providers have an ideal opportunity to support the development of positive food habits from a very early age.



This revised nutritional guidance supports an important aspect of the care provided by a range of providers across Scotland. This includes nursery education, childminders, family centres and anyone who is providing meals, snacks and drinks for young children in their care. Parents and foster carers will find this guide useful so they know what to expect from their childcare provider and also to gain some insight into the importance of a well-balanced diet for young children. Parents are key to the implementation of this guidance as they can provide important information about their individual child's needs. The childcare setting also has a unique opportunity to act as a role model, potentially influencing food provision in the home. It is, therefore, important for childcare providers to work alongside parents when implementing this guidance.

This guidance celebrates the contribution that childcare providers can have in shaping the future eating patterns of young children in Scotland. Implementing this guidance will:

- champion the importance of a well-balanced diet and positive choices both with children and their parents
- assist providers to work with families who face the biggest challenges in providing a healthy diet for their children
- highlight the importance of food as a tool for social development and learning.

This guidance will give childcare providers standards for food provision, but it also provides guidance and practical solutions. These are aimed at making it easier for providers to understand the positive difference they can make to a child's nutritional intake and ultimately their future health. We recognise that caring for a child can be difficult, particularly when children and their families live in challenging circumstances. Providing meals, snacks and drinks that meet a child's nutritional needs provides an extra safety net for many children across Scotland.

### **Aileen Campbell MSP**

Minister for Children and Young People



# Why is this guidance important?

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This guidance has been developed to help early years childcare providers to meet the Scottish Government National Care Standards: *Early Education and Childcare up to the age of 16* (2009). It also highlights the importance of nutrition in the early years and the role that childcare providers have in shaping both current and future eating patterns in young children in Scotland. In light of new evidence and changes in policy, this resource provides updated guidance and standards for food and drink provision in childcare settings for young children and babies from birth to the age of 5 years. It is an update of the *Nutritional Guidance for the Early Years: Food Choices for Children Aged 1–5 Years in Early Education and Childcare Settings* (2006) and combines with the content of *Adventures in Foodland* (NHS Health Scotland, 2004) to include practical activities to encourage healthier choices in young children. This updated guidance builds on examples of good practice demonstrated by childcare providers and has been designed to support the implementation of *Pre-Birth to Three: Positive Outcomes for Scotland's Children and Families* (Learning and Teaching Scotland, 2010) and Curriculum for Excellence (Scottish Executive, 2004).

This new guidance has been expanded to include the needs of babies from birth to 1 year. We are aware that more and more providers are asking for guidance on the feeding needs of babies in their care and this resource provides the most up-to-date evidence. Childcare providers have a unique opportunity to provide a supportive environment for babies who are breastfed and to ensure that parents are given consistent messages about feeding their babies. This resource also provides health and safety guidance associated with feeding babies.

Since the implementation of the previous guidance in 2006, we have seen significant improvements in food and drink provision in early years settings. For example, it is now usual practice for care settings to provide healthier snacks and we are seeing an increase in the amount of water and milk provided as between-meal drink choices. Improvements such as this contribute to improvements in child health; for example, reducing the levels of tooth decay and maintaining a healthy weight. We do, however, still have a lot to do and childcare settings are ideal environments to provide opportunities for young children to experience new tastes, develop social skills and enjoy healthy options that will stay with them until adulthood.

Quality early years experiences can have a fundamental impact on all aspects of development – physical, emotional and intellectual. This guidance will support childcare providers to meet the health and welfare needs of young children and will also benefit providers by enhancing the care they already provide. Food is a good way to express care and nurturing.





## 1.1 Who is this guidance for?

Childcare providers who provide food must provide appropriate healthy, nutritionally balanced food and drinks for babies and young children in their care. Children should also have opportunities to try a variety of different foods and food should be seen as part of the learning experience and an integral part of the caring environment. Parents have an important role to play too, and we know from good practice examples that where parents and providers work in partnership the best possible care can be provided.

**This guidance is aimed at a broad range of organisations, managers and staff who provide food and/or have an interest in the health and welfare of young children.**

- Childcare providers of children aged from birth to 5 years who provide food (including snacks) and/or drinks will be primarily responsible for the implementation of this resource. It will apply to a wide range of providers, including local authority and private nurseries, family centres, childminders and caterers who provide food for early years settings, regardless of the length of time that children are being cared for. This guidance is relevant for all staff, including planners, managers, nursery staff and individual providers. Practitioners will know that any professional responsible for the care of children has a duty to ensure that they are offered a healthy, varied range of meals, drinks and snacks.

**It will also be of interest to:**

- Non-regulated settings such as parent and toddler groups and play/activity groups, who can use it when planning and providing food and drink for children.
- Providers who do not supply food or drinks, as it includes a range of practical ideas and activities aimed at encouraging young children to make healthy food choices (for example, talking about food and using food as part of a play activity). Providers will find this guide useful to support parents to provide healthy food choices brought from home.
- A wider group of practitioners who have an interest in the health and welfare of young children. Examples can include NHS and social work staff who support families, a range of voluntary organisations working with families in community settings and those delivering training to early years practitioners, e.g. continuing professional development (CPD) sessions for staff and student training.
- Parents and foster carers, to help them understand what to expect from their childcare provider and also to gain some insight into the importance of a well-balanced diet for young children and the role of food in learning and social development. It is important to work alongside parents when implementing this guidance. Parents can provide key information about an individual child's needs and the childcare setting has a unique opportunity to act as a role model, potentially influencing food provision in the home.
- Parents who provide food for their child when they are being cared for outside the home.

## 1.2 How can this guidance support the health and wellbeing of young children?

Healthy eating and physical activity are essential for proper growth and development in childhood. It is important that the food is offered in a caring way and that eating patterns to which children are exposed – both at home and outside the home – are those which promote positive attitudes and enjoyment of food. This paves the way for good health and helps children develop patterns of healthy eating from an early age. Children's early experiences of food play an important part in shaping later eating habits, and good eating habits support healthy growth and development, including achieving and maintaining a healthy weight and the foundations for good oral health. Food is also a medium for showing you care and creates memories; for example, baking bread together.

A poor diet is one of the main causes of ill health and premature death in Scotland. Evidence suggests that a healthy diet, being physically active and maintaining a healthy weight may substantially reduce the risk of chronic diseases such as cardiovascular disease, diabetes and some cancers. Although we normally think of these chronic diseases as adult conditions, there is more and more evidence to show that their origins are partly established in childhood. What we eat and drink also has an impact on our oral health, particular in early childhood.



## What is the current nutritional health status of young children in Scotland?

- The choice between breast- and formula feeding has an impact on the health of both the mother and the baby. Scotland has some of the lowest rates of breastfeeding in Europe, with only 26.2% babies being exclusively breastfed for the first six to eight weeks of life in 2012/13 (Information Services Division, Scotland).
- 77% of children receive solid food before the recommended age of six months (Diet and Nutrition Survey of Infants and Young Children 2011, Scottish Government, 2013).
- In 2011, 31.6% of children aged 2–15 years were overweight or obese, a slight increase since 1998 when the prevalence was 28.0% (Information Services Division, Scotland).
- Children in Scotland are still consuming too much sugar. The major sources are soft drinks, confectionery, biscuits, cakes and pastries, yogurt and fromage frais with added sugars and fruit juice (Food Standards Agency, 2012).
- The amount of fruit and vegetables young children are eating has remained almost constant since 2003, with children aged 2–15 eating an average of only 2.7 portions (Scottish Health Survey, 2012).
- Inequalities also have an impact on the resources available to families to provide healthy food options. Inequalities also have an impact on obesity, with children living in the 15% most deprived areas in Scotland having a significantly higher prevalence of obesity than those living elsewhere (Scottish Health Survey, 2011). Children living in more deprived areas have poorer diets; as deprivation increases, intakes of sugary drinks increase and fruit and vegetables decrease (Food Standards Agency, 2012).

In recent years, children's diets have contained less iron, zinc and vitamin A, and more saturated fat and salt (Low Income Diet and Nutrition Survey, 2007).

## **A holistic approach to child health and wellbeing – child healthy weight**

The best thing we can do to ensure a healthy weight for our children is help them develop healthy eating habits, be physically active regularly and cut down on overall sitting time. As well as enjoying a healthy lifestyle, children will also be improving their social and mental health, which will benefit their social skills and self-confidence as they grow up.

It can be daunting to raise any concerns you have about a child's weight, but raising the issue in a sensitive manner is often welcomed by parents.

For guidance on how to raise the issue of child healthy weight and how to access training, see page 108.

## **Inequalities in health**

The early years is identified as a crucial time to reduce health inequalities. Providing healthy and nutritionally balanced meals and snacks in childcare settings is hugely important, particularly in meeting the needs of vulnerable families. Some children who attend full-time will receive as much as 90% of their daily food within a childcare setting and it will be up to 40% for those who attend part-time.

'People with a higher socio-economic position in society have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health.'

The two are linked: the more favoured people are, socially and economically, the better their health'. Marmot, 2010

**[www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review](http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review)**



It is important for childcare providers to recognise that many families live in challenging circumstances, and individual needs must be considered when planning food provision and any linked experiences within the childcare setting.

You may also have the opportunity to promote the national Healthy Start scheme (see panel at top of next page).



Healthy Start is a UK-wide scheme for families in receipt of specific benefits. It provides vouchers for fruit, vegetables, milk and vitamins for pregnant women and children up to the age of 4 years.  
[www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)

### Tackling inequalities in oral health

Childsmile is a national programme to improve the oral health of children in Scotland and reduce inequalities, both in dental health and access to dental services, for every child across the country. The Childsmile Core programme is a Scotland-wide initiative to help improve the health of our children's teeth, through the distribution of free dental packs and supervised toothbrushing programmes in all nurseries, and P1 and P2 in priority schools.



For more information, see [www.child-smile.org.uk/](http://www.child-smile.org.uk/)

## 1.3 How does this guidance help childcare providers meet regulatory requirements?

Providers can use this guidance to support their evidence requirements of self-assessment and annual returns. It applies equally to services operating in the public, private and voluntary sectors and in domestic or non-domestic premises that provide services for over two hours per day and for six days or more each year.

This resource supports childcare providers to meet the:

- Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011
- National Care Standards: *Early Education and Childcare up to the age of 16*
- Public Services Reform (Scotland) Act 2010 (the Act).

This resource also supports the implementation of a number of national policies aimed at providing young children with the best possible start in life. In particular, 'Getting it right for every child' (GIRFEC) is important for everyone who works with children and young people – as well as many people who work with adults who look after children. The guidance also addresses aspects of Curriculum for Excellence and *Pre-Birth to Three: Positive Outcomes for Scotland's Children and Families*.

Examples of links to regulation and practice:

**1. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011** 'must meet the health and welfare needs of service users and have staff appropriately trained for their role'.  
[www.legislation.gov.uk/asp/2001/8/contents](http://www.legislation.gov.uk/asp/2001/8/contents)

**2. National Care Standards**

'The national care standards for childcare cover services for children and young people up to the age of 16 years which are to be regulated under the Regulation of Care (Scotland) Act 2001 (the Act). They apply equally to services operating in the public, private and voluntary sectors, and in domestic or non-domestic premises which provide services for over two hours a day and for six days or more each year'.

**National Care Standard 3**

'Each child or young person will be nurtured by staff who will promote his or her general wellbeing, health, nutrition and safety'.

[www.nationalcarestandards.org/213.html](http://www.nationalcarestandards.org/213.html)

[www.nationalcarestandards.org/215.html#healthwellbeing](http://www.nationalcarestandards.org/215.html#healthwellbeing)

**3. 'Getting it right for every child' (GIRFEC) (Scottish Government)**

The GIRFEC approach ensures that anyone providing support puts the child or young person – and their family – at the centre of that support. Practitioners need to work together to support families, and where appropriate, take early action at the first signs of any difficulty – rather than only getting involved when a situation has already reached crisis point. This means working across organisational boundaries and putting children and their families at the heart of decision-making – and giving all our children and young people the best possible start in life. Being aware of a child's eating pattern and food intake, and discussing solutions to any problems with parents and key professionals can be an important element within the GIRFEC approach.

[www.scotland.gov.uk/Topics/People/Young-People/gettingitright](http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright)

The wellbeing of Scotland's children is at the heart of GIRFEC.

To achieve this all children need to be **safe, healthy, active, nurtured, achieving, respected, responsible and included**. These are known as the wellbeing indicators and are remembered by the acronym S.H.A.N.A.R.R.I.

Some examples of how the indicators can relate to the food that is provided for young children are shown below.

### The wellbeing wheel



<b>Safe</b>	Is not at risk because of avoidable physical dangers and health hazards outside the home.
<b>Healthy</b>	Is breastfed during the first 6–8 weeks after birth; is free of dental decay; has a lifestyle that does not present a threat to current or future health and wellbeing.
<b>Achieving</b>	Is developing self-care and life skills; is developing socially.
<b>Nurtured</b>	Receives sufficient and appropriate nutrition.
<b>Active</b>	Has regular time in the early years and childhood for playing and interacting with parents/carers.
<b>Respected</b>	Receives regular praise and encouragement.
<b>Responsible</b>	Has a lifestyle that does not present a major threat to health and wellbeing.
<b>Included</b>	Receives appropriate protection and guidance from parents/carers.

[www.scotland.gov.uk/Topics/People/Young-People/gettingitright/background/wellbeing/printable-guide](http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/background/wellbeing/printable-guide)

#### **4. Pre-Birth to Three: Positive Outcomes for Scotland's Children and Families**

This policy supports and informs students and staff working with children under 3 years old. It focuses on prevention and early intervention in tackling the significant inequalities in Scottish society and links closely with the priorities set out in *The Early Years Framework*, *Equally Well* and *Achieving Our Potential*, all of which aim to build the capacity of individuals, families and communities so that they can secure the best outcomes for themselves.

There is a strong recognition that staff across agencies must work in partnership, to move towards prevention rather than intervening only when a crisis happens. Providing the right support at the right time can help to build resilience, enabling individuals and families to find their own solutions to problems as they arise. Again, being aware of a child's eating pattern and taking action at an early stage can help to achieve positive outcomes for children and families.

**[www.educationscotland.gov.uk/earlyyears/prebirthtothree/index.asp](http://www.educationscotland.gov.uk/earlyyears/prebirthtothree/index.asp)**

#### **5. Curriculum for Excellence**

Food is important for physical growth and development, but it also has an important role to play in the development of social skills that are linked to food, eating and play. For young children, any activity around food should form part of their overall learning experience.

##### **Children and Young People (Scotland) Act 2014**

The Act includes provisions that will:

- increase the amount and flexibility of free early learning and childcare and for a percentage of Scotland's most vulnerable 2-year-olds from August 2014
- provide free school lunches to all children in primary 1–3 by January 2015
- extend the support available to young people leaving care (now up to the age of 26), and support the parenting role of kinship carers
- enshrine elements of the 'Getting it right for every child' (GIRFEC) approach in law
- create new duties in relation to the *United Nations Convention on the Rights of the Child*
- strengthen existing legislation that affects children

**[www.scotland.gov.uk/topics/people/young-people/legislation](http://www.scotland.gov.uk/topics/people/young-people/legislation)**



## **Achieving experiences and outcomes described in Curriculum for Excellence**

Learning in health and wellbeing ensures that children and young people develop the knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional, social and physical wellbeing now and in the future. This enables children and young people to:

- make informed decisions
- experience challenge and enjoyment
- experience positive aspects of healthy living and activity for themselves
- apply their mental, emotional, social and physical skills to pursue a healthy lifestyle
- make a successful move to the next stage of education or work
- establish a pattern of health and wellbeing which will be sustained into adult life, and which will help to promote the health and wellbeing of the next generation.

**[www.educationscotland.gov.uk/thecurriculum/whatiscurriculumforexcellence/index.asp](http://www.educationscotland.gov.uk/thecurriculum/whatiscurriculumforexcellence/index.asp)**

Many aspects of Curriculum for Excellence can be linked to the role that food plays in a child's life. Children aged 3 and over can experience this within a range of curricular areas such as Health and Wellbeing, Literacy and English, Numeracy and Mathematics, Sciences, Technologies, Religious and Moral Education, Social Studies and Expressive Arts. The children's individual depth of interest within a topic should be supported, and as a result of this, their opportunities to learn will be experienced across a variety of curricular areas. The children's learning should be built on what they already know. There are many ways that the healthy living message can be incorporated in their learning and this should be reflected through the individuality of early years settings.

## 1.4 Links to national policy

Nutrition in the early years is supported by a number of key national policies – the most relevant are listed below:

### ***Improving Maternal and Infant Nutrition: A Framework for Action (Scottish Government, 2011)***

This is a 10-year framework and action plan to improve nutrition in preconception, during pregnancy and in children up to the age of 3 years. Key actions are identified and assigned to a variety of organisations across the statutory and voluntary sector in Scotland. This guidance forms part of the action plan within this Framework.

<http://scotland.gov.uk/Publications/2011/01/13095228/0>

### ***Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight (often called the 'Obesity Route Map') (Scottish Government, 2010)***

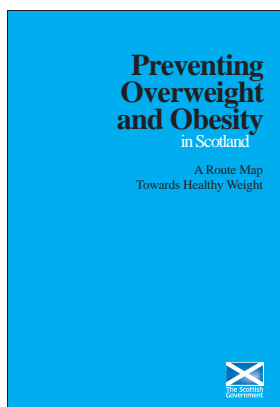
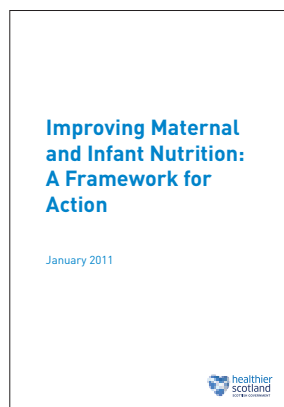
The route map towards healthy weight sets out early years as a key target group. To give children the best start in life, early life interventions need to begin before and during pregnancy, continue through infancy, in early years settings such as nurseries and childminders and on to school. The early years are the best time to put healthy food and physical activity behaviours in place, which will sustain into adulthood.

[www.scotland.gov.uk/Publications/2010/02/17140721/0](http://www.scotland.gov.uk/Publications/2010/02/17140721/0)

### ***The Early Years Framework (Scottish Government, 2008)***

Aims at providing positive opportunities for children to get the best start in life. It seeks to address the needs of those children whose lives, opportunities and ambitions are being constrained by poverty, poor health, poor attainment and unemployment.

[www.scotland.gov.uk/Publications/2009/01/13095148/4](http://www.scotland.gov.uk/Publications/2009/01/13095148/4)



# Food and nutrition from birth to 1 year

2



## 2.1 Feeding babies in the first year of life

The nutrition and feeding requirements of babies from birth to 1 year differ from those of children over a year. It is, therefore, vital that childcare providers are aware of current guidance and recommendations for breast- and formula feeding and for the introduction of solid foods during this time. Providers have a role to play in ensuring that parents are supported to make informed choices and in the choices they have made. It is a crucial time to work closely with parents to communicate feeding patterns during the periods that their baby is in your care and there should be opportunities to highlight any changes in feeding patterns with parents.

It is well recognised that returning to work and leaving their baby for the first time is a stressful time for parents. It is important to have regular communication with them about the feeding needs of their baby. It is also really important to be clear about the expectations for feeding of both you as a provider but also the expectations and needs of the parent and their baby. It is also important to recognise differing cultural aspects of feeding and discuss any specific requirements with parents in a sensitive way.

### **What equipment and facilities do I need?**

If you are providing care for babies, it is important to consider the equipment you will need for feeding. This will obviously depend on the needs of, and the number of, babies in your care and whether they are breast- or formula-fed. Establishing the needs of babies with parents will help you identify the equipment and facilities you need. Some important points to consider include:

- If parents are providing expressed breast milk, do you have a fridge which is maintained at 0–4 degrees celsius?
- If you are making up formula feeds, do you have all the sterilising equipment you need?
- If you are feeding babies, do you have a comfortable chair for staff to sit in when feeding a baby?
- If a mum wants to breastfeed, do you have a quiet space with a comfortable chair if it's needed?
- If parents provide weaning foods, do you have appropriate storage facilities?



## **Feeding patterns and individual requirements**

In the first year of life, babies follow individual feeding and sleeping patterns that can change on a regular basis. Parents should give carers an outline of this. It is recommended that these are not disrupted and, whenever possible, they are integrated into the baby's care plan and timetable for the day.

## **Providing feedback to parents/carers**

It is important for parents to be made aware of any changes in feeding patterns or any concerns you may have. A feeding diary may be useful for this. It will help parents know how much milk and/or food their baby has had during the day. An example is provided on the next page; this can be adapted for the particular needs of your setting, the needs of the babies you care for, and their parents. This diary can be kept with the baby's care plan and also printed and shared with parents at the end of the day. You may also want to consider developing your own record with the help of your local health visitor.

## **Safe positioning for feeding**

Babies who are bottle-fed with breast or formula milk, or fed breast milk from a cup should be held and have warm physical contact with an attentive adult during feeding. Whenever possible, babies should be fed by the same person at each feed, as this supports a baby's emotional needs.

Babies should never be left propped up with bottles. This is both dangerous, as babies may choke, and it does not support infant emotional needs.

It is also important that you are relaxed and feel comfortable if you are feeding a baby. Make sure that you are sitting in a comfortable chair. Always hold the baby close and look into their eyes when feeding. This helps the baby to feel safe and loved. Hold the baby fairly upright, with the head supported in a comfortable position. Holding babies in the upright position means that the milk will stop flowing when the baby pauses. Brush the teat against the baby's lips, and when the baby opens its mouth wide, allow them to draw in the teat. Hold the bottle horizontal to the ground; tilting it just enough to make sure the baby is taking in milk, not air, through the teat. If a baby takes in air instead of milk, this can give them stomach pains or colic. Babies feed in bursts of sucking with short pauses to rest. This allows them to have a short rest before starting to suck again. Do not force the teat into the baby's mouth; allow them to choose when they have had enough.

## Discussing feeding history with parents

Feeding diary	
Baby's name	
Day and date	
Your baby had milk today	at _____ o'clock and took _____ ml/ounces
Your baby had weaning food today	at _____ o'clock and ate _____
Your baby has been:	<input type="checkbox"/> satisfied <input type="checkbox"/> settled <input type="checkbox"/> sick <input type="checkbox"/> windy other _____
Additional information	

## 2.2 Breastfeeding

This section provides information on:

- the importance of breastfeeding to the health of the baby and the mother
- health and safety guidance for storing and giving expressed breast milk
- providing a supportive environment for breastfeeding. This may influence the parents' choice of childcare provision and will enhance the care you provide.

Encouraging breastfeeding is a national priority in Scotland, with breast milk being the best form of nutrition for babies. The World Health Organization recommends that babies should be exclusively breastfed for the first six months of life and the Scottish Government has adopted this recommendation. Exclusive breastfeeding provides all the nutrients and fluids a baby needs during this period. Before six months, a baby's digestive system and kidneys are still developing. It is also recommended that breastfeeding should continue beyond the age of six months, alongside the introduction of appropriate types and amounts of solid foods, for up to two years or for as long as the mother wishes.

There are many benefits of breastfeeding for both the mother and the baby. Babies who are breastfed are at reduced risk of ear, respiratory and gastro-intestinal infections, and allergic conditions. Women who have breastfed are at lower risk of breast and ovarian cancer, and protection increases the longer the duration of breastfeeding.



Breastfeeding may also contribute towards a return to pre-pregnancy weight, as breastfeeding women have higher energy requirements.

For more information see: [www.feedgoodfactor.org.uk](http://www.feedgoodfactor.org.uk)

*Off to a good start: all you need to know about breastfeeding your baby*

[www.healthscotland.com/documents/120.aspx](http://www.healthscotland.com/documents/120.aspx)

Many mothers using childcare may wish to continue providing breast milk for their babies. Some mothers may have already returned to work and will provide you with expressed breast milk for their baby during the day. Other mothers may work in your vicinity and may make arrangements with you to feed their baby during their breaks from work. You can help by offering warm appropriate facilities for breastfeeding mothers and also by encouraging breastfeeding mothers to continue providing expressed breast milk.

If a mother provides breast milk for her baby while in your care, it is important to be aware of current guidance on how to store and heat expressed breast milk. This is included in the table below.

## Storing and heating expressed breast milk

Transportation and storage	Heating
<p>Expressed breast milk should be:</p> <ul style="list-style-type: none"><li>• transported in a cooler or with ice packs</li><li>• stored in the main part of the refrigerator – not in the door</li><li>• clearly labelled with the baby's name and only used for that baby</li><li>• clearly dated.</li></ul> <p>Any expressed milk left at the end of a feed should be thrown away.</p>	<p>To serve expressed breast milk:</p> <ul style="list-style-type: none"><li>• place the bottle in a bowl of warm water, ensure the cap covers the teat and shake the bottle before feeding.</li><li>• check the temperature by putting a few drops on the inside of your wrist (avoiding any areas of broken skin) – it should feel slightly cool.</li><li>• follow the manufacturer's instructions if you are using a warming device and ensure that the cap covers the teat.</li></ul> <p><b>Do not use a microwave to heat the milk</b> – it may heat the milk unevenly which can scald the baby.</p>

**If frozen breast milk is provided:**

- it should be thawed in the refrigerator or in a container over a bowl of lukewarm water
- ensure that the cap covers the teat so that the teat is not contaminated with tap water
- preferably, thawed milk should be used straight away but always within 24 hours
- thawed milk should not be refrozen.

**Note:** Use a fridge thermometer to check the fridge is operating to the correct temperature.

**Guidelines for storage of expressed breast milk are:**

- fridge: up to five days at 2–4°C in the main part of the fridge from the date it was expressed
- freezer compartment of fridge: up to two weeks
- domestic freezer: up to six months at -18°C or lower

Breastfed babies under the age of six months do not normally require additional fluids, but it is important that you are guided by the parent as they will be more aware of their baby's needs. Breastfed babies over the age of six months will begin to have solid foods, but breast milk will continue to provide a substantial amount of the nutrients the baby needs. Mums who are continuing to breastfeed may prefer that their baby is not offered drinks (including expressed breast milk) in baby bottles as the shape of the teat can disrupt their sucking patterns. Breast milk can be offered instead from a feeding cup or spoon. It is important to discuss any preferences and seek guidance from parents. Feeding patterns and methods usually vary from baby to baby and over time, so it is essential that you speak with the parents of the babies in your care on a regular basis. This is useful in making sure you are maintaining current feeding patterns but also to make sure that parents are aware of their baby's feeding patterns within the childcare setting.

**More information can be found in the leaflet**  
*Breastfeeding and returning to work.*

**[www.healthscotland.com/documents/1571.aspx](http://www.healthscotland.com/documents/1571.aspx)**



Information in different languages about breastfeeding can be found at:  
**[www.healthscotland.com/documents/120.aspx](http://www.healthscotland.com/documents/120.aspx)**

**[www.unicef.org.uk/BabyFriendly/Resources/Resources-in-other-languages/](http://www.unicef.org.uk/BabyFriendly/Resources/Resources-in-other-languages/)**

## Providing a supportive environment to encourage breastfeeding

**An Act was passed by the Scottish Parliament in 2005 which makes it an offence to prevent anyone feeding a baby in a public place.**

This means that mothers have the right to feed their baby milk in public at any time – this includes anywhere the public have general access such as cafés, buses, parks or GP surgeries. And this is true for breastfeeding and bottle feeding. More information can be found at [www.scotland.gov.uk/Publications/2006/07/04152607](http://www.scotland.gov.uk/Publications/2006/07/04152607)

Providing a supportive environment to enable families to make informed choices about feeding their baby is an important step towards making breastfeeding the cultural norm.

**Childcare providers** have a key role to play in ensuring that women who are pregnant are supported to return to work and continue breastfeeding. This could be through developing workplace policy and providing facilities appropriate for breastfeeding, or expressing breast milk. This is supported by appropriate legislation that should allow women to successfully return to work while continuing to breastfeed. Childcare providers do, therefore, have a key role to play in supporting parents in their decision to continue to breastfeed their baby once the mother has returned to work. There may also be staff within your childcare establishment who would like to return to work and breastfeed, and as an employer this choice should be supported. The importance of childcare providers in supporting mothers to breastfeed is highlighted in new guidance provide by the UNICEF Baby Friendly Initiative, including guidance for children's centres:

[www.unicef.org.uk/BabyFriendly/Health-Professionals/New-Baby-Friendly-Standards/](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/New-Baby-Friendly-Standards/)

**Parents' experiences of children's centres in England or equivalent early years centres in Wales, Scotland and Northern Ireland show that it is important to:**

- **support women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their babies**
- **protect and support breastfeeding in all areas of their service**
- **support parents to have close and loving relationships with their babies.**

**Baby Friendly Standards (UNICEF, 2012)**





**Healthy Working Lives** supports breastfeeding mothers who are returning to work by encouraging employers to have a designated space where mums can breastfeed or express breast milk.  
[www.healthyworkinglives.com](http://www.healthyworkinglives.com)

**Many schools and nurseries** are involved in developing activities to promote breastfeeding as a positive choice; for example, programmes aimed to promote breastfeeding as the cultural norm. This can include staff increasing knowledge and awareness, reviewing the resources used within nurseries, and providing a welcoming atmosphere to breastfeeding mothers. Many schools include activities to promote breastfeeding as part of the pre-birth to 3 and the 3 to 18 school curriculum.

'Learners develop their understanding of a healthy diet, which is one composed of a variety and balance of foods and drinks. They acquire knowledge and skills to make healthy food choices and help to establish lifelong healthy eating habits. They develop an appreciation that eating can be an enjoyable activity and understand the role of food within social and cultural contexts. They explore how the dietary needs of individuals and groups vary through life stages, for example during pregnancy and puberty, and the role of breastfeeding during infancy.' (Curriculum for Excellence, 2004)

**Many communities** have developed breastfeeding welcome award schemes aimed at providing a welcoming environment for women who wish to breastfeed outside their home. Examples include childcare settings, cafés, libraries, and other public places. There may be initiatives running in your area.

Health visitors are a good point of contact for mothers seeking advice about breastfeeding. They provide support to enable mothers to continue to breastfeed for as long as they wish and support mothers to make informed decisions regarding the introduction of food and fluids other than breast milk.

## 2.3 Formula feeding

It is vital that childcare providers are able to make up and store a formula feed as safely as possible. Childcare providers may make up feeds from powdered formula or use ready-to-feed formulas. It is vital that you discuss and agree with parents how you can best meet the needs of their baby and this is recorded in their care plan.

Formula milk is processed, powdered cow's milk, which has been treated to make it suitable for babies. There are regulations in the UK to make sure that all of the formula milks readily available in this country have the basic ingredients a baby needs. First milks (whey-based formula milk) contain all the basic nutrients a baby needs, are suitable for the first year of life and should be supplemented with appropriate weaning foods from six months of age.

It is important to remember that powdered formula milk is not sterile. Infection-causing bacteria can enter the powdered formula during manufacturing. All equipment used for making up formula milk must be sterile. There are different types of sterilisers available on the market, so it is important that you follow the manufacturer's instructions for use. Feeds must be made up using boiled tap water that is hot enough (70°C) to kill any potentially harmful bacteria.

Feeds must also be made up one at a time to reduce the risk of bacterial contamination. If you are making up formula feeds within your setting, please follow these instructions to ensure the feed is as safe as possible.

### **Key safety points to note when making up a formula feed include:**

- Make sure that you wash and dry your hands thoroughly before making up a feed. Surfaces should be cleaned with detergent and water and dried with a clean cloth or disposable paper towels.
- Use fresh tap water to fill the kettle to make a feed (do not use water that has been boiled before). Using boiled water of at least 70°C to make up the feed will reduce the risk of babies becoming unwell with infections like sickness or diarrhoea. Any harmful bacteria present in the powdered milk will be killed at this temperature. One litre of boiling water will cool to 70°C in 30 minutes, and 500 ml in 15 minutes.
- It is recommended that feeds are made up only as needed. This is because the risk of bacteria growing in formula increases with storage time, even in a fridge.
- Add the water to the bottle before the powder.
- To reduce the risk of injury, make sure that babies/children are not near the hot water when you are making up a feed. Take care not to scald yourself.
- Use only the scoop supplied with the formula being used; don't swap them around as they are not standardised.

- Adding too much or too little formula milk powder to the measured amount of water can cause a baby to become ill. Too much powder can cause dehydration; if you add too little powder the baby won't get enough nutrients.
- Always make sure you follow the manufacturer's instructions on the packet of feed.
- Throw away any unused made-up feed within two hours of the baby finishing their feed. Never reheat formula milk.

More detailed information can be found at:  
[www.healthscotland.com/documents/5523.aspx](http://www.healthscotland.com/documents/5523.aspx)



## Ready-to-feed liquid infant formula

Ready-to-feed liquid infant formula is sterile and should be prepared and stored according to the manufacturer's instructions. Remember that all feeding equipment will still need to be sterilised if you are using ready-to-feed liquid formula.

## Storing ready-to-feed formula

Once opened, any unused liquid infant formula that remains in the carton needs to be stored at the back of the fridge on the top shelf with the cut corner turned down, for no longer than 24 hours.

## Formula milk for babies – guidance on amount and type

The information below provides a general guide. The needs and routines of babies vary, so it is important to discuss the needs of babies in your care with parents.

Most babies will drink around 150–200 ml (5–7 oz) of formula milk per kg of the baby's weight per day, until they start solids at around six months old.

- Follow-on formula milks are not recommended. Although marketed to babies over six months, they have no advantage over 'first milk' infant formula and it is not advised to switch.
- Babies under six months old who are formula-fed may be given water between feeds (cooled, boiled tap water with nothing added).
- Solids and sugars should never be added to milk given in a feeding bottle.

Formula milk is provided through the **Nursery Milk Scheme**

More information can be found at:  
[www.nurserymilk.co.uk/about\\_the\\_scheme.html](http://www.nurserymilk.co.uk/about_the_scheme.html)



## What's available on the market?

In addition to first milks there are various other types of infant formula available, labelled 'suitable from birth'. None of these are nutritionally necessary and are not recommended for babies unless advised by a GP, health visitor or dietitian. Examples are provided in the table below.

The First Steps Nutrition website provides a comprehensive overview of formula milks available in the UK: [www.firststepsnutrition.org](http://www.firststepsnutrition.org)

Type of milk	Comments
Second milks	Casein-based 'second' milks are sometimes advertised for 'hungrier' babies and to help delay weaning. However, there is no scientific evidence supporting this. Casein-based milks are suitable from birth, but whey-based milks are more appropriate because of their composition.
Follow-on	Follow-on formula milks are not recommended. Although marketed for babies over six months, they have no advantage over ordinary infant formula (first milk) or breast milk and it is not advised to switch.
Goodnight milks	Goodnight milks are not recommended. These are marketed as helping to settle babies at night. Again, there is no evidence to support this and goodnight milks are not recommended.
Growing up and toddler milks	Growing up and toddler milks are not recommended for babies or toddlers. These milks contain added nutrients such as vitamin A, D, iron and zinc. However, toddlers should get the majority of these nutrients from their food, rather than fortified milk products.
Thickened milks	These milks are manufactured to help stop babies being sick or bringing up milk. There is no evidence on the potential effects of these or if they are beneficial for these purposes compared with any other formula milk.
Soya-based milks	Soya-based feeds should only be used over six months of age. Parents should only be using soya-based infant formulas on the advice of their GP, health visitor or dietitian. These have been developed for babies who are allergic to cow's milk and can be prescribed for this purpose.
Lactose-free milks	These milks contain glucose rather than lactose for babies with diagnosed lactose intolerance and provided on advice from a paediatrician, GP, health visitor or registered dietitian. These are available over the counter from pharmacies and do not require a prescription. As the primary ingredient is glucose, these milks carry a greater risk of a baby developing dental caries.
Partially hydrolysed ('easier to digest') milks	These are often marketed as 'comfort' milks. There is no evidence that these are beneficial for babies experiencing discomfort or that they can help prevent allergies. These are not available on prescription.

## Other milks unsuitable for babies

Type of milk	Rationale
Cow's, goat's and Sheep's milk	<p>Goat's milk infant formula milk is now permitted for sale in the UK. However, this is not suitable for babies with a cow's milk protein allergy and should therefore not be given to them unless directed by a health professional.</p> <p>Ordinary goats and sheep's milk are not suitable as drinks for babies under 1 year old, as they do not contain enough iron and other nutrients to meet the baby's needs.</p> <p>Providing they are pasteurised, cow's, goat's and sheep's milk can be used once a baby is a year old.</p>
Ordinary soya beverage/milk or other vegetarian drinks	<p>These should not replace breast, formula or ordinary whole milk in the first two years of life, because they may not contain enough protein or calories.</p> <p>If a family is vegan, soya infant formula should continue to be used up to the age of 2. However, it is high in sugar, so should generally be given as part of a meal rather than between meals.</p>
Rice milk and drinks	<p>Rice drinks should not replace breast, formula or ordinary whole milk in children under 5. Rice milk is not a suitable substitute for breast or formula milk at any stage of infancy or early childhood as it is nutritionally inadequate. Varying levels of arsenic have been found in rice drinks. Although these levels are not above the legal limit, if a child's main milk drink is rice milk, this could mean that due to their smaller bodyweight, they would drink a relatively large amount of it compared with older children and adults.</p> <p>Parents of young children who are currently consuming rice milk due to an allergy or intolerance should consult a GP or dietitian about a suitable alternative.</p>



## 2.4 Introduction of complementary foods (weaning)

This section provides the most up-to-date advice given to parents about the introduction of solid food, and mirrors the content of *Fun First Foods* – a resource given to parents across Scotland. This advice includes getting started, moving on to more textures and tastes, and providing mini meals for babies over six months of age. This will act as a guide to providing food and drinks to babies in your care. Additionally, a sample menu for different ages through the weaning process is provided on page 45.

Weaning means introducing a variety of foods gradually alongside a baby's usual milk (breast or formula) until they are eating the same healthy foods as the rest of the family (by the time the child is 5 years old). Weaning is a time for learning about foods: for example, foods come in different colours, flavours and textures, some foods can be eaten with a spoon, while others can be held with their hands. Breast or formula milk will continue to provide most of the nutritional needs of babies over this time.



Weaning is often an anxious (and exciting) time for parents and a key life stage for babies. It is important to have regular communication with parents to discuss feeding patterns and what is best for their baby.

At around six months and beyond, babies' requirement for nutrients, particularly iron, cannot be met by breast or formula milk alone. Before six months, babies' digestive system and kidneys are still developing. Weaning too soon may also increase the risk of being overweight as children. Additionally, there are also a number of foods that should be avoided in the first year of life and these can be found on page 36.

**Babies should not be given solid food before the age of four months (17 weeks).**

Health visitors have a key role to play in supporting parents to make informed decisions about introducing solid food at an appropriate time. They will be able to provide advice and support for parents who have questions and concerns, and for you, as a provider.

## Getting started

Starting to wean at six months is easier because:

- there is no need to purée foods
- finger foods and mashed foods can be used
- babies are able to eat a wider variety of foods
- bowls and spoons do not need to be sterilised.

If babies are weaned at around six months, they can start on mashed foods such as fruits and cooked vegetables, and progress to lumpier foods much more quickly.

It is important to focus on the developmental signs of readiness for weaning, rather than a specific age or weight. Some of the signs that suggest a baby is ready to accept solid foods are:

- the baby can stay in a sitting position and hold their head steady
- the baby can reach out and grab things accurately, e.g. look at food, pick it up and put it in their mouth all by themselves
- the baby can swallow food. Babies who are not ready will push their food back out so they have more on their face than in their mouths.

Babies should be taking lumpier foods by the age of seven to eight months. Evidence suggests that late introduction of lumpier foods may be associated with increased difficulty in feeding later in childhood, and that this may result in a diet based on a limited number of foods. Chewing lumpier textures also helps to develop the oral muscles necessary for speech. Any concerns around the feeding patterns in the babies in your care should initially be raised sensitively with the parents. Your local health visitor may be able to support families with advice and practical suggestions.



### Giving assistance

Some babies may need some assistance until they are more confident about using a spoon or a fork, and in the beginning only small amounts of food may be eaten. It is important to let babies explore the food on their plate and feed themselves whenever possible. Some babies prefer to use their fingers too while they are learning to use a spoon or a fork. Remember that cow's milk should not be given as a drink until the baby is a year old. Any milk given should be either breast or formula milk.

## What are finger foods?

Babies who feed themselves with their fingers can show you how much they want to eat, and it allows them to become familiar with different types of food. It also makes eating more enjoyable. As a guide, the best finger foods are those that can be cut up into pieces that are big enough for the baby to hold in their fist, and stick out of the top of it. Pieces about the size of your own finger work well. Some examples are given below.

### First foods at around six months

- Mashed fruit such as banana, stewed apple or pear.
- Mashed cooked vegetables such as potato, carrot, parsnip, turnip or cauliflower.
- Small pieces of soft fruit or cooked vegetables such as melon or carrot.
- Toast, bread, pitta bread or chapatti, rice cake or breadstick.
- Cheese, slices of hard-boiled egg or chunks of cooked fish which they can pick up (be careful to remove all bones from cooked fish).
- Baby rice or other cereal mixed with the baby's usual milk (expressed breast milk or formula) – always in a bowl, not in a bottle.
- Full-fat cow's milk can be used to mix with cereal and in cooking, but not to drink. Cow's milk does not contain all the nutrients a baby needs in the first year – breast or formula milk should continue to provide a major source of nutrients during this period.

### How often and how much?

- Start with a small amount of food at one meal each day, either mashed or finger food.
- Gradually increase the amount.
- Be guided by the baby's appetite – for example, the baby may want a few teaspoons of well-mashed food or a few pieces of finger food.
- Allow babies to feed themselves using their fingers as soon as they show interest.
- Offer a range of foods and textures.
- Don't force food – if a baby doesn't seem to want it, try again later.

Don't forget that breast or formula milk is still the most important part of a baby's diet and at first they will continue to drink the same amount of breast milk or infant formula.

## Moving on

Once a baby is used to eating a few foods, it's time to move on to more foods, more meals and more textures.

### **Most babies should be aiming for a pattern of three meals a day and small snacks if needed.**

Babies have small stomachs and need to have small frequent meals and snacks to ensure that their energy and nutrient needs are met.

### **More foods**

Giving a wide range of foods, offering a variety of textures and flavours:

- cheese, plain fromage frais
- oily fish (remove bones)
- soft, cooked beans
- nut pastes (if no family history of allergies)
- pieces of well-cooked meat.

A baby's appetite will vary from day to day and they are normally very good at regulating their own food intake. It is important to discuss the baby's normal eating pattern with parents to make sure you are providing a consistent approach.

### **More meals**

Move from food at one meal a day to food at two, and then three, meals a day.

### **More textures**

From mashed to lumps and from lumps to minced foods, together with finger foods. Mixing a new food with a familiar one, such as adding cooked lentils to mashed carrot or parsnips, may make this easier.

Use a spoon and encourage finger foods and self-feeding, however messy it is. Babies often like feeding themselves as it gives them the independence to control their own food intake.

### **When**

This may be before a milk feed but it is best to be guided by the parent to ensure that what you do fits with the baby's normal routine.



## Mini meals

As babies approach their first birthday, they should be eating a wide range of different foods from a variety of food groups each day, such as:

- three to four small servings of fruit and vegetables
- three to four servings of starchy food each day; e.g. potatoes, bread, rice or pasta
- two servings of protein; e.g. meat, fish, eggs, pulses
- two to three servings of dairy products; e.g. milky pudding, yogurt, cheese.

As babies gets older they may enjoy a snack between meals too. This could include:

- a small sandwich filled with cold meat or fish
- cooked filled pasta
- cucumber sticks or fruit slices
- small breadsticks or pieces of toast with a cheesy dip (mix one tablespoon of finely grated cheese with one to two tablespoons full-fat plain yogurt).

### Salt

**Babies under 1 year old need less than 1 g salt per day as their kidneys can't cope with more. If a baby is breastfed, they will get the right amount of salt from breast milk, and formula milk contains a similar amount.**

**Never add salt to a baby's milk or food and don't give food that isn't specifically for babies as it's often high in salt, e.g. ready meals, tinned and packet foods.**

### Sugar

**Sugar is not necessary for babies. It provides empty calories and is bad for tiny teeth. Avoid adding sugar to food and avoid sweet foods and drinks, particularly between meals. Foods such as fruit yogurts, fromage frais, and tinned and packet milk puddings often have a lot of added sugar, so make sure you check the label or use plain varieties with added fresh or low-sugar tinned fruit.**

## 2.5 What foods should be avoided from six months to 1 year?

There are a number of foods that should be avoided during the weaning period. This is for a variety of reasons such as food safety, risk of allergy and choking, and for the negative impact some foods could have on a child's health and development. They are as follows:

Foods to avoid	Rationale
Honey	For a baby less than 1 year old, their immune system is still immature and there is a risk of botulism carried by bees, so eating honey should be avoided
Added sugars – fizzy drinks, fruit drinks, squashes, confectionery	Increased risk of dental caries and high energy intake
Added salt	A baby's kidneys are not mature enough to cope with added salt or foods with high amounts of salt added during processing
Foods or drinks containing artificial sweeteners; e.g. diet yogurt, low-sugar biscuits, low-sugar/sugar-free drinks and other diet products	Little is known about safe limits for young children
Hot spices, e.g. chilli	A baby's digestive system is not mature enough to digest spicy foods
Cow's milk except as yogurt, cheese to mix with other foods, and in cooking	Cow's milk is too low in nutrients, particularly iron, to be used as a main drink before a year
Whole peanuts/nuts	Finely chopped nuts can be introduced from six months if the child has no known allergies and no history of allergies in their immediate family

Babies are more likely to develop allergies if there is a family history of eczema, asthma or hay fever. For these families, exclusive breastfeeding is particularly recommended for the first six months.

Introduce the foods that commonly cause allergies (cow's milk, eggs, wheat, nuts, seeds, fish and shellfish) one at a time so that you can spot any reaction. For babies with allergies, it is particularly important not to introduce any of these foods before six months.





### Food allergies in babies

If you are caring for a baby where there may be a history of allergies in the family, be sure to check with the parent to see that there is no risk of having the baby exposed to nuts or nut products. This is especially important if the baby has not yet been introduced to solid foods.

## 2.6 How to prevent babies from choking

During the first year of life, babies are still learning to enjoy food, and over the space of time will develop the skills and muscle coordination to eat a much wider variety of foods. It is, however, important to ensure that babies are kept safe and that they do not choke on any food that is provided for them. Babies should not be given solid food before they are developmentally ready as this will increase the risk of choking. The following key points should help to avoid any choking episodes. It is also important to consider the needs of individual babies and take guidance from parents.

- Always stay with a baby when they are eating.
- Babies should be sitting up, preferably in a high chair, with their feet supported when eating (to stop them slipping down). This should allow the child to be seated at the same level as others around the table.
- Babies should be given time to swallow each mouthful.
- Cook hard or stringy vegetables such as green beans and carrots until they are quite soft for use as finger foods, rather than offering them raw.
- Encourage the baby to chew but avoid giving small items such as peas, whole grapes, or whole cherry tomatoes. Whole grapes and cherry tomatoes can be difficult to chew, increasing the risk of them being swallowed whole.
- Stop the baby from putting too much food in their mouth in case they choke.
- Make sure the baby's mouth is empty before the next mouthful of food. It is important to go at the baby's pace.
- Let the baby feed themselves so they have control and the food does not go too far back in their mouth.

## 2.7 Guidelines for the introduction of solids before six months

We know that many parents introduce solids before six months and the reasons are often complex. The childcare setting is an important place to encourage delaying solids until six months by providing parents with consistent messages. However, it is also important to recognise that parents will make decisions about feeding their baby for a variety of reasons. It is important to know which foods to provide and avoid for babies who have started solids before the age of six months.

If solids are given before six months, foods must be puréed to a smooth, thin consistency.

Suitable foods are:

- plain baby rice mixed with the baby's usual milk and served in a bowl – never in a bottle
- puréed fruit such as apple, pear or banana
- puréed vegetables such as potato, carrot or parsnip.

All equipment for spoon feeding must be sterilised until the baby is six months old. Gradually increase spoon feeds to two to three times a day. The amount you give should be guided by the baby's appetite and information from the parent.

In addition to the foods to avoid in the first year, there are certain foods that should not be given to babies less than six months of age and these include:

- foods containing gluten like wheat, rye, barley, and oats, as these foods can sometimes trigger a food allergy in young babies. These can be found in pasta, rusks, bread, flour and breakfast cereals containing gluten
- fish and shellfish (such as prawns)
- dairy products (like cheese, fromage frais, custard, milk sauces, yogurt) and any milk apart from breast milk or their usual formula
- eggs
- honey
- nuts

Parents can get a copy of *Fun First Foods* from their health visitor who will also be able to provide advice about weaning their baby.



## 2.8 Providing food for babies in a childcare setting

The guidance in this section will help you plan the meals you will provide for babies in your care. It is good practice to plan in advance what meals you will provide, and it is important to involve parents in any decisions you make. You will need to decide whether you will prepare food on site for the babies in your care, whether you will need to provide instructions for caterers who provide your food, or whether you will expect parents to provide food. Some parents will only use ready-prepared manufactured foods. Others will want their baby to have home-prepared foods, and some parents will use a mixture of both.

If you provide food on site, you will need to ensure that any food you will be giving a baby is free from added salt or sugar. Caution should be used when using ready-prepared or convenience foods as they will often contain high levels of salt and sugar that would make them unsuitable for young babies. Some of the dishes in the sample menus on pages 69–70 can also be adapted for babies and some suggestions are included in this section. Meals should ideally be planned around the main food groups listed on page 50.

It is important to recognise that families may often face challenges with the perceived cost and skills required to prepare foods from scratch for their family. Childcare providers can have a role to play to support families in making healthy choices with the resources available to them by providing consistent messages and practical skills, either within the childcare setting or by working in partnership with other organisations in the local area.

### Jars, tins and packets

Baby food in jars or packets can be handy, but serving sizes are often too big (and wasteful). Much of it has the same texture, making it harder for a baby to accept more varied textures and to move to family foods as they get older. Commercial baby foods will be low in salt but many will include added sugar in the form of **dextrose, glucose, sucrose** or **concentrated fruit juice** – all sugar by another name. It's important to be aware of the content of any product you use and choose varieties that are lower in sugar. Home-made foods can offer more variety in texture and will encourage acceptance of lumps and more solid foods. You can also be sure that no salt or sugar has been added.

If you use commercial baby foods:

- Choose foods where the label says they do not contain added sugars. Also look out for any of the following words on the label, all of which are forms of sugar: honey, sucrose, glucose, maltose, dextrose, fructose, hydrolysed starch, corn or maize syrup, molasses, raw/brown sugar, treacle, and concentrated fruit juice. Choose varieties with fewer added sugars. The higher up the list of ingredients, the higher the content.
- Make sure the foods are within their use by date and that the seal has not been broken.

- Don't feed directly from the jar as bacteria will be introduced from the spoon used to feed the baby. Throw away any unused food.
- Only heat up the amount you need and throw away any food the baby doesn't eat.
- Manufactured baby foods do not contain any added salt so don't feel tempted to add any even if they taste bland to you.
- Bought baby foods tend to be much more expensive than making your own food.
- Some baby foods may say 'suitable from four months' on the label but health experts agree that around six months is the safest age to start to introduce solids. Some may contain gluten or dairy products not recommended before six months. Make sure you check the label for suitable products if you are providing them for babies in your care.

## 2.9 Suitable drinks for babies from six months

What a baby drinks is just as important as what they eat. Breast or formula milk (along with appropriately timed solid foods) should continue to provide a substantial amount of fluid and nutrients a baby needs in the first year of life.

Full-fat, pasteurised cow's milk does not contain all the nutrients a baby needs in the first year but is suitable as a main drink after 12 months.

After six months, full-fat cow's milk can be used for mixing in cereal or for cooking, e.g. in sauces and puddings, and you can also give products made from full-fat cow's milk, e.g. plain yogurt and fromage frais. Semi-skimmed milk is not suitable for babies and young children under the age of 2 because it is too low in energy and fat-soluble vitamins.

Fresh or pure fruit juice is a good source of vitamin C but contains natural sugars that can cause tooth decay. It is also acidic and may erode a baby's teeth. Fresh or pure fruit juices should therefore be given in small amounts (no more than half a cup), be unsweetened and diluted (one part juice to one part water). They should be given at mealtimes only in a cup, not a feeding bottle. If a cup with a lid is used it should be free-flowing.

**A baby's usual milk and plain water are the best drink choices.**

## 2.10 Discussing feeding requirements with parents

In the first year of life, a baby's feeding patterns change in a number of significant ways – both the nutrients required and the types of food. It is important to ensure that both parents and carers are aware of these changes as they happen. The following sample checklist may be a useful tool to support this. This checklist can also form part of any care plan that you develop for the baby.

### Baby feeding checklist

What to check on	Yes	No	Points of note
Breastfeeding - expressed breast milk - amount and how it is given (bottle/cup)			
Formula feeding - infant formula type, amount and frequency			
Weaning - manufactured foods - home-prepared foods - number of meals			
Allergies - cow's milk - nut - other			
Lactose intolerance			
Gluten intolerance (coeliac disease)			
Are any foods avoided? e.g. vegetarian			
Other drinks - water - diluted fruit juice			
Vitamin supplements			
Cultural food choices			

## 2.11 Vitamin supplements for babies

Some children in your care may receive vitamin supplements at home and it is therefore useful to be aware of current advice on children who may benefit from vitamin drops.

Some children are at particular risk of vitamin deficiency. These include:

- persistent poor eaters
- children who eat a limited number of foods
- those on restricted diets by choice, e.g. vegans
- children on restricted diets because of food allergy or intolerance.

However, it is recommended that all children under the age of 5 receive a supplement of vitamins A, C and D. These are contained in Healthy Start vitamins, which are available free to pregnant women and breastfeeding women, babies and children up to the age of 4 who are in receipt of specific benefits. The health visitor or pharmacist will be able to provide advice to parents on suitable supplements available for purchase for those not entitled to the scheme.



It is important to highlight these recommendations to parents and provide information about Healthy Start if appropriate.

Childcare providers, staff and managers have a key role to play in encouraging young children to try new foods and to establish regular eating patterns, but vitamin supplements can provide an additional safety net for some children. Childcare providers have a role to play in raising awareness with parents of the importance of vitamin supplements for some children. For children who have specific medical conditions that restrict food, intake advice should be provided by a dietitian, GP or health visitor.

Further information about the Healthy Start scheme and the availability of Health Start vitamins can be found at:  
**[www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)**





## Why are vitamins A, C and D important?

### Vitamin A

Vitamin A is important for keeping a child's immune system healthy, can help vision in dim light and supports healthy skin. Good food sources are milk, cheese and eggs. Foods such as carrots, green leafy vegetables, red peppers and apricots contain beta-carotene, which the body can make into vitamin A.

### Vitamin C

Vitamin C helps maintain healthy tissue in the body. The body can't store vitamin C, so you need to get some every day. Young children, who can be fussy eaters, might not get enough from their diet alone.

### Vitamin D

Vitamin D plays an important role in maintaining good bone health. A significant proportion of the UK population has low vitamin D levels. Children are one of the groups especially at risk of deficiency, with reported cases of rickets increasing in Scotland in recent years. Low vitamin D levels are a particular issue for:

- all pregnant and breastfeeding women
- babies and children under 5 years of age
- all people aged 65 years and over
- black and other darker-skinned minority ethnic or mixed-race groups
- those with limited exposure to sunlight.

It is currently recommended that all babies and young children aged six months to 5 years take a vitamin D supplement containing 7–8.5 micrograms (mcg) per day. There is also specific guidance for breast- and formula-fed babies and other groups within the population that can be found at:

[www.healthscotland.com/documents/5273.aspx](http://www.healthscotland.com/documents/5273.aspx)

[www.scotland.gov.uk/Topics/Health/Healthy-Living/Food-Health/vitaminD](http://www.scotland.gov.uk/Topics/Health/Healthy-Living/Food-Health/vitaminD)

## 2.12 Menu planning from six months to 1 year

Babies from six months old should be beginning to eat solid foods. This is an important time to experiment with new tastes and textures and this should be encouraged. Remember that most of a baby's nutritional requirements will continue to be met by either breast milk or formula milk. Guidance on suitable textures can be found earlier in this section and *Fun First Foods* gives lots of examples of suitable meals to help you plan meals for babies in your care.

On the next page is a sample menu for different ages and stages throughout the weaning process. This is a guide – remember all babies are different. The sample menu provides examples taken from *Fun First Foods*, plus examples adapted from the two-week sample menus on pages 69–70. The meals in these sample menus should not contain any added salt and are low in sugar.

The baby will let you know how much they want to eat and this may vary from day to day. It is also important to establish the baby's normal routine with the parent, and try to keep to this as much as you can. This should inform the types and amounts of food you provide for babies in your care.



## Sample menu from six months to 1 year

Meal	Six months	Six to nine months	Nine to twelve months
<b>Breakfast</b>	Expressed breast milk or formula Mashed/soft cereal with whole milk	Expressed breast milk or formula Soft cereal mixed with whole milk Soft fruit, e.g. banana (week 1, Tuesday breakfast)	Expressed breast milk or formula Cereal with whole milk or toast with cubed cheese or Sample menu example – plain yogurt with toasted teacake (cut into small pieces) – (week 2, Tuesday)
<b>Snack</b>	Expressed breast milk or formula	Expressed breast milk or formula Small pieces of toast, bread, oatcake, pitta	Expressed breast milk or formula Small pieces of toast, bread, oatcake, pitta Small pieces of cut-up vegetables/fruit
<b>Midday</b>	Expressed breast milk or formula <i>Fun First Foods</i> example: Mashed potato and vegetables	Expressed breast milk or formula Soft vegetables with mashed meat (try different tastes and textures) or alternatives or <i>Fun First Foods</i> example: Salmon and potato pie Soft/mashed fruit	Expressed breast milk or formula Chopped meat or alternatives, chopped vegetables, cooked pasta or rice or Sample menu example – chicken and vegetable casserole and new potatoes (cut in to small pieces) (week 2, Thursday lunch) Milk pudding/plain yogurt with chopped fruit
<b>Snack</b>	Expressed breast milk or formula	Expressed breast milk or formula	Expressed breast milk or formula Cubes of cheese plus toast/bread sticks (week 1, Tuesday pm snack)
<b>Tea</b>	Soft/mashed fruit Example: Stewed apple and apricots see <i>Fun First Foods</i>	Soft vegetables with mashed meat (try different tastes and textures) or alternatives Example: Cottage pie with mash <i>Fun First Foods</i> Soft/mashed fruit	Chopped meat (try different tastes and textures) or alternative Cooked pasta or potato Example: jacket potato (remove skin) and baked beans. (week 1, Tuesday tea)



# Food, snack and drink guidance for children aged 1 to 5

3



## 3.1 The importance of good nutrition

Good nutrition for 1- to 5-year-olds is important because:

- it ensures optimal growth and development
- it encourages children to develop a taste for healthy foods in preference to fatty, sugary and salty foods.

Young children are growing and developing quickly and have high energy and nutrient requirements for their size. They have small stomachs and eat smaller amounts than older children and adults, and therefore need small regular meals and snacks throughout the day to meet their nutritional needs. The nutritional needs of young children are outlined on page 72.

**An average 2-year-old needs 1000 Kcalories**

**An average female adult needs 2000 Kcalories**





## 3.2 What is a healthy balanced diet for 1- to 5-year-olds?

Healthy eating guidelines recommended for older children and adults are not appropriate for young children, particularly those under the age of 2 years. A low-fat, high-fibre diet recommended for older children and adults based on the proportions set out in the eatwell plate (see page 74) is not suitable for young children as it may not provide enough energy, fat and other nutrients essential for growth and development. Between the ages of 2 and 5, children should gradually be introduced to foods lower in fat and higher in fibre so that by the age of 5 they are able to eat a wider variety of healthy food items. In practical terms, this means gradually introducing lower-fat and higher-fibre foods between the ages of 2 and 5 years. For example, providing a mixture of white, brown and wholemeal bread is a good combination.

A healthy balanced diet for 1- to 5-year-olds is based around the four food groups described in this section. Planning meals, snacks and drinks around these four groups will help you to provide a variety of foods to meet the nutritional requirements of the children in your care. The sample menus provided in this resource are also planned around these food groups and have been analysed to meet the nutritional requirements of young children.

It is important to remember that the quantities of food a child wishes to eat may vary greatly from child to child. Few children want to eat the same amount every day. Appetite can change according to how active the child is, the temperature and whether others are eating with them. The table on page 50 provides further details about the foods to include in each group and some average serving sizes for specific foods used in the two-week menu samples on page 69–70.



The table on page 50 is a general guide but in practice a flexible approach will be required to ensure the needs of all children in your care are met.

Any concerns about the eating pattern of a child (e.g. frequently refusing food or not finishing meals) should be discussed with the parent. It is also important to review your menus regularly to ensure they are meeting the needs of children you care for.



## Food groups for 1- to 5-year-olds

Food group	Foods included	Main nutrients	Recommended servings	Average serving size
<b>Group 1: Bread, rice, potatoes, pasta and other starchy foods</b>	All types of bread: chapattis, tortilla wraps, rolls, bagels, breadsticks, crackers, oatcakes, plain baked naan bread. Potatoes, pasta, rice and breakfast cereals	B vitamins, iron and fibre	Four servings per day	½–1 large slice of bread, ½–1 bread roll, English muffin or pitta. 2–4 mini breadsticks, 1–2 crackers or 1–2 oatcakes. 1–2 small potatoes 3–4 tablespoons cooked pasta or rice
<b>Group 2: Fruits and vegetables</b>	Fruit and vegetables in all forms, whether fresh, frozen, canned or dried. Pulses (e.g. baked beans and lentils) and diluted pure fruit juices can be counted as a serving, but only once in a day	Vitamins A and C, zinc, iron and fibre	Five servings per day	Serving sizes are smaller than those for adults. A rule of thumb is what a young child can hold in their hand. Examples include: 1–2 tablespoons cooked vegetables, small bowl vegetable soup, ½ large fruit or one small fruit
<b>Group 3: Meat, fish, eggs, beans and other non-dairy sources of protein</b>	Meat and fish (fresh, frozen or canned), eggs, nuts, pulses and beans (e.g. kidney beans, baked beans and including soya and soya products). Oily fish includes fresh, canned or frozen salmon, mackerel, trout, herring, sardines or pilchards and fresh or frozen tuna	Protein, iron, zinc, vitamins A and D. Oily fish are important as they contain beneficial fats called long-chain omega-3 fatty acids	Two servings per day	1 slice of meat or chicken, 1–2 tablespoons or 2–3 tablespoons with a sauce; ½–1 fillet of fish or 1–2 tablespoons of pulses or meat alternatives
<b>Group 4: Milk and dairy foods</b>	Milk, cheese, yogurt, fromage frais, milk puddings	Protein, calcium and vitamin A	Three servings per day	Milk: ½–1 cup (100–150 ml); 1–2 tablespoons grated cheese, small pot (60 g) or ½ large pot of yogurt. 3–4 tablespoons milk pudding

### 3.3 Food standards for 1- to 5-year-olds

As outlined previously within this guidance, regular meals and snacks are essential in helping young children to establish healthy eating patterns that will last into adulthood. The food group table on page 50 provides details of what constitutes a balanced diet for 1- to 5-year-old children, including the number and average servings per day. The standards in the following tables build on this and have been developed from the most current scientific evidence of the nutrient requirements of young children (Scientific Advisory Committee on Nutrition, 2012). This has been translated into these practical food standards that recognise the current eating patterns and their health impact on young children in Scotland. They are aimed at assisting childcare providers to provide meals and snacks that will offer healthy, balanced food choices for young children in their care. There is also a recognition that this guidance needs to be flexible to meet the needs of provision that ranges from all meals and snacks during the day for children in full-time care, to the provision of a snack for a child who may be cared for only a couple of hours. There is also awareness that providers cater for a range of children's individual needs. We also understand that the range of ages within a childcare setting may also provide challenges with menu planning.

These food standards form the basis of the menu and recipe suggestions that accompany this guidance. The standards are based on the provision of meals that include main meals (30% of nutritional requirements); light meals, e.g. breakfast or tea (20% of nutritional requirements) and snacks (10% of nutritional requirements). The two-week menu cycle and the accompanying recipes have been analysed to ensure they meet the nutritional needs of children between the ages of 1–5 years.

These food standards, the sample two-week menu cycle and accompanying recipes can all be used to plan menus within your setting. The food standards, in particular, will provide guidance on the food items to include and avoid.

The tables in the following pages list the food standards you will be expected to implement. These standards relate to the food groups discussed previously and also include standards for fat, salt, sugar and drinks. Throughout this section of the resource you will also find a number of **practice points** that will assist in the implementation of the standards.



## Food standards for meal and snack provision for 1- to 5-year-olds in childcare settings in Scotland

Food group	Standard	Practice points
<b>Group 1: Bread, rice, potatoes, pasta and other starchy foods</b>	For both main and light meals, at least one serving from this group shall be provided as part of every meal.	<p>A little wholemeal bread can be given occasionally in preference to white bread, and more brown, wholegrain and high-fibre foods can gradually be added to young children's diets. By the time children are 5 years old, they should be eating a wide variety of healthy options.</p> <p>If constipation is a problem, it can be prevented by giving some wholewheat biscuit-type cereal, a little wholemeal bread, fruit and vegetables and plenty to drink.</p>
<b>Group 2: Fruits and vegetables</b>	<p>A main meal shall provide a minimum of two servings of food from the fruit and vegetable group, excluding fresh fruit juice. At least one serving must be vegetables.</p> <p>A light meal shall provide at least one serving of fruit or vegetables.</p>	<p>A main meal or light meal that includes one serving (40 g) of fruit or vegetables per child during cooking; e.g. bolognaise sauce or fruit crumble can be counted as a serving of fruit or vegetables.</p> <p>Fresh fruit and vegetables should be included to ensure that children are offered a range of tastes and textures. Tinned and frozen fruit and vegetables (in natural juice or water) can be offered. However, tinned vegetables and fruit are often low in vitamin C and tinned vegetables often contain added salt.</p> <p>Fruit, and some vegetables, are ideal as finger foods. Excessive consumption of acidic fruits may cause dental erosion but the individual health benefits outweigh any oral health risk. It's preferable to offer pieces of a starchy food along with apple, cucumber, banana or carrot and plain yogurt dip as a snack choice instead of crisps, biscuits or sweets.</p> <p>Dried fruits have a high concentration of sugars and can cause dental decay. Small servings of dried fruit can be included but at mealtimes only.</p> <p>Offering choice when providing fruit and vegetables as part of a snack can enhance the learning experience by creating discussion about the differences between varieties; for example, where fruit comes from, how you prepare it, how it grows. This also deals with individual preferences and variations in appetite.</p>

Food group	Standard	Practice points
<p><b>Group 3: Meat, fish, eggs, beans and other non-dairy sources of protein</b></p>	<p>A food from this group shall be provided as part of every main or light meal (excluding breakfast).</p> <p>Avoid or limit meat products and highly processed foods (e.g. sausages, pies, bought beef burgers) to a maximum of once a week.</p> <p>Oily fish shall be provided once every week.</p>	<p>For more information about vegetarian or vegan diets, see page 98.</p> <p>Deep frying should not be used as a cooking method.</p> <p>Oily fish are important as they contain beneficial fats called long-chain omega-3 fatty acids. Examples of oily fish include fresh, canned or frozen salmon, mackerel, trout, herring, sardines, or pilchards and fresh or frozen tuna.</p> <p>While canned tuna is a healthy choice, it does not count as an oily fish, as the majority of long-chain omega-3 fatty acids are lost in the canning process for tuna.</p> <p>Providing a variety of different protein sources in your menu helps children experience new foods and textures.</p>
<p><b>Group 4: Milk and dairy foods</b></p>	<p>Whole milk should be offered to children under the age of 2.</p>	<p>Milk should continue to be an important drink for many years in young children. After the age of 2, semi-skimmed milk can be introduced gradually as a main drink as long as the child is eating well and has a varied diet. It will be useful to discuss the eating patterns of a child in your care with the parent before making any decisions about changing the type of foods and drinks you provide. Fully skimmed milk is not suitable as a main drink for a young child until they are 5 years old, as it does not contain enough calories or vitamins. When only one type of milk is provided it should be full-fat milk.</p> <p>Yogurts vary significantly in their nutritional content, with some yogurts and fromage frais being particularly high in sugar. If flavoured yogurts or fromage frais are used, then varieties lower in sugar should be chosen. Confining them to mealtimes will be less damaging to teeth and, for the same reason, yogurts and fromage frais should not be sucked from a tube. Plain yogurt and fresh fruit is a suitable alternative.</p> <p>Children under the age of 2 should be offered full-fat yogurt as it contains more energy and other nutrients in a more compact form.</p> <p>Young children need three servings of dairy foods each day and therefore a range of dairy foods should be provided on your menu. This provides variety and supports the needs of children who do not like to drink milk, or who do not eat cheese or yogurt on a regular basis.</p>



## Foods high in fat, salt and sugar

To help establish good eating patterns, make sure the food and drink you provide is not too high in fat, and is lower in sugar and salt. Remember that for many children, the meals and snacks you provide will often provide a substantial percentage of their nutritional intake for the day. Eating patterns developed in the early years will often stay with a child into their adulthood. Limiting foods high in fat and sugar as snacks or as ingredients in cooking will also encourage children to make healthy choices as they grow older.

	Standards	Practice points and definitions
<b>Foods high in fat</b>	<p>Oils that are high in polyunsaturated and/or monounsaturated fats shall be used.</p> <p>Spreadable fats (with a fat content of more than 70%) that are high in polyunsaturated and/or monounsaturated fats shall be used.</p> <p>Spreads with a fat content of less than 70% fat should not be used.</p> <p>Deep frying should not be used as a cooking method.</p> <p>Products that have been deep fried during the manufacturing process, such as fishcakes, should be limited to once per week and on different days to ensure that children attending on the same day each week are offered variety.</p> <p>No savoury snacks shall be provided as part of the meal or snack.</p>	<p>As part of a healthy diet, it is important to replace saturated fats with unsaturated fats – polyunsaturated and monounsaturated fats are a healthier alternative. This means that butter, hard margarines, lard and cooking oils used in preparation of foods and snacks should be replaced with these options.</p> <p>Oils and spreads that are rich in monounsaturated and/or polyunsaturated fats are likely to include: olive, rapeseed (canola), safflower, sunflower, corn oil and olive oil.</p> <p>‘Savoury snacks’ are defined as pre-packaged items which can be eaten without preparation. They typically consist of, or include as a basic ingredient, potatoes (crisps) or other root vegetables, maize, wheat or rice with added salt, sugar and fat. They do not include nuts, seeds, and plain vegetables, e.g. raw carrots and peppers, and sandwiches, wraps.</p>

	Standards	Practice points and definitions
<p><b>Food and drinks high in sugar</b></p>	<p>No confectionery shall be provided as part of the meal or a snack.</p> <p>Home baking recipes should be reviewed to reduce fats and added sugar and include more fruit. Home baking/ bakery products can be offered as mini-servings, e.g. 30 g (matchbox size) as an accompaniment to fruit as a dessert.</p>	<p>'Confectionery' is defined as chewing gum, cereal bars, processed fruit bars, non-chocolate confectionery (whether or not containing sugar), chocolate bars, any product containing or wholly or partially coated with chocolate and any chocolate-flavoured substance, but excludes cocoa powder and chocolate chips used in cakes, biscuits and puddings.</p> <p>Sugars are a type of soluble carbohydrate found in many foods and drinks. Sugars may be classified as either intrinsic or extrinsic sugars.</p> <p><b>Intrinsic sugars</b> are those that occur naturally within the cell structure of foods; e.g. in whole fruit. Intrinsic sugars are not thought to have adverse health effects.</p> <p><b>Extrinsic sugars</b> are those that are not incorporated within the cell structure and can occur naturally in food and drink; for example in honey. Extrinsic sugars, with the exception of lactose in milk and milk products, are the prime contributors to tooth decay.</p> <p><b>Extrinsic sugars minus milk sugars</b> are referred to as non-milk extrinsic sugars (NMEs). These include added sugar; fruit juice and smoothies; sugary drinks and confectionery. They are also the main contributors of tooth decay because of the sugar and acid content of these foods and drinks, particularly when eaten between meals.</p>



	Standards	Practice points and definitions
<b>Foods high in salt</b>	<p>No salt shall be added to food while cooking.</p> <p>No salt or condiments, for example soy sauce, shall be available to add to food after the cooking process is complete.</p> <p>Ready-to-use cooking sauces are frequently high in added sugar and salt and are not recommended as a regular ingredient in meals provided for young children.</p>	<p>'Condiments' includes mayonnaise, salad cream, mustard (including Dijon mustard, English mustard and wholegrain mustard), tomato ketchup, brown sauce, Worcestershire sauce, barbecue sauce, tabasco sauce, plain horseradish sauce, creamed horseradish sauce, horseradish relish, mint sauce, mint jelly, tartare sauce.</p> <p>Using the labelling information can help in choosing products with a lower content. Mixing a ready-made sauce with other ingredients lower in salt and sugar, e.g. tinned tomatoes, can reduce the salt and sugar content of the meals provided.</p> <p><b>For more information on salt intake for young children see the next page.</b></p>
<b>Drinks</b>	<p>The only drinks that can be provided as part of a young child's meals are:</p> <ul style="list-style-type: none"> <li>• milk – whole milk for children aged 1–2 years. Semi-skimmed milk can be provided for children age 2–5, if eating well.</li> <li>• plain water</li> <li>• a combination of pure unsweetened fruit juice or plain water (50:50 dilution) and limited to mealtimes only.</li> </ul> <p>Children should be offered a choice of milk and plain water to drink during the day.</p>	<p>Where only one type of milk is provided within the nursery/childcare setting this should be whole milk.</p> <p>The Nursery Milk Scheme enables children under 5 to receive free of charge 189 ml (a third of a pint) of milk for each day they attend approved day-care facilities for two hours or more.</p> <p><b><a href="http://www.nurserymilk.co.uk">www.nurserymilk.co.uk</a></b></p> <p><b>For more information on suitable drinks for young children, see page 60.</b></p> <p>It is good practice to discuss any concerns about eating patterns with parents before changing the type of milk you provide.</p>



### **Reducing the risk of choking:**

It is important to supervise young children when they are eating and provide assistance if required. Young children are still learning about different textures and tastes. Some foods may need additional preparation, particularly for very young children.

- Remove any stones or pips before serving.
- Slice, halve or chop small fruit and vegetables like cherry tomatoes and grapes.
- Cut large fruits into slices rather than chunks.
- Avoid whole nuts.

## **3.4 Guidelines for salt (sodium chloride) intake in young children**

Sodium helps maintain the fluid in our blood cells and is used to transmit information in our nerves and muscles. It is also used in the uptake of certain nutrients from our small intestines. The body cannot make sodium and so we are reliant on food to ensure that we get the required intake. However, having too much salt can lead to high blood pressure in later life, leading to more serious conditions such as stroke, heart disease and kidney problems.

The current recommended upper limit for salt intake for adults is 6 g per day. This includes salt already in the food that is eaten and that added at the table.

**Children under 11 years should have less salt than adults. The daily recommended maximum amount of salt children should eat depends on age:**

**1 to 3 years: 2 g salt = a third of a teaspoonful (0.8 g sodium)**

**4 to 6 years: 3 g salt = half a teaspoonful (1.2 g sodium)**

Helping children to eat less salt means you're helping to ensure that they don't develop a taste for salty food that will persist into adulthood.

Because salt is added to a lot of the food we buy, such as bread, baked beans, and even breakfast cereals, it is easy to have too much.

### **Foods high in salt:**

Most of the salt young children eat is found in processed foods.

Examples include:

- Pasta sauces, pizza, ready meals, tinned/packet soup, sausages, tomato ketchup and other sauces. These are typically high in salt.
- Crisps and other savoury snacks.

#### **Examples of quantities of salt found in foods:**

<b>1 slice of pizza (110 g)</b>	<b>2 g salt</b>
<b>½ a small tin Spaghetti hoops</b>	<b>1 g salt</b>
<b>1 packet of crisps (30 g)</b>	<b>0.5 g salt</b>
<b>2 grilled pork sausages (60 g)</b>	<b>1.7 g salt</b>

Bread, bread products and breakfast cereals are often high in salt too, but they also provide valuable nutrients for young children. For this reason it is not advisable to exclude bread and breakfast cereals from a child's diet, but choosing lower-salt varieties of these help to lower salt intake.



Children in your care may have already developed a taste for salty foods at home. Cutting salt out of the foods you provide may require a staged approach to prevent food being left uneaten because it suddenly tastes bland. This could mean that you will need to reduce salt on a gradual basis or use more herbs and spices to add flavour to the meals you provide and by changing the brands of food you use to those with a lower salt content.

## How can I reduce the salt content of the food I provide?

Firstly, it is important to look at and understand food labels to help you choose lower salt varieties of the foods you choose. The table below provides a useful guide.

	Low content per 100 g	High content per 100 g
<b>Salt</b>	0.3 g or less	More than 1.5 g
<b>Sodium</b>	0.1 g or less	More than 0.6 g

Sodium content can be converted to salt content by multiplying by 2.5.

Changing how you prepare the food you provide can also contribute to a reduction in the salt content:

Foods cooked from scratch often have a much lower salt content, so including fewer ready-made and convenience foods in your menu is a good start.

Using more herbs and spices to flavour foods can help reduce the amount of salt that is added to food during cooking.

Diluting the high-salt products you do use can also help; for example, making up stock with extra water; adding a tin of tomatoes to a jar of sauce.

Developing a snack policy for your setting can help increase awareness of the salt content of the snacks with parents.

For more information on food labelling, visit [www.nhs.uk/Livewell/Goodfood/Pages/food-labelling.aspx](http://www.nhs.uk/Livewell/Goodfood/Pages/food-labelling.aspx)

## 3.5 Guidelines for snacks and drinks in young children

Snacks and drinks form an important part of a young child's diet. Snack time provides an excellent opportunity for children to:

- practise personal hygiene by washing their hands before eating/drinking
- learn about healthy snacks and drinks
- learn about making their own choices
- learn to try new foods and chat to staff about their likes and dislikes.

The sample menus provided include snacks as part of the day and the nutrient content of the snack has been calculated as part of the full day provision. This section provides further information and general guidance for planning healthy snacks and drinks for young children in your care.

### What to give

Snacks and drinks should be nutritious and low in added sugars to prevent tooth decay. Fruit and vegetables are healthy snacks but should be combined with a starchy food to ensure variety is included and a range of nutrients and adequate calories are provided. Having a variety of choices can help young children to make their own choices, making snack time a learning experience. Make sure your snack choices are varied to ensure that children attending for one day only are offered a variety of choices over the month.

### What to avoid

There are some snack foods that can be harmful to children's health if they are taken frequently and particularly between meals. These include soft drinks, sweets, chocolate confectionery, chocolate and cream-filled biscuits, sugary pastries, sugary desserts, highly sweetened cereals, and sugary sticky yogurts. These types of snacks should be avoided in young children.

It is recognised that young children may already have preferences for high-fat, high-sugar foods when they join the childcare setting, and childcare providers are ideally placed to encourage healthier options. However, for some children this may need a flexible approach. Working closely with parents is crucial and parents should be involved in discussions about any changes to the food and drinks you provide; for example, if you change the type of milk you provide.

**The table below provides guidance on the best choice of snack for young children:**

Healthy snack/drink choices	Occasional snack/drink choices	Not recommended as snack/drink choices
Fruit and vegetables	Reduced- and full-fat cheeses	Fruit juice and fruit smoothies
Vegetable- and pulse-based soups	Natural yogurt/plain fromage frais, with the possible addition of either fresh or frozen fruit or fruit in natural juices	Dried fruit
Baked beans		Sugary fizzy drinks, fruit squashes/cordials, sports drinks
Whole milk for children aged 1 to 2; semi-skimmed can be offered for older children	Small scones and pancakes/crumpets, toasted teacake	Confectionery, savoury snacks and high-sugar or high-fat baked products
Water	Breadsticks, oatcakes, savoury scones, e.g. potato, cheese, soda	Artificially sweetened chocolate confectionery (e.g. diabetic products)
Rice cakes		Sugar-free confectionery (e.g. sugar-free lozenges, sugar-free mints)
Bread: wholemeal, brown, granary, white, high-fibre and rye bread, pitta, chapatti, rolls, baguettes, bagels, toasted English muffin	Ciabatta, focaccia, naan, tortillas, wheaten bread, olive bread and sun-dried tomato bread	Processed meat products
Sandwich fillings: salad, fish, banana, lettuce, salad leaves, cucumber, tomatoes, carrot, pepper, sweetcorn, spring onion, oily fish (fresh or canned in water), egg (not egg mayonnaise), vegetable pate, meat, chicken, turkey		Bread products with added fat, like garlic bread, butteries, croissants, pain au chocolat and brioche
Breakfast cereals that are low in salt and sugar		Breakfast cereals that are high in fat, salt and sugar

Adapted from *Oral Health and Nutrition Guidance for Professionals* (NHS Health Scotland, 2011)

## Typical fruit and vegetable serving sizes

The serving sizes listed below are typical average amounts for a 1- to 5-year-old and should be used as a guide. Smaller children may need smaller servings, i.e. one serving is what a young child can hold in their hand.

Vegetables (fresh, frozen or canned)	1–2 tablespoons cooked vegetables
Pulses	½–1 tablespoons
Homemade vegetable soup	Small bowl
Salad	Small bowl or 4–6 raw vegetable sticks
Vegetables in composites, such as vegetable chilli	1–2 heaped tablespoons per serving of the recipe
Banana	½–1 small
Very large fruit, such as melon	½–1 small slice
Medium fruit, such as apples	½ fruit
Small fruit, such as plums	1–2 fruits
Very small fruit, such as blackberries	1–2 tablespoons
Dried fruit	½–1 tablespoon or 2–5 pieces of dried fruit
Fruit in composites, such as stewed fruit in apple pie	1–2 tablespoons
Frozen fruit/canned fruit	1–2 heaped tablespoons
Pure unsweetened fruit juice	½–1 small glass (50 ml juice + 50 ml water)



## 3.6 Fluid requirements in young children

Water makes up about two-thirds of the weight of a healthy body.

As a general rule, young children should drink 6–8 drinks of 100–150 ml each per day to make sure they are getting enough fluid.

Young children particularly are at risk of impaired concentration, reduced alertness and short-term memory if they don't drink enough. They will need more in hot weather. Offer children their drinks in an open cup where possible. Specific requirements (including the fluid from food) are listed below.

### Fluid requirements of young children

Children age 1–2 years	1,100 ml to 1,200 ml
Children age 2–3 years	1,300 ml
Children age 4–8 years	1,600 ml

Requirements are based on living in a moderate climate and undertaking moderate levels of activity.

Requirements take into account the fluid content of food and any drinks consumed.

## 3.7 What about breakfast?

Breakfast is the most important meal of the day, particularly for children, as it provides them with the energy and vitality to work and play. It is important to check that children have not already had breakfast at home, as this can add to their overall energy intake and may affect their appetite for other meals during the day.

Where children are offered breakfast as a standard part of your service, you can use the items listed in the sample menus provided in this resource to add to your breakfast menus. Or you may have an arrangement with parents that you can provide a simple meal of cereal, milk and orange juice or bread/toast and milk for those occasions when the child has not had time for breakfast.

Whole milk or yogurt should be offered up to 2 years old. Semi-skimmed milk can be offered thereafter unless provision is for the whole establishment, in which case whole milk should be used. Parents should be consulted on any changes in provision. Do not give skimmed milk before 5 years of age. Milk, water, or diluted, unsweetened fruit juice can be offered at breakfast as a drink. Do not add sugar to cereals.



## 3.8 Supporting parents to provide healthy packed lunches

Some parents will provide food for their child while they are in your care. This is an ideal opportunity for you to discuss the benefits of providing healthy choices and this may form part of any policy you develop around food provision in your setting.

Similar to planning meals, using food groups can be used to plan foods brought in from the home. You may find the guide below of use to help any discussions you may have with parents.

Food group	Examples of foods that can be provided as part of a packed lunch
Bread, rice potatoes, pasta and other starchy foods	Sandwiches are an easy choice for a packed lunch. To give a little variety, different breads and rolls such as wholemeal, granary, poppy seed, sesame seed, pitta bread, bagels and baps can be tried. Breadsticks or crackers can also be included in this group. Home-made pasta and rice salads are ideal for packed lunches. Fruit scones, pancakes or fruit loaf can be offered as healthier alternatives to confectionery.
Fruit and vegetables	Chopped raw vegetables such as carrots, cucumber, peppers or cherry tomatoes are ideal choices. A wide variety of fruit can be included. Fruits that are in season are often more economical. Include a pot of fruit salad as a change to a whole fruit. Try some dried fruit such as raisins, sultanas, mango or apricots. Trying out new fruits and vegetables not normally eaten by children may increase the variety of fruit and vegetables eaten at home.
Meat, fish, eggs, beans and other non-dairy sources of protein	For sandwich fillings, include ham, turkey, chicken, fish, houmous and egg. Too much mayonnaise or salad cream should be avoided as these are high in fat, salt and sometimes sugar.
Milk and dairy foods	For a dessert, include milk-based puddings such as yogurt, fromage frais, a small pot of custard or mousse. A drink of milk or a small serving of cheese, e.g. cheddar, edam or mozzarella, on a sandwich could also be included as part of this group.
Drinks	As a provider, you may want to provide a drink at lunchtime for children who bring a packed lunch, and milk or water would be ideal choices. Small cartons of pure fruit juice should be kept to mealtimes only. Fizzy drinks, diet or otherwise, are not suitable for children, so ask parents to include milk, water or fruit juice at lunchtime instead.

Parents may welcome some new ideas for packed lunches. It's easy to get stuck in a rut with lunchboxes, especially if children insist on having the same sandwich filling day after day. Trying some new foods while a child is in your care can help to influence choices brought from the home. Children are much more likely to try different foods if they see other children trying and enjoying them.

### 3.9 Vitamin supplementation

Some children in your care may receive vitamin supplements at home and it is therefore useful to be aware of current advice on children who may take vitamin drops.

Some children are at particular risk of vitamin deficiency, including:

- persistent poor eaters
- children who eat a limited number of foods
- those on restricted diets by choice, e.g. vegans
- children on restricted diets because of food allergy or intolerance

However, it is recommended that all children under the age of 5 receive a supplement of vitamins A, C and D. Healthy Start vitamins are available free to mothers, babies and children up to the age of 4 years who are in receipt of specific benefits. The health visitor or pharmacist will be able to provide advice to parents on suitable supplements available to purchase for those not entitled to the scheme.



## Why are vitamins A, C and D important?

### Vitamin A

Vitamin A is important for keeping a child's immune system healthy, can help vision in dim light and supports healthy skin. Good food sources are milk, cheese and eggs. Foods such as carrots, green leafy vegetables, red peppers and apricots contain beta-carotene, which the body can make into vitamin A.

### Vitamin C

Vitamin C helps maintain healthy tissue in the body. The body can't store vitamin C, so you need to get some every day. Young children, who can be fussy eaters, might not get enough from their diet alone.

### Vitamin D

Vitamin D plays an important role in maintaining good bone health. A significant proportion of the UK population has low vitamin D levels. Children are one of the groups especially at risk of deficiency, with reported cases of rickets increasing in Scotland in recent years. Low vitamin D levels are a particular issue for:

- all pregnant and breastfeeding women
- babies and children under 5 years of age
- all people aged 65 years and over
- black and other darker-skinned minority ethnic or mixed-race groups
- those with limited exposure to sunlight.

It is currently recommended that all babies and young children aged six months to 5 years take a vitamin D supplement containing 7–8.5 micrograms (mcg) per day. There is also specific guidance for breast- and formula-fed babies and other groups within the population that can be found at:

[www.healthscotland.com/documents/5273.aspx](http://www.healthscotland.com/documents/5273.aspx)

[www.scotland.gov.uk/Topics/Health/Healthy-Living/Food-Health/vitaminD](http://www.scotland.gov.uk/Topics/Health/Healthy-Living/Food-Health/vitaminD)

Childcare providers, staff and managers have a key role to play in encouraging young children to try new foods and to establish regular eating patterns but vitamin supplements can provide an additional safety net for some children. Childcare providers can raise awareness with parents of the importance of vitamin supplements for those children. For children who have specific medical conditions that restrict food intake, advice should be provided by a dietitian, GP or health visitor.

Further information about the Healthy Start scheme and the availability of Healthy Start vitamins can be found at [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)



It is important to highlight these recommendations to parents and provide information about Healthy Start if appropriate.

### **Sample menus for children aged 1–5**

The following two-week menu cycle provides an example of how menus can be planned to meet the nutritional requirements of young children. It is not compulsory to implement these menus, but they can be used to inform your menu planning process, along with using the food groups and food standards provided in this resource. Recipes to accompany the menus can be found at: [www.healthscotland.com/documents/21130.aspx](http://www.healthscotland.com/documents/21130.aspx)

The sample menus give examples of meals and snacks that provide:

- each main meal – 30% of a child’s energy requirement
- a light meal, for example breakfast – 20% of energy requirements
- a snack – 10% of energy requirement.

The full menu provides 90% of energy requirements for a child in full-time daycare.

**Menus can be adapted to meet the needs of religious faiths and beliefs – see page 100 for more details.**



The nutritional analysis of the sample menus has included water as a drink at mealtimes. To ensure the needs of all children are met, it is good practice to offer a choice of milk, diluted pure unsweetened fruit juice or water – see drink guidance on page 60.

### **What is meant by the term 'meal'?**

The term 'meal' is often understood to mean a cooked meal with vegetables, but breakfast cereal with milk and orange juice, or just a cheese and tomato sandwich with a glass of milk, is just as much a meal as shepherd's pie and peas. A meal is, therefore, any significant contribution to daily nutritional intake. **It is important to offer a variety of tastes, textures and temperatures.**

## 3.10 Sample two-week menu

V = vegetarian option

### Week 1

Meal	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast</b>	Scrambled egg and tomatoes on toast (v)  Whole milk	Wheat biscuits with whole milk and banana (v) Diluted fresh/ pure fruit juice	Plain yogurt and malt loaf (v) Diluted fresh/ pure fruit juice	Cornflakes with whole milk and raisins (v) Diluted fresh / pure fruit juice	Rice crispies with whole milk and mixed berries (v) Diluted fresh/ pure fruit juice
<b>Mid-morning snack</b>	Plain yogurt with orange segments (v) Water	Toasted fruit tea cake (v)  Whole milk	Rice cake with grapes (v)  Water	Rice cake with grapes (v)  Water	Pitta bread with mint yogurt dip and vegetable sticks (v) Water
<b>Lunch</b>	Chicken and vegetable curry Lentil and vegetable curry (v) Boiled rice (v) Carrot and pineapple muffin (v)  Water	Beef burger – home-made Chickpea burger (v) Potato wedges and peas Oaty plum crumble with custard (v)  Water	Pork meat balls in tomato and basil sauce Quorn meatballs in tomato and basil sauce (v) Spaghetti and broccoli (v) Rice pudding with stewed apple (v)  Water	Lamb stew Bean and vegetable stew (v) New potatoes Mandarin orange sponge with custard (v)  Water	Salmon and pepper pasta Quorn and pepper pasta (v) Plain fromage frais with strawberries (v)  Water
<b>Mid-afternoon snack</b>	Bagel with spread (v) Water	Bread sticks with cheese cubes (v) Water	Toasted English muffin with spread (v) Whole milk	Oatcake with cherry tomatoes (v) Whole milk	Fruit scone with spread (v) Whole milk
<b>Tea</b>	Chickpea fritters with tomato salsa (v) Chocolate fruit crispie  Water	Jacket potato with baked bean fillings (v) Fresh fruit jelly  Water	Lentil soup with bread (v) Banana custard  Water	Macaroni cheese with spinach (v) Apple flapjack  Water	Scrambled egg and mushrooms on toast (v) Fresh fruit platter  Water

## Week 2

Meal	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast</b>	Wheat biscuits with whole milk and dried apricots (v)  Diluted fresh/pure fruit juice	Plain yogurt with toasted teacake (v)  Diluted fresh/pure fruit juice	Toasted English muffin with scrambled egg and tomatoes (v)  Whole milk	Rice crispies with whole milk and banana (v)  Diluted fresh/pure fruit juice	Cornflakes with whole milk and chopped plum (v)  Diluted fresh/pure fruit juice
<b>Mid-morning snack</b>	Oatcake with melon chunks (v)  Water	Rice cakes with banana (v)  Whole milk	Fruit scone with spread (v)  Water	Toast with spread (v)  Whole milk	Plain yogurt dip with sliced pear (v)  Water
<b>Lunch</b>	Pork and vegetable fajitas Quorn and vegetable fajitas (v) Cucumber and tomato salad Gingerbread with custard (v)  Water	Bolognaise pasta bake Tomato and spinach pasta bake (v) Mixed salad Rice pudding with stewed rhubarb (v)  Water	Shepherd's pie Shepherdess pie (v) Broccoli Plain fromage frais with dates (v)  Water	Chicken and vegetable casserole Bean and vegetable casserole (v) New potatoes Apple crumble and custard (v)  Water	Potato-topped fish pie Potato-topped vegetable pie (v) Peas Orange and chocolate brownie (v)  Water
<b>Mid-afternoon snack</b>	Scotch pancake (v)  Whole milk	Bread sticks with cheese cubes (v) Water	Pitta and vegetable sticks with houmous dip (v) Water	Toast and banana (v)  Water	Toasted bagel with spread (v)  Whole milk
<b>Tea</b>	Vegetable soup with roll (v)  Milk jelly (v)  Water	Jacket potato with baked beans (v)  Carrot cake (v) Water	Lentil and mushroom ragout with pasta (v) Stewed apple custard (v) Water	Cheese and potato pie (v) Fresh fruit platter  Water	Potato omelette slice (v) Baked banana Water



## 3.11 Nutrient requirements of children aged 1 to 5

Children, as individuals, have different energy and nutrient requirements depending on their age, gender, body size, rate of growth and level of activity. In the UK, we have estimates for the average amount of energy and nutrients required for groups of children at different ages. These are known as the UK Dietary Reference Values (DRVs).

The nutrient requirements below are based on the DRVs for groups of children aged from 1 to 5. As such, the nutrient guidance represents appropriate reference values for **groups** of children and does not apply to individuals.

The amount of time a child will spend in a service will vary. The nutrition guidance is:

- A main meal should provide 30% of a child's energy requirement.
- A light meal, for example breakfast or tea, should provide 20% of energy requirements.
- A snack should provide 10% of energy requirements.

### Energy and nutrient guidance for a meal providing 30% of daily energy

The values in the table on the next page represent the recommended average energy and nutrient intake from one meal. The sample menus provided have been nutritionally analysed to provide an average over both the week and per day. Nutrient content has also been analysed per meal and per snack.

This would apply, for example, to lunch provided for children aged 1–5 years old. These are average requirements, so flexibility is required with serving sizes when planning and serving meals.



Nutrient	1 to 5 years old	Min/ max	Unit	1 to 3 years old	4 to 5 years old
Energy	30% Estimated Average Requirement (EAR)		MJ kcal	1.55 371	2.15 513
Total fat	No more than 40% of food energy for 1 to 3 years old, falling to 35% for 4 to 5 years old		g	17	20
Carbohydrate	About 50% of energy	Max	g	48	67
(of which non-milk extrinsic sugars (NMES))	No more than 11% of food energy	Min	g	10	13
Protein	30% of Reference Nutrient Intake (RNI)	Min	g	4.4	5.9
Vitamin C	Not less than 30% of RNI	Min	mg	9	9
Vitamin D	Not less than 30% of RNI	Min	mcg	2.1	N/A
Vitamin A	Not less than 30% of RNI	Min	mcg	120	120
Iron	Not less than 30% of RNI	Min	mg	2.1	1.8
Calcium	Not less than 30% of RNI	Min	mg	105	135
Zinc	Not less than 30% of RNI	Min	mg	1.5	1.95
Sodium (NaCl)	No more than 30% of the Scientific Advisory Committee on Nutrition (SACN) recommendation	Max	mg	236	353
Salt (NaCl)	No more than 30% of the SACN recommendation	Max	g	0.6	0.9
Water	Cool drinking water available throughout the day	Min			

## Energy

The nutrient guidance for energy is for a main meal to provide 30% (20% for a light meal). When designing a meal, energy content should be based on calories predominantly from carbohydrate with a much smaller proportion from protein, fat and sugar.

## Protein

The protein content of the menu is higher than the recommended intake for young children. This is in line with eating patterns in the UK population and helps to provide sufficient iron and zinc in the diet.

## Vitamin D

The UK Reference Nutrient Intake (RNI) for vitamin D for children aged six months to 3 years is 7 mcg per day. For children 4 years and older, there is no recommended intake because it is assumed that the action of sunlight on the skin will ensure that sufficient vitamin D is available. Routine vitamin D supplementation is recommended for all children over 1 year of age and should be continued until 5 years unless the diet is diverse and plentiful.

## Iron

The menus provide the recommended amounts for children aged 1–5 years. Young children have high iron requirements because of their rapid growth and the need to build up iron stores. A high proportion of young children in the UK have less than adequate iron intakes and iron deficiency anaemia is common in this age group. Iron deficiency can have lasting effects on health and development. Therefore, we need to improve the iron status of young children through adequate dietary intake. A healthy balanced diet, which includes a variety of foods containing iron, will help people achieve adequate iron status. Iron comes from a variety of both animal and plant sources including red meat, fish, poultry, beans, dried fruit, grains, fortified breakfast cereals, dark leafy veg. In practice, achieving adequate iron intake is not easy and requires careful menu planning to ensure that iron-rich foods are included on a regular basis.

## Sodium (salt)

The salt intake of the menus has been calculated using recommendations from the Scientific Advisory Committee on Nutrition:

**[www.sacn.gov.uk/reports/reports/salt\\_and\\_health\\_report.html](http://www.sacn.gov.uk/reports/reports/salt_and_health_report.html)**

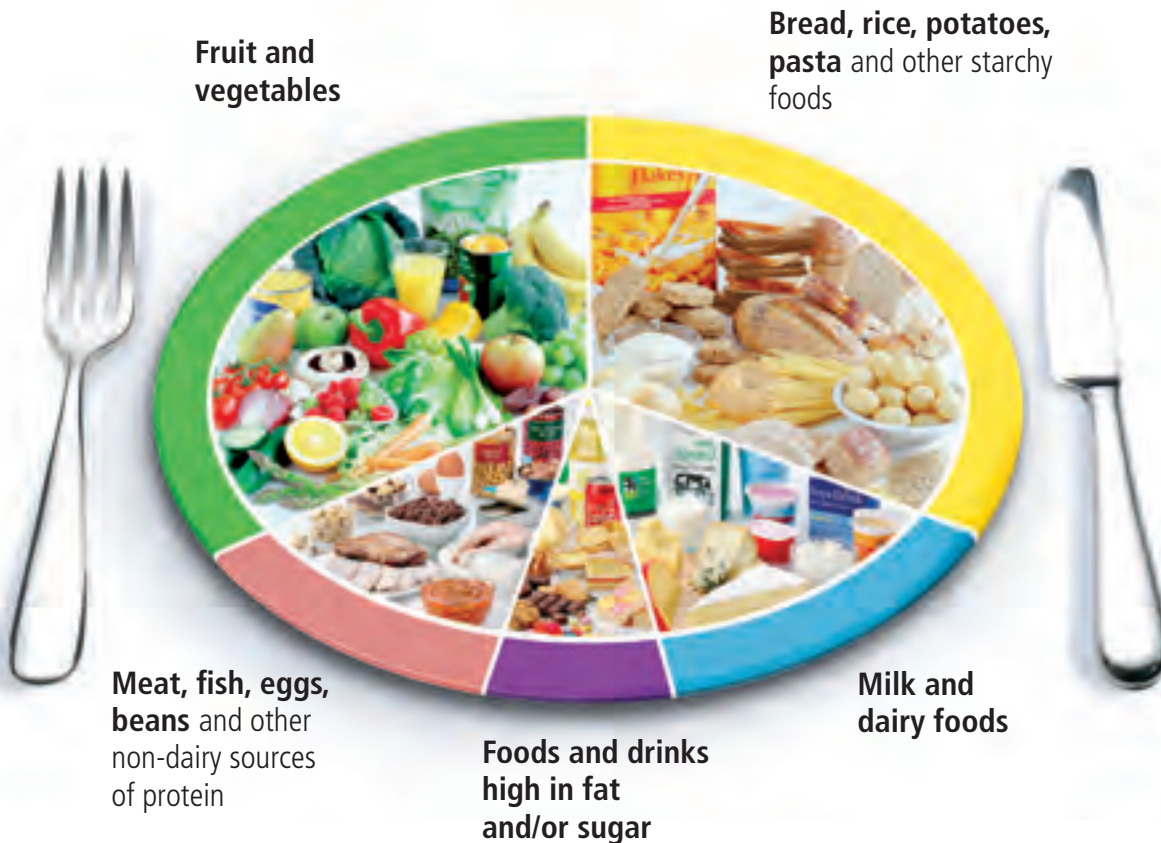
If you are developing your own menus you can reduce salt intake by choosing low-salt foods and reducing the salt used in cooking, e.g. making sauces from base ingredients, not adding salt to sauces and home-made soups and choosing low salt varieties of tinned foods. Work is already under way with partners in the food industry to reduce the salt content of processed foods and this will eventually help to reduce the sodium content of processed foods used in public sector catering. For further information and ideas on reducing sodium intake, see the Food Standards Agency website:

**[www.eatwellscotland.org/healthydiet/fss/salt/index.html](http://www.eatwellscotland.org/healthydiet/fss/salt/index.html)**

For more information about vitamins, see page 66.

## 3.12 The eatwell plate

By the age of 5, children should be eating a healthy balanced diet as depicted by the eatwell plate:



© Crown copyright 2012. Source: Public Health England in association with the Welsh government, the Scottish government and the Food Standards Agency in Northern Ireland.

The eatwell plate shows the types and proportions of foods required for a healthy diet for the general population. As discussed earlier, the balance of foods set out in the eatwell plate is not suitable for children under the age of 2 years. Children between the age of 2 and 5 should gradually be introduced to more low-fat, high-fibre foods so that by the time they are 5 they are eating a diet that represents the balance set out in this model. More information can be found at [www.food.gov.uk/scotland/scotnut/eatwellplate/](http://www.food.gov.uk/scotland/scotnut/eatwellplate/)



# Putting the guidance into practice

4



## 4.1 Menu planning

Planning your menus, including snacks and drinks, is an important step in achieving a well-balanced and healthy diet for the children in your care. It will also help you to work towards providing the quality of service described in National Care Standard 3.4.



Menu planning should be done by a member of staff with the relevant knowledge and skills and an understanding of children's differing nutritional needs and stages of development.

Consideration should be made to existing eating habits of the children in your care. Any change may need to be managed and be flexible. This need for flexibility to allow for changing eating habits has been taken into account in the guidance on food groups and menu planning. This will allow you to develop your own menu from the food standards provided, use the sample menu cycle as a guide, or use a 'mix and match' approach. The menu planning guidance set out below should be used to help produce a written menu covering all the food you provided, i.e. meals, snacks and drinks. The guidance can also be used to develop a specification for caterers who provide meals for your establishment.



You can use your developed menus as part of the evidence that you are meeting the standards set out in this resource. The menu planning checklist is a useful tool for assessing progress towards meeting the standards.

Young children have changing likes and dislikes and their appetite and willingness to try new foods varies. Different foods and serving sizes may need to be interchanged at breakfast, snacks, light meals or main meals.

Children's cultural backgrounds should also be acknowledged and any special dietary requirements included in planning meals and snacks, as reflected in National Care Standards: *Early Education and Childcare up to the Age of 16*; Health and Wellbeing Standard 3.4.

It is also important to recognise that many families live in challenging circumstances and individual needs must be considered when planning food provision for children in your care.

In planning a menu it is important to include a variety of sensory qualities; e.g. taste, texture, flavours, colours and temperature. This will help children's learning and enjoyment of food. Positive encouragement from an early age and offering new foods regularly helps children to expand the range of foods included in their diet.

The food groups and sample menus included in this resource, descriptions of foods and the frequency of serving can all be used to plan menus that will meet this nutritional guidance. A flexible approach, building on catering and food preparation experience, skills and local tastes, will allow a wide range of food and menu options to be used, including food for the babies in your care.

In December 2013, the EU Food Information for Consumer Regulations came into force for food businesses. From that date, food businesses will have to supply information about allergens in the food they supply. More information can be found on the Care Inspectorate website: [www.careinspectorate.com](http://www.careinspectorate.com) and in this leaflet: [www.food.gov.uk/sites/default/files/multimedia/pdfs/publication/loosefoodsleaflet.pdf](http://www.food.gov.uk/sites/default/files/multimedia/pdfs/publication/loosefoodsleaflet.pdf)

## Menu planning checklist

Once you have planned your menu, you may wish to use this checklist to ensure that you've covered the key points. The comprehensive menu planning guidance provided in the previous section of this resource should be used to inform the development of your menus. The basic checklist below can be used as a way of assessing your menus and can be adapted depending on the food and drinks you provide.





## Menu planning checklist

Meals	Standard met
<p>All main meals include at least one serving from the starchy food group.</p> <p>All light meals include at least one serving from the starchy food group.</p>	
<p>All main meals provide a minimum of two servings of food from the fruit and vegetable group, excluding fresh fruit juice.</p> <p>All main meals include at least one serving of vegetables.</p> <p>All light meals provide at least one serving of fruit or vegetables.</p>	
<p>All main meals contain at least one of the following: meat, fish, eggs, pulses, seeds and nuts, cheese.</p> <p>All light meals contain at least one of the following: meat, fish, eggs, pulses, seeds and nuts, cheese.</p> <p>Oily fish is included once a week.</p> <p>Meat products and highly processed foods (e.g. sausages, pies, bought beef burgers), if provided, are limited to a maximum of once a week.</p>	
<p>Deep frying has not been used as a cooking method.</p> <p>Products that have been deep-fried during the manufacturing process such as fishcakes, if provided, are limited to once per week and on different days each week.</p>	
<p>Oils that are high in polyunsaturated and/or monounsaturated are used instead of saturated fats.</p> <p>Spreadable fats (with a fat content of more than 70%) that are high in polyunsaturated and/or monounsaturated fats are used.</p> <p>Spreads with a fat content of less than 70% fat are not used.</p>	
<p>The only drinks that are provided as part of a meal are:</p> <ul style="list-style-type: none"> <li>• milk – whole milk for children aged 1–2. Semi-skimmed milk can be provided for children age 2–5, if eating well</li> <li>• plain water</li> <li>• a combination of pure unsweetened fruit juice and plain water containing no more than 150 ml pure fruit juice, limited to mealtimes only.</li> </ul>	
<p>No savoury snacks are provided as part of the meal.</p>	
<p>No confectionery is provided as part of the meal.</p>	

<b>Meals</b>	<b>Standard met</b>
<p>Home baking recipes have been reviewed to reduce fats and added sugar and include more fruit.</p> <p>If home baking/bakery products are provided they are offered as mini servings; e.g. 30 g (matchbox-sized) as an accompaniment to fruit as a dessert.</p>	
<p>No salt is added to food while cooking.</p> <p>No salt or condiments, for example soy sauce, are available to add to food after the cooking process is complete.</p> <p>Cooking sauces – ready-to-use cooking sauces are frequently high in added sugar and salt and are not used as a regular ingredient in meals.</p>	
<p>Recipes are available for dishes on the menu.</p>	
<p>Alternatives are available for those who require a special diet or have special requirements.</p>	
<b>Snacks</b>	<b>Standard met</b>
<p>Fruit and/or vegetables are offered as part of a snack most of the time.</p>	
<p>The only drinks offered at snack time are milk or plain water.</p>	
<p>No savoury snacks, as defined on page 54, are provided.</p>	
<p>Spreadable fats (with a fat content of more than 70%) that are high in polyunsaturated and/or monounsaturated fats are used on bread, etc.</p> <p>Spreads with a fat content of less than 70% fat are not used.</p>	
<p>No confectionery is provided.</p>	
<b>Throughout the day</b>	<b>Standard met</b>
<p>Whole milk is offered to children under the age of 2 years.</p>	
<p>Food of the correct texture is provided for babies in our care.</p>	

## 4.2 Providing a suitable environment

The implementation of these standards and guidance are important steps towards improving the nutritional intake of children across Scotland. The food provided by you as a childcare provider is very important, but it is equally important to provide a nurturing environment where young children in your care are supported to make appropriate choices, to enjoy the food they are offered and to have the opportunity to take part in the social interaction and learning experiences associated with eating and drinking together. Young children need a great deal of physical care for their health, growth and wellbeing, but their development is also dependent on how their carers respond to them as an individual. So in a warm and affectionate relationship, children can learn a lot from the care they get each day, such as eating, playing, helping, sleeping and contact time. Their daily routines should be regular, but flexible enough so that they are treated as individuals, are allowed to eat when they are hungry or allowed to rest when they are tired. Discussing their daily routines with parents can help you provide the best care.

Childcare is an environment where children can establish healthy eating patterns and physical activity habits. Many of the daily activities that childcare programmes provide, such as meals and snacks, physical activity, toothbrushing and nutrition education, are the foundations of lifelong healthy habits. Childcare providers often establish partnerships with families that can be a powerful, positive force in encouraging healthy habits in children's homes. Positive role models are crucial – children who see the adults (and other children) in their lives eating well-balanced meals and snacks and enjoying being physically active are more likely to adopt those habits themselves.

Developing a supportive environment for young children to make good choices has to be planned around the needs and the eating habits of the children you care for. This can be challenging and may involve working in partnership with caterers and suppliers, with parents and children themselves.

The provision of food is more than just providing the nutrients essential in promoting good health and wellbeing. Food has a much broader role to play in the social aspects of development; for example, establishing routines and eating together. Food can also be used as a tool to have fun and some examples are given later on in this resource.

**'Providing the right support at the right time can help to build resilience, enabling individuals and families to find their own solutions to problems as they arise. Again, being aware of a child's eating pattern and taking action at an early stage can help to achieve positive outcomes for children and families'.**

***Pre-Birth to Three: Positive Outcomes for Scotland's Children and Families***

Some examples of good practice include:

## **Meal and snack times and developing routines**

Offering distinct mealtimes, with small between-meal snacks should be an important part of menu planning for your setting. This will allow a child to learn about feeling hungry and feeling full. An eating pattern built on intermittent snacking does not allow this difference to be learned and may encourage a calorie intake in excess of need. Three meals and three snacks in a 24-hour period is a useful rule of thumb for young children over the course of a day, but consideration should also be given to the needs of individual children. Children differ in their responses to food being made available, but most children enjoy food and usually welcome an opportunity to take a snack or drink when they are hungry or thirsty. However, some children may be less interested, may be distracted while playing and can forget or be too busy to choose to eat or drink. This can result in children becoming over-hungry or thirsty, leading to difficult behaviour.

Allowing plenty of time: give children enough time to finish eating and drinking. Once they have started to eat, this may take around 15 minutes for a snack and 30 minutes for a meal. Snacks are best given well before or after mealtimes to avoid spoiling the appetite for the next meal.

Snack- and mealtimes provide an ideal opportunity to enhance the caring environment and are an ideal opportunity to engage with children in your care.

## **The physical environment**

The environment where children eat can have an impact on positive eating experiences. A quiet, peaceful area with appropriate tables, chairs, cutlery, and crockery, serving opportunities, and the number of staff available at mealtimes are all important factors in providing a positive experience for children. Planning and managing mealtimes, therefore, should also consider the space and set-up for eating as well as the food that is provided. A good environment for eating can bring many additional benefits for children and you as a provider:

- Developing social skills: when children sit down together to eat and drink, this provides an excellent opportunity for them to learn good social skills and behaviours associated with eating and drinking. For example, chatting to other children and adults, developing good table manners, learning to use cutlery, offering and sharing food, learning to respect others, tasting and trying foods from different cultures. Try to avoid distractions such as television and lots of noise.
- Providing good role models: staff can provide that positive role model. Sitting with children at meal and snack times can enhance social interaction both between children and with staff, turning meal and snack times in to a positive learning experience.
- If a baby has started solid foods and is sitting in a suitable chair, let them watch you preparing the food, stirring and spooning as you talk to them through the experience. Take the opportunity to let them try holding feeding utensils, such as an empty bowl, cup or spoon, in their hands. Let them experiment with moving them around. While feeding babies in your care, talk softly and affectionately.

## Making food fun

The experiences you provide in the childcare setting can encourage young children to make healthy food choices. Examples are included in the section on playing and learning with food (page 115).

## 4.3 Encouraging good eating habits

Young children will often decide whether they want to eat or not, how much they want to eat and often when and how to eat. Making decisions about the food they eat is all part of the process of developing healthy eating habits and developing a healthy relationship with food. Encouraging children to experiment, offering a variety of foods and regularly introducing new foods from an early age, encourages children to experiment and accept different tastes and textures. As a childcare provider, you have a unique opportunity to positively influence the eating habits of the children in your care. Below are some of the key points that may influence your approach.

### Whether to eat

Saying 'no' to food is a way of showing independence. Occasionally, it is acceptable for a child not to eat a meal or snack. What is important is that you can recognise whether the child is just having an off day or whether there are concerns about a child's eating habits while they in your care. Alternatives should always be offered if a child does not like a food offered on the menu.

There are many reasons why a child may not want to eat. Some examples and solutions include:

- If children are tired, upset, or too distracted to eat, plan quiet time before eating.
- Respect the wisdom of the child's own body – occasionally skipping a meal will not hurt a healthy child. If refusing meals is happening on a regular basis it is important to discuss with the parent/carer, agree and provide suitable menu alternatives.
- Remove the food without fuss after a reasonable time. Again this will depend on the needs of individual children, but it is equally important to have a consistent approach. Having discussion and agreement with parents and staff will help you to develop your policy around food provision in your setting.
- Check the amount of fluid the child is drinking. A child should normally drink 6–8 cups of 100–150 ml to meet their needs but this may be more in hot weather. Drinking excessive amounts of fluids can increase fullness and reduce the appetite for meals.
- Young children often ask for the same food day after day. Be patient – this should not last. It is important that you discuss any concerns with the parents.

- Never force a child to eat, or punish a child for not eating.
- Children may not like the food that is offered. It is important to ensure that your menus meet the needs of the children in your care and balance this with encouraging new foods.
- If serving dessert or pudding, avoid making it a bribe to eat the rest of the meal. For example, avoid saying, 'eat your vegetables and you can have dessert'. Comfort and reward children with attention and praise instead of food.

**Staff should not withhold pudding if a child has not eaten their main course.**

## How much to eat

- Let young children develop their own sense of when they have finished or are full. At times, children will be hungry and eat a lot. Other times they will eat less.
- Serve small servings on small plates. A tablespoonful of each food (e.g. meat, potatoes, and carrots) may be enough for a 1-year-old. Offer more when they finish.
- Do not push a young child to finish their drink or clean their plate. Remove uneaten food without comment.

## When and how to eat

It is important to make eating times pleasant but also to establish routine. Eating should be an enjoyable part of the day.

- Serve regular meals and snacks.
- Make mealtime a quiet but enjoyable time. Avoid other distractions, including television. It is good practice for staff to sit at the table and talk with the children during mealtimes.
- To make mealtimes more interesting, begin to involve children in making menus, in setting the table and helping to prepare food.
- If food is set out in bowls with serving spoons, 2- to 3-year-olds can begin to serve themselves and feel more involved in the meal.
- Plates may not be suitable for some children – a bowl may be needed.
- Remember you are a role model for the children in your care, so try to set a good example at mealtimes.
- Babies and toddlers are messy eaters but be patient – it's an important part of learning about food.
- Children often take longer to eat than adults but can also get restless if mealtimes take too long. Try to make mealtime relaxed and flexible. When mealtime is over, everyone leaves the table.
- Introduce the idea of manners. Use polite language to offer children food. Say please and thank you, but recognise that children can be polite without using these exact words.

## Common challenges and suggestions for coping

As a childcare provider, you may be able to deal more easily with some common eating problems in toddlers and preschool children. Behaviour around food can be frustrating, can disrupt mealtimes and ultimately affect the child's eating habits.

Good practice examples include:

- Make sure you know the child's preferences – they may not like what is being offered – a new approach to trying new foods might help. The child's parents might be able to provide some tried and tested tips.
- Make sure you are offering a variety of different foods from the four food groups.
- Offer food in a relaxed and caring environment.
- Don't make a fuss if the food is not eaten.
- Remove the food after a reasonable time and offer a healthy snack; for example, a sandwich.
- Make sure that any concerns are recorded and you have a discussion with the parent/carer – they may be able to provide suitable solutions.
- Positively reinforce and praise good eating behaviour whenever possible.



It is important to consider how you will respond when children refuse to eat. It is good to have a consistent approach, but also to make sure you are meeting the needs of all the children in your care. Having discussion and agreement with parents and staff will help you to develop your approach. This can be included in a policy around food provision in your setting.



Some of the most common challenges are listed below along with some good practice solutions.

## **Food fads: Getting hooked on one food**

Food fads are not unusual in children and do not last long if no issue is made of it.

## **Dislike of new foods**

Children, like adults, will have a few dislikes. It can be a challenge to manage menu planning to meet the preferences of individual children, plus encouraging children to try new foods. The childcare environment is an ideal place to encourage new foods and patience often pays off.

It is important to encourage the child to try a small amount but if refused, don't make a fuss. Encourage them to eat the rest of the food on their plate or offer an alternative. Treat it casually and try again on another day. Often it takes several exposures to a new food before a child learns to accept/like it. Make sure they see other children enjoying the food – this should help – but do not compare the children's likes and dislikes with those of others. If the refusal continues, and it is a major food you serve frequently, think of another food from the same food group and offer it.

## **Rejection of vegetables**

- Some children may prefer raw vegetables as part of a snack rather than cooked vegetables with a meal.
- Serve small pieces of raw vegetables, as often children prefer the bright colours and crisp texture.
- Vegetable juices, such as tomato, are an alternative, or add them to soups and stews.
- Mash vegetables and have them on their own or mix into other foods, e.g. potatoes with turnip and carrot.
- Vegetable pâté could be served with crackers or oatcakes.
- Puréed vegetables can be added to soups, stews and casseroles.
- Children are the best imitators. Seeing you and other children eating vegetables will be noticed and copied so keep trying.

## **Playing with food**

A child needs time to learn to use utensils for eating. They learn a lot about food by touching, so it is natural to explore what food feels like, particularly very young children.

## Overeating

As with refusing to eat, there are many reasons why a child may eat more food than other children. Many children eat more some days than others and children go through phases where they eat more because they are growing. It is important not to overload a child's plate. If offered the opportunity, they will ask for more if they are still hungry. Being able to recognise when you are hungry and when you are full is important in childhood as it can prevent the child becoming overweight or obese in the future. It is important to raise any concerns you may have with a parent. Your local health practitioner may also be able to provide support for families and provide you with some advice or support in raising the issue if a child you care for is overweight. More information on child healthy weight can be found on page 108.

## Feeling hungry

As discussed previously, children go through phases of eating more or less. This can be as a result of a growth spurt or it could be that they sometimes don't eat before attending childcare, for whatever reason. Offer more food, if appropriate, but it is important to assess the situation on an individual basis, record any concerns you have and discuss them with the parent.



### Positive reinforcement – key points

Praise any efforts to eat (e.g. licking, tasting, etc.) particularly when a new food is being introduced.

Ignore any misbehaviour (e.g. throwing, spitting) where possible – even negative attention can reinforce behaviour.

Developing good eating habits can take time, so make goals small and realistic and be patient.

## 4.4 Food policy development

The best way to make sure that children in your care get access to healthy foods on a consistent basis is to set out your practice, advice and guidance in a food and nutrition policy. A policy is a plan of action designed to ensure best practice; in this case, to enable children to have a healthy balanced diet but also to set out your approach to how you will provide for the needs of all children in your care. A food and nutrition policy will provide information to carers and parents about your approach to healthy eating, how it dovetails with the physical activities on offer, and how this relates to child development in general.



A food policy can also be used as evidence of your commitment to healthy eating and activity for prospective clients, the local authority or the Care Inspectorate.

## Framework for developing a food and nutrition policy

Developing a food policy will help everyone (managers, staff, cooks, parents and children) to create a common understanding about your approach to food provision and learning about food. The best way to achieve this is to engage with staff, parents and children in its development and review. This will allow everyone a chance to discuss, agree the aims and add to or change what is proposed. Your policy can be shared with new parents as information on your approach to healthy eating.

The information you include in a food policy will vary depending on your setting and the number, age and needs of children you care for. Here are some ideas for the sort of information you may wish to consider when developing a policy:

- What best practice guidelines are you going to use?
- What food will you provide for meals and snacks?
- What type of drinks will you provide and when will you provide them?
- How will you engage with all the parents and families of the children you care for?
- How will you provide a suitable environment for eating and how will you promote the social aspects of food and eating?
- What will be your policy on food brought in from the home?
- What will be your policy on rewards, celebrations and special events?
- How will you manage the situation when children refuse to eat or will only eat certain foods?
- What will you say to parents who send unhealthy food items from home?
- What will be your approach to learning with food?
- What will be your approach to food safety and hygiene – what policies/staff training will you put in place to ensure a safe environment?
- How will you promote breastfeeding, physical activity and good dental health?
- What will be your policy for providing food for children who require a special diet?
- How will you let all parents know about your policy?

Below are some examples of policies that can be adapted to your own needs or can be used as a discussion point with parents.

## Example 1

### What types of food will you provide for the children?

#### What best practice guidelines are you going to use?

At meal- and snack times:

We will work with parents to provide appropriate food items for babies in our care.

We will provide a supportive environment for families who wish to continue to provide their baby with breast milk and for mothers who wish to breastfeed in our establishment.

Healthy food items, low in sugar and salt, and including plenty of fruits and vegetables and a variety of other foods will be provided.

**You could explain that a menu will be planned by a member of staff with the knowledge and skills to do so and will be made available to parents.**

The menu plan will include all meals, snacks and drinks to be offered at appropriate times.

We will offer suitable foods for the introduction of solid food for babies.

**If you provide breakfast you may want to include whether parents can opt in or out. Some children may wish to eat breakfast at home.**

**You should refer to the fact that you have used this resource to develop your menu.**

### What types of drinks will you provide for the children?

Throughout the day:

Plain, still water will be available throughout the day.

Fresh/pure fruit juice diluted with water will be offered only at mealtimes.

At snack and mealtimes:

Milk and plain still water will be offered with snacks and meals.

**You may want to include the type of milk you will provide.**

**You may want to include how you will discuss with parents changes you make to the type of milk you provide.**

### Who should see the policy? How will it be communicated to them?

New parents and guardians, new staff, carers and caterers:

The policy will be available to all parents and staff. Parents can also have access to the policy when making decisions about their childcare arrangements.

Ongoing:

**The policy should contain a copy of the menu cycle. Thereafter you might display weekly menus of meals and snacks on a noticeboard.**

**You should include how you will encourage feedback from staff and parents.**

**Any changes to the policy could also be posted on the noticeboard.**

### What are you going to say about developing good eating habits?

Staff and carers:	We will encourage children to enjoy sitting and eating and drinking with others and helping each other with their food and drink (e.g. at snack time, pouring the drinks). Children will not be expected to finish everything on their plate and will be allowed extra if they are still hungry.
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### What will you do if a child does not eat?

If a child does not like the food:	Children who do not eat the food will be offered an acceptable alternative, e.g. a sandwich, plain crackers, cheese, fruit, and milk-based desserts.
If it is a continuing problem:	Regular informal contact with parents will let them know how their child has been eating and make them aware of any difficulties.

### What advice will you give to parents about bringing food into your setting?

Bringing sweets and chocolates into the early years setting:	Confectionery will not be given to children. We ask parents not to give children sweets or chocolates to bring into the nursery, including treats such as party bags containing sweets. For the occasional very special celebration, children may receive these as part of the activities.
Packed lunches:	We will encourage parents to provide packed lunches that contain healthy options.



## Example 2

### Sample healthy eating policy

- We will use best practice guidance when planning our menus.
- Mothers wishing to continue breastfeeding their child will be supported to do so by all staff.
- The weekly menus will be on display in advance. Recipes will be available to parents.
- The weekly menu will provide children with a varied diet.
- All the children will have suitable food made available for them.
- Children who do not eat breakfast at home will be offered this when they arrive at nursery or childminder's home.
- Milk will be served with morning and afternoon snacks and this will be full-fat milk.
- All dairy products will be full-fat.
- Water will be available at all times.
- Diluted pure fruit juice will be served only with the main meal.
- Children will have access to bread or fruit if they are hungry between meals.
- Children will be allowed to have second helpings of fruit or milk-based desserts. Children will still be given dessert if they refuse their main course.
- Parents will be advised if their child is not eating well.
- Parents of children on special diets will be asked to provide as much information as possible about suitable foods and in some cases may be asked to provide the food themselves.
- Staff/carers will sit with children while they eat and will provide a good role model for healthy eating.
- Withholding food will not be used as a form of punishment.
- Children will be encouraged to develop good eating skills and table manners and will be given plenty of time to eat.
- Advice will be given to parents about suitable foods to bring from home.
- Outdoor play will be encouraged every day, in all weathers, with suitable clothing. This will ensure that children have an opportunity to be exposed to sunlight, which helps their bodies to make vitamin D. Parents will be advised to provide suncream for their child and apply when necessary. Alternatively, and with the parent's consent, suncream application will be carried out by staff.

Provided with permission from *Nutrition and Oral Health Strategy and Practice in the Early Years* (NHS Lanarkshire/South Lanarkshire Council, North Lanarkshire Council, 2010)



### **Sample playgroup snack-time policy**

Food and drink in the playgroup: milk is served to each child during the playgroup session. Should you wish to provide a snack for your child, we ask for your cooperation and suggest that you do not send in any chocolate, biscuits or food containing sugar; or drinks which are fizzy and contain sugar.

### **Sample food policy**

Our weekly menu will provide children in our care with a tasty, varied and healthy diet. A main meal in the middle of the day and two snacks (mid-morning and mid-afternoon) will be offered, according to a child's hours of attendance.

All the children in our care will be offered meals, snacks and drinks low in sugar and salt and rich in starchy foods and fruit and vegetables. Food will contain appropriate levels of fat.

Children who do not receive breakfast at home will be offered food when they arrive, if this is agreed with parents or guardians.

### **Sample snack policy**

Snacks: we serve only foods that give children lots of nutrients and are low in sugar or salt, for example bread, cereal (with little or no sugar), fruit, vegetables, milk and milk products. The only drinks offered at snack time are water or full-fat milk. Fruit juice is diluted and only served at meals. We do not use squashes, cordials or fruit drinks of any kind other than juice. If you are bringing food for your child, we would ask you to do the same.



## 4.5 Working in partnership with families and other agencies

Working in partnership with all those involved in caring for children (in particular parents) to encourage and support them to provide a balanced, nutritious diet will get the best results.

Developing and maintaining effective partnerships across families, early years services, external agencies and, most importantly the children themselves, is essential to ensure that the nutritional guidance is given the support and endorsement it needs.

It is also worthwhile exploring other partnerships within the community that may be able to help implement the nutritional guidance at a local level, for example: out-of-school groups for children, summer clubs, etc.

Organisations in your area may also work with particularly vulnerable families and provide services for specific groups, e.g. gypsy travellers; young parents; black and ethnic minority groups. They may be able to facilitate/support engagement with parents around the development of a food policy food for your setting.

### Good practice of working in partnership

As an early years childcare provider, it is important to recognise that parents play a vital role in supporting your work, and together you have the potential to influence the eating habits of young children.

There are a number of ways that you can involve parents to take an interest in food and healthy eating:

### Making contact

- Early engagement with parents during induction about individual children's needs that may impact on food choices and intake when in your care.
- Regular informal contact with parents to let them know what their child has eaten and if they have eaten well.
- Sometimes parents themselves can engage with other parents and encourage them to be involved.

### Involving parents

- Involve parents in developing and updating your policy on food and health. This lets them know that you are committed to providing healthy, varied and enjoyable food as part of childcare; it also lets them know what to expect and asks for their input.
- Involving parents in menu planning, and making menus available to parents in advance so they can see what the child will receive that day.

- Inviting parents to share special recipes with you.
- Providing storybooks with a food theme that parents can read at home with their child.

## **Good communication**

- Giving parents notice of changes to meals and food provision, allowing them to comment on menus. Make sure you try to reach all parents, not just those who have a keen interest in the food you provide and the activities you undertake to encourage healthier food choices. Consider what barriers parents might face. For example, do you need to provide information in a different language, do you need to provide information in an easy-to-read format with more pictures? Do you look after children with parents with a disability? Meeting parents on a one-to-one basis may be a good way of finding out their views and encouraging them to become involved.

## **Celebrating success**

- Make the most of parents evenings by showcasing the food and drinks you provide and sharing your policy.

## **4.6 Staff development and training**

Effective early education and childcare requires a well-qualified workforce, all of whom should be properly trained. Practitioners will have differing training needs but all staff should know the relevant policies and procedures. All those handling food, or preparing and storing infant milk (breast milk or formula) will need training in food safety and hygiene, and some will need to develop the knowledge and skills for menu planning, purchasing and preparation of food to ensure that the nursery meets National Care Standard 3.

A staff development programme should assess the training needs of all staff and practitioners and offer appropriate training. Nutrition and healthy eating should be an integral part of this training to support the implementation of this guidance, enabling staff to develop an understanding of the nutritional needs of young children and how the guidance can be applied practically in their setting. Different staff may require different levels of knowledge and skill, depending on their job. For example, the person who plans the menu will need to know more than a new support worker, and a cook will need a different set of skills. It is seen as good practice to have a training plan for staff at induction and ongoing development that includes opportunities to improve knowledge and skills around eating, drinking and nutrition.



Having appropriately trained staff can help achieve Quality Theme 3: Quality of Staffing as part of the inspection process:

'We have professional, trained staff and motivated workforce which operate to national care standards, legislation and best practice.'

#### **Links to training opportunities:**

Qualifications such as Scottish Vocational Qualifications (SVQs) and the Higher National Certificate (HNC) in Childcare and Education provide training opportunities for early years staff.

**[www.sqa.org.uk](http://www.sqa.org.uk)**

Health Behaviour Change (NHS Health Scotland)

**<http://elearning.healthscotland.com/blocks/behaviour/index.php>**

Maternal and Infant Nutrition (MIN) Learning Resource (NHS Health Scotland)

**<http://elearning.healthscotland.com/course/index.php?categoryid=108>**

Child Healthy Weight – raising the issue

**[www.healthscotland.com/topics/child\\_healthy\\_weight.aspx](http://www.healthscotland.com/topics/child_healthy_weight.aspx)**

Royal Environmental Health Institute for Scotland – accredited food hygiene and food and health course **[www.rehis.com/community-training](http://www.rehis.com/community-training)**

## **4.7 Monitoring and evaluation**

Early education and childcare settings are regulated by the Care Inspectorate. The National Care Standards: *Early Education and Childcare up to the Age of 16* provides the framework for regulation and the Care Inspectorate takes the lead role in inspection against Standard 3, which includes nutrition. These standards will remain the tool that the Care Inspectorate uses to monitor the quality of services. The Scottish Government and the Care Inspectorate will continue to work together to raise the standard of food provision for young children in care and education settings.

## **4.8 Food safety and hygiene**

Food provided to under-5s should be stored, prepared and presented in a safe and hygienic environment. Extra care is needed with babies and young children as they may have a lower resistance to food poisoning. It is worth the extra effort to keep your premises risk-free and avoid any food-related illness.

## **The responsibility for food safety is yours**

Any adult in charge of any food activity is, at that time, in charge of the hygiene. Carers need to be aware of the Food Safety Act. All premises are different so check with your local authority's environmental health department.

### **It is good practice to have at least one carer who has a basic food hygiene certificate that is up to date.**

When considering the risks involved in producing food for children, you should make full use of the free expertise of your local environmental health team which is there to advise you on how to comply with the food safety legislation. You can find details of your local environmental health team on the Food Standards Agency website: <http://food.gov.uk/enforcement/yourarea/>

It is important that food handlers have sufficient knowledge to prepare and supply food that is safe to eat. Food hygiene courses are available from various training providers.

Other Food Standards Agency Guidance may also be of use:

<http://food.gov.uk/business-industry/caterers/startingup/childminders/>

Information is also provided by Health Protection Scotland at:

[www.hps.scot.nhs.uk/haic/ic/publicationsdetail.aspx?id=47103](http://www.hps.scot.nhs.uk/haic/ic/publicationsdetail.aspx?id=47103)

Here are a few simple rules to keep your premises and children in your care safe and healthy:

- Wash hands with hot, soapy water
  - in between handling raw and cooked ingredients/food
  - before helping children to eat
  - after changing nappies
  - after visiting the toilet with or without children.
- Never cough or sneeze over food and avoid touching mouth, nose or hair while preparing food.
- Cover any cuts or wounds on your hand straight away with a waterproof dressing. This helps healing and stops germs getting in or out.
- Avoid handling food if suffering from a cold, skin infection or stomach upset. If this is unavoidable, take extra care.
- Keep the kitchen clean. Use a solution of hot water and soap or ready-to-use contact surface cleaner to clean work surfaces, cutting boards and utensils.
- Protect food from insects and animals.
- When preparing raw meats and poultry, keep them away from cooked food, fresh fruit and vegetables.
- Use separate cutting boards for raw ingredients and vegetables. If possible, colour-code the boards – red for raw meat/poultry; yellow for cooked meat; green for clean vegetables, salad and fruits; brown for dirty vegetables; white for dairy products.

- Foods that are not cooked before they are eaten, such as fresh fruits and vegetables, should be rinsed under running tap water.
- Keep hot foods hot (63°C) and cold foods cold (between 0 and 5°C). If perishable foods are brought from home, they should be kept in the refrigerator or a cool place between 0 and 5°C.
- Keep the fridge between 0°C and 5°C. Use a fridge thermometer to check the temperature regularly.
- Cook foods thoroughly, especially raw meat, poultry and eggs. Cooking these foods all the way through will destroy harmful germs.
- Eat foods soon after they have been cooked, so that harmful germs do not have time to grow.
- Do not use unpasteurised milk or milk-based products, such as cheese and yogurt, made from unpasteurised milk. If parents bring in goat or sheep's milk for their child, check with the parent if the milk needs to be boiled – for more information on suitable milks for babies, see page 29.
- Do not reheat food more than once and avoid having leftovers.
- Pets should not be allowed near food, dishes, worktops or food preparation areas.

# Meeting the needs of all children

5



It is important to consider the individual food and nutritional needs of the children in your care. Suitable arrangements should be made to meet those needs and this should involve discussion with new parents. Your menu may need to be adapted to meet those needs.

Expert help in planning menus for particular children may be required. The parent should be able to help you with this, particularly if the child requires a therapeutic diet or needs the texture of their food modified for medical reasons. Often guidance will be provided by the healthcare professional that is supporting the child and their family. Any special dietary requirements, details of foods to be avoided and any guidance or recommendations for particular children should be recorded in the child's care plan. Childcare providers are not expected to be nutrition experts and advice and support should always be sought if required. The information in this section provides a general guide to the more common dietary requirements that you may come across.

## 5.1 Vegetarian diets

There are a variety of forms of vegetarianism. Some vegetarians will not consume any animal products at all, while others will not eat meat but will eat fish.

Most vegetarians don't eat fish or meat, but most will eat some kind of animal products, such as eggs, milk and dairy products. Provide food from the main food groups using the menu planning guidance.

Vegetarian diets can be perfectly healthy for growing babies. Meat is not essential but it is important that foods are included that will provide iron in the diet. Care must be taken to provide the child with cheese, milk, grains and alternatives to meat, such as eggs, pulses (e.g. lentils and beans) and cereals.

Ask parents/guardians about foods that the child is familiar with at home, or about particular foods to be avoided, e.g. gelatine and rennet.

The needs of vegetarian children, as well as non-vegetarian children, must be considered when planning menus. The sample menus and recipes provided with this guidance give examples of vegetarian choices.

### Vegan diets

Vegan diets do not include any food from animal sources; therefore, in addition to meat and fish, they exclude dairy produce, eggs and honey. These may include tofu, soya and mixed grains (rice, barley, oats, rye, wheat – the latter four should be given only after six months). This makes meeting the nutritional needs of the child more complex and challenging. Children who follow a vegan diet usually require vitamin and mineral supplements and parents will be responsible for providing these.

Extra care is needed to ensure that a child's needs are being met from non-animal foods and, as a result, vegan diets in children are often unbalanced and may be lacking in some nutrients. Parents should seek advice from a health professional to ensure all the appropriate advice is provided.



You must decide whether it is possible for you to provide food to meet the needs of child in your care who follows a vegan diet. Having a discussion with the parent at a very early stage will help you to come to an agreement as to whether you or the parent will supply food for the child.



For such specialist diets such as a vegan diet, it is important that specialist advice is sought. Any specific requirement and any decisions about food provision for children with specific needs should be included in the child's care plan.

### **Meeting iron requirements on a vegetarian or vegan diet**

As meat is one of the main sources of iron, it is important that vegetarian and vegan children eat other iron-rich foods such as wholemeal bread, fortified breakfast cereals, pulses (such as beans and peas), dried fruits and dark green vegetables, especially broccoli.



## 5.2 Food for religious faiths and beliefs

Families and children may choose to exclude, include, or prepare foods in a particular way according to their religious faith and beliefs.

	Meat	Poultry	Fish and shellfish	Dairy products	Eggs	Fruit and veg	Miscellaneous	Fasting
Buddhist	Many are vegetarian but some may eat fish. Some may be vegan				Some may exclude	Yes	Diet will vary depending on country of origin	Yes
Hindu	Most are vegetarian. Dairy is generally acceptable. Those who eat meat, poultry, and fish will exclude beef				Some may be vegan. Some may exclude	Yes	Strict Hindus also exclude tea, coffee, alcohol	Yes
Jewish	Pork and pork products are excluded. Kosher beef, lamb, poultry and fish (with fins and scales) are eaten. Shellfish is not eaten. Meat and dairy are never eaten at the same meal. Dairy may not be eaten until three hours after meat or poultry				Eggs without blood spots can be eaten	Yes	Will also exclude: gelatin, fats, emulsifiers, stabilisers and additives from animal origin that is not kosher.	Yes
Muslim	Pork and pork products are excluded. Halal beef, lamb, poultry, fish are eaten. Dairy products are eaten by most.				Yes	Yes	Will also exclude: gelatin, fats, emulsifiers, stabilisers and additives from animal origin that is not halal. Alcohol is excluded.	Yes
Rastafarian	Pork and pork products are excluded. Many will be vegetarian. Some may be vegan.				Some may exclude	Yes	Prefer to eat a pure and natural diet, so may exclude: coffee, alcohol, canned or non-organic foods	Yes
Sikh	Many are vegetarian. Those who eat meat, poultry and fish will exclude beef and possibly pork. Halal and kosher meat are not eaten.				Some may exclude	Yes		No

The guidance given here on food choices for specific religious groups is very general. There will be individual differences and varying levels of adherence to religious laws that should be discussed for each child with his or her parent or guardian.

Note 1: Some people within some of the faith groups identified may not observe the dietary laws stated above. Prohibitions and restrictions even within a particular faith may change between denominations or branches. Please do not take this as an authoritative list. This list is meant as a guide only.

Note 2: Tea and coffee are not recommended for children under 5 for nutritional reasons. Information about alcohol is included in this table for completeness in relation to the diets of adult members of the faith groups only.

### 5.3 Children with special, modified or therapeutic diets

Some children will need the food they are offered to be modified; e.g. special and therapeutic diets, including those for allergies. Children with special needs may need to have their food prepared in a particular way to make it easier to eat. They may use specially designed cutlery. In some cases they may need to have a structured eating pattern.



For children on a therapeutic diet, the parent/guardian or registered dietitian will supply the staff or practitioner with details of the child's dietary needs. This will include suitable food choices for meals and snacks, foods that should be excluded or specifically included, or supplements that are required.

If you have a child in your care that requires a therapeutic diet, it is important that you have a written record of their specific needs and that this is communicated to all staff.

## 5.4 Allergies

Therapeutic diets for food allergies are not uncommon in young children. Foods commonly associated with allergies are:

- milk
- wheat
- peanuts
- fish
- soya
- eggs
- shellfish
- citrus fruits
- seeds
- nuts.

A wide range of symptoms can occur when a child is exposed to an allergen in food, ranging from a mild reaction to a very rapid and severe response.

All relevant details relating to food allergy, symptoms and emergency procedures and contacts should be recorded in the child's care plan.

When a child has a severe allergy to a particular food, you may decide to minimise the risk of exposure by avoiding having the food/ingredient in the early education and childcare setting. This may include food brought in by parents, staff and other children. It is essential that there is regular access to up-to-date advice from a registered dietitian, because ingredients in processed foods change frequently. All children, regardless of special or therapeutic dietary needs, should enjoy food and choosing and experimenting with different foods.



If a child in your care has a food allergy, you will need to make a decision about whether particular foods will be removed from your menus or from the foods you provide. This should be communicated with parents, and could form part of any food policy you have within your setting.

## Gluten-free

Coeliac disease is caused by sensitivity to gluten, a protein present in wheat, rye, oats and barley. Children with coeliac disease must avoid foods containing gluten, e.g. ordinary wheat flour, bread, cereals (including porridge), crackers, biscuits and pasta. There are many packaged and processed foods containing gluten, e.g. tinned meats and fish, sausages and crisps, and these must also be avoided. There are many specially manufactured gluten-free foods available. These include bread, pasta, biscuits and flour. Some manufacturers indicate that their products are gluten-free by using the symbol shown below.



Where a main meal is provided for children by the carer, the parent may opt to bring a packed lunch. However, menus can be adapted to suit. These would need to be checked by the parent. Take care the child does not swap foods with other children. A separate toaster will need to be provided for toasting gluten-free bread if required.

## Milk intolerance

This can include:

- intolerance to lactose (the type of sugar found in milk)
- allergy or intolerance to cow's milk protein.

Some children cannot digest lactose. These children should avoid foods containing milk, and milk products.

In practice, the parent should be able to provide you with a list of 'safe foods'.

Cow's milk protein allergy most commonly occurs in infancy and childhood but often disappears by the age of 5. Formula-fed babies will require an alternative to a cow's milk infant formula. This is likely to be a soya-based or protein hydrolysate formula (if the baby is also allergic to soya).

If the baby has started on solid foods, all milk and dairy products should be avoided, but consult with the parents about what specialist advice they have been given.

## Nut allergies

Previous advice for children with a family history of allergy was to avoid peanuts until three years of age. This advice has now changed because the latest research has shown that there is no clear evidence to suggest that this will help to reduce the risk of a child developing a peanut allergy.

However, for children where there is a history of allergy in their immediate family (if the child's parents, brothers or sisters have an allergy such as asthma, eczema, hay fever or other types of allergy), the current advice is that parents should still speak to their GP or health visitor before introducing peanuts or other nuts into their child's diet.

If a child already has a known allergy, such as a diagnosed food allergy or diagnosed eczema, then they have a higher risk of developing a peanut allergy. In this case, parents should speak to their GP or health visitor for advice in the first instance.

It is worth noting that medicines may contain peanut oil, as may many toiletries; for example, cosmetics, soaps, hand creams, etc. Labels should always be checked.

An increasing number of children are having allergic reactions to a wide range of nuts. There is a variety of well-recognised symptoms from itching, swelling of the throat and tongue, vomiting, etc. to the fatal reaction of anaphylactic shock. Treatment of anaphylactic shock requires an immediate adrenaline injection administered by a suitably trained person. If a child has a diagnosed nut allergy, emergency arrangements should be in place and guidance should be sought from the parent on dealing with an emergency situation involving their child.

The parent should supply a list of acceptable foods, which needs to be regularly updated. Avoiding nuts will involve carefully checking the ingredients labels.

## What to look out for on ingredients labels for nut allergy

The information provided below is a general guide only. Guidance should be sought from the healthcare professional supporting the child/family.

Be wary of foods with the following ingredients: nuts, chopped nuts, flaked nuts, peanuts, groundnuts, monkey nuts, earth nuts, arachis hypogaea, arachis oil, groundnut oil, peanut oil, peanut butter, nut butters, nut paste, marzipan, praline, frangipane (almonds), goober peas, pinder, goober, nut flavours, nut extract, nut oil used as a vitamin or mineral carrier, hydrolysed vegetable oils or proteins, nut oil derivatives/additives, e.g. E471, E472 and lecithin.

If you have a child in your care that has an allergy to nuts it is recommended that nuts and nut products are **not** used within a carer's environment.



It is important that you communicate any decision you make with parents about providing nuts in your setting. Seek advice from a relevant health professional if necessary. Your food policy should also include any decisions you have made.

## Information for caterers

The Food Standards Agency has produced voluntary guidance for caterers called *The Provision of Allergen Information for Non Pre-packed Foods*. This includes some useful information about providing foods for people with a food allergy.

**[www.food.gov.uk/sites/default/files/multimedia/pdfs/loosefoodsguidance.pdf](http://www.food.gov.uk/sites/default/files/multimedia/pdfs/loosefoodsguidance.pdf)**

## Diabetes

If you have a child in your care that has diabetes, it is important that you have the information listed below written down and easily accessible, as this will help you provide appropriate meals and snacks but also provide you with key information in case of an emergency:

- name
- address
- emergency telephone number(s), e.g. work, relative
- GP's telephone number
- insulin type and dosage
- information about their diet
- action to be taken in an emergency.

It is essential that mealtimes are regular, and that some complex carbohydrate, e.g. bread, potatoes, rice or pasta, is included at every meal.

Snacks at mid-morning, mid-afternoon and bedtime are particularly important for diabetic children. They can be selected from healthy snacks that are recommended in this resource (page 61) but your menus should always be discussed with parents to ensure that any food provided meets the needs of the individual child and does not pose any risk to the child's normal routine.

It should be noted that special diabetic products are not recommended. Consumption of sweeteners such as sorbitol can cause digestive upset, especially in young children, because of their low bodyweight.

## Food sensitivity/intolerance

Children with other undiagnosed food-related problems including asthma, eczema, skin rashes or hyperactivity should seek medical advice. You will need to make a decision about whether you are able to provide suitable food and seek expert advice if you do.

Information about food additives is available at  
**[www.food.gov.uk/safereating/additivesbranch](http://www.food.gov.uk/safereating/additivesbranch)**



## 5.5 Children with additional needs

Some children may have particular dietary needs due to a learning disability or a physical disability, for example delayed feeding and chewing skills, problems with lumps, etc. and so food may need to be modified to ensure safe chewing and swallowing.

Communication and behavioural problems, for example those seen in autism, may lead to food refusal and a limited diet, despite the best attempts by parents to encourage eating. Carers will need to consider these needs when planning menus and providing food and specific help with eating or dealing with issues, such as choking. Parents will probably have consulted with a speech and language therapist and/or a registered dietitian, but carers can obtain advice from these services if needed.

# Developing a holistic approach to nutritional health and wellbeing

6



## 6.1 Maintaining a healthy weight in young children

Today, obesity is well established as a factor in the development of many preventable diseases such as diabetes, coronary heart disease (CHD), strokes and certain cancers. There is also mounting evidence of chronic diseases manifesting much earlier – even in childhood, as in the case of type 2 diabetes. Childhood obesity can continue into adulthood and, because the children of obese parents can be more likely to become overweight or obese themselves, the problem perpetuates with each generation. Managing these conditions imposes significant financial pressures on the NHS and society. The total cost to the NHS of overweight and obesity (i.e. the treatment of obesity and its consequences) was estimated in 2001 at £2 billion. By 2050, the NHS cost of overweight and obesity could rise to £9.7 billion. (*Tackling Obesities: Future Choices Foresight Report, 2007*).

‘The best thing we can do to ensure a healthy weight for our children is help them develop healthy eating habits, be regularly physically active and cut down on their overall sitting time.’ Healthy happy kids (NHS Health Scotland, 2013 )

Some children can be affected by lack of confidence when taking part in sports, games and other group activities difficult or embarrassing. Being overweight (or underweight) can intensify this, until it becomes a trigger of low self-esteem or in some instances even a focus for bullying. Creating or highlighting inclusive opportunities for all children makes it easier for everyone to take part. It can also help to reduce stigmatisation and ensure that all children receive the health benefits enjoyed by taking part.

It is important for childcare providers to be aware of the impact that being overweight may have on a child in their care and take this into account when planning activities. Providers may also have opportunities to discuss support that might be available for children to work towards a healthy weight by raising the issue with a parent in a sensitive manner.

There is also a tendency (even among professionals) to believe that the child will simply grow into their weight. While this may be true for some younger children who are not approaching their adult height, it still requires a commitment to a healthy lifestyle to achieve weight maintenance as they grow.

‘Healthy happy kids: Simple steps to a healthy weight for children and their families’ is a series of booklets that provide help and support in this process for parents and professionals, as well as to answer many of the common questions and concerns when addressing this important subject with parents, guardians and young people themselves.

**[www.healthscotland.com/topics/child\\_healthy\\_weight.aspx](http://www.healthscotland.com/topics/child_healthy_weight.aspx)**

Health behaviour change training can help you to gain more knowledge and, with practice, develop confidence to use the techniques to raise and briefly discuss lifestyle issues.

To find out more visit: **<http://elearning.healthscotland.com/blocks/behaviour/index.php>**

## 6.2 Oral health for young children

### Oral health advice

The most common oral diseases are tooth decay and gum disease, with plaque linked to both of these oral diseases. Gum disease is prevented by regular toothbrushing. Tooth decay can be reduced by regular use of fluoride toothpaste and a low-sugar diet.

### Key oral health messages

Dental disease is not inevitable and can be prevented by changes in behaviour. Effective and evidence-based messages to prevent dental disease are included below and can be used in a 'step change' way if required.

Protect children's teeth with three simple rules:

- Brush teeth and gums twice a day with at least 1000 ppm (parts per million) fluoride toothpaste.
- Foods and drinks containing sugar should be kept to a minimum and are best given at mealtimes only.
- Parents should register their baby with a dentist soon after birth and definitely before their first birthday. From then on, they should visit their dental practice as advised for regular dental check-ups.

### General information about toothbrushing

A growing child needs teeth to smile, to eat, and to give them confidence. Parents and practitioners can support a good oral care routine from early childhood by:

- beginning toothbrushing as soon as teeth appear
- brushing teeth and gums twice a day, but especially last thing at night
- using mild-tasting fluoride toothpaste. For children under 2 years, use a smear of fluoride toothpaste (at least 1000 ppm)
- for children who are 2 and above, using a small pea-sized amount of fluoride toothpaste
- eventually encouraging **spitting out of excess toothpaste** but discouraging rinsing the mouth with water. This gives time for the fluoride to strengthen teeth as it is in contact with the teeth for longer
- replacing toothbrushes every three months or when the bristles start to splay out
- rinsing the toothbrush thoroughly after every use and storing upright in a clean dry place
- helping children with toothbrushing until around 7 years of age, when their coordination should be fully developed and they will be able to brush their own teeth properly.

This supports Curriculum for Excellence experiences and outcomes around learners becoming aware of how cleanliness, hygiene and safety can affect their health and wellbeing, and applying this knowledge to everyday routines such as taking care of their teeth.

Bottles should only be used for expressed breast milk, infant formula or cooled boiled water. Babies should be introduced to drinking from a non-valved, free-flowing cup from six months to the age of 1.

## **Registering with a dentist**

It is important to promote regular visits to the dentist from an early age, to establish a healthy habit. You may have the opportunity to advise and support parents to register with a dentist. If parents have not registered their child with a dentist before leaving them in your care, ask them to do so. Babies should be registered with a dentist soon after birth and definitely before their first birthday. From then on, they should then visit the dental practice as advised by the dental team.

This is so that the dental team can:

- carry out regular checks to make sure the teeth and gums are healthy
- offer hints and tips to encourage good oral health habits from an early age
- advise on weaning, suitable drinks and healthy snacks
- demonstrate toothbrushing and promote toothbrushing messages (e.g. 'spit, don't rinse')
- offer clinical care – including twice-yearly fluoride varnish applications from the age of 2.

Early years practitioners can work with young children and parents help develop good oral health habits.

In addition to the good practice within the home setting outlined above, many childcare providers already run toothbrushing programmes and they often work closely with the national Childsmile programme.

## Childsmile – improving the oral health of children in Scotland

Childsmile is a national programme to improve the oral health of children in Scotland, and reduce inequalities both in dental health and access to dental services for every child across the country. Every 3- and 4-year-old attending nursery in Scotland, (extended into some P1 and P2 classes in schools), is eligible to be offered:

- free daily supervised toothbrushing
- free dental packs, which contain a toothbrush, 1000 ppm (parts per million) fluoride toothpaste and information leaflet
- oral health education.

In some local authority nurseries, Childsmile teams will visit children's nurseries and:

- talk to parents and practitioners about the programme and answer their questions
- give parents a consent form (and help them to complete it)
- apply fluoride varnish to teeth (twice a year)
- advise parents about caring for their child's teeth at home.

The Childsmile team make sure that as many children as possible benefit from being part of Childsmile. For information, guidance (including keeping toothbrushes clean) and standards associated with the Childsmile programme, visit: [www.child-smile.org](http://www.child-smile.org)

More information can be found in *First teeth, healthy teeth: a guide for health professionals, parents and carers.*

[www.healthscotland.com/documents/3251.aspx](http://www.healthscotland.com/documents/3251.aspx)



## 6.3 Physical activity for young children

In 2011, the four UK Health Departments launched new physical activity guidelines for all age groups. These guidelines are as follows:

- Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
- Children who are capable of walking unaided should be physically active for at least three hours each day, spread throughout the day.
- All children under 5 should minimise the amount of time spent being sedentary (i.e. sitting) for extended periods (except time spent sleeping).<sup>1</sup>

Regular physical activity is vital for healthy growth. Being active from an early age for 180 minutes each day can:

- improve cardiovascular health
- contribute to a healthy weight
- improve bone health
- support learning of social skills
- develop movement and coordination.

All children, including children with disabilities, should have the opportunity to take part in physical activities, and the early education and childcare setting is important in contributing to the recommendation for at least three hours of physical activity a day. Young children, given the chance, will do this as part of spontaneous play, allowing them to have fun as well as improving physical health and social skills, and establish a pattern of daily physical activity.

Encourage children to be active and plan opportunities for structured activity and unstructured active, energetic play on a daily basis, both indoors and outdoors. Having access to a range of physical activities encourages young children to develop positive attitudes to the benefits of active living.

Ensure that activities are appropriate to children's age and stage of development (play@home is a useful guide) and check that links are made with Curriculum for Excellence. The experiences and outcomes are intended to establish a pattern of daily physical activity which, research has shown, is most likely to lead to sustained physical activity in adult life. Progression through the experiences and outcomes in physical education, physical activity and sport should enhance physical wellbeing in preparation for leading a fulfilling, active and healthy lifestyle.

<sup>1</sup>[www.gov.uk/government/publications/uk-physical-activity-guidelines](http://www.gov.uk/government/publications/uk-physical-activity-guidelines)



Examples of physical activity can vary and may include the following:

- Activities which involve movements of all the major muscle groups, i.e. the legs, buttocks, shoulders and arms, and movement of the trunk from one place to another. Examples include running, jumping and throwing.
- Energetic play, e.g. climbing frame or riding a bike.
- More energetic bouts of activity, e.g. running and chasing games.
- Walking/skipping to shops, a friend's home, a park or to and from a school.

Minimising sedentary behaviour may include:

- reducing time spent watching TV, using the computer or playing video games
- reducing time spent in a pushchair or car seat.

The direct benefits of physical activity on a child's health are important, and we need to encourage the attitudes, skills and behaviours children need to support lifelong physical activity. Physical activities will therefore need to be engaging and fun, to catch (and keep) their interest.

The recommended 180 minutes (three hours) for preschool children who can walk can include light intensity activity, active play and more energetic activities, such as running, swimming and skipping. More energetic play will make children 'huff and puff' and this will encourage the development of their cardiorespiratory system.

The 180 minutes of physical activity should be spread throughout the whole day rather than in one long session. For this age group, the amount of physical activity is more important than the intensity.

play@home resources for preschool children are accessible through providers of ante-preschool education and local libraries. They provide lots of information about playing with children and ideas for activities. This resource can also be used as a tool for engaging with and working with parents.



# Playing and learning with food

7



Babies and young children progress through various developmental stages so it is crucial that you develop a caring and affectionate relationship with children in your care. The experiences provided for them should take account of their stages of development, interests and prior learning. This will involve playing with them at the appropriate level, being enthusiastic about what you do and encouraging them to explore in a safe but stimulating environment.

Observations of how children respond to you and their surroundings is important information that must be shared with parents and used to inform experiences that support their next steps in learning.

It is your role as the adult working with babies and young children to provide consistent healthy living messages. This will support children and families to achieve the most positive health and wellbeing outcomes. Both *Pre-birth to Three: Positive Outcomes for Scotland's Children and Families* (Learning and Teaching Scotland, 2010) and Curriculum for Excellence (Scottish Executive, 2004) promote the holistic development of children. They encourage you to be confident that you are providing our youngest children with the best start in life.

Food should not just be seen as a routine part of the day but instead used as a resource for learning and having fun. This can often lead to babies and young children trying new foods in a more natural way. A baby is aware of smell and touch from four to six months onwards so it is important that the environment you provide promotes sensory learning. Opportunities and resources to support the development of children's curiosity will encourage development of their sensory awareness. This should include exploring interesting items and experiences.



Food is something that we can all relate to. The presence of food and health within the curriculum provides children with the knowledge and skills to make healthy food choices and help establish lifelong healthy eating habits. The *Food and Health Skills Support* resource (Education Scotland, 2013), available at [www.educationscotland.gov.uk/resources/f/foodhealthskillssupportresource.asp](http://www.educationscotland.gov.uk/resources/f/foodhealthskillssupportresource.asp) provides good examples of how food can be used to support learning across the curriculum for children aged 3 and over. The experiences that are within it can be adapted and used depending on children's interests, learning needs and previous experiences. The children will begin to create discussion as they research topics relating to food using their own ideas, existing knowledge and experiences. This can be used to develop and support the children's interests with the resource being available to provide suggestions when required.

The outdoor environment will make an important contribution to the development of babies and young children. Using this space as an integral part of their everyday environment will have huge benefits to their health and wellbeing. Caring for the local environment can also support children's all-round development; for example, through gardening projects with the children where they can grow their own fruit and vegetables. Learning the process that is involved will help children acquire new skills while developing their sensory awareness.

There are a variety of resources that can be used to enhance the senses of babies and young children. Children aged 3 and over can experience this within a range of curricular areas such as health and wellbeing, literacy and English, numeracy and mathematics, sciences, technologies, religious and moral education (RME), social studies and expressive arts. The children's individual depth of interest within a topic should be supported and as a result of this their opportunities to learn will be experienced across a variety of curricular areas. The experiences stated are broad suggestions that can be adapted and used where appropriate.

The children's learning should be built on what they already know. A topic will extend depending on the observation of children at play. There are many ways that the healthy living message can be incorporated in the learning and this should be reflected through the individuality of early years settings.

The experiences are included to provide ideas that you can use or adapt as appropriate. There are many opportunities that children can participate in and these will be individual to the needs and interests of the babies and young children in your care. The following are not intended to be prescribed activities.

# Develop an edible garden

Children can develop and look after a growing project, such as one of those suggested below, with the learning being supported by you as the children's interest develops. You do not have to be a successful gardener to do this. The children can grow vegetables, fruits and salads from seeds or plants to provide an attractive area. They can also eat them as part of a tasting experience or include them in the meals offered within the early learning and childcare setting or to take home.

## Window garden

Herbs can be grown in winter or summer. Herb plants usually need to be watered only once a week, but sometimes in the winter, when the air is dry, they can also be misted from a spray bottle a few times a week. All herbs need sun. The following herbs need to be bought as plants or grown as cuttings: chives, sage, mint, thyme, lemon thyme, oregano, marjoram, tarragon and rosemary. Annual herbs live for only one season and can be grown from seed. These include basil, parsley, coriander and dill. If you keep snipping them back, they will stay bushy and windowsill size.





## Salad patch

The children will need a bed of good soil, garden tools, a watering can, seeds (which could include lettuce, spring onion, rocket, cherry tomato and peas).

The children may need help to dig the soil. They can plant the seeds following the guidance on the seed packets making sure that there is enough space to get to the plants for watering, weeding and picking. When the children have planted the seeds, they need to water them gently. Remind the children to keep looking for and pulling out the weeds, without disturbing the plants. The children will need to wait until the salad looks ready to eat. Raw peas can go in salad – the children just need to take them out of their pods.

The children can grow tomato plants by filling a small flowerpot with fresh potting compost. March is a good time to do this. They press the soil until it's firmly packed and then evenly sprinkle a few tomato seeds on top of the soil. They then cover the seeds by putting a little compost into another pot and shaking it gently over the new seeds. The pot is then covered with cling film and placed in a warm, light place until the seeds begin to sprout. When the seedlings appear they should transfer them into their own pots. Around June time, when the weather is a bit warmer, they can plant them outside in the garden or in a pot. The plants need to be watered well and given plant food once a week.

The children must wash their hands after gardening, and wash the vegetables before they eat them.

Other ideas that can be added to the garden are small fruit trees and edible flowers.

## Sensory experience for babies and young children

Babies and young children can be engaged through watering, digging and exploring. They will enjoy eating what has been grown and being outside will enhance their curiosity as they develop all of their senses in the world around them. This will be enriched by an interested adult supporting and encouraging them to learn.



## Learning and development outcomes and experiences

This experience will encourage the youngest children to develop enquiry skills, where their curiosity will assist them to explore further and discover more. It reflects the key principles within *Pre-birth to Three: Positive Outcomes for Scotland's Children and Families* (Learning and Teaching Scotland, 2010) and Curriculum for Excellence (Scottish Executive, 2004). Within the context of this experience the curricular areas within Curriculum for Excellence that can be considered for children aged 3 and over are:

- Health and Wellbeing
- Literacy and English
- Numeracy and Mathematics
- Sciences
- Technologies

**Education Scotland's Food for Thought: The Way We Grow and Catch Food** (*Sow it, Grow it, Eat it*) resource will support with additional suggestions to extend the learning.

## Home links

There are many opportunities that will allow parents to share their expertise. They can bring in seeds, offer plants, pots and soil. Children can be encouraged to plant seeds at home. They can visit garden centres or parks as things begin to grow, if there are allotments in the area or a parent has their own garden, it may be possible to visit. A gardening club can be established in the early years setting that will encourage parents, children and staff to work together to develop a gardening project.



# Making soup

The children can make soup using locally sourced vegetables or vegetables they have grown themselves. An important part of this activity is allowing the children to research where vegetables are grown locally and giving them the opportunity to go and purchase them. If they have grown them, then the children can have the opportunity to dig them up and wash them in preparation for the cooking process.

## Cooking with children

Cooking with children provides a variety of learning and social experiences; e.g. weighing and measuring, learning about safety and washing hands, learning to share and working together as well as celebrating success. Encourage all ages, boys and girls equally, to enjoy cooking and involve parents when possible. Children start to get interested in helping with food preparation at an early age, experiencing skills such as pouring, mixing, peeling and measuring. For more information about food hygiene when working with children, see page 94.



## Before cooking

- Check if any of the children involved in a cooking activity have an allergy.
- Review the recipe with the children and introduce them to new foods, new terms, and new utensils.
- Make sure you have all the ingredients and have them out ready.
- Wash hands, utensils and cooking surfaces with warm water and soap.
- Tie up long hair and wear aprons.
- Keep a damp cloth handy in case there is a spill.
- Provide each child with their own utensils, bowl, spoon, etc.

## While cooking

- Always supervise children in the kitchen.
- Be careful with sharp objects and equipment.
- Keep a fire extinguisher nearby and have a first-aid kit handy.
- Follow the recipe calmly, try not to spill, but be patient when the preparation does not go quite as planned.
- Give each child a task.

## After cooking

- Serve the food in small bright coloured plates or bowls.
- Refrigerate foods quickly.
- Involve the children in clean up and recycling.
- Check that all appliances are turned off.
- Wash dishes, pots and pans.
- Wipe counters and cooking surfaces with warm, soapy water.
- Praise and positive feedback to the children is important in all steps in the cooking, clean up and tasting processes.

## Making the soup

Choose a simple vegetable soup recipe. Each child can choose a vegetable and be responsible for washing and peeling it. Divide the vegetables suitable for children's age and stage of development among them. They can chop them up into small pieces using an appropriate knife, with you providing assistance when required. Once all of the vegetables are chopped, the selected stock can be measured in a jug and poured into the pot. Encourage the children to use their senses as they choose seasoning and add a sprinkle of it to the soup. You are then in charge of the cooking with the children counting the time and clearing the area. Remember to encourage the children to compost the vegetable peelings.

## Sensory experience for babies and young children

Babies and young children can be engaged through using all their senses to investigate the vegetables as part of their discovery play. The vegetables can also become part of a sensory treasure basket and be used as the children begin to investigate role play.

The babies and young children will be able to enjoy the experience of tasting the soup together.

### Health benefits

- **Trying lots of different vegetables that are packed with vitamins and fibre.**
- **Establishing good eating patterns that will last into adulthood.**
- **Learning to cook and developing skills for the future.**

## Learning and development outcomes and experiences

This experience will encourage the youngest children to develop enquiry skills, where their curiosity will assist them to explore further and discover more. It reflects the key principles within *Pre-birth to Three: Positive Outcomes for Scotland's Children and Families* (Learning and Teaching Scotland, 2010) and Curriculum for Excellence (Scottish Executive, 2004). Within the context of this experience the curricular areas within Curriculum for Excellence that can be considered for children aged 3 and over are:

- Health and Wellbeing
- Literacy and English
- Numeracy and Mathematics
- Sciences
- Technologies

Education Scotland's, **Food for Thought: Exploring Food and Drink through Curriculum for Excellence** resource can support with additional suggestions to extend the learning.

## Home links

A parents group can be established to support further development of the skills required to create and cook healthy meals. A simple recipe can be sent home to encourage parents to try it with their children, giving feedback to you verbally and perhaps with photographs. A link between home and the early years setting can be developed. Parents and children can share what they have created at home and this can extend the children's learning. Parents can also be encouraged to source vegetables that have been grown locally, with their child, and begin to use them within the home.

# Tasting foods from different cultures

Children can try a variety of foods that will be consumed as part of cultural celebrations and festival activity. The children can get the opportunity to take part in a food tasting session. You can encourage them to talk about their senses as they help with the preparation of the food prior to tasting it.

Make the children aware that around the world people use a range of different ingredients, equipment and cooking techniques to prepare food. A sensory tray that has a range of foods that the children can taste, smell, feel and touch will allow them to explore them in detail. The children can also discuss with you about how the food looks, what they like and what they dislike.

You can also take the opportunity to look at the health aspects of the food and discuss with the children what food groups they belong to using the eatwell plate (see page 74). This will give the children the opportunity to realise that although foods come from another country they still link into the same food groups.

## Sensory experience for babies and young children

Babies and young children can be given a selection of different foods that they can touch and feel before tasting. Babies will naturally want to put their fingers in their mouths. Providing them with a small amount of a few different tastes of puréed or mashed foods will allow them to investigate the tastes. The same can be done with young children and finger foods.

## Learning and development outcomes and experiences

This experience will encourage the youngest children to develop enquiry skills, where their curiosity will assist them to explore further and discover more. It reflects the key principles within *Pre-birth to Three: Positive Outcomes for Scotland's Children and Families* (Learning and Teaching Scotland, 2010) and Curriculum for Excellence (Scottish Executive, 2004). Within the context of this experience the curricular areas within Curriculum for Excellence that can be considered, for children aged 3 and over, are:

- Health and Wellbeing
- Literacy and English
- Numeracy and Mathematics
- Sciences
- Technologies
- Religious and Moral Education

Education Scotland's, *Food for Thought: Supporting Practitioners to Explore the Progression Skills in Food, Health and Technologies Experiences and Outcomes* resource can support with additional suggestions to extend the learning.

## Home links

The children can be encouraged to identify foods they eat at home that also come from different cultures from theirs. The children can then begin to develop an understanding of which foods they like, which they don't like, and try to share with you why that is. Parents can be involved in this process through a healthy eating or eco schools group within the early years setting and can work alongside the children, having a greater input into the learning taking place. This will enhance the depth of experience for the children.

### Health benefits

- Introduces young children to food they may not have tried before in a 'safe' environment with other children.
- Increases the range of foods young children will eat as part of a balanced diet.



# Food and drinks I like

Talk to the children about their favourite foods. Encourage them to discuss their reasons why they like them or not, using their senses to do this. You can explore with the children about the foods they eat at different times of the day, e.g. breakfast, snacks, lunch and evening meal. Visual prompts such as pictures, food packaging and samples of food can bring the children's ideas to life. Information can be collated and transferred to a chart with the children compiling it and adding their own pictures to it. Further discussion can take place about food and drink, such as what gives the body energy and what makes them grow, be active and stay healthy.

This experience can possibly be developed in relation to **physical activity** from this point, dependent on the children's interest.



## Health benefits

- Eating a well-balanced diet and being physically active helps young children maintain a healthy weight.

## Sensory experience for babies and young children

Babies and young children can be encouraged to develop their physical activity through the stimulating environment and resources you make available. This can also include the introduction of singing and dancing games, e.g. 'Heads, Shoulders, Knees and Toes' and 'Pat-a-Cake'. Musical instruments can be made and used – rice in plastic bottles makes good shakers.

## Learning and development outcomes and experiences

This experience will encourage the youngest children to develop enquiry skills, where their curiosity will assist them to explore further and discover more. It reflects the key principles within *Pre-birth to Three: Positive Outcomes for Scotland's Children and Families* (Learning and Teaching Scotland, 2010) and Curriculum for Excellence (Scottish Executive, 2004). Within the context of this experience the curricular areas within Curriculum for Excellence that can be considered, for children aged 3 and over, are:

- Health and Wellbeing
- Literacy and English
- Numeracy and Mathematics
- Sciences
- Technologies
- Expressive Arts

Education Scotland's *Food for Thought: Supporting Practitioners to Explore the Progression Skills in Food, Health and Technologies Experiences and Outcomes* resource can support with additional suggestions to extend the learning.

The British Heart Foundation have produced a resource, *Early Movers: Helping under 5s Live Active and Healthy Lives* that can support with children's health and wellbeing.

## Home links

The parents can support the children to count up the amount of fruit and vegetables that they eat in a day. The parents can talk to their children about this and the importance of being healthy. They can also encourage physical activity, visits to the park, and walks in the local community and share this with you. A parents' group can be established that will support parents embed a healthy lifestyle from the learning taking place within the early years setting to the home environment.

# Fun with pasta

Cook some long spaghetti, drain and rinse under cold water. Allow it to dry for about an hour, shaking it apart regularly. The children can then choose and add two or three drops of food colouring. Once they have completed this, set the pasta aside but regularly shake it to avoid it sticking together. Babies and young children find cooked pasta interesting to play with. Spaghetti is particularly fun if put in large basins at child height level. Provide small bowls or plates for children to move the pasta from large bowls to small bowls.

You can also use other foods like lentils, dried peas, seeds, herbs and bay leaves.

## Sensory experience for babies and young children

Babies and young children can be engaged through touch to investigate the pasta as part of their discovery play. This can be extended to introduce other textures such as gloop (cornflour and water), and jelly. Children learn by using their senses to investigate shape, taste and texture. They enjoy playing with real-life resources, such as foods, which they can taste, smell or feel, as this offers a holistic sensory experience with rich language opportunities.



## Learning and development outcomes and experiences

This experience will encourage the youngest children to develop enquiry skills, where their curiosity will assist them to explore further and discover more. It reflects the key principles within *Pre-birth to Three: Positive Outcomes for Scotland's Children and Families* (Learning and Teaching Scotland, 2010) and Curriculum for Excellence (Scottish Executive, 2004). Within the context of this experience, the curricular areas within Curriculum for Excellence that can be considered for children aged 3 and over are:

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- Expressive Arts

Education Scotland's *Food for Thought: Supporting Practitioners to Explore the progression Skills in Food, Health and Technologies Experiences and Outcomes* resource can support with additional suggestions to extend the learning.

## Home links

Suggest to parents that they take their child shopping with them or include the parents in an organised visit to a supermarket. They can see how many different shapes, colours and flavours of pasta there are to find. The **play@home** resources will support parents with simple and adaptable activities to do at home with their child. These can be supported within the early years setting by creating workshops that can allow parents to try the activities alongside you and their child before doing them at home.

### Health benefits

- Learning about food from the bread, cereal and potato group.
- A good source of energy, vitamins and minerals for growing children.

# Links and other resources

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## National documents and leaflets

Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

**[www.legislation.gov.uk/asp/2001/8/contents](http://www.legislation.gov.uk/asp/2001/8/contents)**

National Care Standards – The national care standards for childcare cover services for children and young people up to the age of 16 years which are to be regulated under the Regulation of Care (Scotland) Act 2001 ('the Act').

**[www.nationalcarestandards.org/213.html](http://www.nationalcarestandards.org/213.html)**

Curriculum for Excellence. (Scottish Executive, 2004). Learning in health and wellbeing ensures that children and young people develop the knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional, social and physical wellbeing now and in the future.

**[www.educationscotland.gov.uk/thecurriculum/whatiscurriculumforexcellence/index.asp](http://www.educationscotland.gov.uk/thecurriculum/whatiscurriculumforexcellence/index.asp)**

*Improving Maternal and Infant Nutrition: A Framework for Action* (Scottish Government, 2011). This is a 10 year strategy and action plan to improve nutrition in preconception, during pregnancy and up to the age of 3 years.

**<http://scotland.gov.uk/Publications/2011/01/13095228/0>**

*Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight* (Scottish Government, 2010). Often known as 'The Obesity Route Map'. The route map towards healthy weight sets out early years as a key target group. To give children the best start in life, early life interventions need to begin before and during pregnancy, continue through infancy, in early years settings such as nurseries and childminders and on to school.

**[www.scotland.gov.uk/Publications/2010/02/17140721/0](http://www.scotland.gov.uk/Publications/2010/02/17140721/0)**

*Pre-Birth to Three: Positive Outcomes for Scotland's Children and Families* (Education Scotland, 2010). This policy focuses on prevention and early intervention in tackling the significant inequalities in Scottish society and links closely with the priorities set out in *The Early Years Framework, Equally Well* and *Achieving Our Potential*, all of which aim to build the capacity of individuals, families and communities so that they can secure the best outcomes for themselves.

**[www.educationscotland.gov.uk/earlyyears/prebirthtothree/](http://www.educationscotland.gov.uk/earlyyears/prebirthtothree/)**

*The Early Years Framework* (Scottish Government, 2008). Aims at providing positive opportunities for children to get the best start in life. Equally importantly, it seeks to address the needs of those children whose lives, opportunities and ambitions are being constrained by poverty, poor health, poor attainment and unemployment.

**[www.scotland.gov.uk/Publications/2009/01/13095148/4](http://www.scotland.gov.uk/Publications/2009/01/13095148/4)**

'Getting it right for every child' (GIRFEC) (Scottish Government). The GIRFEC approach ensures that anyone providing that support puts the child or young person – and their family – at the centre. Practitioners need to work together to support families, and where appropriate, take early action at the first signs of any difficulty – rather than only getting involved when a situation has already reached crisis point.

**[www.scotland.gov.uk/Topics/People/Young-People/gettingitright](http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright)**

*Building the Ambition: National Practice Guidance on Early Learning and Childcare* sets the context for high-quality early learning and childcare as set out in the Children and Young People (Scotland) Act 2014. The guidance seeks to support practitioners in all settings and areas of Scotland who are delivering early learning and childcare. This national guidance puts into context the Scottish Government's commitment to expanding early learning and childcare, looking at the key areas which make a difference to a child's early learning and childcare experiences and the important role that practitioners play. It focuses on the important aspects of developmental stages and what children need at different times in relation to their learning experiences, adult interaction and the early learning and childcare environment, the guidance makes connections between pedagogy and practice and high-quality early learning and childcare. It describes three key areas for the baby, toddler and young child which drive early learning forward in a caring and nurturing setting that allow wellbeing, communication and enquiry, curiosity and creativity to flourish.

**[www.scotland.gov.uk/Publications/2014/08/6262](http://www.scotland.gov.uk/Publications/2014/08/6262)**

## **Information for parents/professionals**

The NHS Health Scotland Early Years Information Pathway is designed to guide health professionals through the national information resources available to support effective communication with parents and improve maternal and child health outcomes. It covers pre-conception, pregnancy, infancy, toddler and the preschool period up to the age of 5 years. It also signposts to related services and resources to support parents and carers.

**[www.healthscotland.com/documents/3708.aspx](http://www.healthscotland.com/documents/3708.aspx)**

Another useful resource is *Safer Food, Better Business for Childminders*, available at

**[www.food.gov.uk/business-industry/caterers/sfbb/sfbbchildminders](http://www.food.gov.uk/business-industry/caterers/sfbb/sfbbchildminders)**

Although not covered in this resource, you may be working with mums who are pregnant. For the most up-to-date advice on nutrition on pregnancy see:

**[www.readysteadybaby.org.uk/](http://www.readysteadybaby.org.uk/)**

**[www.nhs.uk/conditions/pregnancy-and-baby/pages/healthy-pregnancy-diet.aspx](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/healthy-pregnancy-diet.aspx)**

**[www.eatwellscotland.org/agesandstages/pregnancy/index.html](http://www.eatwellscotland.org/agesandstages/pregnancy/index.html)**

At a local level, there are many resources designed to improve nutrition in the early years, some of which will be useful in helping to put the guidelines into practice. To find out about these, contact your local authority.



## Working group

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The 1991 COMA Report on Dietary Reference Values (DRVs)

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*on Nutrition* 2011

[www.sacn.gov.uk/reports\\_position\\_statements/reports/sacn\\_dietary\\_reference\\_values\\_for\\_energy.html](http://www.sacn.gov.uk/reports_position_statements/reports/sacn_dietary_reference_values_for_energy.html)

Salt and Health Scientific Advisory Committee on Nutrition 2003

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FSA salt Standards

[www.food.gov.uk/scotland/scotnut/salt/saltreduction#.UwdWZHm53fg](http://www.food.gov.uk/scotland/scotnut/salt/saltreduction#.UwdWZHm53fg)

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ISD Scotland Breastfeeding Statistics

[www.isdscotland.org/Health-Topics/Child-Health/Infant-Feeding/](http://www.isdscotland.org/Health-Topics/Child-Health/Infant-Feeding/)

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[www.food.gov.uk/multimedia/pdfs/lidnssummary.pdf](http://www.food.gov.uk/multimedia/pdfs/lidnssummary.pdf)

Growing up in Scotland – birth cohort 2 Infant feeding: Breastfeeding and weaning amongst mothers in Scotland (Scottish Government 2013)

[www.scotland.gov.uk/Publications/2013/02/8535](http://www.scotland.gov.uk/Publications/2013/02/8535)

UNICEF Baby Friendly Standards 2012

[www.unicef.org.uk/BabyFriendly/Health-Professionals/Training/Breastfeeding-and-relationship-building--A-new-approach1/](http://www.unicef.org.uk/BabyFriendly/Health-Professionals/Training/Breastfeeding-and-relationship-building--A-new-approach1/)

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[www.healthscotland.com](http://www.healthscotland.com)