

Healthy Eating

This policy is intended for: Cooks, Early Years Practitioners, volunteers, childminders, administration and clerical staff, outreach workers, any professional working with children and families, parents and carers

AIM

To support children, families and staff in developing healthy practices as a whole school approach.

Policy Statement/Key Objectives:

- To ensure food safety and hygiene
- To promote a positive healthy eating environment
- To ensure consistent healthy eating messages
- To provide nutritious food to children and families
- To maintain high standards of food and nutrition in the centre at all times
- To promote child and parental involvement in developing better eating habits
- To develop consistency of oral health messages

References and Supporting documents:

Child Nutrition Guidelines (2008) Central Lancashire Primary Care Trust.
Eating well for under-5s in child care (2006) The Caroline Walker Trust.
The Early Years Foundation Stage (2007) Department for Education and Skills.
Maternal and Child Nutrition (2008) National Institute of Clinical Guidance.
Child Health Promotion Programme (2008) Department of Health.
Healthy Weight, Healthy Lives (2008) Department of Health.
Obesity (2007) National Institute for Healthy and Clinical Guidance.
Eating well: children and adults with learning disabilities (2007) The Caroline Walker Trust.

Background

The importance of Healthy Eating in the early years has come about from the following documents:

- The Early Years Foundation Stage (2012)
- Child Nutrition Guidelines (2008)
- Healthy Weight, Healthy Lives (2008)
- Maternal and Child Nutrition (2008)
- Nice Clinical Guidance on Obesity (2006)

Rationale

The Early Years Foundation Stage sets a statutory framework and best practice for all practitioners working with children from birth to five.

Some of the Specific Requirements for food and drink include:

- Obtaining, recording and acting on information from parents and carers about individual children's dietary needs. This includes information about any special dietary requirements, preferences and food allergies and any special health requirements.
- Where children are provided with meals, snack and drinks, these must be healthy, balanced and nutritious.
- Provision of an area which is adequately equipped to provide healthy meals, snacks and drinks for children as necessary. There must be suitable facilities for the hygienic preparation of food for children, if necessary including suitable sterilisation equipment.
- Those responsible for the preparation and handling of food must be competent to do so.
- Fresh drinking water must be available and accessible at all times

Setting positive healthy eating and healthy lifestyle habits in the early years can have an influence over habits that develop later in life. This can help in preventing children becoming overweight and obese as well as preventing such health problems as type 2 diabetes and coronary heart disease.

Good Nutrition is crucial for children especially as they are growing, developing and learning all the time. Children need a diet that has sufficient energy and nutrients to ensure they grow and develop well.

As a School we should aim to provide the highest standards of nutrition to children and families whilst they are accessing our services.

This policy, supported by the documents listed above, aims to provide guidelines for all staff delivering services to families and children under 5.

Breakfast

Breakfast is one of the most important meals of the day. It is a good way of establishing good eating habits. Breakfast promotes learning and concentration throughout the day as well as a child's ability to be physically active.

Fortified breakfast cereals that are low in sugar and salt should be encouraged as they can make an important contribution to daily vitamin and mineral intake, particularly

iron. Iron deficiency can have both an immediate and longer term impact on behavior and intellectual performance. Cereal should be served with full fat milk.

Offering fruit with breakfast supports the beneficial practice of 5-a-day.

Toast is also a suitable option to offer to children for breakfast.

Diluted fruit juice is a useful source of vitamin C. Children should be encouraged to have a glass of diluted fruit juice with their breakfast as this may also help the body to absorb iron.

Snack Time

Children have access to nutritious snacks between meals. The best snacks are those which are low in salt and added sugar.

A variety of snacks should be offered including different types of fruit and vegetables, milk, bread, breadsticks, plain popcorn and rice cakes.

Meal times

Children should be encouraged to eat a varied diet. In order to get all the vitamins and minerals needed for good health a wide variety of foods should be eaten.

By the age of one year, children should be eating a mixed and varied diet consisting of the four main food groups:

- Bread, other cereals and potatoes
- Fruit and vegetables
- Milk and dairy foods and
- Meat, fish and alternatives such as pulses (peas, beans and lentils), eggs, vegetable proteins and soya.

When planning meals and menus, it is important to consider food provision from all the food groups listed above that also reflect the cultural, religious and medical needs of the children.

Snack times and mealtimes should be an opportunity for positive social interaction and promote appropriate social skills.

Vegetarian diets

Children can get the energy and nutrients they need from a vegetarian diet but a little extra care is needed. Obtaining enough iron from a meat-free diet may be more difficult. Iron can be found in oily fish, such as sardines, pilchards and tuna. Iron is also found in pulses such as beans and lentils, in dried fruit and in breakfast cereals. Iron may be more easily absorbed if food or drinks that are high in vitamin C, eg fruits, vegetables or juice are given at the same meal.

Allergies

Medical care plans should be in place for all children with food allergies and appropriate alternatives offered where appropriate. Further advice on dietary plans can be obtained from a state registered dietitian.

Children with additional needs

When planning snacks, meals and menus, the individual requirements of children with special needs need to be considered so that they are included in the social and educational aspects of these activities

Further advice on particular dietary requirements can be obtained from a state registered dietitian.

Fussy eaters

If a child refuses food, staff should gently encourage them to eat. If a child continues to refuse to eat, the food should be taken away without passing judgement or making a fuss. Children should never be forced to eat.

Praise children when they eat well. It is not good practice to reward children for eating food they do not want by offering the rewards of pudding or sweet snacks.

Where possible, involve children in preparing food and at mealtimes, laying and clearing tables. Encouraging children to cook and grow their own vegetables can give them ownership of foods they choose to eat and the opportunity to enjoy a variety of different types of nutritious foods.

To minimise food refusal, it is important to ensure that a variety of foods are offered.

Serve small portions as second helpings can always be given.

Some children may eat slowly. It is important to ensure that all children have enough time to eat and are not hurried.

Make sure the eating environment is calm and relaxed. Mealtimes should be enjoyed as a social occasion not a routine to be hurried through.

Celebrations

Celebrating religious and cultural events with food activities is a valuable opportunity for children to experience and respect other people's cultural practices and faiths.

Staff

Staff should sit with children during meal and snack times, using these experiences as an opportunity to provide positive messages about healthy eating.

It is important that staff act as positive role models for children, demonstrating good practice and eating and drinking healthily.

Safety and Hygiene

Staff must always wash their hands with soap and water after changing nappies and toileting children and before preparing food or helping children to eat.

Children's hands must be washed with soap and water after going to the toilet and before meals and snacks.

Children under 5 should always be supervised and never be left alone while they are eating, due to the risk of choking.

Staff who prepare and serve food are required to complete Food Hygiene training.

Staff should be aware of the requirements of the Food Safety Act. They should know about the thorough cooking and heating of foods. They also need to be aware of food safety issues relating to the safe storage and use of leftover foods.

Training

Staff preparing and cooking meals are required to complete Food Hygiene training. Training will be coordinated by the school.

Monitoring

Delivery will be monitored by the School's Healthy Eating Co-ordinator. Evidence should be made available for inspection where applicable.

This policy is to be reviewed every twelve months; the School's Healthy Eating Co-ordinator responsible for this is Claire Woodsford.

Appendix 1 Guidance on the provision of Drinks to Young Children.

This guidance has been developed to support children, staff and parents to develop healthy lifestyle practice

Objectives:

- To give clear guidelines on the provision of drinks to children
- To promote the development of healthy lifestyles
- To reduce the risk of tooth decay in young children
- To reduce the risk of food poisoning

Water

Water is vital for good hydration in infants and children. It is the basis of all drinks, including formulae feeds.

For young children, water is the best choice of drink for quenching thirst between meals. It contains no sugars that damage teeth.

If given too frequently, excessive intakes of water can affect a child's appetite by making them too 'full' for solids or milk feeds. It is best not to allow a child to continually sip any drink between meals.

Children's requirements vary with age:

- Breastfed infants do not require additional water, as they get all they need from breast milk.
- Bottle fed infants can have additional water when thirsty, e.g. in hot weather. However, this should be in addition to, not instead of, the normal number of bottle feeds.
- For infants under six months, tap water should be boiled and cooled before drinking.
- Normal tap water is safe from six months of age.

General guidelines relating to water intake:

- As milk intake decreases, water obtained from drinks becomes increasingly important.
- Infants with fever, diarrhoea or vomiting will require additional fluid to replace loss. Urge parents collecting sick children to seek medical advice about fluid intake. Ensure that children who have been sick, developed diarrhoea or fever during nursery sessions are offered water whilst waiting for their parents.
- Ensure children are reminded to drink more in hot weather or after exercise.

Water and infant formulae

Infant formulae powder is not sterile; the risks associated with using powdered infant formulae milk are reduced if:

- Feeds are made up using boiled water that is greater than 70°C; In practice, this means using water that has been left to cool for no more than half an hour.
- Feeds are made up fresh for each feed; storing made up formulae milk may increase the chance of an infant becoming ill and should be avoided.
- Any left over milk is thrown away.
- If a feed is required for later in the session, staff are advised to keep water they have just boiled in a sealed flask and make up fresh formulae milk when needed or use liquid ready-to-feed formulae.

Bottled water

Bottled water, other than those labelled 'natural mineral water' is expected to conform to the same safety standards as the public water supply, and so it is suitable to give to infants and children, or for preparing formulae feeds.

Bottled water should be boiled and cooled, as for tap water, before using to make up infant formulae.

Natural mineral water is not as strictly regulated as tap and bottled water, and may contain higher levels of solutes such as nitrate, sodium, fluoride and sulphate, which are not suitable for young infants. Giving these waters can lead to solute overload. Their use is prohibited in the centre.

Effervescent water of any kind is not suitable for infants and its use is not permitted.

Water softeners

Artificially softened water must not be used to prepare formulae feeds, because of the altered mineral levels.

Water filters are not permitted, because of the potential for bacterial growth or toxins, or the ingestion of silver from water cartridges.

Milk

For children under twelve months, only breast milk or appropriate formulae milk must be given, (from six months cows' milk and cows' milk products can be used in solid food but not as a drink).

Cows', goats' or sheep's milk must not be offered to children under the age of twelve months. Continued use of breast milk or formulae milk is recommended up to one year of age. Once children reach one year of age, cows', goats' or sheep's milk (if tolerated)

can be used as a drink. If these are not tolerated, a special alternative formulae can be recommended by a healthcare professional.

Children under two years should have full-fat milk only.

From the age of two years, semi-skimmed can be given to children who are eating a good, varied diet.

Skimmed milk should not be used until the children are five years old.

Any child who is not eating well should stay on full cream milk.

Fruit juice

Fruit juices will only be given at meal times and diluted to one part juice to ten water.

Fruit juices are a good source of vitamin C and help with the absorption of dietary iron at mealtimes. However, like water, giving too much of this can affect a child's appetite for milk or solids.

Fruit juice also contains natural sugars and fruit acids, and can cause tooth decay. We will not, therefore, give fruit juice to infants less than six months old. After six months fruit juice can be given if diluted one part juice to ten parts cooled boiled water. This should be given from a cup, and is best given with meals.

Squash/cordial/fizzy drinks and flavoured milk

These are not suitable for young infants due to the high sugar content. They can also cause a poor appetite if they are given frequently, causing a child to 'overfill' on liquids at the expense of solid food or formulae feed. We will not, therefore, use Squash/cordial/fizzy drinks and flavoured milk in day-care or groups.

Parents should be advised, that these should only be given to older children with meals, and only from a cup to minimise effects on the teeth. They should always be well diluted. These drinks should never be given at bedtime or during the night, either in a bottle or a cup.

Infant juices/herbal drinks

These contain added sugars and will not be used in the centre

Diet/No Added Sugar drinks

These are not intended for infants and toddlers and will not be given to children in the centre. Parents should be advised that older children can have these drinks occasionally, but they can detrimentally affect the appetite if consumed in too great a quantity and, as they contain acids, can also cause tooth decay.

Tea and coffee

These are not suitable for children under 5, as they contain ingredients that prevent absorption of iron from solid food, which may lead to anaemia. They will not be offered in the centre.

Parents should be advised that older children can have these drinks, but it is better to give them at least 1/2 hour before and after mealtimes to limit the ill effects on iron absorption. To minimise the risk of tooth decay, sugar should not be added to these drinks,.

Good Practice

The use of free-flowing spout cups or 'doidy' cups should be encouraged from six months of age. Feeding bottles should be discouraged from twelve months.

Drinks must not be given instead of a meal or milk feeds

Drinks containing sugar must not be given in a feeding bottle.

Sugar must not be added to bottle feeds.

Dummies must never be dipped in sugary drinks.