

Setting the Table

Nutritional Standards and Practical Guidance for
Early Learning and Childcare Providers in Scotland



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Ministerial foreword

High quality Early Learning and Childcare (ELC) supports young children to reach their full potential. Since 2014 we have undertaken one of the most significant reforms to public services in a generation by almost doubling the entitlement to high quality, funded ELC from 600 to 1140 hours per year, for all eligible children. As set out in our [Strategic Childcare Plan](#), we want Scotland to be the best place in the world to grow up in.

We know that healthy eating and physical activity are essential for proper growth and development in childhood, and that healthy eating habits developed in the early years are often carried into adulthood. That is why we have ensured that every child attending a funded session receives a healthy and nutritious meal as part of their ELC day, supporting both improvement in children's health by tackling health inequalities and our ambition to halve childhood obesity.

Scotland's ELC providers are in a unique position to support the development of positive eating habits from a very early age, and to help shape these for the future. Setting the Table is developed by experts in child health and nutrition from across Scotland alongside the ELC and catering sectors, and informed by Scientific Advisory Committee on Nutrition recommendations. It provides nutritional guidance, food standards and practical advice for all providers and for those who cater for early years services in Scotland.

I am grateful to everyone who has put so much work into producing this document and for the collaboration of Public Health Scotland, Food Standards Scotland, Care Inspectorate, Education Scotland, NHS, Early Years Scotland, National Day Nurseries Association, Scottish Childminding Association, Assist FM (representing Local Authority catering leads) and Children & Young People Allergy Network Scotland (CYANS).



Minister for Children, Young People and The Promise

Natalie Don-Innes MSP

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Why this guidance is important



1.1 Who this guidance is for

Childcare services providing food (including snacks) and/or drinks, and are registered with the Care Inspectorate, will be responsible for the implementation of this guidance.

This guidance will apply to a wide range of providers, including local authority and PVI (private, voluntary, or independent) settings, family centres, childminders, playgroups, and caterers who provide food for early years settings, regardless of the length of time that children are being cared for.

Regulated childcare providers should supply appropriate healthy 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 be an integral part of the caring environment.

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 drinks for children.
- Practitioners who have an interest in the health and welfare of young children. For example, 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.
- Parents and carers as a guide to give them some insight into the importance of a healthy, balanced diet for young children.

It is important for childcare providers to work alongside parents and carers when implementing this guidance. Working in partnership will mean that children receive care that is consistent and supports the best outcomes. Both childcare providers and parents and carers must be actively involved in decisions around food and drink provision, and share key information about an individual child's needs.

Not only can the childcare setting provide healthy food for the children in its care, but it also has a unique opportunity to act as a role model and potentially influence food in the home too.



1.2 How this guidance supports the health and wellbeing of young children

Eating well is essential for healthy growth and development in childhood. Children's early experiences with food, including the foods they are offered and the eating patterns they are exposed to, both at home and outside the home, can shape future eating habits. This paves the way for long-term health including maintaining a healthy weight¹, positive mental health² and the foundations for good oral health³. A varied diet and a regular eating pattern in early childhood can also have a positive impact on mood, attention, behaviour and learning⁴.

A poor diet is one of the main causes of ill-health and premature death in Scotland. A poor diet can also affect brain development, impacting learning and social development⁵.

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, type 2 diabetes and some cancers. There is evidence to show that good nutrition in the early years can have a positive effect on long-term health, and can influence the risk of these chronic diseases in later life⁶.

What we eat and drink also has an impact on our oral health, particularly in early childhood⁷. Dental extractions (under general anaesthetic) remain the most common reason for children to have an elective hospital admission in Scotland⁸. Childcare settings can support [Childsmile](#), which is a national programme to improve the oral health of children in Scotland and to reduce inequalities, through the distribution of free dental packs and supervised toothbrushing programmes in childcare settings. [Supporting healthy smiles](#) provides further information on approaches to implementing toothbrushing programmes.



Health inequalities⁹ are the unfair and avoidable differences in people's health across the population and between specific population groups, for example how long they are likely to

live, the health conditions they may experience and the care that is available to them. They are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer, healthier lives.



The early years are considered a crucial time to reduce health inequalities. Providing healthy and nutritious meals and snacks in childcare settings is important, particularly in meeting the needs of families who could benefit the most.

 **It is important for childcare providers to recognise that some families face a lot of challenges in their lives, and individual needs must be considered when planning food provision and activities within the childcare setting.**

The World Health Organization recommends that babies should be exclusively breastfed for around the first 6 months of life and the Scottish Government has adopted this recommendation. Breastfeeding should then continue beyond the age of 6 months, alongside the introduction of solid foods, for up to 2 years of age or for as long as mother and baby wish¹⁰. The support offered by childcare settings to mothers who wish to continue breastfeeding is crucial in providing a positive impact on early nutrition, chronic disease and reducing health inequalities. NHS Scotland's Breastfeeding Friendly Scotland Early Learning Scheme¹¹ is aimed at promoting breastfeeding as the cultural norm.

Childcare settings may have the opportunity to promote [Best Start Foods](#). This initiative provides financial support to purchase healthy foods and milk to pregnant people and families with children under the age of 3 years who receive certain benefits. It is also helpful to be able to signpost parents and carers who are experiencing food insecurity to where they can access emergency infant formula milk and local food banks¹². The [infant food insecurity guide](#) provides further information to support parents and carers.

Childcare settings can also register for the [Scottish Milk and Healthy Snack Scheme](#) (SMHSS) via their local authority. The scheme is a universal pre-school policy which supports healthy growth and development in children by promoting and establishing healthy eating habits from an early age that can last into later life. SMHSS also aims to reduce the impacts of health inequalities, malnutrition and child poverty, and improve access to healthier food.

Vitamin D supplements are recommended all year round for infants and children under five years old as well as pregnant and breastfeeding mothers. Vitamin D drops are available free for infants and children from birth until their third birthday¹³. Families can usually access Vitamin D drops from local universal services, such as their health visitors.

1.3 How this guidance helps childcare providers meet regulatory requirements

This guidance has been written to support the practice of those working in registered childcare services within the public, private and voluntary sectors.

It supports childcare providers to meet their regulatory responsibilities in relation to the following:

- [UN Convention on the Rights of the Child \(Article 3 and 24\)](#)
- [The Social Care and Social Work Improvement Scotland \(Requirements for Care Services\) Regulations 2011](#)

- [Health and Social Care Standards: my support, my life \(2017\) \(HSCS\)](#)
- [Public Services Reform \(Scotland\) Act 2010](#)
- [Children and Young People \(Scotland\) Act 2014](#)
- [Funding Follows the Child and The National Standard for Early Learning and Childcare Providers: Operating Guidance](#)



This resource also supports the implementation of several national policies aimed at providing young children with the best possible start in life, such as [Getting it right for every child \(GIRFEC\)](#). The guidance also addresses aspects of [Curriculum for Excellence](#), and national practice guidance for early years in Scotland [Realising the Ambition: Being Me](#).

[Appendix 4](#) provides further information on relevant national policies.

1.4 Development and implementation of this guidance

This updated guidance has been developed by a Scottish Government led multi-partner working group consisting of national statutory bodies, clinical and nutrition experts, and sector representatives. Membership included Public Health Scotland, Food Standards Scotland, Care Inspectorate, Education Scotland, NHS Greater Glasgow and Clyde dietetics, The Children and Young People's Allergy Network Scotland (CYANS), Early Years Scotland, National Day Nurseries Association, Scottish Childminding Association and Assist Scotland (representing Local Authority catering leads).

The guidance has been endorsed by Professor Sir Gregor Smith, Scotland's Chief Medical Officer, and Professor Marion Bain, Deputy Chief Medical Officer with responsibility for public health.

The expectation is that the guidance will be implemented by **1 August 2025** in order to provide time for settings to familiarise themselves with its contents and make changes where necessary.

The Care Inspectorate is a scrutiny body that supports improvement. When they carry out their scrutiny work, Care Inspectorate will expect registered childcare providers to be able to demonstrate how they are meeting this guidance within their individual settings.



2

Guidance from birth to 1 year



Baby is eating cooked courgette. When weaning, hard vegetables must be cooked to prevent choking.

2.1 Feeding babies in the first year of life

Babies from birth to 1 year of age have different nutrition and feeding requirements to children over 1 year. It is important to talk to parents and carers regularly about the feeding needs and preferences of their baby, including any allergies they may have. It is also important to recognise cultural differences and discuss any specific requirements with parents and carers in a sensitive way. [Section 4](#) provides information on meeting the needs of all children.

Feeding patterns and needs

In the first year of life, babies follow individual feeding and sleeping patterns that can regularly change. Childcare settings should ask parents and carers about their baby's current pattern. These patterns should be kept consistent and should be part of the baby's care plan each day, wherever possible. A [baby feeding checklist](#) is a useful tool to support these discussions.



Discussing feeding patterns and specific requirements, such as allergies, with parents and carers is important. Look at the [baby feeding checklist](#) to help you.

Equipment and facilities

When providing care for babies, it is important to consider the environment and equipment you will need for feeding. It is especially important to provide a supportive environment to encourage and enable mothers to continue breastfeeding¹⁴.

The equipment you will need will depend on the needs of the babies in your care and whether they are breast-fed or formula-fed.

Some important points to consider include:

- If a mother wants to breastfeed, do you have a quiet space with a comfortable chair? A comfortable chair for practitioners when bottle feeding is important too.
- If parents are providing expressed breast milk, do you have a fridge which is maintained at 0–4°C to [store the breast milk](#) and labels to write the baby's name?
- Do you have a fridge thermometer to regularly check the fridge is operating at the correct temperature?
- If you are making up formula feeds in a bottle, do you have all the [sterilising equipment](#) you need?
- If parents provide solid foods, do you have appropriate storage facilities and labels to write the baby's name?
- When introducing solid foods, do you have a suitable highchair with secure straps, and a foot rest to ensure the baby is sitting safely in an upright position to allow them to swallow properly?
- Do you have suitable equipment such as small bowls and free flow cups (without a valve)? Remember soft spoons are gentler on gums.



Always use a highchair with a securely fitted harness, and a foot rest to ensure the baby is sitting safely in an upright position to allow them to swallow properly. Never leave babies unattended on raised surfaces or when feeding.



Introducing a baby to solid foods sometimes called complementary feeding or weaning, should start when a baby is around 6 months old.

Providing feedback to parents and carers

Feedback is important to make sure parents and carers know what food and drink their baby has had whilst in your care, and to support a variety of foods being offered both at home and in the childcare setting.

A [daily feeding diary](#) is a useful way to keep a record of feeding patterns and can be shared with parents and carers. It is also important for parents and carers to be made aware of any changes in feeding patterns you observe.



At the end of the day the [daily feeding diary](#) could be shared with parents and carers.

Feeding expressed breast milk and infant formula milk

Practitioners should be aware of the signs (feeding cues) a baby will show when they are hungry and feed them responsively according to their needs. You should look for feeding cues such as their mouth opening, puckering, smacking their lips, or turning their head towards the bottle¹⁵. The [Parent Club](#) website provides further information on feeding cues.

Having a big feed does not mean a baby will go longer between feeds, so try not to encourage them to take on a bit more than they want for this reason. This can lead to them overeating¹⁶.

Babies may take more milk during one feed than they do at another. As solid food is introduced, and babies adapt to larger quantities of solid food, they will gradually take less milk.

Babies who are bottle-fed with expressed breast milk or infant formula milk, or fed breast milk from a cup, should be held close in a semi upright position. If being bottle-fed, encourage them to draw the teat into their mouth. You should give babies eye contact and speak soothingly to them throughout feeds. Whenever possible, a baby should be fed by the same person at each feed, as this supports their emotional needs.

! Babies should never be left alone with a bottle and neither the baby nor the bottle should be propped up. Propping up the bottle is dangerous, as babies may choke, and it does not support their emotional needs.

! Always test the temperature of the milk on the inside of your wrist before feeding, it should feel slightly cool.

Babies normally feed in bursts of sucking, with short pauses to rest before starting to suck again. Never force a baby to finish a feed if they seem to be full. Signs to look out for that they may have had enough include: milk spilling out of their mouth; closing their mouth or their head turning away; splayed fingers and toes; and pushing the bottle away in an older baby.

Overfeeding could upset their tummy, make them vomit or gain weight too quickly. Responsive or paced feeding means feeding whenever a baby shows signs that they are hungry, feeding at their own pace and using the cues that they are full¹⁷.

! Always discard any unused expressed breast milk or infant formula milk that is left in the bottle after feeding. The combination of milk and baby's saliva can cause bacteria to grow. The milk in unused bottles should be discarded if it has been kept at room temperature for over two hours.

Only expressed breast milk or infant formula milk should be provided in a baby's bottle. Adding solid food, such as cereal or sugar, to bottles is not recommended because they may not be developmentally ready for solid food. There is also the potential to overfeed, and it has a negative impact on oral health.

Further useful information can be found in Public Health Scotland's [Off to a good start: all you need to know about breastfeeding](#) and [Formula feeding: How to feed your baby safely](#) publications as well as the [Parent Club](#) website.

Daily feeding diary example

The following diary example is a useful tool to inform parents and carers of key points about their baby's feeding each day. It can be adapted to meet the needs of the provider and babies.

Baby's name	
Date	
Your baby had milk today (If baby is mixed fed you may want to specify whether breast milk or infant formula milk was provided)	at _____ o'clock and took _____ ml Add in additional lines as required
Your baby had food today	at _____ o'clock and ate _____ Add in additional lines as required
Your baby has been	Record any relevant information in relation to feeding e.g., did baby seem satisfied/settled with feeds, were they sick/ windy?
Additional information (e.g. water provided to formula fed babies)	

Baby feeding checklist example

The following checklist example is a useful tool to support discussions with parents and carers around their baby’s feeding patterns. It can also form part of any care plan that you develop for the baby and should be updated regularly. It can be adapted to meet the needs of the provider and babies.

What to check on	Yes	No	Notes
<p>Breastfeeding</p> <ul style="list-style-type: none"> • Will mother come to the setting; how can she be supported? • Expressed breast milk, how will it be provided to the setting? • Amount and how it is given (i.e. bottle or cup) 			
<p>Formula feeding</p> <ul style="list-style-type: none"> • Infant formula milk: type, powder or ready to use? • Amount and frequency 			
<p>Solid foods</p> <ul style="list-style-type: none"> • Shop bought baby foods • Home prepared foods • Food provided by the setting • Number of meals per day • Texture of foods • Finger foods 			
<p>Food allergies/ intolerances</p> <ul style="list-style-type: none"> • Medical diagnosis (if available) • Immediate and late symptoms/ signs • Allergy plan (if available) • Allergy medicines (if any) 			
<p>Are any foods avoided/ preferred?</p> <p>e.g. vegetarian/ cultural</p>			
<p>Is water given?</p>			

2.2 Breastfeeding

Encouraging breastfeeding is a national priority in Scotland, and breast milk is the ideal food for babies. The World Health Organization's¹⁸ recommendation is for babies to be exclusively breastfed for the first 6 months of life and the Scottish Government has adopted this recommendation.

Breast milk provides all the energy and nutrients a baby needs during this time. It also helps to protect against infection and supports the development of a close and loving relationship with the mother. However, all babies receiving

breastmilk should have an additional vitamin D supplement¹⁹. Babies consuming more than 500ml of infant formula milk do not need a vitamin D supplement²⁰.

Breastfeeding should continue beyond the age of 6 months, alongside the introduction of appropriate types and amounts of solid foods, for up to 2 years of age or for as long as mother and baby wish. [Public Health Scotland](#) provides further information on the health benefits of breastfeeding for both mother and baby. The [Parent Club](#) website provides advice and information to help mothers navigate any challenges around breastfeeding.

Breastfeeding Friendly Scotland

Caring for a Breastfed Baby

Breastfeeding has a positive impact on mums' and babies health and wellbeing for as long as they continue and beyond. The support care givers provide is vital and can reassure mum that her baby will be fed breast milk even when they are apart.

Breast milk is a food for babies and so it is safe to handle with normal food hygiene precautions.

It is important that breast milk is stored at the correct temperature and defrosted safely. Breast milk, due to its unique and protective properties, must only be heated to body temperature. Before offering breast milk simply stand the breast milk container in hot water until it feels warm enough.

Babies fed breast milk feed responsively often taking smaller amounts more often than babies fed infant formula. The expressed breast milk mum provides is precious and it is important not to waste any. Offer small amounts at a time and add more if needed. If possible it can be useful to have some spare frozen breast milk - if this isn't possible, ask parents what to offer baby if there is no breast milk available.

Although some breastfed babies will take breast milk from a bottle there are some who may not. It is important to find out from the parents how baby will take their breast milk if not from a bottle. For babies over 6 months who have started solid food, it may be possible to mix breast milk into their food or to give it from a cup. However, it is important to have an agreed plan if baby refuses all breast milk.

Frequent feeding helps protect mums milk supply and keeps her breasts comfortable. It is helpful to have a space where mums can sit down and feed. Times where mum might need this include at drop off, pick up, or at lunch time if she works or lives close by.

Breastfeeding is a lovely way for mum and baby to connect with each other at the end of the day. Mum may want to breastfeed her baby as soon as she arrives so ask if it's okay to offer food or milk close to pick up.

Responsive feeding is important for all babies. Offering feeds when babies show feeding cues and pacing the feed so that baby is in control will feel more comfortable for breastfed babies.

Healthier Scotland
Scottish Government

Adapted from an infographic created by Hannah Leonard IBCLC.

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. Mothers who work nearby may plan to come to the setting to breastfeed their baby during their breaks, and this should be encouraged.

Your knowledge of the importance of continued breastfeeding, and how to store, prepare and feed expressed breast milk, will reassure mothers and will be welcomed. You can help by offering comfortable, warm and appropriate facilities for breastfeeding mothers and by encouraging them to continue providing expressed breast milk. Further information on [providing a supportive environment to encourage breastfeeding](#) is provided later in this section.

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

Transportation and storage of expressed breast milk

Expressed breast milk should be:

- Transported to the setting in a cool bag or with ice packs.
- Stored in the main part of the refrigerator (0-4°C) not in the door, for up to eight days from the date it was expressed²¹.
- Clearly labelled with the baby's name to ensure it is only used for that baby.
- Clearly dated when the milk was expressed.

Also note:

- If the milk smells overly sour, it may be spoiled. Be aware that defrosted breastmilk can have a more sour smell.
- When milk is stored, the milk may separate. It isn't spoiled, just mix it gently before use (it may be spoiled if it doesn't easily mix).

Use a fridge thermometer to regularly check your fridge is operating to the correct temperature (0-4°C).

Heating

When preparing breast milk for a feed:

- The milk should be heated straight from the fridge. If it is not provided in a bottle transfer to a very clean bottle or cup. There's **no need to sterilise**. Clean everything thoroughly in hot, soapy water and completely air dry, checking there is no dried in milk or soap left behind²².
- Place the bottle in a bowl of warm water, ensure the cap covers the teat so that the teat is not contaminated with tap water.
- Check the temperature by putting a few drops on the inside of your wrist, it should feel slightly cool.
- Dry the outside of the container with a clean, dry cloth or kitchen roll before use.
- Shake the bottle before feeding.
- Follow the manufacturer's instructions if you are using a warming device and ensure that the cap covers the teat.

If frozen breast milk is provided:

- It should be thawed in the refrigerator (0–4°C). Use breast milk on the same day it has been taken out of the freezer, throw away any unused milk.
- If needed, quickly stand in a container of lukewarm water, making sure only $\frac{3}{4}$ of the bottle is sitting in the water to avoid water leaking into the milk.
- Make sure that the cap covers the teat so that the teat is not contaminated with tap water.
- Gently shake to mix the milk.

! Thawed milk should not be refrozen.

! Microwaves should never be used to heat or defrost breast milk as they may overheat or heat the milk unevenly, which can scald the baby.

Exclusive breastfeeding is defined as no other food or drink, except breast milk²³. Under the age of 6 months, breast-fed babies do not need any additional fluids. This includes water, even in summer. Babies should be given more breastfeeds in summer to keep them hydrated²⁴. It is important to be guided by parents and carers if they have been advised otherwise by a health professional.

Around the age of 6 months, babies will begin to have solid foods, but breast milk will continue to provide most of the energy and nutrients that the baby needs and continue to help protect them from infections.

Mothers who are continuing to breastfeed may not want their baby to be given a bottle as the shape of the teat can disrupt their sucking patterns. They may prefer breast milk to be fed using a cup or spoon or ask you to mix expressed breast milk with food in a bowl. It is important to

discuss any preferences and seek guidance from parents and carers. Practitioners should only provide specific services, requested by parents and carers, if they feel confident and are trained to safely do so.

For more information about breastfeeding refer to [Off to a good start: all you need to know about breastfeeding](#), [Breastfeeding: Ready Steady Baby!](#) and the [Parent Club](#) website.

Providing a supportive environment to encourage breastfeeding

Childcare providers have a key role to play in ensuring that mothers are supported to return to work and continue breastfeeding.

The [Breastfeeding etc. \(Scotland\) Act 2005](#) and the [Equality Act 2010](#) make it an offence to prevent anyone feeding milk to a baby or a child under 2 years of age in a public place (excluding licensed premises). This means that mothers have the right to feed their baby milk in public at any time, whether breastfeeding or bottle feeding.

The importance of childcare settings in supporting mothers to breastfeed is highlighted in guidance provided by [UNICEF](#), including guidance for children's centres.

Some childcare settings are involved in developing activities to promote breastfeeding as a positive choice; for example, NHS Scotland's Breastfeeding Friendly Scotland Early Learning Scheme²⁵ is aimed at promoting breastfeeding so as many families as possible can benefit. Activities can include increasing staff knowledge and awareness, reviewing resources used within childcare settings, and providing a welcoming atmosphere to breastfeeding mothers.

Some areas in Scotland offer breastfeeding friendly nursery initiative. If this is of interest to you, visit the [breastfeeding and your business](#) section of the Scottish Government website for further details.



Providing a quiet and comfortable space for breast and bottle feeding is essential.

Relevant HSCS:

11.19 My care and support meets my needs and is right for me.

5.18 My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.

5.17 My environment is secure and safe.

2.3 Formula feeding

The only recommended alternative to breast milk in the first 12 months is a 'first infant formula', or 'first milk', which is usually based on cows' milk²⁶. All first infant formula milks contain the same ingredients and must comply with regulations²⁷, therefore there is no significant difference between the brands available. Goats' milk formula is also available and produced to the same nutritional standards as cows' milk formula.

It is vital that practitioners know how to make up and store formula feeds (including how to prepare ready-made liquid formula) as safely as possible.

Equipment

- Bottle with a teat and a cap.
- Bottle brush and teat brush.
- Sterilising equipment such as a cold-water steriliser or steam steriliser (microwave or electric).
- A kettle.

Key safety points

- Formula powder is not sterile and provides an ideal environment for bacteria to grow. Using freshly boiled water (do not use water that has been boiled before) of at least 70°C to make up the feed will kill any harmful bacteria and reduce the risk of babies becoming unwell.
- Feeds should be made up in a suitable area where you can wash and dry your hands thoroughly before making up a feed.
- Equipment should be washed and sterilised. It is important to clean and disinfect all surfaces before using sterilised equipment.
- Multiple feeds should not be made up in advance. This is because the risk of bacteria growing in formula increases with storage time, even in a fridge. It is best to make up each feed as you need it.
- To reduce the risk of injury, make sure babies are not near the hot water when you are making up a feed. Take care not to scald yourself.
- Water should always be carefully poured into the bottle first and the correct amount of powder added afterwards. Always make sure you follow the manufacturer's instructions on the packaging. The NHS website provides information on [using a baby formula prep machine](#).
- Cool the formula before feeding the baby by holding the bottle under cold, running water and rotate to ensure even cooling. Make sure the cap covers the teat to avoid contamination with water.

- Check the temperature by putting a few drops on the inside of your wrist, it should feel slightly cool.
- Discard any infant formula milk that is left in the bottle after feeding as the combination of formula and a baby's saliva can cause bacteria to grow.
- The milk in unused bottles of formula should be discarded if it has been kept at room temperature for over two hours.
- Ready-made liquid formula should be prepared and stored according to the manufacturer's instructions on the packaging. Always check the use-by date and discard if it is out-of-date. All equipment should be washed and sterilised.
- Any unused ready-made liquid formula should be stored in the fridge, with the cut corner turned down/lid screwed back on or sealed in a sterile container. It should be discarded after 24 hours to minimise the risk of infection.

! Microwaves should never be used to heat up infant formula milk. There is a danger of overheating or heating the milk unevenly, which can scald the baby's mouth.

! Adding too much or too little formula powder to the measured amount of water can cause babies to become ill. If you add too much powder, they can become dehydrated, if you add too little powder, they won't get enough nutrients.

Types of infant formula milk and other milks

- All first infant formula milks are of a similar composition. The main difference between brands is cost. If families are struggling with the cost of purchasing infant formula milk for their baby, encourage them to contact their health visitor or family nurse for support.
- It is not necessary to switch to a follow-on formula milk. Although marketed to babies over 6 months, they have no advantage over 'first milk' infant formula and are not necessary.
- In hot weather babies under 6 months who are formula-fed may be given small amounts/ sips of cooled, boiled tap water (with nothing added) between feeds.

Further information can be found in Public Health Scotland's [Formula feeding: How to feed your baby safely](#) resource and the formula feeding pages of the [Parent Club](#) website.

A funded portion of infant formula milk is available to children under 12 months as part of the [Scottish Milk and Healthy Snack Scheme \(SMHSS\)](#). The scheme offers a daily portion of first infant formula (or specified alternative) for pre-school children spending two hours or more in the care of a regulated day care provider and/or childminder that is participating in the Scheme.



Babies under 12 months should only be drinking breast milk or infant formula milk. A wide variety of other types of infant formula milk are available in addition to first stage infant formula, such as anti-reflux and hungry baby milks. These often state they are suitable for use from birth; however, they should only be used on advice from a qualified health professional. If a parent or carer mentions their baby drinks any of the following milks, you should have a discussion with them about the milk not being suitable unless advised by a health professional.

Further information on infant milks can be found at [First Steps Nutrition Trust](#).

Type of Milk	Rationale
Cows', goats' and sheep's milk	You should not give babies cows', goats' or sheep's milk as a drink before they are 12 months old because they do not have the right mix of nutrients for this age. However, you can use them in cooking and with breakfast cereals from around 6 months as long as they are pasteurised full-fat milks. After 12 months, you can give children pasteurised full-fat or semi-skimmed milk as a drink as part of a healthy diet ²⁸ .
Goats' milk infant formula	Goats' milk infant formula is now permitted for sale in the UK and is made to the same nutritional standards as cows' milk formula. However, it is not suitable for babies with a cows' milk protein allergy, as the proteins are very similar to cows' milk.
Soya-based infant formula milk	Soya-based infant formula is occasionally used for babies with a cows' milk allergy but should only be used on advice from a health professional ²⁹ . It is only suitable from 6 months ³⁰ .
Unsweetened calcium fortified alternatives (e.g. soya, nut, oat, hemp, coconut-based milk alternatives)	These should not be given as the main drink before 12 months. However, you can use them in cooking and with breakfast cereals from around 6 months ³¹ .
Rice milk and drinks	Rice drinks should not be given to children under 5 years because they may contain arsenic. Arsenic is found naturally in the environment and can find its way into food and water at varying levels. There are strict maximum levels set for rice milk and rice products available to buy, however a baby's main milk drink should not be rice milk. If a baby in your care has had a rice drink, there is no immediate risk to them, but you should advise parents and carers to consult a health professional about a suitable alternative.
Lactose-free formula milk	Lactose-free formula milk is suitable for babies who are lactose intolerant. Lactose intolerance is rare in babies and this type of formula should only be used following advice from a health professional.

[Section 2.6](#) provides further information on unsuitable drinks for babies. Public Health Scotland's [Fun first foods: An easy guide to introducing solid foods](#) and [Formula feeding: How to feed your baby safely](#) are useful resources to support you.

2.4 Introduction of solid foods

This section provides you with the most up-to-date advice given to parents and carers about the introduction of solid foods. For more information see [Fun first foods: An easy guide to introducing solid foods](#), a resource given to parents and carers across Scotland, and the weaning and first foods pages of the [Parent Club](#) website.

Taking the lead from parents and carers

Babies should start eating solid foods at **around 6 months**. Parents and carers should inform childcare settings when they begin or plan to begin introducing solid foods to their baby.

The scientific evidence supports that babies should not be given solid foods before 4 months (17 weeks), because they are not developmentally ready to actively accept foods, and their kidneys and digestive system are still developing.³² There also may be an increased risk of infection and allergies if solid foods are introduced too early. [Section 2.5](#) provides further information on allergies.³³

If a baby is being introduced to solid foods before 4 months, speak to parents and carers and recommend they seek advice from a qualified health professional.

 The introduction of solid foods is a good opportunity to discuss feeding patterns and specific requirements such as allergies with parents and carers again. The [baby feeding checklist](#) can be used to do this.

 Introducing solid foods to babies is recommended at around 6 months.



Children might need to be offered new foods multiple times before they are accepted.



It is important that mealtimes are relaxed and unhurried so that children eat well. Think about your setting and what you can do to improve children's experiences.

Relevant HSCS:

1.35 I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.

3.15 My needs are met by the right number of people.

Why introduce solid foods at around 6 months?

Breast milk or infant formula milk provide all the energy and nutrients babies need until around six months (except for vitamin D in breastfed babies who are recommended to be given a supplement³⁴). After this time the need for nutrients, particularly iron, cannot be met by breast or formula milk alone and a baby's digestive system and kidneys are now ready to cope with solid foods. They will also be better at moving food around their mouth, chewing and swallowing different foods.

Breast milk and/or infant formula milk will continue to provide most of the energy and nutrients that babies need at this time. First foods provide first tastes, and allow babies to develop and practise the skills required for eating solid foods. It is important to look for signs that a baby is ready for solid foods.

 Introducing solid foods is often an exciting but anxious time for parents and carers; it is a key life stage for babies. It is important to have regular conversations with parents and carers about how their baby is progressing and managing different textures and flavours.

Signs that a baby is ready for solid foods

It is important to focus on the developmental signs of readiness, rather than using a specific age or weight to determine whether a baby is ready for solid foods. Some of the signs that will occur around 6 months and 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 by themselves.
- Tongue reflex has developed to enable the baby move food around their mouth with their tongue instead of pushing food out.

If the baby is around 6 months and these signs are there, and in consultation with parents and carers, a small spoonful of soft food could be offered to see how they respond. Babies who are not ready will consistently push food back out with their tongue. Try offering again in a day or two and wait until they show signs of swallowing rather than always pushing the food out with their tongue.³⁵



Relevant HSCS:

1.19 My care and support meets my needs and is right for me.

1.35 I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.

The following behaviours can be mistaken as signs that a baby is ready for solid foods:

- Chewing their fists.
- Waking up in the night (more than usual).
- Wanting extra milk feeds³⁶.

What to expect

Many babies are slow to eat in the beginning; be patient and let them take it at their own pace. First foods are just about babies exploring new tastes and learning how to move solid foods around their mouths and how to swallow them³⁷. Try not to worry too much about mess. It is important for babies to learn about food by touching, squishing or smelling, as well as tasting it.

At around 6 months most babies prefer to use their fingers while they are learning to use a spoon. They may need some assistance until they are more confident using a spoon, 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, but always under close supervision.

! Never leave a baby unattended while feeding. Refer to [Section 2.8](#) for information on how to prevent babies from choking.

Some babies take to solid foods quickly, but others take longer. New foods may need to be offered several times before they are accepted (as many as 10 times or more). It is important for practitioners to have enough time to feed babies in a relaxed atmosphere so they can eat at their own pace.

Respond to a baby's hunger and fullness cues. They may be ready for more food when they lean towards the food with an open mouth or pull food towards their mouth. When a baby is full, they may close their mouth or turn their head away.

It is normal for a baby's appetite to change from day to day and you shouldn't worry if they eat more on some days than others. Don't force them to take the food, if they don't seem to want it, try again later.



Be patient, some babies can be slow to eat solid foods in the beginning, some take to it straightaway.

First foods at around 6 months

At **around 6 months**, soft finger foods and mashed foods can be given. Babies take different amounts of time to get used to more textured, lumpy food³⁸. Babies that have started solid foods before 6 months are likely to need their food puréed and may need more support with feeding³⁹. [Section 2.9](#) provides guidance when solid foods have been introduced before 6 months.

A variety of solid foods and textures should be gradually introduced alongside a baby's usual milk feeds (expressed breast milk or infant formula milk). Offer babies solid foods when they are relaxed, happy and not overly hungry. At first, offer small amounts before their usual milk feed⁴⁰. It is best to be guided by parents and carers to ensure that what you do fits with their baby's normal routine.

Try the following suggestions for first foods:

- Use unprocessed foods where possible and do not add any sugar or salt.
- Mashed cooked vegetables such as broccoli, cauliflower, carrot, parsnip or turnip.
- Mashed fruit such as banana, stewed apple or pear.
- Fist-sized/long pieces or batons of soft fruit or cooked vegetables, such as melon or carrot.
- Strips of toast, bread, pitta bread or chapatti (about the length of your finger).
- Pasteurised cheese (sliced or grated), scrambled or hard-boiled egg quarters or pieces of cooked fish that they can hold in their fist (be careful to remove all bones from cooked fish)⁴¹.
- Plain breakfast cereal mixed with their usual milk feed (expressed breast milk or infant formula milk), always in a bowl, never in their bottle. If baby is 6 months or over, pasteurised, full-fat milk can be used to mix with breakfast cereal or used in cooking.



[Section 2.6](#) provides information on suitable drinks for babies from six months.

It is important to remember there are several foods and drinks that should be avoided in the first year of life and these can be found in [Section 2.7](#).

! Some foods are not recommended until babies are around 6 months old. If parents or carers have decided to introduce solid foods before 6 months [Section 2.9](#) provides further information.

Moving on

Once a baby is used to eating a few foods, you can offer a wider variety of foods and textures. The need for iron and other important nutrients increases as they grow, and this change needs to be met with an increased variety of foods.

Offering a wide range of foods, textures and flavours can help increase the variety of accepted foods and encourage healthier eating habits later in childhood⁴². Continue to offer foods, including fruit and vegetables and those with bitter flavours, even if they have been rejected. It can take multiple times (as many as 10 times or more) for a new food or texture to be accepted, particularly as children get older.

Aim to include a variety of the following:

- Fruits and vegetables, including savoury and bitter vegetables, such as broccoli, cauliflower, spinach, cabbage or courgette.
- Potatoes, rice, pasta, breads, oats, low sugar breakfast cereals, such as wheat biscuits or plain porridge, and other starchy foods.
- Beans, pulses, eggs, fish including oily fish, such as mackerel or salmon, and pieces of well-cooked meat.
- Full-fat pasteurised dairy products, such as cheese and plain yoghurt.

! Always remove bones from cooked meat and fish.

A baby's appetite will vary from day to day, and they are normally very good at regulating their own food intake. Look out for signs of fullness such as the baby closing their mouth, turning their head away from the food or pushing the food away. Avoid pushing the baby to eat more than they want to.

😊 It is important to discuss a baby's normal eating pattern with parents and carers to make sure you are providing a consistent approach. A [daily feeding diary](#) is a useful communication tool.

More meals and more textures

Gradually increase the number of times you offer food each day. Begin with one meal a day, then two, then three in addition to their usual milk feeds. As a baby eats more solid food, they may take less milk at each feed or may even drop a feed altogether. Let the baby guide this process.

Continue to offer milk feeds on demand between meals and speak to parents and carers regularly about changes to the feeding routine at home. A cup of still, plain water, in a free flow cup (without a valve), can be offered with meals from around 6 months.

Babies should be gradually introduced to more textured foods as soon as they are ready, so that by the age of 10 months they are used to eating lumpy and finger food regularly. Some babies will be happy with mashed, lumpy or finger foods from the start, but others may prefer smooth or blended food on a spoon and will take longer to get used to new textures. Mixing a new food with a familiar one, such as adding cooked lentils to mashed carrot or parsnips, may make this progression easier.

Use a spoon and encourage finger foods and self-feeding, however messy it is. Some babies may enjoy feeding themselves as it gives them the independence to control their own food intake⁴³.



Encourage finger foods and self-feeding, however messy it is! It is important for babies to learn about food by touching, squishing or smelling as well as tasting it.

😊 Any concerns around the feeding patterns of the babies in your care should initially be raised sensitively with parents and carers. The family health visitor may be able to support with advice and practical suggestions.

As babies approach their first birthday, they should be eating a wide range of different foods from a variety of food groups each day. From the age of 12 months you should be offering children three main meals plus two or three snacks each day. [Section 3](#) provides guidance for children aged 1 to 5.



Babies should gradually move to more meals and textures. As babies approach their first birthday, they should be eating a wide range of different foods from a variety of food groups each day.

Public Health Scotland's [Fun first foods: An easy guide to introducing solid foods](#), the weaning and first foods pages of the [Parent Club](#) website and [Eating well in the first year](#) from First Steps Nutrition Trust are useful resources providing further information on introducing solid foods, portion sizes and meal ideas.

2.5 Meal planning

Whether you decide to prepare food on site, or use another food service provider, it is good practice to plan the meals you will provide for the babies in your care. Some parents and carers will only use ready-prepared manufactured foods, others will want their baby to have home-prepared foods, and some parents and carers will use a mixture of both.

 It is important to involve parents and carers in any decisions around meal planning. It is also good practice to use your menus to support any discussions with them.

If parents and carers would like to bring in food from home while their baby is introduced to solid foods, it is important to let them know what can be stored and heated appropriately within your setting. It is a good idea to include food brought in from home as part of a food and nutrition policy. Section 5 provides more information on [Food from home](#) and [Developing a food and nutrition policy](#).

[Sample menus](#) that have been provided for children aged 1 to 5 can be used as a guide for menu planning for babies. In consultation with parents and carers, and food service providers, these menus can be adapted to suit the age and stage of each baby.

An example menu, which has been adapted from the meals provided in sample menu week 1, has been provided in the next page as a guide. The stages shown in [Section 2.4](#) should be used to help further adapt the menus to suit the needs of each baby from when they are introduced to solid foods, at **around 6 months**, to eating the range of meals and snacks as shown in the [sample menus](#) from the age of 1 year.

Around 6 months–1 year sample menu

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Toast fingers with spread, plain yoghurt and pineapple slices	Malted wheat cereal with milk and chopped plum (skin removed)	Toast fingers with spread, scrambled egg and tomatoes (mashed or cherry tomatoes quartered)	Wheat biscuits with milk and banana (sliced)	Porridge and blueberries (mashed or quartered)
Lunch	Roast chicken (chopped) with gravy, mashed potatoes and a vegetable medley	Tofu and vegetable noodles (chopped)	Beef casserole (chopped)	Salmon fish cake with peas and sweetcorn (mashed)	Pasta (well-cooked smaller shapes) with tomato and lentil sauce
	Baked apple with custard	Plain fromage frais with pear slices	Cheese batons with sliced grapes	Plain yoghurt with mixed berries (mashed or quartered)	Fruit selection
Tea	Carrot and butter bean (mashed) soup with a wholemeal roll (strips)	Tuna and cucumber wrap (deconstructed where required-cucumber sticks and wrap strips)	Cous cous with chickpeas (mashed) and tomatoes (mashed or cherry tomatoes quartered)	Vegetable sticks (hard vegetables cooked until soft or grated)	Baked potato (skin removed) with baked beans (mashed)
	Peaches in juice (drained)	Fruit platter	Fruit selection	Muffin pizza faces (sliced into strips)	Fruit salad with plain yoghurt or fruit selection

A baby's usual milk or water can be provided at all meal and snack occasions in consultation with parents and carers. However large volumes of milk after 1 year are discouraged (i.e. more than 600ml) as it may reduce appetite for other foods. Fruit should be available as a choice for children as an alternative to the dessert/pudding each day.

Food should be prepared for the age and stage of the child to avoid choking risk. Please refer to Sections 2.4, 2.5 and 5.6 of the guidance for further information.

In consultation with parents and carers, and food service providers, these menus can be adapted to suit the age and stage of each baby to avoid a choking risk. This will be different for each baby, but consideration should be given to the texture and size of the food, for example: cooking harder fruits and vegetables until soft, removing the skin and offering safe sizes and shapes of the food.

[Section 2.4](#) provides further information on introducing solid foods. Refer to the [Care Inspectorate's Good practice guidance](#) on prevention and management of choking episodes in babies and children, [Section 2.8](#) and [Section 5.6](#) for further information on choking.

It is important that you check labels on any ready prepared foods as they may have high levels of salt and sugar that make them unsuitable for babies. [The Eatwell Guide Booklet](#) provides more information on how to interpret food labels.

Sugar

Added sugar is not necessary for babies. It provides little nutritional value and causes tooth decay. Giving sweeter foods with added sugar to babies may encourage a preference for sweeter tastes, which in turn may negatively impact the acceptance of less sweet foods, such as vegetables and pulses. Avoid adding sugar to food and limit sweet tasting foods.

Any foods provided in childcare settings containing non-sugar sweeteners should be carefully considered to ensure that sugary products aren't simply replaced with sweetened products. See [Section 3.3](#) for more information.

Only plain varieties of yoghurts should be provided. Foods such as flavoured yoghurts, fromage frais, and tinned and packet milk puddings often have a lot of added sugar.

Milk and water are the best drinks for babies and young children. Fruit juices should not be provided. Although fruit juices are a good source of vitamin C, they are acidic and contain lots of natural sugar, which can be harmful to teeth.

Salt

Do not add salt to a baby's milk or food (including during the cooking process). Babies under 1 year old need less than one gram (a sixth of a level teaspoon) of 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 infant formula milk contains a similar amount.

Salt is added to a lot of foods, for example smoked and processed foods, tinned tuna in brine, soy sauce, stock cubes and some breakfast cereals. Look for lower salt varieties and avoid high-salt foods.

Things to consider if you use shop bought baby foods

- Shop-bought baby foods must follow strict guidelines about what can and can't be included in the food. These do not however ensure that food is health promoting or appropriate for babies⁴⁴. Choose foods without any added sugar or salt and even if they taste bland to you, you shouldn't add any sugar or salt to baby foods yourself.
- Check the ingredients list to see the breakdown of ingredients within the food. The name of the food is not always a true reflection of the content. A product called broccoli, peas and pear, for example, may only contain a very small percentage of broccoli, the bitter tasting food, and contain larger amounts of the sweeter-tasting peas and pear.
- Some baby foods may say 'suitable from 4 months' on the label but health experts agree that **around 6 months** is the safest age to start to introduce solid foods. Some may contain gluten or dairy products which are not recommended before 6 months. Make sure you check the label for suitable foods if you are providing them for babies in your care. [Section 2.9](#) provides further information on the introduction of solid foods before 6 months.
- Make sure foods are within their use-by date and that the seal has not been broken before use.
- It is best to decant the food from the jar or pouch into a bowl and then feed a baby from the bowl with a spoon. This supports better feeding development and avoids bacteria and other infectious agents transferring between a baby's mouth and the jar or pouch. Around a third of commercial baby foods and drinks are packaged in pouches, many of which have nozzles. Sucking from these pouches is harmful for developing teeth⁴⁵.

- Babies won't necessarily finish the whole jar or pouch. You should serve a small amount in a bowl and top up as required. Any remaining food can be sealed and kept in the fridge for up to 24 hours. Any uneaten food from the bowl should be thrown away.
- Shop-bought baby foods often have the same texture, making it harder for babies to adapt to more varied textures and to move to family foods as they get older. They are often made up of more than one food which doesn't help babies get used to individual flavours and textures. Home-made foods can be easier to adapt to suit the developmental stage of each baby, they can offer more variety in texture and are likely to encourage better acceptance of lumps and more solid foods.
- Making your own food tends to be cheaper than buying shop-bought baby foods.



It is important to discuss with parents and carers if you are concerned about any food they have provided.

Food Allergies

It is important that you introduce the foods that most commonly trigger allergic reactions one at a time and in very small amounts, to spot any reaction⁴⁶. In consultation with parents and carers, these foods can be introduced from around 6 months as part of a baby's diet, just like any other foods:

- Cows' milk (in cooking or mixed with food but not as a main drink).
- Eggs.
- Foods that contain gluten, including wheat, barley and rye.
- Peanuts and tree nuts.
- Seeds (served crushed or ground).
- Soya.
- Shellfish.
- Fish.

Once introduced, and if tolerated, you can continue to offer these foods as part of a baby's usual diet in consultation with parents and carers.

Childcare settings should watch out for symptoms of an allergic reaction.

This can be one or more of the following:

- Diarrhoea or vomiting.
- A cough.
- Wheezing or shortness of breath.
- Itchy skin or throat.
- A rash.
- Swollen lips and throat.
- Runny or blocked nose.
- Sore, red and itchy eyes⁴⁷.

 **It is important to discuss any allergies with parents and carers to ensure you can provide food safely. The [baby feeding checklist](#) can support this discussion.**

Once a food from the list above is introduced and tolerated, it should be included in the baby's diet regularly. Regular inclusion of a food in the child's diet will continue to prevent an allergy developing later in life. Deliberate exclusion of any food beyond 12 months should be avoided unless there is good reason, as this may increase, rather than decrease, the risk of future allergy⁴⁸.

[Section 4](#) provides information on meeting the needs of all children and how to take appropriate action if a child has an allergic reaction.

2.6 Suitable drinks for babies from around 6 months

What a baby drinks is just as important as what they eat. The only drinks that should be provided in the first year are:

- Breast milk.
- Infant formula milk.
- Still, plain water.

Water hydrates without providing extra sugar, so it doesn't damage children's first teeth. Breast milk or infant formula milk should continue to provide a substantial amount of fluid and nutrients for babies in their first year of life. Breastfed babies don't need water for the first 6 months. Formula fed babies under 6 months may need some extra water (cooled boiled tap water) in hot weather. [Section 2.2](#) Breastfeeding and [Section 2.3](#) Formula feeding provide further information.

Follow-on formula and 'Growing up' milks are not suitable under 6 months, and not necessary for babies older than 6 months.⁴⁹

Babies need to learn to sip, not suck, and therefore free flow cups (without a valve) are recommended. Non-spill cups (with a valve) encourage babies to suck rather than sip and should be avoided.⁵⁰

Public Health Scotland's [Fun first foods: An easy guide to introducing solid foods](#) and [Eating well in the first year](#) from First Steps Nutrition Trust provide further information on drinks and the reasons why many are unsuitable at this age.

2.7 Foods to avoid in the first 12 months

There are several foods that should be avoided. This is for a variety of reasons such as food safety and choking risk, and for the negative impact some foods could have on a child's long-term health and development.

They are as follows:

Foods to avoid from around 6 months to 1 year

Honey	Honey can contain bacteria that can harm a baby's intestines, leading to botulism, which can be very serious. Therefore, giving young babies honey in the first 12 months should be avoided.
Added sugar	Consuming too much sugar increases the risk of future tooth decay and can cause a high energy intake.
Added salt	A baby's kidneys are not mature enough to cope with added salt or foods with salt added during processing.
Unpasteurised dairy products and some cheeses	Unpasteurised dairy products can contain bacteria and there is an increased risk of food poisoning, so it's better to avoid them. Babies should also avoid mould-ripened soft cheeses such as brie, camembert and Roquefort, as there is a higher risk that they may contain a bacteria called listeria.
Shark, marlin and swordfish	Should be avoided until 16 years old due to mercury levels, which affects a growing nervous system ^{51, 52} .
Shellfish (raw)	Raw shellfish can increase a baby's risk of food poisoning. Other fish and cooked shellfish are suitable from around 6 months.

! Babies and children can eat raw or lightly cooked UK hen eggs or foods containing them, provided that the eggs are produced under the Lion Code with a British Lion mark, or under the Laid in Britain egg assurance scheme. If the eggs are not Lion Code or Laid in Britain, or if in doubt, then they should be fully cooked.

2.8 How to prevent babies from choking

During the first year of life, babies are still learning to enjoy food and developing the skills and muscle coordination needed 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 food.

Babies should not be given solid foods before they are 4 months (17 weeks), as this will increase the risk of choking. Wait until **around 6 months** before introducing solid foods. [Section 2.4](#) provides more information on the introduction of solid foods.

! To avoid choking, babies must always be supervised when eating.

There is a difference between choking and gagging. Gagging is a normal reflex and is commonly experienced by babies as they learn to chew and swallow solid foods. **Gagging is usually noisier.** Babies' skin may also look red when they are gagging, but redness can be harder to see on dark skin. **Choking is usually quiet.**⁵³



Make sure that you can meet the needs of all of the children you care for at mealtimes.

The following key points are important to help you reduce the risk of babies choking:

- Always stay with a baby when they are eating.
- Cook hard or stringy fruits and vegetables until they are quite soft for use as finger foods, rather than offering them raw.
- Remove any stones, pips or tough skin from fruit and vegetables.
- Cut fruit and vegetables into slices rather than chunks or round shapes.
- Remove bones, skin or stringy bits from cooked meat and fish.
- Finely chop, crush or grind nuts, peanuts and seeds.
- Encourage a baby to chew by offering different textures.
- When eating, a baby should be sitting up, preferably in a highchair with a securely fitted harness and a foot rest (to stop them slipping down).
- Stop a baby from putting too much food in their mouth in one go.
- Give the baby time to swallow each mouthful.
- Make sure a baby's mouth is empty before taking the next mouthful of food. It is important to go at the baby's pace.
- Let the baby feed themselves so they have more control over what goes into their mouth.
- Remember to always supervise a baby closely when they are eating.

Relevant HSCS:

3.15 My needs are met by the right number of people.

4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

5.17 My environment is secure and safe.

It is also important for you to consider the needs of individual babies and take guidance from parents and carers.

Further information on choking can be found in [Section 5.6](#). The [British Red Cross website](#) provides guidance on what to do when a baby is choking.

2.9 Introducing solid foods before 6 months

The World Health Organization⁵⁴ and the Scientific Advisory Committee on Nutrition⁵⁵ advise waiting until babies are around 6 months to introduce solid foods, and that this should never occur before 4 months. However, some parents do introduce solid foods before 6 months and the reasons are often complex.

Suitable foods before 6 months

If you are asked by a parent or carer to give a baby solid food before 6 months, the foods must be puréed to a smooth, thin consistency as the baby may not be developmentally ready to cope with lumpy or finger foods.

Some examples of suitable foods are:

- Puréed vegetables such as spinach, courgette, carrot or parsnip.
- Puréed fruit such as avocado, apple, pear or banana.
- Plain baby rice mixed with the baby's usual milk and served in a bowl, not a bottle.

All equipment for spoon feeding must be sterilised until the baby is 6 months old. Offer small amounts to begin with and look out for signs they have had enough. The amount you give should be guided by the baby's appetite and information from parents and carers.



Unsuitable foods before 6 months

In addition to the foods to avoid in the first year, provided in [Section 2.7](#), there are certain foods that should not be given to babies less than 6 months of age (unless recommended by a health professional), and these include:

- Foods containing gluten like wheat, rye and barley. These can be found in pasta, rusks, bread, flour and breakfast cereals containing gluten.
- All fish and shellfish (e.g. tuna, cod, salmon, prawns).
- Any milk or milk product (e.g. cheese, yoghurt) apart from breast milk or their usual infant formula milk.
- Eggs.
- Honey.
- Nuts and seeds.⁵⁶

! Remember, foods that can trigger an allergy should be introduced in small amounts, and one at a time from around 6 months, unless advised otherwise by a health professional. [Section 2.5](#) provides information on food allergies.

3

Guidance for children aged 1 to 5



3.1 The importance of a healthy balanced diet

A healthy balanced diet for 1 to 5 year olds is important because it:

- Supports optimal growth and development.
- Supports children to eat well, and to have a healthy weight and good oral health.
- Can expose children to a variety of foods and builds the foundations for future health.
- Can shape food preferences and eating habits that children take with them into later childhood and beyond.



Providing children with opportunities to serve themselves at mealtimes and snack times will help them to develop their social skills.

3.2 A healthy balanced diet for 1 to 5 year olds

Children aged from 1 to 5 years need the right amount of food and nutrients to develop and grow. A healthy diet is one that provides enough energy and the right balance of important nutrients (including vitamins, minerals and protein) and fibre, whilst limiting fat (especially saturated fat), sugar and salt intake⁵⁷.

Children's diets should be varied and include a range of foods with different flavours and textures. Young children's nutritional requirements are notably different to those of older children and adults. Children in the early years are growing rapidly and require more energy and nutrients in each mouthful of food compared to adults. Dietary recommendations as shown in [the Eatwell Guide](#) apply from around 2 years of age. Between age 1 and 2, children's diets should continue to be diversified to include more foods, flavours and textures. How quickly this is done depends on the age and stage of the individual child.

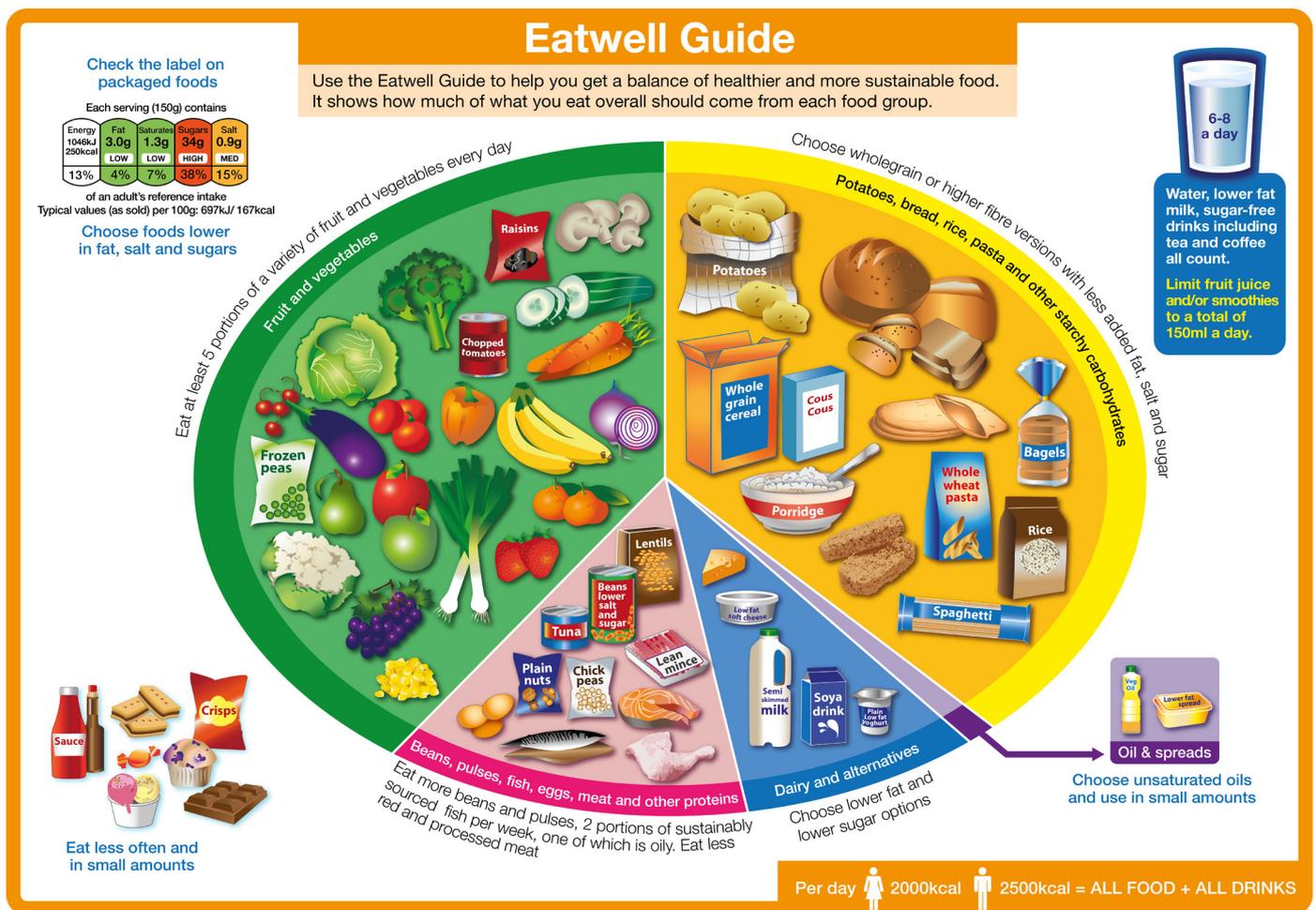
From around 2 years onwards fibre can be slowly increased, whilst the full-fat products can start to be replaced with the lower fat products. Semi-skimmed milk can be given from 1 year as a main drink, unless otherwise advised by a parent/carer or health professional⁵⁸.

It is important that children aged from 1 to 5 years continue to be offered a wide range of foods that are good sources of iron. They do not require iron supplements unless advised by a health professional. Iron comes from a variety of both animal and plant sources including red meat, fish, poultry, beans, pulses, dried fruit, fortified breakfast cereals and dark leafy vegetables. 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.

It is important that you take a flexible approach to allow for differences in children's development and nutritional needs. This should be in discussion with parents and carers. 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, if they are unwell, their mood and whether others are eating with them.

The Eatwell Guide shows the types and proportions of foods needed to make up a healthy balanced diet with plenty of fruit, vegetables and starchy carbohydrates plus some dairy and dairy alternatives, beans, pulses, fish, eggs, meat and other proteins.

The proportions shown are representative of the foods that should be consumed over a day or even a week, not necessarily at each meal.



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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The Eatwell Guide applies to most people regardless of weight, dietary restrictions/preferences, or ethnic origin. However, it doesn't apply to children under 2 years because they have different nutritional needs. From around age two children should gradually move to eating the same foods as others in the proportions shown in the Eatwell Guide, unless advised otherwise by a parent/carer or health professional.

The [food and drink standards](#) provided in this guidance have been developed to support the recommendations of the Eatwell Guide. Planning meals, snacks and drinks around these standards will help you to provide a variety of foods to meet the nutritional requirements of the children in your care. [Sample menus](#) have been developed to show how these standards can be met.

Parents and carers of children with special dietary requirements or medical needs may want to check with a registered dietitian on how to adapt the Eatwell Guide to meet their individual needs. [Section 4](#) provides further information on meeting the needs of all children.

Health and sustainability

Health and sustainability go hand in hand. The Eatwell Guide has a lower environmental impact than the current UK diet. The food and drink standards in this guidance are aligned to the Eatwell Guide, so they are helping to support you to provide a more sustainable menu.

There are further actions you can take to improve the sustainability⁵⁹ of the food you offer:

- Reduce the amount of food you waste by buying and preparing only the amount of food you need. Visit [Zero Waste Scotland](#) for more information.
- Buy products with minimal packaging or recyclable packaging.
- Avoid buying fish rated as 'fish to avoid' by the [Marine Conservation Society](#) and buy fish from sustainably managed stocks which is Marine Stewardship Council (MSC) certified.
- Choose food that is grown locally and that is in season where possible.
- Growing fruit, vegetables and herbs to use within menus.

[Love food hate waste](#) is a useful website providing further information.

Communicating with Parents and Carers

Talk to parents and carers about the food and drinks you provide across the day. This could include information on the routine for meals and snacks you provide and your weekly menus. It will support parents and carers to plan their child's routine at home and with all the settings they attend, if more than one.

Breakfast is an important meal for young children. It is good practice to liaise with parents and carers to make sure that children always eat breakfast, whether at home or when they arrive at the setting.



It is good practice for adults to sit with the children so that they can supervise, provide support and role model behaviour.

Relevant HSCS:

1.36 If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate.

3.3 Standards and menu planning

Food and drink standards have been developed to help childcare settings plan their menus for children in their care, whether they attend full-day care (approximately 10 hours/ day) in one setting or attend several settings throughout the week. There are 14 standards covering provision at meal and snack times, to ensure children get a balance of nutrient rich foods across the day.

The standards are evidence based and have been developed to reflect the current recommendations⁶⁰ and [the Eatwell Guide](#).

The following pages list each food standard and what is expected of childcare settings when complying with these. They also include information on why each standard is important and practical guidance points to assist in the implementation of them. [Section 5](#) also provides information on putting the guidance into practice.

Energy requirements and menus

A full menu of a main meal, two light meals, two snacks and drinks should provide around 90% of the energy requirement for a child in full-time childcare (approximately 10 hours/ day). The meals provided will be dependent on the opening hours of the childcare provider and the length of time the child is within the setting. The percentage energy intake for each meal or snack occasion, if provided, is listed below.

This is split across the following eating occasions:

- Light meal, e.g. breakfast, provides 20% of a child's energy requirement.
- Snack, mid-morning, provides 10% of a child's energy requirement.
- Main meal, e.g. lunch, provides 30% of a child's energy requirement.
- Snack, afternoon, provides 10% of a child's energy requirement.
- Light meal, e.g. tea, provides 20% of a child's energy requirement.

Where these meals and snacks are provided within the setting, the remaining 10% of a child's energy requirements will be provided at home.

The meals and snacks a child is provided dependent on how long their childcare session is each day and the setting's approach to the provision of food, which may include home provided food. Under the National Standard for funded ELC, a free meal is provided and can be delivered as a light or main meal.

The [food and drink standards](#) provide a guide to how to meet the nutritional requirements of children aged from 1 to 5 years. The [sample menu](#) and the accompanying [recipes](#) have been analysed to ensure they meet these requirements. The nutrient standards are provided in [Appendix 1](#) for information. There is no expectation that childcare settings will nutritionally analyse their menus, however, some may choose to do so.

The sample menus, accompanying recipes and menu planning information can all be used to help plan menus within your setting. The menus can be adapted to meet the needs of cultural and religious beliefs. Further information on meeting the needs of all children can be found in [Section 4](#).



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. The [sample menus](#) can be used as a guide.

Consideration should be given to the existing eating habits of children in your care. Any change to these through new menu planning and the application of the food and drink standards should be carefully managed, and a staged and flexible approach taken if required.

The standards and guidance provided should be used to help produce a written menu covering all the food you provide, i.e. meals, snacks and drinks. They can also be used to develop a specification for food service providers when they provide meals for your setting.

You can use your developed menus as part of the evidence to show that you are meeting the standards set out in this guidance. Use the [menu checklist](#) to help you do this.

[The Eatwell Guide](#) can also be used to help menu planning to ensure the following:

- All meals should provide at least one serving from the starchy food group (potatoes, bread, rice, pasta and other starchy carbohydrates).
- A light meal should provide at least one serving of food from the fruit and vegetables group.
- A main meal should provide a minimum of two servings of vegetables.
- All meals (excluding breakfast) should provide one serving from the beans, pulses, fish, eggs, meat and other proteins group. However, these foods can also be served at breakfast.

Where vegetarian menus are required, a [sample menu](#) has been provided as a guide. It is important to discuss each individual child's vegetarian diet with parents and carers. Details of the foods and ingredients that can and can't be eaten should be recorded in the child's care plan to support menu planning.

A range of foods should be provided to ensure that children who follow a vegetarian diet get the variety of nutrients required. To ensure this, cheese should only be served as the main protein source twice per week across lunch and tea.

Vegetarian diets can be perfectly healthy for growing children providing they are carefully planned, offer a variety of foods, and include sufficient protein, iron, vitamin B12, calcium and iodine. The [sample menus](#), which are nutritionally analysed to meet [nutrient standards](#), and the accompanying [recipes](#) provided with this guidance give examples of vegetarian choices.

A vegan diet excludes meat, fish, poultry, eggs, honey, dairy products and any other animal products. As animal products are the main sources of some nutrients (e.g. vitamin B12 and iodine), it can be difficult to ensure children following a vegan diet meet their nutritional needs. It is important that a vegan diet is carefully planned to make sure children get all the nutrients they need.

[First Steps Nutrition, Eating well: vegan infants and under 5s](#) provides further information about catering for children who follow a vegan diet.

Frequency and variety of menu options

Some children will only attend a setting for part of the week and on the same days each week, and some children may attend more than one ELC setting. To ensure that these children have variety in menu options, it is best practice to vary the days that menu items are provided from week to week. For example, if a fried item is offered every Monday and a child only attends that day, they will always have the fried item and not have the opportunity to have other foods. Similarly, the meal occasions where items like sweetened and baked goods are provided should be varied.

Portion sizes

Children's appetites can vary for a number of reasons; some children will eat more, and some will eat less. It is normal for a child's appetite to vary across a week and as they grow. Portion sizes should be varied to meet the needs of each child.

The [sample recipes](#) include indicative portion sizes. These portion sizes have been calculated based on the full menu providing 90% of energy requirement for a child in full-time care, as stated above. However, some children may require more or less than this, dependent on their appetite.

Suggested portion sizes for fruit and vegetables can be found in [Standard 1](#).



Relevant HSCS:

1.37 My meals and snacks meet my cultural and dietary needs, beliefs and preferences.

Food variety and textures

It is important to include a variety of sensory qualities, e.g. taste, texture, flavours, colours and temperature. Encouragement from an early age and offering new foods regularly can help to increase the diversity of a child's diet.

Offering children unfamiliar fruit and vegetables, including those with bitter flavours, on multiple occasions (as many as 10 times or more) can help develop and support their regular consumption. Offering a wide range of foods, textures and flavours can help increase the variety of accepted foods and encourage healthier eating habits later in childhood⁶¹.

Children should be given the chance to try different foods through regular changes to menus. Regular menu changes give the opportunity for seasonality to be incorporated too.

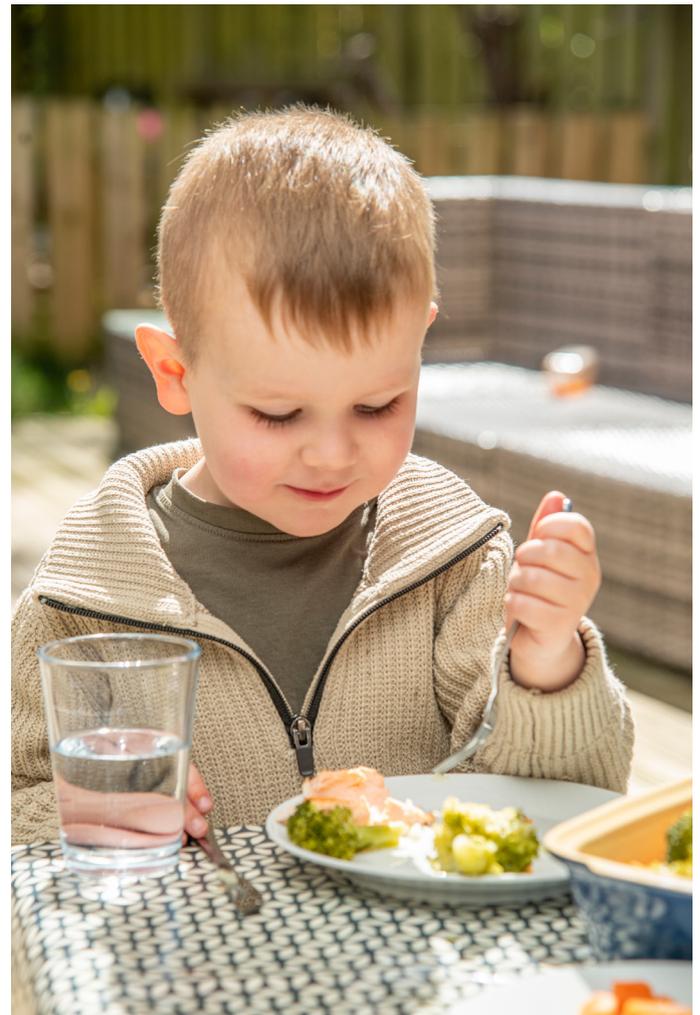
Children's cultural backgrounds should also be considered, and inclusion of dishes which reflect these cultures is encouraged. [Section 4.2](#) provides further information on food for religious faiths and beliefs.

Guidelines for snacks and drinks

Snacks and drinks form an important part of a young child's diet. Having a variety of choices can help young children to make their own decisions and make snack time a learning experience. [Section 5](#) provides more information on how to put this into practice.

Make sure your snack choices are varied to ensure that children who are not attending full-time care, i.e. one or two days only or part days each week, are offered a variety of choices.

Snacks and drinks should be nutritious and lower in fat, salt and free sugars, to ensure children in your care are provided with the right balance of nutrients for health and growth. Fruit and vegetables are healthy snacks but should be combined with other nutritious foods to ensure variety is included and that a range of nutrients and sufficient energy are provided. See [sample menus](#) for examples.



Foods (including snacks) that are energy dense and high in saturated fat, salt or free sugars should be limited in children aged from 1 to 5 years.

Shop-bought foods and drinks marketed specifically for infants and young children are not needed for children to meet their nutritional requirements.

The [food and drink standards](#) section outlines information about what should and should not be available as snacks, and general guidance for planning healthier menus, snacks and drinks for young children in your care. The [sample menus](#) provided include examples of snacks.

All pre-school children spending two hours or more in the care of a participating, regulated daycare provider and/or childminder are entitled to funding for a daily portion of milk (189mls), or specified non-dairy alternative, and a healthy snack of fresh fruit or vegetables through the [Scottish Milk and Healthy Snack Scheme](#) (SMHSS). Semi-skimmed milk should be provided for children over 1 year old unless otherwise advised by a parent/carer or healthcare professional.

Understanding food labels

Meeting the [food and drink standards](#) may mean that you need to substitute some products for similar ones that are lower in fat, salt and/or free sugar, or contain more fibre. To do this you will need to be able to understand and compare food labels. The [Eatwell Guide Booklet](#) provides more information on how to interpret food labels.

Advice on non-sugar sweeteners

All non-sugar sweeteners that are used in the UK and EU undergo a rigorous safety assessment by the European Food Safety Authority (EFSA). Any foods provided in childcare settings containing non-sugar sweeteners should be carefully considered to ensure that we do not simply replace sugary products with sweetened products. This teaches children's palates to expect sweet-tasting food and drink and may lead to them making less healthy choices in the future.

3.4 Food and drink standards

Standard 1: Fruit and vegetables

Main meal

At least two portions of vegetables should be provided.

Where a dessert is provided, a portion of fruit should always be an option.

Light meal

A fruit and/or vegetable portion should be provided.

Snack

A fruit and/or vegetable portion should be provided.

Dried fruit should not be provided at snack occasions.



Guidance on portion sizes

A portion of fruit or vegetables should be around 40g. A practical measurement for young children is that a portion should be able to fit in their hand.

A portion of dried fruit should be no more than 15g. Dried fruit should be limited to once per day, either at main meal or light meal, and an alternative fruit should always be provided.

Why is this standard important?

It is desirable to increase fruit and vegetable intake because:

- Fruit and vegetables provide a wide range of vitamins, minerals and fibre and can help us stay healthy.
- Current recommendations are to eat at least five portions of a variety of fruit and vegetables each day as part of a healthy, balanced diet. The table below outlines approximate portions for children aged 1 to 5 years.
- Very few children in Scotland currently eat the recommended amount of five or more portions of fruit and vegetables a day⁶². Supporting children to eat more will have long-term health benefits.
- When possible, choose fruit and vegetables that are grown locally and are in season.

Low consumption of fruit and vegetables remains one of the most concerning features of the Scottish diet. Low fruit and vegetable consumption is linked to poor health and increased risk of certain diseases, including heart disease and some cancers. Increased consumption of fruits and vegetables as part of a healthy diet may reduce the risk of these diseases in later life.

What vegetables are included?

All fresh, frozen and canned (in plain water) vegetables are included, whether offered as a salad, raw, cooked or as part of a dish (e.g. soups, stews and sandwiches).



Vegetables that are added to dishes such as soups, stews, casseroles, pasta-based dishes and sandwiches can only count as a portion if the vegetables are added in sufficient amounts (40g) per portion.

Pulses, such as baked beans, kidney beans, lentils and chickpeas can be classified as both a protein food or vegetable. However, they can only be counted as one portion of vegetables regardless of how much is offered. This is because pulses don't give the same range of vitamins, minerals and other nutrients as other vegetables.

What foods are not counted as a vegetable portion?

Potatoes, including sweet potatoes, do not count as a vegetable portion because they are classified as starchy foods and are usually eaten as part of a meal in place of other sources of starch, such as pasta, rice and bread.

Spaghetti, hoops or pasta shapes in tomato sauce cannot be counted as a vegetable portion. This is because they are starchy foods and not vegetables, and tomato sauce does not contain the same mix of vitamins, minerals and fibre as a standard portion of vegetables.

Similarly, condiments such as tomato ketchup and pickled vegetables such as gherkins, onions and olives don't count as a vegetable because they almost always have added salt and/or sugar.

What fruits are included?

All types of fruits whether fresh, frozen, canned (in natural juice) or dried are included.

Dried fruit can count as one of the fruit portions on offer across the day, but an alternative should always be available. Dried fruit should only be provided as part of a meal and not as a snack, to promote good oral health practices.

What foods are not counted as a fruit portion?

Fruit flavoured jelly does not count as a portion of fruit as it is unlikely to contain any or enough real fruit. Whole or chopped fruit added to jelly can be counted as a portion as long as it contains a minimum of 40g per portion.

What foods should not be offered?

Fruit juices and smoothies should not be made available at any point over the day. While sugars found in whole fruit don't have a negative effect on our health, the free sugars found in fruit juice can be harmful to teeth. Fruit juice is acidic, and the fibre is also lost in processing.

Processed fruit products such as fruit bars, shapes and laces or fruit and vegetable crisps should not be served.

Include a variety of fruit and vegetables on the menu every day.

Different fruits and vegetables contain different combinations of vitamins, minerals, fibre and other nutrients. The menu should include a variety of fruit and vegetables over the week for children to get the most benefit and increase exposure to different types of tastes and textures. For example, peas should not be on the menu every day and, if serving salads regularly, try to include different types of fruit and vegetables.



Practical guidance

A typical portion of fruit or vegetables for 1 to 5 year olds should be around 40g. The serving sizes listed below 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.

Each portion can be made up of a variety of fruit and/or vegetables, for example four quarter portions of fruit as a fruit salad or two half portions of vegetables as a vegetable curry main dish.

Be aware of [choking guidance](#). Always serve food appropriate to the age and stage of the child, and never leave children unattended while eating. See [Section 5.6](#) for more information on choking and to access other relevant guidance.

Food	Portion
Vegetables (fresh, frozen or canned)	1-2 tablespoons of cooked vegetables
Salad	Small bowl, or 4-6 raw vegetable sticks
Vegetable-based soup	Small bowl
Pulses such as beans and lentils, when cooked	½-1 tablespoon
Vegetables in composite dishes, such as vegetable chilli or tomato pasta	1-2 heaped tablespoons per serving of the recipe
Small-sized fruit, such as plums	1-2 fruits
Medium-sized fruit, such as apples	½ fruit
Large-sized fruit, such as melon	½-1 small slice
Bananas	½-1 small
Very small fruit such as blackberries	1-2 tablespoons
Dried fruit	½-1 tablespoon or 2-5 pieces of dried fruit
Fruit in composite dishes, such as stewed fruit in desserts	1-2 heaped tablespoons
Frozen fruit or canned fruit	1-2 heaped tablespoons

How to increase fruit and vegetable intake

- Add extra vegetables and pulses to stews, casseroles or other dishes, and add fresh, frozen, canned fruit in natural juice or dried fruit into desserts and puddings.
- Offering a variety of colours and options and presenting them in different ways can support their acceptance, for example, vegetable sticks with dip or fruit wedges with plain yoghurt.
- Offer unfamiliar vegetables or fruits on multiple occasions over time to encourage children to keep eating these. Pair vegetables with dishes that children are familiar with e.g. curry, pasta, soups and casseroles.
- Adding vegetables to soups can be a useful way of increasing vegetable intake. Vegetable-based soup should contain a minimum of one portion of vegetables (40g) per serving.
- Ensure that fruit crumbles and other composite fruit-based desserts contain at least one portion (40g) of fruit per serving.
- Adding fruit to breakfast cereal, or serving vegetables on crackers or toast, can provide alternatives to increase intake and acceptance.

Maximising desirable nutrients

Some vitamins and minerals can be lost easily when fruit and vegetables are prepared, cooked or stored, so bear the following in mind:

- Use fresh fruit and vegetables soon after purchase as the vitamin content will decrease the longer they are stored, or use frozen fruit and vegetables. This can help to reduce food waste too.
- Cook fruit and vegetables as soon as possible after cutting. If this is not possible, cover and chill them.
- Use cooking methods which use the minimum amount of water such as steaming, microwaving or boiling in minimal water.
- Serve fruit and vegetables as soon after cooking as possible.

Minimising less desirable nutrients

- Only use fruits canned in natural fruit juice and drain off the fruit juice before serving.
- Use vegetables and pulses canned in plain water and without added salt or sugar.
- If using manufactured soups, it is important to make sure they are varieties lower in fat, saturated fat and salt.

Standard 2: Oily fish

Main meal

Oily fish should be provided at least once every three weeks.

Light meal and snack

Oily fish should be provided once a week across light meal or snack on the weeks when it is not provided as a main meal.

Oily fish should be limited to a maximum of twice per week.

Why is this standard important?

Oily fish is a rich source of omega-3 fatty acids which have several health benefits including helping maintain a healthy heart. In Scotland and other parts of the UK we do not eat enough oily fish and need encouragement to consume more in our diet. Childcare settings can play a significant role in promoting oily fish consumption.

What are oily fish?

Oily fish are those fish which contain omega-3 fatty acids in their flesh. White fish only have very small amounts of these fats in their flesh, so do not count as oily fish. Tuna is no longer classed as an oily fish as it does not contain high enough levels of omega-3 fatty acids⁶³.

Examples of oily fish include fresh, canned or frozen salmon, mackerel, trout, herring, sardines or pilchards.



Practical guidance

- Offer regular small taster portions to introduce children to fish dishes they may not have tried before. Small tasters are a good way of helping children to accept new foods.
- Offer a variety of dishes over time to encourage children to keep eating oily fish. Try fish in dishes that children are familiar with such as curry, pasta and pizza.
- Use oily fish as a filling for sandwiches, wraps, kebabs and baked potatoes. It can also be used to make pâté or served as a salad choice.
- Fishcakes made with oily fish can be a popular choice. To begin with, try mixing oily fish with white fish to increase acceptability, and then gradually increase the amount of oily fish.
- Ensure that all practitioners are aware of the benefits of eating oily fish and get them to encourage children to eat these dishes.
- Try to avoid buying fish rated as 'fish to avoid' by the Marine Conservation Society⁶⁴ and buy fish from sustainably managed stocks which is Marine Stewardship Council (MSC) certified⁶⁵.
- Shark, swordfish and marlin should be avoided until 16 years old due to mercury levels, which affects a growing nervous system^{66, 67}.
- If purchasing manufactured fish products, it is important to make sure they are varieties that are lower in fat, saturated fat and salt.

Standard 3: Red and red processed meat

Main meal and light meal

Red and red processed meat should be limited to a maximum of three times per week, one of which can be red processed meat, but at no more than one meal occasion per day.

Snack

These foods should not be provided at snack occasions.

Why is this standard important?

Red meat is a good source of nutrients, in particular iron, so can be part of a healthy diet, but we don't need to eat it every day. Processed red meat can be high in fat and salt. Eating too much red and red processed meat can cause bowel cancer in later life⁶⁸.

This standard aims to reduce how often red and red processed meat are served to protect the health of children and set positive eating habits for the future.

What is red and red processed meat?

Red meat includes beef, lamb, mutton, pork, veal, venison, goat and offal from those sources.

Red processed meat includes sausages, hotdogs, ham, burgers and deli meats (e.g. salami, pâtés and corned beef). It also includes meats which have been cured, smoked or salted.

The term 'processed meat' refers to red meat that has been preserved by smoking, curing, salting or adding preservatives. The addition of ingredients such as egg, breadcrumbs, flour, seasoning and spices to red meat does not constitute processing and therefore would not be referred to as a processed meat product, provided it has not undergone any of the processes listed above or had preservatives added.

In addition, red meat which has undergone processing such as mincing or slicing is not classed as processed meat, provided it has not undergone further processing as outlined above.

Processed white meat and processed meat alternatives

Whilst processed white meat, such as chicken or turkey products and meat alternative products, are not restricted in the same way as red processed meat, these products can be high in fat and salt and should be carefully considered as part of any provision.





Practical guidance

- To reduce red meat intake to three times per week or less, red and red processed meats can be swapped for beans, pulses, eggs, fish or white meat (including chicken and turkey) or meat alternatives (e.g. tofu and soya) to offer variety to the menu.
- Meat alternatives should be as low in fat, salt and sugar as possible.
- Any meat served should be as lean, and as low in fat and salt, as possible. You should take steps to reduce the fat content of your meat dishes as far as possible, for example, by trimming visible fat from meat before cooking, using leaner cuts of meat and draining any visible fat from dishes such as mince.
- When cooking, consider whether grilling or oven baking instead of frying could be used to reduce the amount of fat used.
- Consider reducing the meat content of dishes by substituting it with lentils, beans and/ or vegetables.
- Vary fillings for sandwiches and baked potatoes. Alternatives to meat options, such as egg, beans, tuna or houmous could be used.



Standard 4: Yoghurts and fromage frais (including non-dairy alternatives)

All meals and snacks

Only plain and unsweetened yoghurts or fromage frais can be provided.



Children collected wild garlic and making their own garlic yoghurt dip for snack.

Why is this standard important?

Plain, unsweetened yoghurts and fromage frais (including fortified non-dairy alternatives) are good sources of calcium, which is important for good bone development.

They do not contain any added (free) sugar. Provision of these unsweetened products also aims to improve the overall diet by restricting foods high in sugar and limiting the provision of sweet-tasting foods.

Sweetened yoghurts and fromage frais (including non-dairy alternatives) should not be provided. This includes those that contain non-sugar sweeteners.



Practical guidance

- Serve plain, unsweetened yoghurt and fromage frais (including non-dairy alternatives) with fruit or use to make dips for crudités.
- When offering non-dairy alternatives these should be calcium-enriched whenever possible.

Standard 5: Sweetened and baked products, puddings, and desserts (including dairy and non-dairy alternatives)

Main meal and light meal

Sweetened and baked products, puddings and desserts (including dairy and non-dairy alternatives based desserts) should be limited to a maximum of three times per week, but no more than one meal occasion per day.

If combination dishes are provided, e.g. crumble and custard, this would be classed as one serving. It is important that the serving size reflects one portion.

Snack

These foods should not be provided at snack occasions.

Why is this standard important?

These types of products tend to contain high amounts of sugar, especially free sugars, as well as fat and saturated fat.

It is important that children are taught to see this type of product as one that should be enjoyed occasionally as part of a balanced diet.

Limiting the frequency that these products are available means that children could be encouraged to choose other items on offer such as fruit. For the products listed here this also applies to all sugar-free varieties.

What foods are included?

- **Baked goods (including home baked and commercially produced)**, such as cookies, scones, muffins, bagels, traybakes, cakes, pancakes, waffles and brownies.
- **Desserts**, such as sponge pudding, cheesecake, crumbles and jelly (including sugar-free jelly).

- **Other dairy-based and non-dairy alternatives desserts**, such as custard, rice pudding and milk whip.
- **Frozen desserts**, such as ice cream and ice-lollies.
- **Plain biscuits (including pre-packed)**, such as digestives and rich tea biscuits.
- **Cereal bars**, including breakfast bakes and bars (including home baked products).
- **Sweet pastry products**, such as croissants, Danish pastries, choux pastry, fruit pies and brioche.



Practical guidance

- Focus on offering products which are generally lower in fat and sugar, such as plain scones and plain pancakes with fruit.
- Serve with fruit to add variety.
- Products such as jam, marmalades, syrup and honey should only be available at main meals and light meals, and used infrequently and sparingly. Refer to [Standard 12](#).
- Where possible, choose toppings and spreads that are low in fat, salt and sugar such as cream cheese spread and chopped or mashed fruit.
- Ensure that spreads meet the standard for oils and spreads. Refer to [Standard 11](#).
- Confectionery should not be included on or in these products. Refer to [Standard 13](#).
- Baking recipes can be modified to make them healthier i.e. by reducing fat and sugar content or adding fibre rich ingredients such as oats or fruit.

Standard 6: Breakfast cereals

All meals and snacks

Only breakfast cereals meeting the following criteria can be provided:

- No more than 15g of total sugar per 100g.
- No more than 440mg sodium per 100g.
- No more than 1.1g of salt per 100g
- At least 3g of fibre per 100g.

Information on cereal bars is included in [Standard 5](#).

Why is this standard important?

Breakfast cereals are often provided in early years settings. Most are fortified with added vitamins and minerals and can be a source of fibre¹. However, some of these items are too high in sugar and salt and do not contain enough fibre.

What is an appropriate breakfast cereal?

Any breakfast cereal which meets **all** the above criteria.



Practical guidance

- Focus on plain breakfast cereals and porridge without added sugar. Fruit could be used to add a variety of taste and textures. Sugar and products such as honey and syrups should not be added to breakfast cereals.
- Check breakfast cereal packaging to ensure they meet the nutrition criteria in the standard.
- Offer a variety of cereals to include different tastes and textures and to benefit from the range of nutrients provided within these.
- Products with confectionery on or in them should not be available. Refer to [Standard 13](#) for information on confectionery.

¹ Where a label states fibre, this can be taken to mean AOAC fibre. AOAC fibre is the current methodology used in product analysis and food labelling to calculate the fibre content of a product.

Standard 7: Fried foods

Main meal and light meal

Fried foods should be limited to a maximum of once per week. This includes any product which is fried in the manufacturing process.

Chips, if provided, should be served as part of a meal.

Deep frying should not be used as a cooking method.

Snack

These foods should not be provided at snack occasions.

Why is this standard important?

This standard is important in challenging the culture in Scotland of regularly eating chips and other fried foods. It aims to reduce fat intake by encouraging children to eat a healthy, balanced diet containing a variety of types of foods, and to only eat chips and fried foods occasionally as part of a meal.

What foods are included?

Any foods which are fried, either when cooking or during the manufacturing process. These foods can include chips, potato waffles, potato wedges, pakora, spring rolls and pre-prepared coated, battered and breaded products, e.g. chicken nuggets, fish fingers, vegetable fingers, potato shapes and battered vegetables. Deep-frying should not be used as a cooking method.



Practical guidance

- Oven baked or air fried products are preferable as they are usually lower in fat. However, if you are frying always use clean oil and ensure that the oil is hot before frying. Using the right temperature and timing helps prevent too much fat being absorbed by the food.
- If purchasing oven-baked products it is important to check these have not been fried in the manufacturing process. This information can be found on the labelling, look for terms such as 'pre-fried'. These products are still considered to be fried and can only be served as the standard specifies.
- Only use permitted oils for frying, e.g. rich in polyunsaturated or monounsaturated fats like sunflower oil or a mixed vegetable oil (refer to [Standard 11](#) for guidance on fats and oils).
- If purchasing manufactured products, it is important to make sure they are lower in fat, saturated fat and salt. [Section 3.3](#) provides information on how to identify the fat, saturated fat and salt content of products.
- Baked home-made products such as potato wedges, using a minimal amount of oil, could be a suitable alternative to fried products.
- Stir frying is not included in this standard, as this involves cooking with minimal oil.

Standard 8: Savoury snacks

All meals and snacks

Only the following savoury snacks can be provided:

- Plain oatcakes.
- Plain savoury crackers.
- Plain rice cakes.
- Plain breadsticks.

Plain means those without the addition of other ingredients, seasonings, coatings or flavours such as cheese or yoghurt.

These should be limited to a maximum of once per day.



Children having plain savoury crackers with fruit and milk to drink for snack.

Why is this standard important?

Children need to be encouraged to eat a healthy, balanced diet. Savoury snacks such as crisps tend to be high in fat and salt and can often replace foods in the diet which may contain important nutrients.

What foods should not be served?

Any pre-packed snack items which can be eaten without preparation and consist of or include as a basic ingredient, potatoes, other root vegetables and cereals such as crisps, corn puff or corn snacks, cornmeal snacks, tortilla chips, pretzels, popcorn, prawn crackers, flavoured rice cakes and Bombay mix.



Practical guidance

- Consideration should be given to suitable accompaniments to permitted snack products. Suitable suggestions include cheese, cream cheese spread, houmous or salmon pâté. Ensure accompaniments meet the relevant criteria.

Standard 9: Bread and bread rolls

All meals and snacks

Only bread and bread rolls which contain a minimum of 3g fibre per 100g can be provided.

Why is this standard important?

Bread is a starchy food which provides energy, a range of vitamins and minerals, and is a good source of fibre².



What types of bread are included?

All bread and rolls: pre-packed, part-baked, and freshly baked white, brown, malted grain, wholemeal and 50:50 bread or rolls including seeded products, French bread, ciabatta, focaccia, pitta, naan, panini roll, chapattis, flour tortillas (or wraps) with or without additions such as cheese, garlic or other flavourings such as herbs.

The form of the bread does not matter, e.g. sliced bread, home-made bread, baguettes and chapattis can all be used if this meets the minimum 3g fibre per 100g.



Practical guidance

- Provide wholegrain, wholemeal or brown bread varieties regularly as they have more fibre and encourage children to eat a variety.
- Higher fibre options (those with 6g or over per 100g) should be gradually introduced to young children's diets. Higher fibre foods can be bulky and may fill children up, quickly displacing other important foods.
- Ensure that spreads meet the standard for [oils and spreads](#) Standard 11. When possible, use toppings that are low in fat, salt and sugar.
- Some breads have a lot of fat added to them and this makes them unsuitable to offer every day, for example, garlic bread.
- Bread is one of the main sources of salt in the diets of people in the UK. Work is ongoing with the food industry to encourage reductions in the levels of salt in a wide range of processed foods, including bread. If purchasing bread, it is important to make sure that you select breads with the lowest salt content.

² Where a label states fibre, this can be taken to mean AOAC fibre. AOAC fibre is the current methodology used in product analysis and food labelling to calculate the fibre content of a product.

Standard 10: Savoury pastry and pastry products

Main meal and light meal

Savoury pastry and pastry products should be limited to a maximum of once per week.

Snack

These foods should not be provided at snack occasions.

Why is this standard important?

Pastry items often contain large amounts of fat, and some contain high amounts of saturated fat. Saturated fats contribute to the risk of heart disease by raising blood cholesterol levels.

This standard aims to improve the diet by restricting opportunities to over-consume items high in fat which can contribute to overall poorer nutrition. This will help to teach children to see these products as ones to be enjoyed occasionally as part of a balanced diet rather than every day.

What foods are included?

This includes all savoury pastry-based items including but not limited to:

- pies, sausage rolls, quiche and butteries.



Practical guidance

- Alternatives to pastry-top pies may be to use sliced or mashed potatoes or vegetables.
- When using pastry, use smaller portions.



Relevant HSCS:

1.19 My care and support meets my needs and is right for me.

1.34 If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.

3.15 My needs are met by the right number of people.

5.17 My environment is secure and safe.

Standard 11: Oils and spreads

All meals and snacks

Oils should contain a saturated fat content of no more than 16g per 100g.

Fat spreads should contain a saturated fat content of no more than 20g per 100g.

Why is this standard important?

To ensure a healthy diet, it is not only important to limit the amount of total fat eaten, but to replace saturated fats with unsaturated fats (i.e. polyunsaturated and monounsaturated fats), which are a healthier alternative.

Saturated fats contribute to the risk of heart disease by raising blood cholesterol levels. Both polyunsaturated and monounsaturated fats have less of an effect on blood cholesterol levels and therefore help in reducing the risk of heart disease.

This means that butter, hard margarines, lard and certain cooking oils are not appropriate for use in childcare settings as they contain high levels of saturated fat. All oils and spreads used should meet the standards set above to restrict saturated fat and encourage the use of polyunsaturated and monounsaturated fats.

What types of oils are likely to be suitable?

Oils which are rich in monounsaturated and/or polyunsaturated fats are likely to include: olive, vegetable, rapeseed (canola), safflower, sunflower, corn, soya and linseed.

What types of spreads are likely to be suitable?

Spreads which are rich in monounsaturated and/or polyunsaturated fats are likely to include vegetable, rapeseed (canola), olive, sunflower and soya-based choices.



Practical guidance

Use oils and fats spreads sparingly by:

- limiting the amount of oil in cooking and dressings.
- limiting the amount of fat spread added to bread, sweetened baked products, sandwiches, potatoes and vegetables.
- grilling or oven baking food instead of frying.



Standard 12: Salt, other condiments and preserves

Main meal and light meal

No salt should be used in cooking.

No salt should be provided to add to food after the cooking process is complete.

Other condiments, preserves, syrups and honey should only be provided infrequently and sparingly to add to the acceptability of a meal. When provided, these should be lower fat, salt and sugar varieties where possible.

Snack

These foods should not be provided at snack occasions.

Why is this standard important?

Most children consume more salt than they need. Eating too much salt increases the risk of high blood pressure, which may then lead to heart disease and stroke in later life.

Too much salt, too often will give children a taste for salty food and they will be more likely to continue eating too much salt when they grow up.

It is the sodium in salt that can have harmful effects on health. Some foods contain other forms of sodium, such as those used as flavour enhancers (e.g. monosodium glutamate) and raising agents (e.g. sodium bicarbonate).



Too much sugar will give children a taste for sugary foods. Foods high in sugar, especially free sugars, can be damaging to health, particularly our teeth. Foods high in sugar, such as preserves provide very few nutrients.

Condiments and preserves are often high in fat, salt and/or sugar (including free sugars).

What is included?

- All salts and condiments including but not limited to table salt, sea salt, tomato ketchup, brown sauce, mayonnaise, salad cream, French dressing, mustard, soy sauce, Worcestershire sauce, barbecue sauce, tabasco sauce, plain and creamed horseradish sauce, mint sauce, mint jelly, tartare sauce, pickles and relishes.
- Preserves are made with fruit preserved in sugar, including but not limited to jams, chutney, conserve, fruit butter, fruit curd, fruit spread and marmalade.
- Syrups and honey.



Practical guidance

- Do not use salt in the cooking process, e.g. salting potatoes or vegetables.
- Products which have a higher salt content, for example soy sauce and stock cubes, should be used very occasionally and ideally replaced with other flavourings such as garlic, lemon juice, herbs and spices.
- Choose foods that have a lower salt content when purchasing manufactured foods. Foods such as bread products, prepared meals and sauces often contain high amounts of salt.
- Limit the use of condiments. These should only be used when required to enhance flavour or add moisture, for example tomato ketchup with a burger/meat alternative, which may otherwise be too dry without it.
- Use healthier alternatives such as dressings or sauces made with plain yoghurt enhanced with suitable flavourings such as herbs.
- Use lower fat, salt and sugar versions of condiments and preserves where possible and use sparingly and infrequently.
- Do not have condiments and preserves on the table for children to help themselves, this is likely to lead to increased portions.

Standard 13: Confectionery

All meals and snacks

Confectionery should not be provided at any time.

Why is this standard important?

Confectionery items contain large amounts of free sugars, and some also contain high amounts of fat. These foods are high in energy but provide very few nutrients such as protein, vitamins and minerals, and fibre. Sugar-free sweets also provide little nutritional value and could displace other more nutritious food from the diet.

This standard aims to improve oral health by reducing the frequency that children consume sugars. It also aims to improve the overall diet by restricting foods high in sugar and fats.

What is included?

The term confectionery refers to the following groups of products:

- **Chocolate in any form, any product containing or wholly or partially coated with chocolate and any chocolate flavoured substance** e.g. bars of milk, plain or white chocolate, chocolate flakes, chocolate buttons, chocolate chips, chocolate filled eggs, chocolate drizzled products such as biscuits or chocolate covered products such as choc ices **but excludes cocoa powder used in sweetened and baked products and drinks.**
- **Non-chocolate confectionery (whether or not containing sugar)** e.g. boiled, gum/gelatine, liquorice, mint and other sweets, lollipops, fudge, tablet, toffee, sherbet, marshmallows, sprinkles, chewing gum or processed fruit sweets and bars.
- **Any sugared, or wholly or partially yoghurt-coated products** e.g. sugared or yoghurt coated fruit and nuts, or yoghurt drizzled cereal bars and biscuits.

What is not included?

Cocoa powder (not drinking chocolate) can be used in cakes, biscuits and puddings to allow flexibility in developing menus.



Practical guidance

- The use of any sweetened items should be limited. Any cakes, biscuits, ice-cream, etc. which are included as part of the menu should not contain confectionery.
- Cakes and biscuits should not be used as a substitute for confectionery.



Standard 14: Drinks

All meals and snacks

The only drinks that should be provided are:

- Still, plain water.
- Plain milk or unsweetened fortified non-dairy alternative.

Why is this standard important?

It is important that young children are well hydrated. They have a higher proportion of body water than adults, are less heat tolerant and may be more likely to get dehydrated.

Water and milk are the preferred drinks for children to quench thirst. Cows' milk can be a good source of protein, vitamins and minerals, especially calcium which is needed to build healthy bones and teeth. Milk contains a high percentage of water and is therefore also good for hydration.

What is included?

Semi-skimmed milk should be provided to children aged 1 year unless otherwise advised by a parent/carer or healthcare professional⁶⁹. Skimmed or 1% fat milk is not suitable for children aged under 5 years.

- Where children cannot drink cows' milk for medical, ethical or religious reasons, plain goats' or sheep's milk can be provided. If these types of milk are unsuitable for medical, ethical or religious reasons, an unsweetened non-dairy alternative drink can be provided. These are defined as a drink which is an unsweetened, calcium-enriched liquid and is commonly used as a substitute for milk.

- Unsweetened calcium-enriched soya drinks are the closest nutritional equivalent to plain cows' milk, and these should be the first option for children who cannot drink dairy milks. Other unsweetened, calcium-enriched non-dairy alternative drinks may be offered only where a child cannot drink an unsweetened, calcium-enriched soya milk. A guide to support choosing an unsweetened, calcium-enriched, soya drink is included in [Appendix 2](#).

What is not included?

Rice drinks should not be given to children under 5 years of age due to concerns about the levels of arsenic in the milk.

Fruit juice, vegetable juice, smoothies, flavoured milk, fruit juice combinations and diluting juice (including no added sugar or sugar free versions) should not be provided at any time in childcare settings due to their high free sugar content and/or sweet taste.



Practical guidance

- Water should be freely available throughout the day.
- Semi-skimmed milk should be provided for this age group, unless otherwise advised by a parent/carer or healthcare professional.
- Milk and water can be provided at each meal and snack occasion but is only shown at snack times and some breakfast occasions on the sample menus. However, large volumes of milk after 1 year are discouraged (i.e. more than 600ml) as it may reduce appetite for other foods.

3.5 Sample menus for 1 to 5 year olds

The following menu samples provide 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 the food and drink standards.

These menus have been developed to meet the food and drink standards in [Section 3.4](#). They have also been nutritionally analysed against the nutrient standards, which can be found in [Appendix 1](#). There is no expectation that settings will nutritionally analyse their menus, however some may choose to do so.

You can use below menus as a guide to help provide a varied menu in your setting. The recipes, which include average portion sizes can be found [here](#).



Consider the Eatwell guide when planning your menus.

Sample menu week 1

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Toast with spread, plain yoghurt and pineapple slices Milk	Malted wheat cereal with milk, toast with spread and sliced plum	Toast with spread, scrambled egg, and tomatoes Milk	Wheat biscuits with milk, toast with spread and banana	Porridge, toast with spread and blueberries
Mid-Morning Snack	Crackers with sliced banana	Carrot sticks with cheese dip Milk	Rice cakes and mandarin segments Milk	Hard-boiled egg quarters and tomatoes Milk	Plain fromage frais with sliced peaches
Lunch	Roast chicken with gravy, mashed potatoes and a vegetable medley Baked apple with custard or fruit selection	Pork and vegetable noodles Plain fromage frais with pear slices or fruit selection	Beef casserole Cheese & crackers with sliced grapes or fruit selection	Salmon fish cake with potato wedges, peas & sweetcorn Plain yoghurt with mixed berries or fruit selection	Pasta with tomato and lentil sauce and wholemeal garlic bread Lemon shortbread with strawberries or fruit selection
Mid-Afternoon Snack	Pepper sticks with houmous dip Milk	Pesto pasta and blueberries	Cucumber sticks with mint yoghurt dip	Rice salad and strawberries	Wholemeal pitta strips with spread and melon slices Milk
Tea	Carrot and butter bean soup with a wholemeal roll Peaches in juice or fruit selection	Tuna and cucumber wrap Fruit platter	Cous cous with chickpeas and tomatoes Apricot and raisin flapjack with banana slices or fruit selection	Vegetable sticks with houmous dip Muffin pizza faces with pasta twists	Baked potato with baked beans Fruit salad with plain yoghurt or fruit selection

- Milk and water can be provided at each meal and snack occasion but is only shown at snack (and some breakfast occasions) on the sample menus. However, large volumes of milk after 1 year are discouraged (i.e. more than 600ml) as it may reduce appetite for other foods.
- Fruit should be available as a choice for children as an alternative to the dessert/pudding each day.
- Food should be prepared for the age and stage of the child to avoid choking risk. Please refer to [Section 5.6](#) of the guidance for further information.

Sample menu week 2

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Wheat biscuits with milk, toast with spread and blueberries	Toast with spread, plain yoghurt and peach slices Milk	Porridge, toast with spread and mixed berries	Malted wheat cereal with milk, toast with spread and melon slices	Toast with spread, scrambled egg and tomatoes Milk
Mid-Morning Snack	Hard boiled egg quarters with cucumber sticks	Rice cakes and strawberries	Fruity rice and melon slices	Plain fromage frais with sliced plums Milk	Pepper sticks with cream cheese dip Milk
Lunch	Mixed beans and tomato sauce with cous cous Plain fromage frais with pineapple in juice or fruit selection	Creamy chicken and vegetable pasta Apple and pear oat crumble with custard or fruit selection	Vegetable sticks with houmous dip Pork sausage with mashed potatoes and baked beans	Beef mince and vegetables with boiled potatoes and broccoli Rice pudding with raisins or fruit selection	Fish curry with rice Plain yoghurt with sliced plum or fruit selection
Mid-Afternoon Snack	Wholemeal pitta strips with spread and sliced grapes Milk	Carrot sticks with houmous dip Milk	Plain yoghurt with pear slices Milk	Crackers with sliced banana	Pasta salad and apple slices
Tea	Macaroni cheese with spinach Fruit platter	Baked potato with tuna and sweetcorn Sliced mandarins in juice or fruit selection	Vegetable frittata with pasta twists Fruit platter	Mackerel pâté and pepper wrap Fruit salad with plain yoghurt or fruit selection	Vegetable and lentil soup with a wholemeal roll Chocolate orange cupcake with sliced apple or fruit selection

- Milk and water can be provided at each meal and snack occasion but is only shown at snack (and some breakfast occasions) on the sample menus. However, large volumes of milk after 1 year are discouraged (i.e. more than 600ml) as it may reduce appetite for other foods.
- Fruit should be available as a choice for children as an alternative to the dessert/pudding each day.
- Food should be prepared for the age and stage of the child to avoid choking risk. Please refer to [Section 5.6](#) of the guidance for further information.

Vegetarian sample menu

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Wheat biscuits with milk, toast with spread and blueberries	Toast with spread, plain yoghurt and peach slices Milk	Porridge, toast with spread and mixed berries	Malted wheat cereal with milk, toast with spread and melon slices	Toast with spread, scrambled egg and tomatoes Milk
Mid-Morning Snack	Hard boiled egg quarters with cucumber sticks	Rice cakes and strawberries	Fruity rice and melon slices	Plain fromage frais with sliced plums Milk	Pepper sticks with cream cheese dip Milk
Lunch	Mixed beans and tomato sauce with cous cous Plain fromage frais with pineapple in juice or fruit selection	Chicken style pieces and vegetable pasta Apple and pear oat crumble with custard or fruit selection	Vegetable sticks with houmous dip Vegetarian sausage with mashed potatoes and baked beans	Vegetarian mince and vegetables with boiled potatoes and broccoli Rice pudding with raisins or fruit selection	Tofu curry with rice Plain yoghurt with sliced plum or fruit selection
Mid-Afternoon Snack	Wholemeal pitta strips with spread and sliced grapes Milk	Carrot sticks with houmous dip Milk	Plain yoghurt with pear slices Milk	Crackers with sliced banana	Pasta salad and apple slices
Tea	Macaroni cheese with spinach Fruit platter	Baked potato with baked beans Sliced mandarins in juice or fruit selection	Vegetable frittata with pasta twists Fruit platter	Cream cheese & pepper wrap Fruit salad with plain yoghurt or fruit selection	Vegetable and lentil soup with a wholemeal roll Chocolate orange cupcake with sliced apple or fruit selection

- Milk and water can be provided at each meal and snack occasion but is only shown at snack (and some breakfast occasions) on the sample menus. However, large volumes of milk after 1 year are discouraged (i.e. more than 600ml) as it may reduce appetite for other foods.
- Fruit should be available as a choice for children as an alternative to the dessert/pudding each day.
- Food should be prepared for the age and stage of the child to avoid choking risk. Please refer to [Section 5.6](#) of the guidance for further information.

3.6 Menu checklist

Use this checklist to help with your menu planning.

LIGHT MEALS

	Has this been achieved? (✓)	
	Yes	No
A fruit and/or vegetable portion should be provided. (Standard 1)		
Oily fish should be provided once a week across light meal or snack on the weeks when it is not provided as a main meal.		
Oily fish should be limited to a maximum of twice per week. (Standard 2)*		
Red and red processed meat should be limited to a maximum of three times per week, one of which can be red processed meat, but at no more than one meal occasion per day. (Standard 3)**		
Only plain and unsweetened yoghurts or fromage frais can be provided. (Standard 4)		
Sweetened and baked products, puddings and desserts (including dairy and non-dairy alternatives based desserts) should be limited to a maximum of three times per week, but no more than one meal occasion per day. If combination dishes are provided e.g. crumble and custard, this would be classed as one serving. It is important that the serving size reflects one portion. (Standard 5)**		
Only breakfast cereals meeting the following criteria can be provided: <ul style="list-style-type: none"> • No more than 15g of total sugar per 100g. • No more than 440mg sodium per 100g. • No more than 1.1g of salt per 100g • At least 3g of fibre per 100g. (Standard 6)		
Fried foods should be limited to a maximum of once per week. This includes any product which is fried in the manufacturing process. Chips, if provided, should be served as part of a meal. Deep frying should not be used as a cooking method. (Standard 7)**		
Only the following savoury snacks can be provided: <ul style="list-style-type: none"> • Plain oatcakes. • Plain savoury crackers. • Plain rice cakes. • Plain breadsticks Plain means those without the addition of other ingredients, seasonings, coatings or flavours such as cheese or yoghurt. These should be limited to a maximum of once per day. (Standard 8)^		

*Maximum applicable across week for main meal, light meal and snack combined.

** Maximum applicable across week for main meal and light meal combined.

^ Maximum applicable across the day for main meal, light meal and snack combined.

LIGHT MEALS

	Has this been achieved? (✓)	
	Yes	No
Only bread and bread rolls which contain a minimum of 3g fibre per 100g can be provided. (Standard 9)		
Savoury pastry and pastry products should be limited to a maximum of once per week. (Standard 10)**		
Oils should contain a saturated fat content of no more than 16g per 100g. Fat spreads should contain a saturated fat content of no more than 20g per 100g. (Standard 11)		
No salt should be used in cooking. No salt should be provided to add to food after the cooking process is complete. Other condiments, preserves, syrups and honey should only be provided infrequently and sparingly to add to the acceptability of a meal. When provided, these should be lower fat, salt and sugar varieties where possible. (Standard 12)		
Confectionery should not be provided at any time. (Standard 13)		
The only drinks that should be provided are: <ul style="list-style-type: none"> • Still, plain water. • Plain milk or unsweetened fortified non-dairy alternative. (Standard 14)		

*Maximum applicable across week for main meal, light meal and snack combined.

** Maximum applicable across week for main meal and light meal combined.

^ Maximum applicable across the day for main meal, light meal and snack combined.

MAIN MEALS

Has this been achieved? (✓)

	Yes	No
At least two portions of vegetables should be provided.		
Where a dessert is provided, a portion of fruit should always be an option. (Standard 1)		
Oily fish should be provided at least once every three weeks.		
Oily fish should be limited to a maximum of twice per week. (Standard 2)*		
Red and red processed meat should be limited to a maximum of three times per week, one of which can be red processed meat, but at no more than one meal occasion per day. (Standard 3)**		
Only plain and unsweetened yoghurts or fromage frais can be provided. (Standard 4)		
Sweetened and baked products, puddings and desserts (including dairy and non-dairy alternatives based desserts) should be limited to a maximum of three times per week, but no more than one meal occasion per day. If combination dishes are provided e.g. crumble and custard, this would be classed as one serving. It is important that the serving size reflects one portion. (Standard 5)**		
Only breakfast cereals meeting the following criteria can be provided: <ul style="list-style-type: none"> • No more than 15g of total sugar per 100g. • No more than 440mg sodium per 100g. • No more than 1.1g of salt per 100g • At least 3g of fibre per 100g. (Standard 6)		
Fried foods should be limited to a maximum of once per week. This includes any product which is fried in the manufacturing process. Chips, if provided, should be served as part of a meal. Deep frying should not be used as a cooking method. (Standard 7)**		
Only the following savoury snacks can be provided: <ul style="list-style-type: none"> • Plain oatcakes. • Plain savoury crackers. • Plain rice cakes. • Plain breadsticks Plain means those without the addition of other ingredients, seasonings, coatings or flavours such as cheese or yoghurt. These should be limited to a maximum of once per day. (Standard 8)^		
Only bread and bread rolls which contain a minimum of 3g fibre per 100g can be provided. (Standard 9)		
Savoury pastry and pastry products should be limited to a maximum of once per week. (Standard 10)**		

*Maximum applicable across week for main meal, light meal and snack combined.

** Maximum applicable across week for main meal and light meal combined.

^ Maximum applicable across the day for main meal, light meal and snack combined.

MAIN MEALS

Has this been achieved? (✓)

	Yes	No
<p>Oils should contain a saturated fat content of no more than 16g per 100g. Fat spreads should contain a saturated fat content of no more than 20g per 100g. (Standard 11)</p>		
<p>No salt should be used in cooking. No salt should be provided to add to food after the cooking process is complete. Other condiments, preserves, syrups and honey should only be provided infrequently and sparingly to add to the acceptability of a meal. When provided, these should be lower fat, salt and sugar varieties where possible. (Standard 12)</p>		
<p>Confectionery should not be provided at any time. (Standard 13)</p>		
<p>The only drinks that should be provided are:</p> <ul style="list-style-type: none"> • Still, plain water. • Plain milk or unsweetened fortified non-dairy alternative. <p>(Standard 14)</p>		

SNACKS

	Has this been achieved? (✓)	
	Yes	No
A fruit and/or vegetable portion should be provided. Dried fruit should not be provided. (Standard 1)		
Oily fish should be provided once a week across light meal or snack on the weeks when it is not provided as a main meal. Oily fish should be limited to a maximum of twice per week. (Standard 2)*		
Red or red processed meat should not be provided. (Standard 3)		
Only plain and unsweetened yoghurts or fromage frais can be provided. (Standard 4)		
Sweetened and baked products, puddings, and desserts (including dairy and non-dairy alternatives) should not be served. (Standard 5)		
Only breakfast cereals meeting the following criteria can be provided: <ul style="list-style-type: none"> • No more than 15g of total sugar per 100g. • No more than 440mg sodium per 100g. • No more than 1.1g of salt per 100g • At least 3g of fibre per 100g. (Standard 6)		
Fried foods should not be provided. (Standard 7)		
Only the following savoury snacks can be provided: <ul style="list-style-type: none"> • Plain oatcakes. • Plain savoury crackers. • Plain rice cakes. • Plain breadsticks Plain means those without the addition of other ingredients, seasonings, coatings or flavours such as cheese or yoghurt. These should be limited to a maximum of once per day. (Standard 8)^		
Only bread and bread rolls which contain a minimum of 3g fibre per 100g can be provided. (Standard 9)		
Savoury pastry and pastry products should not be provided. (Standard 10)		
Oils should contain a saturated fat content of no more than 16g per 100g. Fat spreads should contain a saturated fat content of no more than 20g per 100g. (Standard 11)		
Salt, other condiments, and preserves should not be provided. (Standard 12)		
Confectionery should not be provided at any time. (Standard 13)		
The only drinks that should be provided are: <ul style="list-style-type: none"> • Still, plain water. • Plain milk or unsweetened fortified non-dairy alternative. (Standard 14)		

*Maximum applicable across week for main meal, light meal and snack combined.

** Maximum applicable across week for main meal and light meal combined.

^ Maximum applicable across the day for main meal, light meal and snack combined.

4

Meeting the needs of all children



4.1 Special dietary requirements

It is important to consider the nutritional needs of the children in your care, including those with special dietary requirements.

Children with special dietary requirements may require exclusion or inclusion of specific foods or ingredients for a variety of reasons: religious or cultural beliefs, food allergies, intolerances or modified diets for other medical reasons. Children with special dietary requirements should be included in meal and snack times with other children as far as possible. Only where a risk assessment concludes that a significant risk remains despite adequate training and supervision of meals and snacks times, would a child need to eat their meal separately to other children.

Information about special dietary requirements should be discussed with parents and carers, and updated regularly in the child's care plan to ensure their dietary needs are met. It is important not to exclude foods from a child's diet without a valid reason as this may lead to unnecessary restrictions in their diet.

Parents and carers may be able to help the childcare setting by sharing guidance already provided by a healthcare professional. Childcare providers are not expected to be experts. Advice and guidance from appropriately qualified health professionals should always be sought if required to help with menu planning.

The information in this section is a general guide to the more common special diets and includes key points to consider when managing dietary requirements in childcare settings.

4.2 Food for religious faiths and beliefs

Children and their families may exclude certain foods or only eat foods prepared or cooked in a particular way according to their religious faith. Fasting is common in many religions, although younger children tend to be exempt. It is important to be aware how this may affect children at meal and snack times and ensure where possible that an inclusive approach is used.

Compliance with these restrictions may vary between denominations, branches or even families. Childcare settings should discuss the provision of food for any children where their religious faiths or beliefs require consideration during the menu planning process and at meal and snack times.

Some faith groups will follow a vegetarian diet due to both religious customs and personal choice. [Section 3.3](#) provides support when providing vegetarian menus.



Food experiences provide children with opportunities to learn about other cultures and beliefs. This will support them to recognise and respect that others' choices may be different from their own.

Relevant HSCS:

1.37 My meals and snacks meet my cultural and dietary needs, beliefs and preferences.



Being supported by adults who know the children well will ensure that snack times and mealtimes are enjoyable and safe.

Relevant HSCS:

1.19 My care and support meets my needs and is right for me.

1.34 If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.

3.15 My needs are met by the right number of people.

5.17 My environment is secure and safe.

4.3 Food allergies and intolerances

Food allergies

An allergic reaction occurs when the body's immune system mistakenly reacts to a food or substance that is usually harmless. The food or substance that the body reacts to is known as an allergen. The most common foods associated with food allergy are provided in [Section 2.5](#).

Most allergic reactions are mild and may cause a variety of symptoms, often involving the skin (for example, an itchy rash, hives and/or swelling of the lips, eyes or face), stomach or digestive system (such as vomiting, abdominal pain or diarrhoea). Sometimes allergic reactions can involve the airways, breathing and/or circulation (anaphylaxis), which can be potentially life threatening.

Allergic reactions are often unpredictable, can vary over time and may present differently between children. When caring for children with a diagnosed food allergy or allergies, childcare settings should take an individualised approach to understand each child's needs.

If the child has been diagnosed with a food allergy by a health professional, the family may have an allergy action plan, and prescribed allergy medicine(s). This action plan should be shared with the childcare setting and food service provider, and include information about the child's possible symptoms and how to treat a reaction (as well as written consent for administration of allergy medication and when to seek medical attention). This information should be recorded on a care plan, updated regularly and should be communicated to all practitioners. Example allergy action plans are available from the [British Association for Allergy and Clinical Immunology \(BSACI\)](#).



Regular communication with parents and carers is important to ensure a child's care plan is up to date.

Allergy medicines typically include an antihistamine, but possibly also a blue inhaler with spacer device and/or adrenaline autoinjector devices such as an EpiPen. The allergy action plan may include details of how to use the device, but settings should also be trained in the use of the specific brand of device the child has. Childcare settings should speak to parents and carers who may be able to liaise with the health professional about accessing training for specific devices.

Allergy medicines should be accessible at all times to all practitioners, not locked away, and should be protected from direct sunlight and temperature extremes. The container for the medicines should be clearly labelled with the child's name. It is important to ensure all medicines are in date and practitioners have a system in place to check expiry dates regularly.

In the case of autoinjector devices, two devices should be available as a second dose may be required.

The Care Inspectorate provides guidance on the [management of medication in daycare of children and childminding services](#).

If a child has not yet been assessed by a health professional but a food allergy is suspected, you should advise parents and carers to visit their GP or discuss their concerns with a health visitor.



Training for childcare settings in allergy management is sometimes available from the local authority and other providers such as The Royal Environmental Health Institute of Scotland (REHIS), Food Standards Scotland, Allergy Action, and Anaphylaxis UK. More information about allergy training can be found in [Section 5.8](#).



Food intolerances

Food intolerance is different to food allergy and usually occurs when the body has difficulty digesting certain foods or ingredients in food. Intolerances do not involve the immune system and are not life threatening. Food intolerances cause unpleasant symptoms such as abdominal pain or discomfort, diarrhoea, bloating, constipation, red rash, itching or eczema flares. It is possible for individuals with food intolerances to tolerate a small amount of the food before they develop symptoms.

Some common food intolerances include:

- Lactose intolerance (lactose is the sugar found in animal milk, e.g. cows' milk, goats' milk and sheep's milk and can be found in foods or drinks containing animal milk, e.g. yoghurt).
- Gluten intolerance or sensitivity (gluten is a protein found in wheat, barley and rye). It is important to note that gluten intolerance is different to coeliac disease. More information about coeliac disease can be found in [Section 4.4](#).
- Intolerance to some food additives or chemicals.

The diagnosis of food intolerances can be challenging. If a food intolerance is suspected, you should encourage parents and carers to keep a diary of foods eaten and the symptoms experienced, which can then be discussed with a health professional. This can be a useful way to highlight patterns between foods and symptoms.

It is important not to exclude foods for prolonged periods due to suspected allergy or intolerance without input from an appropriate health professional, as this can result in an unnecessarily restricted diet, which could have a negative impact on nutrition.



contain' or other precautionary label should be discussed with parents and carers, and the child's health professional.

 **It is important to communicate clearly with parents/carers, and food service providers throughout the menu planning process.**

Aside from checking the labels of prepacked food for allergens, childcare settings who produce food on site are required to keep accurate recipes including a clear list of the allergens present in each dish/menu. This information should be available for parents and carers to access upon request and should be updated each time a recipe or menu is changed or updated. If food is provided by an external food service provider, you should communicate with them regularly to ensure allergen information is available and up-to-date. The food service provider may have their own special diet request procedures.

Childcare settings should take appropriate precautions to reduce the risk of contact with allergens but there is no way to 'guarantee' that food provided will be free of allergens. You may choose to exclude specific foods (peanuts and tree nuts for example) as a way of reducing risk. However, it is not feasible to exclude all allergens such as dairy, eggs and/or wheat without causing unreasonable dietary restrictions for other children. Decisions about food exclusions are unique to each childcare setting and the practicalities and implications of enforcing such exclusions should be considered.

 **Food labels should be checked each time a product is purchased; food manufacturers can change ingredients without notice or warning.**

 **Check each product at the point of delivery to ensure that it is the product that was ordered; any substitutions should be checked for potential allergens.**

Food allergen labelling

Under UK food law, there are 14 food allergens⁷⁰ that must be highlighted on labels of all pre-packed and pre-packed for direct sale (PPDS) food. However, there are other food allergens not included in these 14 allergens and they will not be highlighted on a label. If a child has a known food allergy, it is important you know which food(s) to avoid and to check all food labels carefully.

Precautionary allergen labelling (PAL) includes wording on labels such as, 'may contain' or 'made in a factory where the allergen might be present'. They all mean the same thing: that there is a risk of the unintentional presence of an allergen in a food product due to the allergen entering the product accidentally, or through cross contact.

Some families choose to allow foods that have PAL, but some do not. Avoiding these food products will restrict options and may not be necessary for all children with allergies. Guidance on the need to avoid products with a 'may

Cross contact

For children with food allergies even a small amount of an allergen can cause an allergic reaction and potential for a longer-term impact on health. It is important for childcare settings to reduce the risk of cross contact as much as possible.



Ways you can do this include:

- Washing your hands thoroughly with warm soapy water before and after handling allergens (alcohol-based gels are not suitable for the removal of food allergen residues).
- Cleaning surfaces, utensils and equipment thoroughly and regularly using hot, soapy water, before and in between tasks where allergen containing foods have been used/prepared.
- Storing foods that contain allergens separately in clearly labelled containers, e.g. gluten free bread to avoid contact with bread containing gluten.
- Sealing opened packets appropriately or storing them in airtight, labelled containers to reduce the spread of foods that can become airborne, e.g. flour.
- Ensuring the same spoon or utensils are not used for different ingredients or dishes.
- Ensuring mealtimes are appropriately supervised so children do not share food and utensils.
- Ensuring children's hands are cleaned thoroughly before and after eating using the prescribed hand washing procedure (alcohol-based gels are not suitable for the removal of food allergen residues).

Allergens cannot be removed or destroyed by cooking to a high temperature, so it is important that they are managed carefully. All childcare providers are required to follow correct food safety and hygiene practices. Further information on food safety and hygiene can be found in [Section 5.6](#).



Relevant HSCS:

1.19 My care and support meets my needs and is right for me.



4.4 Coeliac disease

Coeliac disease is a common and serious autoimmune condition that can develop at any age. When someone with coeliac disease eats gluten (a protein found in wheat, barley and rye), their immune system attacks itself and causes damage to the gut. This means that their body might find it difficult to absorb nutrients from food properly. Coeliac disease is treated with a lifelong gluten-free diet.

Children with coeliac disease must strictly avoid foods containing gluten, e.g. ordinary wheat flour, bread, breakfast cereals, crackers, biscuits, pastry and pasta. Many packaged and processed foods contain gluten, e.g. some processed meats and fish, sausages and soups, and these must also be avoided.

Traces of gluten may also be found in foods where gluten is not an ingredient but where there has been cross contact of gluten containing foods. [Section 4.3](#) provides further information on cross contact. An example of this is oats. Oats do not contain gluten but can be contaminated by other cereals during production. Some people with coeliac disease get symptoms even with gluten-free oats but this is rare.

There are many specially manufactured gluten-free foods available. These include gluten-free bread, pasta, biscuits and flour.

The following websites provide further information on coeliac disease:

[NHS Inform- Coeliac disease](#)

[Coeliac UK](#)

4.5 Diabetes

There are two main types of diabetes; type 1 and 2. It is most likely that any young children with diabetes in your care will have type 1 diabetes. This is an autoimmune condition, treated with insulin and cannot be treated or cured by diet.

If you have a child with diabetes in your care, they will need a health care plan, developed in collaboration with the child's parents/carers and local paediatric diabetes team. This may include details on diet, carbohydrate counting and insulin treatment. It may also include emergency treatment for episodes of hypoglycaemia (low sugar). Staff may require training in the use of these treatments. Further information on training provided below.

Insulin doses may be based on the carbohydrate content of what the child is eating, so the family may need access to menus.

Children with diabetes should eat a healthy balanced diet and follow the same advice as for the rest of the population, unless advised otherwise by the child's parents/carers. The increasingly common use of diabetes technology such as insulin pumps and continuous glucose monitoring means that children with type 1 diabetes can enjoy the same menu as their peers and should eat at the same time. Extra snacks may be required to manage their diabetes appropriately.

Local paediatric diabetes services may provide training or be able to signpost to appropriate training. The following websites provide further information on diabetes:

[DigiBete](#) – teaching videos for carers including early years providers.

[Diabetes UK](#) – a resource pack for schools which could also be used by early years providers.

[JDRF \(Juvenile Diabetes Research Foundation\)](#) – resources for education professionals.

4.6 Selective eating

Selective eating, which is sometimes referred to as food refusal, restricted eating or fussy eating is common typically in children aged around 18 months to 2 years. It is normal for a child who was eating a wide range of different flavours and textures to then start expressing preferences for specific foods.

Given that children are more likely to try new foods when with their peers, childcare settings offer the ideal opportunity to help children have more variety in their diet and to therefore develop healthy eating habits that can be continued at home. Equally, parents and carers know their child best and may be able to help you by advising what works in the home environment. Childcare settings should work together with parents and carers to support children who have very restricted diets.

Where parents and carers report severe and persisting selective eating, and the childcare setting can confirm this, parents and carers should be encouraged to seek advice from their health professional who may suggest reasonable modifications to meals and snacks. A special diet may be required in the most extreme cases but should be overseen and reviewed regularly by their health professional.

The following websites provide further information on selective eating:

[Fussy eaters- British Dietetic Association \(BDA\)](#)

[Top Tips for Fussy Eating- HENRY](#)

[Food & Eating- Parent Club](#)

4.7 Children with additional support needs and other special diets

Some children may have specific dietary needs because of physical or developmental issues, which may affect their ability to eat independently, for example difficulty with textures or swallowing. These children may need to have their food prepared in a particular way to make it easier to eat. They may need childcare settings to provide one to one support at each meal and snack time if they are unable to feed themselves.

This is an important way to meet HSCS 1.34 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected'. Further information on HSCS standards can be found in [Section 5](#).

It is also important to consider children who may experience sensory issues around foods, for example, sensitivity to textures, tastes or smells, which can lead to limited preferences or aversions towards specific foods. You will need to consider these needs when planning menus and providing food, communicating with food service providers where required.



As well as modifying the foods offered, some adaptations to the eating environment could also be made, wherever possible, as a way to support the child at mealtimes, e.g. limiting noise and other distractions, having a cloth to wipe hands if required and not pressuring the child to eat.

If a child requires a special diet for a medical reason not discussed above, it is important to have written confirmation from their qualified health professional about the nature of their specific needs so that their nutritional requirements can be achieved. This information should be recorded on the child's care plan, updated regularly and should be communicated to all practitioners and food service providers.

 **For children on a special diet, the parents and carers or registered dietitian should supply the childcare setting and food service provider 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 may be required.**

4.8 Top tips for managing special dietary requirements

Responding to the needs of children with special dietary requirements requires early and effective communication with parents and carers as well as the food service provider and any relevant health professionals (in the case of food allergies or food avoidance for other medical reasons). Information on the needs of an individual child is best obtained in advance of them starting at the setting.



It is important that all practitioners understand:

- Each child's special dietary requirements including which foods or ingredients must be avoided, and which should be included.
- Food modification for particular children.
- How to balance safety and inclusion for each child.
- Their responsibility in reducing risk, for example:
 - » Preparing and serving meals and snacks.
 - » Avoiding art/craft or other activities involving foods that a child is allergic to, for example, play dough or pasta (wheat/gluten), birdseed or music shakers (nuts or pulses).
 - » Supervising children appropriately at mealtimes to avoid food sharing and cross contact.
 - » Taking care with celebrations (e.g. birthdays, festivals or holidays) where foods are brought and shared by practitioners or parents and carers.
 - » Informing parents and carers of other children of the potential risk of foods brought from home. [Section 5.3](#) provides further information on food brought from home.
 - » Encouraging children with food allergies to ask about what is in the food that is offered to them.

- Warning signs or symptoms to look out for in the case of food allergies or intolerances.
- Which children have allergy action plans in place, how to access these and follow the procedures described within them, including action to take in case of an emergency and correct administration of prescribed medication.

Childcare settings should establish a clear, written [food and nutrition policy](#) detailing procedures for managing special dietary requirements including food allergies and reducing risk within the setting.

The food and nutrition policy should be communicated to all practitioners and relevant members of the childcare setting as well as parents and carers. It is important to review and update your document regularly and have a system in place for informing temporary or bank staff of the setting's procedures for managing special dietary requirements.

A food and nutrition policy should provide procedures to follow when planning menus for special dietary requirements. This may include, for example, what happens when a food or an ingredient in a recipe is substituted due to supply issues or a supplier makes changes to a product.

Relevant HSCS:

1.19 My care and support meets my needs and is right for me.

1.34 If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.

3.15 My needs are met by the right number of people.

5.17 My environment is secure and safe.



Being supported by adults who know the children well will ensure that snack times and mealtimes are enjoyable and safe.

5

Putting the guidance into practice



5.1 Supporting healthy eating in your setting

Everyone working in early years has a responsibility to support children to eat healthily and have positive healthy eating experiences, that can help them to develop good lifelong eating habits.

Knowing what food to provide and how to go about it, can be daunting. The following information aims to provide practical advice and signpost to a variety of best practice guidance documents that are available to help.

The [Health and Social Care Standards: my support, my life \(HSCS\)](#) set out what we should expect when using health, social care or social work services in Scotland. These human rights-based standards should be considered by care providers when planning children's care. There are specific care standards that relate to eating and drinking and these have been highlighted below.

Health and Social Care Standards (HSCS): Eating and drinking

- 1.33 I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.
- 1.34 If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.
- 1.35 I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.
- 1.36 If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate.
- 1.37 My meals and snacks meet my cultural and dietary needs, beliefs, and preferences.
- 1.38 If appropriate, I can choose to make my own meals, snacks, and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible.
- 1.39 I can drink fresh water at all times.



The Care Inspectorate's [Keeping children safe: supporting positive mealtime experiences in early learning and childcare \(ELC\)](#) provides support and guidance around the planning, preparation and provision of nutritious and healthy meals and snacks for children.

The provision of food in childcare settings provides children with many opportunities for learning experiences. This nutritional guidance should be considered in conjunction with [Getting it right for every child \(GIRFEC\)](#), [Curriculum for Excellence](#), [Realising the Ambition: Being Me](#) and the [UN Convention on the Rights of the Child \(Article 3 and 24\)](#) to support those experiences.

5.2 Developing a food and nutrition policy

Whether you provide meals or snacks, or children bring food into your setting from home, it is good practice to have a food and nutrition policy in place. Your policy will help you share your approach to food provision, as well as demonstrate how you will support a child's learning journey with food.

The content of your food and nutrition policy will depend on your childcare setting and the type of food provision.

 **If you are in partnership with your local authority, you must follow [The National Standard For Early Learning And Childcare Operating Guidance](#) and have a food and nutrition policy in place.**

When developing a food and nutrition policy some of the important points to include are:

- Information that covers all aspects of your setting's approach to food and healthy eating.
- Information on how your policy is developed e.g. in partnership with children, parents and staff.
- Information on your food and drink provision.
- Infant feeding guidance e.g. weaning, breast or formula feeding.
- The mealtime environment and social aspects of mealtimes.
- Celebrations and special occasions.
- Management of food allergies and dietary needs.
- Provision for cultural and dietary preferences.
- Policy on food brought in from home.
- Learning about food.
- Cooking with children.
- Food safety and hygiene.
- Sustainability.
- Protecting children's health.⁷¹

Remember, because every setting is unique, you will need to adapt your policies to reflect your own service provision.

5.3 Importance of menu planning

Planning menus in advance can help you feel confident that you can provide children with well-balanced and nutritious meals and snacks in a relaxed and nurturing environment. Planning menus also helps to minimise waste and potentially reduce food cost.

 **If meals are provided by your local authority or other food service provider, they will provide you with a planned weekly menu.**

Involving children in menu planning can help their interest in food. Their increased curiosity can support language development and the development of early numeracy skills.

Consideration of children's dietary, cultural and support needs is essential. This links to HSCS: 1.37 'My meals and snacks meet my cultural and dietary needs, beliefs, and preferences'. Further information on meeting the needs of all children can be found in [Section 4](#). To help ensure children's dietary needs are met and that all food is safe to eat, it is important to work in partnership with parents and carers in the planning and preparation of menus and home-provided packed lunches.

Preparing and providing your own food can often make mealtimes a lot less complicated; children eat the same or similar foods, and you can be sure it is healthy and nutritious. Providing your own food can also help minimise exposure to potential allergens in your setting. See [Section 4.3](#) and [Section 4.4](#) for more information on allergens.

Consideration of the different types of food groups is necessary to ensure that the content of your menus meets the food and drink standards outlined in [Section 3](#). A [menu checklist](#) along with nutritional guidance and [sample menus](#) are also available to support you in menu planning.

Some foods should be included in your menus more often than others. The checklist is designed to help you with this. The menus can be adapted for use in any childcare setting.



Exploring the journey of food will help children to understand food origins and discover ways in which eating and drinking may help us to grow and keep healthy.



Relevant HSCS:

1.38 If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible.

Some other considerations when planning menus are:

Rolling snack or all-together snack?

A rolling snack is where children choose when to have their snack and can serve themselves when they feel like it. An all-together snack is where all children are given and eat their snack at the same time. What you choose to do will depend on your childcare setting and what works for you.

If you choose to offer a rolling snack, you should make sure that:

- You supervise this sufficiently and that children are always safe.
- There is a 'snack window' so that food is kept fresh and appetising for the children.
- There is a gap between the end of the rolling snack and the next mealtime.

Some children will forget to have a snack if there is no set time, so it is important that practitioners support the children who may need reminding.



All pre-school children spending two hours or more in the care of a participating, regulated day care provider and/or childminder are entitled to funding for a daily portion of milk (189 ml), or specified non-dairy alternative and a healthy snack of fresh fruit or vegetables through the [Scottish Milk and Healthy Snack Scheme \(SMHSS\)](#).

Always hungry

Be aware that children have different needs and different appetites. Even if they are the same age, some children will eat more than others. It is important to be guided by the child's appetite and offer portion sizes that meet their needs. Remind yourself of the following points:

- We know that children have growth spurts and during these times they may need more food to fuel their growth.
- Be mindful that active children may also be hungrier.
- Knowing whether children have eaten anything before they arrive in the setting is important i.e. they may feel particularly hungry if they have not had breakfast before arriving.
- Make sure they are not just thirsty. HSCS: 1.39 'I can drink fresh water at all times'.

Not hungry

Some children have smaller appetites and may not eat as much as their peers. It is important to look out for signs of fullness and avoid pushing children to eat more than they are comfortable with. Below are some ways you can support reluctant eaters at mealtimes:

- Make sure you know the child well and are aware of their likes and dislikes. Family engagement is important.
- Make sure the environment is welcoming and nurturing and that the individual child feels safe and comfortable.
- Don't fuss, try to stay relaxed.
- Never force a child to eat. Appetites may vary between children and across different days and weeks. Appetite can be affected by many things, such as how active the child is, if they are unwell, their mood and whether others are eating with them.
- The child may not be hungry; they may be tired or upset. Offering regular meals and snacks according to your planned menu allows the child regular opportunities to top up on nutrients and energy later.

Experimenting with food

Get children involved; think about the opportunities for socialising and learning, which can support meeting the 'experiences and outcomes', for the Curriculum for Excellence⁷²:

- Allowing children to touch, feel, taste and smell new foods is a good way of increasing their familiarity. Encouraging children to explore the sensory qualities of food will help them experience the joy of food.
- Providing the opportunity to try unfamiliar food several times will encourage children to try to accept them.
- Offer children gentle praise and encouragement when they do try something new.
- Be a good role model; children will often follow the lead from a trusted adult. They also learn from their peers.



- Allowing children to play with food outside mealtimes can provide them with opportunities to experience new foods in a relaxed, fun and sociable way.
- When considering food-based learning experiences, think of ways that food waste can be minimised or if the food could be incorporated into food provision.
- Provide opportunities for children to explore and discover where their food and drink has come from.

 **Food-based learning experiences do not always have to use real food. You can expose children to new foods by simply looking at pictures of foods, reading books that include foods or using play foods for role-play.**

! It is important to remember that flour is raw. Flour or raw flour products should not be eaten by young children as it may contain harmful bacteria that can cause food poisoning. The [Food Standards Agency](#) provides further information about the handling of raw flour for consumers at home. Operators of care settings or other businesses where children are handling raw flour or raw flour products may also take account of this advice when considering how risks associated with these activities are managed as part of their risk assessment process. Good hygiene measures should always be applied to reduce the risk, including making sure hands are washed before and after handling flour or dough and ensuring surfaces and utensils are cleaned thoroughly.

Food from home

If parents and carers bring food from home into the childcare setting the following points should be considered:

- Have a [food and nutrition policy](#) in place that sets out your approach to food and nutrition. Discuss this with parents and carers when new children start to ensure they understand your regulatory obligations about promoting a well-balanced and nutritious diet alongside positive eating experiences.
- If applicable, it is helpful to provide examples of the type of foods that parents and carers could include in their child's lunch box. This should be part of your food and nutrition policy. Remember that foods brought from home will need to be checked for potential allergens so that the risk of cross contamination is reduced.
- It may take a period of adjustment for new starters; be patient, parents and carers sometimes send 'treats' in their lunch box for their child because they are anxious and just want to make sure their child eats something.

[Section 5.6](#) provides information on food safety and hygiene, which will support settings further when food is brought in from home. The [Parent](#)

[Club](#) website provides a range of recipes and has easy, fun, healthy and affordable food ideas for families.

Celebrations

Many families like to celebrate their child's birthday and other special events, often by bringing in a cake or sweets to the childcare setting to share. Unfortunately, this can mean that some children are eating these unhealthy foods several times a week; this may be at the childminder's house, in the nursery or at playgroup as well as at home.

An alternative way of celebrating the occasion should be adopted and be part of your [food and nutrition policy](#). This could be choosing a special activity or going on a special trip. It does not have to involve expense.

If you do celebrate with food, try to make it an activity that uses healthy ingredients and be mindful of the special dietary requirements of children in your setting. It can be a fun way to appreciate and respect different cultures. [Section 4](#) provides more information on meeting the needs of all children, particularly food allergies and intolerances.

5.4 A nurturing mealtime environment

Whilst the food provided by childcare settings is very important, it is equally important to provide a nurturing environment. This should be one where children are supported to make healthy and appropriate choices, enjoy the food they are offered, and have positive social interactions and learning experiences associated with eating and drinking together.

The physical environment is important. Make sure that children can sit comfortably at the table and are provided with appropriate crockery and cutlery for their age and stage. [Section 2.1](#) provides information on feeding babies in the first year of life.

Creating an environment where children can develop new skills is essential. Skills such as pouring their own milk or water and serving,

spreading and chopping their own food will support development of gross and fine motor skills. It is good practice for practitioners to sit with the children when they are eating, so that they can supervise, provide support and role model behaviour.

[Food Matters](#) is a resource that highlights examples of good practice from across the childcare sector. It includes examples of small changes settings have made that result in significant improvements, for example, trialling different sizes of serving utensils so that children can be supported to serve themselves.



Think about how you can make improvements in your setting. [Food Matters](#) includes information to help you do this.



Relevant HSCS:

2.21 I take part in daily routines, such as setting up activities and mealtimes, if this is what I want.

Table setting

- Children can be supported to use appropriately sized crockery and cutlery.
- Practitioners need to know the children well, understand their capabilities and support them appropriately.

Location, location, location



- Planning the right environment for children to enjoy their food is essential.
- Whether meals are provided in a dinner hall, an outdoor setting or a smaller/home setting, think about how you can make the mealtime experience a sociable, peaceful and nurturing one.
- Think about each child's individual needs. Some children need more time than others need and might find busy environments intimidating. Does your environment work well for all children? Think about what you could do to enhance their experiences.



Children who are very active may need to eat more food throughout the day to sustain them. It is important that you are responsive to their individual needs.



Active children use up a lot of energy and may need more food to sustain them. This might be particularly so in outdoor settings where children are always on the move.



If children spend a lot of time outside, it is a good idea to provide them with a hot lunch and warm milk at snack times, especially in the colder weather.

5.5 Family engagement

Working alongside families and sharing your approach to food provision is essential. It will help families understand the routines that are in place in your setting and may help them plan their routines at home.

It is important that you have clear communication with parents and carers on children's food intake to make sure that they know what their child has had during the day.

Involving parents and carers in the decisions you make around food provision can help demonstrate your commitment to providing healthy, varied and enjoyable food. Where any child has specific support needs you should liaise with families and health professionals where required. This should be identified within the child's individual care plan. [Section 4](#) provides information on meeting the needs of all children.

5.6 Food safety and hygiene



If children are supported appropriately, they can safely learn to use kitchen utensils, including knives. You can teach children the “bridge and claw” technique to cut things safely.

Food safety is everyone’s responsibility.

Childcare settings need to be registered as a food business operator to provide food. Registration is free and can be done by contacting the Environmental Health team at your Local Authority.

Circumstances that require you to register as a food business include:

- All types of food businesses, including those that; grow food, produce food, cook food, sell food, store food, handle food or distribute food.
- If you provide children with any food, including meals and snacks.
- If children bring their own food that needs to be stored, sometimes heated, and then served to them.
- If you carry out food-based activities such as baking and cooking with the children.

 If you are a childminder and are not sure, whether you need to register as a food business or not, [Food Standards Scotland](#) sets out the legal requirements.

Food Standards Scotland offers a [guide to registering a food business](#), including a questionnaire to help determine whether you need to register as a food business or not.

All childcare settings are required to follow correct food safety and hygiene practices. Settings involved in the provision of food must adhere to the [Food \(Scotland\) Act 2015](#). Check with [Food Standards Scotland](#) for food safety guidance.

Food must be stored, prepared and presented in a safe and hygienic environment. Extra care is needed with babies and young children as they have a lower resistance to food poisoning⁷³.

 **It is important when you serve hot food that you follow the guidance from Food Standards Scotland to ensure food is heated to the correct temperature before serving. This is to avoid food poisoning. However, food should not be served to children at this temperature. Food should be left to cool a little in a safe area, away from children and should be tested by tasting, before serving. For management of burns and scalds, follow the guidance on [NHS Inform](#) website.**

When considering the risks involved in preparing and/or serving food for children, you should make full use of the free expertise of your local environmental health team who are there to advise you on how to comply with the food safety legislation. You can find details of your local environmental health team at [Food Standards Scotland](#).

Food hygiene training

All food handlers should be appropriately trained and have sufficient knowledge to prepare and supply food that is safe to eat. What training you require depends on what kind of provision you offer.

For instance:

- Anyone handling food or preparing and storing breast milk or infant formula milk will need training in **food safety and hygiene**.
- All food businesses, regardless of size, location or type of food must be aware of the **food law** that is relevant to their food business.

[The Royal Environmental Health Institute of Scotland \(REHIS\)](#) is responsible for improving and protecting health and wellbeing in Scotland through education, training, and qualifications in Environmental Health. Details of food hygiene training providers across Scotland can be found [on REHIS website](#).

 **There are different levels of food hygiene training. The [Industry Guide to Good Hygiene Practice](#) will help you decide what level of training you need.**

Food Standards Scotland provides useful advice for businesses around food provision that is relevant for all settings including childminders. Some useful resources include:

- [Safer food, better business for childminders](#)
- [CookSafe Manual](#)
- [Advice on the 4Cs \(chilling, cooking, cleaning and avoiding cross-contamination\) of food safety/hygiene](#).



Choking

For babies and young children, food can be a choking hazard, especially when they do not chew their food well. Choking can happen with any foods, but firm foods, bones and small round foods can be particularly dangerous.⁷⁴

! It is important to always supervise children when they are eating and provide help if required. [Section 2.8](#) provides further information on choking in babies.

Supervision is the key to avoid choking in young children. All children in childcare settings, regardless of their age and stage of development, must be supervised during meal and snack times. Practitioners need to stay with children when they are eating. Children should always sit down when they are eating. Children are more likely to choke if they eat while lying down, running around or playing.

Childcare settings need to encourage babies and children to chew and swallow food properly and not to rush eating. Providers must ensure all practitioners are aware of children's individual needs. Always work in partnership with parents and carers.



If a child has additional support needs that impact on their eating, you may need to seek expert advice. Try contacting the child's named person, this is likely to be their health visitor or a family nurse. They will know of other health professionals who are involved with the child and would be well placed to refer you to other services, if needed.

Food Standards Agency provides an [Early Years Choking Hazards Table](#) on food safety advice on choking hazards in early years settings, and other information on how to prepare food for young children to minimise the risk of choking.

[The Care Inspectorate: Good practice guidance prevention and management of choking episodes in babies and children](#) document raises awareness of preventing and managing episodes for those caring for young children.

The British Red Cross website provides advice on what to do when a baby or child is choking:

- [Learn first aid for a baby who is choking](#)
- [Learn first aid for a child who is choking](#)

[Section 2.8](#) provides information on how to prevent babies from choking.

5.7 Regulation of childcare settings

All childcare settings in Scotland are regulated by the [Care Inspectorate](#), a scrutiny body that supports improvement. They look at the quality of care to make sure it meets high standards. Where they find that improvement is needed, they support services to make positive changes.

Meal and snack times offer registered care providers useful opportunities to demonstrate how they meet children's individual needs and support their learning and development.

[The Care Inspectorate Hub](#) provides access to a range of resources aimed at supporting improvement in childcare settings.

5.8 Staff development and training

The Scottish Government describe having a high-quality workforce as the single most

important driver of the quality of a child's early learning and childcare experience.

“Continuous professional learning (CPL) is an essential component of childcare quality and is linked to children's development. We want a well-trained, professional, and skilled workforce with access to high quality training resources to help deliver the best childcare experience for our children. Evidence suggests that CPL helps ensure staff are aware of best practice and are continually supported in their workplace”.⁷⁵

A clear understanding of child development is essential for those working in childcare settings. This will include an understanding of children's nutritional needs. A training and development programme should be in place to assess the training needs of all practitioners, and appropriate training and support should be provided.



It is important that children are kept well hydrated. Make sure they have access to fresh drinking water throughout the day.

Relevant HSCS:

1.39 I can drink fresh water at all times.

The level of training that is needed depends on the type of childcare setting, the food that is being provided and the role of the individual involved in the food preparation and provision. Induction for new practitioners should include information on meeting children's needs about food and nutrition in the childcare setting. It is good practice to have a training plan for practitioners at induction, and to provide for ongoing learning and development that includes opportunities to improve knowledge and skills around eating, drinking and nutrition.

This supports HSCS: 3.14 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. [Health and Social Care Standards: my support, my life](#) provides further information on all Health and Social Care Standards (HSCS).

[Early learning and childcare: national induction resource](#) is a useful tool to support professionals in their induction.

Links to training opportunities:

[Scottish Qualification Authority](#) (SQA) offer a variety of registerable qualifications, including the HNC in Childhood Practice, vocational courses across SCQF levels, and other degree level qualifications include learning and training in this area.

The following websites provide useful information on training opportunities:

Scottish Government - [National induction resource](#)

Public Health Scotland - [PHS Learning Zone](#): Health Behaviour Change Level 1 and Health Behaviour Change Level 2

REHIS - [Community Training](#): accredited Food Hygiene and Food and Health courses.

REHIS - [Allergy Awareness Joint Award](#)

Food Standards Scotland - [Online Allergy Training](#)

Food Standards Scotland - [Advanced Online Allergen Training](#)

Allergy Action - [Training Courses](#)

Anaphylaxis UK - [Early Years Allergy Training](#)

There are also a range of continued professional learning (CPL) learning opportunities related to healthy eating and food hygiene available from the [National CPL Directory](#).

SSSC CPL opportunity

After reading this guidance, reflecting on what you've read and applying your knowledge in your practice setting, you will be eligible to apply for a SSSC CPL+ MyLearning Badge. This can be used as evidence towards your SSSC CPL requirements. We suggest that this guidance covers the Wellbeing and Support core learning element of your CPL, however you may also make links to other core learning elements.

To be awarded the CPL+ badge, you will have to provide evidence of how working through the guidance and implementing some of the practical examples is relevant to your professional learning. You will be asked what you have learned, why this is important to you and the children you support, and how applying your learning will improve quality and increase your confidence. Once awarded, your supervisor or line manager can endorse your badge.

The CPL+ badge can be accessed [here](#) or by scanning this QR code.



Appendices

Appendix 1 – Nutrient standards

Nutrient standards are based on highest requirements of 1- 4 year olds.

90% of daily average requirements

Nutrient	Min/Max	Based on highest requirements of 1-2 and 3-4 year olds
Energy (kcal/d)		1108
Total fat (g)	Max	43.1
Saturated fat (g)	Max	12.3
Total carbohydrate (g)	Min	147.7
Free sugars (g)	Max	14.8
Protein (g)	Min	15.4
Fibre (AOAC) (g)	Min	13.5
Vitamin C (mg)	Min	27
Vitamin A (mcg)	Min	360
Iron (mg)	Min	6.2
Calcium (mg)	Min	360
Zinc (mg)	Min	5.2
Folate (mcg)	Min	76.5
Salt (g)	Max	2.25
Sodium (mg)	Max	900

30% of daily average requirements

Nutrient	Min/Max	Based on highest requirements of 1-2 and 3-4 year olds
Energy (kcal/d)		369
Total fat (g)	Max	14.4
Saturated fat (g)	Max	4.1
Total carbohydrate (g)	Min	49.2
Free sugars (g)	Max	4.9
Protein (g)	Min	5.1
Fibre (AOAC) (g)	Min	4.5
Vitamin C (mg)	Min	9
Vitamin A (mcg)	Min	120
Iron (mg)	Min	2.1
Calcium (mg)	Min	120
Zinc (mg)	Min	1.7
Folate (mcg)	Min	25.5
Salt (g)	Max	0.75
Sodium (mg)	Max	300

20% of daily average requirements

Nutrient	Min/Max	Based on highest requirements of 1-2 and 3-4 year olds
Energy (kcal/d)		246
Total fat (g)	Max	9.6
Saturated fat (g)	Max	2.7
Total carbohydrate (g)	Min	32.8
Free sugars (g)	Max	3.3
Protein (g)	Min	3.4
Fibre (AOAC) (g)	Min	3
Vitamin C (mg)	Min	6
Vitamin A (mcg)	Min	80
Iron (mg)	Min	1.4
Calcium (mg)	Min	80
Zinc (mg)	Min	1.2
Folate (mcg)	Min	17
Salt (g)	Max	0.50
Sodium (mg)	Max	200

10% of daily average requirements

Nutrient	Min/Max	Based on highest requirements of 1-2 and 3-4 year olds
Energy (kcal/d)		123
Total fat (g)	Max	4.8
Saturated fat (g)	Max	1.4
Total carbohydrate (g)	Min	16.4
Free sugars (g)	Max	1.6
Protein (g)	Min	1.7
Fibre (AOAC) (g)	Min	1.5
Vitamin C (mg)	Min	3
Vitamin A (mcg)	Min	40
Iron (mg)	Min	0.7
Calcium (mg)	Min	40
Zinc (mg)	Min	0.6
Folate (mcg)	Min	8.5
Salt (g)	Max	0.25
Sodium (mg)	Max	100

Appendix 2 – Soya drink specification

The following specification was developed to support childcare providers who offer non-dairy alternative drinks as part of the Scottish Nursery Milk and Healthy Snack Scheme, to choose one that has the closest possible nutritional content to cow’s milk.

1. There is a very wide range of soya drinks on the market with varying levels of nutritional content (calories, protein, sugar, and fat) and added (fortified) vitamins and minerals. This specification has been designed as a guide to support those selecting an unsweetened, calcium-enriched soya drink for children over 12 months to ensure that those provided have the closest possible nutritional content to cows’ milk.
2. The values below are guiding amounts and can be used to compare against the nutritional information of unsweetened, calcium-enriched soya drinks. This information can be found on the back of the packaging or requested from suppliers.
3. Any soya drink provided should be unsweetened and enriched with calcium. Fortification with other nutrients which are present in plain cows’ milk has been included as desirable to help ensure adequate nutrient intakes in children drinking dairy alternatives. However, please note that not all drinks will contain all the desirable nutrients listed below.

Nutrition	Guiding Amount per 100ml
Energy	At least 33kcal/ 138kJ
Fat	At least 1.7g
Sugar	No more than 0.5g
Protein	At least 3.3g

Essential fortified nutrient	Guiding Amount per 100ml
Calcium	120mg

Desirable fortified nutrient	Guiding Amount per 100ml
Riboflavin (B2)	0.2mg
Vitamin B12	0.38µg
Iodine	31µg

4. Organic varieties are not fortified with any vitamins or minerals and are therefore not suitable.
5. Descriptions of unsweetened, calcium enriched soya drinks varies between products. Products may include descriptions such as ‘reduced calorie’, ‘no sweeteners’, ‘totally unsweetened’, ‘no sugars’, ‘light’, ‘original’, ‘natural’, ‘skinny’ and more. The specification above should be used to determine the amount of sugar within the product, and this will help to ensure that it meets acceptable levels.

Appendix 3 – Glossary

A list of key words used within this guidance have been provided for your information.

Cross contact

When an allergen is accidentally transferred from one food to another.

Free sugar

Free sugars are all sugars which are added to food and drinks by manufacturers, cooks, or consumers. However sugars naturally present in honey, syrups and unsweetened fruit and vegetable juice are also considered free sugars because they are not inside the cellular structure of food and can also be more damaging to our health, particularly our teeth. Sugar found naturally in milk and whole fruit and vegetables does not count as free sugar.

Non-dairy alternative

An alternative to milk and dairy products, such as yoghurt, which is unsweetened and calcium-fortified.

Plain (e.g. plain milk /water/breadsticks)

Without the addition of other ingredients.

Prepacked food

Any single item for presentation as such to the final consumer and to mass caterers, consisting of a food and the packaging into which it was put before being offered for sale, whether such packaging encloses the food completely or only partially, but in any event in such a way that the contents cannot be altered without opening or changing the packaging. 'Prepacked food' does not cover foods packed on the sales premises at the consumer's request or prepacked for direct sale. Examples of these products include general supermarket items such as packets of biscuits, boxes of cereal and cartons of fruit juice.

Pre-packed for Direct Sale Food (PPDS)

PPDS food is any single food item for presentation to final consumers and to mass caterers, which consists of the food item and packaging which may enclose the food item completely or partially; but in such a way that the contents of the food item cannot be altered and where the food item is put into packaging before being offered for sale to the customer by the same food business: i) on the same premises; or ii) on the same site; or iii) on other premises if the food is offered for sale from a moveable and/or temporary premises (such as marquees, market stalls, mobile sales vehicles) and the food is offered for sale by the same food business who packed it. Examples of these foods include: sandwiches prepared and then placed into packaging by the food business, before the consumer selects them, and sold from the same premises, or empire biscuits or strawberry tarts that are then packed on the same premises in advance of sale to customers by the baker.

Pre-school children

Children attending an early learning and childcare (ELC) setting.

Appendix 4 – National policies

A number of key national policies supports nutrition in the early years; the most relevant are listed below:

Maternal and Child Health and Early Child Development

The Scottish Government is renewing its focus on pre-birth to three and has launched its [Early Child Development Transformational Change Programme](#) to provide oversight and better integration of policies. This work is focused on what happens during the period from pre-birth to three, when the brain and metabolic and immune systems develop fastest, laying the foundations for life. Evidence shows the 4 things that are needed for babies and young children to develop are:

- sensitive responsive caregiving
- play and stimulation
- nutrition and health
- safe from harm

The Scottish Government [website](#) provides a lot of useful information on maternal and child health policies and activities that aim to promote and support early child development including: Improving maternity and neonatal care³; Milk and Healthy Snack Scheme⁴; Free vitamins for all pregnant women⁵; Maternal and infant nutrition Framework⁶; Safer sleep for babies⁷; Universal health visiting service⁸; Family Nurse Partnership⁹ and; School nursing¹⁰; Vitamin D advice for parents¹¹.

A Healthier Future: Scotland's Diet and Healthy Weight Delivery Plan (2018)

Early childhood – and, in fact, what happens before children are born – is a critical time for establishing good nutrition and healthy eating habits. Achieving Scotland's dietary goals and our ambition to halve childhood obesity, demands action to transform the food environment – that is the environment that influences what we buy and eat – to support healthier choices and reduce the excessive consumption of food and drink high in fat, sugar or salt. The [Delivery Plan](#) sets out a wide range of action across Government, with a primary focus on prevention, to support children and their families to eat well and have a healthy weight.

Early Learning and Childcare

High quality Early Learning and Childcare (ELC) can make an important contribution to children's outcomes, particularly when they are growing up in disadvantaged circumstances. That is why delivery of high quality ELC experiences for all children is at the heart of our approach to ELC. Evidence shows that universally accessible and high quality ELC helps to provide children with skills and confidence to carry into school education, and is a cornerstone for closing the poverty-related attainment gap between children from the most and least deprived communities.

Since August 2021, all local authorities have been offering 1,140 hours of funded Early Learning and Childcare (ELC) to all eligible children, making high quality early learning

3 [Improving maternity and neonatal care - Maternal and child health - gov.scot \(www.gov.scot\)](#)

4 [Milk and Healthy Snack Scheme - Maternal and child health - gov.scot \(www.gov.scot\)](#)

5 [Free vitamins for all pregnant women - Maternal and child health - gov.scot \(www.gov.scot\)](#)

6 <https://www.gov.scot/publications/improving-maternal-infant-nutrition-framework-action/>

7 [Safer sleep for babies - Maternal and child health - gov.scot \(www.gov.scot\)](#)

8 [Universal health visiting service - Maternal and child health - gov.scot \(www.gov.scot\)](#)

9 [Family Nurse Partnership - Maternal and child health - gov.scot \(www.gov.scot\)](#);

10 [School nursing - Maternal and child health - gov.scot \(www.gov.scot\)](#)

11 [Improving maternal and infant nutrition: a framework for action - gov.scot \(www.gov.scot\)](#)

and childcare available to families. All three and four year olds, and eligible two year olds, have a statutory entitlement of up to 1140 hours per year of funded ELC. Local authorities have a duty to make this service available to all eligible children within their area.

[National Standard](#) for all funded providers sets out quality criteria that all providers are required to meet to deliver the funded 1140 ELC entitlement.

The Scottish Milk and Health Snack Scheme

The [Scottish Milk and Healthy Snack Scheme](#) (SMHSS) is a universal preschool policy which supports healthy growth and development in children by promoting and establishing healthy eating habits from an early age that can last into later life. The SMHSS offers all regulated day care settings funding for the provision of a daily portion of fruit and/or vegetables as well as a free daily portion of milk or specified non-dairy alternative or first infant formula (for children under 12 months) for every child spending two hours or more in their care.

The SMHSS aims to reduce the impacts of health inequalities, malnutrition and child poverty and to improve better access to healthier food by removing the cost of a daily portion of milk, or non-dairy alternatives and healthy snacks from parents' pockets.

Best Start Foods

The Best Start Foods payment has replaced the Healthy Start Voucher scheme in Scotland. Best Start Foods aims to tackle the impacts of child poverty by improving access to healthy foods and milk for eligible families on a low income.

Best Start Foods provides financial support to help pregnant people and families with children under the age of three, who receive certain benefits, purchase healthy foods. Some young people can claim without the need to receive benefits. The payments - which are delivered via a pre-paid card - double from birth until a child turns one to support breastfeeding mothers or help with the costs of providing first infant formula milk.

Best Start Foods, the 3 Best Start Grants and Scottish Child Payment are known as [the five family payments](#). Delivered by Social Security Scotland, these payments aim to give children the best start in life.

Tackling Child Poverty and Social Justice

Cash-First – Towards ending the need for food banks in Scotland

Scotland is the first nation in the UK to publish a [Plan](#), grounded in human rights, that works towards ending the need for food banks in Scotland. The Scottish Government will take forward 9 actions over 3 years (2023/26) to improve the response to crisis, including a new £1.8m Cash-First Programme to improve urgent access to cash in a crisis.

Infant Food Insecurity – Responding and Preventing: Guide

The Infant Food Insecurity toolkit was published on 9th February 2024. It forms a guide for local areas to develop and enhance existing Child Poverty and Income Maximisation pathways. Through this work, cash-first responses are being promoted so that families can make choices about the food and other essentials that best meets their needs, and to reduce the need for food banks in line with our Plan.

Outdoor learning

Out to Play sets out how ELC practitioners can enable children to have enjoyable and unhurried food and drink experiences; enable children to make their own food and drink; and ensure children have free access to drinking water at all times.

[Caring for Our Outdoor Spaces](#) also supports children's learning around food waste, composting and using less water.

Food and Drink provision for Primary Schools

When a child starts in primary school, we continue promoting healthy eating through our Regulations governing the nutritional requirements for food and drink served in schools and these Regulations have now been

in place since April 2021. The Regulations are based on scientific evidence and dietary advice which are designed to ensure children and young people are provided with an appropriate amount of energy and key nutrients to support their healthy growth and development. One of the key measures brought about by these Regulations is that all children and young people must be offered at least two portions of vegetables and one portion of fruit with their lunch and have access to fruit and vegetables at other times of the day where food is served (for example a breakfast club or tuckshop). This helps to ensure that children and young people can access more of their five portions of fruit and vegetables on any day when they attend at school. The Regulations have also seen a reduction in the amount of sugar contained in foods served during the course of the school day.

We are also promoting increased uptake of school meals by universally offering free school lunches during school term-time to all children in primaries 1 to 5, and in special schools, where those schools are either run by their local authority or if they are funded directly through a Scottish Government issued grant.

Further information about our school food and drink Regulation is available within the Healthy Eating in Schools guidance, which can be found on the [Scottish Government's website](#).

Food Waste

Reducing food waste is a significant, and growing, challenge across Scotland. The 2021 [Scottish Food Waste Estimate](#) revealed food waste levels have increased since 2013 and wasted food in 2021 contributed 6% of Scotland's carbon emissions. This highlights the role that tackling food waste could play in our just transition to net zero.

To help tackle food waste, the Scottish Government has committed to reset its approach. Our [review](#) of progress since 2019 made clear that previous actions have not yielded desired results and we have begun the process of resetting our approach by acting on lessons learned through the review and

proposing more tailored actions to address gaps and challenges. This has included proposing priority measures to explore options for mandatory reporting on food waste and surplus by businesses, and delivering an intervention plan to inform household behaviour with regards to food waste.

Good Food Nation Plan

The national Good Food Nation Plan represents a fresh approach to food policy and it embeds long-term strategic transformation into decision making at both the national and local levels. Future iterations of Setting the Table will be developed with regard to the six over-arching Outcomes in the Plan.

Getting it right for every child (GIRFEC)

[‘Getting it right for every child’](#) (GIRFEC) is our national approach to promoting, supporting and safeguarding the wellbeing of all children and young people. It provides a consistent framework and shared language which puts rights and wellbeing at the heart of policies and services across all public and third-sector organisations providing support to children and their families. Within the ‘Getting it right for every child’ framework is a range of support from universal, additional, specialist and intensive services which can be delivered through local or national single agencies or jointly through an integrated approach.

The GIRFEC [National Practice Model](#) supports practitioners across services to identify, assess, and analyse a child or young person's wellbeing needs. It brings together the My World Triangle, Resilience Matrix and eight Wellbeing Indicators to help practitioners consider ways in which they can improve wellbeing for a child or young person, including whole-family support.

Appendix 5 – Useful websites

A list of key websites used within this document and others that may be useful to support the implementation of the guidance have been provided for your information.

[A healthier future: Scotland's diet and healthy weight delivery plan | Scottish Government \(www.gov.scot\)](http://www.gov.scot)

[Allergy Training Courses | Allergy Action \(www.allergyaction.org\)](http://www.allergyaction.org)

[Allergy Awareness Joint Award | REHIS \(www.rehis.com\)](http://www.rehis.com)

[Becoming Breastfeeding Friendly Scotland: report | Scottish Government \(www.gov.scot\)](http://www.gov.scot)

[Best Start Grant and Best Start Foods | mygov.scot \(www.mygov.scot\)](http://www.mygov.scot)

[Breastfeeding | Ready Steady Baby! | NHS Inform \(www.nhsinform.scot\)](http://www.nhsinform.scot)

[Breastfeeding and your business | mygov.scot \(www.mygov.scot\)](http://www.mygov.scot)

[Breastfeeding friendly Scotland early learning scheme | NHS Education for Scotland \(www.learn.nes.nhs.scot\)](http://www.learn.nes.nhs.scot)

[Breastfeeding etc. \(Scotland\) Act 2005 \(legislation.gov.uk\)](http://legislation.gov.uk)

[BSACI - Paediatric Allergy Action Plans Care Inspectorate \(www.careinspectorate.com\)](http://www.careinspectorate.com)

[Care Inspectorate Hub - Early Learning and Childcare \(www.hub.careinspectorate.com\)](http://www.hub.careinspectorate.com)

[Children and diabetes | Diabetes UK \(www.diabetes.org.uk\)](http://www.diabetes.org.uk)

[Children and Young People \(Scotland\) Act 2014 \(legislation.gov.uk\)](http://legislation.gov.uk)

[Coeliac UK \(www.coeliac.org.uk\)](http://www.coeliac.org.uk)

[Coeliac disease | NHS inform \(www.nhsinform.scot\)](http://www.nhsinform.scot)

[Community Training | REHIS \(www.rehis.com\)](http://www.rehis.com)

[Continuous Professional Learning - Early learning and childcare: induction resource | Scottish Government \(www.gov.scot\)](http://www.gov.scot)

[Continuous Professional Learning \(CPL\) Portal | Scottish Social Services Council \(www.sssc.uk.com\)](http://www.sssc.uk.com)

[CookSafe Manual | Food Standards Scotland \(www.foodstandards.gov.scot\)](http://www.foodstandards.gov.scot)

[Curriculum for Excellence | Education Scotland \(www.education.gov.scot\)](http://www.education.gov.scot)

[Diet and mental health | Mental Health Foundation \(www.mentalhealth.org.uk\)](http://www.mentalhealth.org.uk)

[DigiBete \(www.digibete.org\)](http://www.digibete.org)

[Early learning and childcare expansion - 2 year old eligibility: BRIA | Scottish Government \(www.gov.scot\)](http://www.gov.scot)

[Early learning and childcare - national induction resource | National Records of Scotland \(nrscotland.gov.uk\)](http://nrscotland.gov.uk)

[Early Years Allergy Training | Anaphylaxis UK \(www.anaphylaxis.org.uk\)](http://www.anaphylaxis.org.uk)

[Eating well for 1-4 year olds | Caroline Walker Trust \(www.cwt.org.uk\)](http://www.cwt.org.uk)

[Eating well in the first year | First Steps Nutrition Trust \(www.firststepsnutrition.org\)](http://www.firststepsnutrition.org)

[Eating well: vegan infants and under 5s | First Steps Nutrition Trust \(www.firststepsnutrition.org\)](http://www.firststepsnutrition.org)

[Equality Act \(2010\) | Education Scotland \(www.education.gov.scot\)](http://www.education.gov.scot)

[Feeding in the first year of life: SACN report | GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[First aid for a baby who is choking | British Red Cross \(www.redcross.org.uk\)](http://www.redcross.org.uk)

[First aid for a child who is choking | British Red Cross \(www.redcross.org.uk\)](http://www.redcross.org.uk)

[Fish and shellfish | NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Food matters: nurturing happy healthy children | Care Inspectorate Hub \(www.hub.careinspectorate.com\)](http://www.hub.careinspectorate.com)

[Food Policy Guidance for Early Years Settings | Early Start Group \(www.earlystartgroup.com\)](#)

[Food safety advice on choking hazards in settings | The foundation years \(www.foundationyears.org.uk\)](#)

[Food \(Scotland\) Act 2015 \(legislation.gov.uk\)](#)

[Formula feeding | Parent Club \(www.parentclub.scot\)](#)

[Formula feeding: How to feed your baby safely | Public Health Scotland \(www.publichealthscotland.scot\)](#)

[Fun first foods: an easy guide to introducing solids foods | Public Health Scotland \(www.publichealthscotland.scot\)](#)

[Funding Follows The Child and The National Standard for Early Learning and Childcare Providers: Operating Guidance | Scottish Government \(www.gov.scot\)](#)

[Getting it right for every child \(GIRFEC\) | Scottish Government \(www.gov.scot\)](#)

[Going Baby Friendly: Maternity, Neonatal, Health Visiting & Children's Centres | Baby Friendly Initiative \(unicef.org.uk\)](#)

[Health and Social Care Standards: my support, my life | Scottish Government \(www.gov.scot\)](#)

[Industry guide to good hygiene practice | UK Hospitality \(www.ukhospitality.org.uk\)](#)

[Improving maternal and infant nutrition: a framework for action | Scottish Government \(www.gov.scot\)](#)

[Improving the oral health of children in Scotland | Childsmile \(www.childsmile.nhs.scot\)](#)

[Infant and young child feeding - UNICEF DATA \(www.data.unicef.org\)](#)

[Infant milks for parents & carers | First Steps Nutrition Trust \(www.firststepsnutrition.org\)](#)

[Infants & new mums | First Steps Nutrition Trust \(www.firststepsnutrition.org\)](#)

[Information about Food Allergies | Food](#)

[Standards Scotland \(www.foodstandards.gov.scot\)](#)

[Juvenile Diabetes Research Fund \(JDRF\) \(www.jdrf.org.uk\)](#)

[Keeping children safe practice notes | Care Inspectorate Hub \(www.hub.careinspectorate.com\)](#)

[Learning your baby's cues | Parent Club \(www.parentclub.scot\)](#)

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Appendix 6 – Working group members

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