

Early years settings

food, drink, oral health, and physical activity policy.

This document provides guidance for policy development in outline form only.

It can be used as a guide to develop a policy that is relevant to the setting with amendments made as necessary.



Introduction



Rationale and Policy Considerations

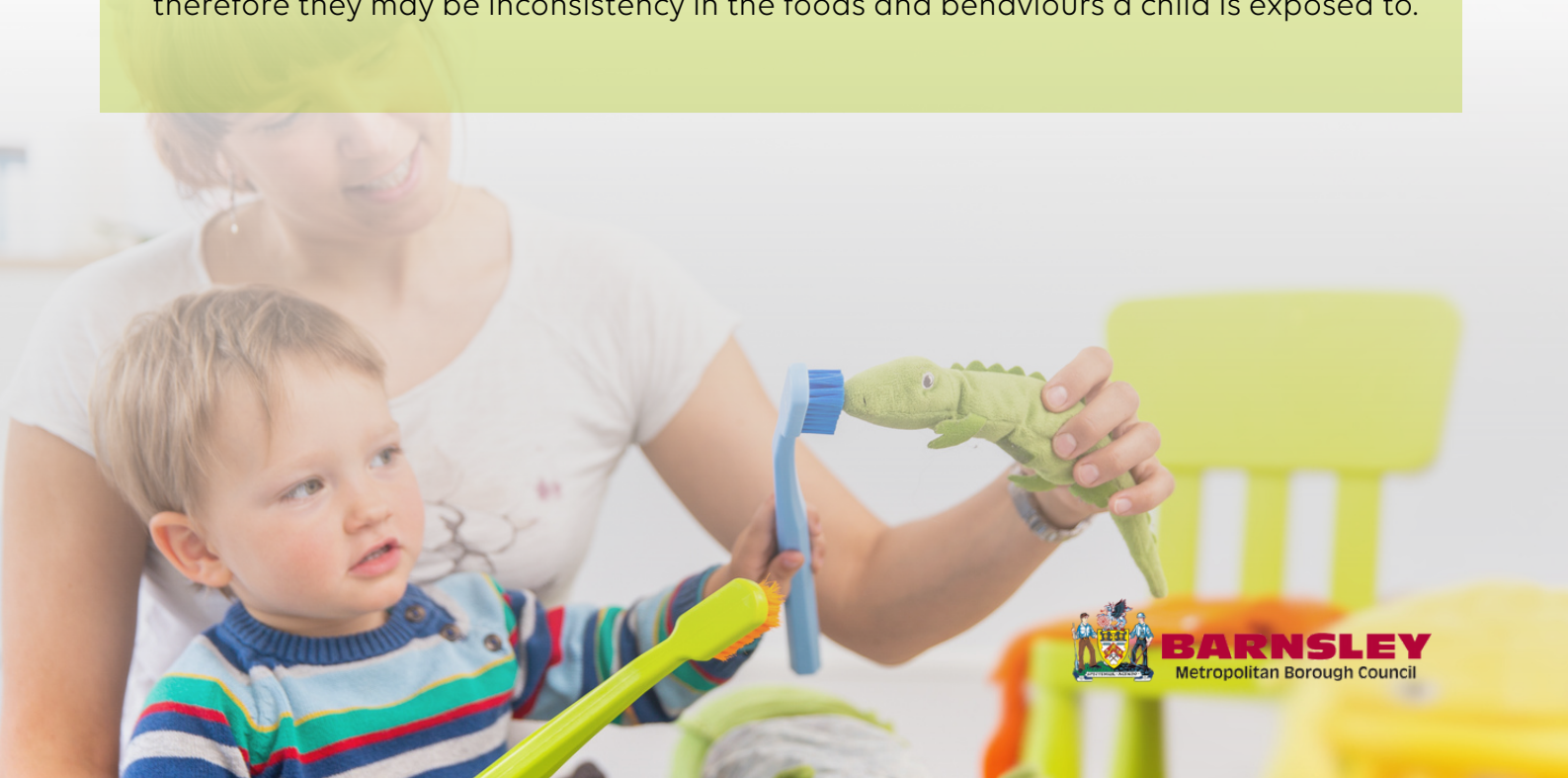
Children form habits at an early age and are dependent on their caregivers to provide them with the best sources of nutrition, hydration, and active play. Food, drink, oral health, and physical activity are all important building blocks for a child's development.

It is important to teach young children about healthy food choices and staying well hydrated, and to help them develop good eating habits and a healthy relationship with food from an early age. By educating and guiding children these habits are more likely to be sustained later in life.

Local population

Barnsley was ranked the 38th most deprived area in England out of 317 local authorities in 2019. With the current cost of living crisis, it is important to recognise the struggles some families may be facing in Barnsley regarding accessing food, physical activity, and oral hygiene products.

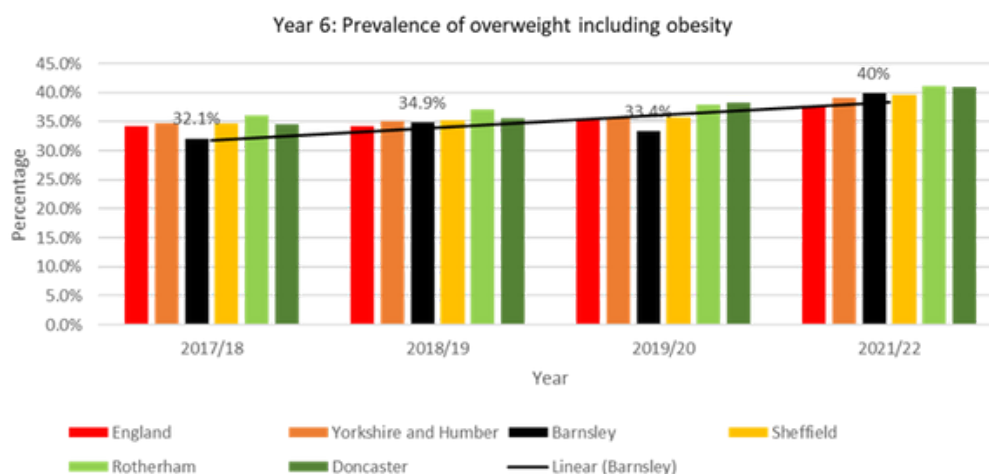
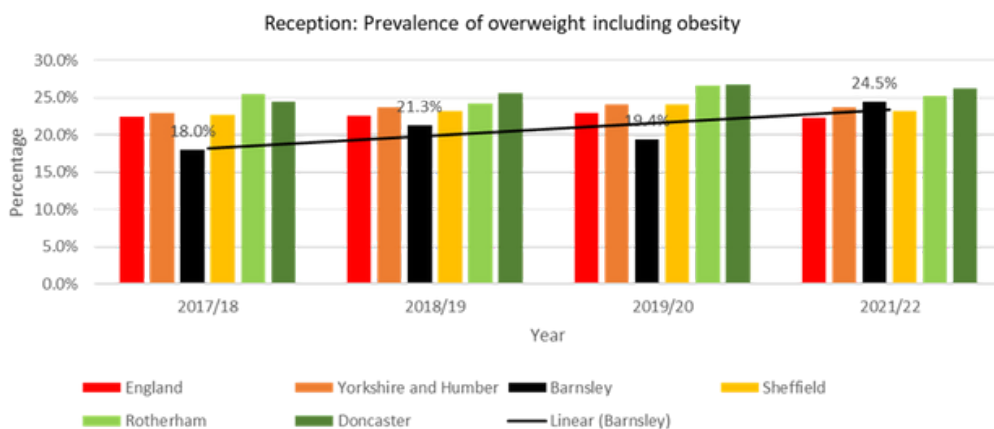
As well as economic pressures, parents of early years children are also not always in control of every meal or activity their child is exposed to. During the early years period, many children attend different settings and are looked after by different family members such as grandparents. Age UK found that in 2017, found that 14 million grandparents in the UK are involved in the day-to-day childcare of their grandchildren. Parents are not always in control of every meal, snack, or drink and therefore they may be inconsistency in the foods and behaviours a child is exposed to.



BARNSLEY
Metropolitan Borough Council

Local Data

As you can see from the graphs below the levels of children living with obesity is increasing.



The graphs show the data from the National Child Measurement Programme (NCMP) in 2021/2022 which found that in Barnsley:

- Around 1 in 4 children in reception were overweight or living with obesity.
- Around 2 in 5 children in Year 6 were overweight or living with obesity.
- Over 1 in 10 children in reception were living with obesity.
- Around 1 in 4 children in Year 6 were living with obesity.

Locally, there is also an increase in dental decay to 39.6% and the mean number of teeth with experience of dental decay in all examined children is 1.6%. The mean number of teeth with experience of dental decay in children with any decay experience is 4.1%.

About this policy and how to use it



This document is a policy guide that has been created to aid you in the delivery of food, drink, oral health and physical activity education and practice in your early years settings.

Barnsley Council's Children and Young People's Public Health team recommend that early year settings have a Food, Drink, Oral Health and Physical Activity policy in place. The document has been created using national guidance and will aid for your setting to put this into practice.

This policy will help to communicate with both staff and parents/carers what your setting aims to achieve and deliver as information should be available to parents regarding the benefits of healthy lifestyles.

It can also be used as evidence towards inspections, demonstrate you're adhering to Ofsted food hygiene requirements. This document includes suggestions and tips as to what you may want to include in your Food, Drink, Oral Health and Physical Activity policy.



Oral Health



The EYFS framework states that early year's providers must promote the good health, including oral health of children they look after (EYFS Statutory Framework 3.52) Oral health is important, especially with baby teeth. This is because children's baby teeth:

- help them to bite and chew
- support speech and language development
- help them feel confident when they smile
- make space for and help to guide adult teeth.

Good oral health also keeps children free from toothache, infection, and swollen gums. There are several key actions practitioners, parents and carers can take to promote good oral health in children.

1. Cutting down on free sugars by reducing the amount of free sugars that children eat / drink in setting

These are often found in foods like: cakes, biscuits, chocolates, processed food e.g. jam, breakfast cereal, some flavoured yogurts, honey, syrups, fruit juices and purees, smoothies. Free sugars are not found in: whole fruit and vegetables, plain unflavoured milk and yogurt and water.

Water and milk are the only safe drinks to give children in regard to their oral health. Fruit juices and smoothies should not form part of a young child's daily diet.

2. Drinking bottles and cups impact on oral health

Babies should be given babies bottles of breast / formula milk or boiled water which has cooled down. From 6 months, babies can be offered open top cups (cups with no lids) which develop sipping skills. When introducing open-top cups, start with smaller cups or those with handles. These are easier for babies to grip. Offer a small amount of water at first, and gradually increase this over time.

You may need to show babies how to use the cup and help them to hold it at first. Some babies may need to use a sipping cup or beaker with a spout before they can use an open-top cup. If this is the case, you should make sure that the spout does not have a valve, that drinks can freely flow through it, and that babies do not need to suck.

From 12 months, children can be encouraged to have all drinks in open top cups. Avoid any bottles / cups that need children to suck e.g. those with soft teats / valves. If bottles are being used after 12 months, only milk or water should be put in a baby bottle, no other drinks should be put in a baby bottle.

3. Brushing Teeth is important. Start as soon as children's teeth start to come through

For effective tooth brushing:

- use a fluoride toothpaste that contains at least 1000 parts per million (ppm) of fluoride - you can find this information on the packaging. It is suitable to also use a family-based toothpaste with approximately 1350-1500ppm of fluoride in.
- use a smear of toothpaste for children under 3, and a pea sized amount for those aged 3 to 6
- brush in circles for around 2 minutes, making sure to cover the whole of each tooth
- brush twice a day, including once just before bed - this allows the fluoride to keep working while children sleep
- children should spit, not rinse, after brushing - this avoids washing away the fluoride
- adults should help children to brush their teeth until they are 7 years old to make sure they are brushing properly

You can promote good oral health in your setting by:

- Dentist Role Play
- Practice tooth brushing on dolls / toys
- Brush model teeth
- Stories and discussion
- Visits with dentists
- Supervised toothbrushing programmes

Find out about promoting oral health as part of the [early years foundation stage \(EYFS\)](#).



Drinks



Drinks are also important for Early years settings. It is important that early years have water which is easily accessible for all children and that they are encouraged to drink water.

For those children who are under the age of 12 months, they will be given breast or formula milk (provided by the parent/carer). We advise certain requirements for breast / formula milk:

- It is advised that staff working in the baby room have training on how to safely prepare infant formula milk. <https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/making-up-baby-formula/>
- It is advised that staff working in the baby room have an understanding of how to store and reheat expressed breast milk <https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/expressing-breast-milk/>
- Parents/carers should also be responsible for premeasuring any infant formula and informing staff, of how many ounces of milk is required and when
- Staff should have the knowledge that drinking from a bottle is not recommended after 12 months and children should be encouraged to drink from a free flow cup.
- The setting ensures that when bottles are being used, they only ever contain milk or water.



Children who are aged between 1-2 will be given whole cow's milk. Children who are aged between 2-5 years old should have Semi Skimmed cow's milk which is available at snack times.

The setting should also ensure that milk and/or water are promoted as the most suitable drink choices. Drink choices containing sugars and/or acids can have a detrimental impact on children's oral health leading to tooth decay and tooth erosion. It is essential that children are well hydrated to maintain the function of the bladder and bowels. For some children for various reasons the addition of a fruit cordial maybe required to support the child to drink. Where this is required, it is recommended to dilute drinks to 1/10 cordial to 9/10 water. For more information about Bowels and Bladder – please visit [ERIC](#) who are the Childrens bowl and bladder charity.

If fruit juices and or smoothies are offered in setting it is recommended not to exceed





Early years children need to eat regularly and it is important to a variety of food choices and encourage to try new foods. UNICEF advise that children from 1 can have small amounts of food 3-4 times a day, plus 1-2 snack between meals.

Early years settings can work with parents to help promote healthy eating and food is a useful time to engage with children about healthy eating. Facilitating children to make informed healthy choices helps to establish positive food habits. Example menus can be found in the EYFS Statutory Framework [here](#).

Food provision meets the requirements of all children (Special Diets and Allergies)

Early years settings may look after children with a variety of dietary requirements. The most common are:

- Children following a vegetarian diet.
- Children from ethnic communities.
- Children with special dietary needs.
- Children with special educational needs (SEND).

Before a child is admitted to the setting the provider must obtain information about any special dietary requirements, preferences, and food allergies that the child has, and any special health requirements.

It is important for staff to understand allergies and dietary requirements. We recommend the following:

- During the induction process, ask parents and carers to complete a confidential form to highlight any dietary requirements or allergies that the child may have. This can be used as opportunity to discuss preferences.
- Staff to be trained in understanding and handling specific dietary requirements and allergy information. Information on this to be readily available to staff preparing and serving food.
- Staff are trained to understand the specific dietary requirements of different aged children, and to help children learn about food and make informed healthy choices.
- Food allergen information is provided in line with UK legislation.

Foods brought in from home

To reduce the risk for children in your setting who may have allergies, it is recommended to advise that food from home is not brought in.

If your setting has decided that food from home can be brought in from home, we advise:

- Healthy eating advice is given to parents during the induction as to what kind of food and drinks can be brought in and what can not be.
- Foods now allowed on site (including by visitors, staff, and parents).
- Food and drinks are labelled and stored appropriately.

Eating environment and mealtime routines

Meal and snack times can be a useful opportunity to promote positive food relationships and habits as well as social and developmental skills. To help promote and facilitate this here are some tips:

- Where possible involve children in the preparation and serving of meals and snacks.
- Make the space inviting by keeping it clean and bright including display which promote healthy eating. The utensils should be early years friendly.
- Children should never be forced to eat but encouraged to try new foods.
- For 'fussy eaters' try not to worry if they refuse food as this is very common, however if the problem persists or there are growing concerns, speak to the parent/ carer and advise them to seek help from a healthcare professional.
- Staff can promote healthy eating and social skills by eating and engaging with the children during mealtimes.



Food hygiene and safety

Food safety is important particularly when caring for early years children. Food should be stored and prepared in a safe, clean and hygienic space. Extra care is needed for babies and young children as they may have a lower resistance to food poisoning. We recommend:

- Policies and procedures are in place and are routinely monitored to demonstrate how responsibilities under the Food Safety Act 1990 are followed.
- All staff who handle or prepare food have up to date Food Handling Certificates and are fully trained in food storage, preparation, cooking and food safety.

Festivals and Celebrations including Birthdays

Rewards are important and children should be given encouragement for their good behaviour. However, we advise to praise children with alternative rewards to foods such as cards and stickers. If needed, you can ask parents not to bring in any foods from home in order to promote healthy eating and to keep children with allergies safe. Encourage games and play as opposed to focusing on food and treats.

Healthy eating education and promotion – including guidelines for staff

As mentioned previously, healthy eating is important for young children to help them to grow and develop and is a useful opportunity to engage with parents. Having a workforce that is knowledgeable and onboard with the policies and practices within the setting helps to ensure a consistency in messaging and approach.

For the policy in your setting, we recommend the following:

- Consult with families and encourage them to provide feedback on what is working well and what could be improved.
- Encourage families to participate with their child in cooking and healthy eating skills such as growing food.
- Ensure that activities are age-appropriate and contribute towards their development.
- Staff development and Continuing Professional Development records allow staff to complete relevant training and for this to be monitored.
- A whole setting approach to ensure the effective implementation of this policy.
- Staff within the setting can promote local and national resources, provide advice and support to parents on healthy eating, physical activity, and oral health.
- Display boards are a useful and engagement tool to display information about healthy lifestyles and information can also be shared electronically.
- Reviewing menus at regular periods will ensure that they adhere to the guidance.

Physical activity



Physical activity has lots of different benefits for both the physical and cognitive development young children. This includes; motor skills, bone and muscle development, maintenance of healthy weight, attention spans and problem solving.

A variety of different types of physical play experiences should be available to the children and children should be encouraged to take part in different types of activities that improve fitness, flexibility, cognition and communication. Information about the benefits of physical activity should be shared with parents.

Providers must provide access to an outdoor play area. If that is not possible, they must ensure that outdoor activities are planned and taken on a daily basis (unless circumstances make this inappropriate, for example unsafe weather conditions).

Early Years Settings should aim to enable quality of play opportunities and increased age-appropriate physical activities.

The [NHS](#) and the [Department of Health and Social Care](#) have created guidance that details physical activity for children under 5.

For babies under 1:

- They should be encouraged to be active in different ways such as crawling, supervised floor play and tummy time spread out through the day when they're awake.
- Once babies can move around, encourage them to be as active as possible.

Toddlers aged 1-2:

- Toddlers should be physically active every day for at least 3 hours of light activity.
- Try to spread physical active out throughout the day and mix it up such as: running, indoor and outdoor play, using a bike, skipping etc.



Pre-schools aged 3-4:

- It is advised for them to spend at least 3 hours a day doing a variety of physical activities and should include moderate- high intensity physical activity.
- They should not be inactive for significant amounts of time.
- Messy play, climbing frames, hide and seek and scooting all count as movement.

When creating a policy in your setting we advise:

- Incorporate physical activity into daily practice.
- Create environments that encourage movement and reduce sedentary behaviour.
- Replace long breaks with shorter more frequent ones.
- Encourage parents and carers to participate in activities where possible.
- Teach children how the activity is done by modelling the behaviour first and offering positive encouragement.
- Communicate with parents about the importance of movement both in your setting and at home. Providing them with regular updates such as rolling over can help to build rapport.



Local support and helpful resources



There is a variety of local support and helpful resources available.

Healthier Futures

The [Healthier Futures Barnsley website](#) is a resource hub designed for schools and professionals. This includes resources for Early Year settings as well as primary / secondary schools. Scan the QR code to access the Healthier Futures website.



Scan for
Healthier Futures
Barnsley webpage



Barnsley Family Hubs

The [Family Hub's Virtual Offer](#) hosts a variety of both local and national resources for families and settings to use and is part of Barnsley's new Start for Life offer.



What's Your Move

The [What's Your Move](#) website details information about local physical activity support, sessions and activities.



Oral health resource



[An oral health guide to promoting lifelong good habits and useful resources.](#)



[Downloadable 'kind to teeth' resources including posters and social media assets.](#)

On the next page is a poster which you may want to print out and display within your setting for parents and/or staff.

Physical activity for early years (birth – 5 years)

Active children are healthy, happy,
school ready and sleep better



BUILDS
RELATIONSHIPS
& SOCIAL SKILLS



MAINTAINS
HEALTH &
WEIGHT



CONTRIBUTES TO
BRAIN DEVELOPMENT
& LEARNING



IMPROVES
SLEEP



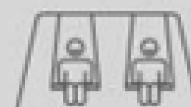
DEVELOPS
MUSCLES
& BONES



ENCOURAGES
MOVEMENT
& CO-ORDINATION

Every movement counts

Aim for at least
180
Minutes
per day
for children 1-5 years



PLAYGROUND



JUMP



CLIMB



MESSY PLAY



THROW/CATCH



SKIP

Under-1s

at least
30 minutes
across the day



TUMMY TIME



OBJECT PLAY



DANCE



GAMES



PLAY



SWIM



WALK



SCOOT



BIKE

Get Strong. Move More. Break up inactivity

Policy development, monitoring and review



This policy has been developed by CYP Public Health team.

- Parents and staff are invited to comment on the policy.
- All parents/guardians are to be informed of the policy and procedures regarding Healthy Eating on enrolment. Staff members will check with parents/guardians that they have read and understood the policy and provide any assistance needed.
- This policy will form part of the induction of all staff members and annual staff training.
- This policy is shared on our website.
- Parents/guardians and all staff members will be notified of any updates.

The setting's approach to and provision of food is monitored and evaluated by;

- Complete menu planning checklists.

The policy will be reviewed every 2 years.

Policy development date:

Last review Date:



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