



Department
for Education

Early Years Foundation Stage nutrition guidance

**Guidance for group and school-based
providers and childminders in England**

April 2025

Contents

Summary	4
Legislation this publication refers to	4
Who this publication is for	4
Why this guidance is important	5
Guidance from birth to 1 year	6
Babies aged 0-6 months	6
Breastfeeding	6
Infant formula	6
Babies aged 6-12 months	7
Introducing solid foods or weaning	7
Guidance for children aged 1 to 5 years	13
A healthy plate	13
The 4 food groups	13
Food and drink guidelines at a glance	13
Traffic light food labels	16
Portion size for children aged 1 to 5 years	17
School Food Standards	18
Menu planning	19
Why plan weekly menus?	19
What to think about when planning menus	19
Recipes for your settings	22
Recipes	22
Example meals and snacks	22
Communicating with parents and/or carers	25
Developing a food and nutrition policy	25
Food brought in from home	26
Food safety and hygiene	26
Celebrations	27
Cost-effective healthy food	28
Planning food activities	29
Meeting the needs of all children	30

Food allergies	31
Food intolerances	33
Coeliac disease	33
Food for religious faiths and beliefs	34
Children with additional support needs and other special diets	35
Top tips for safely managing special dietary requirements	35
Disadvantaged children	36
Free School Meals	36
NHS Healthy Start	36

Summary

The Early Years Foundation Stage (EYFS) statutory framework sets the standards that early years providers must meet to ensure that children learn, develop well and are kept healthy and safe.

From September 2025, we intend to include a new requirement in the safeguarding and welfare requirements of the EYFS that providers 'should' have regard to this nutrition guidance. This means providers must take this guidance into account and should follow it unless there is good reason not to.

This guidance will support providers to understand how to implement the existing EYFS requirement that states: '*Where children are provided with meals, snacks and drinks, these must be healthy, balanced and nutritious*'.

Legislation this publication refers to

The EYFS safeguarding and welfare requirements are given legal force by Regulations¹ made under section 39(1)(b) of the Childcare Act 2006.

Who this publication is for

This guidance is for early years providers in England who are caring for early years children aged 0-5 years, including:

- school-based early years providers (including maintained schools; non-maintained schools; independent schools; free schools; and academies)
- early years providers (including childminders and settings providing wraparound care before and after school or during the school holidays) registered with Ofsted in the Early Years Register or with an Early Years Childminder Agency.

It may also be of interest to:

- parents and/or carers to help them with providing healthy, balanced and nutritious food
- caterers who provide food for early years settings
- Ofsted inspectors
- local authorities.

¹ [The Early Years Foundation Stage \(Welfare Requirements\) Regulations 2012](#)

Why this guidance is important

Providing healthy, balanced and nutritious food ensures that all children:

- Get the right amount of nutrients and energy they need while they are growing rapidly, which is especially important for children who might not have access to healthy food at home. This can help prevent children from becoming overweight or obese.
- Develop positive eating habits early on. Children's early experiences with food can shape future eating habits. This can impact children's long-term health including maintaining a healthy weight, and good oral health.

The early years are a crucial time to reduce health inequalities and set the foundations for a lifetime of good health.

Guidance from birth to 1 year

Babies aged 0-6 months

In the first year of life, babies follow individual feeding and sleeping patterns that can regularly change. Early years settings should ask parents and/or 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.

Providers should be aware of the signs (feeding cues) a baby will show when they are hungry (e.g. mouth opening, puckering, smacking lips, or turning of head towards the bottle) and when they are full (e.g. milk spilling out of the mouth, closing mouth, head turning away, splayed fingers and toes, or pushing the bottle away in an older baby). Children should be fed responsively according to their needs. This means feeding children whenever they show signs that they are hungry, feeding at their own pace and using the cues that they are full. Never force a baby to finish a feed if they seem to be full. Overfeeding could upset their tummy, make them vomit or gain weight too quickly.

Breastfeeding

In the UK, exclusive breastfeeding is recommended for around the first 6 months of a baby's life with continued breastfeeding throughout the first year and beyond for as long as the parent or carer and baby wishes to continue.

The NHS provides information on the [benefits of breastfeeding - NHS](#).

NHS Start for Life has helpful [information and advice on breastfeeding](#).

Early years providers should support parents or carers wishing to continue breastfeeding and encourage them to provide breastmilk for their baby while attending the setting.

Supporting parents and/or carers to continue breastfeeding could include:

- providing a comfortable place to breastfeed within the setting
- signposting to evidence-based and expert information and support
- encouraging parents and/or carers who wish to provide expressed breastmilk for their babies and children to do so.

The NHS provides information on [safe storage of expressed breast milk - NHS](#).

Infant formula

If a baby is not exclusively breastfed, then first infant formula (first milk) should be the addition, or alternative, to breastmilk for babies in the first year of life, unless an alternative milk has been prescribed by a doctor.

The NHS provides [information on types of formula](#).

Good hygiene is very important when making up infant formula. Anyone preparing infant formula should wash their hands thoroughly and all bottles, teats and other equipment should be sterilised and drip-dried before use.

Follow the instructions on how to prepare the formula carefully. Adding too much powder to a feed can make a baby constipated and dehydrated; adding too little will mean insufficient energy and nutrients are provided.

Powdered infant formula is not sterile and therefore needs to be made up with water which is boiled and left to cool for no more than 30 minutes so that it stays at a temperature of at least 70°C to kill any harmful bacteria. You then need to let the made formula cool before it is given to a baby.

NHS Start for Life has [advice on how to make up infant formula](#) and [how to sterilise equipment](#).

Babies aged 6-12 months

Introducing solid foods or weaning

Introducing a baby to solid foods is sometimes called complementary feeding or weaning. This should start when a baby is around 6 months old in collaboration with parents and/or carers. You need to continue to give the baby breast or formula milk alongside solid foods. The introduction of solid foods should only start once a baby can:

- stay in a sitting position and support their own head
- coordinate their eyes, hands and mouth so they can look at their food, pick it up and put it in their mouth
- swallow food (rather than spit it back out).

Introducing solid foods helps a baby learn new skills such as chewing and biting. It also introduces new foods, flavours and textures to them. Babies develop at different rates. You must have ongoing discussions with parents and/or carers about the stage their child is at in regard to introducing solid foods and assumptions must not be made based on age. This includes reaching agreement with parents and/or carers about when and how they want to start introducing solid foods. You need to understand what foods they have been exploring at home and where they are in the food introduction process.

Go at the baby's pace and let them show you when they're hungry or full. For example, they may firmly close their mouth or turn their head away.

The baby will show you if they are ready to move on to the next step, for example by chewing, moving food around their mouth and swallowing it. It is important to share information with parents and/or carers to track the baby's progress in becoming a

confident eater. Babies develop at different rates. Age is just an indication so let them go at their own pace.

NHS Start for Life has advice on [how to start weaning](#).

The Food Standards Agency has 2 posters on [how to prepare food safely to avoid choking](#).

First foods to introduce

From around 6 months of age, babies should be introduced to a wide range of foods, flavours and textures, alongside their usual milk feeds.

Wherever possible, you should prepare food yourself from scratch and not provide pre-made foods from shops such as puree pouches. This helps introduce babies to a range of appropriate flavours and textures.

Baby's first food could be a simple vegetable or fruit puree. To help your baby get used to different textures and tastes quickly, moving onto mashed and finger foods (from purées or smooth blended foods) as soon as they're ready can let them get used to moving food around their mouths and swallowing it.

Start off with slightly bitter pureed or smooth blended vegetables (such as broccoli, cauliflower and spinach) This will help babies get used to a range of flavours (rather than just the sweeter ones like carrots and sweet potato).

Gradually increase the amount and variety of the different food groups. Further information on these can be found in the section on '[The 4 food groups](#)'.

It may take 10 tries or more for a baby to get used to new foods, flavours and textures. Be patient and keep offering a variety of foods, even the ones that they don't seem to like. Let them get used to the food in their own time.

DfE's help for early years providers website has a [solid food roadmap](#).

You should have discussions with parents and/or carers about common food allergens that have been introduced at home. These foods need to be introduced one at a time and in very small amounts so that you can spot any reaction. DfE's help for early years providers website has [a full list of common food allergens](#). Further information can be found in the section on '[Food allergies](#)'.

Drinks to offer from 6 months

The only drinks that are recommended for babies aged 6-12 months are:

- breast milk
- first infant formula
- water

Avoid giving other milks that are labelled as being suitable for babies aged 6 months and over (for example 'follow on formula'). Research shows that switching to follow-on formula at 6 months has no benefits for the baby who can continue to have first infant formula as their main drink until they are 1 year old. Formula milks marketed for children aged 12 months and over (such as 'growing-up' milks and other 'toddler' milks) are also not necessary. Providers should discuss with parents and/or carers and recommend that these milks should only be used after consulting a qualified health professional for advice.

Babies should be offered sips of water during meal times from an open or free-flow cup without a valve. Open cups help babies learn to sip and are better for their teeth.

The importance of different textures

Once babies are comfortable with eating solid foods, it is important to start introducing more mashed and lumpier foods.

It's important to introduce different textures as it helps babies to:

- learn to chew and swallow properly, which encourages mouth and muscle development
- get used to different textures, which means they will be less likely to become fussy eaters or develop sensory needs.

Remember, babies take different amounts of time to get used to texture and lumps. Keep offering lumpy textures from around 6 to 7 months and always supervise them closely so you can be sure they are swallowing it safely.

The NHS has advice on [fussy eaters](#) including tips that you can pass on to parents and/or carers.

How to introduce different textures

If you puree foods, gradually make purees thicker. You can also mash vegetables or fruit. These thicker and lumpier textures can help babies develop muscles in their mouths.

Try finger foods which are easy to grab and hold, such as thin sticks of cheese or bread, soft-cooked broccoli, cauliflower, carrot or banana cut into thin batons. These can encourage a baby's hand-eye coordination, as well as introducing new textures.

Let babies touch food with their hands and play with textures, such as portions of cooked spaghetti.

Cutting food safely when introducing solid foods

Make sure to cut food to a size that's right for a child's size, age and stage of weaning. This helps avoid choking.

Choking can happen with any food, but there are steps you can take to minimise the risks.

DfE's help for early years providers website has a [video on how to prepare and cut food safely for babies](#) and further [information on food safety](#), including how hygiene and safe food preparation can protect children in early years settings.

NHS Start for Life has advice on [Preparing food safely for babies - Start for Life - NHS](#).

Foods that are a good choice for first finger food include:

- soft-cooked fruit such as peeled apple slices or finger sticks of bananas, kiwis
- soft-cooked vegetables in finger sticks such as carrots, broccoli, courgette sticks
- cooked protein in finger sticks such as tofu or chicken.

For more advanced eaters, from around 9 months old, you can cut food into small, bite-sized pieces so that babies can practise their pincer grasps.

When preparing food, it is important to avoid round shapes as these are a choking hazard. Cut small fruits lengthways and then halve again (quarters). These fruits include:

- grapes
- raspberries
- strawberries
- cherry tomatoes.

The Food Standards Agency has a [poster about choking hazards](#).

Foods to avoid

Babies should not eat:

- much salt, as it is not good for their kidneys. Do not add salt to food prepared for babies or cooking water. Stock cubes and gravy shouldn't be used either
- any sugar. Avoiding sugary snacks and drinks including fruit juice can help prevent tooth decay
- foods that are high in saturated fat, salt and sugar like cakes, puddings, sweet and savoury pastries, biscuits, crisps, chocolate and other confectionery
- popcorn, raw jelly cubes, or whole nuts, which are all choking hazards
- honey (which should be avoided until 12 months) as it can contain bacteria that can make babies seriously unwell
- cheeses made from unpasteurised milk or mould-ripened soft cheeses, such as brie or camembert, or ripened goat's milk cheese and soft, blue-veined cheese, such as roquefort. There's a higher risk that these cheeses might carry a bacteria called listeria

- raw and lightly cooked eggs (including uncooked cake mixture, homemade ice creams, homemade mayonnaise, or desserts) if you do not see a red lion with the words "British Lion Quality" on the box
- rice drinks as a substitute for breast milk or infant formula as they may contain too much arsenic
- slush ice drinks, sometimes known as slushies, as they may contain too much glycerol
- raw or lightly cooked shellfish, such as mussels, clams and oysters, which can risk food poisoning.

The NHS has [advice on foods to avoid giving babies and young children](#).

NHS Start for Life has advice on [Safe weaning - Start for Life - NHS](#).

Always supervise babies closely when they are eating.

Typical daily feeding patterns

Table 1: Typical daily feeding patterns for babies aged 7-9 months and 10-12 months

Meal	7-9 months	10-12 months
Breakfast	Breakfast (blended or mashed with soft lumps depending on development), served with a finger food.	Breakfast (chopped or minced as needed), served with a finger food.
Lunch	Main dish (blended or mashed with soft lumps depending on development), served with a finger food.	Main dish (chopped or minced as needed), served with a finger food. Second dish.
Tea	Main dish (blended or mashed with soft lumps depending on development), served with a finger food.	Main dish (chopped or minced as needed), served with a finger food. Second dish.
Breastmilk or first infant formula	Typically, 4 milk feeds daily (for example on waking, after lunch, after tea, before bed) totalling approximately 600ml/day	Typically, 3 milk feeds daily (for example after breakfast, after lunch, and before bed) totalling approximately 400ml/day for formula fed

	for formula fed babies. Breastfed babies should be fed responsively, and it is not necessary to monitor intakes of breastmilk. Ongoing discussions with parents and/or carers can help you to understand how much milk each child needs.	babies. Children should be fed responsively. Ongoing discussions with parents and/or carers can help you to understand how much milk each child needs.
--	--	--

Guidance from birth to 1 year - key takeaways:

- building healthy eating habits for children starts when solid foods are introduced
- introducing a balance of nutrients means children will have all they need for growth and development
- introducing a variety of tastes and textures helps to ensure good habits later in life.

Guidance for children aged 1 to 5 years

A healthy plate

Encourage children to eat a balanced diet containing a wide variety of foods.

Plan meals and snacks that include a variety of food and drinks from the 4 main food groups every day. The more children try new foods, the wider the range of nutrients they will get from their meals.

Have children eat together in your setting. This encourages them to try foods that they might not try at home. For example, children who won't touch broccoli at home might happily try some if they see their peers eating it.

The 4 food groups

Children aged 1 to 5 years have different nutritional requirements to adults. They need to be fed a healthy balanced diet with a range of foods even as they are introduced to solid foods.

[The Eatwell Guide](#) uses government advice to show what a healthy and balanced diet looks like. It shows what a balance of foods should look like in one day or over a whole week. The advice in the Eatwell Guide applies to children from the age of 2 years.

A healthy, balanced diet is based on the 4 main food groups (fruit and vegetables; potatoes, bread, rice, pasta and other starchy carbohydrates; dairy or dairy alternatives; and beans, pulses, fish, eggs, meat and other proteins). These provide essential nutrients to help children grow and develop.

DfE's help for early years providers website has [a poster on the 4 food groups](#).

You also need to be aware of allergies. Further guidance on this can be found in the section on '[Food allergies](#)'.

Make sure that food is prepared appropriately to minimise any risk of choking. The Food Standards Agency has 2 posters on [how to prepare food safely to avoid choking](#).

Food and drink guidelines at a glance

To help you provide children with healthy, balanced and nutritious food, the following categories have been used in the food and drink guidelines below (Table 2):

- **Provide** – Where the guidelines advise that a food or drink should be provided use these to plan your meals, drinks and snacks.
- **Limit** – Where the guidelines advise that foods should be limited, these should be restricted as detailed in the specific guideline. This will help to decrease the

amount of sugar, salt and saturated fat in children's diets and increase the variety of foods they are offered.

- **Avoid** – Where the guidelines advise that a food or drink should be avoided, these should not be provided as part of any meals, drinks or snacks.

Table 2: Food and drink guidelines

Food	Guideline
Fruit and vegetables These include: • fresh, frozen, tinned or dried fruit and vegetables • pulses such as lentils and beans.	• Provide at least 1 portion of vegetables and/or fruit as part at each main meal (breakfast, lunch, dinner) and as part of some snacks (not including dried fruit). • Provide a variety of vegetables or fruit across the day and each week. • Limit baked beans to once a week if this is being counted as a vegetable. • Avoid dried fruit as a snack. It should only be provided as part of a meal. • Avoid fruit tinned in syrup and choose fruit tinned in juice. • Avoid added salt and sugar in tinned vegetables and pulses and choose no added salt and sugar options or those tinned in water.
Starchy Carbohydrates These include: • bread • potatoes, sweet potatoes, and other starchy root vegetables • pasta and noodles • rice and other grains • breakfast cereals.	• Provide a portion of starchy food as part of each main meal (breakfast, lunch and tea) each day. • Provide plain starchy food such as plain savoury crackers, or unsalted unsweetened rice or corn cakes as part of at least 1 snack each day. • Provide at least 3 different types of starchy food and a variety of wholegrain and white starchy foods across breakfasts, snacks, lunch and tea each week. • Provide wholegrain starchy foods for at least 1 breakfast, lunch and tea each week. • Limit sugar and salt content in breakfast cereals. Choose those with the lowest sugar and salt content which are labelled as 'low' (green).

	• Limit the salt content in bread and bread products. Choose those with a lower salt content which are labelled as 'low' (green) or 'medium' (amber) in salt. • Limit starchy foods which have been fried to a maximum of once a week (e.g. chips, fried rice and fried noodles). • Limit tinned pasta in sauce (e.g. spaghetti hoops) and choose no added sugar options. • Avoid cereals labelled as 'high' (red) in sugar such as sugar-coated or chocolate-flavoured cereals. • Avoid flavoured dried rice, pasta and noodle products e.g. packets and pots of instant flavoured noodles, pasta and rice.
Dairy and plain, fortified plant-based alternatives These include: • milk • cheese • yoghurt and fromage frais.	• Provide 3 portions of milk and unsweetened dairy foods each day (which includes those provided at home). • Provide non-dairy alternatives that are unsweetened and calcium fortified (e.g. oat milk or soya milk). • Provide full fat dairy foods (such as cheese and unsweetened yoghurt and fromage frais) for children under the age of 2 and gradually introduce lower-fat dairy options after this age. • Avoid sweetened yoghurts and fromage frais (including non-dairy alternatives) and choose plain unsweetened options.
Proteins These include: • beans, pulses and nuts • meat and poultry • fish and shellfish • eggs • meat alternatives.	• Provide a portion of protein as part of lunch and tea each day. • Provide a variety of protein sources as part of lunch and tea across the week. • Provide at least 1 lunch and 1 tea for children each week which uses beans, lentils, pulses or a meat alternative as the protein source. • Provide vegetarian and vegan children with a variety of protein sources such as beans, pulses, and meat alternatives each week as part of lunch and tea.

	• Provide oily fish (such as salmon, sardines or mackerel) at least once every 3 weeks; this can be provided as part of lunch or tea. When oily fish is not provided as a main meal in the week, you could try to provide oily fish as a snack. • Limit oily fish to a maximum of twice per week. • Limit the provision of processed meat products (e.g. sausages, breaded chicken, meatballs), processed fish products (e.g. fish fingers, fish cakes), and products made from meat alternatives (e.g. vegetarian sausages), to once a week for each of the 3 types as these products can be high in saturated fat and salt.
For all foods	• Avoid foods high in saturated fat, salt, and/or sugars like cakes, sweet and savoury pastries, biscuits, crisps, chocolate and other confectionary. • Avoid artificial sweeteners as they may encourage children to prefer very sweet foods
Drinks	• Provide children with access to water throughout the day. • Provide only fresh tap water and plain milk to drink. • Provide whole milk, semi-skimmed cow's milk or unsweetened calcium fortified non-dairy alternatives for children from 1 year of age. • Avoid skimmed and 1% cow's milk. • Avoid sugary drinks (including fruit juices, squash and smoothies).

Traffic light food labels

Some food labels use red, amber and green colour coding to tell you if a food has high, medium or low amounts of fat, saturated fat, sugars and salt:

- red means high
- amber means medium

- green means low.

In general, a food or drink that has mostly greens on the label is a healthier choice. Red means the product is high in fat, saturated fat, salt or sugars, and you should avoid giving these to children and try to choose products which are low or medium in saturated fat and sugars, and low in salt.

The colour coding covers a range of amounts of the particular nutrient so a food labelled as 'medium' for sugars can have 5g - 22.5g of sugar per 100g of the food. This means some foods in this category still contain a significant amount of sugar. To cut down on sugary foods look at the amount of sugar per 100g of the food (usually on the pack) and choose products with the lowest sugar content.

As young children (under 2 years) need a higher fat diet than older children and adults, there is no need to compare foods to choose lower-fat options. You can gradually introduce lower-fat dairy options for children older than 2 years.

The NHS has further information about [information about food labelling](#).

Portion size for children aged 1 to 5 years

A portion size for a child aged 1 to 5 is generally smaller than an adult portion.

Portion size refers to 1 part of a meal. For example - 1 portion of vegetables alongside a portion of carbohydrates and a portion of protein could be 1 meal. There are no official guidelines on exactly how much food children need. Portions should be appropriate for a child's body size and appetite.

For toddlers, portion size is usually roughly the size of their clenched fist. About half a piece of fruit (cut appropriately) or a tablespoon of vegetables is a good portion size for a snack.

You should monitor a child's appetite and adjust portion sizes to make sure they get enough energy and nutrients. It can be helpful to start meals with small servings (they can always ask for more if they are still hungry). You should avoid:

- making children finish everything on their plate or eat more than they want to
- offering rewards to children for finishing everything on their plate (e.g. stickers or dessert).

DfE's help for early years providers website has [a guide to portion sizes](#).

When serving food to children, always make sure to cut food to a size that's right for a child's size, age and stage of weaning. This helps avoid choking.

School Food Standards

The School Food Standards (SFS) regulate the food and drink provided at school settings at both lunchtime and at other times of the school day. The SFS define the foods and drinks that must be provided, which foods are restricted, and those, which must not be provided. They apply to food and drink provided to pupils on school premises up to 6pm, including, for example, breakfast clubs, tuck shops, mid-morning break, vending and after school clubs.

Compliance with the [School Food Standards](#) is mandatory for maintained schools, academies and free schools, and the SFS set out requirements specific to maintained nursery schools and nursery units within primary schools.

Whilst the nutritional requirements of the SFS must be followed in maintained schools, academies, free schools, maintained nurseries and nursery units within primary schools, there are other requirements in the EYFS that go beyond the specific food groups that must be served. Early Years settings that must follow the SFS must also take into account the EYFS nutrition guidance, especially:

- Portion size for children aged 1 to 5 years
- Considering dietary requirements in early years
- Communicating with parents and/or carers
- Developing a food and nutrition policy
- Food brought in from home
- Cost-effective healthy food
- Planning food activities
- Meeting the needs of all children, including children with additional support needs and other special diets
- Allergies, intolerances, and coeliac disease
- Food for religious faith and beliefs and
- Safely managing special dietary requirements

For more information on the School Food regulations, please see [School food standards: resources for schools - GOV.UK](#).

Guidance for children aged 1 to 5 years - key takeaways:

- make sure children eat a balanced diet covering the 4 main food groups
- avoid foods and drinks high in salt, sugar and saturated fat
- milk and water are the only drinks you should offer
- children should eat a variety of fruit and vegetables to access different vitamins and nutrients.

Menu planning

Why plan weekly menus?

Planning all meals and snacks will help you check that what you're offering children is balanced and includes a wide variety of different foods. It also helps with food ordering and preparation.

The food and drink you give to children should be spaced across the day. Families use early years settings in diverse ways. While some children may attend a setting every day and have all of their weekly meals served there, other children may only attend once a week or for a half day. Regardless of children's pattern of attendance, ensuring that every meal and snack provided is healthy, balanced and nutritious will enable children to learn and develop positively.

What to think about when planning menus

These are the key things to remember:

1. Nutrition

You should use the 'food and drink guidelines' above (Table 2) when creating menus for your setting. This will help children meet their overall nutritional requirements. The guidelines can also provide a useful checklist for reviewing and amending existing menus.

From 7-9 months, babies will gradually move toward eating 3 meals a day (breakfast, lunch and tea) in addition to their milk feeds.

From around 10 months, babies should be having 3 meals a day as well as milk feeds. Each lunch and tea should consist of 2 dishes (a main dish and an additional dish). The additional dish could be a starter such as a soup, side dish such as vegetable sticks and dip or second dish such as plain yoghurt and fruit.

Children under 12 months old do not need any snacks. If you think a child is hungry in between meals, offer extra milk feeds instead.

Children over 12 months old need to eat regularly, with breakfast, lunch (consisting of 2 dishes), and tea (consisting of 2 dishes), plus 2 or 3 snacks every day.

2. Varied and balanced diet across the week

Menus should include a variety of different foods, tastes, textures and colours.

This will make sure children get the benefits from different nutrients in each food.

It's good for children's sensory systems to experience flavours from around the world. This can also build appreciation for food from different cultures at an early age.

3. Plan menus lasting at least a week

If you plan menus covering between 1 and 4 weeks, it will be easier to ensure children are eating a wide variety of food. Try not to serve the same food on the same day of the week to make sure children who attend your setting on the same day get a varied menu.

4. Review and reflect on the nutritional value of the menu

- Does it provide a varied amount of nutrients each day and across the week?
- Have you thought about portion sizes?
- Have you thought about drinks?
- Have you avoided foods that are high in saturated fat, salt and sugar like cakes, puddings, sweet and savoury pastries, biscuits, crisps, chocolate and other confectionery?

5. Introduce new menus

Introduce new menus at least twice a year and ideally 3 to 4 times a year to include seasonal produce. This will give children the chance to try different foods.

6. Share menus with parents and/or carers including appropriate food allergen information

This can help parents and/or carers balance the food they provide at home with the meals and snacks served in your setting. Including allergen information in the menus which shows if any of the meals contain any known or [common allergens](#) as an ingredient can help parents and/or carers to identify any issues and reduce anxiety. Additionally, sharing the timing of the setting's meals and snacks with parents and/or carers can prevent children from overeating by ensuring they are not mistakenly fed twice (once in the setting and then again at home).

Additionally, seeking feedback from parents and/or carers on menus (especially regarding cultural preferences or dietary requirements) can help ensure the meals provided meet the individual needs of each child.

7. Consider dietary requirements

When creating menus, you should also consider substitutions and replacement ingredients for children with special dietary requirements. These may be linked to food allergies, intolerances or coeliac disease, religious and cultural beliefs, and vegetarianism or veganism. DfE's help for early years providers website has an [easy substitution table](#).

Parents and/or carers may be able to help the early years setting by sharing guidance already provided by a healthcare professional. Early years 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.

Further information to help you consider dietary requirements in early years can be found in the section on '[Meeting the needs of all children](#)'.

Menu planning - key takeaways:

- menus for children should be planned carefully. Menus should consider the nutritional value and include a variety of foods
- when creating menus, you should include substitutions for children with special dietary requirements.

Recipes for your settings

Recipes

NHS Better Health Start for Life also has [recipes and meal ideas for babies and children aged 5 and under](#). You can scale these recipes to feed more children and share the recipes with parents and/or carers.

DfE's help for early years providers website has [11 recipe cards](#) for early years settings. There are 4 recipes for lunch, 3 recipes for tea, 1 snack, 1 dessert and 1 side dish that is made using leftovers. These recipes have been created to be suitable for a wide range of children, including those with special dietary requirements. Using these recipes, you can cook once and feed all the children at the same time, saving time and money.

Example meals and snacks

The following meals and snacks are designed to give a broad range of ideas and illustrate the types and varieties of foods that can be provided in line with the [food and drink guidelines](#) set out above. They are not intended to be prescriptive. Meals and snacks should remain varied and accommodate children's diverse cultural and dietary requirements.

Settings can use the meals and snacks and recipes for inspiration when planning their own food provision, but substitute recipes and ingredients where necessary or desired to reflect the cultural backgrounds and dietary needs of the children being served and to take advantage of foods that are locally available and cost-effective.

You are not expected to cook 3 hot meals a day. You may wish to provide a cold breakfast for example wholegrain cereals which are low in salt and sugar, such as shredded whole wheat cereal or wheat biscuits. Or you could provide a cold lunch or tea for example wholemeal sandwiches or wraps.

Additionally, you are not expected to cook a different meal for children of different ages each day. We would recommend that the same meal is cooked for children of all ages but adapted in ways to suit their age and developmental needs, for example by pureeing, mashing, chopping or mincing. Further information on preparing food for babies can be found in the section on '[Cutting food safely when introducing solid foods](#)'.

Portions should also be appropriate for a child's body size and appetite. A portion size for a child aged 1 is generally smaller than a portion for a child aged 5. Further information on portion sizes can be found in the section on '[Portion size for children aged 1 to 5 years](#)'.

Table 3: Example meals and snacks for children aged 7-12 months

Meal	Example dishes	
Breakfast	• Berry porridge with banana sticks • Egg and wholemeal toast strips with quartered tomatoes • Wheat bisks with milk and peach sticks • Cinnamon wholemeal toast fingers and mashed banana • Egg and mushroom cups with wholemeal bread strips	
Lunch or tea	Main dish: • Mixed bean hot potato • African stew with wholemeal bread strips • Cheesy mixed beans on wholemeal toast strips • Lentil and broccoli vegetable pasta • Vegetable biryani with rice and cooked cauliflower florets • Fish and pea risotto with red pepper slices • Mexican chicken with wholemeal pitta strips • Jamaican fish curry with rice	Starter, side dish or second dish (Only for children aged 10-12 months): • Beetroot dip with pitta bread fingers • Beanie dip with breadsticks • Hummus and vegetable fingers • Sweet potato fingers • Falafel • Veggie finger foods • Plain yoghurt and soft-cooked peeled apple slices • Cheese and kiwi finger sticks
Snacks	Children under 12 months do not need snacks. If you think a child is hungry in between meals, offer extra milk feeds instead.	
Drinks	The only drinks that should be provided are: • fresh drinking water (which should be available throughout the day and offered as appropriate to children) • breastmilk/first infant formula (which should be offered to children according to their individual routines).	

Table 4: Example meals and snacks for children aged 1-5 years

Meal	Example dishes	
Breakfast	• Banana and berry porridge • Egg and wholemeal toast fingers with quartered tomatoes • Cinnamon and banana toast • Egg and mushroom cups with wholegrain bread strips	
Lunch or tea	Main dish: • Jerk chicken and slaw with wholegrain wraps • Chickpea biryani • Roasted aubergine and tomato curry with chapatis • Cornflake chicken, sweet potato wedges and sweetcorn • Black bean and lentil koftas with cous cous • Creamy lentil and broccoli pasta • Homemade chicken burger • 5 bean chilli and homemade nachos	Starter, side dish or second dish: • Bubble and squeak • Butternut squash and red pepper soup • Guacamole and pepper sticks • Hard-boiled egg with cooked carrot sticks • Plain yoghurt and banana finger sticks • Cheese and sliced strawberries • Unsweetened rice pudding and halved blueberries
Snacks	• Cheesy English muffins and cucumber sticks • Hummus and vegetable fingers • Tuna dip and wholemeal pitta	
Drinks	The only drinks that should be provided are: • fresh drinking water (which should be available throughout the day and offered as appropriate to children) • plain whole or semi-skimmed cow's milk or unsweetened calcium fortified non-dairy alternatives.	

Communicating with parents and/or carers

Working alongside parents and/or carers is essential to ensuring children are provided with healthy, balanced and nutritious food in the setting and at home.

Children must have a 'key person'. This will either be the childminder or a specific person at a nursery. As a child's key person, you will create a strong, ongoing relationship with both the child and their parents and/or carers to ensure the child's needs are met. This includes clear communication with parents and/or carers about the setting's approach to food provision and children's food intake across the day. Sharing information can help families understand the routines that are in place in the setting so they can plan routines at home. Additionally, involving parents and/or carers in the decisions you make around food provision can help demonstrate your commitment to providing healthy balanced meals, which can positively influence eating habits at home.

Ongoing discussions about the child's cultural and dietary needs are crucial in creating a safe and inclusive environment for all children to eat. As a key person, you play a central role in facilitating these conversations, helping to meet the dietary requirements of all children and supporting them in their development. Further information to help you consider dietary requirements in early years can be found in the section on '[Meeting the needs of all children](#)'.

Sharing this guidance document with parents and/or carers may also help them to understand the food and drink guidelines that early years settings are expected to follow in order to provide children with healthy, balanced and nutritious food.

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 with parents and/or carers.

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

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/or carers and staff
- information on your food and drink provision
- baby 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
- policy on commercial baby food and drink
- learning about food
- cooking with children
- food safety and hygiene
- sustainability

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

Food brought in from home

Families may wish to provide food from home and some children may need to bring their own meals and snacks for medical or cultural reasons. Having a food and nutrition policy in place and communicating this to parents and/or carers can help them to understand your regulatory obligation to provide healthy, balanced and nutritious food to children and encourage healthier food choices for packed lunches. It is important to ensure that food provided from home aligns with the healthy options offered by the setting, so that children receive consistent messages about nutrition.

Food safety and hygiene

All foods brought from home should be checked for potential allergens so that the risk of cross contamination is reduced.

All food served to children must be prepared in a way to prevent choking. The Food Standards Agency has 2 posters on [how to prepare food safely to avoid choking](#).

Additionally, providers should communicate with parents and/or carers about best practices for packing lunches and other food brought in from home, including tips on keeping food safe and fresh. Parents and/or carers should be encouraged to:

- Ensure the food is suitable for their child's individual developmental needs and prepared in a way to prevent choking.
- For perishable items that should be kept cool, pack food in insulated sealed bags. If ice packs are unavailable, the '4-hour rule' can be applied. This rule allows food to be stored outside of chilled conditions for up to 4 hours, but this should only be done once during the entire storage.
- Clearly label their child's name on the lunch bag and detail the contents.
- Pack foods that can safely be kept at room temperature if there is no refrigerated area for storing food brought from home. The Food Standards Agency provides

advice on [Listeria](#) which has examples of ready-to-eat foods that should be eaten within 4 hours of removing them from the fridge.

Providers do not have to provide refrigeration for packed lunches of children. Likewise, providers are not required to reheat food brought in by children.

The Food Standards Agency has further guidance on food safety management procedures for [small businesses](#) and [childminders](#) which will support settings to follow food safety and hygiene procedures when food is brought in from home.

Celebrations

Many families like to celebrate their child's birthday and other special events by bringing in a cake or sweets to the setting to share. This can mean that some children are eating these unhealthy foods several times a week. The food and nutrition policy could include recommendations for special events to ensure any food brought in from home is balanced and meets the setting's food guidelines (for example recommending fruit platters to share or non-edible options to celebrate with such as bubbles or stickers). Any food shared in the setting should be checked for potential allergens. Communication with parents and/or carers about these practices is key to ensuring they are informed and involved in supporting healthy eating habits at early years settings.

Cost-effective healthy food

Having a strategy for meal planning is essential for saving time and keeping costs down. Preparing menus in advance and using tried-and-tested recipes will cut preparation time. It also helps with buying ingredients, keeping track of allergens and cutting down on food waste. When shopping, consider 'value' brands, especially for staples like pasta, rice and tinned tomatoes. The difference in nutritional content between value and premium ranges is often very little, and some value brands contain less added sugar and salt.

Here are 9 tips for keeping your costs down while providing healthy, nutritious meals and snacks:

1. Cooking from scratch is a more cost-effective and healthier choice. Use ingredients such as tinned tomatoes, onions and herbs, instead of pre-packaged cooking sauces.
2. Experiment with making your own fruit yoghurt by blending chopped fresh, stewed, tinned or frozen fruits with plain yoghurt. You could also use up leftover fruit that you might normally throw away. Shop-bought fruit yoghurt can be high in sugar.
3. Frozen or tinned fruits in natural juice and vegetables with no added salt are good alternatives to fresh produce. They minimise waste and can sometimes offer higher nutrient levels.
4. Choosing fruits and vegetables that are in season can make them more affordable - and they will taste their best. Always compare the cost of loose and pre-packed produce. Go to local markets with children for cost-effective options and let children join in with choosing for a fun activity.
5. Growing fruits, vegetables and herbs in pots or bags provides a sustainable source of ingredients for meals or snacks. It is also a great educational activity for children.
6. Batch cooking and freezing portions is a good use of time. This works especially well if you are cooking for smaller groups, for example, if you are a childminder. If you choose to freeze food you need to follow the Food Standard Agency's [food safety guidelines](#) when freezing and defrosting.
7. A slow cooker is ideal for smaller portions, particularly for preparing meals in advance and making the most of value cuts of meat.
8. Meat and fish are expensive proteins. Using pulses such as beans, lentils and peas can help reduce the amount of meat and fish you use. These are also great sources of fibre. Eggs and tinned fish are an affordable alternative to meat and fresh fish.

9. Proper food storage helps extend freshness. Follow best practice food storage, such as keeping apples in the fridge and storing potatoes in a cool, dark place. The Food Standards Agency provides advice on [storing and freezing food safely](#).

Planning food activities

Cooking is a great experience for young children and helps to create a positive relationship with food. Some children have limited opportunities to cook or learn about food at home. You can plan fun activities for children in your own setting and also suggest activities they can do with their parents and/or carers at home.

DfE's help for early years providers website has further information on [planning food activities with children](#).

Cost-effective healthy food - key takeaways:

- having a clear meal plan and cooking from scratch using affordable ingredients can save time, reduce costs, and ensure healthier meals by avoiding pre-packaged options that may contain added sugars or preservatives
- opting for value brands, especially for staples like pasta, rice, and tinned tomatoes, can lower costs without compromising nutritional value
- seasonal produce and frozen or tinned fruits and vegetables can also be more affordable and nutritious alternatives to fresh items
- involving children in cooking activities fosters positive food relationships and can be both educational and fun.

Meeting the needs of all children

It's important that you cater for the cultural and dietary needs of the children in your care. The most common dietary requirements in early years are:

Food allergies: Allergies to foods can cause serious reactions, including death.

Food intolerances: Food intolerances often cause stomach pain and discomfort.

Vegetarianism: A vegetarian won't eat meat of any kind, including fish. They also won't eat by-products of animal slaughter, such as gelatine. Most people who choose to be vegetarian do so for religious, health or moral reasons.

Veganism or eating a plant-based diet: A vegan is someone who eats a diet based on plants (such as vegetables, grains, legumes, nuts, seeds and fruits) and foods made from plants. Vegans don't eat foods derived wholly or partially from animals (such as meat, fish, eggs and honey). Some people refer to this as eating a plant-based diet.

Pescetarianism: A pescetarian avoids meat but eats fish and seafood. They may also consume dairy and eggs. People choose this diet for health, environmental, or ethical reasons, believing fish is a more sustainable or ethical option than other meats.

Religious preferences: Some religions or faiths have strict dietary requirements. Although eating certain foods won't physically harm children, it is vital to respect their religious and cultural beliefs. Religious dietary requirements include (but are not limited to):

- only eating halal foods
- avoiding pork or beef
- keeping kosher
- eating specific foods only on certain days.

Children with special dietary requirements may need specific foods excluded or included. 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. Where a food is excluded from a child's diet you should consider substitutions and replacement ingredients.

Providers should create a safe and inclusive environment for all children to eat and children with special dietary requirements should be included in mealtimes 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.

You should have ongoing discussions with parents and/or carers about their child's dietary needs. Parents and/or carers may assist by sharing guidance from healthcare

professionals, and providers should seek professional advice for menu planning when needed.

The NHS has further information on the [vegetarian diet](#) and the [vegan diet](#).

Food allergies

Food allergies can be life threatening conditions for some children and should be taken very seriously.

Food allergies develop when the body's immune system reacts against food proteins which it sees as invaders. It then releases chemicals to attack.

Symptoms of an allergic reaction may include:

- coughing, wheezing, breathlessness, noisy breathing or a hoarse voice
- a red raised rash (hives)
- tingly or itchy feeling in the mouth
- sneezing or an itchy, runny or blocked nose
- stomach pain
- feeling sick or vomiting
- swelling of face, lips, tongue or eyes
- difficulty swallowing
- diarrhoea
- feeling dizzy or lightheaded
- pale or floppy
- suddenly sleepy
- collapse or unconscious

These symptoms can happen on their own or they may be present in a serious reaction.

A severe reaction called anaphylaxis or anaphylactic shock can occur. This is a medical emergency that can be life threatening and needs urgent treatment. You should administer the child's autoinjector if they have one and then call 999. You should use the child's second autoinjector if they have one if they haven't improved after 5 minutes.

A child who is showing signs of anaphylaxis should never walk to a new location. Where necessary, they should be carried to a suitable safe location away from an allergen (for example, if a food item was spilt in their vicinity).

Any one or more of the following symptoms may be present:

- swelling of throat, tongue or upper airways
- difficulty swallowing
- wheezing / noisy breathing

- breathing difficulty
- persistent cough
- dizziness
- feeling faint
- sudden sleepiness
- confusion
- pale clammy skin
- loss of consciousness

It's possible to be allergic to anything, but there are 14 common allergens. These are:

- celery
- cereals containing gluten (such as wheat, barley and oats and some flours)
- crustaceans (such as prawns, crabs and lobsters)
- eggs
- fish
- lupin (such as bread made using lupin seeds)
- milk
- molluscs (such as mussels and oysters)
- mustard
- peanuts
- sesame
- soybeans
- sulphur dioxide and sulphites (sometimes found in dried fruits and fruit juices)
- tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts).

DfE's help for early years providers website has [a full list of common food allergens](#). Providers may also encounter children with food allergies that are not on this list.

You must find out if a child has any food allergies before they are admitted into your setting.

Children can develop allergies at any time, particularly during the introduction of solid foods (weaning). As children may be trying some foods for the first time in your care you must know how to recognise the signs and symptoms of an allergic reaction. If you suspect that a child has a food allergy, encourage parents and/or carers to seek advice and diagnosis from a doctor.

Providers must have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop allergy action plans for managing any known food allergies and intolerances. This information must be kept up to date by providers and shared with all staff.

Always think about food allergies when food is being stored, delivered, sorted, prepared and cooked. Avoid mixing foods that are safe with those that can cause allergic reactions.

The NHS has further [information on food allergies](#) in babies and young children, including [how to recognise symptoms and how to react](#).

The Food Standards Agency has [free food allergy training](#) and an [allergen checklist](#) with tips on food allergy best-practice.

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.

Some common food intolerances include:

- lactose intolerance (lactose is the sugar found in animal milk, e.g. cow's milk, goat's 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
- intolerance to some food additives or chemicals.

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

If an allergy is suspected, the food should be avoided while parents and/or carers seek input from an appropriate health professional. However, it is important not to exclude foods from a child's diet without a valid reason as this can result in an unnecessarily restricted diet, which could have a negative impact on nutrition.

The NHS has further information on [food intolerances](#).

Coeliac disease

Coeliac disease is a common and serious autoimmune condition that can develop at any age. Children with coeliac disease have to 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 need to 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. An example of this is oats. Oats do not contain gluten but can be contaminated by other cereals during production.

The NHS has further [information on coeliac disease](#).

Meeting the needs of all children - key takeaways:

- make sure all staff are aware of each child's allergies
- clearly label foods with their ingredients
- store foods and items containing allergens separately from other foods
- avoid cross-contamination by:
 - washing hands
 - using colour-coded equipment and utensils, or practices such as labelling a child's cup with their name if they have a milk allergy
 - having separate preparation areas for foods that are allergens
 - having rules about visitors bringing food into your setting
- if a food intolerance is suspected, work with parents and/or carers to keep a diary of foods eaten and any symptoms experienced.

Food for religious faiths and beliefs

Children and their families may have specific food preferences or dietary needs according to cultural or religious beliefs.

Some families may exclude certain foods or only eat foods prepared or cooked in a particular way according to their religious faith. For example, some faith groups will follow a vegetarian diet due to both religious customs and personal choice. Additionally, 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 customs may vary between denominations, branches or even families. Providers should engage in open communication with parents and/or carers to ensure that all food provided meets children's food preferences and dietary needs according to their religious faiths or beliefs. This is essential for creating an inclusive environment in your setting which can support children's wellbeing.

Additionally, incorporating traditional foods from different cultures in your menus can help children feel connected to their cultural heritage. You can ask parents and/or carers to

share traditional recipes and seek their feedback on your menus. This will help you to understand and respect any cultural or religious beliefs.

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 swallowing. These children may need to have their food prepared in a particular way to make it easier to eat. They may need early years settings to provide one to one support at each meal and snack time if they are unable to feed themselves.

It is also important to consider children who may experience sensory needs in relation to foods, for example, sensitivity to textures, tastes or smells, which can lead to limited preferences or aversions towards specific foods. You should 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, updated regularly and communicated to all staff involved in the preparing and handling of food.

For children on a special diet, the parents and/or carers and carers or registered dietitian should supply the early years 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.

Top tips for safely managing special dietary requirements

Responding to the needs of children with special dietary requirements requires early and effective communication with parents and/or carers 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 must be obtained in advance of them starting at the setting.

It is important that all educators understand:

- each child's special dietary requirements including which foods or ingredients need to 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, making sure each child receives the correct food
 - 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 in from home and shared by providers or parents and/or carers
 - informing all parents and/or carers of the potential risk of foods brought from home for other children
- 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.

Disadvantaged children

Free School Meals

Pupils attending a local authority maintained, academy or free school nursery are entitled to free school meals, as long as they either are in full-time education or receive education both before and after lunch and meet the benefits-based free school meal eligibility criteria.

GOV.UK has [guidance on free school meals](#) for schools and local authorities and statutory [guidance on the provision of early education and childcare](#).

NHS Healthy Start

The Healthy Start scheme helps families from very low incomes to buy food and milk to support and encourages a healthy diet for pregnant women and children aged under 4.

There may be families who attend your settings that are eligible for the scheme. The [NHS Healthy Start communications toolkit](#) can help you raise awareness of the scheme to support families.



Department
for Education

© Crown copyright 2025

This publication is licensed under the terms of the Open Government Licence v3.0, except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3.

Where we have identified any third-party copyright information, you will need to obtain permission from the copyright holders concerned.

About this publication:

enquiries <https://www.gov.uk/contact-dfe>

download www.gov.uk/government/publications

Follow us on X: [@educationgovuk](https://twitter.com/educationgovuk)

Connect with us on Facebook: facebook.com/educationgovuk