



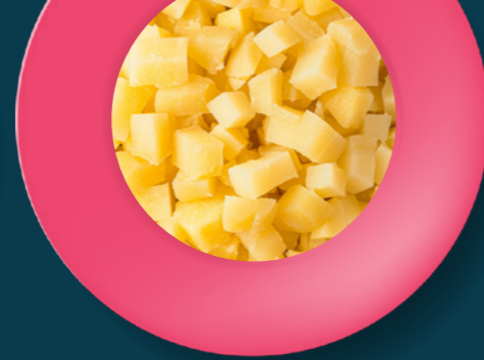
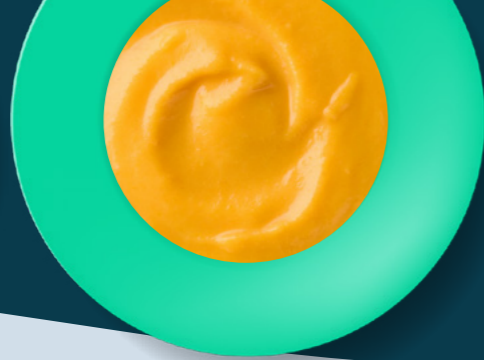
# Safer Eating in Early Years Settings

General Guidance

February 2024



Trusted content written by



**Document Author** Kent Safeguarding Children Multi-Agency Partnership (KSCMP)

**Document Owner** Kent Safeguarding Children Multi-Agency Partnership  
Sessions House  
Maidstone  
ME14 1XQ  
Email: kscmp@kent.gov.uk

**Summary of Purpose** This document provides guidance to early years settings on developing a safer eating policy and steps to take to reduce the risk of a child choking during meal and snack times.

**Accessibility** This document can be made available in large print, or in electronic format.  
There are no copies currently available in other languages.

**Equalities Impact Assessment** During the preparation of this policy and when considering the roles and responsibilities of all agencies, organisations and staff involved, care has been taken to promote fairness, equality, and diversity, in the services delivered regardless of disability, ethnic origin, race, gender, age, religious beliefs or sexual orientation.

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**Policy Review Date** This document will be reviewed in September 2026

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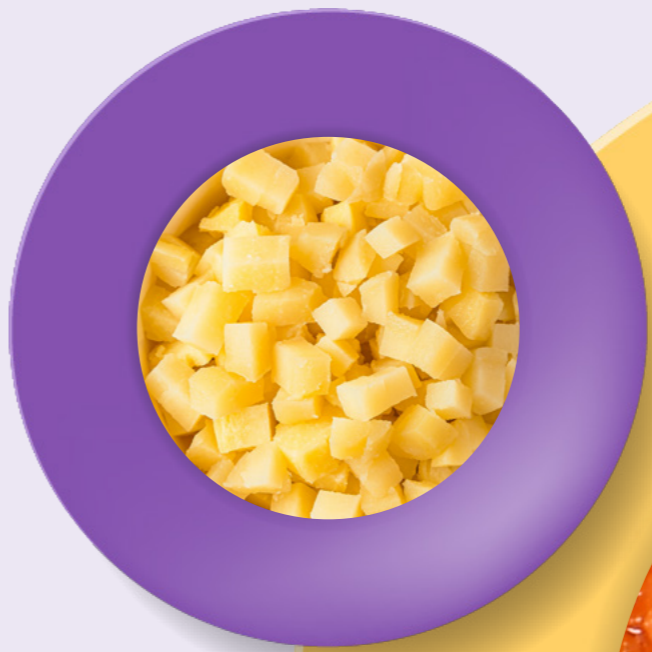
A child dies in the UK every month from choking and hundreds more require hospital treatment.

# Introduction

## 1.1 Foreword

A child dies in the UK every month from choking and hundreds more require hospital treatment. This guidance is designed to support early years settings providers and management to consider the development of a safer eating policy which safeguards mealtimes and reduces the risk of serious harm resulting from choking whilst eating. It has been written to incorporate the requirements of the Early Years Foundation Stage (EYFS) framework, as well as good practice and learning from incidents where children have sadly died during mealtimes.

Whilst it is primarily designed for early years settings, the principles and guidance may also be of use to other settings providing food to children in their care.

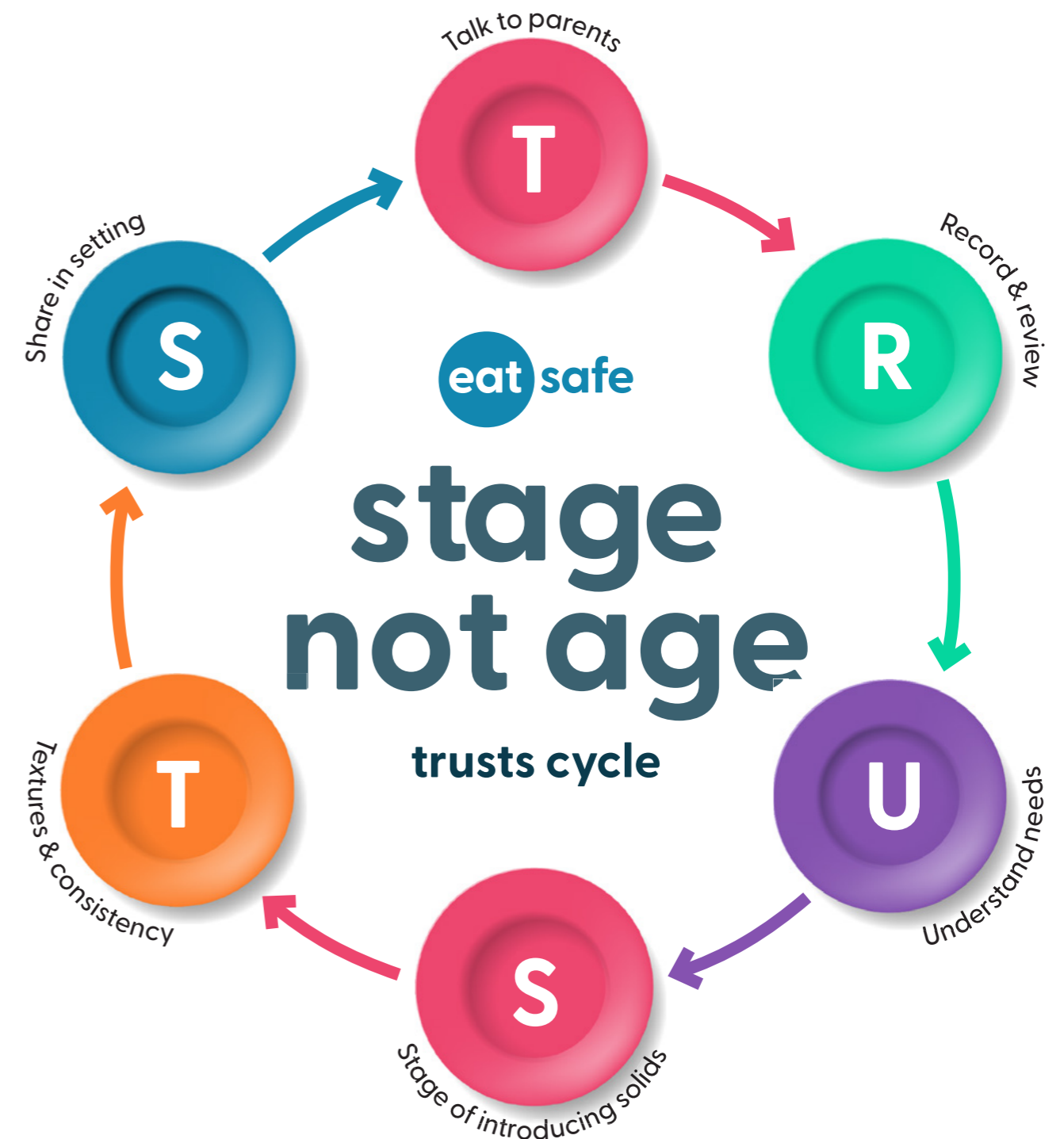


## 1.2 Understanding safer eating

The NHS recommends that parents introduce babies to solid foods when they are around six-months old. Initially it is suggested that pureed textures are offered, moving towards lumpier mashed foods, then bigger chunks of soft food and finger foods, and eventually meals cut into smaller pieces. Whilst the Start-for-Life website suggests that this may happen from six to twelve months of age, this is only a general guideline, and **different children may progress at different paces**. Development of feeding skills is **individual to each child and family**, and it is important to **focus on the stage** the child is at, rather than where they might be expected to be based on their age. Weaning and eating development can be affected by a range of factors including medical issues, developmental needs, cultural influence and parent confidence.

The EYFS framework requires providers to take all necessary steps to keep children safe and well. It is important that early years settings are able to provide **safe eating environments for children**, which means providing the right types and textures of food, having safe eating set-ups and supervision, and taking proactive steps towards safeguarding mealtimes. KSCMP has worked with local partners to develop the **TRUSTS Cycle**, which outlines key components of safer eating in early years settings.

Parents and carers place **significant trust** in early years providers and practitioners to care for and **protect the safety of their children**. This includes ensuring that children can enjoy meal and snack times safely. We recommend that **settings develop a safer eating policy**, which section 2 provides guidance on.





Conversations about food progression should be ongoing with parents and carers.

## Developing a safer eating policy

### 2.1 Understanding the child

#### Before a child begins attending

EYFS requires that before a child is admitted to the setting, you must obtain information about any **special dietary requirements, preference and food allergies** that the child has, and any **special health requirements**. This should be an **integral part of pre-enrolment conversations with parents and carers** and should not be limited purely to dietary needs and allergies (although these are important and must be discussed and recorded).

Consider amending enrolment forms and paperwork to capture discussions and information about **what stage of weaning a child is at**, including detailed information about textures the child is familiar with and what will be required in setting. It may be helpful to use visual guides (like those in Appendix 1) to ensure **shared understanding of the required texture of food**. Ensure discussion with parents about how food will be provided in line with the child's need and that this is recorded clearly. Double check the record with parents and carers, to ensure shared understanding.

#### Regular review

Conversations about food progression should be ongoing with parents and carers. It may be helpful to include into regular reviews that are undertaken to **discuss and share developmental progress**.

Progression from the introduction of first foods, to a range of blended or mashed foods, and then to a wider range of chopped or minced foods should be a **gradual process, based on each child's developmental readiness, rather than a staged process based on age alone**. Understand whether parents have **changed the texture of foods they are providing**, or not, and what implications that has in the setting. Have **clear conversations about what this child needs at this time**. This should be a **two-way conversation with parents and carers** to share how the child is responding at mealtimes in settings, as well as for you to hear about if/how progression is planned at home. **Make a note of any concerns parents might have**, including whether any **medical or other issues have arisen which might impact on the child's ability to handle larger textures**.

## 2.2 Organisation culture

### Food preparation

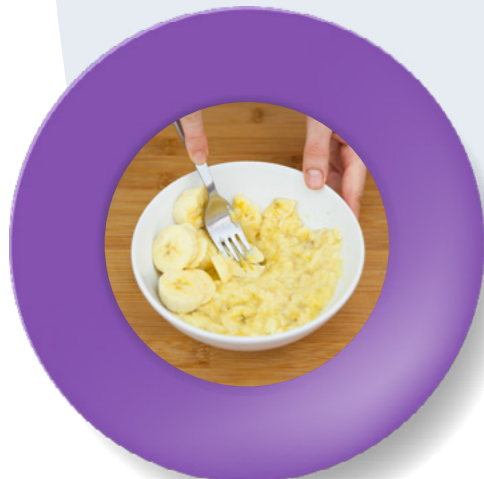
Settings must have an area which is adequately equipped to provide healthy meals, snacks and drinks for children as necessary. There must be suitable facilities for the **hygienic preparation** of food for children, if necessary, including suitable **sterilisation equipment for babies' food**.

Be clear about **who is responsible for preparation of food**, including its texturization. In some settings staff may be specifically tasked with preparing all food, with individual key workers or mealtime supervisors subsequently ensuring it is in the appropriate texture for each individual child. In other settings it might be the staff preparing food are also responsible for providing each portion in the correct texture. The important point

is that **staff are clear about exactly who is responsible for this, and it should be recorded as to how each child's food will be provided in the appropriate texture**.

**Visual guidance and coding to demonstrate appropriate textures** that staff can follow and understand, as well as employing the use of **crib sheets which clearly outline each child's individual food requirements**, which can be clearly viewed and understood by all, may assist. See Appendix 1 and 2 for example templates.

Also consider **who is responsible for quality assurance** and checking that food being provided meets all the **requirements of the child**.



### Staff competency

Settings must be **confident that those responsible for preparing and handling food are competent to do so**. In group provision, all staff involved in preparing and handling food must **receive training in food hygiene**. Consider what training staff will be required to undertake, how often this will be refreshed, and how time will be protected to enable staff to undertake.

Also consider what training will be provided to staff on **paediatric first aid**. The EYFS requires that at least **one person who has a current paediatric first aid certificate is always on the premises and available** when children are present. Good practice however may be to ensure that multiple staff holding this qualification are present during mealtimes. At the minimum ensure that:

- there are clear records and scheduling to ensure that there is a paediatric first aider on premises,
- all staff are aware of who the paediatric first aider is and where to find them,

- the paediatric first aider(s) are in the immediate vicinity of children during mealtimes,
- all staff supervising or providing food are familiar with paediatric first aid advice for children who are choking

### Recording and learning from incidents

Whenever a child experiences an actual or potential choking incident, it would be expected that this is **recorded in the child's record and carers made aware**, as per normal practice for other incidents/injuries and proportionately to the severity of the incident. It should also be **recorded in the setting incidents log/record** and it may be helpful to consider including details of where and **how the child choked, what the outcome was, and what steps or lessons learned** should be acted upon to minimise the risk of it happening again in future. It maybe helpful to **review these records periodically** to identify if there are trends or common features of incidents that could be addressed to reduce the risk of choking.

## 2.3 Safeguarding mealtimes

Ensuring that eating times and spaces in settings are designed with safety in mind can reduce the risk of serious harm through choking whilst eating.

### Eating environment

Infants and young children should be seated safely in a highchair or appropriately sized low chair while eating. Where possible there should be a designated eating space where distractions are minimised.

Infants and young children should never be left alone while they are eating. Staffing arrangements must meet the needs of all children and ensure their safety. Children must be adequately supervised, including whilst eating. Outline who is responsible for supervising children at mealtimes and ensure staffing is in place to ensure they are supervising an appropriate number of children, and not distracted whilst doing so. Ideally staff should be sat face-to-face with the children they are supervising during meal and snack times

### Responding to choking

Preparing for the possibility of a child choking may ensure staff are ready to respond should it occur. Despite preventative measures, it is still possible for children to choke, and staff who are equipped to respond are most likely to be able to intervene safely and effect a positive resolution.

There should always be a first aid box accessible with appropriate content for use with children. Ensure that staff know where this is kept and relevant staff are competent in the use of the equipment. Also ensure the contents are checked regularly to ensure used or out-of-date items are replaced, and record who is responsible for maintenance of the first aid box(es).

Be clear about emergency procedures, who is responsible for administering first aid and for calling emergency services. It may also be useful to ensure staff are aware of resources that can assist them to improve their knowledge – the KSCMP Safer Eating Practitioner Resources Guide may be useful to reference (see further resources).



## Further resources

### TRUSTS Cycle

[www.kscmp.org.uk/guidance/eatsafe](http://www.kscmp.org.uk/guidance/eatsafe)

### KSCMP Safer Eating in Early Years Setting Practitioner Resources Guide

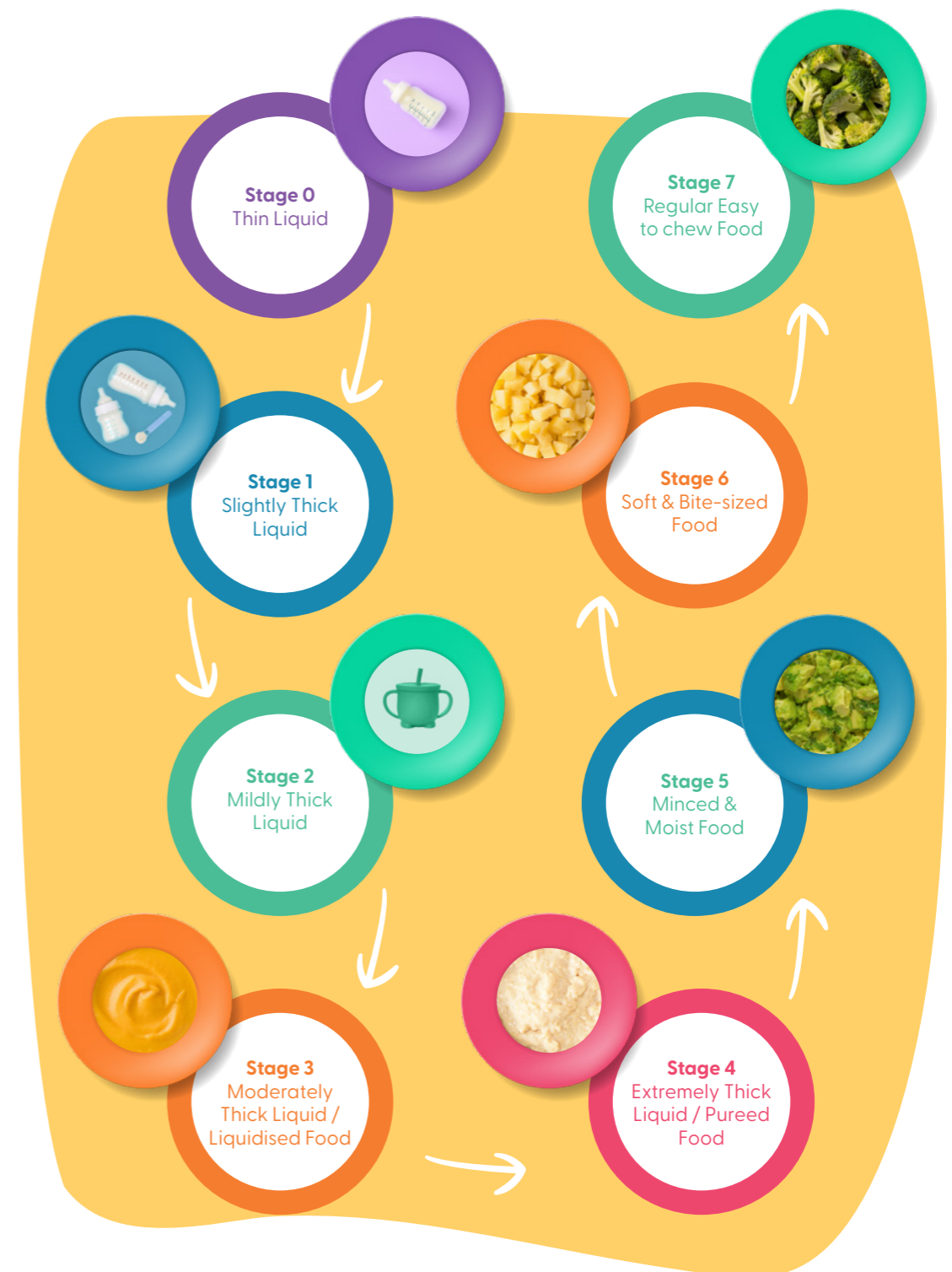
[www.kscmp.org.uk/guidance/eatsafe](http://www.kscmp.org.uk/guidance/eatsafe)

### Government food safety advice for children aged 5 and under

<https://help-for-early-years-providers.education.gov.uk/safeguarding-and-welfare/food-safety#food-safety-advice-for-children-age-5-and-under>

## Appendices

### 4.1 Visual guides





## 4.2 Appendix 2: Template crib sheet



# Eatsafe Crib Sheet



| Child               | Dietary needs | Texture          | Meal / snack     | How & who texture          | Notes   |
|---------------------|---------------|------------------|------------------|----------------------------|---|
| e.g. Alex Smith     | Nut Allergy   | Mashed - Stage 5 | Shepherd's Pie   | Kitchen to mash            |   |
| e.g. Charlie Thomas | Vegetarian    | Puree - Stage 4  | Veggie Casserole | Dining supervisor to blend | Has had throat infection making swallowing harder |
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A printable version of this crib sheet is available from the KSCMP website



# eat safe

[www.kscmp.org.uk/guidance/eatsafe](http://www.kscmp.org.uk/guidance/eatsafe)

In memory of  
Oliver Steeper

