

# Health Promotion Guidance

Nutritional Guidance for Children and  
Young People in Residential Care Settings



HEALTHY



ACTIVE



NUTRITION

FOOD

# Health Promotion Guidance

## Nutritional Guidance for Children and Young People in Residential Care Settings



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## Ministerial Foreword

Included in our vision for Scotland is that we will live longer, healthier lives. We believe that a healthier Scotland is essential if we are to realise our central purpose of creating a more successful nation through sustainable economic growth where we can all flourish.

The Scottish Government believes that all children and young people should get the support they need to become successful learners, confident individuals, effective contributors and responsible citizens. This will help to ensure that they are ready to make the choices they will face as adults.

We want our children and young people to understand the importance of a healthy lifestyle. This includes ensuring they develop the practical skills and knowledge to be able to choose a healthy and balanced diet. This is particularly important if we are to reduce their risk of diet-related diseases, such as obesity, over the course of their lifetime.

Everyone involved in the child's life has a role to play and the guidelines in this document recognise that for many children and young people, residential care settings act as their primary home environment and have a unique role to play in their care. We believe that we should be as ambitious for looked after children as we are for our own children and corporate parenting is key to this. Professionals and carers who take on the role of a corporate parent face many challenges but everyone involved needs to be able to answer the question "is this good enough for my child?".

Good quality residential care needs to adopt a holistic approach to health and wellbeing. Such an approach will encourage a 'health promoting environment' and support residential establishments to address the physical, social, cultural and emotional aspects of food and food related issues experienced by our children and young people. Equally important is the relationships between staff and children, and amongst children themselves, which are the foundation upon which their future wellbeing will be built.

The working group tasked with developing this document recognised the importance of basing the guidance around the views and experiences of children and young people living in residential care settings. In response to this, the Scottish Government commissioned the consultation report "*It's no like one of those café places where you can order anything you want*", which was carried out by Who Cares? Scotland. It describes in some detail food and food-related issues as experienced by the children and young people in residential care settings.

These nutritional guidelines closely reflect the advice and support provided within our Healthy Eating in Schools: *A guide to implementing the nutritional requirements for food and drink in schools (Scotland) regulations 2008*. They complement a package of measures, introduced by Scottish Government, that will encourage our children and young people to make healthy and informed choices as they go through life into adulthood.

In a Scotland where every child matters, we want all our children to achieve their potential and to be able to celebrate success in their lives. We have to want the same for our looked after children as we do for our own children. We have a social and moral obligation to do our very best for those most vulnerable members of our communities and to show that we can and will do better. Our children and young people deserve the best lives we can provide. By working together I am confident that we can ensure that each and everyone reaches their potential.





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## Section 1

### Introduction

#### “Why you should read this document”

“...At first, like, when I came in it was, like, different but the thing is you just get used to the food and, if you get used to it, you just like it and it becomes normal... They cook different food and different veg. I like it. At first, I didn't like it but now I get used to it. We just have to get used because it's completely different from what you eat...”

*(Female, children's unit)*

#### Why is this guidance needed?

Food is an important part of everyone's lives. Improvements to the diet of children and young people can positively influence their current and future health, playing an important role in the prevention of diet-related diseases. The consultation report carried out by [Who Cares? Scotland](#) – “It's no like one of those café places where you can order anything you want”, highlighted that children and young people have strong views on the food they like to eat. However, we know from [research](#) that children and young people in Scotland, and elsewhere, are not eating enough fruit and vegetables and are eating too much food high in fat, saturated fat, salt and [sugar](#).

For the purpose of this document references to child, children and young people and young people have the same meaning and are interchangeable. This guidance covers residential establishments not included specifically in the [Schools \(Health Promotion and Nutrition\) \(Scotland\) Act 2007](#) (the 2007 Act) and includes:

- Residential Care Homes (Children and Young People)
- School Care Accommodation Services (special residential schools and mainstream boarding schools)
- Secure Accommodation

Please note that school hostels are covered by the 2007 Act and associated [Nutritional Requirements for Food and Drink in Schools \(Scotland\) Regulations 2008](#). While the information in this document may be helpful or of interest, those managing school hostels must continue to meet their statutory duties set out in the above legislation.



The 2007 Act places a number of duties on local authority educational establishments in relation to the health and wellbeing of children and young people. In particular, it sets out the nutritional requirements for all food and drink in schools through the [Nutritional Requirements for Food and Drink in Schools \(Scotland\) Regulations 2008](#) and places health promotion at the heart of schools' activities.

Much of the information contained within the 2007 Act and associated Regulations is relevant to residential establishments and can be used as a model on which to base a nutritional plan. The general health and wellbeing approach outlined in the 2007 Act can help residential establishments to ensure that children and young people are provided with an environment that will prepare them for future years, allowing them to learn skills for independence, how to eat well and how to take care of their wider health and wellbeing.

The bulletin [Food and Nutrition for Children and Young People in Residential Care: Are services meeting the standards?](#) (Care Commission, 2008) found that overall, residential care services are supporting children and young people to eat healthily, with meals that are varied and nutritious; while taking account of food preferences and special dietary needs. Eating well also means food which is well prepared and presented. But, in respect of the questions asked by the Care Commission, it was found that a number of services need to improve.

This guidance adopts a holistic approach to health and wellbeing and acknowledges the concept of a 'health promoting environment' similar to that established within health promoting schools. It seeks to support the nutritional requirements within the 2007 Act as they are applied at evenings and weekends in residential care settings and recognises the sensitivity in providing this type of support within what is essentially the home of children and young people. The guidance will help care providers to plan and provide food and drink that meets the dietary needs of the children and young people in their care. It will also ensure they respond to their needs and preferences by involving them in food-related decisions.

This guidance has been developed using the information contained within [Healthy Eating in Schools – A guide to implementing the nutritional requirements for food and drink in schools \(Scotland\) Regulations 2008](#) and the current [Scottish Dietary targets](#) set out in Scottish Dietary Action Plan. It aims to assist residential care providers in planning food provision to meet the dietary needs of children and young people in their care. The publications [Eating well for looked after children and young people](#) (Caroline Walker Trust, 2001) and [Caring About Health: Improving the health of looked after and accommodated children in Scotland](#) have also been drawn upon to recognise and take account of the unique circumstances of children and young people living in residential care settings. They provide nutritional and practical guidance along with information and advice that will assist practitioners to support the children and young people in their care.

Residential care services are regularly inspected by the Care Commission and those providing education are jointly inspected by the Care Commission and HMIE. The Care Commission endorses the guidelines in this document and commends their use to regulated services. All services are required to self assess using Quality Themes and Statements based upon the National Care Standards (NCS). This guidance will help residential care services meet these requirements by enabling them to demonstrate, for example, how they involve service users, plan appropriate menus and have suitably trained staff to address health and nutritional needs.

By following this guidance, residential establishments will be supported in meeting their duties under [legislation](#) and the [National Care Standards](#). It will also assist them in meeting other relevant health and wellbeing and nutrition legislation or requirements referenced in this document.

### Who is this guidance for?

This guidance is relevant to anyone who has a part to play in the health and wellbeing of children and young people living in residential care.

This includes:

- Those working with children and young people in residential care settings
- Managers
- Care staff
- Health professionals
- Catering staff
- Social workers
- Educational staff
- Commissioning bodies

### Policy context

This guidance takes its lead from a number of key policy areas. It reflects the principles detailed within the [UN Convention on the Rights of the Child](#), in particular, article 24 of the Convention specifies the rights children have to enjoy the highest attainable standard of health. This includes the provision of adequate nutritious foods, education about health and nutrition, and how to use that knowledge. The core principles of the Convention include respect for the views of the child. It protects children's rights by setting standards in health care, education, and legal, civil and social services. The Convention sets minimum standards to be achieved in Scotland through key policy documents which include [For Scotland's Children](#) and [The Early Years Framework](#).



*Getting it Right for Every Child* is a key policy which seeks to improve the wellbeing of all children and young people in Scotland. It promotes positive action to support children and young people to reach their full potential and become successful learners, confident individuals, effective contributors and responsible citizens. The approach outlines eight indicators of wellbeing, calling on all agencies involved to make sure children and young people are: healthy, achieving, nurtured, active, respected, responsible, included and safe.

Improving the health and diet of the Scottish population is a priority for the Scottish Government. The actions identified within *Healthy Eating, Active Living: An action plan to improve diet, increase physical activity and tackle obesity* (2008-2011) supports people to make healthier choices in what they eat, to build more physical activity into their everyday lives and to maintain or achieve a healthy weight.

“I would like to know what’s in it [the food]... you canny watch what you’re taking in, you could be taking in double what you should be.”  
(Male, secure unit)

In a debate following the publication of the Healthy Eating, Active Living action plan, the Scottish Government reaffirmed its commitment to developing a longer-term strategy to tackle obesity. It was acknowledged that individual initiatives would not in themselves solve Scotland’s obesity problem. In February 2010, the Scottish Government, in partnership with COSLA, fulfilled that commitment and published *Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight*. The report has identified four main areas in which concerted action is likely to have the greatest effect:

- Reducing demand for, and consumption of, excessive amounts of high-calorie foods and drinks;
- Increasing opportunities for the uptake of walking, cycling and other physical activity;
- Establishing lifelong healthy habits in children;
- Increasing the responsibility of organisations for the health and wellbeing of their employees.

In conclusion, this guidance has been designed to achieve two outcomes:

- Support children and young people in residential care to develop the practical skills and knowledge to allow them to take responsibility for their lifelong health and wellbeing;
- Assist managers and staff in meeting the relevant aspects within the National Care Standards in relation to health and wellbeing at the same time as supporting the needs of each child in their care.

It also recognises the important part that residential establishments have in supporting the Scottish Government's vision that we will live longer, healthier lives. Our children and young people deserve no less.



## Section 2

### Who Cares? Scotland Consultation Report: Findings from consultation with children and young people “Children and young people tell us what matters to them”

#### Overview

The Who Cares? Scotland [consultation report](#) “*It’s no like one of those café places where you can order anything you want*”, which accompanies this guidance, describes the views and experiences of children and young people living in residential care. The report captures their food and food-related issues, likes and dislikes and what they suggested could lead to improvements. The information gathered has been used to inform the overall report.

It helpfully suggests steps residential establishments can take in response to the views of children and young people. Some relate to making changes in practice or process, while others may be more challenging, implying structural change or further resource investment. A common factor includes offering possible solutions to the issues children and young people raise themselves which can help enhance their health and wellbeing and improve their experience of food.

“If we were buying and cooking our own food then we’d know what we’re eating, instead of having no idea what’s in our food all the time. It’s no wonder we put on weight.”  
*(Female, secure unit)*

The Scottish Government recognises that there are residential establishments already working in ways which effectively address the concerns expressed by children and young people. However, not all do. The consultation report provides an accompaniment to the guidance and offers helpful insights and suggests areas where improvements can be made if necessary.

#### Listening to young people

Five key themes emerge from the consultation:

- **Young people seeing food as an unknown quantity** – Many of the children and young people consulted expressed frustration at having little or no knowledge about where the food they eat is cooked, who cooks it, its nutritional value and the ingredients used.

“When I first came in, I didnae ken where the kitchen was but it’s in a separate building. The dinner comes up...so we don’t know where it’s coming fae”. *(Male, secure unit)*

Across all settings, young people were keen for more nutritional information, for example, using a “traffic light system” to help them make informed choices about what they eat. They regularly made links to appearance, weight gain after eating the food provided for a period of time and (sometimes limited) access to exercise opportunities.

- **Staff and establishments responding to young people as individuals** – Children and young people were clear about their likes and dislikes. They were able to suggest changes (at times) and recognised restrictions associated with a group living environment. Often children and young people would have to decide what they would eat a week in advance. Although needs relating to allergies and specific dietary requirements were generally met, individual preferences and circumstances could lose out to the need to cater for the majority. For example attending after school clubs scheduled at the same time as the units normal mealtime means that a child would be faced with a reheated meal.

Some cooks and care staff were more responsive to the preferences and situation of individuals than others. A minority of young people had a very restricted diet or ate only breakfast and supper as they disliked the food on offer or how it was cooked. Opportunities to shop for food or cook themselves differed across settings and within different units in the same establishment. This inconsistency and often a lack of explanation as to why activities might not take place could be a source of frustration for children and young people.

“...we just suggest stuff and the cook usually listens...she bought peppercorns for one young person because he likes things hot.”  
*(Male, children’s unit)*

- **The importance to young people of being involved in food issues** – Many stressed the importance of feeling listened to by the cook and care staff. They wanted to be more involved in issues surrounding food and nutrition. Often it was indicated they were hesitant to speak out if, in the past, they had not felt listened to or not been offered an explanation as to why their request was not fulfilled, for example a change of menu.



- **Food – improving quality, quantity, variety and availability** – With one exception, young people across all settings commented on the (poor) quality of food. Again, the skill of the cook is critical – food tastes better, is better presented and is more imaginative, depending on the chef on shift. In addition, the quality of the ingredients can play a part in this issue.

In residential schools and secure units, the reportedly poor quality of food was also attributed to it being transported from a central kitchen and reheated in the trolley. If young people missed mealtimes, food was again reheated with further loss in quality and appeal, resulting in wasted food. Many also spoke about how unappealing it is to think about how leftovers will be used the next day.

“...they plate it up...but you can be away for two or three hours... and it’s lying there and it’s not very nice...” (*Male, residential school*)

Regularly young people requested that further and more varied foodstuffs be stored in their individual unit kitchen, as not enough ingredients were available to make a “proper meal” and the food stored was not always to young people’s taste. While those reporting an overall positive experience gave more examples of the types of food held in their kitchen than all other groups consulted, they too suggested improvements that could be made to the variety and quantity of locally held foodstuffs.

- **Flexible and alternative eating arrangements** – the young people stressed the need for more flexibility around food-related structures and processes, such as occasionally having music on while eating or having a meal while sitting on the sofa, even if it was just once a week as a treat. Young people wanted to be considered as individuals in eating arrangement decisions. Feeling uncomfortable eating in front of others was identified as one of a range of reasons as to why a young person may want to sit away from the table. Having a ‘nice’ alternative should be available as an option.

Comments reflected on the often unchanging nature of set mealtimes and menus. Feedback included the lack of variety, availability and quantity of foodstuffs made available within the units. If residents were not hungry or were absent at set mealtimes, the only option offered was pre-plated or reheated food. Individuals’ activities and timetables can change, with young people returning to the unit at varying times and having eaten differently to each other during the day.

### Acting on the learning

Residential establishments may replace the family home for young people who are ‘looked after away from home’ for at least part of their lives, sometimes all year round and, sometimes, long term. The insights offered by children and young people suggest areas of action for residential establishments to consider. These may have the potential to help improve young people’s experience of food and their sense of health and wellbeing while living in residential care settings. The learning offered within the 5 key themes has potential implications for management, operations, policy, staff practice and training. In addition, it offers the potential to increase effectiveness and maximise use of resources while adopting approaches which ‘place the child at the centre’ as directed by current policy.

On the whole, young people reported positively on certain areas of good practice such as the opportunity to be involved in food-related processes and decisions to a degree of their choosing. They valued the support of staff who understood their individual needs and preferences. The willingness of staff to listen and have the commitment and resources in place to respond, played an important part too. Key areas of good practice viewed favourable included:

- planning of meals;
- buying of food;
- preparing and cooking of food (with adequate facility to do so, i.e. kitchen and equipment);
- provision of sufficient foodstuffs (both in variety and quantity).

This appears to support the importance which the young people placed on having access to ‘the conditions of everyday living’ which should be as close as possible to those common in the wider society. This includes an emphasis on individualised, personalised care and minimising institutionalisation. In addition, ‘normalising’ everyday experiences and opportunities in acquiring skills for independence can help prepare young people for life after residential care.

“We should do all our cooking in each unit rather than it being brought up for everyone [*on trolleys*]. Then we’d just be cooking for the four of us in the unit and we’d have more choices and be more involved in the decisions about what to cook each night.” *(Female, secure unit)*



In short, the findings make a strong case for decision-making which involves young people and incorporates localised solutions rather than a centralised function. They call for arrangements able to flex and respond to the individual and the 'household'. Incorporating these views may have resource implications. Others may be implemented with little or no cost, but have practical aspects which can be successfully achieved by changes in practice.

"If you cook it yourself, it's helping you to move on rather than other people cooking it for you."  
*(Male, residential school)*

Some practice changes may initially be more challenging for larger establishments, such as those with central kitchens and dedicated catering staff and this is acknowledged.

Recommended Areas for Action include:

- Decentralised processes including localised food budgets as young people's feedback suggests both food quality and participation can suffer where central purchasing and preparation of food takes place.
- Kitchens (and adequate equipment) at individual unit or house level.
- Maximisation of the role and skill of the cook, as part of the team working with young people, with cooks sited and managed at unit or house level, with a clear remit and scope to respond to individual young people's needs and preferences. In units that do not have an onsite cook, children and young people should have the opportunity to make comments and suggestions about food to an appropriate member of staff.
- Staff practice and training, ensuring an explicit focus on understanding and incorporating young people's *individual* food and food-related likes and dislikes, building knowledge about healthy eating; and on participatory practice and how it can be applied to food and food-related issues.
- Detailed consideration of food and food-related issues (including physical exercise) in individual care planning.
- Detailed consideration of food and food-related issues in individual pathway planning with young people preparing to leave care.
- Use of practical and creative tools to build young people's understanding of and own capacity about food and healthy eating choices such as a 'traffic light system'.

- Development of organisational policy and creative processes to facilitate young people's active involvement in all matters relating to food and healthy eating.
- Perhaps most significant and challenging of all, attention to creating a 'household' culture which also relates to food and food-related issues which, as far as possible, promotes 'normalisation' of the setting.



## Section 3

### Nutrition Guidance

#### “A practical guide for providing a healthy diet for children and young people in residential care”

##### Introduction

Children and young people need the right balance of food and nutrients to develop and grow. Healthy eating is about getting that balance right in order to provide enough of the important nutrients (such as vitamins, minerals and protein) and fibre without too much fat (especially saturated fat), sugar and salt.

Imbalances in diet can contribute to children and young people developing a number of serious diet-related diseases and conditions over the course of their lifetime. On the other hand, improvements to the diet of children and young people can positively influence their current and future health.

Childhood obesity is widely recognised as an increasing problem. Obesity can affect many aspects of children’s lives including their physical, mental and emotional wellbeing. In addition, obesity may continue into adulthood and lead to a number of serious health conditions including some types of cancers, diabetes, coronary heart disease and stroke.

In terms of **dental health**, there has been a positive improvement in children’s dental health in the last 30 years. Nevertheless, Scotland’s children compare poorly with the rest of the UK and by primary 7, more than a third show signs of obvious decay. Diet plays a significant role in the prevention of poor oral health. The main cause of **tooth decay** is related to the amount and frequent consumption of sugary foods and drinks. Evidence shows that the incidence of dental erosion is increasing in industrialised countries. This is a condition where tooth enamel is eroded due to acids present primarily in drinks such as soft drinks (carbonated and still) and fruit juices.



The 'eatwell plate' shows the types and proportions of foods needed to make up a healthy balance diet. The balance can be achieved over the period of a week by choosing:

- Plenty fruit and vegetables - at least five a day
- Plenty of bread, rice, potatoes, pasta and other starchy foods - choose wholegrain varieties whenever you can
- Some milk and dairy foods - choose lower fat varieties
- Some meat, fish, eggs, beans and other non-dairy sources of protein - choose lower fat meat and meat products. Include at least one portion of oily fish a week
- Just a small amount of foods high in fat and/or sugar
- Fewer salty foods

This section offers guidance on putting the principles of a healthy balanced diet into practice when planning menus and making food choices. In making changes to food provision in residential establishments, the aim is to ensure children and young people have access to a healthy diet that supplies their requirements for growth and development and reduces their risk of diet related diseases now and into the future.

### Offer a variety of foods

Children and young people need a healthy balanced diet which is rich in fruit, vegetables and starchy foods. They need to be encouraged to choose a variety of foods to help ensure that they obtain the wide range of nutrients they need to stay healthy. For more information on the good sources of nutrients refer to [Healthy Eating in Schools - A guide to implementing the nutritional requirements for food and drink in schools \(Scotland\) Regulations 2008](#).



## Increase fruit and vegetables

### Why is this important?

It is desirable to increase fruit and vegetable intake because:

- Fruit and vegetables provide a wide range of vitamins, minerals, fibre and other naturally occurring beneficial components. Current recommendations are to eat at least five portions of a variety of fruit and vegetables each day as part of a healthy balanced diet.
- Very few Scottish children and young people eat the recommended amount of five or more portions of fruit and vegetables a day.
- Low consumption of fruit and vegetables remains one of the most concerning features of the Scottish diet.

### How much should be provided?

To ensure children and young people eat the recommended amount of fruit and vegetables a day, a choice of fruit and/or vegetables should be provided every day as part of all meals and snacks.

- Minimum of five portions of fruit and/or vegetables a day.

“They always give you vegetables, you canny talk round it.”

*(Male, children’s unit)*

### What is a suitable portion of fruit or vegetables for children and young people?

The amount of fruit and vegetables that children and young people should eat depends on their age. For young people of secondary school age and adults, a portion of fruit or vegetables is approximately 80g. There are no set portions for children. However, a [guide](#) for children of primary school age would be to serve at least half an adult portion at the early stages and move towards a full adult portion toward the end of primary.

### What fruit and vegetables should be included?

All types of fruit and vegetables whether fresh, frozen, canned or dried can be included. Fruit and vegetables that are added to dishes such as fruit jelly, fruit crumble, soups, stews, casseroles, pasta-based dishes and sandwiches can count as a portion if the fruit or vegetables are added in sufficient amounts. Fruit juice can count as a portion, but only once per day.

**Pulses (e.g. beans and lentils)**

Pulses, for example baked beans, kidney beans, lentils and chick peas can be classified as either a protein food or vegetable. However, they can only make up a maximum of one portion of vegetables each day, even if several portions are available. This is because pulses don't give the same range of vitamins, minerals and other nutrients as other vegetables.

**What foods are not counted as a fruit or vegetable portion?****Potatoes**

Potatoes do not count as a vegetable portion because they are classified as starchy foods which are also an important part of a balanced diet.

**Products canned in tomato sauce, e.g. canned spaghetti**

Canned spaghetti in tomato sauce and similar products cannot be counted as a vegetable portion. This is because spaghetti is a starchy food, and tomato sauce does not contain the same mix of fibre and vitamins and minerals as a standard portion of vegetables.

**Practical guidance**

- Different fruits and vegetables contain different combinations of fibre, vitamins, minerals and other nutrients so offer a variety of fruit and/or vegetables at every meal and snack occasion, and over the week for children and young people to get the most benefit. For example, peas should not be on the menu every day and, if serving salads regularly, try to include different types of fruit and vegetables.
- Offering colourful foods with a variety of tastes and textures stimulates children and young people's interest in fruits and vegetables as well as challenging their palates.
- All staff should be aware of the benefits of eating fruit and vegetables. Where practical, they should encourage children and young people to enjoy these.
- Add extra vegetables and pulses to stews, casseroles or other dishes, and add fresh, canned fruit in natural juice or dried fruit into desserts and puddings.
- Children and young people may prefer raw vegetables (e.g. cucumber, tomato, carrots, celery). Offering them repeatedly may improve acceptance.
- Soups are popular with children and young people and are a useful way of increasing vegetable intake; vegetable-based soup should contain a minimum of one portion of vegetables per serving, and can then be counted as one portion of vegetables. If using manufactured vegetable soups, it is important to look for lower fat, saturated fat and salt varieties.
- Add fruit to breakfast cereal, yoghurt or porridge.



- Fruit juice is recommended to be given only at meal times. It has a high sugar content and is acidic, and therefore drinking this outwith meal times can contribute to tooth decay.
- Dried fruit has a high sugar content and is recommended to be given at meal times only, as it sticks to teeth and can cause tooth decay.
- Fruit-based desserts, fruit crumble, fruit jelly or fruit pie, are popular options. When adding fruit to these dishes, try to ensure that each serving contains at least one portion of fruit.

### **Maximising desirable nutrients**

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

- Use fresh fruit and vegetables soon after purchase as the vitamin content will decrease the longer they are stored.
- Frozen fruit and vegetables can be used as their vitamin content is retained.
- Cook fruit and vegetables as soon as possible after preparing. If this is not possible, cover and chill them.
- Cook in a minimum amount of water - steaming, microwaving, or boiling in minimal water.
- Serve vegetables as soon after cooking as possible.

### **Minimising salts, sugars and fats in canned foods**

- Use fruits canned in natural fruit juice.
- Use vegetables and pulses canned in plain water or natural juice without added salt or sugar.
- To limit the amount of salt, reduce the use of pickled vegetables, e.g. pickled onions and pickled beetroot as these can be high in salt.

## **Increase oily fish**

### **Why is this important?**

Oily fish are those which contain certain types of beneficial fats in their flesh. They are a rich source of long-chain omega-3 fatty acids which have a number of health benefits including helping maintain a healthy heart. Children in Scotland and other parts of the UK do not eat enough oily fish and need encouragement to consume more in their diet.

### **How much should be provided?**

Oily fish is recommended to be provided a minimum of once a week.

**What fish are included?**

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

**What fish are not included?**

While canned tuna is a healthy choice, it does not count as an oily fish as the majority of long-chain omega-3 fatty acids are lost in the canning process for tuna. Other canned oily fish are not affected in the same way.

White fish have only very small amounts of these fats in their flesh, so do not count as oily fish, but they do provide valuable minerals and protein.

**Practical guidance**

- Offer regular small taster portions to introduce children and young people to fish dishes they may not have tried before. Small tasters are a very good way of helping children to accept new or less familiar foods.
- Offer a variety of dishes over time to encourage children and young people to keep eating oily fish. Try fish in dishes that children and young people are familiar with such as curry, pasta and pizza.
- Kippers on toast could be offered as an option at breakfast.
- Use oily fish as a filling for sandwiches, wraps, kebabs and baked potatoes. It can also be used to make paté or served with salad.
- Mix oily fish such as salmon and white fish to make fish cakes, gradually increasing the proportion of oily fish used.
- If purchasing manufactured fish products, it is important to make sure they are lower fat, saturated fat and salt varieties.

**Increase starchy foods and fibre****Why is this important?**

Starchy foods such as bread, pasta, rice and potatoes provide energy, a range of vitamins and minerals and are a good source of fibre. Children and young people should be encouraged to fill up on these types of foods to satisfy their appetites.

**How much should be provided?**

Starchy foods should make up about a third of the food we eat. Every meal and most snacks should contain a portion or portions of starchy food.

**What foods are included?**

Bread, potatoes, pasta, rice, breakfast cereals, oats, noodles, maize, millet, cornmeal and other cereals.



## Practical guidance

### Bread

- Most types of breads are low in fat so are acceptable. These include brown, wholemeal, granary, high-fibre white and white breads, pittas and rolls. The form of the bread does not matter, so sliced bread, home-made bread, baguettes, bagels, and chapattis may all be used.
- Promote wholegrain, wholemeal or brown bread varieties as much as possible as they contain more fibre than white bread.
- Some breads have a lot of fat added to them and this makes them unsuitable to offer every day. These include butteries, croissants, parathas and garlic bread.
- Bread is one of the main sources of salt in the diets of people in the UK. When purchasing bread, it is important to select varieties with the lowest sodium content.
- Providing extra bread as a meal accompaniment is recommended and should be easily accessible at mealtimes to encourage children and young people to eat it, for example, a bread basket on the table. Preferably, extra bread should be served without the addition of fats or spreads.
- Bread is a good basis for snacks, for example, toast and sandwiches. Offer different types of bread to provide variety.

### Breakfast cereals

- Breakfast cereals may be offered at breakfast time or as a snack. Many varieties are fortified with iron, folate and other nutrients providing an important source of these in the diet. As they are served with milk, this provides additional calcium and nutrients.
- Try to choose cereals that have less added sugars and salt, for example wheat biscuits, cornflakes, rice snaps and unsweetened puffed wheat.

### Other starchy foods

- Use a variety of starchy foods to provide a good selection and variety on the menu. For example couscous or noodles as an alternative to rice or potatoes.
- Wholegrain varieties such as wholegrain pasta and rice are suitable for children and young people and contain more fibre and nutrients.
- Try to ensure that sauces and dressing are low in fat and salt and served separately where possible.
- Fresh cooked potatoes can be served in many different ways which provides a variety of textures: mashed, boiled, oven baked or as potato wedges.
- Potatoes cooked in oil such as chips or other shaped potato products should be served less frequently due to their fat content. If served, they should be oven baked rather than fried.
- Baked potatoes are a good snack item and can also be served as part of a main meal as an alternative to other varieties of potato.

## Reduce fat

### Why is this important?

As part of a healthy diet, it is not only important to cut down on the amount of total fat eaten, but also to replace saturated fats with unsaturated fats (e.g. polyunsaturated and monounsaturated fats), which are a healthier alternative. Foods that are high in fat are also high in calories and therefore can contribute to obesity.

“Last night, it was lasagne, and cauliflower and broccoli cheese sauce. They’ve both got cheese sauce on them, that canny be healthy.”  
(Male, residential school)

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

### What foods are included?

Oils, fat spreads such as butter and margarine, deep-fried foods and other foods that are high in fat such as pastry-based products, mayonnaise, fatty and processed meat. Foods that are deep-fried either in the kitchen or during the manufacturing process are high in saturated fat. It is important to challenge the culture in Scotland of regularly eating chips and other deep-fried foods and aim to encourage children and young people to eat a healthy balanced diet containing a variety of types of food.

### Practical guidance

- Fat spreads rich in monounsaturated/polyunsaturated fats are the most suitable. These include rapeseed, olive oil, sunflower and soya-based choices. These can be spread on breads and used in cooking and baking.
- Oils which are rich in monounsaturated and/or polyunsaturated fats are the most suitable. These include olive, rapeseed (canola), safflower, sunflower, corn, soya, walnut, linseed, sesame seed and nut oils.
- Use oils and fat spreads sparingly by:
  - limiting the amount of oils in cooking and dressings; and
  - limiting the amount of fat spreads added to bread, sandwiches, potatoes and vegetables. If using mayonnaise in fillings for baked potatoes and sandwiches then it is not necessary to also use spread.
- Grill or bake rather than fry items.
- When frying, always use clean oil, ensure that the oil is at the appropriate temperature and the food is not immersed in the oil for too long. It is advised to change your oil



before it foams, froths, smokes, changes colour or smells rancid. Using the right temperature and timing helps prevent too much fat being absorbed.

- The number of times deep-fried foods appear on the menu should be limited. For example chips, potato waffles, pakora, and battered and breaded products such as fish fingers and potato shapes.
- If serving chips, they should only be served as part of a meal and not on their own.
- If purchasing manufactured products, it is important to make sure they are lower fat, saturated fat and salt varieties.
- Where possible, use leaner cuts of meat (e.g. about 10% fat).
- Remove skin from poultry before cooking (except when roasting) and trim visible fat from meat during preparation.
- Limit processed meat products such as sausages as these tend to be high in fat.
- Limit the frequency of high-fat or pastry-based desserts and pastry items on the menu.
- Reduce the use of high-fat snacks (see page 23).
- Avoid over use of cheese and creamy sauces which can be high in saturated fat. Use semi-skimmed milk instead. Small amounts of strong cheese will provide all the flavour but with less fat.

For more specific guidance about which oils and fat spreads to use please refer to [Healthy Eating in Schools](#) guidance.

## Reduce salt intake

### Why is this important?

Most children and young people consume more salt than they need. Consuming too much salt increases the risk of high blood pressure, which may then lead to heart disease or stroke. It is the sodium in salt that can have harmful effects on health. Some foods contain other forms of sodium, such as those used as flavour enhancers (e.g. monosodium glutamate) and raising agents (e.g. sodium bicarbonate).

“Everything’s reduced salt in here – tomato sauce, mayonnaise – everything... They’ve just started buying reduced salt baked beans.”  
*(Male children’s unit)*

### What foods are included?

Foods that are high in salt such as savoury snacks and manufactured products, salt added at the table and during cooking.

### Practical guidance

- Limit the amount of salt used in cooking, and replace it with other flavourings such as garlic, lemon juice, herbs and spices.
- Choose foods that have a lower salt content when purchasing manufactured foods such as boullion or stock cubes for soup.
- Reduce the use of ready-made products and sauces which may be high in salt. Try home-made alternatives.
- Do not add salt to food after the cooking process. It should only be given on request and not be freely available.
- Limit the use of condiments (e.g. tomato ketchup, brown sauce, salad cream, pickles and relishes). These are generally very high in salt. Do not sit these on tables where children and young people have easy access, and allow only small portion sizes for example a couple of teaspoons.
- If serving condiments as part of a meal, serve separately, for example, tomato sauce with a burger.
- Reduce the frequency of high-salt snacks (see advice on snacks).

### Reduce sugar

#### Why is this important?

Foods which contain large amounts of added sugar are high in energy but provide very few nutrients. In Scotland, we eat more sugar than is required which can affect both obesity rates and dental decay.

Limiting sugary drinks and confectionery will help to improve dental health by reducing the frequency that children and young people consume sugars. It will also improve the overall diet by restricting foods high in sugar and fats that may be over consumed and lead to overweight and obesity. Sugar-free sweets also provide little nutritional value and push out other more nutritious food from the diet.

#### What is included?

Confectionery and sweets, sugary drinks, desserts, cakes, biscuits, pastries, ice-cream, and added sugar are all included. Please also see advice about sugary drinks.

### Practical guidance

- Adding sugar to tea, coffee and on breakfast cereal should be discouraged. Sugar should only be given on request and not freely available.
- Desserts should only be served as part of a meal.
- As much as possible, desserts offered should be fruit- and/or milk-based.



- Desserts can be made more nutritionally beneficial by modifying recipes:
  - to include fresh fruit, canned fruit in natural juice or dried fruit
  - to include nutrient-rich and fibre-rich ingredients such as oats and wholemeal flour to reduce the fat and sugar content.
- Limit the portion size of desserts.
- Children and young people should always have a healthier dessert choice available, for example fruit, yoghurts, and fruit-based desserts such as fruit salad and baked apples.
- If you are purchasing any manufactured dessert products, e.g. ice-cream, fruit pies and sponge puddings, look to buy lower sugar and fat varieties.
- It is recommended that confectionery is provided on limited occasions only. Limit the frequency of cakes, biscuits, ice-cream and tray bakes on the menu. Cakes and biscuits should not be a substitute for confectionery.
- Cocoa powder (not drinking chocolate) can be used in cakes, biscuits, puddings as an alternative to using confectionery or chocolate.

### Advice on snacks

Children and young people who are active or who are going through a growth spurt may have big appetites and want snacks between meals. Children and young people should be able to choose snacks as part of a healthy balance diet. This means keeping high fat, salt and sugar choices to a minimum. It is recommended that fruit, bread and sandwich fillings are always available. Crisps and biscuits can be provided on occasion but their consumption is not recommended on a daily basis.

### Suggested snacks

- Any type of bread including white, brown or wholemeal bread, fruit bread, crumpets, teacakes, muffins, fruit buns, malt loaf, bagels, pitta bread, raisin toast, and scones.
- Sandwiches made with any type of bread. Suggested spreads and fillings include: hard-boiled egg, peanut butter, banana, hummus, cheese, cheese spread, mashed avocado, any lean meat, tinned fish, a vegetable or salad such as tomatoes, lettuce, cucumber, peppers, watercress, salad leaves and combinations of any of these. Toasted sandwiches can also be made.
- Plain biscuits such as crackers, oatcakes, rice cakes, melba toast, and crispbread.
- Plain popcorn without added salt or sugar.
- Raw vegetables such as carrots, celery, cucumber, peppers or tomato can be served with dips made from for example fromage frais and soft cheese, hummous, yoghurt and cucumber, avocado and salsa.

- Any fresh or tinned fruit. Dried fruit such as raisins, sultanas, apricots, dates and figs may also be provided to offer variety, but it is advisable to keep these to meal times due to their high sugar content and the effect on teeth.
- Dairy foods such as yoghurts, small cheese cubes, frozen yoghurt and rice pudding.
- Breakfast cereals.
- Vegetable-based soups.
- Unsalted nuts and seeds. Please also see Section 4 for advice on food intolerances and allergies.

### Reduce high-fat and salt snacking

#### Why is this important?

Children and young people need to be encouraged to eat a healthy balanced meal. Savoury snacks such as crisps tend to be high in fat and salt and can push foods out of the diet which may contain important nutrients.

#### What is included?

Savoury snacks such as crisps, salted nuts and seeds, corn puff or corn snacks, tortilla chips, pretzels, sweetened or salted popcorn, prawn crackers, and flavoured rice cakes and Bombay mix.

#### Practical guidance

Savoury snacks should, where possible, be low in fat, salt and sugar. For a recommended product specification refer to [Healthy Eating in Schools - A guide to implementing the nutritional requirements for food and drink in schools \(Scotland\) Regulations 2008](#).

- Crisps can be offered as part of a snack or meal option as an alternative texture and taste but as they are mostly high in fat and salt, the portion size and frequency with which they are offered should be limited.
- Combinations of nuts, seeds and dried fruit, plain popcorn and fruit and vegetable snacks can all be served provided they have no added salt or sugar but keep in mind that nuts are naturally high in fat.
- Be aware of nut allergies. Always refer back to allergy policies.

### Advice on drinks

There is significant concern about the level of sugar consumption by children and young people in Scotland, particularly in relation to sugary soft drinks.

Sugary soft drinks provide little in nutritive value except calories from sugars, and these sugars can contribute to [tooth decay](#). The excess consumption of sugary soft drinks also imbalances the diet, which in turn may displace important nutrients in the diet or may contribute to weight gain.



It is recognised that the frequent consumption of soft drinks, including sugar-free varieties (e.g. sugar-free/diet fizzy drinks and flavoured waters), can also contribute to tooth erosion because of the acidic nature of these drinks (e.g. from acidic flavourings). Limiting any drinks containing sugar to mealtimes is beneficial as more saliva is produced which will reduce the acid in the mouth.

We recommend that the most suitable drinks to be served are those listed below:

- Plain water (tap or carbonated)
- Skimmed, semi-skimmed milk and other lower fat milks
- Milk drinks and drinking yoghurts
- Fruit juices and vegetable juices
- Pure fruit smoothies
- Drinks made with a combination of fruit juice and water

Other drinks which could be served occasionally include:

- Diluting juice (including those with no added sugar)
- Tea and coffee
- Fizzy drinks (including sugar-free varieties)

### **Practical guidance**

- When fruit is juiced or blended, sugars are released from the cells of the fruit. It is advisable to limit fruit juice, pure fruit smoothies and drinks made with a combination of fruit juice and water to mealtimes.
- If children and young people are thirsty, encourage them to drink water, particularly between meals.
- Milk is an important source of nutrients, and in particular, calcium which is important for growth. Plain skimmed, semi-skimmed and other lower fat milks are ideal drinks and can be encouraged as a drink between meals.
- Fizzy drinks (including diet varieties) should only be provided on limited occasions. Using fizzy water to dilute fruit juice is an acceptable alternative.
- Sports drinks and energy drinks can be popular but are high in sugar and calories. For this reason we recommend that they are only provided on limited occasions.
- Tea and coffee may reduce the amount of iron absorbed from food. Therefore it is advisable not to serve these drinks to young children whose intakes of iron may be low due to small appetites.

For further advice on drinks see the [Healthy Eating in Schools](#) guidance.

## Menu planning

Menu planning is very important in achieving a well-balanced and healthy diet for children and young people in your care. It should take account of the guidance given above, and be based on *the 'eatwell plate'* (below), which shows the types and proportions of foods needed to make up a well-balanced, healthy diet over the period of a week. This can be used to develop a written menu covering all food provided, i.e. meals, snacks and drinks.



In many residential settings, a child or young person's full daily dietary intake will be provided by the establishment, in others they may have lunch at school, college or work. Menu planning should take into account the overall balance of the diet as illustrated by the *'eatwell plate'*:

- the number of meals and snacks being served
- variety in taste, texture and nutrients
- providing choices acceptable to the children and young people. This will also be dependent on children's prior experience with food
- that this is a home-type setting for children and young people
- the facilities and equipment which are available.



Changes to menus should be introduced gradually to ensure they are accepted by children and young people. They should be consulted at the development stage of planning a menu to ensure their opinions, tastes and ideas can be incorporated where possible. Planning menus at least a week in advance is advisable and these can also be shared with the children and young people. Feedback on menus should also be regularly collected to ensure that these continue to be appealing.

“Aye, I go to [cash and carry] with them but they buy it in bulk...  
They pre make the list... Sometimes they ask you – ‘what do you  
think of this or do you want that?’ – but it’s a very rare occasion.”

*(Male, residential school)*

## Section 4

### Other important aspects to consider

#### “A checklist of actions and considerations”

##### Encouraging eating well

All staff and professionals working in, or supporting work linked to, residential care settings are encouraged to demonstrate a commitment to the principles of health promotion, good nutrition and healthy eating. These principles should be considered when deciding how best to encourage children and young people in your care to eat well.

Residential care settings provide a primary home environment where children and young people live their lives. As such, implementing nutritional guidelines within this setting should be approached sensitively.

“I’d rather be able to just sit down and watch the telly or something, that’s what I would do at my mum’s. Just sit and watch the telly with my tray...”  
*(Male, secure unit)*

##### Listening to children and young people

Children and young people who are new to living life in a residential care establishment may require time to adopt healthier behaviours and additional support to adjust and feel comfortable eating in a group or dining room environment.

Good communication between staff and children and young people should be encouraged. Actively seeking the views of children and young people around their views on food and food-related issues should be integral to the day-to-day activities of the establishment.

“It depends what the cook’s like. Some of them are ok and some aren’t. It would be good if we saw them more and they were around the unit then we could talk to them ourselves about the food.”  
*(Female, secure unit)*



### **Involving children and young people**

All residential establishments are encouraged to involve children and young people in all matters relating to healthy eating such as food purchasing, developing 'food agreements' and menu planning.

Staff should recognise the need for children and young people to develop practical knowledge and skills around budgeting, shopping, food preparation and cooking so that they are better able to make appropriate choices, particularly when they are preparing to leave the residential care establishment.

Staff should be encouraged to develop a healthy eating policy for the residential establishment and fully involve children and young people in the process.

### **Staff as positive role models**

Staff should be aware of their influence on the behaviour and attitude of children and young people living in residential care. As such, the opportunity to act as a positive role model should be encouraged. The principles of the 'eatwell plate' apply equally to children and adults. Where possible, staff and professionals should apply those principles to their own eating habits throughout the week along with their general attitude towards healthy eating and physical activity, when around children and young people.

"I didn't know how to cook toast and cheese but one of the staff she said to me: 'I will learn you how to cook French toast', and she learned me how to cook French toast, it was good. I was so happy for that staff because she said: 'I will teach you.'"

*(Male, children's unit)*

### **Staff development and training**

Staff should have access to suitable and appropriate training to support healthy eating for children and young people. The [Scottish Institute for Residential Child Care](#) and the [Royal Environmental Health Institute of Scotland](#) websites provide information and support on relevant training and development. You may also wish to contact the following for information and advice on staff development and training:

- Local authority
- Looked After and Accommodated Children Nurse (LAAC)
- Local NHS Health Improvement Department
- Local NHS Dietetic Department

### Purchasing of food

The importance of food **procurement** in supporting good nutrition for children and young people in residential care settings should be recognised. It should be noted that those purchasing and preparing food do so on behalf of children and young people in their corporate care. As a result, the type and quality of food purchased should meet the health and wellbeing needs of children and young people across the 24-hour day to ensure flexibility within a positive home environment. In order to ensure the thoughts and views of young people are taken on board, residential managers need to liaise fully with external food procurement officers.

“No, the shopping gets delivered. However, you can ask for stuff if you want it added to the shopping list. For example, we asked for younger drinks [drinks young people prefer] and magnum ice cream.”  
*(Male, children’s unit)*

“He’s wasting money as well... We’re telling him: ‘We don’t like it, naebody’s going to eat it, you’re wasting money putting it on’, but he still puts in on. It just sits in the tray and gets wasted.”  
*(Male, residential school)*

### Religious and cultural needs

Staff are encouraged to familiarise themselves with different religious and cultural needs of children and young people in their care and to ensure that appropriate foods are provided which reflect their views and beliefs.

“Most Afghani boys, they do not like sweets, more they like spicy things... We’ve already told them we don’t like them [sweet things], but they buy them anyway.”  
*(Male, children’s unit)*

### Vegetarian and vegan diets

Many children and young people choose to eat a vegetarian or vegan diet. Staff should find out about the diets children and young people in their care are following and ensure that this is as varied as possible. In particular they should make sure that their diets include good sources of iron, zinc, protein and calcium.



### **Food intolerance & food allergies**

Food intolerance is defined as an unpleasant reaction to a specific food or ingredient; a food allergy is a form of food intolerance. Common foods which can occasionally cause severe reactions include peanuts, shellfish, eggs, wheat and other cereals. If any child or young person living in a residential care establishment has a medically-diagnosed food allergy, appropriate medical advice and any dietary requirements which avoid specific foods or ingredients must be closely followed. Medical advice should always be sought before a large number of specific foods are excluded from the diet.

### **Special diets**

Children and young people who have a special diet, such as gluten-free or lactose-free, must have these needs accommodated. Most local authorities have a special diet policy to ensure that these requirements are provided appropriately and efficiently. Staff should ensure that they are familiar with the procedures (where these exist) for accessing a special diet, and ensure that these are followed. It is important that staff preparing the food for a child with a special diet has sufficient information and training in order provide what is required. Medical advice should be sought if any member of staff is unsure about which foods are appropriate for a child with a special diet.

### **Children and young people with additional support needs**

Children and young people with additional support needs may have particular problems associated with eating and require assistance and support. These problems must be detailed in an individual's care plan and should not be a barrier to enjoyment and participation in meals and food choice or to learning about healthy eating. Staff should have training to ensure that they can give the best and most appropriate assistance. Residential care facilities should develop appropriate policies for children and young people with additional support needs.

## **Meal time considerations**

### **Breakfast**

Children and young people should be encouraged to rise early enough to enjoy eating breakfast every day. Studies show that eating breakfast prepares individuals for the day ahead both mentally and physically and that eating first thing in the morning helps to stabilise blood sugar levels, which can help control appetite and energy.

### **Packed lunch**

It is recommended that if providing packed lunches, they contain at least a third of the nutritional daily requirement of children and young people, and take account of the nutritional guidance in Section 3. Packed lunches should contain the following: a starchy food (e.g. bread, chapatti, pasta, wrap); a source of protein (meat, fish, or alternative such as cheese or eggs); two portions of fruit and vegetables; and a portion of milk and dairy

foods (yoghurt, milk, cheese). A suitable drink should also be included. They should also take into account the rest of the food provided for that day, to ensure variety. Children and young people could be encouraged to be involved in preparing their packed lunch themselves, where possible.

### **Evening meal**

A warm and friendly atmosphere should be encouraged at mealtimes where children and young people feel comfortable, have time to sit and talk to each other and are able to enjoy food. The quality and presentation of the food should look appealing to children and young people, especially when new foods are introduced.

### **Snacks and suppers**

Children and young people may want to snack between meals to meet their daily requirement, especially if they are physically active or going through growth spurts. Snacks should be varied and nutritious foods encouraged rather than sweets, crisps and fizzy drinks.

### **Special occasions**

This nutritional guidance should apply equally to food and drink provided for special occasions and celebrations. However, it is recognised that there may be times where people may choose to eat differently. It is important that food and drink can be used in this way within residential establishments. Suggestions may be to encourage themes or special nights which will offer variety. Children and young people should be involved in the planning of these events and their views taken into account. Consideration should be given to all food types when considering special occasions. It is important that some are marked with food that happens to be healthy whilst still being perceived as “special” rather than everyday. Foods such as exotic or out of season fruit, if experienced on a “special occasion” can then be more highly valued by association with the occasion.

### **Trips and outings**

Staff should think carefully about food and drink when planning trips and outings. When eating outside the residential establishment, children and young people should be exposed to a wide variety of food outlets. Access to fast food-outlets should be limited and staff should avoid using these as treats for children and young people.

## **Important health issues for children and young people**

### **Growth and development**

Any concerns relating to a child or young person not growing adequately should be brought to the attention of relevant medical professionals for advice and guidance.



### **Promoting physical and recreational activity**

Physical activity can enhance quality of life and self-esteem, prevent the onset of obesity and improve appetites for underweight children and young people. Staff should encourage children and young people to participate in physical activity of at least moderate intensity such as brisk walking, active play, sports and dance, for at least one hour per day.

“The staff are good at saying, like, if they think you need to start more exercise and that... ‘We’re worried about you being overweight’..., saying we can help you... Like, the nurse she comes in and does an exercise plan with you an’ she’s got, like, diet things for you with lots of information on them to help you.”

*(Male, secure unit)*

### **Mental and emotional wellbeing**

Good mental and emotional health is a fundamental and underpinning component of positive health and wellbeing. Food and nutrition can play an important role in the mental health and wellbeing of children and young people, manifesting in a number of related issues such as self-esteem, body image and eating disorders. Staff are therefore encouraged to promote and foster a positive attitude within residential establishments towards emotional wellbeing, respect and caring.

### **Healthy body weight and image**

Staff are encouraged to address issues around under/overweight sensitively. For many people, relationships between food eating and body weight can be complex and some children and young people may eat more or less food in response to emotional issues in their lives. Staff should also be aware of any teasing or bullying relating to appearance or weight and take appropriate steps to deal with the issue in a sensitive manner.

### **Eating disorders**

Worries about weight, shape and eating are common, especially among teenage girls. A lot of young people, many of whom are not overweight in the first place, strive to be thinner for varying reasons. For some, worries about weight can become obsessive, leading to an eating disorder. Eating disorders are a group of conditions related to body image and abnormal eating behaviour. They can involve eating too much, eating too little, or using harmful ways to get rid of calories. Eating disorders can have a damaging effect on both physical and emotional health. The most common eating disorders are: anorexia nervosa; bulimia nervosa; compulsive eating or binge-eating disorder. Staff should seek medical support if they are concerned about a child or young person in their care.

**Dental and oral health**

The promotion of [good oral health](#) generally involves three key messages: healthy eating, good tooth-brushing skills and regular visits to the dentist and staff are encouraged to reflect this approach within the day-to-day running of residential establishments.

**Nutritional records**

Staff must maintain accurate and up-to-date nutritional records as part of each child or young person's individual personal plan. This must include the food allergies and special dietary requirements and meet the cultural or religious needs of the child or young person. It should also include their food preferences.

(This is to meet regulation 35 (b) (1) of [The Looked After Children \(Scotland\) Regulations 2009](#) supported by the National Care Standards ([Standard 10 for care homes](#) and [Standard 11 for school care accommodation](#)).

For additional information on these and related issues, you may wish to look at [Caring About Health](#): Improving the health of looked after and accommodated children in Scotland which contains a series of short focused documents.



## **Annex A**

### **Relevant legislation**

#### **The Schools (Health Promotion and Nutrition) (Scotland) Act 2007**

Statutory guidance issued by the Scottish Government which makes health promotion a central purpose of schooling. A school is health promoting if it provides activities and an environment which promote the physical, social, mental and emotional health and wellbeing of pupils in attendance at the school.

#### **Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations 2008**

The Regulations form part of the wider health promoting schools approach set out in the Act and work, as a whole, across the school day. They cover food and drinks that are sold or served in local authority and grant-aided schools in Scotland.

#### **Healthy Eating in Schools – A guide to implementing the nutritional requirements for food and drink in schools (Scotland) Regulations 2008**

This guidance is intended to help those who are involved in providing food and drinks in schools to implement the Regulations. It explains the nutritional requirements in the Regulations and provides guidance on how to comply with them. The guidance also makes recommendations on other practical aspects not covered by the Regulations.

#### **Regulation of Care (Scotland) Act 2001, replaced by Public Service Reform Act 2010 (from 1 April 2011)**

This sets out the provisions for the registration and regulation of care services. Associated regulations set out provision for the welfare of service users.

#### **The Looked After Children (Scotland) Regulations 2009**

Provides the legislative framework for the planning and care of children once they have been identified as needing to be looked after. They place a duty on the local authority to prepare a child's plan which will describe on what basis the child is being placed and how their needs will be met and in turn, reviewed.

## **Annex B**

### **Further information and resources**

#### **Section 1**

Gregory et al. National Diet and Nutrition Survey: Young People Aged 4-18 Years. London, The Stationery Office, 2000

Eating well for looked after children and young people (Caroline Walker Trust, 2001)  
These guidelines set out practical and nutritional guidelines to help all those who care for children in residential homes and foster care understand more about eating well for this group. They also provides recommendations for linking food knowledge into care and the skills that young people will need when they become independent. <http://www.cwt.org.uk/publications.html#lookedafter>

Care Commission Bulletin “Physical Health of Children and Young People in residential care”

Bulletin looking at how residential care homes, residential special schools and secure accommodation services are ensuring the physical health needs of children and young people looked after away from \$home are being met.

[http://www.carecommission.com/index.php?option=com\\_content&task=view&id=7686&Itemid=168](http://www.carecommission.com/index.php?option=com_content&task=view&id=7686&Itemid=168)



## Annex C

### Links to underlined titles in document

#### Section 1

Who Cares? Scotland Report – *“It’s no like one of those café places where you can order anything you want”*

<http://www.scotland.gov.uk/Publications/2011/02/17112007>

Bromley et al. The Scottish Health Survey 2008

Provides a detailed picture of the health of the Scottish population in private households and is designed to make a major contribution to the monitoring of health in Scotland. It is essential for the Scottish Government’s forward planning, for identifying gaps in health services provision and for identifying which groups are at particular risk of future ill-health.

<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey>

Sheehy et al. Survey of sugar intake among children in Scotland. Food Standards Agency, March 2008.

<http://www.food.gov.uk/news/newsarchive/2008/mar/sugar>

Bulletin - Food and Nutrition for Children and Young People in Residential Care: are services meeting the standards? (Care Commission, 2008).

This publication is about how residential care homes, residential special schools and secure accommodation services make sure that children and young people eat well.

[http://www.carecommission.com/index.php?option=com\\_content&task=view&id=6333&Itemid=168](http://www.carecommission.com/index.php?option=com_content&task=view&id=6333&Itemid=168)

Regulation of Care (Scotland) Act 2001, replaced by Public Service Reform Act 2011

[http://www.opsi.gov.uk/legislation/scotland/acts2001/asp\\_20010008\\_en\\_1](http://www.opsi.gov.uk/legislation/scotland/acts2001/asp_20010008_en_1)

National Care Standards (NCS)

NCS set out the standard of care that people can expect from any care services they use.

They are written from the point of view of people who use care services. Published by Scottish Ministers, the standards cover every type of care service including Care Homes for Children and Young People and School Care Accommodation Services (includes both residential special schools and secure accommodation)

<http://www.nationalcarestandards.org/24.html>

Schools (Health Promotion and Nutrition (Scotland) Act 2007

[http://www.opsi.gov.uk/legislation/scotland/acts2007/asp\\_20070015\\_en\\_1](http://www.opsi.gov.uk/legislation/scotland/acts2007/asp_20070015_en_1)

Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations 2008

[http://www.opsi.gov.uk/legislation/scotland/ssi2008/ssi\\_20080265\\_en\\_1](http://www.opsi.gov.uk/legislation/scotland/ssi2008/ssi_20080265_en_1)

Healthy Eating in Schools – *A guide to implementing the nutritional requirements for food and drink in schools (Scotland) Regulations 2008*

<http://www.scotland.gov.uk/Publications/2008/09/12090355/0>

Scottish Dietary Action Plan

Health improvement programme which sets out the various steps the key players can take on a voluntary basis to improve the Scottish diet.

<http://www.scotland.gov.uk/Topics/Health/health/19133/17717>

Eating well for looked after children and young people (Caroline Walker Trust, 2001)  
Nutritional and practical guidelines which encourage and enable healthy eating among looked after children and young people.

<http://www.cwt.org.uk/publications.html#lookedafter>

Caring about Health: Improving the health of looked after and accommodated children in Scotland (NHSScotland 2009)

National resource providing easy access to health information, sources of help and advice, and relevant websites. The pack includes medically related information on subjects such as diabetes, epilepsy and immunisation, as well as health promotion information on topics such as healthy eating, substance misuse and mental health.

<http://www.healthscotland.com/documents/2437.aspx>

United Nations Office of the High Commissioner on Human Rights (1989) Convention on the Rights of the Child, Geneva, United Nations. Link to guide providing advice for children and young people. <http://www.scotland.gov.uk/resource/doc/217822/0058326.pdf>

For Scotland's Children

Report of Action Team on Better Integrated Children's Services. Comprehensive document aimed at providing a more integrated approach to providing services to children.

<http://www.scotland.gov.uk/Publications/2001/10/fscr>

Early Years and Early Intervention: *A Joint Scottish Government and COSLA Policy Statement*

This framework is about giving all our children the best start in life and the steps the Scottish Government, local partners and practitioners in early years services need to take to start us on that journey.

<http://www.scotland.gov.uk/Publications/2009/01/13095148/0>

Getting it Right for Every Child

Getting it right for every child is a programme that aims to improve outcomes for all children and young people.

<http://www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec>



Healthy Eating, Active Living: *An action plan to improve diet, increase physical activity and tackle obesity* (2008-2011)

This paper outlines how the Scottish Government will use the resources identified in the recent Scottish Budget to improve the nation's diet, encourage greater physical activity and begin to establish a base for tackling obesity through both targeted interventions and by supporting us all in achieving and maintaining a healthy weight.

<http://www.scotland.gov.uk/Publications/2008/06/20155902/0>

Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight. The Route Map makes a long-term commitment (over 20 years) to tackling overweight and obesity, to help achieve a healthier Scotland and contribute towards sustainable economic growth.

<http://www.scotland.gov.uk/Publications/2010/02/17140721/0>

## Section 2

*Who Cares? Scotland, McManus K. and Morrison E. (2010) "It's no like one of those café places where you can order anything you like – children and young people's views and experiences of food and nutrition in residential care."*

<http://www.scotland.gov.uk/Publications/2011/02/17112007>

## Section 3

Healthy Eating in Schools – *a guide to implementing the nutritional requirements for food and drink in schools (Scotland) Regulations 2008*

<http://www.scotland.gov.uk/Publications/2008/09/12090355/0>

Caring about Health: Improving the health of looked after and accommodated children in Scotland

<http://www.healthscotland.com/documents/2437.aspx>

Scottish Dental: National Dental Inspection Programme.

Information source for keeping track of the changes in the dental health of Scottish children. Also identifies trends and assists in planning future dental services.

<http://www.scottishdental.org/index.aspx?o=2153>

Childsmile: NHS Scotland. Information on caring for your children's teeth and getting the best oral healthcare.

<http://www.child-smile.org.uk/>

## Section 4

The Looked After Children (Scotland) Regulations 2009

[http://www.oqps.gov.uk/legislation/ssi/ssi2009/ssi\\_20090210\\_en\\_5#pt9-l1g35](http://www.oqps.gov.uk/legislation/ssi/ssi2009/ssi_20090210_en_5#pt9-l1g35)

Scottish Institute for Residential Child Care.

Information about education and training courses

<http://www.sircc.org.uk/education>

Caring about Health: Improving the health of looked after and accommodated children in Scotland

<http://www.healthscotland.com/documents/2437.aspx>

The Royal Environmental Health Institute of Scotland.

Information on community training.

<http://www.rehis.com/community-training/courses>

Catering for Change: Buying Food Sustainably in the Public Sector.

Guidance aimed at anyone who is involved in the procurement of food or catering services in the Scottish public sector.

<http://www.scotland.gov.uk/Publications/2011/01/12154555/8>

Childsmile: NHSScotland

<http://www.child-smile.org.uk/>



## Annex D

### Food traffic light labelling

#### Checking the label

Understanding food labels is helpful when you are trying to provide a healthy diet. Nutrition information on packs helps to identify foods that have a high, medium or low content of sugars, fats, saturates and salt. Reading and comparing food labels helps make healthier choices.

Some foods have nutrition labels on the front of the pack. This means you can easily see if the food you're looking at has high, medium or low amounts of sugars, fats, saturates or salt in 100g of the food:

Red	=	High
Amber	=	Medium
Green	=	Low

Try to pick products with more low and medium and fewer high symbols.

The guide below will help you to check whether the levels of fat, sugars and salt are high, medium or low using the nutrition information on the back of most packs.

	Sugars	Fat	Saturates	Salt
What is <b>HIGH</b> per100g	Over 15g	Over 20g	Over 5g	Over 1.5g
What is <b>MEDIUM</b> per100g	Between 5g and 15g	Between 3g and 20g	Between 1.5g and 5g	Between 0.3g and 1.5g
What is <b>LOW</b> per100g	5g and below	3g and below	1.5g and below	0.3g and below

#### Sugars

Use the '**Carbohydrates (of which sugars)**' figure in the nutrition information panel (usually found on the back of food packets).

The sugars figure in a nutrition panel is the amount of total sugars in the food. It includes sugars from fruit and milk as well as the sugars that have been added. If a food contains lots of added sugars these will be listed near the top of the ingredients list.

**Fats**

Many food labels break down nutritional information into different types of fat: saturates, monounsaturates and polyunsaturates. Since it's important to cut down on fat and to try to replace saturated fat with unsaturated fat, check the label and choose foods which are lower in fat and lower in saturates.

**Salt**

Lots of food labels state how much salt is in 100g of the food. Sometimes they only give a figure for sodium, or sometimes they might give both. **You can work out roughly the amount of salt a food contains by multiplying the sodium level by 2.5.**



## Annex E Food agreement example/Nutritional information record

Name \_\_\_\_\_

Date \_\_\_\_\_

Food preferences

Likes:	Dislikes:

Special dietary needs \_\_\_\_\_

Food intolerance or allergies \_\_\_\_\_

History of eating problems or eating disorders \_\_\_\_\_

Dietary needs in relation to culture or religion \_\_\_\_\_

People spoken to about this child/young person's food requirements

\_\_\_\_\_

\_\_\_\_\_





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