

Healthy Eating in Schools

Supplementary guidance on diet and nutrition for children and young people with additional support needs



HEALTHY



SCHOOLS



NUTRITION

FOOD

Healthy Eating in Schools

Supplementary guidance on diet and nutrition for children and young people with additional support needs

© Crown copyright 2011

ISBN: 978-0-7559-9985-9 (web only)

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

Produced for the Scottish Government by APS Group Scotland
DPPAS11228 (03/11)
Published by the Scottish Government, March 2011

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 important if we are to reduce their risk of diet-related diseases, such as obesity, over the course of their lifetime.

Learning about health and wellbeing through *Curriculum for Excellence* can be particularly beneficial to a child or young person who faces challenges due to complex or challenging diet and nutrition needs. The guidelines in this document acknowledge this and offer practical suggestions to help ensure the health and wellbeing of a child with additional support needs are implemented in a way that allows each individual child to reach their potential.

These nutritional guidelines are designed to be used alongside 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 the Scottish Government, that will support schools to develop a positive healthy eating culture for the whole school community.

Our children and young people deserve the best lives we can provide. Partnership working is key to ensuring that each and everyone reaches their potential regardless of the challenges they may face. In a Scotland where every child matters, 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.

A handwritten signature in black ink, which appears to read 'Adam Ingram'. The signature is written in a cursive style.

ADAM INGRAM

Minister for Children and Early Years

Section	Details	Page
1	Introduction	1
	• Why is this guidance needed?	1
	• Policy context	1
	• Aim of the guidance	2
	• Who is this guidance for?	2
2	Ensuring appropriate food and drink choices for all children and young people	5
	• What is a special diet?	5
	• Specific issues for those with additional support needs	5
	• School lunch provision	5
	• Snacks and drinks	10
	• Oral health	13
	• Selective eaters	13
	• Food and drinks involved in therapy	14
	• Food and drinks as treats or rewards	15
3	Positive culture, ethos and environment	17
	• Developing a positive lunchtime environment which supports healthy eating	17
	• Social aspects of mealtimes	17
	• Supporting children to make choices at lunchtime	18
	• Supporting healthy eating messages across the school	18
4	Communication and training	21
	• Communication passports	21
	• Eating and drinking profiles	21
	• Training for staff and parents	21
5	Partnerships	25
	• Parents as partners	25
	• Partnerships with health professionals	26

Section	Details	Page
Annex	<ul style="list-style-type: none">• Food standards outwith the school lunch – table 1 and Drink Standards for schools – table 2 (Annex A)• Summary of national food and drink descriptors for texture modification (Annex B)• Snack policy, St Andrew’s School (Annex C)• Example of eating, drinking and swallowing policy (Annex D)• Acknowledgements, glossary, further information and resources, references (Annex E)	29 31 34 39 40

Section 1

Introduction



Why is this guidance needed?

It is well documented that good nutrition can improve health both now and in future years. We know from [research](#)^{1,2} that children and young people in Scotland are not eating enough fruit and vegetables and eating too much food high in fat, saturated fat, salt and [sugar](#)³.

The term additional support needs is used to describe children and young people who need additional support with their education. For some children and young people, this additional support need may impact on their diet and nutritional intake. There is considerable evidence indicating that some individuals with additional support needs are more likely than those in the general population to have nutritional-related ill health. Evidence also suggests that the risk of nutritional deficiency in this group is less well recognised by support staff and professionals than when it occurs in the general population⁴. It is estimated that at least 50% of children and young people with additional support needs have at least one problem which places them at risk of nutritional deficiency⁵. The most frequently identified nutritional problems for some children and young people involve:

- weight management
- failure to thrive
- constipation
- feeding problems that may include difficulty managing normal foods and liquids; an unsafe swallow
- gastro oesophageal reflux (GOR)
- selective eating, such as avoidance of certain tastes, textures or temperatures
- inability to self feed
- lifestyle choices

See page 45 for a description of these nutritional problems.

Failure to assess and treat these problems can result in nutritional deficiency, complications, increased hospital admissions and can impair quality of life⁶. It is therefore vitally important that all children and young people are provided with the best possible nutrition. The consequences of not doing so are too great.

Policy context

To achieve the Scottish Government's aim of a Healthier Scotland, the *Schools (Health Promotion and Nutrition) (Scotland) Act 2007* (the Act)⁷ ensured that schools contribute to this aim by focusing on the importance of diet and health promotion. Under the Act, local authorities and managers of grant-aided schools have a duty to ensure that food and drink

provided in schools comply with nutritional regulations as specified by Scottish Ministers. The '*Nutritional Requirements for Food and Drink in Schools (Scotland) Regulation 2008*' (the Regulations)⁸ were passed by Scottish Parliament in June 2008. The Regulations set high standards for all food and drink provided in Scottish education authority and grant aided schools. '*Healthy Eating in Schools: A guide to implementing the nutritional requirements for food and drink in schools (Scotland) Regulation 2008*'⁹ was published and distributed in September 2008 to assist schools in implementing the Regulations.

Aim of the guidance

This guidance aims to support schools in implementing the *Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations 2008* for children and young people who have special dietary needs or issues to do with food and drink related to their additional support needs. It adopts an holistic approach to health and wellbeing by encouraging a health promoting environment for all. It includes support and practical guidance, recognising the challenges faced by staffⁱ as a result of the complex and diverse range of eating and drinking difficulties of the children and young people in their care. The guidance aims to support schools to develop a positive healthy eating culture for the whole school community. It exemplifies the importance of partnership working with health professionals and parents by providing examples of effective practice. Finally, it offers signposts for further advice and guidance in this area.

Who is this guidance for?

The guidance is for nursery, primary, secondary and special schools who provide education for children and young people who have an additional support need affecting their diet and nutrition. It will benefit all those working with children and young people including: headteachers, school staff, health professionals such as speech and language therapists, dietitians, catering staff and providers, parents and carers.

This guidance covers children and young people aged 3-18, with the exception of the Regulations which apply to children and young people of primary and secondary age only. *The Nutritional Guidance for Early Years*¹⁰ should be used for children of nursery age.

i The term "staff" in this document is used to refer to all staff working with children and young people and includes teachers, support staff, learning assistants, auxiliary staff, catering staff and other relevant practitioners.

Section 2

Ensuring appropriate food and drink choices for all children and young people



What is a special diet?

A special diet is where alternative food and drinks are required as a result of a specific need and cannot be met by the options generally available for school lunches, or other food provision in school. This might be due to an allergy, intolerance, medical need, or one that is associated with the specific needs of a child or young person with an additional support need. In some cases, special dietary requirements will need to take account of children and young people's religious and cultural backgrounds.

Specific issues for those with additional support needs

It is important to recognise that children and young people who need assistance with eating or drinking, or who require food with modified consistency, and those who are selective eaters, by and large have the same energy and nutrient requirements as their peers. Ideally, therefore, they should all be provided for within the same overall provision which is healthy and nutritionally balanced, as defined by [the Regulations](#). Helping children and young people with complex physical, emotional, behavioural, and medical needs to meet their nutritional requirements may be harder to achieve than for those without these conditions. It can be much more difficult to ensure that consumption (as opposed to provision) is meeting every child's nutritional needs. In practice, it is important for schools to identify and cater to the dietary needs of children and young people with medical or psychological conditions, for whom it may not be possible or appropriate to conform to dietary guidelines intended for the population as a whole. This might include children with defined medical conditions such as cerebral palsy and downs syndrome as well as conditions such as ASD, or learning difficulties. It is not possible to list all of the conditions or issues to which special dietary needs might apply. Each child must be addressed individually.

School lunch provision

Lunchtime in school provides a rich opportunity for learning, allowing skills and experiences to be developed in a positive, supportive environment. This is explored further in section 3.

School lunch menus

School lunch menus are required to meet statutory nutrient standards set within [the Regulations](#). These standards are set to ensure the average school lunch provides around a third of the daily nutritional requirements of primary and secondary age children. The standards are designed to meet the needs of the majority of the school population. Therefore children and young people with special dietary needs may need to be catered for individually.

It is important, of course, to meet the specific needs of children and young people with medically prescribed diets, and these are exempt from the Regulations. For example, it may be appropriate for a child to have full fat milk as opposed to semi-skimmed milk if they are underweight due to their medical condition. Schools are required to take reasonable steps to meet these needs.

Many special schools cater for both primary and secondary aged pupils and often offer the same menu to all. There are different sets of nutrient standards for primary and secondary pupils which reflect the differing nutritional needs of the age groups. Caterers must ensure that where the same menu is being offered to both primary and secondary children, that this meets the corresponding standards, ie a school lunch provided to a primary pupil must comply with the standards for primary schools; and a school lunch provided to a secondary pupil must comply with the standards for secondary schools. As a result, portion sizes will need to vary for primary and secondary pupils. Schools and local authorities should also work together to ensure there are age appropriate choices available. This is particularly important for young people of secondary age to allow the development of their social skills and the ability to make independent choices.

Special diet policies and procedures

Clear procedures for the provision of special diets are essential to ensure that the needs of each individual can be met by school caterers. The procedures ensure that a request for a special diet is handled in an efficient and appropriate way. Each local authority should have a special diet policy in place following recommendations with *Hungry for Success*¹¹. Schools should ensure staff are familiar with the policy and procedures contained within it, that procedures are followed, and that parents are made aware of this.

Where children and young people are provided with particular products on prescription, for example gluten free pasta, it may be possible for parents to provide a small amount of these to school caterers to use when preparing a meal. This will help to increase the choice and variety of foods that can safely be provided for a child or young person who has specific dietary restrictions.

In some circumstances, parents may request that their child is to follow a special diet even though there are no specific medical grounds for this request. For example, there is some belief that dietary exclusion of caseins and/or gluten will benefit children with ASD. Research has shown that there is insufficient evidence to support significant benefits with these interventions and as a result the doctor will be unable to prescribe gluten free foods or nutritional supplements. Schools should respect parents' wishes and discuss fully whether the request can be met (refer to local policy on medically prescribed diets in schools). The school may request that the school doctor or paediatrician is involved to ensure they receive the necessary advice and supervision. For more information on diet

and ASD, see the websites of the British Dietetic Association at www.bda.uk.com where a factsheet on diet and ASD can be downloaded, or the Scottish Intercollegiate Guidelines Network at www.sign.ac.uk for a copy of the clinical guidelines on the assessment, diagnosis and clinical interventions for children and young people with ASD. A leaflet for parents and carers is also available from this website.

Structure

The importance of [catering procurement](#) in supporting good nutrition in a school setting should be recognised. It should be noted that those purchasing and preparing food do so on behalf of children and young people in their care. As a result, the type and quality of food purchased should meet the health and wellbeing needs of all children and young people.

It is recognised that catering procurement structures in local authorities can sometimes make it difficult to procure specialist food and drinks required for those with a special diet. It is therefore useful to understand the management structure that delivers the school lunch service in your area in order that children and young people are able to benefit from all that [the Act](#) is intended to deliver. Two different examples of structure are provided below:

- **Internal Provider:** where the service is delivered by an in-house caterer the management structure is likely to be either part of the education department or it may be managed for education by another local authority department. In both cases there will be a budget and/or Service Level Agreement set for the delivery of the service. Where service improvements are identified by the headteacher this will often require negotiation. These should take place initially with the area manager who has responsibility for catering.
- **External Provider:** the external provider covers a range of structures, however it requires a separate legal organisation delivering the services for the local authority through a binding contract. The external contractor will deliver only what is specified in the contract. If a headteacher has significant service problems, this would normally be dealt with by a contract administrator employed within the local authority.

Budgets for catering

Catering as an activity within the school will be an identified cost centre with a budget set for labour, food and other costs. The catering manager will be accountable for performance within budget and may have minimal flexibility to take on board genuine requests which will require additional labour, food or equipment costs without approval being sought. At the same time the local authority is bound to meet reasonable requirements for the child's development and this may impact on the initial budget. Where

there is an additional service requirement to meet actual pupil need the headteacher should provide the catering manager with the necessary information so that this can be presented as a budget pressure or escalation within their own structure when this is more appropriate.

Partnership working to ensure optimal nutritional intake

For a child or young person with additional support needs affecting their diet and nutrition, a multidisciplinary approach is essential for the management of their eating and drinking. This should include parents, education staff, catering staff and health professionals (dietitian, speech & language therapist, occupational therapist, physiotherapist, and paediatrician), where appropriate. It is good practice for all those involved to be clear about their specific role and contribution, and for this to be clarified from the outset. The views of children and young people should also be sought.

For children and young people who are being provided with a special diet, it is essential that a member of staff is identified as taking key responsibility to ensure that the lunch provided is nutritionally complete. This could involve liaison with school cooks, parents, speech and language therapists and a dietitian. Ideally, a dietitian should be consulted when changes are made to the planned menu to ensure provision remains appropriate, or to provide guidance on suitable foods for children or young people who need to gain or lose weight. For those who have difficulties with eating, drinking and swallowing, a speech and language therapist and dietitian will assess and provide guidance and training on foods and drinks that are appropriate, and how these should be prepared. Children and young people should also be involved and informed when changes are being made as far as possible so that they are prepared for this happening.

Catering staff have a huge role to play in preparing and providing food and drinks for children and young people in school. Important nutrients can be diluted when the consistency of a food is changed, therefore catering staff need to have an understanding of the modifications made to food and how this can impact on the quality and availability of nutrients contained within it. Training, good quality information and regular liaison with school staff, health professionals and parents is paramount to ensure the catering staff are well informed and have the necessary skills and confidence to meet the needs of children and young people with a special dietary requirement.

It is vitally important that catering staff are given all the necessary information in writing for each child with a specific dietary need. This not only helps to ensure their needs are provided for, but also allows this information to be available to others in the event of staff absence or change. The information should be high quality and with sufficient detail for the cook to be able to make the necessary modifications. This information should be reviewed at least annually, or when the dietary needs of the child or young person change.

It is good practice to have regular meetings with the caterer to review and evaluate the service being provided to children and young people. Regular meetings between the school cook and parents can also be beneficial to develop trust, confidence and ensure that the staff are fully aware of a child's changing needs.

Presentation of food

Presentation of food is a significant part of the enjoyment of meals and should not be neglected. This is particularly important where food requires texture modification. Foods should be modified (puréed or mashed) separately so that children and young people can identify the different foods and appreciate colours, textures and tastes. Likes and dislikes can then be distinguished and expressed. Food moulds are commercially available and can be used in conjunction with commercial thickeners to produce texture modified food so it looks similar to its solid counterpart. This ensures a more [positive mealtime experience](#) for those on a modified diet¹². A speech and language therapist will provide specialist guidance in this area. A summary of the national food and drink descriptors for texture modification are found in Annex B.

The level of presentation of food on the servery should be given high priority to ensure that it is fresh, appetising and appealing. The servery should be at an appropriate height to allow food to be seen visually by children to help aid their selection of food. Other useful tips to improve presentation include:

- Individual dishes for desserts can look more appetising than one large container. that children receive a serving from
- Colourful plates and crockery can make food look more appealing.
- Chop fruit rather than always serving this whole.
- Different foods should be kept separately on the plate as far as practical.
- Position food on the servery to ensure that healthier options are given the most eye catching space and are within easy reach.
- Using visual representation of food (such as symbols) to support young people in making choices (see section 4 for further advice on this).

Consultation and engagement with children and young people

Staff, and specifically catering staff, should be encouraged to seek regular feedback from children and young people, and from their parents, about food provision in order to identify and address any areas for improvement. Carrying this out on a regular basis will mean everybody can become accustomed to giving regular feedback, which can be used to improve and shape the provision offered.

Useful tips

- Designate a lead member of staff who has an overview of what is happening with school food provision and provides leadership and coordination.
- Have processes in place for recording day-to-day issues or one-off concerns with the school food provision. This will act as a reference for future discussions and a way for staff to input into food development on a daily basis.
- Allowing the cook to spend time getting to know the individual and their specific needs can be beneficial so they have a better understanding of the child or young person's additional support needs.

Snacks and drinks

Where snack activities are part of a child or young person's learning experience it provides the opportunity for children and young people to develop social skills, make choices, and learn about good nutrition. When snacks and drinks are provided by the school or purchased from a school tuck shop, the school has the responsibility to decide what kind of snacks will be offered and how these are presented. Offering healthy options should be a prime consideration.

Any food or drinks provided by a school outwith lunchtime are required to meet the *Food and Drink Standards Outwith Lunch*, which are part of *the Regulations*. These are shown in Annex A. Further information about these standards can be found in the *Healthy Eating in Schools – A guide to implementing the nutritional requirements for food and drink in schools (Scotland) Regulations 2008*.

Deciding what snacks and drinks to offer must balance the requirements of *the Regulations*, with the needs of children and young people. It is important, of course, to meet the specific needs of children and young people with a special dietary need. It may also be necessary to provide snacks or drinks which do not meet the Regulations due to a child or young person's physiological or psychological condition. Where this is the case, it should be agreed by staff as appropriate. This will depend on the needs of the individual. However, this does not mean that all children and young people should regularly receive food and drinks that do not meet the standards where there is no sound reason for doing so.

Planning snack choices for a week or several weeks at a time can help to offer variety, different tastes and textures. Involving children and young people in this planning will ensure that what is offered takes account of their likes and dislikes, and allows for choice and independence. It is beneficial for children and young people to be involved in shopping, preparation and budgeting for snacks. Such activities provide the opportunity to develop a wide range of skills and learning to in a real life context. Staff can act as positive role models by eating snacks with children and young people.

When choosing snacks and drinks to serve, schools should consider oral health. Frequent exposure to sugar damages teeth, therefore food and drinks that have a high sugar content such as fruit juice should be limited. It is preferable to restrict these to mealtimes. It is recognised that all children and young people's tastes and needs are different, but here are some suggestions for snack choices that may be useful:

- 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.
- 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, yogurt and cucumber, avocado and salsa.
- 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: cheese, creamed cheese, cheese spread, hard boiled egg, peanut butter*, banana, hummous, mashed avocado, lean meat, tinned fish, a vegetable or salad such as tomatoes, lettuce, cucumber, peppers, watercress and combinations of any of these. Toasted sandwiches can also be made.
- Plain biscuits such as crackers, oatcakes, rice cakes, melba toast, and crispbread that meet the savoury snack criteria in table 1 in Annex A.
- Plain popcorn without added salt or sugar.
- Dairy foods such as yogurts, small portions of cheese cubes, frozen yogurt, custard and rice pudding.
- Breakfast cereals such as rice snaps, wheat biscuits and cornflakes.
- Vegetable based soups.
- Unsalted nuts* and seeds.

*where there are no children with allergies.

Snack Policy

Developing a snack policy can be very beneficial. This will help to ensure all staff are aware of most up to date regulations and guidelines, and provide a consistency of approach to provision across the school.

Case study example: Snack Policy – St Andrews School, Inverurie

The snack policy and guidelines for St Andrew’s School was primarily devised by the Nursery Nurses in consultation with the teaching staff and management team. It was developed to provide a consistency and continuity throughout the school to ensure a varied snack, which is nutritionally balanced for all our children and young people, irrespective of individual limitations. These limitations cover a wide range, for example:

- Medical issues such as problems with swallow, texture, non-oral feeding, or conversely they may present with Pica, which inhibits them from distinguishing between food and non food substances.
- Restricted choice due to specific medical diets, such as gluten or lactose free.
- Restricted choice due to Autistic Spectrum Disorder (ASD).

The food and drink preferences and personal choices of each child are respected and the communications of all children and young people, especially those who are non verbal are dealt with extremely sensitively. Children and young people are regularly given the opportunity to be exposed to and experience new foods, drinks and textures through all their senses to enrich their lives.

A sample snack policy, from the case study example above is shown in Annex C.

Drinks

It is important that all children and young people have access to adequate fluid intakes throughout the day. To ensure they are well hydrated they should have about 6-8 glasses (of around 250ml) per day with 3-4 glasses being provided at school.

Being well hydrated can help reduce or alleviate symptoms for those suffering with conditions such as urine infections, bed or daytime wetting, and is particularly important in those who suffer from constipation. There is also evidence that it can lead to improvements in concentration levels and behaviour in class. Children should be encouraged to drink at regular intervals as many may not recognise the signs of thirst or may be unable to communicate their needs. Support should be provided to those who are unable to drink independently^{13, 14}.

The drinks provided at school should comply with the [Drink Standards for Schools](#). These are shown in Annex A. For those children who have higher nutritional requirements or are underweight, full fat milk or other prescribed fortified drinks can be provided. Children who are unable to safely drink normal fluids should have them thickened to the desired consistency as advised by the speech and language therapist or dietitian. It is a common misconception that these thickened fluids do not quench thirst. They will provide the same amount of fluid to the body as non-thickened drinks.

Oral health

Key oral health messages for children and young people should be followed:

- Being registered with a dentist and having a check up every 6 months.
- Encourage a good oral health routine by brushing the teeth twice-daily using fluoride toothpaste and always before bed (1000ppm of fluoride in toothpaste for children aged less than 7 years and around 1500ppm of fluoride in toothpaste for over 7 years). Assistance may be required for those unable to brush their teeth independently.
- Spit out excess toothpaste, don't rinse mouth out with water.
- Cut down on sweetened foods and drinks and try to limit these to mealtimes if possible.

Specific considerations which may be prevalent in some children and young people with additional support needs include:

- **Drooling:** can cause irritation of the skin, increased risk of oral infection, bad breath and dehydration. Treatments options should be discussed with the dentist or oral hygienist.
- **Bruxism:** can lead to pain and infection. Bite guards may be helpful.
- **Dental Erosion:** can occur in individuals with GOR, frequent vomiting, rumination and those who consume large quantities of soft drinks.
- **Dry Mouth:** Sufferers are more prone to dental decay, infection and periodontal disease. Use of saliva substitutes is often beneficial.
- **Non-oral feeding:** Good mouth care should be common practice as the swallowing of saliva laden with bacteria from a neglected mouth is a common cause of chest infection in these individuals. Dental erosion due to GOR and dry mouth are also common¹⁵.

A dental health professional should be consulted regularly where there are concerns about the oral health of any child or young person. They will be able to provide specialist advice and practical solutions.

Selective eaters

Selective eaters tend to limit the variety of foods they will eat, often avoiding certain food groups altogether. Some individuals also require food to be prepared in a certain way, use specific utensils to eat food, or eat in a certain type of environment. Some children also have a fixation on packaging or brands of food or drinks. Children and young people may be selective eaters for a number of different reasons including medical history, digestive problems, anxiety and conditions such as ASD. It is essential that a dietitian or medical professional is involved to ensure the child or young person is getting sufficient amounts of essential nutrients, or is not over-eating causing problems with excessive weight gain.

For children and young people who are selective eaters, the focus should be on extending what is acceptable to children and young people to include healthier options. It may be possible to introduce new food gradually. This can be built up over time, starting with toleration of a new food on the child's plate first. Staff being patient, understanding, tolerant and developing a trusting, positive relationship with children and young people is key to success. Therefore these experiences should be carried out sensitively, and with good judgement on what is appropriate and when.

A child may experience difficulties with eating a variety of food and drinks. This could be due to difficulty in making sense of the feeling of the food in their mouth or reacting to strong tastes in their mouth. Typically, children who are selective eaters will stick to plain, bland food of very similar texture and they find it difficult to expand their food choices.

Food can often be used as a sensory part of play to expose children to new foods and build up their acceptance of these. For many children who have difficulties accepting different foods into their mouth it can be useful to give them experience of touching and feeling food with their hands, which in turn allows opportunity to smell food stuffs. This is based on the knowledge that at birth sensations in the mouth are more highly developed than in any part of the body and it is known that there are twice as many sensory receptors in the mouth as there are in the hands. Therefore the experience of textures in the mouth can be overwhelming for a child, so they avoid the textures/tastes that they dislike.

It can be useful to think of the play experience in four stages: acceptance, touch, smell and taste. The opportunity to experience food textures in the hands in a play situation can help the child to tolerate new textures in a "safe" situation without the pressure of eating^{16, 17}. Providing a non-threatening play experience of textures in the hands can help to reduce the sensitivity of reactions in the mouth.

Practical food activities such as shopping, touching and cutting can also help with acceptance. Regular communication with parents about these activities is important so that they can help to replicate and reinforce the experience at home.

Foods and drinks involved in therapy

In some circumstances, particularly for children and young people with certain medical conditions, it may be appropriate to use foods that do not meet [the Regulations](#) as part of a speech and language therapy assessment. For example, corn snacks can be used for bite-dissolve texture. This would be carried out to explore the child or young person's ability to safely manage different food textures and consistencies in order to progress their eating and drinking skills.

Food and drinks as treats or rewards

Food, and in particular sweets or confectionery should not be used as treats or rewards for good behaviour or for working hard. This practice provides an inconsistent message about healthy choices. Appropriate alternatives should be sought, for example, playing a game outdoors, stickers, certificates, or being given special jobs or tasks to do that they enjoy.

As stated in the [Healthy Food in Schools guidance](#), food and drinks as part of social, cultural or recreational activity, for example, school discos, sports days or cultural events such as school-organised Burns suppers are exempt from meeting the regulations. However, it is recommended that all those with a role to play in organising these events would still consider, encourage and promote healthier options in keeping with the ethos of a health promoting school.

More information on special diets and eating and drinking challenges can be found in the [Caroline Walker Trust guidelines 'Eating well: children and adults with learning disabilities'](#).

Section 3

Positive culture, ethos and environment



Developing a positive lunchtime environment which supports healthy eating

The school culture and environment can have a significant impact on the wellbeing of everyone within the school. With regard to eating well, the dining room culture and environment can affect children, young people and staff's lunchtime experiences. Some children and young people need a calm and relaxed atmosphere in order to receive maximum benefit from mealtimes. For those who have difficulty with eating and drinking, this is even more important. Some children and young people have difficulty integrating sensory information and filtering out unimportant information. Over-stimulating them with too much sensory information such as noise, touch, visuals and smells, may compromise their eating and drinking skills by triggering abnormal movement patterns. A child displaying what is interpreted as negative behaviour at mealtimes may actually be expressing sensory overload.

Social aspects of mealtimes

The experiences of children and young people within the dining room go further than eating and should include the social interaction associated with meal times, and opportunities to develop a wide variety of skills. It is a rich learning environment, and some children and young people may have learning targets they need to carry out in the dining room, such as functional, movement or communication skills.

Allow them to sit together where possible, regardless of needs, whether they are eating a school meal, are fed non-orally or having a packed lunch. It is important to ensure children and young people can access all areas of the dining room, and that the heights of counters and the servery are appropriate.

Useful tips

- Review the dining arrangements to make the environment more appropriate, encourage independence and improve communication.
- Allow everybody enough time to eat and drink. Some children and young people with additional support needs may take longer to eat their lunch. They should be encouraged to take advantage of the added benefits of eating school lunches, such as social interaction.
- Where necessary, food should be kept warm safely during mealtimes for those who eat and drink slowly.
- Review the seating arrangements and involve children and young people in these discussions, where possible.
- Consider whether the use of music would enhance the lunchtime experience.

- Make the dining experience positive for everyone. Minimal and inexpensive changes to the environment can make a huge difference to children and young people. Some of the changes just require thought, empathy and the opportunity to view the dining room environment from a different perspective, in order that it will:
 - act as a stimulus to healthier food and drink being selected.
 - enable children and young people to choose food with minimum anxiety.
 - increase social interaction of children and young people.
 - lead to better behaviour during lunchtime.
 - generalise the skills they learn across a range of settings.

Supporting children to make choices at lunchtime

It is very important that children and young people are able to make choices at snack and meal-times. The power of positive and supportive relationships and the role of staff in encouraging healthy choices cannot be underestimated. Catering and support staff should be encouraged and given opportunities to work with children, young people and teaching staff to learn how to help them make these choices.

Clear, open and positive communication channels are vital for children and young people as the dining room can often be a confusing and overwhelming environment. To support their learning and understanding, many children and young people with additional support needs communicate and understand through a variety of communication systems. It is vital that all the relevant systems used in class are also used within the meal-time environment. These can include the use of signs, object and song signifiers, photographs, pictures, symbols and voice output communication aids. Skilful use of these communication systems will allow and encourage children and young people to become more independent and make mealtimes more positive. For example, children can indicate what they like or don't like; signal they want more; and show that they are finished. Communication mats are also an easy and valuable communication resource for mealtimes.

A short movie describing the development of an interactive menu board to help children and young people make choices at lunch time can be viewed or downloaded using the following link: <http://www.journeytoexcellence.org.uk/videos/hillsidelunchmenus.asp>

Supporting healthy eating messages across the school

In all schools, it is essential that there is a commitment to good nutrition and an awareness of the wider role of food and drink in contributing to wellbeing and quality of life. A consistent message about food and nutrition throughout the school day and curriculum is vital.

The main purpose of learning within the health and wellbeing area of *Curriculum for Excellence* is to develop the knowledge and understanding, skills, capabilities and attitudes for mental, emotional, social and physical wellbeing now and in the future. In planning a curriculum for health and wellbeing, all staff across a school should organise learning to meet the needs of all children and young people. This should take account of those experiences and outcomes which are the responsibility of everyone within each learning community, creating a positive ethos and a climate of respect and trust. The experiences and outcomes offer staff flexibility to plan inputs using relevant learning contexts which are compatible with individual needs. Some examples include:

- outdoor learning which provides many opportunities to broaden the curriculum including activities in school gardens and grounds, city farms, parks, woodlands and outdoor activity centres.
- aspects of food and nutrition addressed through focused programmes as well as during practical food preparation activities, tuckshops, visits to shops and eating out.
- using contexts explore safe behaviour both within and outwith the school, for example, safe use of kitchen equipment, road safety and safety in relationships.
- creative involvement of external partners can make effective contributions to learning in health and wellbeing for example, parents, school nurses, and theatre groups.

For some children and young people, experiencing food as part of the curriculum can be beneficial in enhancing their knowledge and skills. Encountering new foods in the classroom allows children and young people to experiment with the sensory properties of food such as texture, smell and taste in a different environment, where the end objective is not always to eat it. Activities such as identification, tasting tasks or simple food preparation can be of particular benefit to children and young people as it gives them an opportunity to experience food in a repeated, structured session. Activities can involve practical cooking, allowing children and young people to acquire vital life skills and general skills across settings. Naturally, physical education and physical activity is also a hugely important aspect of a health and wellbeing programme, particularly for those who may be overweight.

Section 4

Communication and training



Communication passports

Communication passports are a means for children and young people to share important information about themselves with others. They should always be written in the first person. The content of each passport should be personalised according to the needs of the child or young person and usually contains information about their family and friends, communication skills, medical needs, eating and drinking skills, likes and dislikes.

Communication passports can be particularly important around periods of new staffing, transition and change. Passports should be easily accessible and be kept up-to-date. Information going into the passport is collated from the child or young person, family, carers, friends, school staff and health professionals. For further information see www.callscotland.org.uk.

Eating and drinking profiles

It is good practice for each child or young person with an eating, drinking or swallowing difficulty to have an eating and drinking profile. This will usually be created by the speech and language therapist and occupational therapist. It will provide information such as correct positioning, modifications to food and drink and the level of support the child or young person will require. The profile should be kept in the same place that the child/young person has their snack and lunch and reviewed regularly. Staff should always refer to the profiles when supporting a child/young person with eating or drinking.

Training for staff and parents

There is a high incidence of eating, drinking and swallowing difficulties among children and young people with complex additional support needs. This can result in a reduced ability to swallow food and drink safely and can lead to inadequate food intake, resulting in either general under-nutrition or specific nutrient deficiency. The importance of training to ensure all staff feel supported, comfortable and informed when working with children and young people with eating and drinking difficulties cannot be underestimated. For a school to develop and deliver a comprehensive and coherent approach to healthy eating, it is vital that all staff feel informed, confident and competent in delivering their elements of the agenda. Staff development not only applies to teaching staff but also to the wider school workforce including caterers, administrative and support staff.

The need for all staff who work with children and young people with complex additional support needs to be trained by the speech and language therapist to recognise, understand and manage eating, drinking and swallowing difficulties is considered crucial. Helping someone with eating difficulties to eat can be complex and stressful and it is essential that staff are given sufficient support from colleagues when this is challenging. A dietitian and occupational therapist may also be involved. A school could develop its own eating and drinking policy which could outline the specific training requirements the children and young people in their school needed. It may be appropriate in some cases to provide procedures for staff to help staff know what to do if difficulties arise, particularly when out of school.

Multidisciplinary teams are best suited to provide training in this area. It may be useful to begin with an audit of staff, caterers, and parents/carers to identify what the training needs are. This can be used to plan and deliver what training is necessary. Training needs can then be reviewed regularly, and particularly, when the needs of individual children changes.

Staff development needs around food can be broad and might include:

- good practice in supporting pupils with eating and drinking.
- selective eating.
- practical food awareness.
- food hygiene and safety.
- nutrition and diet, including the signs and consequences of poor nutrition, and children who are over-weight.
- food presentation.
- eating, drinking and swallowing difficulties and their effects on nutrition and safety.
- a practical session of food preparation and texture modification.
- non-oral feeding.
- communication systems, for example use of photographs and picture symbols and relevant signs (ie Makaton, Signalong) to communicate with children and young people more effectively.

Training of staff involved in food preparation and in particular, catering staff, is essential. This is to ensure they understand the nutritional implications of changes made to a standard menu for a child or young person with a special dietary need, the need for modifying the consistency of food, and to ensure the safety of children and young people requiring this. Good practice would ensure that a cook working in a school, and in particular a special school, where there is a proportion of children and young people with special dietary needs, should have sufficient training to ensure they are confident in providing the diets required.

It can be helpful to set up a rotation of staff to observe each others' practice around helping children and young people with eating and drinking difficulties to eat and drink. This can ensure consistency of approach, and help evaluation and improve practice.

In order to access training, schools should contact their local authority or NHS in the first instance to scope what is readily available. It is good practice to try to be flexible about when training is provided so as to ensure staff can participate and benefit fully.

Case Study Example: Eating, Drinking and Swallowing Policy - Braidburn School, Edinburgh

At Braidburn School there is an eating, drinking and swallowing (EDS) policy that highlights the minimum amount of training required for staff that are assisting children and young people with EDS difficulties. All such children and young people can only be assisted at mealtimes by an appropriately trained member of staff. Each child or young person has a limited number of helpers. As well as general training, child specific training is also provided. See appendix D for a sample EDS policy.

Section 5

Partnerships



Parents as partners

Food is an emotive issue for many parents of children with additional support needs, particularly for those whose children have a very limited or restricted diet. The school therefore has the capacity to support parents to ensure good work happening in school can be continued at home. Equally, parents know their child best and may be able to help staff by advising what works best in the home environment. This can help to ensure that children and young people have stability and routine. Here are some suggested activities which can support parents to learn about and improve the nutrition of the whole family:

- inviting parents to participate in home economics lessons.
- providing workshops or displays at parents nights and invite partner agencies to support these.
- holding cooking classes for parents.
- involve parents in homework activities related to healthy food and drinks.
- send the recipes of dishes cooked in school home to parents.
- work with a local community project to set up and run a fruit and vegetable shop as an enterprise project to increase access to affordable fresh produce.

Case Study Example: Family nights – Hillside School, Cumnock

Fortnightly family nights were started through consultation and then identification of certain gaps from a parental point of view. These nights provided access to sport and leisure activities within the community, further education courses, opportunities for whole families, siblings and parents to enjoy the activities together. These cases involved the core issue of support for example support with moving and handling and care: support in regards to supporting the young people when parents were attending courses or the young people themselves who required the support in order to access club type activities such as sports, crafts and art. The introduction of the social nights enabled the coordination and contribution of integrated services support and the integration of finances in order to allow parents and pupils equal opportunities within their community.

Fortnightly parent/carer and pupil social nights enable parents and children and young people to jointly participate in sports, leisure, swimming, healthy eating and living programmes. For example, parents have completed a healthy eating and nutrition programme. The evenings are jointly planned by community sports coordinator, community links officer, education and parents, and run by community link officers and are linked to staff from the local health and leisure centres and a social community project namely YIPWorld.com. The project has been funded and supported by Childcare Partnership Service, community sports coordinator and the Cumnock Learning Partnership. The role of the school in this project has helped parents feel more supported, heard and full partners in the planning and execution of structures that they feel are not readily available from the main frame of normal business.

Other examples of supporting parents can be found at www.journeyexcellence.org.uk or using the following links for inspiring video clips:

<http://www.journeytoexcellence.org.uk/videos/comecookwithus.asp>

<http://www.journeytoexcellence.org.uk/videos/craigparkd6.asp>

Partnerships with health professionals

In order for children with a special dietary requirement to meet their nutritional requirements and consume an appropriate diet, problems need to be identified and addressed.

Collaboration with other health professionals, parents, carers and school staff is essential. Genuine participation of partners can provide highly effective support to schools. The skills, experience and expertise of, for example, particular health professionals including dietitians, speech and language therapists, physiotherapists and catering colleagues, can complement those of school staff and parents in ensuring that both the individual nutritional needs of children and young people and the requirements of the Act and are being met. Some of these professionals may have a high profile and an active role within the school. It is essential that joint agency and partnership working is effective in order to ensure the best possible outcomes for children and young people.

Useful tips:

- All partners must place the child at the centre in all decisions.
- Schools should agree the level of involvement they can expect from partners.
- All parties must be clear about the outcomes to be achieved and the specific roles, remits and responsibilities each has.
- Systems of communication which allow effective sharing of information should be agreed by all partners and be regularly reviewed to ensure they work.

Further information on working with Allied Health Professionals can be found in the publication *Guidance on partnership working between allied health professions and education*¹⁸.

Case Study Example: Health and Wellbeing clinics – Hillside School

Health and Wellbeing clinics were established in Hillside School as an effective way to address complex issues with eating and drinking through different agencies working together. On a needs led basis, the speech and language therapist, dietitian, school nurse, carers, staff from the school and other disciplines set up a clinic for parents. The clinics benefit the child and the family through being offered locally, and healthcare professionals and school staff having the opportunity to discuss issues and parents are able to raise any issues and have their views and needs of their children taken into consideration. It helps to ensure feeding is safe, nutritionally adequate and enjoyable, and provides a forum for discussion and improved communication. Training issues are highlighted, and provision of food in school is reviewed as a result. The clinics have been received positively by both staff and parents. What was deduced from this project was the reduction in multiple involvement which led to direct coordination, less duplication of information and practice and greater integrated working. This meant a more time efficient structure and therefore a saving on the time required of the professionals involved.

A short movie highlighting effective partnership working around planning with partners for health and nutrition can be found using the following link: <http://www.journeytoexcellence.org.uk/videos/planningtogetherforhealthandnutrition.asp>

Annexes



Annex A

Table 1: Food Standards that apply to food that is provided outwith the school lunch

1. Fruit and vegetables	A variety of fruit and/or vegetables must be available in all school food outlets.
2. Savoury snacks*	Only pre-packaged savoury snacks with: <ul style="list-style-type: none"> • pack size of no more than 25g • no more than 22g of fat per 100g • no more than 2g of saturates per 100g • no more than 0.6g of sodium per 100g • no more than 3g of total sugar per 100g are permitted.
3. Table salt and other condiments	Additional salt must not be provided in schools. Condiments (if available) must be dispensed in no more than 10ml portions.
4. Confectionery*	No confectionery can be provided.
5. Fried foods*	Fried foods cannot be provided

* Refer to the table on page 56 of the Healthy Eating in Schools guidance for further clarification on foods included in these categories.

Table 2: Drink standards for schools

The only drinks permitted in schools are:

- Plain water (still or carbonated)
- Skimmed, semi-skimmed milk and other lower fat milks
- Milk drinks and drinking yoghurts*
- Soya, rice or oat drinks enriched with calcium*
- Tea and coffee*
- Fruit juices and vegetable juices*
- A blend containing any of the following ingredients, either singly or in combination*:
 - fruit
 - vegetable
 - fruit juice
 - vegetable juice
- Water and fruit and/or vegetable juice combination drinks*

* Refer to the tables on page 41-45 of the Healthy Eating in Schools guidance for details on specific criteria for these drinks.

Examples of drinks that are no longer permitted:

No soft drinks - (still or carbonated) including flavoured waters (the only exception is the combination drinks that meet the criteria set out in the table on page 43).

No sugar-free soft drinks (still or carbonated) including flavoured waters

No sweetened fruit juice

No sweetened or salted vegetable juice

No squashes/cordials - including lower sugar and 'no added sugar' versions

No whole milk

No sport drinks

Annex B

Summary of national food and drink descriptors for texture modification

Table 1: Fluids

Texture	Description of Fluid Texture	Fluid Example
Thin Fluid	Still Water	Water, tea, coffee without milk, diluted squash
Naturally Thick Fluid	Product leaves a coating on an empty glass.	Full cream milk, Complan, Build-up, commercial sip feeds
Thickened Fluids	Fluid to which a commercial thickener has been added to thicken the consistency.	
Stage 1 = (may also be referred to as Syrup)	Can be drunk through a straw Can be drunk from a cup if advised or preferred Leaves a thin coating on the back of a spoon.	
Stage 2 = (may also be referred to as Custard)	Cannot be drunk through a straw Can be drunk from a cup Leaves a thick coating on the back of a spoon	
Stage 3 = (may also be referred to as Pudding)	Cannot be drunk through a straw Cannot be drunk through a cup Needs to be taken with a spoon	

Table 2: Foods

Texture	Description of food texture	Food Examples
A	<ul style="list-style-type: none"> • A smooth, pouring, uniform consistency • A food that has been pureed and sieved to remove particles • A commercial thickener may be added to maintain stability • Cannot be eaten with a fork 	<ul style="list-style-type: none"> • Tinned tomato soup • Thin custard
B (may also be referred to as thin puree / smooth diet)	<ul style="list-style-type: none"> • A smooth, uniform consistency • A food that has been pureed and sieved to remove particles • A commercial thickener may be added to maintain stability • Cannot be eaten with a fork • Drops rather than pours from a spoon but cannot be piped and layered • Thicker than A 	<ul style="list-style-type: none"> • Soft whipped cream • Thick custard (or tinned)
C (may also be referred to as thick puree / smooth diet)	<ul style="list-style-type: none"> • A thick smooth, uniform consistency • A food that has been pureed and sieved to remove particles • A commercial thickener may be added to maintain stability • Can be eaten with a fork or spoon • Will hold its own shape on a plate, and can be moulded, layered and piped • No chewing required 	<ul style="list-style-type: none"> • Mousse • Smooth fromage frais
D (may also be referred to as easy chew or minced / mashed diet)	<ul style="list-style-type: none"> • Food that is moist, with some variation in texture • Has not been pureed or sieved • These foods may be served or coated in a thick gravy or sauce • Foods easily mashed with a fork • Meats should be prepared as texture C • Requires very little chewing 	<ul style="list-style-type: none"> • Flaked fish in a thick sauce • Stewed apple and thick custard

Texture	Description of food texture	Food Examples
E (may also be referred to as soft, moist diet)	<ul style="list-style-type: none"> • Dishes consisting of soft, moist food • Foods can be broken into pieces with a fork • Dishes can be made up of solids and thick sauces or gravies • Avoid foods which cause a choking hazard (See list of high risk foods) 	<ul style="list-style-type: none"> • Tender meat casseroles (approx 1.5cm diced pieces) • Sponge and custard
Normal	Any foods	Includes all foods from “high risk foods” list

High risk foods:

- Stringy, fibrous texture for example pineapple, runner beans, celery, lettuce.
- Fruit and vegetable skins including beans for example broad, baked, soya beans, peas, grapes.
- Mixed consistency foods for example cereals which do not blend well with milk (muesli), mince with thin gravy, soup with lumps.
- Crunchy foods for example, toast, flaky pastry, dry biscuits, crisps.
- Crumbly items for example, bread, crusts, pie crusts, pastry, crumble, dry biscuits.
- Hard foods for example, boiled, chewy sweets and toffees, nuts and seeds.
- Husks for example sweetcorn and granary bread.

Reference: “National Descriptors for Texture Modification in Adults” The British Dietetic Association, April 2009.

Annex C

Snack Policy, St Andrew's School

Documents used:

- Nutritional Guidance for Early Years Food choices for children aged 1-5 years in early education and childcare settings. Scottish Executive, Edinburgh, 2006.
- Healthy Eating in Schools: *guide to implementing the nutritional requirements for food and drink in schools (Scotland) Regulations 2008*. Scottish Government, Edinburgh, 2008.

Points to consider:

- Well balanced and healthy.
- Consider individual needs, special dietary requirements.
- Dietary fibre.
- Encourage experimentation.
- Plan snacks.
- Allow enough time.
- Remember it's a social time – enjoy.
- Think about portion sizes.
- Cultural backgrounds.
- Sensory qualities of foods ie texture, flavour, colour, smell and temperature.
- Involve the pupils in preparation.
- Explain and discuss ie origin and growth.

The document recommends that spread used is monounsaturated or polyunsaturated i.e. toast and spread. Drinks provided are still water or semi-skimmed milk (full fat milk for those under 5, or those who are required to gain weight).

As a guide the list below has been divided into sections giving guidance on the types of food that could be provided and the frequency. The menus provided are only a sample and due to class/individual needs may need to be adapted to suit.

Some points to take into account:

- Timetable.
- Texture of diet - pureed/mashed.
- Period of attendance - part-time/full-time.

- Additional dietary requirements - gluten or dairy free.
- Finances.

Stage of development - control of swallow.

Input from other agencies - Speech and Language Therapist/Dietitian.

From group discussion and our understanding of the above documents this is our interpretation of what is required to provide healthy snacks.

Snack Suggestions

Savoury

Daily - green

- All vegetables - fresh/frozen/canned in water
- Baked beans
- Tuna, ham or other lean meat sandwich
- Bagel, bread, pitta bread, naan bread, crumpets, rolls, baps, French bread, wraps
- Water biscuits, crackers, oatcakes, bread sticks, rice cakes, melba toast (where they meet savoury snack criteria)
- Soup
- Cous cous, rice, pasta, noodles
- Cottage cheese

Once/twice a week – Orange

- Crisps or corn snacks (that meet the savoury snack criteria, where appropriate)
- Cheese – hard/soft
- Cheese scone
- Sausage
- Savoury rice

Occasionally - Red

- Meat paste

Sweet

Daily - Green

- All fruit, fresh/frozen/canned in juice/dried
- Smoothies (homemade)
- Yogurt - fromage frais, natural, Greek
- Cereal - weetabix, corn flakes, rice crispies, porridge, Ready Brek, Shreddies, puffed wheat (unsweetened)
- Banana sandwich

Once/twice a week – Orange

- Plain biscuit eg digestive, rich tea, hob nob, (no chocolate or cream filled biscuits)
- Rice pudding, custard, whip, jelly, semolina
- Scones – plain/fruit, pancake, tea cake, muffin
- Jam, honey

Occasionally - Red

- Cake eg Birthday Cake.
- Any biscuit with cream filling.

Snack Menu 1

	Morning	Afternoon
Monday	Fruit & Natural Yogurt	Crackers & Meat Paste
Tuesday	Fruit & Weetabix	Toast & Spread
Wednesday	Fruit & Fromage Frais	Fruit & Puffed Wheat
Thursday	Fruit & Pancake	Naan Bread & Chutney
Friday	Fruit & Porridge	Smoothie & Plain Biscuits

Snack Menu 2

	Morning	Afternoon
Monday	Banana Sandwich	Bread Sticks & Dip – tomato salsa
Tuesday	Fruit & Cornflakes	Pitta Bread & Spreading Cheese
Wednesday	Fruit & Natural Yogurt	Crumpet & Jam
Thursday	Fruit & Whip	Ham Sandwich
Friday	Fruit & Rice Crispies	Smoothie & Fancy Biscuits

Milk or Water to drink

Snack Menu 3

	Morning	Afternoon
Monday	Fruit & Puffed Wheat	Banana & Yogurt
Tuesday	Fruit & Swiss Roll	Bagel & Soft cheese
Wednesday	Fruit & Fromage Frais	Cracker & Spread
Thursday	Fruit & Custard	Wrap & Salsa
Friday	Fruit & Weetabix	Smoothie & Plain Biscuit

Snack Menu 4

	Morning	Afternoon
Monday	Fruit & Yogurt	Bread & Jam
Tuesday	Fruit & Rice Crispies	Vegetable Sticks (carrot & cucumber) & Salsa
Wednesday	Fruit & Greek Yogurt	Cheese Scone & Tomatoes
Thursday	Fruit & Whip	Pitta Bread & Chutney Dip
Friday	Fruit & Ready Brek	Smoothie & Fancy Biscuit

Milk or Water to drink

Annex D

Example of eating, drinking and swallowing policy

Speech and Language Therapy Department, Braidburn School and Nursery

Mealtimes are an integral part of the school day and provide an excellent opportunity for social interaction. Many of the pupils have complex eating, drinking and swallowing difficulties (EDS) which are attributable to their neurological condition (eg. Cerebral palsy) or severe developmental delay. These pupils require careful management at mealtimes so that they can eat and drink safely (to avoid choking and aspiration) and where possible develop their oral motor skills. Some pupils have significant swallowing difficulties and may choke when eating or drinking. All staff must be aware of the risks of choking and how to minimise this risk. It is very important that the advice given is carefully followed to ensure safety. If any advice is not followed and the pupil's safety is at risk it is the responsibility of the speech & language therapist (SLT) to inform either the school management team or the consultant paediatrician.

Assessment

All pupils with EDS difficulties will be provided with an EDS profile compiled by the SLT and Occupational therapy teams and these will be kept in the area where the pupil has their lunch. The SLT will review each of these pupils at least once a term and update their EDS profiles accordingly. Any changes to the advice will be discussed jointly with the team members involved in the child/young persons care. The SLT will contact the parents as necessary.

Training

The SLTs will provide specialist advice and training to school staff, parents, carers, staff from respite centres and Kidzcare. In school an annual up-date will be given on one of the in-service days to all the appropriate staff. All pupils should only be assisted at mealtimes by an appropriately trained member of staff. Ideally each pupil will have a limited number of helpers.

Each member of staff involved in assisting at mealtimes will be provided with a general EDS training session and then given hands-on training and supervision with a specific pupil. This will be carried out by the SLT. Initially the helper will observe an experienced helper, and then carry out a minimum of two joint feeding/drinking sessions. Follow up supervision will occur as required.

August 2010

Annex E

Acknowledgements

Headteacher and staff at St Andrew's School, Inverurie
Depute Headteacher and staff at Calaiswood School, Dunfermline
Angela Edwards, Head of Education, Culture and Sport, Inverclyde Council
Headteacher and Staff at Hillside School, Cumnock

Working Group Members

Laura Wilson, Scottish Government
Lyndsey Fogg, Scottish Government
Robin Gourlay, Head of Service, East Ayrshire Council
Jim McCaffrey, Headteacher, Hillside School, Cumnock
Alison Porteous, Community Dietician, Forth Valley NHS
Shirley Beattie, Health and Nutrition Inspector, HM Inspectorate of Education
Julie Gray, Speech and Language Therapist, NHS Lothian

Glossary

<i>Bruxism</i>	non-functioning grinding or clenching of teeth
<i>Constipation</i>	Is the term used for abnormally delayed or infrequent passage of dry, hardened faeces
<i>Dental erosion</i>	Progressive, irreversible loss of the hard substance of the tooth
<i>Drooling</i>	To let saliva or other substance flow from the mouth
<i>Failure to thrive</i>	This term is applied to children who do not achieve a normal or expected rate of growth
<i>Feeding problems</i>	The general term used to refer to problems managing normal foods and drinks due to the inability/difficulties to suck, chew or swallow
<i>Gastro Oesophageal Reflux (GOR)</i>	A condition where the acid in the stomach washes back into the oesophagus
<i>Inability to self feed</i>	The term used when an individual can not get the food from the plate to their mouth by themselves. This could be due to a lack of hand/eye co-ordination or being unable to grasp cutlery
<i>Non-oral feeding</i>	Nutrition is provided in liquid form and is fed via a nasogastric or gastrostomy tube into the stomach. Other feeding routes that may be used are into the jejunum (small intestine) or straight into the blood stream (this is only used in extreme circumstances)
<i>Periodontal disease</i>	Any disease or inflammation affecting the supporting structures of the teeth
<i>Rumination</i>	Regurgitation of recently digested food without retching
<i>Selective eating</i>	Avoidance of certain foods because of taste, colour, texture, temperature or branding. Individuals have a limited range of foods they find acceptable or safe and are unwilling to deviate from this
<i>Weight management</i>	The term used for balancing the amount of energy that is consumed (as calories) with the amount of energy expelled (in normal body processes and activities). An imbalance can result in inappropriate body weights – it can apply to either underweight or overweight

Further information and resources

School Food Trust: *A practical guide to developing a whole school approach to food in special schools*. A practical tool, which aims to help and support special schools in achieving and maintaining National Healthy School Status, implementing the school food standards and developing a positive healthy eating culture for the whole school community.

<http://www.schoolfoodtrust.org.uk/school-cooks-caterers/resources/a-practical-guide-to-adopting-a-whole-school-approach-to-food-in-special-schools>

Caroline Walker Trust: *Eating Well: children and adults with learning disabilities. Nutritional and practical guidelines*. These guidelines summarise the current evidence on the nutritional needs of children, young people and adults with learning disabilities in the UK.

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

Ensuring Safer Practice for Adults with Learning Disabilities who have Dysphagia. This guidance document aims to ensure safer practice for adults with learning disabilities who have difficulty in swallowing (dysphagia). It highlights best practice and provides resource materials to give practical help. The tools can be adapted for local use and for any adult who has dysphagia. Available from the National patient safety agency.

www.npsa.nhs.uk/resources/dysphagia

Leading UK charity for people with autism (including Asperger syndrome) and their families. They provide information, support and pioneering services, and campaign for a better world for people with autism.

www.autism.org.uk

Pyramid Educational Consultants is an organisation providing training, consultation and support to parents, carers and professionals involved with children and adults with communication difficulties. Using functional and practical interventions they aim to teach individuals how to communicate, function independently, and be successful in their schools, homes, places of employment, and the community.

www.pecs.org.uk

Makaton uses signs, symbols and speech to help people with learning and/or communication difficulties to communicate. Through the use of Makaton, children and adults can interact with others, be included in everyday life, take part in education, access information and services and fulfil their potential.

www.makaton.org

CALL (Communication, Access, Literacy and Learning) Scotland is a small unit within the Moray House School of Education, The University of Edinburgh. CALL is both a Service and a Research Unit open to anyone in Scotland concerned with communication difficulties, particularly in a learning context.

www.callscotland.org.uk

The PMLD Network is a group of people committed to improving the lives of children and adults with profound and multiple learning disabilities (PMLD).

www.pmld.org.uk

References

- 1 Gregory et al. National Diet and Nutrition Survey: Young People Aged 4-18 Years. London, The Stationery Office, 2000.
- 2 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/Publications/2010/09/23154223/0>
- 3 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>
- 4 Stewart L (2003) Development of the nutrition and swallowing checklist: a screening tool for nutrition risk and swallowing risk in people with intellectual disability. *Journal of Intellectual and Developmental Disability*; 28: 117-187
- 5 Harriet H. Cloud; Role of school food service in providing nutrition for children with special needs. *Topics in Clinical Nutrition* 1994;9(4):47-53
- 6 American Dietetic Association position statement (2003). Providing Nutritional Services for infants, children and adults with developmental disabilities and special needs. *Journal of American Dietetic Association* 2004:104(1)-97-101.
- 7 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.
http://www.opsi.gov.uk/legislation/scotland/acts2007/asp_20070015_en_1
- 8 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.
http://www.opsi.gov.uk/legislation/scotland/ssi2008/ssi_20080265_en_1

- 9 Scottish Government (2008). *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.
<http://www.scotland.gov.uk/Publications/2008/09/12090355/14>
- 10 Nutritional Guidance for Early Years – *food choices for children aged 1-5 years in early education and childcare settings*. Nutritional guidance for early education and childcare settings for children aged 1-5. Scottish Executive, Edinburgh, 2006.
<http://www.scotland.gov.uk/Publications/2006/01/18153659/0>
- 11 Scottish Executive (2003). *Hungry for Success: A Whole School Approach to School Meals in Scotland*. Final Report of the Expert Panel on School Meals.
<http://www.scotland.gov.uk/Publications/2003/02/16273/17566>
- 12 School Food Trust (2009). *A practical guide to adopting a whole school approach to food in special schools*.
<http://www.schoolfoodtrust.org.uk/partners/resources/a-practical-guide-to-adopting-a-whole-school-approach-to-food-in-special-schools>
- 13 British Society for Disability and Oral Health and the Faculty of Dental Surgery of The Royal College of Surgeons of England (2001) *Clinical Guidelines and Integrated Care Pathways for the Oral Health care of People with Learning Disabilities*. These guidelines focus on oral health care and how it can be improved through an integrated care approach. They target a wide audience and should be of use to all those concerned with the health and welfare of people with learning disabilities.
<http://www.bsdh.org.uk/guidelines.html>
- 14 D’Anci KE et al. *Hydration and cognitive function in children*. *Nutrition Reviews* 2006;64:457-64
- 15 The Caroline Walker Trust (2007). *Eating Well: children and adults with learning disabilities. Nutritional and practical guidelines*.
<http://www.cwt.org.uk/publications.html#ewld>
- 16 Catherine Orr (1999), *Mouth Madness: Oral Motor Activities for Children*. The Psychological Corporation, USA. This manual features games, rhymes, and manipulative tasks to help preschool and primary school children with hearing impairment, oral dyspraxia, and articulation problems.

- 17 Lori Ernsperger & Tania Stegen-Hanson (2004). *Just take a bite – Easy effective answers to food aversions and eating challenges!* Future Horizons Incorporated, USA.
- 18 Scottish Government (2010) *Guidance on partnership working between allied health professions and education*. A guidance document to support improved partnership working between education and allied health professions services. <http://www.scotland.gov.uk/Publications/2010/05/27095736/0>



**The Scottish
Government**

© Crown copyright 2011

ISBN: 978-0-7559-9985-9
APS Group Scotland
DPPAS11228 (03/11)

w w w . s c o t l a n d . g o v . u k