FOOD FROM HOME:

WHAT CAN I OR CAN'T I DO IN MY NURSERY?

Changes to how we charge for consumables, the need to have an 'opt out' policy, and providing a 'reasonable alternative' if parents don't want to pay for food have left many Nursery Owners and Managers wondering what they can, and can't, include in their food from home policy.

As this has been a topic I've had so many questions about, we invited **Gary Harrison** from **Morton Michel** to speak about it at this year's **Nursery Owners Summit**.

Gary's talk was incredibly informative, so I asked him to turn it into an article for those who couldn't make it along on the day.

If you're still unsure about what you can include in your food from home policy, this is definitely worth a read!

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Food from Home: Managing Responsibility, Risk and Practicality in Early Years Settings

Gary Harrison, Morton Michel

Anyone who attended my talk at the Nursery Summit will know I tend to cover a lot of ground in a short space of time, usually while pacing enthusiastically from one side of the stage to the other.

As I was putting the presentation together, it quickly became clear that food brought into settings from home was a much bigger topic than the session could cover. As promised, this article picks up on some of the areas that deserved a little more time and attention.

Few issues have moved up the early years agenda as quickly, or generated quite as much discussion, as food brought into settings from home.

What began as a discussion about affordability, parental choice and consumable charging has evolved into something far more complex. Today, operators find themselves navigating a growing intersection of funding policy, safeguarding, food safety, nutrition, parental expectations, operational delivery and liability.

At the heart of the debate sits a challenge that many providers will recognise. Recent policy changes have sought to improve affordability and strengthen parental choice, and few would argue with those objectives. However, whilst expectations around funding and consumables have evolved, many of the other responsibilities providers carry have remained unchanged.

Health and safety obligations remain the same, as do EYFS requirements relating to children's health and wellbeing. Expectations surrounding allergen management and potential liability exposures have not changed either. What has changed is the environment in which providers are expected to manage those responsibilities.

This is where many of the frustrations across the sector originate. The policy objective may be clear, but the practical implications are often less so. Like many significant policy interventions, the impact assessment can sometimes feel focused on the primary objective whilst leaving operators to work through the wider operational consequences.

In this case, questions around food storage, allergen management, supervision, reheating, nutrition and liability have largely been left for providers to navigate themselves.

Adding another layer of complexity, whilst the policy change has been introduced centrally, interpretation of what good practice looks like has often been left to local authorities. The result is a landscape where providers operating in different areas can receive different messages, different expectations and different interpretations of broadly the same issue.

A provider may be considered fully compliant in one local authority area whilst facing challenge in another. The result has been a degree of uncertainty and inconsistency that many providers will recognise.

The challenge is not necessarily the policy change itself. Rather, it is the fact that many of the practical consequences have been delegated to providers to interpret and implement. Operators are often left trying to reconcile central policy objectives with local authority expectations, practical constraints and their existing responsibilities.

This can create situations where two providers, operating in different parts of the country but facing almost identical circumstances, arrive at very different solutions and both believe they are acting appropriately. It is perhaps one of the clearest examples of how policy change can feel straightforward in principle but considerably more complex in practice.

In many respects, providers are being asked to solve challenges that originate well beyond the nursery gate, whilst still being held accountable for the operational consequences within it.

The Unintended Consequences of Good Intentions

Perhaps the most interesting aspect of this debate is that it highlights one of the defining characteristics of early years providers. This is a sector built on compassion, empathy and a desire to support families. Operators routinely absorb pressures that originate elsewhere, find solutions where none appear to exist and place children and families at the centre of decision making.

However, there can be a hidden risk within that approach. When new challenges emerge, the sector's instinct is often to respond with empathy first and governance second. A practitioner stores food in a staff fridge because they want to help. A manager agrees to warm a meal because a family is struggling. An exception is made because it feels like the right thing to do. A room team develops a local workaround to solve a practical problem.

Each decision may be entirely well intentioned, yet over time those individual decisions can gradually move a provider away from its documented procedures and towards a position where expectations become unclear and responsibilities become blurred.

The challenge is not that providers care too much. It is ensuring that compassion and consistency sit comfortably alongside one another. This is one of the reasons food brought from home has become such a significant discussion point. In many ways, this debate isn't really about food at all; it's about responsibility.

It is also important that we avoid reducing this discussion to lunchboxes alone. The reality for most providers is that food enters the setting at multiple points throughout the day. Formula milk, expressed breast milk, baby food, snacks, lunches, celebration foods, cultural foods, religious foods and specialist dietary products can all create operational considerations.

The discussion is rarely about what food has been provided. More often, it is about how that food is stored, handled, supervised and managed once it enters the nursery environment.

In many ways, operators are not simply managing lunches; they are managing a food ecosystem that touches safeguarding, wellbeing, inclusion, communication and operational delivery.

Where Responsibility Starts to Shift

One question that frequently arises during these discussions is whether Natasha's Law applies. The answer is generally no.

Natasha's Law was introduced to strengthen allergen labelling requirements for food businesses supplying pre-packed food for direct sale. Food prepared by parents and brought into a setting for their own child is fundamentally different. The nursery is not producing the food, selling the food or placing the food on the market.

That said, the broader lessons behind the legislation are highly relevant. The law significantly increased awareness of allergens, food safety and consumer expectations. Parents are more aware, practitioners are more aware and regulators are more aware. As a result, providers are rightly placing greater emphasis on allergy management, communication and risk assessment.

The important distinction is understanding where responsibility genuinely begins.
Parents remain responsible for choosing, preparing and supplying food for their child.

However, once that food enters the setting, providers inevitably become involved in how it is managed. Food may be stored, bottles may be warmed, baby food may be handled, allergens must be considered, food sharing must be managed and children require supervision. This is where responsibility begins to shift.

One of the biggest misconceptions in this area is the belief that because parents supplied the food, responsibility remains entirely with them. In practice, when concerns arise, investigations rarely focus on who supplied the food. Instead, they focus on what happened afterwards.

·Were procedures in place?
·Were they followed?
·Had foreseeable risks been considered?
·Were staff appropriately trained?
·Could the provider demonstrate that reasonable steps had been taken?

Liability is rarely determined by who supplied the food. It is often influenced by what happened afterwards. More often than not, the conversation is less about what is in the lunchbox and more about how it was managed once it arrived in the setting.

When Policy and Practice Diverge

This is also why the greatest risk is often not the policy itself, but the gap between policy and practice.

Most providers already have a policy governing food brought from home. The challenge is ensuring that the policy means the same thing to everybody.

A policy may state that food sharing is prohibited. One room follows that rule rigorously. Another occasionally allows children to exchange snacks. A third assumes the rule only applies where allergies are known. At that point, the organisation effectively has three different policies despite only having written one.

The same challenge can emerge around reheating food. A policy states that food brought from home will not be reheated. A practitioner agrees to warm a meal because they are trying to help. Another member of staff refuses the following week. A parent receives two different answers to the same question. The issue is no longer reheating but consistency.

Many complaints are not about the policy itself. They are about how the policy was applied. An exception is made for one family and refused for another. A process is followed in one room but not another. A parent is told one thing by one member of staff and something different by another.

In many cases, consistency is more important than strictness. A reasonable policy that is consistently applied is generally easier to defend than a strict policy that is only followed some of the time.

The strongest policies are often supported by the strongest communication. Parent handbooks, welcome packs, enrolment discussions, policy sign-off processes and consistent staff messaging all play an important role in helping expectations remain aligned. In practice, these conversations often prevent more problems than the policy itself.

Inclusion, Nutrition and Sensitivity

Nutrition creates a similar challenge. Most operators are passionate about supporting healthy eating habits and positive relationships with food. However, there is an important distinction between education and enforcement. Providers should feel confident promoting healthy eating, sharing nutritional guidance, supporting families with information and encouraging positive choices.

What providers should be cautious about is creating the impression that they are approving, certifying or guaranteeing the nutritional suitability of every item brought into the setting.

There is a significant difference between saying "we encourage healthy choices" and "we approve healthy lunches". The former is educational in nature; the latter can inadvertently create an expectation of responsibility.

The strongest relationships with parents are usually built on partnership rather than policing. It's also important to recognise that food is deeply personal. It can reflect culture, religion, family values, medical requirements and individual needs. Decisions that appear entirely reasonable from an operational perspective can sometimes have unintended consequences for particular children or families.

A decision not to reheat food may be sensible from a capacity and food safety perspective. However, operators should still consider whether that decision creates challenges for certain cultural foods, specialist diets or medical arrangements.

Likewise, restrictions introduced for allergen management may be entirely justified but should be communicated carefully and applied consistently.

Increasingly, providers are also supporting children with sensory sensitivities, neurodiverse needs and highly specialised dietary arrangements. These situations often require thoughtful conversations and practical solutions rather than rigid application of blanket rules.

Good governance isn't about treating everybody identically. It's about being fair, applying decisions

consistently, considering individual circumstances and being able to explain the reasoning behind those decisions.

Practical Reality and What Good Looks Like

The practical realities of food brought from home often reveal where good governance becomes most important. Storage provides a good example of how these challenges play out in practice. Many settings simply do not have the capacity to refrigerate every lunchbox, snack, bottle and food container brought into the setting each day. This does not necessarily mean providers cannot accommodate food from home. However, it does mean they should carefully consider how food safety risks are being managed.

During the Q&A following my talk, one of the questions raised centred on whether providers are obliged to provide refrigeration for food brought into the setting. My response was that, in many cases, providers may choose to place responsibility on parents to supply appropriate insulated bags and ice packs, provided expectations are clearly communicated and consistently applied.

Following the session, **Matthew Rennison** of **Supply Me Ltd** highlighted that food safety guidance generally recommends chilled foods are maintained at appropriate refrigerated temperatures, typically 8°C or below, and that providers should consider how food safety will be maintained where food is brought into the setting from home. It serves as a useful reminder that whilst the debate is often framed around parental choice and operational practicality, providers must still consider the wider food safety implications of whichever approach they adopt.

For many settings, the solution is not necessarily additional refrigeration capacity. Instead, it is ensuring that responsibilities are clearly defined, expectations are communicated in advance and arrangements are capable of maintaining food at an appropriate temperature throughout the day following a suitable risk assessment.

Similarly, many operators choose not to reheat food brought from home. This is not because they are unwilling to help families. It is because reheating introduces additional handling, temperature control and operational considerations.

Interestingly, the providers I see navigating this issue most successfully are rarely those with the most restrictive policies. Nor are they necessarily the most flexible. They are usually the providers who have taken the time to think through the practical realities of their approach, define responsibilities clearly and communicate expectations consistently.

The strongest providers are rarely those with the longest policies. More often, they are the providers whose policies clearly define responsibility, reflect operational reality and are understood consistently by staff and parents alike.

When reviewing arrangements around food brought from home, it can be helpful to ask a few simple questions:

- *Does our policy cover all food brought into the setting, including bottles, formula, expressed breast milk, baby food, snacks and specialist dietary products?*
- *Have we clearly defined what parents are responsible for and what the setting is responsible for?*
- *Does our approach to storage, refrigeration, reheating, allergens and food sharing reflect what actually happens in practice?*
- *Could every member of staff explain the policy in the same way?*
- *Have we considered cultural, religious, medical and specialist dietary requirements?*
- *Are expectations reinforced through enrolment discussions, welcome information and parent communications?*
- *Would we be comfortable explaining our approach to a parent, inspector, local authority officer or insurer if challenged?*

The final question is often the most revealing because it encourages providers to consider not only what their policy says, but how confidently they could justify it in practice.

These expectations need to be reinforced through welcome packs, parent handbooks, enrolment discussions. Staff need to understand not only what the policy says, but why it exists. Parents need to understand where responsibilities begin and end. Escalation routes need to be clear when concerns arise.

Providers may also wish to review whether their policy wording is creating clarity or unintentionally creating additional responsibility. For example, rather than stating that the nursery will ensure all food is stored safely, some providers explain that parents remain responsible for ensuring food is transported in an appropriate container and that insulated bags and ice packs may be required where refrigeration is unavailable or limited.

Rather than stating that the nursery approves healthy lunches, providers may choose to explain that they promote healthy eating and may provide guidance and support to families, whilst responsibility for food provided from home remains with parents.

Similarly, expectations around food sharing and reheating are often most effective when they are documented clearly, explained consistently and reinforced through everyday practice rather than becoming dependent on individual judgement.

Good policies do not eliminate risk entirely, but they do create clarity. And clarity is often one of the most effective forms of protection available to providers.

When Good Intentions Create New Risks

In practice, many of the difficulties that emerge are not caused by the policy itself. More often, they stem from well-intentioned deviations from it.

It often starts with something small: an informal agreement that gradually becomes accepted practice, a room developing its own approach, a verbal arrangement that is never formally documented, or a

practitioner making an exception simply because they want to help.

Over time, these small decisions can gradually create inconsistencies that are difficult to defend when challenged.

In my experience, providers tend to create difficulties for themselves when they inadvertently move from education into approval, from guidance into guarantees or from consistency into exception-making. The desire to help is entirely understandable, but many of the complaints and disputes that arise in practice can often be traced back to informal arrangements that gradually became expectations.

Today's act of kindness can easily become tomorrow's expectation.

Insurance, Liability and Support

When conversations turn towards liability, it is natural to think about claims. In reality, most food-related issues begin much earlier. An allergy incident, a complaint, an allegation of illness, a disagreement about policy application or a safeguarding concern will often emerge long before a claim is ever made.

This is where governance, documentation and communication become critical.
Public Liability insurance may potentially become relevant where allegations involving illness, allergic reactions or injury arise. Legal Expenses and Management Liability support may also assist where complaints, investigations, discrimination allegations or disputes emerge.

However, some of the most valuable support available to providers often comes long before a formal claim is ever made. Early advice and guidance can frequently prevent issues from escalating unnecessarily and help providers navigate concerns before they become more significant problems.

Insurance should be viewed as one component of a broader governance framework rather than a substitute for good policies, clear communication and consistent operational practice.

The Challenge Isn't Food. It's Responsibility.

Ultimately, food brought from home is no longer a simple operational consideration. It sits at the intersection of safeguarding, nutrition, parent relationships, inclusion, operational delivery, liability and governance.

The strongest policy is not necessarily the strictest or the most flexible. Rather, it is the one that reflects operational reality, is understood by staff and parents alike, can be applied consistently and confidently explained if challenged.

Because ultimately, food is only part of the conversation. The bigger challenge is how providers manage everything that comes with it.