

The results of the research have led to schools working towards the achievement of the Healthy Eating key theme of the Health Promoting Schools initiative in Wirral.

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Snack policies in Wirral schools - do they promote health?

This research has been the evidence base for the development of nutrition policy work in Wirral, and looked for practical ways to help schools develop an inclusive school nutrition policy.

Dental public health and oral health promotion adopt a common risk factor approach to oral health...improving diet and nutrition will help to reduce dental disease and other more life-threatening conditions.

Diet, smoking and excessive alcohol consumption are associated with a number of diseases and conditions including coronary heart disease, some cancers, obesity and diabetes. They are also causal factors that contribute to dental caries, periodontal disease and oral cancer respectively.

For this reason, dental public health and oral health promotion adopt a common risk factor approach to oral health. Improving diet and nutrition will help to reduce dental disease and other more life-threatening conditions. School - where most of the population spend their formative years - is an environment which includes food and drink opportunities throughout the day and it is therefore important that there should be healthy choices available for everyone in the school community.

Partnership

The dental professional is able to give advice on diet, oral hygiene and fluoride to the individual. However, it is recognised that improving oral health and reducing acknowledged inequalities in oral health experience cannot be achieved in the dental surgery alone. It will only happen through partnership with other statutory and voluntary agencies, and the community.

Community Dental Services (CDS) have historically worked in schools, taking responsibility for epidemiological surveys and dental screening. They also work with teaching professionals to raise awareness of oral health messages, and the impact poor oral health may

have on children and young adults. In Wirral there is also a school dental milk programme i.e. provision of school milk to which a small amount of fluoride has been added. This programme is a joint initiative between health and education supported by the Borrow Foundation (www.borrowfoundation.com) and led by Wirral CDS. It was launched in 1995 and 64 primary schools are now in the scheme. Fluoride milk is available in participating primary schools at break times and through their involvement with the programme much anecdotal information around break time snack foods and drinks has been gathered by Wirral CDS. From this knowledge came the following questions:-

Are there any policies which regulate or influence snack foods and drinks in Wirral schools?

and,

Are those policies likely to promote the oral and general health of children?

Research background

Research was commissioned by Wirral Health Authority,¹ to examine evidence of policy and participation in the policy-making process with reference to the consumption of snack foods and drinks in Wirral schools.

Lunch provision was not included because, at the time of the research the Department for Education and Employment was undertaking consultation resulting in National Standards for School Lunches.²

...schools were specifically targeted by commercial companies who offered financial incentives to sell products that may not include a choice of 'healthier' snacks.

The weight of research evidence carried out to date showed that few local authorities had written policies relating to the consumption of food and drink in schools (excluding lunch provision). Sharp,³ in a report convened by the Caroline Walker Trust, found that the majority of LEAs in England had no formal policy on food and drinks sold in tuck shops or machines, and that in the absence of a formal LEA policy, the decision on what is sold tends to be made by the headteacher.

In relation to vending machines, the report⁴ found that schools were specifically targeted by commercial companies who offered financial incentives to sell products that may not include a choice of 'healthier' snacks. Smith et al.,⁵ and McKeown et al.,⁶ came to much the same conclusion, finding little evidence of policy relating to nutrition in Welsh primary and secondary schools. There also appears to be a paucity of research examining the policy-making process in schools, or the extent to which the wider school population participates in the consultation process (Smith et al.,⁷).

Evidence of policy

The research in Wirral looked for evidence of policy regulating foods and drinks that could be brought into school, sold in school or given as rewards in school, and was concerned with policy process and consultation. Other issues examined included access to drinking water, breakfast provision and vending machines.

For nutrition policy to be truly health promoting, it should meet a basic criterion of health promotion in terms of "gaining control over and influencing health".⁸ Such policies therefore need to be formulated according to the principles of health needs assessment, wide consultation and participation, and implemented in ways that make "the healthy choice the easy choice".⁹

Research: aim and objectives

Aim

⇒ To examine evidence of policies which underpin the consumption of food and drink (excluding lunch) in primary and secondary schools in Wirral and make recommendations for further development.

Objectives

- ⇒ To examine evidence of the existence of policies that regulate the consumption of food and drink (excluding lunch) in Wirral schools
- ⇒ To identify who contributed to the policy making process and the methods of consultation
- ⇒ To identify reward systems used in schools
- ⇒ To identify choices available to pupils
- ⇒ To make recommendations in line with the Food and

Health Strategy for Wirral Residents (Wirral Health Authority, 2000).

Research method

The design was a cross-sectional descriptive survey. A quantitative questionnaire was sent to each headteacher in Wirral's one hundred and thirty-seven local authority schools which included nursery, primary, secondary and special needs schools. Other factors including selective entry schools, single sex schools or social deprivation scores were not examined.

There were eight sections in the questionnaire:

- ⇒ A profile of the school
- ⇒ School policies
- ⇒ The policy making process
- ⇒ Food and drinks in school
- ⇒ Breakfast provision
- ⇒ Reward Schemes
- ⇒ Vending machines
- ⇒ School as a health promoting setting.

The questionnaire and accompanying letter were distributed through the LEA internal postal system in June 1999. The envelopes and letters were addressed personally to the headteacher.

Results

109 (80%) of the 137 schools responded and the resulting data were divided into 88 primary schools and 21 secondary schools (Tables 1a-1c). Special needs schools were included in these totals. In the analysis, each question was treated as a discrete question.

The first questions focused on the presence or absence of policies relating to snack foods and drinks. Each question related separately to foods and drinks brought into school from home, sold in school, or given in school as rewards, thus creating three distinct categories.

Snack food & drink policy

The response from primary schools showed that: 49 (56%) schools had a written policy; 26 (29%) schools had an unwritten policy; 13 (15%) schools had no policy, relating to food and drink brought into school (Tables 1a-1c).

In contrast, there were no secondary schools reporting a written policy relating to food and drink brought into school, and only one stated that there was an unwritten policy.

When asked whether there was written or unwritten policy relating to snack food and drink sold in school or given as rewards, the majority of primary and secondary schools had no policy at all.

It is worth noting that 14 (16%) primary schools (Table 1b), chose not to answer the question "Does your school have a policy which

Tables 1a-1c: Number and percentage of schools with written and unwritten policies for -

1a Food and drinks brought into school

1b Food and drinks sold in school

1c Food and drinks given in school

Table 1a

Food/drinks brought into school	Written policy	Unwritten policy	No policy	No response
Primary (n= 88)	49 (56%)	26 (29%)	13 (15%)	0
Secondary (n= 21)	0	1 (5%)	20 (95%)	0
Total (n=109)	49 (45%)	27 (25%)	33 (30%)	0

Table 1b

Food/drinks sold in school	Written policy	Unwritten policy	No policy	No response
Primary (n= 88)	12 (14%)	24 (27%)	38 (43%)	14 (16%)
Secondary (n= 21)	1 (5%)	5 (24%)	15 (71%)	0
Total (n=109)	13 (12%)	29 (27%)	53 (49%)	14 (13%)

Table 1c

Food/drinks given in school	Written policy	Unwritten policy	No policy	No response
Primary (n= 88)	12 (14%)	18 (20%)	47 (53%)	11 (13%)
Secondary (n= 21)	0	1 (5%)	17 (81%)	3 (14%)
Total (n=109)	12 (11%)	19 (17%)	64 (59%)	14 (13%)

Tables 1a-1c reproduced with acknowledgement to the Health Education Journal

regulates food and drink sold in school?"

Where there were any reported policies in the three categories (Tables 2a-2c), headteachers were asked which people or groups of people had been consulted during the policy development process.

In relation to snack foods and drinks brought into school (Table 2a), 33 (38%)

primary schools and 19 (91%) secondary schools did not answer the question. In relation to snack foods and drinks sold in school (Table 2b), 61 (69%) primary schools and 15 (71%) secondary schools did not answer the question. In the final question in this section, (relating to foods given as rewards-Table 2c), 69 (78%) primary schools and 19 (19%) secondary schools

Where the question was answered, there was some evidence of consultation with pupils or parents in primary schools, but, with one exception, there was no evidence of consultation in secondary schools.

Tables 2a-2c: Number and percentage of headteachers, school staff, parent or pupils consulted in the food and drink policy making process -

2a Consulted re: policy for food and drinks brought into school

2b Consulted re: policy for food and drinks sold in school

2c Consulted re: policy for food and drinks given in school

Table 2a

Food/drinks brought into school	Headteacher alone	Headteacher & staff	Headteacher, staff & parent or pupils	No response	Not known
Primary (n= 88)	4 (5%)	21 (24%)	27 (31%)	33 (38%)	3 (3%)
Secondary (n= 21)	0	1 (5%)	0	19 (91%)	1 (5%)
Total (n=109)	4 (4%)	22 (20%)	27 (25%)	52 (47%)	4 (4%)

Table 2b

Food/drinks sold in school	Headteacher alone	Headteacher & staff	Headteacher, staff & parent or pupils	No response	Not known
Primary (n= 88)	3 (3%)	9 (10%)	12 (14%)	61 (69%)	3 (3%)
Secondary (n= 21)	1 (5%)	2 (10%)	2 (10%)	15 (71%)	1 (5%)
Total (n=109)	4 (4%)	11 (10%)	14 (13%)	76 (70%)	4 (4%)

Table 2c

Food/drinks given in school	Headteacher alone	Headteacher & staff	Headteacher, staff & parent or pupils	No response	Not known
Primary (n= 88)	2 (2%)	6 (7%)	10 (11%)	69 (78%)	1 (1%)
Secondary (n= 21)	0	0	1 (5%)	19 (91%)	1 (5%)
Total (n=109)	2 (2%)	6 (6%)	11 (10%)	88 (81%)	2 (2%)

Tables 2a-2c reproduced with acknowledgement to the Health Education Journal

did not answer the question. Where the question was answered, there was some evidence of consultation with pupils or parents in primary schools. However, with one exception, there was no evidence of consultation in secondary schools.

A final question gave schools the opportunity to request help in developing health promoting snack policies and 62 schools (57%) indicated that they would welcome support.

Other findings

The majority of primary schools allowed a range of 'healthy' and 'less healthy' choices of foods and drinks to be brought into school or sold in school. However, the majority of secondary schools had 'unhealthy' choices only.

Although 74 primary schools and 17 secondary schools stated that their pupils had access to drinking water, the majority reported that the provision was either from taps or fountains in the toilet area.

There were no vending machines in primary schools, but 17% of responders (15 schools) stated that they had been approached by a vending company. In secondary schools over 50% of respondents had vending machines but there were no reported 'healthy choices' offered in them.

Discussion

The key finding of the research was that there is very little evidence of health promoting snack policies in Wirral schools apart from those that regulate foods and drinks brought into primary schools. It is therefore not surprising that there is almost no evidence of wide ranging consultation and participation in the policy making process.

This did not support the concept of school as a health promoting setting, embracing the principles of partnership, ownership and equity. Nutrition in schools is fundamental to health promotion, and the lack of policy in this area is a concern and cause for action.

Clean drinking water

Access to clean drinking water is viewed as a basic necessity generally, and is particularly important for children in warm weather and following physical activities.

In the majority of primary and secondary schools, drinking water was limited to fountains or taps in the toilet area and this suggested that provision should be examined and economically viable improvements should be made.

Recommendations

The recommendations of the research were that:

- ⇒ All schools should have a nutrition policy regulating food and drink consumed anywhere in school at any time of the day
- ⇒ A comprehensive guide to writing health promoting nutrition policy be produced
- ⇒ The guide to writing health promoting nutrition policy should be a joint initiative with the LEA and should include examples of best practice and practical suggestions for overcoming barriers to change

Further development

This research has been the evidence base for the development of nutrition policy work in Wirral, and we have looked for practical ways to help schools develop an inclusive school nutrition policy.

With further funding from Wirral Health Authority, a guide for schools "The Whole Day - Whole School Approach" ¹⁰ was produced. The WDWS approach encourages ownership of all food provision in school throughout the day, including breakfast, snacks, lunches, water provision and the use of sweets as rewards. It aims to empower the whole school community, including children, parents, teachers and other school staff to make informed choices about food.

The WDWS guide was launched at a full-day conference and workshop for headteachers, led by Joe Harvey from the Health Education Trust. The guide has now also been adopted as a model of practice by Community Dental Services in Cheshire. It supports the writing of a school nutrition policy by suggesting the following:

- Step 1 Assessment of current practice
- Step 2 Establishing a working party
- Step 3 Consultation
- Step 4 Writing a draft policy and evaluating it
- Step 5 Adopting the final policy

The desired outcome of the WDWS guide is that schools should have a written policy which regulates food and drink provision in the school, and is disseminated to the whole school population

External support

Experience in Wirral has shown that many schools need considerable external support if they are to develop and implement nutrition policy. Therefore a bid was made to Merseyside Health Action Zone to fund the post of Nutrition Support Worker in October 2001 and this bid was successful.

The post holder works with Wirral's Health Promoting Schools operational team supporting schools in achieving their Health Eating key theme.

Part of this support has included the development of an 'exemplar policy document' and a 'nutrition information file' to complement the Whole School - Whole Day Guide.

The exemplar policy document enables each school to produce their own policy to reflect the school's individual profile and needs. In addition a number of resources are identified including the school nurse, the Community Dieticians, the Oral Health Promotion Team and the Nutrition Support Worker.

The following headings provide an insight into the range of topics covered in the document:

- ▷ Introduction and Aim
- ▷ Background
 - Diet and Health
 - The social, economic and health profile of the school
 - Good practice
- ▷ Breakfast club
- ▷ Breaktime snacks and drinks
- ▷ The food service at lunchtime
- ▷ Packed lunches
- ▷ Water provision
- ▷ Vending machines
- ▷ Special considerations
 - Rewards
 - Birthday treats
 - Celebrations in school
 - Competitions
- ▷ After school club
- ▷ Social catering / formal meetings
- ▷ Offsite provision
- ▷ Curriculum
- ▷ Working with parents / carers
- ▷ Working with teachers
- ▷ Sponsorship and fund raising
- ▷ Equal opportunities
- ▷ Monitoring and evaluation
- ▷ Resources

The documents together with the other resources help schools through the complete process of policy development. To date

The exemplar policy document enables each school to produce their own policy to reflect the school's individual profile and needs.

The key finding was that there is very little evidence of health promoting snack policies in Wirral schools apart from those that regulate foods and drinks brought into primary schools.

seventy-seven schools have signed up to the Health Promoting Schools initiative in Wirral, and of these thirty-six are working towards achieving the Healthy Eating key theme.

Nutrition initiatives

Since the research was completed in August 2000, many national and local nutrition initiatives have been established including the government programme 'Five-a-day',¹¹ and the National Schools Fruit Scheme,¹² and on Merseyside, the 'Be Cool in School'¹³ initiative to improve access to water in schools. These initiatives highlight the role that schools have in providing a healthy environment and influencing health behaviours.

Together with the National Healthy School Standard they maybe the catalyst for the wider development and implementation of nutrition policy in schools.

It would be interesting to revisit this research and to measure the effects the current focus on healthier eating may have had in Wirral schools.

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