A series of reports showing trends, from 1983-2001, in young people's health related behaviour. The reports are ideal for stimulating discussion and provide factual information that is relevant to all those involved with young people. Written using data derived from the Health Related Behaviour Questionnaire surveys the data come from a sample of 299,543 young people between the ages of 13-15 and 14-15 from across the UK.

Reports are written by the Schools Health Education Unit and cost £10 incl. p&p - special discounts for schools -

**Young People's Food Choices**

Atitudes to healthy eating and weight control 1983-2001

The report, 40 printed A4 pages - comb bound, covers 15 topics including: breakfast, lunch, healthy eating and weight control

<table>
<thead>
<tr>
<th>Had no schoolday lunch</th>
<th>1983-2001</th>
</tr>
</thead>
</table>

**Trends**


**Observations**

- There is a clear trend to eat less by the older students.
- Both older groups register higher than the younger age group.
- Figures from the older female range from 26% (1996) to 38% (2000).
- Figures from the older female range from 29% (1996) to 31%.
- Figure from the older male range from 26% (1996) to 30% (1998).

**Commentary**

As the question asks in 'yesterday', schools do not have the opportunity to record a 'no school day' or weekend.

- Are the consistently lower percentages for the females a cause for concern?
- Does this trend extend to other meals?
- Are there other relevant factors in the HBQ that may influence the trend?

**Quality of the data**

- The data is gathered from HBQ surveys every two years. The data is gathered from HBQ surveys every two years. The data is gathered from HBQ surveys every two years.

**Young People & Smoking**

Attitudes to cigarettes: 1983-2001

- The report, 40 printed A4 pages - comb bound, contains 13 topics including: children, smoking, youth and friends, and implications for health 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 life-threatening conditions**

**Sylvia Cheater**

**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.

**Diet, smoking and excessive alcohol consumption are associated with a higher number of diseases and conditions including coronary heart disease, some cancers, obesity and diabetes. They are also causal factors that contribute to dental cavities, 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 life-threatening conditions. School-based programmes focus on reducing the risk factors that contribute to these conditions, including food and drink opportunities through-out 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 Bowood Foundation (www.bowoodfoundation.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 school times and through their involvement with the programme much anecdotal information and feedback time from snacks 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?
- Are there any policies which regulate or influence snack foods and drinks in Wirral schools?
- And, are there any policies which regulate or influence snack foods and drinks in Wirral schools?

**Research background**

Research was commissioned by Wirral Health Authority, 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.
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). Sharpe[7] 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 report[4] 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.[7] and McKeown et al.[7] 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". 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".

Research: aim and objectives

Aims

- To examine evidence of policies which underpin the consumption of food and drink (including 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 primary schools in Wirral and make recommendations for further development.
- To identify who contributed to the policy making process and the methods of consultation.
- To identify current 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 and 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 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.

Where to snack foods and drinks brought into school (Table 2a), 33 (28%) 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 13 (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 (95%) secondary schools answered "No".

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

1a Food and drinks brought into school

<table>
<thead>
<tr>
<th>Policy Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written</td>
<td>49 (56%)</td>
</tr>
<tr>
<td>Unwritten</td>
<td>26 (29%)</td>
</tr>
<tr>
<td>No Policy</td>
<td>13 (15%)</td>
</tr>
<tr>
<td>No Response</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 1b

<table>
<thead>
<tr>
<th>Policy Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written</td>
<td>12 (14%)</td>
</tr>
<tr>
<td>Unwritten</td>
<td>24 (26%)</td>
</tr>
<tr>
<td>No Policy</td>
<td>30 (35%)</td>
</tr>
<tr>
<td>No Response</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 1c

<table>
<thead>
<tr>
<th>Policy Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written</td>
<td>12 (14%)</td>
</tr>
<tr>
<td>Unwritten</td>
<td>4 (5%)</td>
</tr>
<tr>
<td>No Policy</td>
<td>0</td>
</tr>
<tr>
<td>No Response</td>
<td>0</td>
</tr>
</tbody>
</table>

Tables 2a-2c: Number and percentage of schools with written and unwritten policies for -

2a Food and drinks brought into school

<table>
<thead>
<tr>
<th>Policy Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headteacher alone</td>
<td>4 (5%)</td>
</tr>
<tr>
<td>Headteacher &amp; staff</td>
<td>21 (24%)</td>
</tr>
<tr>
<td>Headteacher &amp; staff &amp; parent or pupils</td>
<td>27 (21%)</td>
</tr>
<tr>
<td>No Response</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 2b

<table>
<thead>
<tr>
<th>Policy Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headteacher alone</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Headteacher &amp; staff</td>
<td>10 (11%)</td>
</tr>
<tr>
<td>Headteacher &amp; staff &amp; parent or pupils</td>
<td>0</td>
</tr>
<tr>
<td>No Response</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 2c

<table>
<thead>
<tr>
<th>Policy Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headteacher alone</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>Headteacher &amp; staff</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>Headteacher &amp; staff &amp; parent or pupils</td>
<td>0</td>
</tr>
<tr>
<td>No Response</td>
<td>0</td>
</tr>
</tbody>
</table>

Tables 1a-1c: Reproduced with acknowledgment to the Health Education Journal

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.

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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.
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.

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' 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 treats 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 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:

- Assessment of current practice
- Establishing a working party
- Consultation
- Writing a draft policy and evaluating it
- 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 menu, the Community Dietitians, 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
- Lunchtime
- Breathe snacks and drinks
- The food service at lunchtime
- Packaged 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 seventy-seven schools have signed up to the Health Promoting Schools initiative in Wirral, and of these thirty-six are working towards achieving the Health 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’, and the National Schools Fruit Scheme. 12 and on Merseyside, the ‘Be Cool in School’ 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.

References

4. ibid
7. ibid