

A survey of tuck shops in Bradford schools

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This article describes why and how a survey of Bradford school tuck shops was organised. The results are discussed in the light of Bradford's food and health policy, and recommendations are made for promoting more nutritious food items, bearing in mind 'the problem of persuading children to select healthy snacks'.

Bradford Health Authority formulated a food and health policy in March 1985. The School Meals Service immediately began a gradual implementation, assisted by the Health Education Officer for nutrition. They developed a 'traffic light' system of food selection for Middle and Upper schools. The new School Adviser for home economics and health education became involved, and the two authors, as community dieticians, were appointed to implement the policy throughout the community.

We carried out the survey because of three main concerns:

1. Concern by health-care professionals about the unhealthy nature of tuck shop food.
2. The government report *The diets of British schoolchildren*, which highlighted dietary problems.
3. The Bradford food and health policy implementation group wanted to examine to what extent the food policy was reflected in items being sold.

The survey

The first step was to design a questionnaire to answer the following questions

Did the school run a tuck shop?

Why did some schools not run a tuck shop?

What sort of foods were sold?

Who organised the tuck shop?

When was the tuck shop open?

Why did the school run a tuck shop?

Under the authority of the School Adviser for home economics and health education, the School Meals Service distributed this questionnaire, together with a covering letter, to all headteachers during February and March 1986. Of the 218 questionnaires sent out, 194 were returned, giving a good response rate of 89%.

The results were analysed collectively, being allocated to school type: First, Middle, Upper, and Special. Combined Junior and Infant schools were included with Middle schools.

Did the school run a tuck shop?

The results showed that, overall, 61% of the schools (119 out of the 194) ran a tuck shop. This included 94% of Upper schools, 70% of Middle schools, 56% of First schools, and 39% of Special schools.

Table 1. Reasons for not running a tuck shop. (Percentages)

	First	Middle	Special	All*
Health and dental hygiene	27	27	18	25
Unnecessary or no demand	23	13	27	21
Eating between meals discouraged	21	7	0	15
Staff unavailable	17	27	0	16
Lack of time or space	19	13	9	16
'Have and have not's'	17	7	0	12
Litter problem	8	13	9	9
Sweets not allowed in school	8	0	0	5
Spoils appetite for lunch	12	0	9	9
Teacher Action	6	13	0	8
Not financially worthwhile	8	0	0	5
Encourage fruit to be brought in	8	0	0	5
Dishonesty	0	13	0	3
Waste time waiting to be served	4	0	0	3
Ensure good relations with kitchen	0	7	0	1
Many children on weight reduction	0	0	9	1
Total number	48	15	11	74

* Only one Upper school did not run a tuck shop

Why did some schools not run a tuck shop?

Of the reasons given by the 39% of schools in this category, the majority were health-related. Many schools had policies on healthy eating and dental hygiene, and often stated that a mid-morning tuck shop might spoil the children's appetite for lunch. Some headteachers also implied that not being able to afford anything from the tuck shop could upset children from lower-income families. (See Table 1.)

What sort of foods were sold?

Table 2 gives a breakdown of answers to this question divided into food categories. The comments here refer to foods in decreasing order of popularity with the schools.

Crisp-type snacks Of the 119 tuck shops, 84% sold crisps, and 18% stocked low-fat crisps.

Biscuits were stocked in 53% of the tuck shops; plain biscuits, such as Rich Tea and Marie, were stocked most often, and only half the shops stocked chocolate biscuits. In some First schools, money for biscuits was collected at the beginning of the week, and class teachers regulated the intake by distributing at morning break.

Confectionery was sold in 34% of the tuck shops. Boiled sweets, gums, chewy fruit sweets, liquorice, and mints were the most popular stock item with most of these schools, but over half also sold chocolate. Fewer schools sold toffee and

Table 2. School tuck shops selling different categories of food. (Percentages)

	First	Middle	Upper	Special	All
Crisps	77	97	87	71	84
Biscuits	54	43	53	100	53
Confectionery	15	46	80	57	34
Drinks	0	23	73	43	18
Fresh fruit	15	6	7	0	10
Nuts	3	11	13	0	7
Cakes	0	3	0	29	3
Total number	62	35	15	7	119

other confectionery. There was a trend for more schools with older children to stock confectionery, and only 15% of First schools did so.

Drinks were sold by 18% of the tuck shops. Ordinary squashes were stocked most, followed by fizzy pop. Half of the Upper schools sold hot drinks from vending machines. Two schools stocked low-calorie pop – First schools did not sell drinks.

Fresh fruit was sold in 10% of the tuck shops, the majority being First schools: apples were the most common fruit stocked.

Nuts, mostly peanuts, were sold by 7% of the tuck shops.

There were also a group of miscellaneous items, including cereal bars, popcorn, Bombay Mix, etc.

Who organised the tuck shop?

The results from the 107 schools completing this section of the questionnaire show that teachers (including headteachers and deputy heads) were involved with 73% of the tuck shops, pupils with 37%, school secretaries with 29%, and lower percentages of welfare and classroom assistants and ancillary staff. Many schools had two or more of these categories of help involved. In two Upper schools the tuck shop was being run by the School Meals Service.

Table 3. Times when tuck shops were open. (Percentages)

	First	Middle	Upper	Special	All
Days:					
Monday–Friday	95	97	100	86	95
Not every day	3	3	7	14	4
Twice a week	2	0	0	0	1
Times:					
Morning break only	79	91	50	86	80
Afternoon break only	6	0	0	0	3
Both breaks	11	3	13	0	8
One break and lunchtime	3	3	13	14	1
Both breaks and lunchtime	0	0	7	0	1
Vending machine	0	3	13	0	2
Total number	62		15	7	120*

* One school ran two tuck shops.

When was the tuck shop open?

Table 3 shows the times of opening. It will be seen from this that almost all were open on every school day, and most were only open for morning break.

One Middle and two Upper schools had a snack vending machine allowing access throughout the day.

Why did the school run a tuck shop?

Fund-raising was given as a reason by 96% of the schools. The second most popular reason (35%) was to give children responsibility for buying, selling, and stock control, while 10% of schools said that the tuck shop benefitted children who came to school without having eaten any breakfast. A few schools used the tuck shop to raise money for charity.

Some reflections on tuck shop policy

The importance of the tuck shop was made plain by the reasons given for their existence. Headteachers ran tuck shops for reasons relating to their school's and their pupils' needs. Raising funds was almost always a reason. We were interested when some schools (mainly First schools) worried that their children came to school with no or insufficient breakfast; some of them stated that unless they ran a tuck shop these children would buy snacks from shops on the way to school. In these cases, we felt that the stocking of a healthy, nutritious snack by the tuck

shop was even more important, and we wondered whether the involvement of the School Meals Service with the running of these tuck shops might be appropriate.

Many positive reasons were also given for not having a tuck shop, some of which are health-related reasons, as already stated. A few (mainly First) schools stated that they felt snack-eating during the morning spoiled the children's appetite for the mid-day meal. Appetite is a complex amalgam reflecting individual nutritional requirements, physical activity level, mood, and other factors. However, higher-calorie snacks such as sweets and crisps will be more satisfying than fresh fruit or one or two plain biscuits, and so the former might be expected to spoil the appetite more effectively.

Most schools ran tuck shops for the morning break only, although the reason for choosing this time was not asked. Probably there are a combination of reasons. We have since heard that Rowntree-Mackintosh are providing snack vending machines with open access, and these are sometimes being placed in dining rooms; one hopes that schools will at least be able to select healthy snacks with which to stock these machines.

We also feel that fresh fruit, in particular, was not stocked widely enough, and that First schools in particular might be able to stock this more. Reasons for not stocking fresh fruit included short shelf life, low demand, and difficulty with ordering. However, the fact that some schools did sell fruit suggests that these problems could be overcome – a few schools have passed over the running of the tuck shop to the School Meals Service.

Many schools stocked drinks, but mainly the sugary ones. Of the wide range of confectionery items stocked by all schools, all are equally detrimental to dental health. We were pleased to find that semi-sweet and digestive biscuits were stocked more widely than the other type, although a lot of chocolate biscuits are still being sold. (Few schools stocked savoury biscuits, although these sell fairly well at swimming baths.)

It was heartening to find that a substantial number of schools sold reduced-

fat crisps. Since crisps are extremely popular with children, it would seem wise to stock these kind, together with 'salt if you like' varieties, as well as more unsalted nuts, and raisins.

Finally, we have visited two tuck shops and seen at first hand the problem of persuading children to select healthy snacks. We realise that the move towards healthy snacks is going to be a gradual process, but we do know that teachers, via the school curriculum, will be working hard to encourage healthy eating.

Recommendations

The results of the survey were discussed in a report which included our recommendations. These were:

1. More healthy 'green traffic light' and some not quite so healthy 'orange' foods should be stocked. The number of 'red' foods (high in fat, sugar, or salt, and often low in fibre) should be considerably reduced.
2. Fewer sugary cordials and fizzy pop should be stocked, and more low-calorie and 'diet' drinks, natural fruit juice and semi-skimmed milk should be available. Unsweetened beverages should be available via vending machines.
3. Fewer sweets, toffees, and chocolate snacks should be stocked.
4. High-fat sugary cakes should not be stocked.
5. Tuck shops should sell more savoury wholemeal crackers and biscuits and fewer chocolate cream or rich biscuits.
6. More low-fat crisps and unsalted crisps should be stocked.
7. Schools should consider whether the 'traffic light' system can be incorporated into the tuck shop service.
8. If obtaining healthy snacks is problematic, efforts should be made by the Education Department to overcome these difficulties. In the case of Bradford schools, the Yorkshire Purchasing Organisation might be able to help.

9. Snack vending machines should not be placed in school dining rooms. Schools should be able to determine the range of foods sold from such machines.
10. Tuck shops should, as a general rule be open at morning break. They should not be open at lunchtime.
11. Teachers, health-care professionals and the School Meals Service should give some priority to encouraging children to eat a healthy breakfast

Follow-up and conclusion

The full report was distributed to all head-teachers, Advisers, Health Education Officers, and relevant health-care professionals in Bradford. It was also due to be discussed at an education sub-committee meeting.

Copies of the report, *A survey of tuck shops in Bradford schools*, as well as of the questionnaire used in the survey, are available from the Community Dieticians, Edmund Street Clinic, Bradford BD5 0BJ.

Teaching AIDS for School Teachers

Since there are, as yet, very few curriculum materials available for AIDS Education, this package is a welcome one. However, I would urge caution on several points.

Firstly, I must endorse BLAT's recommendation that the pack is not used without training to model the necessary methodology. I would go further and suggest that the training sessions be undertaken by experienced trainers (for example Health or Personal & Social Education Advisers, or HEOs) in order to ensure a thorough grounding in the group-work and participatory techniques necessary for effective health education. As it stands, the pack lacks guidance in the now large repertoire of techniques that have been developed.

A major omission in the 'Activity' section is any mention of the process of *debriefing*. Any experiential learning is complete only when the activity is debriefed in terms of analysing what has happened and what learning has taken place. At a very basic level, the following questions might be asked:

How did the activity feel?

What have I learned?

How can I use what I've learned?

The teachers' materials seem to place emphasis on facts and statistics. Care must be used, as facts are changing and statistics quickly become out of date, since the pattern of this disease develops daily. Following the government campaign I would suggest that most young people now have the information at their fingertips, and for the most part only an update is necessary.

What is now more important is to help young people examine their personal attitudes and behaviour, and to support them through a young adulthood which poses more risks and dangers than for previous generations. Responsibility towards self and others in the promotion of loving and caring relationships should be emphasised.

I am puzzled and anxious at some of the proposed activities in the pack. For example...

Draw a picture of a child with the AIDS virus in the classroom – is this a trick question, and could it lead to ostracism?

Identify areas of the world where AIDS is prevalent – will this lead to racism, or the idea that it isn't dangerous in the UK?

Writing about homosexuals and intravenous drug-takers – could this lead to prejudice, and again take away the fact that AIDS can happen to anyone who puts themselves at high risk?

In conclusion, I feel that some of these materials, if properly used, could be part of teaching about AIDS, which should take place within the context of Health or PSE, in the area of sex education. It is essential to involve parents and governors. — Sue Plant, Senior Advisory Teacher in Health Education, Devon.

(Teaching AIDS for School Teachers is published by BLAT (British Life Assurance Trust for Health Education), and costs £3 including postage from the BLAT Centre for Health and Medical Education, BMA House, Tavistock Square, London WC1H 9JP.)