



Food in Schools: The Impact on the Health of Children and Young People in Swansea

Health Inequalities Impact Assessment January 2006



National Public Health
Service for Wales
Gwasanaeth Iechyd Cyhoeddus
Cenedlaethol Cymru



Bwrdd Iechyd Lleol
Local Health Board
Abertawe
Swansea



<u>Section</u>	<u>Title</u>	<u>Page No</u>
1.	Executive Summary	1
2.	Introduction	2
3.	Background Evidence - The Impact of Food on the Health of Children and Young People	2
4.	Eating Habits	2-3
5.	Poverty and Poor Diet	3-4
6.	Food culture	4-5
7.	Knowledge, Skills, Behaviour and Attainment	5
8.	Schools as an Important Influence	5-6
9.	Whole School Approaches	6-7
10.	School Meals	7
	• 10.1 Funding & costs	7
	• 10.2 Nutritional Standards for School Meals	8-9
	• 10.3 Issues of Choice	9
	• 10.4 School Catering	9-10
11.	The Health Impact Assessment Process: Screening, Scoping and Assessment	10-11
12.	Health Impact Consultation in Swansea	11-12
13.	Health Impact Workshops	12-14
14.	Discussion	14-15
15.	Recommendations	15-17
16.	Next steps	17
17.	References	17-20
18.	Appendices	20
	• Appendix (i) Evening Post Article: 'Junk Food Ops Shock'	21
	• Appendix (ii) Members of healthy eating in schools group	22
	• Appendix (iii) Key Speaker Presentations a.m.	23-31
	• Appendix (iv) Key Speaker Presentations p.m.	32-36

Food in Schools: The Impact on Children and Young People in Swansea

Health Inequalities Impact Assessment

1. Executive Summary

The Swansea Health Social Care and Well Being Strategy identified the development of a local nutrition policy as a priority for preventative action. A partnership group was set up under the Swansea Children and Young People Framework to develop an initial focus on healthy eating and food health in schools which would contribute to wider local policy development during 2006-2007.

This group organised a health inequalities impact assessment consultation in autumn 2005. The consultation engaged local school representatives including headteachers, catering staff, health professionals and other key partners from organisations across Swansea to consider what impact food in schools has on the health of pupils in Swansea and to consider the best approach for future strategic improvements.

The assessment that was made of the impact on health is detailed here. It includes evidence of the health impact food has on children and young people with a focus on the school setting, along with a summary of the consultation event that took place and recommendations for action. The recommendations reflect a commitment in Swansea to a partnership approach, with the development of local action guided by clear principles which are based on evidence of effectiveness. Whole school approaches are a key theme encouraging consistent health messages across the school setting.

A 'Food and Health in Schools' policy, based on the assessment recommendations will be produced in Swansea during 2006-2007.

2. Introduction

Food is part of our daily lives. Good nutrition throughout life has a significant and positive impact on our health and well being. It is important to recognise when developing local public health policies that food has many cultural, social, and environmental associations as well as physiological and biological ones. It is with these considerations in mind that Swansea is developing a local food and health nutrition strategy. The first part of this strategy concentrates on Children and Young People in the school setting.

A health inequalities impact assessment has been conducted on food and healthy eating in Swansea schools in order to examine the potential positive and negative impacts on the health of children and young people. This report contains the background of available evidence surrounding the issue. It also contains the local Swansea assessment of the impact on health to children and young people of food and nutrition in schools.

As part of the ongoing Health Social Care and Well Being Strategy in Swansea, the report sets out the consultation and scoping event where key stakeholders were brought together for a day in Autumn 2005 to consider the evidence and assess the impact with a view to making recommendations to support and improve good nutrition and healthy eating across local school settings.

3. Background Evidence - The Impact of Food on the Health of Children and Young People

The evidence considers what inequalities in food health for children and young people exist especially within the setting of the school and examines the range of interventions that can contribute to improving school food and nutrition.

Recent evidence of the increasing levels of overweight, obese and diabetic children and young people in the UK has led to a focus on the food and lifestyle behaviours of this population group. It is already widely established that the risks of these particular conditions and diseases are significantly reduced by a combination of eating a balanced diet and being physically active. Long term effects of poor diet and lack of exercise are clearly linked to an increased risk of other diseases such as coronary heart disease and cancer. For this reason there is a considerable public health benefit in tackling the costs and barriers to good nutrition and healthier eating choices, habits and behaviours early in life.

4. Eating Habits

Dietary surveys in the UK show that children and young people are not eating the recommended amounts of fresh fruit and vegetables as outlined in current dietary recommendations. The national diet and nutrition survey published in 2000 suggests that children are eating less than half the recommended 5 portions of

fruit and vegetables a day and that in an average week, twenty percent of 4 -18 yr olds ate no fruit at all, (Gregory et al, 2000).

In terms of fruit and vegetable consumption, school children in Wales compare poorly to those in England and Scotland. In addition, more school age children in Wales are obese than in England and Scotland, (Gordon & Roberts, 2002).

The consumption of refined and processed foods, often high in salt, sugar, preservatives, saturated and hydrogenated fats and low in fibre and nutrients is a common feature of children and young people's diets. Other poor eating habits are common among children and young people. For example one in twenty primary aged children leaves home without having eaten any breakfast (Oxford Brookes University, 2003). Ingrained poor eating habits contribute to the prevalence of a number of associated diseases including obesity and diabetes and increase the risks of other serious illnesses later in life.

Other health conditions are also associated with poor eating habits. In Swansea, there is evidence that poor diets lead to local children and young people experiencing chronic constipation which requires specialist medical treatment in a hospital setting, (**appendix i**). In addition dental decay and anaemia are common among children with poor nutrition and these conditions have ongoing impact on individual health. In Swansea dental decay for 5 year old children is higher than the Welsh average. In 2001-2002 the percentage rate for decayed missing and filled teeth in Swansea five year olds was 53.3% compared with the Welsh average of 52.9 percent, (NPHS, 2004).

Development and support of good eating habits in children and young people is therefore a lasting investment and worth prioritising as an effective public health intervention.

Key points:

- *Diets high in fruit, vegetables and fibre are associated with reduced risk of obesity, heart disease and cancer*
- *Healthy eating habits established at an early age may be maintained in the long-term.*

(WAG, 2003)

5. Poverty and Poor Diet

Across Swansea, there are disadvantaged communities who experience comparatively high levels of deprivation to the Welsh average. It is commonly understood that in many disadvantaged areas, diets are especially poor. The City and County of Swansea local authority area has four electoral wards which rank in the 100 most deprived in Wales, (City and County of Swansea, 2002).

In a recent survey of families living on low incomes in Great Britain, the impact of poverty on children and young people's diet was clearly shown. Over a third of parents in the survey (36%) said they had gone without food in the last month so that others in the family could eat. One in five (20%) families said they didn't have enough money for food. More than a quarter (28%) of children involved in the survey *never* ate green vegetables or salad and in contrast, (90%) of the children ate sweets and chocolate with almost one in five children (17%) eating these high sugar foods every day. More than four in five of the children (82%) drank sugary drinks, (NCH 2004).

Research suggests that structural, economic and cultural factors come together to adversely affect the diets of children in families on low incomes. It should also be recognised that a nutritious diet, for families experiencing difficult living conditions, is not always going to be their highest priority.

Addressing food poverty and the promotion of food equality therefore is a key aspect to consider in developing a Swansea nutrition strategy.

Key points:

- *In many disadvantaged areas, diets of children and young people are especially poor.*
- *Structural and socioeconomic factors should be considered when developing policy*

(NCH 2004).

6. Food culture

Food preferences can vary geographically, culturally and as previously described, according to socioeconomic opportunity and food availability. The cultural influences on the diets of children and young people in Swansea are important to consider.

Food advertising which targets children and young people is widespread. This takes various forms including television, sports branding and more recently web site advertising, (Food commission, 2005). A recent research review concluded that the advertised diet is less healthy than the recommended one. It also provided evidence that food promotion in the UK is having an effect on children's and young people's preferences, their purchase behaviour and consumption, (Hastings, et al, 2003).

In addition to food advertising, other cultural influences in Wales include the increasing popularity of convenience foods and 'fast foods' as well as a growing trend towards snacking and eating on the move. Between 1998-2002, demand for ready meals in Britain grew by 44%, compared to 29% growth across Europe as a whole. Evidence suggests that Britain is now consuming the highest number of ready meals in Europe, double the amount consumed in France, and six times that in Spain, (Mintel, 2003). Ready meals and fast foods can have an impact on

children and young people's choices for eating a balanced diet. When meals are prepared from basic ingredients (either at home or at school), there is control over how much fat, sugar and other ingredients are put into the dish, control over what quantity to make, and over the portion size that is served. Ready meals do not allow this control or choice.

7. Knowledge, Skills, Behaviour and Attainment

In addition to habits and cultures of food, lack of knowledge of what is a healthy balanced diet puts children and young people at a disadvantage. The level of knowledge and skills that children and young people hold on food and nutrition varies significantly. Limited skills for preparing food can reduce the range of choices available to individuals and families for a nutritious diet.

It is not only children's and young people's knowledge and skills that affect their eating habits. Parents and carers need to have sufficient levels of knowledge of and skills in good nutrition to support their families to eat balanced and healthy diets.

In the school setting, the level of knowledge related to balanced diets and the level of skills in catering and procurement of staff working in the school meal service will have a significant impact on the availability of nutritious and balanced school food.

There is extensive research on the possible relationship between nutritional health and academic attainment. Many studies report that better nutrition in children and young people is associated with development of the brain and cognitive processes conducive to learning, (Powney et al, 2000). However, these associations appear also to be connected to other factors such as family and community influences, as well as levels of poverty.

Whilst a very different setting to the school, an experimental controlled prison study into the behaviour of young adult prisoners concluded that antisocial behaviour, including violence, is reduced by the adequate intake of vitamins, minerals, and essential fatty acids, (Gesch et al, 2002). The data suggested that poor diet is linked causally with aggressive behavior. The findings of this study are likely to have similar implications for those consuming a poor diet in other settings.

8. Schools as an Important Influence

Concentrating on the school as an important and influential setting for food and health there is a diversity of areas within this setting to examine. The *availability* of nutritious, good quality food during the school day is one. This of course includes school meals and the statutory arrangements for provision of food under

contracts with the Local Authorities to schools, but it also includes other foods and drinks available to children and young people in schools.

Under this heading falls a wide range of policies and practices around food with potentially helpful or conversely less helpful influences on health for pupils in school. These might for example include tuck shops, fruit tuck shops, breakfast clubs, vending machines, school meals, drinking water and school milk arrangements.

Another area for assessment includes the specific curriculum content delivered which relates to healthy eating and nutrition, alongside teaching and learning practices used in schools.

The physical environment, including the urban or rural settings of schools is also an influential factor, where for example the proximity of locally grown produce or the facility to have school gardens, composting schemes and other related programmes has an influence, as does the size and population of the specific school.

In primary and secondary schools with the largest number of pupils in Swansea, the logistics of providing school meals during a relatively short lunch period (usually under an hour) is a challenge for catering staff, teachers and pupils alike. Often dining rooms cannot seat all pupils and there are 2 or 3 'sittings' or an agreed queuing order where certain year groups go first or last. Also dining rooms are frequently dual purpose spaces and are used for lessons and PE which puts added pressure on the time allowed for lunch.

There are various levels of policy and practice that exist on nutrition and food in schools. Certain arrangements are made at Local Authority level, others at individual school level, and some food associated arrangements and practices might differ within the school itself e.g. different timetable arrangements for year groups and access to food.

9. Whole School Approaches

There is evidence to support whole school approaches as the best way to improve overall nutrition and healthy eating in the school setting, (Valentine, 2005). It is beneficial for children and young people to receive accurate and consistent messages throughout the school day, in the classroom, the school dining room and the immediate school environment.

In Wales the development of the Welsh Network of Healthy School Schemes promotes a whole school approach to health emphasising the principles of ethos, environment and community, (WAG, 2001). The National network promotes a broad based approach which considers social, emotional, environmental and physical health within the context of the school.

In Swansea there are currently 62 schools actively involved in the local healthy school scheme. Food in schools and its impact on health is a central area which the scheme encourages. The Welsh Assembly published the assessment tool as part of the 'Food in Schools' programme which helps to monitor and self-evaluate whole school approaches to food and nutrition, (WAG, 2004). This has been used in a selection of Swansea Schools to help develop a coordinated and progressive approach to improving nutrition in the school.

Many Swansea schools are involved in projects and programmes to help improve food and nutrition. These may or may not be part of the local healthy school scheme. As previously described they might be unique to the individual school or have support from a variety of local partners and external agencies at a local authority level. The following is a selection of known examples;

- School Nutrition Action Groups
- Free breakfast clubs
- Water provision
- Taster Sessions
- Top table/Golden table
- Dining room improvements
- Healthier cookery clubs
- Healthy option reward systems
- Growing clubs
- Fruit tuck shops
- Food and fitness task group
- Healthy vending machines
- Curriculum focus
- Healthier packed lunches

Key Points:

- *A whole school approach to increasing fruit and vegetable intake in children has been established to have a modest but significant positive effect on awareness and attitude to pupils consumption*
(WAG, 2003)
- *Consistent messages in the classroom, the school dining room and the immediate school environment are essential.*

10. School Meals

10.1 Funding & costs

Central funding for improving nutritional content in school meals differs across the UK. In Scotland, the Government has invested £57.5m on improving the nutritional content which equates to an *additional* 14p per meal, (Sodexo, 2005). It is unconfirmed at the time of writing this report the extent of increased central funding in Wales, but at local authority level, Swansea currently spends a total of 46 pence per pupil on food ingredients for meal provision, (BBC Wales News, 2005). In a survey in 2005 on how much English local authorities spend on ingredients for primary school meals the average spend was 45 pence, (Melchett, 2005).

The Government now recommends that at least 50 pence be spent on ingredients per pupil, (Dept for Education & Skills, 2005). The Caroline Walker Trust guidelines suggest that it is unlikely that providers would be able to meet nutrient-based standards if they spend less than 70 pence on ingredients per pupil in primary schools and 80 pence per pupil in secondary schools at 2005 prices, (Crawley, 2005).

As a whole school approach to healthy eating, certain schools in England are working towards the 'Food for Life' targets. These aim to deliver more sustainable, nutritionally balanced menus which are 75 percent unprocessed, 50 percent locally sourced and 30 percent organic by weight of ingredients. The typical spend in Food for Life schools is 70 pence per child per meal, (Melchett, 2005).

Charges to pupils for school meals vary across the UK. In a survey conducted with local authorities in early 2002 the highest price charged in a local authority area for a primary school meal was £1.65 and the lowest 95 pence. In secondary schools the highest price charged in a local authority area for school meals was £1.85 and the lowest £1.00. At the time, Swansea charged £1.35 for Primary School meals and £1.27 for secondary school meals in 2002, (Unison, 2002).

In the most recent local information on costs, Swansea now charges £1.50 for Primary school meals, (CCS Website, 2006).

10.2 Nutritional Standards for School Meals

Standardised nutritional requirements based on energy protein and fat were first introduced for school meals in 1941 (Noorani, 2005). They were discontinued in 1980 when LEAs under the Education Act were no longer obliged to provide school meals except for those pupils entitled to free school meals. At this time LEAs were also given the choice to decide the price, type and quality of meals provided.

In Swansea a 'Healthy Eating Policy' was produced by the City and County of Swansea in 1996 with the aim of helping 'pupils choose and eat a healthy diet', (CCS, 1996). The policy concentrates on providing guidelines for the nutritional quality of 'Welfare Meals' which relates to the obligation of the Local Authority to provide free school meals to those pupils who are eligible. This targets health inequality by attempting to ensure that the quality of food for pupils from economically disadvantaged families is good. The policy objectives suggest that healthy food should be promoted as the norm, not as an exception and also states that the contractor providing school meals in Swansea must achieve the minimum standards set out by the Caroline Walker Trust in 1992. The Caroline Walker Trust has recently updated the 1992 nutrient based standards to include new scientific evidence and policy, (CWT, 2005). The Swansea policy document is now ten years old.

Subsequently in Wales, the 1997 Welsh Office white paper “Building Excellent Schools Together” stated it would introduce minimum nutritional standards for school meal contracts. In 2001 regulations on minimum nutritional standards were reintroduced in Wales. Further consultations were conducted across Wales and guidance on regulations for minimum nutritional standards for school meals were issued to local authorities and contract caterers in 2003, (National Assembly for Wales, 2002).

In Wales, the nutrition strategy developed by the Food Standards Agency reflects the Welsh Assembly Government priorities, emphasising the need to reduce food poverty and related inequalities in health, (FSA, 2003).

The Government white paper ‘Choosing Health’ (2004), ‘Every Child Matters: Change for Children in Schools’, (DfES, 2004) and the Healthy Living Blueprint for Schools have been catalysts for recent developments in the UK for food and drink provision in schools as well as curricular and extra-curricular changes, (Valentine, 2005).

10.3 Issues of Choice

Making healthier choices easier choices has been a central tenet of strategic health promotion approaches for decades. However, choice within the context of food in schools, where too many foods on offer that are refined, processed and relatively high in fat and low in nutritional value, can be seen as detrimental to a healthier diet for children and young people. Unrestricted choice of foods at lunchtime has been associated with unhealthy food choices and there is evidence that restricted choices in school meals support healthy eating. In research conducted with 79 secondary schools in England, restricted choice was associated with healthier eating, (Nelson et al, 2004). In Swansea there are on a minimum of two food choices (dishes) in primary Schools daily and at least four food choices in Secondary Schools.

There are obvious differences between primary and secondary schools in Swansea and it is arguably easier to restrict choices of school meal provision while maintaining consumption in the smaller rural or semi-rural primary schools where pupils remain in school over the lunch period. However evidence suggests that appropriately planned choice restrictions can be effective.

10.4 School Catering

All but one of the schools in Swansea has catering provided by the Local Authority City and County of Swansea Catering Service. The one secondary school that does not use the local authority catering services has catering provided by an independent catering company.

The Catering Service in the City and County of Swansea is a non-profit making service. Healthier cooking practices are encouraged and these practices include reducing levels of salt and sugar in recipes, oven baking instead of frying and adding fibre, (CCS website, 2005). In a recent healthy schools questionnaire completed on catering provision, (Swansea Healthy School Scheme, 2005) the local Service indicates that in two schools a cashless system is operated (e.g. smart card) and also operates healthy vending machines in three separate schools.

In a questionnaire issued by the Catering Service to parents of year 3 Swansea pupils, fifty percent of parents stated that a healthier choice of food would influence their children to have school lunches. In addition, eighty-two percent said the service should buy organic produce and ninety-six percent of parents stated they would like more information on school meals, (CCS Catering Service, 2005).

All staff in the Catering Service in City and County of Swansea are trained in Basic Food Hygiene and Cooks have City & Guilds and NVQ Qualifications as well as undertaking a Basic Nutrition Certificated Course. However, the Service indicates that it is enthusiastic to develop nutrition and health training for staff, (HSS, 2005).

Key Points:

- *'School meals make a vital contribution to the dietary intake of children and young people' (Noorani, 2005)*
- *Local Authority Catering Services are constrained in their catering provision by budgets, but also by knowledge and training*

11. The Health Impact Assessment Process: Screening, Scoping and Assessment

The process of health inequalities impact assessment attempts to examine the potential effects of a policy, project or programme on the health of a defined population. In this report the defined population is pupils of Swansea schools. The reason for using the impact assessment process is to improve health of the overall population group and at the same to help narrow the health divide by ensuring that any intervention supports the most disadvantaged within that group. In the case of school based nutrition and healthy eating for children and young people in Swansea, this has the potential to make a real and lasting impact on the specific populations health.

As a result of the established local priorities for health and well being in Swansea in 2005-2006, the development of a local nutrition strategy focused on children and young people in Swansea schools was agreed. A small group of people working in health, education and other organisations with relevant skills and knowledge was set up to progress the work, (*appendix ii*). The impact

assessment screening tool developed by NPHS was completed by the public health representative on the group and this screening tool described the school pupil population characteristics, alongside an initial assessment of impact. This initial 'screening' of the proposal helped to identify an early picture of the potential impacts on health for pupils in schools. The group also looked at the scale of these impacts and agreed that an assessment which involved key stakeholders in the debate would be valuable.

The scope of a local nutrition strategy as a public health issue is huge. The group narrowed the focus of the assessment to pupils in primary, secondary and special schools. There are currently approximately 35,450 pupils in this population group in Swansea, (CCS, 2006).

The timescale for the work was set to be conducted in 2005 with recommendations made by April 2006 to inform the development of a children and young people nutrition strategy and action plan in 2006-2007. Engaging key stakeholders in the assessment process was crucial to capture the multi-dimensional nature of the task and a consultation event was planned using a health impact assessment approach. This was to enable head teachers, senior management staff in schools and key local partners involved with food and health across organisations to contribute.

The health inequalities impact assessment conducted on nutrition in Swansea schools aimed to help influence a Swansea wide strategy. The process began with children and young people in schools and focused on methods of working in a multi-disciplinary way to share and develop approaches based on evidence for good nutrition in schools. A key aspect of the process was to consider the determinants of health as they relate to food in order to set recommendations for development. The recommendations made are therefore within a context that acknowledges socio-economic, cultural and environmental conditions alongside community, lifestyle and individual factors linked to health.

12. Health Impact Consultation in Swansea

The consultation event took place at the Liberty Stadium in Swansea on November 8th 2005. The day began with introducing the aims and explaining the processes. During the morning, key speakers with expertise in related areas set the context for the assessment and provided evidence for debate. The key speakers and the titles of their presentations are listed below. The content of the presentations are available, (*appendix vi*).

- Reena Owen, Executive Director of Environment, City & County of Swansea
 'Welcome and Background'
- Dr Nina Williams, Swansea Public Health Director, NPHS
 'Healthy Eating: Why Bother?'

- Professor Kevin Morgan, European Regional Development
'Healthy Eating in Schools: from good intentions to good practice'
- Carolyn Lester, National Public Health Service
'An Introduction to Health (Inequality) Impact Assessment'

In the afternoon examples of interventions to improve food in schools were outlined, by key speakers involved with specific local work related to nutrition and food in schools, (**appendix vii**).

- Katherine Davies, Head teacher, Gwyr Comprehensive School
'Yr Ysgol Iach/ The Healthy School'
- Beti Ede, Senior Health Promotion Specialist, NPHS
'Healthy Schools in Swansea'
- Sumitra de Kayne, Teacher, Sketty Primary School
'A whole School Approach'
- Bet Jenkins, Catering Manager, City & County of Swansea.
'Moving Forward'

The background evidence collected for this report and also that which was presented at the consultation event, demonstrates the extent of the impact food has on the health of children and young people. The evidence to support the case for improving nutrition and food health in schools is overwhelming. This is especially the case for disadvantaged pupils, where the food provided throughout the school day is an even more significant influence on their health.

Through the impact assessment consultation event, delegates were able to discuss how changes might be made at different levels, what opportunities were realistic and what components might be needed within any comprehensive nutrition strategy.

13. Health Impact Workshops

During the consultation the delegates took part in three separate workshops to consider the health impact of improving nutrition and healthy eating on a) children, b) families and c) schools. The discussion in the workshops focused on the perceived barriers to change and the potential enablers for change. The following tables provide a summary of the central issues raised at the workshops which have been categorised into barriers and enablers to change.

Workshop a) Children	
Barriers	Enabling factors
<ul style="list-style-type: none"> • Lack of familiarity with healthy options • Choices – too much easily available processed/high fat, etc, food • Widespread advertising of ‘fast’ foods which targets children • Poor role models in families and family control over children’s diets • Cultural influences - cultural differences not always recognised, culture of fast food, traditional food cultures lost • Peer influences can be negative 	<ul style="list-style-type: none"> • Empowerment model for children, listen to them, introduce changes gradually • Social interaction and staff influence - golden table • Consistent messages • Involve children - school councils • Starting early with nursery and primary children • Peer influences can be positive!

Workshop b) Families	
Barriers	Enabling factors
<ul style="list-style-type: none"> • Limited parental knowledge & skills • Lack of recognition of the existing diversity of family models • Vulnerable young adults as parents • Lack of promotion of existing projects • Costs associated with healthy foods • Limited access to healthy food including lack of transport 	<ul style="list-style-type: none"> • Involving parents in food coops/community schemes linked to schools • Links to physical activity and environmental growing schemes • Training opportunities including skills development, cooking skills, etc • Local advertising & awareness raising opportunities • Engaging community leaders

Workshop c) Schools	
Barriers	Enabling factors
<ul style="list-style-type: none"> • Costs to schools & commercial pressures on catering services • Size of school influences practice • Lack of 'marketing' of healthy options in secondary schools and quality issues e.g. fresh fruit • Time constraints for lunches • Lack of resources for nutrition and lack of training available for school catering staff • Cookery skills as core curricular area –role of teachers 	<ul style="list-style-type: none"> • Involving community and parents • Healthy schools scheme • Breakfast Clubs uptake good • Reorient marketing of healthy options - smoothies, milk and soups -innovative marketing possible • Fruit tuck shops • Ability to restrict choice to healthier options • Water availability throughout school day • PSE curriculum - peer education approaches, taster sessions, using celebrities • Sharing development projects

14. Discussion

It is clear that improving the quality of food provision in schools as well as ensuring whole school approaches to diet and food health is key to improving and securing children and young people's health and well being.

The local impact assessment and consultation event enabled a comprehensive appraisal to be made of the scale of impact that food in schools has on the health of pupils in Swansea. The perceived barriers to improving and changing practices in the school setting have been explored at local level and the opportunities for change have been summarised.

The process has helped to provide clear information to the range of stakeholders about the relationship between good nutrition and health for children and young people in Swansea. The implications of poor eating habits, cultural influences, lack of knowledge and skills and unsatisfactory food provision in schools are obvious.

One fundamental reason for conducting the local impact assessment was to consider the best approaches for future strategic improvements in Swansea. And there appear to be core themes in developing effective approaches to improve food health and nutrition in schools. One of these is influencing choice

among children and young people through multi-component approaches. Improving access to healthy foods with appropriate attractive marketing and advertising for healthier options is very important.

Sensibly introduced methods for restricting choices of unhealthy food in schools are seen as extremely beneficial in helping to make healthy choices easier for children and young people. Well-planned curricular programmes which support consistent food messages throughout the school environment are another crucial component.

Training programmes should be enhanced. Training on good nutrition and menu planning for all staff involved in the provision of food in schools and support for skills development is essential at a local authority level. In addition, training for teachers and support staff to enable children and young people to develop knowledge of healthy eating and skills in cooking and food preparation is vital to the success of the work over the long term.

An adequate resource for the provision of healthy school meals is central in improving food health in Swansea schools. This assessment report provides further information on key priorities for action to support health and well being in Wales and as such it seeks to influence the Welsh Assembly Government to increase resources into the school meals service in line with the Caroline Walker Trust recommendations, (Crawley, 2005).

However, it is clear that linking food and nutrition into the whole school environment has become a task for many stakeholders and the developing partnerships across organisations and sectors in Swansea are seen as positive and efficient, with many improvements achievable within the existing local circumstances.

With these core considerations in mind, the following recommendations are made to inform the focus for strategic development.

15. Recommendations

The following twenty-one recommendations are made in no order of priority, but all are seen as significant in supporting the health and well being children and young people in Swansea schools.

- ❑ There should be increased support for the implementation of whole school approaches through healthy school scheme membership, partnership and multi-disciplinary working
- ❑ Every school in Swansea should be supported to adopt a whole- school food policy covering teaching of nutrition and provision of food within the school environment.

- ❑ Children and young people should be involved more in decision making about school food in Swansea through schools councils, School Nutrition Action Groups, audit processes and other planned opportunities.
- ❑ Consistent, evidence based messages on healthy eating and food health should be coordinated across sectors and agencies at Swansea wide level.
- ❑ Targeted intervention strategies at local level should be based on current knowledge of what is effective
- ❑ The Swansea Partnership should take strategic opportunities to lobby Welsh Assembly Government for increased investment in school meals.
- ❑ A rolling programme of training, as part of a skills development plan for school meal catering staff should be jointly planned and delivered to include whole school approaches, healthy catering, nutritional standards and the health benefits for pupils
- ❑ Access to healthier foods should be increased (like fruit, vegetables and bread) and the availability of less healthy foods removed (like confectionery, pre-packaged savoury snacks and high-sugar or sweetened fizzy drinks).
- ❑ Choices of school meals should be restricted to a healthier range of options, based on menus balanced over one week
- ❑ Sales of foods high in fat, sugar and salt should be restricted in all school vending machines and also in community leisure centre machines on school sites.
- ❑ Water should be made available throughout the school day to pupils
- ❑ Menu changes should be introduced incrementally, innovatively and gradually, working with relevant partners across Swansea to promote best methods for success.
- ❑ Support for appropriate marketing and presentation of healthier options should be available to the school meal catering services and other providers
- ❑ Increase the uptake of free school meals by the further use of Smart cards and cashless systems to remove the stigma attached to free school meals
- ❑ All schools should have written documentation on how they meet the nutritional standards and these should be rigorously monitored of school meal provision

- ❑ Detailed monitoring requirements should be included in all school catering contracts
- ❑ Improve dining room environments
- ❑ Develop further local information for parents on school meals to include clear guidance on diet and health connections
- ❑ Clear supportive guidance made available to parents on healthy packed lunches
- ❑ Pupils should not usually be allowed to leave the premises at lunchtime
- ❑ Structural and socio-economic factors should be always be considered when developing local policy

16. Next steps

A 'Food and Health in Schools' policy, based on the assessment recommendations will be produced in Swansea during 2006-2007. A healthy eating in schools action plan will be included in the policy which sets targets for incremental change at Swansea level.

The action plan will reflect developments possible within existing resources and outline the agreed priorities for when more resources become available.

17. References

BBC News (2005) **'School meal average '48p a pupil'**
http://news.bbc.co.uk/2/hi/uk_news/wales/4394269.stm

Crawley, H (2005) **"Nutrient - based standards for School Food"** Caroline Walker Trust

Crawley, H (2005) **'Eating Well at School: Nutritional and Practical Guidelines'** Caroline Walker Trust

City and County of Swansea (2002) **'Still Paying the Price: A Poverty Profile of Swansea'** Corporate Strategies Unit

City and County of Swansea, (1996) **'Healthy Eating Policy: Schedule 4'**, Local Authority Document

City and County of Swansea, (2006) Website <http://www.swansea.gov.uk/index.cfm?articleid=7090> 'Education: City & County of Swansea Catering'

Dept for Education & Skills (2005) **'Turning the Tables: Transforming School Food Main Report - A report on the development and implementation of nutritional standards for school lunches'** School Meals Review Panel

Fewell, A, (2005) **'The Sodexho School Meals and Lifestyle Survey 2005'**, Sodexho limited

Gesch CB, Hammond SM, Hampson SE, Eves A, Crowder MJ. **'Influence of supplementary vitamins, minerals and essential fatty acids on the antisocial behaviour of young adult prisoners. Randomised placebo controlled trial'**. British Journal of Psychiatry 2002; 181: 22-28.

Gordon, C & Roberts C (2002) **'Health Behaviour in School-aged Children (HBSC) survey 2001/02'** Welsh Assembly Government

Gregory, J, Lowe, S, Bates, CJ, Prentice, A (2000) **"National Diet and Nutrition Survey: Young People Aged 4 -18 Years"** London: The Stationary Office.

Hastings, G, Stead, M, McDermott, L, Forsyth, A, MacKintosh, A, Rayner, M, Godfrey, Caraher, M and Angus, K, (2003) **Review Of Research on the Effects of Food Promotion to Children:** Food Standards Agency

Food Commission, (2005) **'Food Magazine:** Food companies snare children in their webs' Issue 70, July/Sept

Food Standards Agency for Wales (2003) **'Food and Well Being: the nutrition strategy for Wales'** FSA, Cardiff

Melchett, P (Ed), (2005) **'Double Dividend? Promoting Good Nutrition and Sustainable Consumption through Healthy School Meals'** Soil Association/Sustainable Consumption Roundtable

Mintel (2003), **'Ready Meals UK Consumer Goods Intelligence: Europe - Food and Drink'**, Mintel Group.

National Assembly for Wales (2002) **"Building Excellent Schools Together: Regulations for Minimum Nutritional Standards for School Meals"** Cardiff

NCH (2004) **'Going hungry: the struggle to eat healthily on a low income, A summary'** NCH 05/2004. Job no. 0110

Nelson, M, Bradbury, J, Poulter, J, Mcgee, A, Msebele S & Jarvis, L (2004) National Centre for Social Research: **'School Meals in Secondary Schools in England'**, King's College London

NPHS, (2004) **'Treated and untreated dental caries 1994-2002'**
http://www.wales.nhs.uk/sites/documents/368/2003_07_30DentalDMFT.xls

Noorani, S 2005 **British Nutrition Foundation Bulletin** 'Food in Schools Update' 30, 278.

Owen, T (2005) **'Nutrition: Framework for Action'** National Public Health Service for Wales

Oxford Brookes University (2003) **'Low Glycaemic Index Breakfasts and Reduced Food Intake in Preadolescent Children'**
www.brookes.ac.uk/news/2003/november/nr_113_03/initial

Powney, J, Malcolm, H & Lowden, K (2000) **'Health and attainment: A brief review of recent literature'** University of Glasgow.

Pearce, H, Michael, G and Noble, E, (2005) **'Double Dividend: Promoting good nutrition and sustainable consumption through healthy school meals'** Sustainable Development Commission

Swansea Healthy School Scheme, (2005) **'School Catering Provision Questionnaire'** (Unpublished)

Thomas, M 'Post-16 students' perceptions to health and healthy eating in Welsh Secondary Schools', 2005, **Health Education**, Vol 105 No 2

Unison Educational Services (2002) **'School Meals in the 21st Century'** Unison Communications, London

Valentine, S (2005) **British Nutrition Foundation Bulletin** 'Where to next for food in schools?', 30 209

Welsh Assembly Government (2002) **The Education (Nutritional Standards for School Lunches) (Wales) Regulations** Welsh Statutory Instrument 2001 No. 1784 (W. 126)

Welsh Assembly Government (2003) **'Food and Well Being: Reducing inequalities through a nutrition strategy for Wales'** Food Standards Agency Wales

World Health Organisation (2003) **'Broadcasting bad health: Why food marketing to children needs to be controlled'** International Association of Consumer Food Organizations

W.H.O. (2004) **Young people's health in context. Health Behaviour in School-aged Children (HBSC) study:** international report from the

2001/2002 survey, Eating habits pp110-119 ISBN 92 890 1372 9.
<http://www.euro.who.int/Document/e82923.pdf>.

18. Appendices

Appendix (i)	Evening Post Article: ' <i>Junk Food Ops Shock</i> '
Appendix (ii)	Members of healthy eating in schools group
Appendix (iii)	Key Speaker Presentations a.m.
Appendix (iv)	Key Speaker Presentations p.m.

South Wales Evening Post

35p THURSDAY, APRIL 7, 2005

SWANSEA

www.thisissouthwales.co.uk

JUNK FOOD OPS SHOCK

**70 children
need bowel
surgery
every year**

SWANSEA children are having operations to clear chronic constipation because of their constant diet of junk food, an expert revealed today.

They are so bunged up with mush, their systems

■ BY SUSAN BAILEY
susan.bailey@swwp.co.uk

are choked.
Now it has emerged some are in such a state they have to

to page 2



HEALTH WARNING Specialist continence nurse Lynne Owen, of Singleton Hospital, says children need to eat more fresh fruit and vegetables, instead of junk food like that pictured above.



D050405/7911/GW

Kids need junk food bowel ops

be operated on to clear them out. The shock findings have come from Swansea's specialist continence nurse Lynne Owen.

She has painted a harrowing picture of children of all ages surviving on a diet that lacks the key nutrients vital for growing youngsters.

Already one in 10 of the children she sees needs to be admitted to hospital to be cleared out. Some require their operations after months of not going to the toilet.

They need help because their diet of burgers, chicken nuggets, chocolates, sweets and chips in their diet is clogging up their digestive systems.

Failure to drink water and clear fluids is making the problems worse.

Ms Owen believes many more are suffering, with their parents unaware of the problem.

She is not a paediatric nurse, yet half her caseload at Singleton Hospital involves children. Celebrity chef Jamie Oliver is leading a current debate over children's diets, and has been particularly scathing about school meals, focusing attention on their often tiny nutritional content.

Ms Owen said his latest TV series had raised the profile of what children eat but added: "We must do more. This is a huge and growing problem."

"I have between 600 and 700 consultations a year involving

Children but I am sure there are many more in Swansea with chronic constipation who are going undiagnosed."

Ms Owen said the lack of fresh fruit and vegetables in their diet meant these children were not getting enough fibre for their bowels to work effectively.

The problem often starts at a young age, when junk food is introduced to their diet, washed down with too much milk and not enough clear fluids.

Being constipated is not only painful and unpleasant but it strips children of their energy and leads to soiling and wetting problems.

Ms Owen added: "These children can be irritable and lethargic and can lose their appetites. They

can soil their pants, which is very upsetting for them."

But advice on diet and temporary medication can be all it takes to help them overcome their problems.

"Healthy eating habits introduced during childhood can help protect against problems like bowel cancer later on. Regular portions of fruit and vegetables – at least five a day – can also help protect against strokes and other serious illnesses as adults."

•Tomorrow: A Bonynmaen mum talks about how her two boys suffered from chronic constipation – and how she solved the problem.

Appendix ii

Members of Healthy Eating in Schools Group

Name/Number	Title	Organisation Name/Address	Email Address
Mr Mark Campion 01792 562694	Teacher Adviser for PSE	City & County of Swansea – Education Effectiveness, Ysgol Gyfun Bryn Tawe, Heol Gwryosydd, Swansea. SA5 7BU	mark.campion@swansea.gov.uk
Mrs Alison Cosker 01792 773473	Catering Operations Manager	City & County of Swansea – Solva Road Training Centre, Solva Road, Clase, Swansea. SA6 7NX	alison.cosker@swansea.gov.uk
Mrs Beti Ede 01792 784842	Senior Health Promotion Specialist	National Public Health Service for Wales – Raglan House, Charter Court, Phoenix Way, Llansamlet, Swansea. SA7 9DD	Beti.Ede@nphs.wales.nhs.uk
Miss Bet Jenkins 01792 773473	Catering & Cleaning Facilities Manager	City & County of Swansea – Solva Road Training Centre, Solva Road, Clase, Swansea. SA6 7NX	bet.jenkins@swansea.gov.uk
Miss Debbie Jones 01792 636207	Management & Compliance Officer	City & County of Swansea – County Hall, Oystermouth Road, Swansea. SA1 3SN	debbie.jones@swansea.gov.uk
Mrs Cindy Marsh 01792 784858	Head of Service Health Promotion	National Public Health Service for Wales – Raglan House, Charter Court, Phoenix Way, Llansamlet, Swansea. SA7 9DD	Cindy.Marsh@nphs.wales.nhs.uk
Mr Alan Twelvetrees 01792 637170	CYP Multi Agency Co-ordinator	Children & Young People Strategy Unit – County Hall, Oystermouth Road, Swansea. SA1 3SN	alan.twelvetrees@swansea.gov.uk
Dr. Nina Williams 01792 607367	Public Health Director Swansea LHB	National Public Health Service for Wales – Mid and West Wales Region Swansea Office, 36 Orchard Street, Swansea. SA1 5AQ	nina.williams@nphs.wales.nhs.uk
Mrs Sian Beddoe 01792 516565	Chief II Community Dietician	Swansea NHS Trust – Department of Community Nutrition and Dietetics, Ward E, Cefn Coed Hospital, Waunarlwydd Road, Cockett, Swansea. SA2 0GH	community.dietetics@swansea- tr.wales.nhs.uk
Dr. Joseph Vidal- Alaball 01792 458066	Specialist Registrar	National Public Health Service for Wales – Mid and West Wales Region Swansea Office, 36 Orchard street, Swansea. SA1 5AQ	Josep.Vidal- Alaball@nphs.wales.nhs.uk

Appendix III

Healthy Eating in Swansea Schools

Health Inequalities Impact Assessment



AIM

To help enhance the positive impact of food on the health of children and young people through Swansea Schools.

OBJECTIVES

- To raise awareness of the impact of healthy eating on children and young people in schools
- To inform a Nutrition Strategy for children and young people in Swansea to support improved policy for the future

Healthy Eating – Why bother?

Dr Nina S Williams
8/11/05
Local Public Health Director (NPHS)
Swansea Local Health Board

Facts

- Diet rich in fruit and vegetables – ↓ **heart disease** (NHF 1997)
- Poor nutrition contributes to 30% of coronary heart disease mortality (Peterson and Rayner 2003) and 33% of all cancer deaths (Doll and Peto 1981)

Facts

- Estimate that 1/3 of **cancers** could be prevented by diet change (DoH 1998)
- Obese patients who lose 10kg have a 20 - 25% decrease in overall **mortality** (Jung 1997)
- Increase in type 2 **diabetes** in children related to obesity in childhood (EHC 2002)

Facts

- The proportion of overweight or obese children measured by **BMI** in 5 year olds in S W Wales have increased significantly over 16 years based on annual school entry screening, the rate of change is significantly greater in girls than in boys (Archives of Disease in Childhood 2005; 90:464-7)
- Proportion of 15 year olds who are **preobese** and obese in Wales is higher than for Scotland and England (HBSC 2002)

Facts

- Dehydration affects **concentration**
- Low fibre diets cause **constipation**
- Oily fish can improve some specific **learning conditions**
- A healthy diet reduces **dental caries**



Facts

- Dehydration affects **concentration**
- Low fibre diets cause **constipation**
- Oily fish can improve some specific **learning conditions**
- A healthy diet reduces **dental caries**

Facts

- Healthy children learn things more easily (Moore, 1999)
- Knowledge and skills stay with us for life (Smith, 2000)

National Surveys

From the National Diet and Nutrition Survey 2000 of young people aged 14 years

- Average consumption of fruit and veg – 2 to 3 portions (20% reported no fruit eaten that week!)
- Young people are still eating too much sugar, salt and saturated fat and not enough fruit and vegetables (Food Standards Agency, 2000)

National Surveys

- 75% drank fizzy drinks, 45% low calorie version
- Low intakes of e.g. vitamin A, calcium, iron, folate
 - 45% of skeleton laid down in adolescence
 - 16-18 year olds with intakes below Recommended Nutrient Intake for Iron
 - (36% boys 93% girls)
- Poorer households consume less fruit and vegetables and more high fat meat and milk products

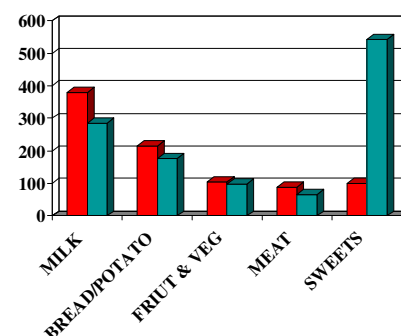
National Surveys

- Young People in Wales, Health Behaviour in School Aged Children (HBSC) 2002

- Girls are less likely than boys to have breakfast, lunch and dinner on a daily basis
- Increase in consumption of confectionary and sugar containing drinks among boys
- Proportions of boys and girls aged 15-16 years eating fresh fruit every day in 2000 were LOWER than in 1990

KIDS IN 1950s ATE BETTER THAN KIDS TODAY

1950s v 2000s

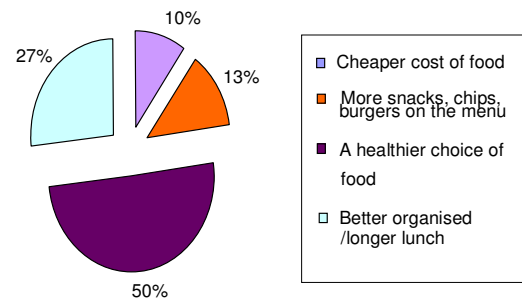


Local Survey – Primary Schools

- School Meal Service – questionnaire to year 3 parents 2005 – 31.5% response (945/3000)
- Results: 61% ate school meals, 39% packed lunch
- ¼ of those eating school meals were entitled to free meals

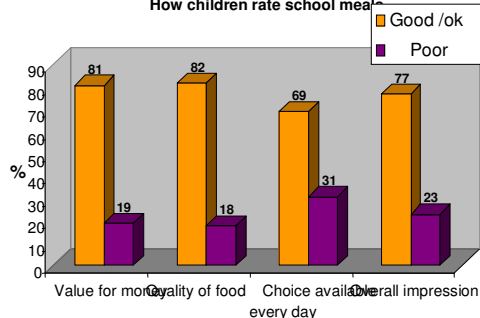
Local Survey

What would make your child have a school meal ?



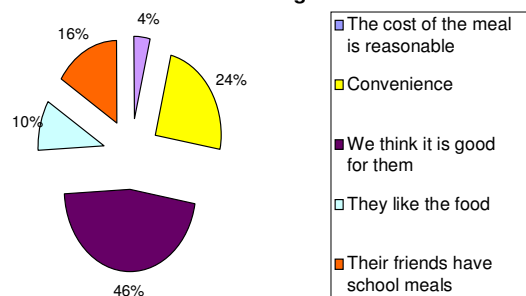
Local Survey

How children rate school meals



Local Survey

Reasons for having school meals



Anecdotes from Secondary Schools

- A's a reward for dressing quickly after swimming we can use the leisure centre vending machine and get sweets and soft drinks
- By the time year 7 gets to have a meal in the queue there is hardly anything left except sausage rolls
- I have not seen fruit sold in the canteen
- You could have chips everyday if you wanted

What interventions work? EHC 2002, HEB:FH1999

- School-based programmes that promote physical activity, modification of dietary intake and targeting sedentary behaviours to reduce childhood obesity (particularly girls)
- Family-based programmes that involve parents in above
- Targeting healthy eating interventions to different population groups

NO BAD FOODS ONLY A BAD DIET

BALANCE OF GOOD HEALTH

The Balance of Good Health



Acknowledgements

- Carolyn Lester NPHS
- Bet Jenkins Catering Manager CCS
- Dr J Vidal-Alaball SpR Public Health NPHS
- Cindy Marsh SPHT NPHS
- Beti Ede Healthy Schools SPHT NPHS
- Dr Mabel Blades Independent Dietitian and Nutritionist (from a presentation at Catering for Kids Conference 2000)
- Stephen Williams Year 7 pupil

Healthy Eating in Schools: from good intentions to good practice

Kevin Morgan
School of City and Regional Planning
Cardiff University

Kevin Morgan Cardiff University, Wales, UK

Beyond a Joke

- Cultural stereotyping
 - *the school meal has been presented in film, TV and literature as a comical issue*
 - *seen as a painful rite of passage, a character-forming experience and therefore as something to be endured not enjoyed*
 - *a tradition of smutty jokes ('spotted dick and lumpy custard') further trivialised the issue*
- Moral panic
 - *but the moral panic triggered by childhood obesity transformed the issue from a joke into a litmus test of health and well-being*
 - *the Wanless vision has helped to shift the debate from treatment to prevention (and in this vision school meals and safe routes to school become more important than the NHS)*

Kevin Morgan Cardiff University, Wales, UK

School Meals - some key problems

- Food Quality
 - *the preponderance of food of low nutritional value*
 - *the preponderance of food high in salt, sugar and saturated fat*
 - *the preponderance of processed food*
- School Catering
 - *school caterers perform minor miracles daily, but their modest resources and their training prevent them from fulfilling their potential as health professionals in disguise*
- Food Habits
 - *our eating habits are formed much earlier than we realise*
 - *we grow to like the tastes, flavours and textures of childhood*
- Food Costs
 - *an average school lunch costs around £1-50 a day, of which as little as 35-40 pence is allocated to buying food ingredients*

Kevin Morgan Cardiff University, Wales, UK

The Noxious Cocktail

- A noxious cocktail of factors has been responsible for low quality school meals - the main ingredients being politics, food culture and consumer ignorance
- Politics: at least 21 wasted years followed the 1980 Education Act, which removed the obligation of LEAs to provide school meals, sell meals at a fixed price, or meet ANY nutritional standards. Equally debilitating was the Local Govt Act (1988), which introduced Compulsory Competitive Tendering
- Food culture: a cheap food culture in the UK has extolled quantity over quality, a culture which sets a premium on ever lower prices
- Consumer ignorance: the vast majority of consumers in the UK are totally ignorant of the conditions under which their food is produced and the food chain, from farm to fork, is one great terra incognita (but it's a myth that only middle class 'foodies' care about the quality and safety of their food).

Kevin Morgan Cardiff University, Wales, UK

What can be done?

- When the Obesity Report was published, government ministers were grasping for a 'big idea' to deal with it, but there isn't one big idea. What there is, rather, is a series of small ideas which have to be synchronised in a sustainable healthy eating system
- A sustainable system would consist of the following:
 - *A service that delivers good, wholesome and nutritious food that looks good and tastes good (and delivered to CWT standards?)*
 - *A service in which healthy eating is part of a whole school approach (to ensure that the message of the classroom is echoed in canteens and vending machines)*
 - *A service which doesn't forget about production and about where its food comes from (thereby setting a premium on locally-produced food wherever possible)*
 - *A service which fails to integrate production and consumption will end up like the National School Fruit Scheme (where 52% of apples, 90% of pears and 93% of tomatoes were imported)*

Kevin Morgan Cardiff University, Wales, UK

The Barriers

- The barriers to a healthy eating system are many and varied, but our work at Cardiff suggests that the biggest barriers are the following:
- Regulations: although regulations from Brussels, London and Cardiff are becoming less prohibitive, they need to more actively foster a sustainable school meals service
- Resources: the debilitating 'cheap food' culture must be confronted head on because the best services are now allocating 70 pence per child to the food ingredients
- Choice: the ideology of choice has been carried too far in our schools. There is good evidence that restricted choice is the common thread running through successful healthy eating schemes
- Skills: woefully inadequate skill sets are apparent at every level of the service, especially as regards school cooks, procurement managers and local government officers and members
- Why is good practice such a bad traveller? Lack of skills and the political will perhaps?

Kevin Morgan Cardiff University, Wales, UK

New Scenarios in England & Scotland

- Scotland has marched ahead of the UK with its Hungry for Success strategy to improve the quality of school food and to enhance the eating environment in schools – and the Scottish Executive has invested £63.5 million over three years in this healthy eating system
- England was lagging behind until the Jamie Oliver TV series put pressure on the government to act – forcing Ruth Kelly to set up a new School Food Trust and a School Meals Review Panel which came up with some very robust recommendations, including:
 - 14 nutrient standards which are similar to the CWT standards
 - 9 food-based standards which maximise access to healthier foods and remove access to less healthy foods (like confectionary, savoury snacks and sugared drinks)
 - £220 million over three years to kick-start the transition (two-thirds of the additional costs going towards improving food on the plate)

Kevin Morgan Cardiff University, Wales, UK

What Are We Doing in Wales?

- A big debate is underway about where Wales stands in relation to Scotland and England – are many people feel that we are now lagging behind in the healthy eating stakes
- Some laudable initiatives are underway here in Wales – like the Welsh Network of Healthy School Schemes, primary school free breakfasts, fruit tuck shops, water coolers, Key Stage 1 school milk scheme and a Food and Fitness Task Group for Children and Young People
- The Sustainable Development Action Plan also says that 'we will work with LEAs and school governing bodies so that, as they come up for renewal, all specs for contracts for school meals address issues of health and nutrition and seasonality'
- Lots of good intentions, but no new investment and little or no learning from good practice. It's not just about new money (but this must be part of the package), it's also about having the political will to improve standards and the organizational capacity to generalize the new standards beyond islands of good practice.

Kevin Morgan Cardiff University, Wales, UK

An Introduction to Health (Inequality) Impact Assessment

Carolyn Lester
Lead for Health Inequalities and Equity

Health Inequality Impact Assessment (HIIA)

Health Inequality Impact Assessment is a process which examines the likely effects of a project or policy on health and health inequalities in a defined population.

CL/HIIA/NPHS/2005

Why Health *Inequality* Impact Assessment?

Achieving health gain



Narrowing the health divide

Broad population objectives



Targeting the disadvantaged

CL/HIIA/NPHS/2005

The NPHS Approach to HIIA

- Prospective- planning stage
- Multidisciplinary & collaborative
- Evidence based
- Wider determinants of health
- Focus on health inequalities

CL/HIIA/NPHS/2005

HIIA and Planning

- Routine use in planning
- Maintains high profile for health inequalities
- Needs of vulnerable/disadvantaged groups prioritised
- End product promotes health equity

CL/HIIA/NPHS/2005

Examples of HIA Projects

Completed/Ongoing

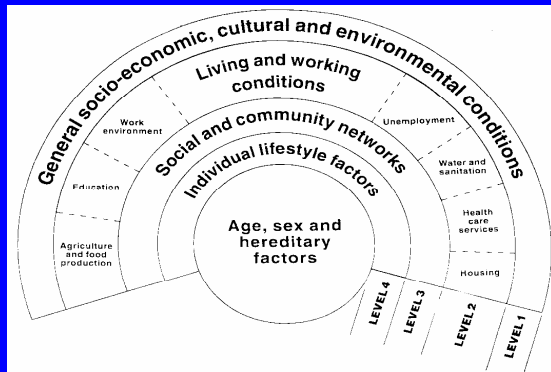
- Road development
- Land remediation
- Extension to opencast mine
- Compliance with Race Relations Act

Training

- Road safety scheme
- Credit Union
- Smart cards for school meals
- Local Authority Food Strategy
- Licensing law

CL/HIIA/NPHS/2005

Determinants of Health



CL/HIIA/NPHS/2005

Source: Dahlgren and Whitehead

Determinants of Health

- Innate characteristics
- Lifestyle
- Social and cultural factors
- Physical environment
- Socio-economic factors

CL/HIIA/NPHS/2005

HIIA: Screening

- Simple, two page document
- Apply to all policies, planning and projects
- Ensures vulnerable groups have been considered and proposal is equitable
- Highlight areas of concern: need for full assessment.

CL/HIIA/NPHS/2005

Impact Assessment Process

- Which health determinants are relevant?
- How do these operate locally?
- Evidence: i) existence of inequalities
ii) effectiveness of interventions
- Opportunities and feasibility
- Rating the opportunities

CL/HIIA/NPHS/2005

Rapid HIIA: a 'Three Meeting' Process

- Explore positive and negative impacts
- Find and appraise evidence
- Maximise positive/minimise negative impacts on health and health inequalities

CL/HIIA/NPHS/2005

Health Inequality Impact Assessment: What does it do?

- Makes explicit the problems and the solutions
- Leads to more equitable access to positive health determinants
- Not a panacea but a useful tool

CL/HIIA/NPHS/2005

Appendix IV

Nod / Aim

Yr Ysgol Iach/ The Healthy School

Katherine Davies, Ysgol Gyfun Gwyr

Gweithredu/ Action points

- Cyd-Gysylltydd Iechyd/ Health Co-Ordinator
- Mapio iechyd ar draws y cwricwlwm/ Mapping Health across the curriculum
- Codi ymwybyddiaeth am fyw a bwyta'n iach ar draws yr ysgol/ Raising awareness about healthy living and eating across the school
- Gwobr Curiad Calon Cymru/ Heartbeat Wales Award

Pam Gwobr Curiad Calon Cymru?/ Why Heartbeat Wales Award?

- Ffocws clir/ Clear focus
- Hybu'r bartneriaeth gyda'r Gwasanaeth Arlwyio trwy gydweithio ar gynllun / Opportunity to further develop partnership with the Catering Service and the Canteen staff by co-operating on a project together
- Sefydlu fforwm trafod gyda disgyblion/ Discussion forum with pupils and canteen staff

Cyngor Ysgol/ School Council

- Bwyta'n iach/ Healthy eating
- Sesiynau blasu bwyd / Food tasting sessions
- Syniadau newydd / New ideas
- Barn y disgyblion/ Pupils' opinions
- Holiadur disgyblion/ Pupils' questionnaire

Newidiadau/ Changes

- Dim caniau/ No cans
- Diodydd iach/ Healthy drinks
- Bar salad/ Salad bar
- Dim sglodion pob dydd- lleihau diwrnod ar y tro/ Chip free days- increase a day at a time
- Mwy o frechdannau a thato pob/ More sandwiches/ baguettes and baked potatoes
- Mwy o amrywiaeth seigiau iach/ A wider variety of healthy meals – pasta/ curry/ cooked dinners/stew/pies
- Peiriant byrbrydau a diodydd iach/ Healthy snack and drink vending machine

Effaith/ Impact

- Perthynas ardderchog rhwng y disgyblion a staff y ffreutur/ Excellent relationship between pupils and canteen staff
- Archebion sglodion i lawr o 22 bocs yr wythnos i 8/ Frozen chips orders down from 22 to 8 boxes a week
- Mwy o fwyd ffres yn cael ei goginio ar y safle- osgoi bwydydd wedi rhewi / More fresh foods prepared on site- a decrease in frozen foods in general

Healthy Eating at Sketty Primary School Swansea

A whole school approach

Sumitra De-Kayne

Background

- Started a year ago
- Limited healthy food options
- Ad hoc fruit snacks

Our Aim

- To improve pupils diet
- Improve Attention span
- Improve pupil performance

Our Approach

- Holistic approach needed
- All staff involvement
- Coordinated effort

Action

- Whole week of activities:
 - Skippping
 - Indoor Activities
 - Football
 - Introduction of Outdoor Equipment

Action cont'd

- Fruit tasting experience developing interest in new foods
 - Learning about growing food
 - Fruit Tuck Shop grand opening

Results

- Children had fun and enjoyed the new project
- Benefits for all in the school
- I needed a holiday!

The future

- Just the beginning.....
- Foundation in place to build upon.



Moving Forward

Bet Jenkins
Catering and Cleaning Manager



A Balanced Approach

- Balance on the Plate
- Balanced approach to tackling the issue
- Co-ordination among the following
 - Central Governments
 - Local Authorities
 - Manufacturers
 - Health Authorities
 - Schools
 - Parents
 - Catering Operators



The Role of Central Government Welsh Assembly Government

Develop a Strategy
(Health Challenge Wales) Post April 2006

Identify funding implications

Undertake a fact finding exercise to check
current practice

Identify links to other policy areas to ensure a
coherent approach



Balance on the Plate

- More money for food
- More money for refurbished kitchens
- More money for staff training

DO CHILDREN UNDERSTAND BALANCE



Parent and Pupil

- | | |
|--------------------|-----------------------------|
| ■ Expectation High | ■ Apprehensive about change |
| ■ Local produce | ■ Peer pressure |
| ■ Packed lunches | ■ Key Concern |
| ■ Food in the home | Not get fat/spotty |
| | Not be hungry |



Local Authorities , Health Authorities And Manufacturers

- SUPPORT , SUPPORT, SUPPORT,
SUPPORT,SUPPORT,SUPPORT,
SUPPORT, SUPPORT, SUPPORT,
SUPPORT AND MORE SUPPORT !!



Schools

HOLISTIC APPROACH

Through increased

Physical Activity

Teaching of Nutrition /Cookery Skills

Whole School Food and Fitness Policies



Do you think this is going to
be easy ?

**IF WE ALL WORK TOGETHER IT
WILL BE EASIER**