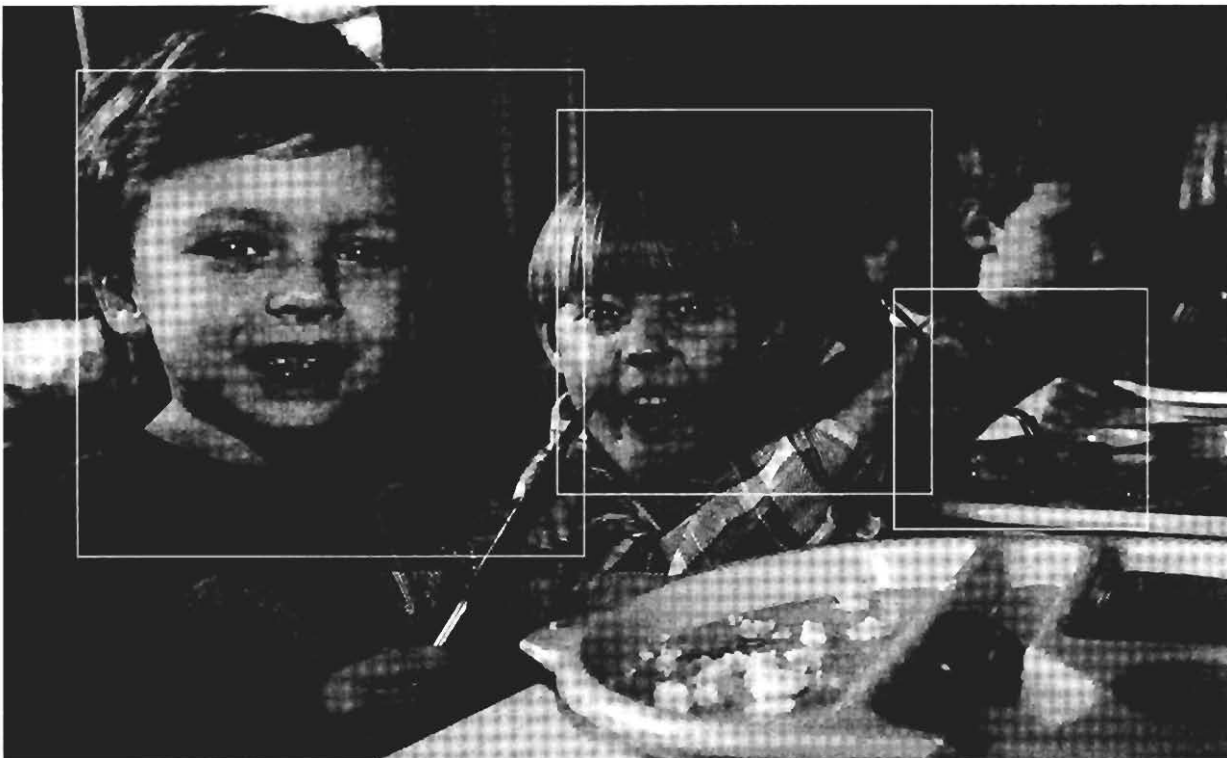


East Midlands

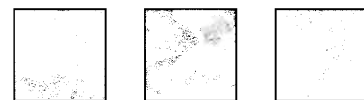
UNISON

the public service union

School Meals:



Public provision and
children's health



Preface

UNISON is the leading trade union for manual and white collar staff in local authority services. 70,000 men and women work for East Midlands councils.

This report was commissioned by East Midlands UNISON to examine the changing nature of school meals provision in the region and highlight key issues for the service in relation to children's health and education. There is an acknowledged link between children's nutrition, their health and their education. Whilst many readers of this booklet may not be parents of school aged children, and are unlikely to be school children themselves, the health of our Region's children, their welfare and their future is of direct relevance to all of us.

School meals provision is still big business; millions of meals are served every day. School meals services employ about 100,000 people in Britain, the majority of whom are women working part-time. Most of these staff are members of UNISON.

The broader issues raised in this report are important in the run up to a General Election and County Council elections, showing as they do the damaging effects of 18 years of Conservative Government. Public investment and innovative policies are required to boost the school meals service, improve nutritional quality, and make it responsive to the needs of our children's health. This can only be achieved with an end to the present Government policies of cutting back on local authority funding and undermining the role of local authorities. It requires a radical re-investment in local authority services, freeing local authorities to meet the needs of their communities.

This Report begins by summarising the dreadful extent of poverty and depravation within the East Midlands, painting a black-cloth against which a new Government, working in partnership with local authorities, their staff and trade unions must begin to build, economically and physically, a healthier future.

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Summary

This report finds:

- * Increasing levels of poverty, childhood deprivation and inequalities in health among families in the East Midlands region since 1979.
- * Substantial inequalities in the school meals service within the region, ranging from a minimal service to meet legal requirements, to a comprehensive service catering for all groups of school children.
- * Compulsory competitive tendering (CCT) and budget cuts have been imposed on the school meals service, resulting in a contracting system which depends on making a surplus.
- * At least 2,000 jobs have been lost from the region's education catering service as a result of tendering and budget cuts. Virtually all these were women's jobs. Earnings have been reduced as a result of cuts in hours.
- * Since the Conservative Government abolished nutritional guidelines in 1980, the actual standard of meals has declined in many schools. In addition, financial pressures and competition result in a climate where healthy alternatives are often regarded as non-profit making.

This report calls for:

- * The re-introduction of national statutory nutritional standards and effective monitoring.
- * A comprehensive school meals service and healthy eating policies in all schools.
- * School meals provision which responds to the particular needs of children facing poverty and deprivation.
- * The abolition of CCT in the school meals service and its replacement with a service related to children's needs, areas of deprivation, inequalities in health, anti-poverty and employment creation strategies.
- * Increased levels of investment and funding for the service by all county councils. This should aim to reverse the cost cutting of the 1990s which has included closure of kitchens in many schools.
- * An improvement in choice and the re-introduction of hot meals provision in those counties adopting a minimalist approach to the service.
- * In-house service provision linked to improved standards of service quality and quality of employment for all staff which includes improvements in pay and conditions for part-time manual women workers providing the service.
- * A continuing training programme for all staff on the development of healthy eating policies.
- * A school meals strategy for the next century to be developed by schools, local education authorities, health authorities, health promotion, trade unions and other local agencies, taking into account the changing needs of different communities within the region outlined in this report.

Introduction

Children's health is related to their diet. Healthy eating in childhood can help to prevent illnesses such as heart disease and cancer in later life. Research shows that many children's diets fail to meet recommended dietary guidelines. For some children, their school meal is the main meal of the day since one in ten children have no breakfast and one in six does not receive a hot cooked meal in the evening.

School meals, on average contribute to 30% of children's energy intake and are a very important means of influencing children's diets. In 1980 school meals were taken by 64% of children; now only 40% use school catering services. Many of these are free school meals for children of families entitled to income support.

Whilst the prices of school meals have doubled in the East Midlands region in the last decade, the quality of food being served in many schools has declined. Nationally, there are too many children consuming too much fat, sugar and salt and too little fibre and many do not get enough vitamins and minerals.

At the same time the number of low income households in the UK has increased dramatically over the last 18 years. In 1979, 10% (1.4m) of all children were living in poverty; by 1992/93 this had risen to one third of all children (4.3m) (Child Poverty Action Group, 1996).

The Conservative Government has imposed major changes on the service, starting with the 1980 Education Act which removed the obligation on Local Education Authorities to provide school meals, except for children entitled to free school meals. The Act also removed the obligation for the meals to be sold at a fixed price or for them to meet nutritional standards. In 1986 the Social Security Act reduced the entitlement to free school meals and ended the provision of free school milk. In 1988 the Conservative Government imposed Compulsory Competitive Tendering on the service, forcing local authorities to compete with the private sector on the basis of cost.

As school meals' prices have increased, fewer and fewer low waged parents are able to pay for school meals. Some local authorities have ceased to supply hot school meals. The loss of a nutritionally balanced meal with vitamins and protein is especially serious for already deprived children.

Methodology

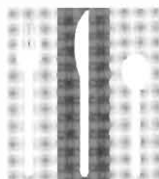
The report was prepared using information and statistics on related deprivation and health issues such as unemployment, housing conditions, poverty and illness from the local health authorities, Trent Health Region and from county and city council research units.

In addition, material on school meals provision from the five county councils in the area, Derbyshire, Lincolnshire, Leicestershire, Nottinghamshire and Northamptonshire was sought under the following headings:

1. County Council policies on school meals and children's nutrition.
2. Patterns of free school meals provision over the 1990's.
3. Changes in the provision of school meals between 1990-96.
4. Information on the effect of CCT on the service.
5. Direct Service Organisation (DSO) annual reports.

The material supplied varied in terms of coverage and quality.

We are grateful for the assistance and information provided by the local authorities, health authorities and UNISON.



Part 1

Health and poverty in the East Midlands

Introduction

The links between material deprivation and ill health are proven. Local authorities clearly have a role in developing anti-poverty strategies which promote health as a key element. School meals is one of the essential services directed at children which can affect children's diet and health.

There is considerable variation in social and economic conditions across the East Midlands region. This is important in terms of school meals since there are marked differences between the food intakes of different groups of children depending on social class and type of household.

Poverty and ill health

The link between poverty and ill health is clearly evident from a number of research projects. For example, the public health implications of widening inequality in health were highlighted in research carried out in the North of England (A. Beattie at al, *British Medical Journal*, 30th April 1996). It showed widening inequalities in mortality in men and women of all ages between 1981-1991, primarily because of the situation in the poorest areas worsening relative to the rest of the population. The results re-emphasise the link between public health and material conditions rather than individual behaviour.

Poverty impacts on children's health in a number of ways. Low income families with less to spend on shelter, food and warmth suffer increased health risks. Living in poverty limits the ability to make healthy choices, for example, healthy food which is often more expensive or less accessible.

There is no official definition of poverty and no comprehensive up-to-date Government statistics on poverty broken down by region. The main indicators of poverty are low income, unemployment, poor housing, poor health and skills levels.

Children and poverty

The number of deprived children has increased three fold since 1979. Children's health is particularly affected by deprivation. For example, children of single, unemployed mothers are three more times likely to die than the child of professional parents and 1.5 times more likely than a child of social class 5 parents. There are also higher levels of chronic illness including chest conditions with the poorest children twice as likely as those from Social Class 1 to die from a respiratory illness (Report of the Social Justice Commission, 1994).

During 18 years of a Conservative Government, poverty has remained at a high level.

Free school meals: In the East Midlands region 56,650 (15%) children in primary schools and 23,900 (10.4%) secondary school children received free school meals in 1996/97 (Appendix A.11). All these children lived in families entitled to income support. This was slightly below the average for England.

However, these figures underestimate the extent of childhood deprivation because of the non-take up of benefits.

Low income: Income inequality has increased dramatically under the Conservative Government, with a widening gap between those in work and those on benefits, and between high and low earners (OPCS, 1995). Department of Social Security figures show that the number of school age children from families in receipt of income support is increasing. In May 1995, there were over 2.3 million children in this category nationally. In 1995 there were over a million children living in families receiving Family Credit, a figure which increased by a third between 1992-95. These children do not receive free school meals.

Social security benefits income formed 12.1% of gross weekly household income in the East Midlands region during 1994-95, a little below the UK average of 13.5%.

Low pay: Low pay is one of the key causes of poverty in the UK. Low paid groups consistently show higher rates of all the major diseases in Britain and children in low income families have poorer health than higher earning families. Average pay levels in the region are 11% below the national average (Appendix 1).

Women are consistently paid less than male employees, though the difference between the rate for East Midlands and the UK for all full-time employees is similar for both male and female workers.

The Labour Force Survey 1995 showed that women’s earnings in the East Midlands region are the lowest of all regions at £207 per week, some £40 or 16% less than the average for Great Britain. Male earnings were also below the average for Great Britain.

Unemployment: Unemployment is a major cause of poverty and affects health. Unemployment in the East Midlands region rose from 1% in 1966 to 3.5% in 1976, peaked in 1986 at 9.9% and fell to 7.6% in 1995 and 5.8% in January 1997. These rates were slightly below the national average and should be treated with caution since the Government has altered the official count numerous times.

Unemployment rose during the early 1990’s; the largest proportional increases were seen in areas of the region which had lower unemployment rates to start with (Appendix 2).

The most recent official unemployment figures for the county council areas are listed below though it should be noted that the statistical count only includes claimants.

Table 1.1: Claimant Unemployment in the East Midlands Region, January 1997

County	Male	Female	Total
Derbyshire	9.7	3.7	7.1
Leicestershire	6.5	2.5	4.7
Lincolnshire	8.3	3.7	6.3
Northamptonshire	6.3	2.5	4.6
Nottinghamshire	10.7	3.9	7.7
East Midlands	7.9	3.2	5.8

Source: Labour Market Statistics, February 1997.

Housing: The East Midlands area includes many areas where there are significant numbers of unfit dwellings. Living in “unfit” houses or properties with dampness or lack of heating affects health, resulting particularly in respiratory problems.

Homelessness, which has increased considerably during the 1990s, is concentrated in poorer parts of cities and often results in a range of health problems; commonly anaemia and weight loss, respiratory and other infections, impairment of child development because of a range of problems including poor diet. The increase in homelessness has particularly occurred in inner city areas; for example, in Nottingham the number of homeless families accepted for rehousing by the local authorities in Nottingham Health District more than trebled in the decade 1981-1991 to 3,500. A further 500 families were offered temporary accommodation in hostels and bed and breakfast. Many homeless households include young children; in 1993 there were nearly 400 children in temporary accommodation (Nottingham Health District, 1995).

Overcrowding and multi-occupancy can also directly affect health. Children are particularly at risk and have been shown to underachieve at school when forced to live in overcrowded, damp or cold homes.

Job Seekers Allowance: In October 1996 the Job Seekers Allowance was introduced. The changes mean that some families are still entitled to free school meals and free school milk but other families who previously were, will not now be. To establish eligibility, schools may have to check benefit books. The Job Seekers Allowance is expected to increase poverty since thousands of claimants will lose entitlements to benefits and many more will be forced to switch to means tested benefit at reduced rates.

Areas of poverty

The measures of poverty relate to both local authority and health districts in the East Midlands region. Within each health district and county area, there are major inequalities between the most affluent and most deprived areas. Appendix 3 highlights some of the characteristics of the region which must be taken into account when planning school meals and promoting healthy eating policies.

The key contributory facts are:

Deprivation and poverty

The 1991 Census provided information on patterns of deprivation-related social and economic variables across the East Midlands Region. Deprivation and poverty were clearly concentrated in urban parts of the region - Nottingham, Derby, Leicester, Northampton and Lincoln.

Health

Within the region there are marked variations in health indices with the cities of Nottingham, Leicester, and Derby having the most severe problems including unemployment, poor housing and homelessness.

Unemployment

The inner city wards have the highest unemployment rates and also have the highest mortality rates. The prevalence of health problems and illness are greater among children living in manual and unemployed households than non-manual households.

Housing

Poor housing in deprived areas of the cities is associated with higher levels of respiratory disease, infection and accidents.

Homelessness

Homelessness has increased in the region, especially amongst young people many of whom have children.

Lone parents

One of the fastest growing and most disadvantaged groups in the region are children living in single parent households.

Rural deprivation

Large parts of the East Midlands region can be described as rural. Some of the problems faced by people living in rural areas are similar to those experienced in the inner cities. The problem tends to be hidden but relates to small pockets of deprivation spread over large areas facing declining services, poor access to health services, lack of affordable housing and pockets of high unemployment.

Research by the Department of the Environment shows that whatever the size of the community about 25% of the population will be living in poverty. The main factors of rural deprivation include:

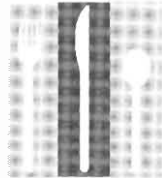
- * low income and poverty
- * low wages structures
- * underemployment, including part-time and seasonal work
- * difficulty of access to services, including health and public and private transport.

Children living within low income families and lone parent families are particularly vulnerable within rural areas.

Conclusion

This chapter highlights the key indicators of poverty in the region. Many of the social and political factors underlying the inequalities are not within the direct control of the local authority or health service. However, it is important to ensure that they are key factors in planning school meals services across the region and within individual county areas.

Dietary differences between rich and poor make a major contribution to inequalities in health. There is a need to target improvements in school meals provision, linked to the promotion of healthy eating in schools in these areas.



Part 2

School meals and health

Introduction

The composition of the diet in childhood is crucial to sustain mental and physical growth and health. The Department of Health's (1994) own survey concludes that improvements in diet can have significant long-term benefits for the population's health. Children's diets are extremely important in the development of certain diseases later in adult life because:

- * Eating patterns may be established in childhood.
- * The disease processes may start in childhood. For example, there is evidence that children's weight, cholesterol levels and blood pressure tend to influence health in adult life, including the development of cardiovascular disease, bowel disease and osteoporosis in the longer term (Health Education Authority, 1995).
- * Poor and inadequate nutrition makes children more susceptible to infectious diseases (School Milk Campaign, 1996).
- * Poor eating habits lead to low intakes of nutrients such as iron, calcium, riboflavin, vitamin C and vitamin A in some children. Problems such as anaemia, obesity, dental caries can develop among poorly nourished children (Department of Health, 1996).

The importance of school meals

Although food eaten in school constitutes only part of a school child's food intake, it can be an important element of the overall diet. School meals provide a greater proportion of the day's nutrients for children in low-income families than for other children. For example, fewer children from lower income groups have a cooked evening meal on the day they have school meals compared with children from higher income groups (DHSS, 1989). More recently the Department for Education and Employment has stated that for many pupils, the meal they eat at school is the main meal of the day (1997).

Since 1980 there has been no legal requirement for schools to provide a school meals service except for children entitled to free school meals. Whilst some authorities have maintained a full service, others have scaled the service down to the statutory minimum, providing only sandwiches to children entitled to free school meals. A full school meals service is important for many reasons:

- * nutritional and health needs;
- * children who eat well during the day can concentrate better in the classroom;
- * sitting down to a meal with other children is an important part of a child's social education;
- * food provided at school can be linked to classroom teaching about health and nutrition in food technology, home economics, health education and science.

From the school's point of view, a good school meals service can enhance a school's reputation. In addition, the more the children use the service, the more cost effective the service is, maximising education budgets. A recent World Bank Report (1996) stated that healthier and better nourished children stay in school longer, learn more and become healthier and more productive adults.

Health statistics

In spite of national and local guidelines on health and healthy eating, there is evidence of major inequalities in children's health nationally and within the East Midlands region.

The recent School Milk Campaign report "The Hunger Within" found in its survey of 179 local authorities and 36 health authorities evidence of deprived children being underweight and below average height. It also found increasing cases of TB, rickets and anaemia.

Re-emergence of tuberculosis. After 1945, with the onset of the Welfare State, free school milk and a national network of school meals provision, childhood epidemics of TB were virtually unknown. However, there has been a recent re-emergence of TB in the UK. The following table shows the reported cases of TB among children.

Table 2.1: Reported cases of tuberculosis among children (5-19)

	1992	1993	1994
East Midlands	27	44	32
England and Wales	567	577	630

Source: Compiled from census statistics, School Milk Campaign, 1996.

There is now more TB in Britain than whooping cough. Tuberculosis is associated with poverty; the most poorly nourished children are at greatest risk of contracting the disease. Overcrowding increases risk of infection and young children are most at risk. Poor diet reduces the ability to resist the bacteria leading to more of those infected becoming ill. Rates of tuberculosis remain concentrated in areas of greatest deprivation.

The national increase in the disease is thought to be linked to poverty and homelessness. Within the East Midlands area, notifications were higher in Leicestershire than in other districts up to 1993. This could be linked to the relatively high proportion of people of Indian origin and the higher incidence of TB in this group (Leicestershire Health, 1995), though other research has shown that poverty was the primary factor. The environment of inner cities, with overcrowded poor quality housing, is reported to have contributed to the spread of the disease among families of Asian origin (OPCS, 1995).

In Nottingham there were no cases of tuberculosis reported in the most affluent wards but between 0.68 and 1.52 notifications per 1,000 people in 15 wards, predominantly the most deprived areas (Nottingham Health District, 1995).

Cases of rickets. Rickets, which affects the development of bones, is brought about by a diet deficient in calcium and Vitamin D. The School Milk Campaign indicated that there could be a return to cases of rickets and that free milk provision is a crucial aspect its prevention.

Malnutrition. There are no national statistics on child malnutrition in Britain since no screening is carried out. However, a National Children's Home survey in 1991 found that half the children surveyed in low income families had gone without food in the previous month and one in ten had gone without food because there was not enough money to feed them. A major obstacle to healthy diets among low income households is clearly the cost of healthier food (National Children's Home, 1991).

Nationally, 10% of children have no breakfast and one in six have no hot cooked evening meal (Gardener Merchant, 1991).

Iron deficiency. In many inner city areas the iron deficiency figures are extremely high. Approximately 40% of Asian, 30% of Afro-Caribbean and 20% of Caucasian pre-school children have a nutrition related iron deficiency in the majority of inner cities, levels as high as found in children in Third World countries (School Milk Campaign, 1996). Teenage anaemia is also a common problem. Iron deficiency relates to poor developmental performance (OPCS, 1995) and can have a marked effect on a child's mental development and physical behaviour. There is however, no screening programme to provide accurate statistics.

Growth and development. Weight and growth are related to energy intake. Research shows that smaller children have lower calorie intakes and are more likely to be from families with low incomes (Caroline Walker Trust, 1992).

Tooth decay. Diet and poor oral hygiene are the major causes of dental decay. There is a clear relationship between social class, diet and tooth decay, with poorer dental health among children from lower income households. More than 50% of children have dental decay before their second set of teeth appear.

In the Trent Health region 43% of children were found to have experienced dental decay by the time they were 5 years old. Levels of untreated dental decay were also found to be high in Bassetlaw and Nottingham for 12 and 14 year old children. One study found that dental health was poorer among Asian children living in Derby (South Derbyshire Health, 1996).

Table 2.2: **Dental Health of five year olds in Inner City Derby, 1994**

	Asian	Caucasian
Average number of decayed teeth per child	2.7	1.0
Percentage of children with decayed teeth	52%	33%
Percentage of children with missing teeth	7%	6%

Source: "Inequalities in Health" Southern Derbyshire Health, 1996.

Table 2.3 shows the differences in dental decay levels in the deprived and more affluent areas of Nottingham.

Table 2.3: **Decay Experience of 5 year olds in Nottingham, 1994**

Electoral Wards	% of children with untreated disease	% of children with decay experience
Very deprived	72	74
Deprived	50	54
Average	37	41
Affluent	41	47
Total	47	51

Source: Annual Report of the Director of Public Health, Nottingham Health District, 1995.

Obesity. Although there are no reliable statistics for numbers of overweight children, it is well known that obesity increases the risk of diabetes, high blood pressure, strokes and early death.

In the Trent Health Lifestyle survey (Trent Health, 1993) which covers four of the five counties in the East Midlands region, it was found that 44% of men and 32% of women were either overweight or obese and that the percentage of obese individuals was greatest in social classes IV and V. Another study estimated that the number of obese children in the UK doubled between 1980 and 1990 (Caroline Walker Trust, 1992). This trend is repeated in the US where 12% of children are overweight (Economist, 15th March 1997) and childhood obesity, particularly among lower socio-economic groups is increasing rapidly.

Poor diets. There are wide variations in the diets of British children (OPCS, 1995). Family income is directly related to diet, with expenditure on most foods rising with income (MAFF, 1996). "Healthy" foods remain overall more expensive than "unhealthy" foods.

Many children are consuming too much fat, sugar and salt. Whilst consumption of fresh fruit and vegetables by children is falling, sales of snacks and confectionery continue to rise. According to a number of UK surveys, the main sources of energy in the diets of British school children are bread, chips, milk, biscuits, meat, cake and puddings (OPCS, 1995). Chips and milk have been found to be the two foods which varied most with socioeconomic variables - with greater consumption of chips among children whose fathers were unemployed or whose families received supplementary benefits. Milk consumption was also lower on average amongst these groups. The Health of the Nation Survey (1994), found that on nearly every variable, people in non-manual classes were more likely than those in manual classes to report eating habits more in line with "healthy eating" messages. The MAFF survey (1996) also showed a declining consumption of fats with increased income. Other aspects of a poor diet include:

- * Low intakes of calcium, especially amongst teenagers. This can increase the risk of osteoporosis in later life (Department for Education and Employment, 1997).
- * High intakes of fat, with 75% of 10-15 year olds taking more than 35% of their energy from fat. This is above the level recommended by the Committee on Aspects of Food Policy.
- * Low intakes of dietary fibre, especially amongst girls.

High intakes of non-milk extrinsic sugars, particularly as a result of increased consumption of confectionery and soft drinks over the last decade. Increasing consumption of snack foods, such as biscuits, crisps, confectionery and cakes has been found to account of one-third of children's energy intakes. A Schools Meals Survey undertaken by private contractor, Gardener Merchant, found that 36% of pupils buy sweets on their way to school while another 34% buy crisps and savoury snacks. The report concluded that: "The dietary habits of children still give cause for concern. They tend to graze all day on a diet of snacks, sweets, chocolate and fizzy drinks". (Cost Centre Catering, August 1996)

Coronary Heart Disease is the major cause of death in the UK with a third of all the deaths related to poor diet. The disease process starts in childhood, with evidence that childhood weight, blood cholesterol levels and blood pressure levels affect adult levels (Caroline Walker Trust, 1992).

Cancer accounts for almost a quarter of all deaths in the UK. It has been estimated that about 35% of all cancers may be related to dietary factors (Caroline Walker Trust, 1992), and it is clear that healthy eating habits established in childhood will assist in reducing the risk of cancer later in life.

Black and ethnic minority groups

Nationally, the following differences in health between ethnic groups in the UK need to be taken into account when planning school meals services. The morbidity and mortality rate is higher in ethnic minority children than in others (Office of Population Censuses and Surveys, 1995). The causes underlying poorer health include economic, social and environmental factors, with most ethnic minority families living in inner city areas, in low paid households, and in poor quality housing.

A number of research studies have found:

- * mortality rate from coronary heart disease is relatively high among people from the Indian subcontinent;
- * mortality from strokes is relatively high among people from the Caribbean, Indian subcontinent and African Commonwealth;
- * the prevalence of diabetes and associated mortality is several times greater in Asian, African-Caribbean and African people than in the white population;
- * tuberculosis is more common among Asian children than in other groups;
- * iron deficiency anaemia and vitamin D deficiency are more common among ethnic minority children (OPCS, 1995).

Dental health was found to be poorer among Asian families living in the inner city (Table 2.2).

Local information on ethnicity and health is sparse. Within the East Midlands region there are concentrations of black and ethnic minority groups, particularly in Derby, Nottingham and Leicester.

Table 2.4 shows the spread of black and ethnic minority population across the region by health district:

Table 2.4: % of population in black and ethnic minority groups

District	Indian	Pakistani	Black Caribbean	Other groups	White
Leicestershire	8.4	0.3	0.6	1.8	88.9
Lincolnshire	0.2	0	0.1	0.5	99.2
N. Derbyshire	0.1	0	0.1	0.5	99.3
N. Notts	0.3	0	0.2	0.4	99.1
Nottingham	1.2	1.3	1.6	1.8	94.1
S. Derbyshire	1.9	1.1	0.7	0.9	95.4

Source: District Health Profiles, Trent Region 1996.

In Northamptonshire 3.5% of the population is from black and ethnic minority groups compared with 4.8% in the region as a whole. They are concentrated almost entirely in urban areas, predominantly in Wellingborough (7.2%) and Northampton (5.9%). Rural areas of the county are 99% white (Northamptonshire County Council, 1995).

Conclusion

Health is dependent on diet; children living in poorer households have a worse diet than other households. The 1993 National Food Survey showed that low income households rely more heavily on food which is consistently associated with poorer health. The Department of Health reported that diet-related illness is more prevalent in vulnerable groups, including school children, within low income households than in the same groups in other households.

Black and ethnic minority groups are also more vulnerable to particular diet related illnesses. These trends have important health implications and are important aspects when planning school meals services across the region.

Part 3

Provision in the East Midlands region

Introduction

Under the Welfare State established in 1945, all children were entitled to free school milk and a hot meals service. Set prices were introduced in 1950 and children from low income families had free hot school meals.

The organisation and management of school meals has altered in many schools as a result of nationally imposed pressures and local authority decisions. Some of the changes have provided more opportunities for parents, teachers and school governors to influence the service; other changes have reduced the quality of meals and threaten to undermine the health of certain groups of children in the region.

Government policy

The Conservative Government has imposed major changes in the service:

1980 Education Act

This removed from Local Education Authorities the statutory obligation to provide school meals except for those pupils whose parents were in receipt of Supplementary Benefit or Family Income Supplement. As a result of the Act, the school meals service became more of a commercial operation responding to consumer demand. An increasing number of schools operated a cash cafeteria service instead of supplying the traditional fixed price meal. The Act also removed the obligation for the meals to be sold at a fixed price and for them to meet nutritional standards.

One of the main reasons for the changes was the cost of school meals which had risen to £400m a year in England; it was identified as a major area of substantial savings by the Government, which also sought to move away from traditional forms of provision.

1986 Social Security Act

The act limited the right to free school meals to those children whose parents received Income Support, but not Family Credit. Local Education Authorities also lost the power to provide free milk to pupils.

The loss of free school milk in schools has been found to have a significant impact on the energy and calcium intake of many children, particularly those from families with low incomes (School Milk Campaign, 1996).

1988 Local Government Act

This act introduced CCT, obliging all local authorities to put school meals services out to tender.

Responsibility for the school meals budget lies with the Local Education Authority, although it can be delegated to individual schools under Local Management of Schools. Very few local authorities make nutritional standards mandatory in their specifications; although some specifications are detailed enough to encourage healthy eating, very few give practical recommendations about how to achieve them (Caroline Walker Trust, 1992).

Monitoring of school meals services has often been found to cover hygiene and health and safety, rather than nutrition. There is also considerable variation in monitoring methods with very few local authorities employing a nutritionist as part of the client side. The client side often has limited resources and insufficient staff to monitor contracts in detail.

1994/5 European Subsidies

Local government departments have suffered financial losses over the past two years due to Government cutbacks in European subsidy funding. In 1994, cheese subsidy was withdrawn costing the average county around £250,000 per annum. In November 1995, £6m was withdrawn from catering and secondary school drinking milk provision, by the Government.

The effect of these losses of funding, which were an essential part of school meals budgets, have affected pricing. The price of secondary school milk is expected to increase by as much as 120%. Prices for a carton have increased from 11p with subsidy to as much as 25p without subsidy (School Milk Campaign, 1996).

Government nutritional guidelines

In addition to forcing major changes on the school meals service and funding, the Government has produced health guidelines for schools.



Health of the Nation - Nutrition Task Force

In a report published by the Department of Health in March 1996, the task force stated their belief in a “whole school” approach in which school teaching about food and nutrition and the food provided in school should reinforce each other. The report recommends the use of the School Meals Assessment Pack, a computer based method of assessing the nutritional quality of school meals produced by the National Forum for Coronary Heart Disease Prevention.

In another report from the Department of Health on low income and nutrition, a number of recommendations are made for national agencies including the Department of Education and Employment which seeks to maintain a place for food and nutrition in the school curriculum and to support the introduction of voluntary guidelines for the nutritional quality of school meals proposed by the Nutrition Task Force School Meals Project Team.

Dietary Guidance: Department for Education and Employment

The Department for Education and Employment in association with the Ministry of Agriculture, Fisheries and Food, issued guidelines in February 1997 for school food providers. The guidance focuses on healthy eating and aims to promote a balanced diet. But the guidelines are still not enforceable and there is no new funding to ensure improvements are implemented, let alone monitored.

Changes in the provision of school meals

Alongside legislation, the school meals service has changed in a number of ways over the last decade:

- * Local authority policies leading to unequal provision in the East Midlands, between counties, the primary and secondary sector and even between schools depending on their status, size, location and kitchen facilities.
- * Competition from the growth of convenience foods, with health implications. In an article about food and health Robin Jenkins (1991) shows that social convenience has become more important than nourishment and at present, the more convenient food is, the less nourishing it tends to be.
- * Reduction in school meals service in some authorities, increased take-up of school meals in others. Government policies resulted in a decline in the uptake of school meals in most authorities during the 1980s and early 1990s. Nationally, the number of children taking school meals fell from 4.9m to 2.8m between 1979 and 1988, a drop of 43%. The trend has now levelled out with the take-up level being 3.2m in 1995.
- * All counties have faced financial pressures to cut costs and increase the price of meals. Budget cuts have often resulted in a situation where school meals prices have been increased to boost the education budget, but as a result sales have declined.
- * The separation of client and contractor functions and the transfer of the contractor side to the DSO.
- * Demands from parents, staff and trade unions for improved nutritional value, wider choice of meals and better promotion of the service.

- * The increased use of prepared foods leading to a reduction in preparation time.
- * Increased use of fresh food in a minority of schools, but no increase in preparation time in some authorities.
- * In some areas, for example Derbyshire, new initiatives have been introduced such as healthy breakfasts aimed at children who leave home without any breakfast.
- * Reduced staffing levels and increased pressure on remaining staff.

Unequal provision in the East Midlands region

The majority of meals in primary schools in the region are provided in-house, with three counties providing traditional hot meals, whilst the majority of secondary meals are provided on a cash cafeteria system (Appendix 4). There is minimal provision in two out of the five counties in the region as a result of decisions taken by previous Conservative administrations.

Pricing policies

Price increases since the 1980's, when the Government removed price controls, have been associated with a fall in the uptake of school meals.

Prices of school meals in the East Midlands region have increased considerably in the past decade, more than doubling in most cases (see Appendix 5). The high cost is clearly prohibitive for low income families, especially for those with several children of school age. Prices have been forced up primarily because of the cuts in council budgets. In several cases cuts have been made to pay for other services.

As well as having an important impact on the uptake of school meals and particular items, pricing policies can influence the take-up of healthy choices.

Expenditure

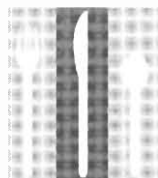
School meals expenditure increased during the 1980s, but has actually fallen during the 1990's. Expenditure on school meals per head and as a percentage of spending within the education budget, is similar in the region to the national picture (see Appendix 6). Within the region however, three counties are below the national average in terms of school meals spending as a percentage of total education spending.

There are great variations between the counties in the region with Derbyshire being by far the highest spender (£12.78 per head in 1996/97), followed by Nottinghamshire (£8.51 per head) and Leicestershire (£6.77 per head) (Appendix Table A.7).

Within the region Lincolnshire and Northamptonshire are by far the lowest spenders. In Lincolnshire, this reflects the abolition of the school meals service in primary schools in the early 1980s. Expenditure per head was £4.90 in 1981/2 in contrast to £1.40 per head in 1996/97. In Northamptonshire, expenditure was £4.69 per head in 1981/82 and £4.02 per head in 1996/97, fifteen years later.

Northamptonshire's expenditure increased during the 1980's and fell during the 1990's and the county now spends relatively much less on the service than it did, reflecting its policy to only provide what is statutorily required.

Apart from a much more comprehensive service, one of the reasons for the relatively high expenditure in Derbyshire is that following training and new skills all cooks and cook supervisors are graded above the nationally recommended level. This reflects higher value given to the professional skills of school meals staff than in most other authorities.



Lunches from home

Staff and trade unions in the region have expressed concern about the quality and standard of food provided in lunch boxes for some children not receiving school dinners. There are also problems in some schools about the storage of lunch boxes in overheated or dirty areas, with the risk of food contamination.

A Consumers Association survey (1992) showed that packed lunches were low in fibre and high in fat and sugar, with only one in four containing any fruit.

Grant Maintained Schools

The introduction of Grant Maintained (GM) schools nationally has involved independent decisions being made by individual schools in connection with school meals. There are 119 GM schools in the East Midlands region, with 52 primaries and 67 secondary schools operating outside local authority control. In one of the counties 17 secondary schools are now grant maintained, with the majority of individual school meal contracts being won by the DSO.

Since there is little monitoring of catering in the GM schools, there is a potential problem that deprived children in GM schools will not receive balanced nutrition. Any further delegation of budgets to schools could fragment the service further and affect the quality of school meals.

Derbyshire

The county has a long tradition of cheap school meals and remains the highest spending authority with the highest take-up within the region. Although Derbyshire has maintained a comprehensive school meals service across the county, there have been a number of key changes in provision during the 1990's. These include the introduction of:

- * Vegetarian meals in primary and secondary schools
- * Sandwich based meals to provide a lighter option with the same nutritional input as a hot meal
- * Orange squash as an alternative to milk for primary pupils
- * Museli bars as an alternative sweet in all primary schools
- * Theme and fun days
- * Sale of confectionery and canned drinks in secondary schools to encourage pupils to stay on site
- * Salad bars in secondary schools
- * Breakfast/all day service in some schools
- * Vending profit share scheme in some secondary schools
- * One pound promotional meals in secondary schools which comprised a hot or cold main meal only.

Northamptonshire

The county council policy is minimalist "To provide for those pupils entitled to a free school meal". There was a major reduction in service in the early 1990's from a full school meals service providing hot meals in all schools for all pupils to a position in April 1991, when the Conservative county council decided to only provide a packed lunch to those pupils entitled to free school meals. This is reflected in expenditure on the service (see Appendix 6).

However, 74 schools retained hot meals by their own choice and since then a further 24 schools have re-introduced hot meals but with no subsidy. Currently 114 schools receive hot meals, whilst 217 only provide packed lunches.

The council's decision to provide a minimum service was made 15 months after the DSO won the contract. In the second round of tendering the DSO was awarded 83% of the packed lunch contract.

There is a variation in the provision of free school meals, with some pupils receiving hot meals and others sandwiches.

Leicestershire

Although the type of meal provided in Leicestershire has remained similar, the service has been influenced by a number of factors during the 1990s:

- * Some primary schools have introduced cash cafeterias.
- * Greater choice is expected and eating trends have changed.
- * Greater awareness of what constitutes a nutritionally balanced meal.
- * Closer working relationships with schools in initiatives such as School Nutritional Action Groups.
- * More marketing and promotion of services.
- * Work with the local community to develop and improve multi-cultural food provision.
- * Greater competition from local private catering facilities such as corner shops, vending machines and mobile food vans.

The council has a healthy eating policy following national guidelines laid down by the Department of Health and the Caroline Walker Trust.

The school meals service also has nutritional targets which should be achieved over a 20 day average in terms of energy, fat, fibre, sugar, protein, iron and vitamin intakes.

Lincolnshire

County council policy on school meals has not altered since 1981, following the decision by the Conservative administration to only provide the minimum legal requirements in terms of free meals provision. This resulted in the closure of all primary school kitchens and the move from traditional family service meals in secondary schools to cafeteria type service. The county provides hot meals with pudding for children entitled to free school meals in secondary schools. Primary school children are only entitled to sandwiches.

The county council has a healthy eating policy designed to promote a healthy diet in all its establishments.

Nottinghamshire

In the year ending March 1995 the council employed over 1,000 staff in education catering and provided over 13 million meals. A hot cooked two-course meal is provided for pupils wishing to purchase one and all those eligible for free meals. Most secondary schools run a cash cafeteria system offering a variety of individually priced products as well as two-course hot meals. Most primary and some middle and secondary schools offer a choice of menu at a set price.

There is a food service policy in primary schools to provide a balanced nutritional intake over a one week period.

Although the traditional two-course meals have given way to more fast food items, the county council pointed out the authority's desire to offer a two-course balanced menu only serves to increase the cost of the meal and lose customers because the price to the customer is unacceptable and the meal in many cases unacceptable because of the preference for fast food items.



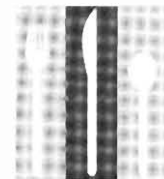
Free school meals provision

The proportion of pupils paying for school meals in England is now as low as 24% in primary and 25% in secondary schools. Within the region, Derbyshire, which has the most comprehensive school meals service, also has the highest take-up level. The take-up level is well below the average in Lincolnshire and Northamptonshire because they do not provide primary school meals (see Appendix 7).

Whilst the categories of children who are entitled to free school meals have been reduced since 1980, the numbers entitled to free meals has remained high, reflecting increasing poverty nationally. In 1986/87 85,700 children in the region received free school meals. There are no equivalent official figures for the 1990s; we estimate that in 1996/97 over 84,000 school children received free school meals in the East Midlands region (Appendix Table A.11).

In addition, some of those eligible for free school meals do not have them because of the stigma attached and in some cases, the amount of money allowed for free school meals is not enough to buy a nutritionally adequate meal.

As a result the take-up of free school meals is less than it should be in most counties across the East Midlands region.



Derbyshire

Entitlement to free school meals provision in Derbyshire has increased during the 1990s (see Appendix 8), with a particularly large increase in primary schools where authorised meals increased 42% and actual take-up increased 38% between 1991 and 1996.

Up to 30% of children entitled to free school meals do not claim them. Within the county there are wide variations with eight Derby primary schools having more than 60% of pupils claiming free school meals; these are all in the city's most deprived wards.

Leicestershire

There has been a steady increase of children eligible for free school meals in the 1990s. The period between 1991-96 shows a rise of 50% in the eligibility for free meals in the county, from just over 12,000 to 19,000 children.

Lincolnshire

There has been a substantial rise in free school meals in the primary sector during the 1990s in Lincolnshire; the trend in the secondary sector shows a slight decrease (see Appendix 9).

Nottinghamshire and Northamptonshire did not supply details of free school meals provision in their counties.

Black and ethnic minority children

Each county within the East Midlands region was asked about its provision for black and ethnic minority children; only two responded with specific details.

In Derbyshire the council has catered for black and ethnic minority pupils in 11 schools in the Derby area over the last ten years. Following consultation with community leaders a revised menu was implemented comprising non-meat meals.

In one area school meals uptake started to decrease in schools and meetings were held with cooks from schools with a high proportion of ethnic minority pupils. Separate menus were developed, with the support of headteachers and parents and the numbers have gone up.

Leicestershire County Council has worked closely with the Asian community to develop the school meals service to suit their particular requirements and cultural needs. This has led to the introduction of new menus and a revised service to take account of traditional and European Halal meals and traditional Asian vegetarian meals. The uptake of meals has increased as a result of the initiative and the DSO now employs two multi-cultural development officers.

Issues

There are major differences within the region in terms of provision for deprived children eg. some children entitled to free school meals only receive a sandwich and a drink whilst others receive a two course hot dinner. In addition, some children can get a good breakfast at school in many Derbyshire schools, whilst other pupils in the region cannot.

Problems have arisen in some areas of the region. Whilst local authorities attempt to promote healthy eating and follow nutritional guidelines, they are constrained by the contract culture, cost implications and the competitive climate in which they are being forced to operate.

As prices rise, children who live in low income families and are not entitled to free school meals should also be targeted, given the health implications of an inadequate diet.

Part 4

The effect of CCT on the service and staff

Introduction

Compulsory competitive tendering has governed many of the changes in the service over the last decade.

School meals was one of the defined activities covered by CCT under the Local Government Act 1988 which took effect on 1st August 1989. Price rather than quality has determined many of the decisions made under the CCT process, thereby affecting the standard of education catering in many authorities. This often means that healthy eating is not necessarily a priority within the school meals organisation. Greater emphasis is often given to sustaining numbers and financial viability.

Very few school meals contracts have mandatory standards for nutrition built into them. Competition around price has resulted in reduced standards and convenience food in many schools, which has a low nutritional value. Alongside CCT, financial restrictions have led to major savings being sought in the school meals service.

Productivity changes

Labour and food costs form the bulk of the cost of the school meals service and attempts to increase productivity have focused on these two areas. Labour productivity in the service has increased through:

- * Changes in staffing levels
- * Reduction in hours
- * Use of convenience foods
- * Use of new equipment
- * Stricter controls over sickness and absenteeism.

In-house services at a cost

Nationally DSOs have been more likely to win contracts for school meals than for any of the other six manual services tendered under CCT. The private sector has made greater inroads in the second round of tendering nationally, but DSOs have won 72% of contracts, and over 78% by value, as the following table shows:
Source: CCT Information Service Survey Report No. 14, Local Government Management Board, December 1996.

Table 4.1: Value of work in the school meals service

Contractor	Contracts won	%	Average value	%
DSO	186	72	£2.3m	78
Private contractors	74	29		22
Total England & Wales	265	100	£1.9m	100

Source: CCT Information Service Survey Report No. 14, Local Government Management Board, December 1996.

The Local Government Management Board figures also show that in the East Midlands region, DSOs have won 65% of contracts, but 99% by value. Nationally the level of competition from the private sector has been low (37% of contracts have been won without competition), the East Midlands being the exception. In the region there was an average of 5.5 contractors tendering per contract.

The introduction of CCT led to substantial organisational and managerial changes in school meals services. The service was usually transferred either to a combined DSO with one or more other services, or to a separate catering DSO. The client function is with the education service. There has been increased tension between client and DSO in some authorities because of the low priority given to school meals. Added to this has been the move from welcome fare provision to running a commercial organisation which is required to make a financial surplus.

The Government's CCT policies to privatise school catering has resulted in money being removed from meals provision and in many areas, a decrease in nutritional standards and services to children.

Profits are being made from school catering contracts, by both in-house DSOs and by private companies. It is of interest to note that the USA requires school catering to be non-profit making.

Service Changes

In Derbyshire there was no competition for the catering service in the first round of CCT. The second round of tendering due in 1996 was suspended because of Local Government Reorganisation. In spite of price increases there is still a high school meals take up.

Derbyshire maintained very low school meal prices for many years, but prices have increased to the level of £1 for primary and £1.20 for secondary schools. The school meals budget, which has been part of the education budget, has suffered over the years; it was argued to be less important than spending on books and teachers. When Derby is given unitary status, the schools meals budget will be put into the DSO budget, separate from education.

In the Derbyshire area Grant Maintained Schools have retained staff on the same terms and conditions of employment. One school has sought to reduce choice of meals and the union is monitoring take-up.

About 350 staff were lost during 1995, largely as part of a voluntary early retirement scheme. The reduction resulted from an increase in the use of prepared foods such as ready prepared vegetables, sliced roast meat and pizzas. Women on longer hours and involved in food preparation were most affected. As a result each kitchen lost hours and, although as many meals are served, there is considerably less job satisfaction. Most cooks are now on about 27 hours, whilst kitchen assistants are employed for as little as 10 hours and anything up to 30 hours.

In Nottinghamshire the DSO won the first round contract in-house with no competition from the private sector; the contract included 570 schools. Substantial cuts were made in the first contract with the closure of kitchens and a substantial staffing reduction. Prices of meals went up and the take-up of paid meals declined. On retendering in 1995, the council catering DSO decided to reduce terms and conditions of employment by removing holiday retainer pay and reducing the number of cleaning days worked by kitchen staff. In addition, the council decided to reduce the labour involved in meal preparation and use more pre-prepared vegetables and convenience food.

There are 53 secondary schools in the education contract. In Lincolnshire the service employed 370 people in 1992, 95% of whom were manual employees. In 1996 the number had fallen to 345, 97% of which are manual workers. A more flexible approach to client requirements was adopted and the organisation provides meals on wheels and catering in three social education centres and for social services.

When the school meals contracts were advertised in 1990 and 1995, there was a low level of response from the private sector. The in-house service, Catering for Lincolnshire, won the contract on both occasions. Savings were made on the first CCT contract as a result of job loss and changes in hours. The council invested in capital equipment as a result of the requirements of the Food Safety Act. Catering for Lincolnshire is no longer part of the Education Department but a separate trading unit.



Employment

The changes in the school meals service which accompanied CCT have resulted in significant reductions in staffing levels, hours and earnings for women part-timers in the East Midlands authorities. The changes have resulted in more intensive working and greater pressure on women working in the service. On retendering, the hours of catering staff have been reduced further in the majority of cases.

A decade ago, there was the equivalent of almost 5,500 FTE posts (Table 4.2) in the East Midlands region working in school meals - the equivalent of 11,000 staff working about 20 hours a week each.

Table 4.2: Staffing in school meals, Full Time Equivalent 1986/87.

County	Kitchen/canteen staff
Derbyshire	1,729
Leicestershire	1,179
Lincolnshire	308
Northamptonshire	660
Nottinghamshire	1,610
England	61,119

Source: Education Statistics 1986/7, CIPFA.

Note: The equivalent figures are not available for more recent years.

The EOC research, "The Gender Impact of CCT", showed that women comprise 99% of the workforce nationally. In the first round of competitive tendering virtually all authorities reduced hours, on average by 16%. Half the DSOs employed most staff on less than 15 hours a week as a deliberate policy to reduce hours as a way of increasing productivity and flexibility of labour.

Nationally a total of 2,045 jobs were lost in the first round, representing 10% of employment. This trend was repeated in the East Midlands where over 700 catering jobs were lost in two authorities alone, representing 12% of jobs.

Table 4.3: Employment change in education catering, 1989-1993

	Total employment				Employment Change	
	Pre-contract		Post-contract		Number FT+PT	Per cent
	FT	PT	FT	PT		
Nationally	1,276	18,649	892	16,982	-2,045	-10
East Midlands*	677	5,143	424	4,673	-723	-12
Estimated**					-1,145	

Base: 11 case study authorities of which 2 were in the East Midlands*

** Estimate for the region

We estimate that a total of 1,145 jobs were lost in the five counties in the first round and that several hundred more jobs were lost in the second round making a total of about 2,000 jobs losses in the region in the last decade. The bulk of the jobs lost were part-time and virtually all of the job loss affected women.

Hours

The major impact of CCT and associated budget reductions on women working in the school meals service is the reduction in hours and, therefore, earnings. One example of the trend to shorter hours to reduce costs and increase flexibility was in one county where all school meals staff were employed on contracts to work 12.5 hours a week and hours were being reviewed every term. In another, there had been major cuts in service just prior to CCT and all staff were now on 15 hour contracts. In a third county there was no policy to deliberately employ staff for less than 15 hours, but there had been reductions for some staff. Managers in all three authorities stated that reductions in hours reduced costs and allowed for increased productivity and flexibility of labour.

School meals staff who work earn below £62.00 per week in 1997/98, are excluded from National Insurance contributions. The authority saves money both by paying for fewer hours and not paying national insurance contributions.

Pay

All the East Midlands counties continue to pay school meals staff on NJC rates following CCT. In the authorities, there are no other pay entitlements above basic pay for catering workers, ie. no bonus, performance related pay or profits sharing schemes.

Conditions of employment

Pension arrangements, sick pay, holidays and maternity leave remained unchanged in the county councils. However, several county councils cut the holiday retainer. The loss of the full holiday retainer represents a substantial loss of income for school meals staff - the loss of about four weeks wages based on normal holiday entitlement and a 39 week school year.

Employment of black and ethnic minority staff

The region has a poor record of black employment in the catering service. There has been no significant increase in the employment of black staff since the introduction of CCT.

Employment of people with disabilities

As at national level, there are very few workers with disabilities in the school meals service in the East Midlands.

Employment of temporary/casual labour

The use of temporary labour has increased in the East Midlands local authorities reflecting the national trend. In one county 200 women representing 7.5% of the workforce were on temporary contracts.

Equal pay for work of equal value cases

Whilst women working in school meals have suffered significant reductions in pay and employment conditions, three recent cases have raised the issues of discrimination in the service and provide a reminder of the need to adopt equalities policies council-wide (Appendix 10).

Job seekers allowance

There are fears that the introduction of the job seekers allowance will cut earnings for women part-timers in the school meals service (Appendix 11).

Part 5

Promoting health through school meals

Introduction

This chapter looks at the various initiatives which can be taken to improve school meals throughout the region.

This includes:

School meals charter

Health promotion

Examples of nutritional initiatives and policies

Conservative Government policies

Nutritional guidelines



School Meals Charter

The national School Meals Campaign has developed a charter which should be adopted and developed by all local authorities. It includes ten key points:

- 1. Availability:** Make school meals available to all children who want them.
- 2. Nutrition Standards:** Re-introduce nationally agreed nutrition standards for school meals, and introduce guidelines on how to monitor these standards.
- 3. Resources:** Provide adequate resources to ensure that school meals are of a high standard.
- 4. Affordability:** Ensure that school meals remain affordable, and that free school meals are more widely available to children of families on low incomes.
- 5. Choice:** Provide a range of meals which take into account health, religious and ethnic preferences.
- 6. Training:** consult with staff about training requirements and ensure that they are provided with adequate resources and training.
- 7. The Healthy School:** Ensure that the school environment makes healthy choices the easy choices, for pupils and teachers, and that this approach is integrated into the classroom.
- 8. Eating Areas:** Provide a comfortable and attractive setting in which pupils can eat.
- 9. Feedback:** Consult with parents, teachers, governors, caterers and pupils about school meals.
- 10. Action:** Take action to ensure that school meals are a positive and enjoyable experience.

Health promotion in schools

Promotion of healthy eating in schools is a vital area in the context of school meals provision. Specifically targeted programmes may have positive outcomes; for example, changing the nature of the food provided in schools can affect the eating habits of children, at least while on school premises.

The Health Education Authority (1995) set out issues for health promotion in schools looking at the role of pupils, curriculum issues, eating at school, policy development, parents and the community. National health promotion agencies can support the development of national nutritional guidelines for school meals specifications.

Three main objectives in health promotion should be adopted by all schools:

- * To increase awareness of what constitutes a healthy diet.
- * To encourage healthy eating.
- * To increase accessibility to healthy food.

The main influences on the diet of young people have been found to be information, experience, will power, media/advertising, choices, money, availability and time. Children taught from a very early age are more aware of the needs for nutritionally balanced diets.

Initiatives

Healthy eating initiatives should not be pursued in isolation from other aspects of children's education. Local authorities have a key role in several areas:

- * Providing specific information and advice about meeting appropriate nutritional standards in meals
- * Support for school meals campaigns locally and nationally
- * Introducing nutritional guidelines for school meals
- * Support for nutrition education in schools and at home.

Local choice: Healthy alternatives

In addition to national guidance, local guidelines should be prepared to assist schools with healthy eating policies. Local research may be required to clarify local needs and problems and to evaluate new initiatives. This will require close working between health and education agencies.

Local health initiatives

A number of health authorities and local authorities in the region already promote healthy eating policies within schools. For example, Lincolnshire has a working party involving all the relevant local agencies aiming to promote dietary guidelines. In Leicestershire the school meals service has adopted nutritional guidelines.

Many schools already include healthy choices on menus, but there is also a need for dietary guidelines for school meals and tuck shops.

Practical policies

- Every school should have a nutrition policy which covers both teaching and food provision in the school.
- This could include:
 - Appointing a school governor to take special responsibility for monitoring the implementation of a nutrition policy
 - Working with health promotion agencies to provide training for staff and governors.
 - Local education authorities and schools should draw up nutritional specifications for school meals services and ensure standards are maintained through regular monitoring.
 - Governing bodies should require an annual report on provision and uptake of meals within the school and assess the nutritional information.
 - School meals providers should work with teachers and health authorities to actively promote healthy school meals and provide information on their take-up and content to staff and governors.
 - Improving the nutritional quality of school food using a number of approaches including changing the choice of foods on offer and changing the way food is prepared.
 - Specifications should clearly distinguish between intentions to pursue healthy eating ideals and the nutritional requirements the contractor is expected to meet.

-
- Monitoring is most effective where standards are expressed in quantitative terms and a good relationship has been established between the client, the contractor and service users. The nutritional content of school meals should be monitored using the School Meals Assessment Pack - a computer programme which displays a nutritional profile of the average school meal.

“Only by monitoring and evaluating school nutrition and health programmes can knowledge grow about what works, at what cost, and under what circumstances.” (World Bank, 1996)

- Schools should be required to provide free breakfasts for deprived children and encouraged to extend services in areas of poverty. School breakfast schemes available to a wider range of children, which are free of charge and funded by government, would improve the health and well being of children in all schools.

Audit of the service in terms of poverty and health

One way of highlighting the issues of poverty and the school meals service explained in this report is to audit current practices and identify how the service impacts on the health of children living in families on low incomes:

1. Assess the current impact of the school meals service and food policies on the health of children living in poverty and its impact on reducing poverty and deprivation.
2. Describe whether the impact varies by geographic area and amongst different groups of children.
3. Analyse the constraints preventing the service from achieving a greater positive impact.
4. Assess existing methods of co-operation with other agencies such as Health Promotion services to improve the levels of health amongst children living in poverty.
5. Analyse the potential impact of the service if those constraints were removed.

Marketing Plan

The way in which meals are presented in schools is important if children are to be encouraged to eat healthily. Some schools use colour coding of foods to encourage healthy choices. The alternatives to chips and other unhealthy food are often poorly presented and more work needs to be done on providing healthy snacks and meals which are price competitive and attractive.

Local authorities should develop a corporate marketing strategy for school meals so that everyone involved in planning and providing school meals has a responsibility to market the service. It may include events such as National School Meals Week, theme days and surveys of children's needs.

The most effective marketing of school meals has been in areas where there are constant reminders to parents and children of the benefits and value of school meals. For example, leaflets, followed up by meetings of governors and parents. Children should be involved in discussions about school meals, taking into account the social aspects of meals. In some areas surveys of parents have been conducted setting out the options. Menus for the week should be well advertised at every school. More innovative DSOs offer schools services in the evenings to promote school meals at Open Days and Parents Evenings. In addition to an exhibition, some provide examples of cooked meals. Initiatives involving different meals with different themes have been successful in some schools and have introduced new varieties of food to children.

Take-up campaigns

In addition to promoting school meals for paying pupils, not all children take up the free school meal they are entitled to and more work needs to be done by local authorities and schools to encourage children and parents to make full use of their entitlement.

Nutrition Action Groups

It is clear that where there are food committees or nutrition action groups in schools working to raise awareness of health issues among parents, teachers and pupils, there is usually a positive impact with improved take up of healthy foods and general awareness of healthy eating. A partnership between pupils, caterers, teachers and school staff is needed for change to happen. This has been promoted by School Nutrition Action Groups - school based alliances of staff, pupils and caterers work together to review and expand the range of food and drink provided in the school including school meals.



Staff involvement

Involvement from school meals staff is vital in planning the future of the service. In one authority, trade union representatives are involved in menu planning and there are very good relations with managers. In addition staff training to increase skills will assist in providing an innovative and high quality service.

Government Policies

Whilst Conservative Government policies have served to alter and in some cases diminish the school meals service, numerous guidelines on healthy eating have been promoted during the 1990s, the latest of which strongly promotes healthy eating and recommends nutritional guidelines for the school meals service.

Health of the Nation - Nutrition Task Force

The task force recommended that local authorities:

- * Develop initiatives to help low income households eg. health alliances for food;
- * In consulting the community, the specific needs of low income households are fully recognised;
- * Support projects to improve nutritional health in low income families.



The report does not highlight the need for school meals but asks schools to:

- * Make facilities accessible to allow projects, such as community cookery courses to be provided at low cost;
- * Where appropriate, explore the introduction of school breakfast programmes.

Dietary Guidance: Department for Education and Employment

In 1997 the Government issued voluntary guidelines on school meals in the light of increasing evidence of poor eating habits by many children. Three reports aimed at governors and headteachers, policy makers and contractors, encourage improvements in nutritional standards in schools to improve children's eating habits.

Labour Party

The Labour Party announced in September 1996 that it will re-introduce a national nutritional standard for school meals if it wins the next election. This will be determined through consultation with education officials and caterers, with a balanced and healthy diet as its goal.

Caroline Walker Trust Nutritional Guidelines

UNISON is campaigning with the School Meals Campaign for the reintroduction of statutory standards for school meals, abolished in 1980. The standards are based on those provided by the Caroline Walker Trust. Guidelines assist in highlighting the importance of nutrition in the health and growth of school children and on the contribution made by school meals to the overall nutritional intake.

The standards drawn up by the Caroline Walker Trust are based on a review of the current nutritional status of school children, the estimated contribution of school meals to nutrient intake and the Government's own most recent dietary recommendations.

The guidelines provide figures for the recommended nutrient content of an average school meal provided for children over a one week period (Appendix 12).

Resources and investment

Whilst nutritional guidelines are important, the need to adequately resource and staff the service is vital. The service needs to be comprehensive, of a high quality and affordable to all children. Investment in the service may be required to return to locally based provision which responds to the needs of different groups of children within the region.

Recommendations

National

- Re-introduce statutory nutritional guidelines and quality standards for school meals. These should be based on the Caroline Walker Trust standards which give values for the nutritional content of school meals.
- Abolition of CCT in the school meals service and its replacement with a service related to children's social needs, areas of deprivation, inequalities in health, anti-poverty and employment creation strategies.
- School meals should be organised and funded at local authority level. Where tendering continues, nutritional quality should be built into specifications, menu planning and monitoring.
- School meals budgets should be retained by local authorities and not delegated to individual schools.
- School meals service should be non-profit making and if necessary subsidised by central government and where possible EU funding. Any surplus should be used for the catering service and not for diverting funds from school catering to other services.
- Detailed national investigation of the standards of school meals provision.
- Close links between NHS dietetic services and local authority catering services.
- Regular monitoring of nutrition guidelines by local authorities and health authorities and the Director of Public Health.
- All children entitled to free school meals should be provided with a balanced, hot meal.
- These children should also be provided with free school milk every day as part of a separate supplement and not as part of a meal.
- DSO surpluses should be ploughed back into the service to improve service quality, maintain low prices and maintain terms and conditions of employment for education catering staff.

Region and county level

- Plan for a future school meals service which takes into account poverty and health in the region.
- Develop additional provision and specific initiatives on healthy eating, breakfast provision and encourage take-up of school meals in all areas identified as deprived - inner city schools, pockets of rural poverty.
- Increased resources for school meals invested in schools where there is a high proportion of children from families living in poverty and children from black and ethnic minority communities.
- Develop specific targets for reducing inequalities in school meals provision across the region.
- Develop specific targets for increasing the uptake of school meals among deprived groups, black and ethnic minorities and children with particular health needs.
- In-house service provision linked to improved standards of service quality and quality of employment for all staff which includes improvements in pay and conditions for part-time manual women workers running the service.
- Increased levels of investment and funding for the service by all county councils. This should aim to reverse the cost cutting of the 1990s which has included closure of kitchens in many schools.
- Improved choice and re-introduction of hot meals provision in those counties adopting a minimalist approach to the service.

-
- Continued training programme for all staff to retain and improve existing skills and assist in the development of healthy eating policies.
 - School meals strategy for the next century to be developed by schools, local education authorities, health authorities, health promotion, trade unions and other local agencies, taking into account the changing needs of different communities within the region outlined in this report.

Appendices

Appendix 1

Average weekly pay in East Midlands, 1995

	East Midlands	UK
Full-time males	£341	£375
Full-time females	£235	£270
Part-time females	£99	£102

Source: New Earnings Survey, 1995.

Appendix 2

Unemployment in the East Midlands Region

District	% unemployed 1991 Census	% increase in unemployed 1990-1993
Nottingham	8.1	77
North Nottinghamshire	7.2	71
North Lincolnshire	7.0	58
North Derbyshire	6.7	75
South Derbyshire	6.5	95
Leicestershire	6.1	106
South Lincolnshire	6.0	79

Source: Trent Health Annual Report, 1993.

In Northamptonshire the rate of unemployment is fairly low by national standards, but individual wards within the main towns have high rates (Northamptonshire County Council, 1995).

Appendix 3

It should be noted that some of the following statistics are for the Trent Health region, 19% of whose population are children. The Trent region includes:

- * Lincolnshire
- * South Derbyshire
- * North Derbyshire
- * North Nottinghamshire
- * Nottingham
- * Leicestershire

Northampton is part of the Oxford and Anglia health region.

Leicestershire

Within the county there are marked variations in health indices with Leicester having the most severe problems including unemployment, poor housing and homelessness.

The wards in inner city Leicester with the highest unemployment rates also had the highest death rates. Poor housing in the city is associated with higher levels of respiratory disease, infection, and accidents. Homelessness has increased, especially amongst young people many of whom have children. There are over 6,000 children living in single parent households in Leicestershire - one of the fastest growing and most disadvantaged groups in the region.

In a Lifestyle Survey by Leicester City Council in 1989, it was found that people with low incomes were less likely to eat healthy food.

Within the county over a third of the population live in rural areas, though few wards actually show high levels of deprivation. However, there are isolated pockets of deprivation in which lack of access to health services exacerbates the problem.

About 1 in 10 (100,000 people) of the county's population are from black and ethnic minority groups. Over 80% are Asian and 70% live within the city of Leicester. Half were born in the UK and the group includes many children. The 1991 Census showed that black and ethnic minority groups are relatively deprived with 16% of men unemployed compared with 8% of white men.

Diet among black and ethnic minority groups in the county has been found to be less healthy with more added salt, sugar, butter and fried foods. In addition, a smaller proportion were aware of more healthy eating patterns.

Nottinghamshire

The 1991 Census showed that:

- * Over 130,000 children are aged between 5-15.
- * 4.2% of the county's households (16,700) were lone parent households.

The problems of poverty - overcrowding, unemployment, lone parents - were concentrated in particular inner city wards. Educational achievement for children in these wards was well below the county and national average.

Nottinghamshire County Council's study of social need found:

- * almost a third of the county's population reside in areas defined as experiencing social need.
- * Nottingham has the highest concentrations of social need with 70% of the population living in deprived areas, particularly in the inner city.

Within the East Midlands region, Nottingham has the highest degree of deprivation. The following indicators illustrate the extent of family poverty in the city:

- * 15.7% unemployment rate compared with 9.2% nationally. Unemployment amongst the black and ethnic minority population is substantially higher than for the white population.
- * Poverty is greatest in inner city areas - there is a 39% unemployment rate in one ward - Radford. Three other inner city wards have unemployment rates above 26% and two estates in the outer part of the city had rates well above the city average.
- * Over 48,500 households are in receipt of Council Tax and/or Housing Benefit.
- * Nearly 50% of households without access to a car.
- * 1,670 (43%) of applications as homeless were families, half of whom were accepted as statutorily homeless. One consequence of homelessness is that it leads to health and problems related to bad diet.

South Derbyshire

The three most deprived parts of the area are inner city Derby, Ilkeston and parts of Alfreton.

The ten most disadvantaged wards in the area have above average mortality rates and higher levels of long-term illness than more advantaged wards.

Within the area, Derby City has the highest unemployment rates and greatest number of people claiming income support and the highest number of claimants with dependent children.

Southern Derbyshire - 4.6% of population black and ethnic minority groups.

Proportion highest in Derby City which has 9.6% (21,000) of its residents from black and ethnic minority groups.

Lincolnshire

The ten most deprived wards in the county were shown in a report on deprivation are Skegness, Lincoln, Boston, Sleaford, Grantham, Spalding, Louth, Gainsborough, Stamford, North Hykeham. The primary indicators of deprivation for these wards were unemployment, lack of car, long term illness, lone parenting, overcrowding, social class and ethnicity.

Northamptonshire

In Northamptonshire 12.3% of children live in households with no earners; the highest rate in the county is Corby where 18.2% of children had no earning parent in 1991 (Northamptonshire County Council, 1995).



Appendix 4

Table A.1: Type of provision in the East Midlands Region, 1986/87
(Percentage of income)

County	Primary				Secondary				Special Schools			
	1	2	3	4	1	2	3	4	1	2	3	4
Derbyshire	100				2		98		100			
Leicestershire	96		1	3			100		100			
Lincolnshire		100					100		100			
Northamptonshire	100				22		78		97			3
Nottinghamshire	100				25		75		100			

Source: Education Statistics 1986/7, CIPFA.

Note:

1 = Traditional school meals

2 = Outside catering

3 = Cash cafeteria

4 = Other

Appendix 5

Table A.2: School meals prices in the East Midlands Region, 1986-1996

County	Primary	April 1986			April 1996		
		Primary	Secondary	Special	Primary	Secondary	Special
Derbyshire	45	55	45	100	120	100	
Leicestershire	61	n/a	48	110	110	88	
Lincolnshire	n/a	73	73	95	120	135	
Northamptonshire	60	60	60	-	-	96	
Nottinghamshire	62	67	67	112	120	112/120	
England	58	59	55	107	118	117	

Source: Education Statistics 1986/7 and 1996/97, CIPFA.

Note: all prices in pence

Appendix 6

Table A.3: Expenditure on school meals in the East Midlands Region, 1981/82

County	Expenditure on school catering £000's	School catering £/head of population
Derbyshire	£6,348	£6.98
Leicestershire	£4,510	£5.30
Lincolnshire	£2,672	£4.90
Northamptonshire	£2,488	£4.69
Nottinghamshire	£6,626	£6.80
East Midlands	£22,658	£5.96
England and Wales	£385,658	£7.77

Source: Financial, General and Rating Statistics 1981/82, CIPFA.

Table A.4: Expenditure on school meals in the East Midlands Region, 1986/87

County	Expenditure on school catering £000's	School catering £/head of population
Derbyshire	£11,834	£12.98
Leicestershire	£6,565	£7.54
Lincolnshire	£2,761	£4.87
Northamptonshire	£5,421	£9.82
Nottinghamshire	£10,785	£10.76
East Midlands	£37,368	£9.58
England and Wales	£467,351	£9.35

Source: Financial and General Statistics 1986/87, CIPFA.

Table A.5: Expenditure on school meals in the East Midlands Region, 1992/93

County	Expenditure on school catering £000's	School catering £/head of population
Derbyshire	£17,966	£19.14
Leicestershire	£7,627	£8.39
Lincolnshire	£972	£1.63
Northamptonshire	£2,705	£4.53
Nottinghamshire	£10,283	£10.12
East Midlands	£39,553	£9.75
England and Wales	£421,879	£8.28

Source: Financial and General Statistics 1992/93, CIPFA.

Table A.6: Expenditure on school meals in the East Midlands Region, 1995/96

County	Expenditure on school catering £000's	School meals as % of total education	School catering £/head of population	Education £/ head of population
Derbyshire	£12,76	54.4%	£13.31	£305.31
Leicestershire	£7,053	2.2%	£7.68	£355.92
Lincolnshire	£958	0.6%	£1.57	£273.71
Northamptonshire	£2,221	1.2%	£3.71	£313.50
Nottinghamshire	£8,501	2.3%	£8.24	£362.87
East Midlands	£31,498	2.3%	£7.65	£327.52
England and Wales	£401,871	2.3%	£7.77	£340.37

Source: Financial and General Statistics 1995/96, CIPFA, 1995.

Table A.7: Expenditure on school meals in the East Midlands Region, 1996/97

County	Expenditure on school catering £000's	School meals as 100% of total education	School catering £/ head of population	Education £/ head of population
Derbyshire	£12,296	4.3%	12.78	£298.13
Leicestershire	£6,261	1.9%	£6.77	£364.78
Lincolnshire	£862	0.5%	£1.40	£278.85
Northamptonshire	£2,419	1.2%	£4.02	£326.28
Nottinghamshire	£8,812	2.3%	£8.51	£363.77
East Midlands	£30,650	2.2%	£7.40	£330.66
England and Wales	£386,095	2.1%	£7.45	£346.96

Source: Financial and General Statistics 1996/97, CIPFA, 1996.

Appendix 7

Table A.8: Daily average number of free meals, 1986/87

County	Pupils
Derbyshire	21,748
Leicestershire	18,330
Lincolnshire	6,055
Northamptonshire	11,600
Nottinghamshire	28,000
Total East Midlands	85,733
England	1,044,055

Source: Education Statistics 1986/87, CIPFA

Table A.9: Pupils receiving free meals and paid meals, 1991/92

County	Free meals	Paid meals	Own food
Derbyshire	12,667	82,411	17,722
Leicestershire	10,894	41,944	39,570
Lincolnshire	5,517	11,431	45,380
Northamptonshire	5,959	381	n/a
Nottinghamshire	18,721	45,225	33,302
England & Wales	681,079	1,587,736	1,235,556

Source: Education Statistics 1991/92, CIPFA

Table A.10: Percentage of pupils receiving free meals and paid meals, 1996/97

County	Pupils paying				Pupils receiving free meals			
	Nursery	Primary	Secondary	Special	Nursery	Primary	Secondary	Special
Derbyshire	38	38	35	43	19	19	12	45
Leicestershire	-	23	30	47	-	14	10	27
Lincolnshire	1	2	32	31	2	7	8	38
Northamptonshire	-	-	-	28	-	10	8	28
Nottinghamshire	15	27	20	33	15	24	14	45
England	16	24	25	30	12	20	16	35

Source: Education Statistics 1996/97, CIPFA

Table A.11: Estimated numbers receiving free and paid meals, 1996/97

County	Pupils paying			Pupils receiving free meals		
	Nursery	Primary	Secondary	Nursery	Primary	Secondary
Derbyshire	1,547	31,166	13,974	773	15,583	4,791
Leicestershire	-	18,691	17,415	-	11,377	5,805
Lincolnshire	8	869	6,443	16	3,043	1,611
Northamptonshire	-	-	-	-	4,976	2,972
Nottinghamshire	1,077	24,380	12,509	1,077	21,671	8,756
East Midlands	2,632	75,106	50,341	1,866	56,650	23,935

Source: Compiled from Education Statistics 1996/97, CIPFA.

Appendix 8

Table: Free school meal provision: Derbyshire County Council

	Secondary Schools		Primary Schools	
	Authorised	Actual	Authorised	Actual
May 1991	5,083	3,535	11,667	10,541
May 1992	6,112	4,207	13,827	12,610
May 1993	6,074	4,300	15,526	13,947
May 1994	6,150	4,395	16,389	14,682
May 1995	6,393	4,287	16,339	14,440
May 1996	6,276	4,345	16,510	14,544

Source: Derbyshire County Council, 1996.

Appendix 9

Table: Free school meals provision, Lincolnshire County Council

Year	Primary	Secondary
1991/92	411,120	322,130
1992/93	509,983	350,700
1993/94	583,760	313,620
1994/95	503,910	264,410
1995/96	485,750	261,980

Source: Lincolnshire County Council, 1996.

Appendix 10

North Yorkshire (Education Catering): In 1995 The House of Lords found that North Yorkshire County Council had been guilty of sex discrimination under the 1970 Equal Pay Act when it cut women's wages to compete under CCT. In the case of *Ratcliffe v. North Yorkshire County Council* the women who had their wages cut in order to help the DSO win a tender were entitled to equal pay according to the pre-existing job evaluation even though the external competitor paid its female workforce less.

Cleveland (Education Catering): In August 1996 Cleveland County Council agreed to settle a sex discrimination claim following cuts in staff hours to save money affecting 2,000 women. Their pay was reduced by up to £50 a week whilst other staff in the contract were unaffected. The local authority agreed to settle the Sex Discrimination and Wages Act elements of the claim.

Sunderland (Education Catering): 180 school meals staff received compensation for the loss of pay, hours and working conditions when the school meals contract for Wearside was won by CCG in 1992. The school meals catering services is now under the direct control of Sunderland Council, whose winning tender allowed for a compensation award.

Appendix 11

Job seekers allowance cuts earnings for women part-timers

Many non-teaching staff working in schools and colleges are now paid on a term-time only basis and until now were eligible for unemployment benefit during some of their holidays. Since the introduction of the Job Seekers Allowance the restrictions have tightened and there are fears that many staff including school meals workers will be affected when they try to register for Jobseekers allowance during the holidays.

The DSS has stated that the Jobseekers' Allowance is not payable to those who work more than 16 hours a week. Although school meals staff are paid for 10 weeks a year, this period is ignored when calculating their average hours, under the new regulations.

School meals staff could lose up to £500 a year each, almost a fifth of their typical earnings. The DSS has said that the women could claim Family Credit instead, but that depends on how much they earn and whether they have children. The amount they would get would be half the former unemployment benefit entitlement.

They will also lose their National Insurance credit over the holidays unless it is paid by their employer, which could affect their entitlement to benefits in future because of a shortfall in contributions.

Appendix 12

Table: Summary of Nutritional Guidelines for School Meals

Nutrient	Recommendation
Energy	30% of the estimated average required
Fat	Not more than 35% of food energy
Saturated fatty acids	Not more than 11% of food energy
Carbohydrate	Not less than 50% of food energy
Non-milk extrinsic sugars	Not more than 11% of food energy
Non-starch polysaccharides (fibre)	Not less than 30% of the calculated reference value
Protein	Not less than 30% of the reference nutrient intake
Iron	Not less than 40% of the reference nutrient intake
Calcium	Not less than 35% of the reference nutrient intake
Vitamin A	Not less than 30% of the reference nutrient intake
Folate	Not less than 40% of the reference nutrient intake
Vitamin C	Not less than 35% of the reference nutrient intake
Sodium	Reduction

Source: Caroline Walker Trust, 1992, "Nutritional Guidelines for School Meals".

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