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FOOD IN SCHOOL POLICY

St Albert's Catholic Primary
School
(January 2016)

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Date of Policy: January 2016

HEALTHY STUDENTS ARE BETTER LEARNERS

There is an important link between healthy eating, physical activity and improved academic achievement.

AIMS

At St Albert's Catholic Primary School we aim to implement a whole school approach to healthy eating in order to improve the health of pupils, their families and school staff. We will equip our children and young people with the knowledge, understanding and skills that enable them to make the sort of choices that lead to a healthy lifestyle and develop to their full potential. In our school, pupils will be provided with a range of opportunities to make healthier food and drink choices.

OBJECTIVES

- To promote healthy lifestyles through healthy eating and drinking.
- To enable the school to present consistent, informed healthy eating messages.
- To ensure that practice complements the taught curriculum
- To ensure the pupils have the opportunity to choose healthy meals and snacks in school that meet the Governments food based standards
- To encourage a healthy balance in packed meal provision
- To provide a welcoming eating environment that encourages the positive social interaction of pupils.
- To take account of ethical, religious and medical dietary requirements of pupils and staff
- To restrict and, where necessary, exclude foods high in fat, salt and sugar in the interests of promoting a balanced diet

PRACTICE/IMPLEMENTATION/ORGANISATION

At St Albert's Primary school we adopt a whole school approach to healthy eating through:

School provision

- Using the School Meals Charter and Policy (KMBC, 2007), Food in Schools Toolkit (DH.2004) and School Food Trust Standards 2006 and 2007 to inform policy and practice.
- Adhering to the school meals standards (School Food Trust, 2006).
- Ensuring healthy food and drink options are available and promoted in breakfast clubs, snacks, tuck shops, break times and lunchtimes which comply with School Food Trust Standards (2006).

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- Complying with the recommendation of the kNewsley Oral Health promotion Strategy which recommends that at break times only skimmed or semi skimmed milk and plain water is available for pupils to drink. Pure, unsweetened fruit juices and smoothies containing less than 5% sugar may be offered in breakfast clubs and at lunchtimes.
- Having meals and tuck shop facilities that are promoting nutritious and healthy options and meet the government standards.
- Not allowing carbonated drinks and confectionary to be sold.
- Promoting water consumption, including easy access to free, clean and palatable drinking water via chilled water coolers or water on desks (plain, not fizzy or flavoured).
- Improving the dining room environment, e.g. posters, menu boards, photographs and background music to ensure the environment is conducive to the enjoyment of food and foster the social aspect of eating.
- Providing training in practical food education for appropriate teaching and ancillary staff, including diet, nutrition, food safety and hygiene e.g. via Food Partnership Trainers and KMBC Environmental Health and Consumer Protection Division.
- Providing appropriate storage for packed lunches and chilled storage for milk.
- Making healthy eating information available, such as the Schools Food Policy, leaflets, posters, school handbook etc for pupils and visitors.
- Ensuring that sweets and confectionary are not be used to routinely reward pupils. It is good practice to use alternative reward systems e.g. points, stickers, stars, vouchers (non-food).
- Encouraging parents to support non-confectionary ways of celebrating birthdays.
- Showing sensitivity to cultural, ethical, social, economic and medical issues about food.
- Ensuring that the duration of the lunch time period and the service and supervision arrangements allow pupils the opportunity to enjoy their meal without feeling stressed or hurried.

Curriculum

- Ensuring that pupils have opportunities to learn about different types of food in the context of a balanced diet, utilising the 'Eat Well Plate'
- Provide opportunities for pupils to learn about where food comes from such as growing clubs, farm or supermarket visits.
- Promoting oral health – the National Curriculum highlights the importance of oral health as an area of study at KS2. Teachers may wish to consult the Oral Health Promotion Team on 489 1754 for further information about oral health education, materials and support across all Key Stages
- Providing opportunities for learning how to plan, budget, prepare and cook meals, where appropriate (such as Family Cookery Courses).
- Utilising multi agency professionals such as school nurses, community dieticians, community cooks, school caterers, oral health service etc to assist in delivering specific areas of the curriculum
- Ensuring that pupils understand the need to avoid the consumption of foods high in salt, sugar and fat and increase the consumption of fruit and vegetables.

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- Provide pupils with opportunities for learning about the various cultural aspects of diet.
- Developing schemes of work with clear aims and learning outcomes in relation to Healthy Eating, including cross-curricular links, e.g. QCA Science and Design Technology units, and PSHE.

Consultation, Dissemination and Monitoring

- Liaison and consultation with catering services.
- Consultation with pupils, parents/carers, staff and governors on food policy and practice within the schools, e.g. surveys, questionnaires.
- Consultation with external agencies is used to inform healthy eating provision and support healthy eating activities e.g. Healthy Schools
- Dissemination of the policy will be made available to the whole school community and reference made in the school prospectus.
- Monitoring pupils' menus and food choices to inform policy development and provision.
- Informing parents / carers of menus available.
- Providing guidance to parents/carers around healthy lunchbox provision (contact Healthy Schools for healthy lunchbox leaflets).

POLICY DEVELOPMENT AND IMPLEMENTATION TEAM

The school have identified a Healthy Eating Team who oversee aspects of the promotion of healthy eating in schools. They liaise with the Healthy School's co-ordinator, teachers, pupil representatives, parent governors, the school nurse, DND representative e.g. school cook, the site manager and lunchtime supervisors. The Healthy Eating team access from the Healthy Schools Team, Knowsley SNAG (Schools Nutrition Action Group) and Oral Health Promotion Officer.

The Healthy Eating Team are responsible for developing, implementing, evaluating and reviewing a whole school food policy, with wide consultation and reference to national and local policy and practice guidelines.

The team reports back to the SLT.

THE ROLE OF THE HEADTEACHER

It is the responsibility of the headteacher that all staff and parents are informed about this policy and that it is implemented effectively. It is also the headteacher's role to ensure that all staff have appropriate support, training and resources so that they can teach effectively.

The headteacher will liaise with external agencies and the DCS regarding the school's food and thus ensure that all adults who work with children on these issues are aware of the school policy and work within its framework.

The headteacher will monitor the policy on a regular basis and report to the Governors on request.

THE ROLE OF THE GOVERNORS

The governing body has the responsibility of setting down these general guidelines on Food in School, and will support the headteacher in implementing them. Governors will inform and consult with parents about the Food in School Policy. Governors will also liaise and consult with the LA and Health organisations so that the school's policy is in line with National and Local guidelines.

(Governors may wish to read Food Policy in Schools: A Strategic Policy Framework for Governing Bodies, National Governors Council/Food Standards Agency. June, 2005)(Revised September 2007).

www.food.gov.uk/healthiereating/nutrition/schools/schoolgovernors

Role of the Parents/Carers

We wish to build a positive partnership with the parents/carers of our children and this can only be achieved through mutual trust and co-operation.

We aim to:

- Inform parents/carers about the Food in School Policy and practice, via newsletters, school prospectus etc.
- Invite parents/carers to view the materials and resources used to teach healthy eating.
- Answer questions about healthy eating and, where necessary, signpost a parent/carer to the relevant support agencies.
- Encourage parents/carers to be involved in reviewing the school policy and implementing modifications.
- Inform parents/carers about best practice with regard to current healthy eating practice so that they may support the key messages being given to the children in the school.
- Involve parents/carers in consultation and discussions

REVIEW

This policy was agreed on 20th January 2015 at the and it will be reviewed annually unless there are changes to National and Local Guidelines.

Signed:

Date: January 2016

Review Date: January 2017

November 2015

Knowsley Healthy Schools

Framework for Food in Schools Policy

Introduction

Every Child Matters: Change for Children (DfES,2005) sets out the government's commitment to improving outcomes for children and young people. One of the five outcomes is "be healthy". Under the OfSTED Inspection Framework schools are inspected against the five outcomes.

In the school's Self Evaluation Form (SEF) schools will need to demonstrate what steps they are taking towards meeting the five outcomes. The introduction of a whole school food policy is a key element towards meeting this outcome and demonstrating how the school engages with pupils and parents (National Governors' Council, 2005).

This Framework has been written to help your school develop, write and implement a Whole School Food Policy. The key aim of the policy is to develop healthy eating and drinking activities in your school that can benefit pupils, staff, parents/carers, caterers and others associated with your school. This framework supports the whole school approach set out in the Healthy Schools Programme.

A whole school policy enables your school to develop and maintain a shared philosophy on all aspects of food and drink. It makes a public statement of how your school cares for and makes a positive contribution to the health and wellbeing of pupils, staff and other stakeholders. In particular it aims to develop a coherent approach to healthy eating activities in schools (Food in Schools Toolkit, DH, 2005).

Diet and Health

Diet is central to health and children's diet can be an important influence on their health now and in the future. Nutritional status can have immediate impact on the health of children and young people. A poor diet can contribute to anaemia, dental caries, obesity, susceptibility to illness and adversely affect general health. **Good eating habits developed in childhood are more likely to encourage positive behaviours throughout life and a good diet in childhood can help protect against chronic diseases in later life.**

Cardio vascular disease and cancer are two of the most common causes of death in England. People in Knowsley have a life expectancy of three years less than the England average. The major causes of death in Knowsley are cancer, coronary heart disease, stroke and respiratory disease (KMBC/KPCT, 2007).

Poor diet is also the biggest contributor to cancer deaths after smoking. There is increasing evidence that chronic diseases such as heart disease, stroke, type 2 diabetes and some forms of cancer in later life are first established through childhood eating habits (Maynard et al, 2003). The diets of children impact on the risk factors for heart disease including obesity, blood cholesterol levels and blood pressure. Young people with raised blood pressure in early life are more likely to have raised blood pressure in later life (McCarron et al 2000 cited in HDA, 2005).

In addition, type 2 diabetes is starting to emerge in childhood (Department of Health, 2003). Thus, strategies to promote healthy eating at this stage will have longer term health benefits (Health Development Agency, 2005).

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For example eating 5 portions of fruit and vegetables each day reduces the risk of cancer, heart disease and stroke by around 20%. In fact increasing fruit and vegetable consumption is the second most effective strategy for preventing cancer after stopping smoking. (KMBC/KPCT, 2007)

Obesity

Increasing levels of obesity are of concern locally, nationally and globally. At least two thirds of the population in Knowsley is overweight or obese. Obesity reduces life expectancy by nine years on average and is responsible for many premature deaths (Knowsley Public Health Annual Report, 2006).

Nationally the prevalence of obesity in children is rising. The Health Survey for England (2004) reported 33% of boys (aged 2-15) and 35.1% of girls were either overweight or obese. Recent local data reports of children aged 4 and 5 (Reception year 2005/6) 11% are obese and 13.6% overweight. Children aged 10 and 11 (Year 6 2005/6) 21.6% are obese and 14.1% overweight (Knowsley PCT, 2006).

The increase in childhood obesity has been associated with an increase in sedentary lifestyles and changes in dietary patterns and eating habits (The National Diet and Nutrition Survey 2002).

Recent studies have shown that most children in the UK are eating diets too high in fat, sugar and salt and too low in fruit and vegetables. This finding is supported locally in an evaluation of the nutrient intake from school meals of children in secondary schools in Knowsley (Waters and Hackett, KMBC 2005) and the Knowsley Children and Young People's Health Related Behaviour Survey (SHEU, 2006).

The British Medical Association has expressed concern about the eating habits and nutritional status of adolescents in the UK (BMA,2003) and the diet of British children has been described as being among the worst in Europe (Vereecken & Maes, 2000 cited in Waters and Hackett, 2005).

Poorly nourished children especially those who are overweight or obese often experience social, emotional and psychological problems, with the tendency for lower self esteem and being less popular with their peers.

This can have a significant impact on behaviour and performance in schools.
(Department of Health, 2005)

Tackling this issue is a matter of both national and local priority. The Department of Health has set clear priorities to reduce dietary intake of fat, salt and sugar, increase fruit and vegetable consumption and tackle obesity (DH, 2005).

Local initiatives such as ***Energise Knowsley!*** : An obesity strategy for Knowsley (April, 2004) identified its key target for there to be no increase in the levels of obesity for the next five years. Strategies include:

- Enabling communities to support each other, eat more healthily and to be more active
- Developing co-ordinated programmes of events to encourage healthy eating and active lifestyles
- Raising awareness of the principles of healthy eating and the levels of activity required to maintain good health
- Facilitating healthier choices so that healthier eating and active lifestyles are the easier options particularly for disadvantaged groups
- Prioritising those who are most at risk of obesity, including children for targeted intervention

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Key targets set for schools are:

- A minimum take up of school meals of 60% in each school
- An increase of 10 schools per year over the next 3 years achieving National Healthy School Status (As of September 2007, 42 Knowsley schools have achieved National Healthy Schools status).

As children spend on average a quarter of their waking lives in school the way in which schools promote the healthy eating message can have a major impact, particularly where staff, pupil and parent attitudes reflect the taught curriculum. The government have identified the importance of adopting a 'whole school approach' as a key element of their commitment to improving children's health.

Oral Health

An unhealthy diet not only affects childhood health outcomes with regard to general physical and psychological wellbeing and obesity, but also tooth decay which remains one of the most common preventable childhood diseases. Poor oral health can have a detrimental effect on children's performances in school and their success in later life. Children who suffer from poor oral health are more likely to have more restricted activity days including missing school than those who do not. Globally more than 50 million hours annually are lost from school due to oral disease.

The 2005/6 National Health Service Survey of tooth decay in five year old children in the North West indicated that the percentage of children with one or more decayed, missing or filled teeth ranged from 32% in Bebington and West Wirral, to 65% in North Manchester.

Knowsley was third from bottom at 62% (Dental Observatory, 2006). Higher levels of children with decayed, missing or filled teeth are strongly associated with districts with greater social deprivation. Children in the worst area had on average six times as many teeth affected by tooth decay compared with the best area. Recent surveys of 5 year olds across Knowsley indicate 62% have had some dental decay experience (Oral Health Promotion Strategy for Knowsley, 2005-8).

Knowsley has high levels of deprivation and has been highlighted as the third most deprived borough in England. The borough is ranked 38 out of 354 for income deprivation and 30 out of 354 for employment deprivation. Of Knowsley's 22 wards, 18 are amongst the most deprived wards in England. (Index of Multiple Deprivation, 2004)

*'The poor state of 5 year old children's teeth is not a reflection of their schools environment as the decay process would already have begun before the children entered primary school. **However, after this schools can influence improvements, they can promote a healthy diet and control the types of food and drink consumed at school i.e. policies on healthy tuck shops, healthy snacks and school meals are beneficial e.g. Healthy Schools Standards – Healthy Eating**' (The Dental Observatory, July 2005).*

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All primary and special schools in Knowsley must offer parents the opportunity for their child to receive fluoridated 'Dental Milk', this is pasteurised semi skimmed milk to which a small amount of fluoride has been added.

Fluoride has been shown to reduce tooth decay, as fluoride is not added to our local water supply 'Dental milk' can be offered as a substitute to help prevent dental decay.

(Consent forms must be signed which are then kept in school for the period of time the child is eligible to drink school milk. Any queries about Dental milk contact Oral Health Promotion Department 489 1754)

Healthy Schools

Schools have long been recognised as important settings in which to improve the health and emotional wellbeing of children and young people. The government has repeatedly highlighted the important role schools can play in promoting health, and in reducing health and other forms of social inequality.

Recent research, commissioned by the government has revealed that primary schools which belong to the National Healthy Schools programme have significantly outperformed others in national tests in reading, writing, maths and science (KS2 SATs).

Achieving National Healthy School Status supports individual schools to:

- Make a significant contribution in helping its children and young people achieve the five outcomes of Every Child Matters
- Identify valuable outcomes and processes that can be recorded in its OFSTED self-evaluation Form
- Strengthen the school's position to offer effective extended services
- Give a clear signal to children and young people, parents/carers, governors and the wider educational community that the school values participation, consultation and inclusion

In a recent survey 63% of head teachers say the Healthy Schools Programme is making a contribution to pupils having healthier lifestyles.

Building on the government's vision that all schools will be Healthy Schools by 2009, the Healthy Eating Theme has specific criteria, that requires all schools to have a whole school food policy which covers all food and drink consumed across the school day, which all schools within the National Healthy Schools Programme must achieve in order to obtain full Healthy School Status.

As of September 2007, 42 Knowsley Schools have achieved National Healthy Schools Status. This means that they have met or exceeded national criteria in the 4 key themes of PSHE, Emotional Health and Wellbeing, Physical Activity and Healthy Eating. Recent research amongst year 6 pupils in Knowsley indicates 89% of pupils felt their schools help them to make healthier food choices (KHS, 2007).

This document is intended to provide schools with a framework of guidance and suggestions reflecting the current local and national strategies around which individual schools can develop **their own** Food in Schools Policy. However,

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please ensure that you have consulted the School Food Trust document 'A guide to introducing the Government's new food-based standards for all school food other than lunches' which became statutory in September 2007.

www.schoolfoodtrust.org.uk

The criteria cited in appendix 1 must be met by schools in order to achieve accreditation in the National Healthy Schools Healthy Eating Theme.

Background

This policy is informed by National guidelines, including;

- The National Curriculum (DfEE, 2000)
- The Grab 5! Pack (Sustain, 2003)
- Every Child Matters (H M Treasury, 2003)
- Healthy Living Blueprint for Schools (DfES, 2004)
- Choosing Health: making healthier choices easier (DOH, 2004)
- National Healthy Schools Healthy Eating Standard (DfES/DH, 2005)
- Food in Schools Toolkit (DH, 2005)
- OfSTED Self Evaluation Framework for Schools (DfES, 2005)
- Every Child Matters: Change for Children Outcomes Framework (2005)
- Food Policy in Schools: A Strategic Policy Framework for Governing Bodies (National Governors' Council, Food Standards Agency, 2005) (Revised September 2007)
- Turning The Tables – Transforming School Food (School Meals Review Panel, 2005)
- Nutritional Standards for school lunches and other school food (School Food Trust, 2006/7)

and local strategies and policies including:

- *Energise Knowsley! An Obesity Strategy for Knowsley* (2004)
- An evaluation of nutrient intake from school meals of children in secondary schools in Knowsley MBC before and after a programme of intervention (Waters and Hackett, KMBC, 2005)
- Public Health Annual Report (2006): Knowsley Health and Social Care 2007
- Knowsley School Meals Charter and Policy (2007)
- Knowsley Oral Health Promotion Strategy (2005 -2008)
- Knowsley Children and Young People's Strategic Plan 2007-2010 (KMBC, 2007)

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Appendix 1 : National Healthy Schools Criteria for Healthy Eating Theme

(NB This is National Healthy Schools Criteria and cannot be altered. This is what schools are audited against to receive accreditation in Healthy Eating Theme).

2. Healthy Eating

- Healthy eating contributes significantly to the being healthy national outcome for children
- Children/young people have the confidence, skills, knowledge and understanding to make healthy food choices
- Healthy and nutritious food and drink is available across the school day

A Healthy School: (Criteria and minimum evidence required to achieve it)

2.1 Has identified a member of the SMT to oversee all aspects of food in schools

- there is a named member of the SMT to oversee all aspects of food in schools
- the persons role in relation to healthy eating is known by staff

2.2 Ensures provision of training in practical food education for staff, including diet, nutrition, food safety and hygiene

- This criterion should directly support 2.9
- The school's CPD file evidences how staff needs regarding practical food education are identified
- Staff (such as Food Technology and PSHE teachers) can discuss their experience of appropriate CPD – e.g. Food and Nutrition Training, Food Partnership Programme, Food Hygiene Training.

2.3 Has a whole school food policy – developed through wide consultation, implemented, monitored and evaluated for impact

- Parents/carers, governors, caterers and children/young people are/have been involved in policy development and can describe their involvement
- A policy is available covering all aspects of food and drink at school, including appropriate curriculum links, reference to policy regarding packed lunches/food brought into school and children/young people going off site to purchase food
- The policy is referred to in the school prospectus/profile

2.4 Involves pupils and parents in guiding food policy and practice within the school, enables them to contribute to healthy eating and acts on their feedback

- Children/young people and parents/carers are/have been involved in guiding the School's Food Policy and can describe their involvement
- Children/young people and parents/carers agree that their feedback relating to policy has been appropriately considered

2.5 Has a welcoming eating environment that encourages the positive social interaction of pupils (see Food in Schools guidance)

- The school has developed healthy/welcoming aspects of the dining room environment – including display and labelling of food, promoting healthy eating, ready availability of water,

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appropriate queuing arrangements, adequate time available to purchase and eat meal, non-stigmatisation of FSME pupils, social dining and cleanliness

- Pupils and staff feel that the dining area makes a positive contribution to the dining experience – including adequate time to eat their meal and avoid stigmatisation of FSME pupils

2.5 Ensures that breakfast clubs, tuck shop, vending and after school food service (where available) meets or exceeds current DCSF school food standards

- The governing body, named member of SMT and catering providers (DND) agree that non-lunch standards are being met and reviewed regularly

2.6 Has a school lunch service that meets or exceeds current DCSF standards for school lunches

- Healthy options are promoted, the caterer can say how minority ethnic and medical/allergy needs have been considered/incorporated into menu planning
- There is appropriate guidance (promoting healthier options) given to pupils, parents/carers who have packed lunches

2.7 Monitors pupils' menus and food choices to inform policy development and provision

- The school has developed a system for monitoring menus and choices
- The governing body, SMT and DND can demonstrate that they use data and how it influences developments

2.8 Ensure that pupils have opportunities to learn about different types of food in the context of a balanced diet (using the Balance of Good Health), and how to plan, budget, prepare and cook meals. Understanding the need to avoid the consumption of foods high in salt, sugar and fat and increase the consumption of fruit and vegetables

- There are schemes of work for Healthy Eating found in food Technology, PSHE and other subject areas
- Schemes of work and/or out of hours activity incorporates age and ability appropriate lessons on a balanced diet, planning, budgeting, preparing and cooking skills for ideas and support
- The curriculum considers the emotional aspects of food, the nature of eating disorders, the role of the media and is appropriately connected to aspects of emotional health and well-being
- A curriculum map is being developed or is in place

2.9 Has easy access to free, clean and palatable drinking water, using the Food in Schools guidance

- Water consumption is encouraged and promoted with pupils having access to free clean, palatable drinking water across the school day and at lunchtimes
- The school monitors the availability of water and ensures it is being used by pupils

2.10 Consults pupils about food choices throughout the school day using school councils, healthy school task group or other representative pupil bodies

- Children/young people say that they are regularly (at least termly) and appropriately consulted about food choices – including school meals and food and drink other than lunch

This Food in Schools Policy has been developed in consultation with the following:

Healthy Schools Partnership Board on 28/09/05

Paula Cain	- Healthy Schools Manager
Pam Thomas	- Clinical Lead School Nurses
Gill Price	- Headteacher, St. Brigid's Primary School
Julie Tierney	- Health Promotion Strategy Manager
Leanne Widnall	- Senior Therapist/BEST
Julia Smith	- Children's Fund Manager

School Nutrition Action Group (SNAG) on 5/10/05

Paula Cain	- Healthy Schools Manager
Maureen Craig	- Healthy Schools Advisor
Annette Mercer	- Dental Health Promotion Manager (Knowsley PCT)
Eileen Collins	- Community Dietician (Knowsley PCT)
Sue Forrest	- Senior Trading Standards Officer
Sheelagh Rutherford	- Facilities Manager (DEOS)
Liz Saunders	- Health Promotion Training Facilitator (Knowsley (PCT))

Food and Health Steering Group on 6/10/05

Julie Tierney	- Health Promotion Strategy Manager (Knowsley PCT)
Justin Waters	- Operations Manager (DEOS)
Sheelagh Rutherford	- Facilities Manager (DEOS)
Annette Mercer	- Dental Health Promotion Manager
Liz Saunders	- Health Promotion Training Facilitator
Mary Farrell	- Health Equality Links Manager, Knowsley Public Health
Lynne Passey	- Community Health Development Team Manager
Susannah Jones	- Healthy Lifestyles Co-ordinator Knowsley PCT

Updated by Knowsley Healthy Schools September 07 to meet new School Food Trust Standards (2006/2007) in consultation with the School Nutrition Action Group, Food and Health Steering Group, Operations Manager DND and Healthy Schools Partnership Board.

Useful contact numbers

Knowsley Healthy Schools 443 5730/5682

Oral Health Promotion 489 1754

www.healthyschools.gov.uk

www.schoolfoodtrust.org.uk

www.teachernet.gov.uk

www.northwestdentalhealth.nhs.uk

www.food.gov.uk/healthiereating/nutritionschools/schoolgovernors

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www.teachernet.gov.uk/wholeschool/extendedschools/detailedguidance

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