

# Food and Health in Early Child

Deborah Albon and P



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A Holistic Approach

Deborah Albon and Penny Mukherji



Los Angeles • London • New Delhi • Singapore

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Figure 3.1 © The Eatwell Plate, The Food Standards Agency,  
www.food.gov.uk, 17 September 2007.

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# Contents

About the Authors	vii
Acknowledgements	viii
Preface	ix
<b>1 Policy Development</b>	<b>1</b>
Philanthropic concern (pre-1906)	2
A residual service (1906–Second World War)	3
A universal service (1944–79)	5
A return to the market (1980–96)	7
Safeguarding futures (1997 onwards)	10
<b>2 Nutrition, Health and Development</b>	<b>18</b>
An introduction to nutrients and food groups	19
The role of nutrition in the holistic development of adults and children	25
Food sensitivity	28
Food additives	30
Obesity	31
<b>3 Healthy Eating Guidelines</b>	<b>36</b>
Healthy eating guidelines for adults	36
Healthy eating guidelines for conception and pregnancy	41
Providing food and drink for infants 0–1 year	46
Providing food and drink for children 1–5 years (nursery guidelines)	54
Providing food and drink for children 5–8 years (school guidelines)	57
<b>4 Health Inequalities</b>	<b>61</b>
Global poverty and health inequalities	61
Countries in transition and the effect of globalization	64
Health inequalities in Europe and the UK	67
Health inequalities and children’s nutrition	70
Nutritional inequalities within families	73
<b>5 Food, Eating and Emotion</b>	<b>77</b>
The physiological processes underlying eating behaviour	77

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## Food and Health in Early Childhood

Impulsivity and eating behaviour	80
Stress, depression and eating	81
The influence of early feeding experiences	83
Feeding and eating disorders	87
Promoting positive attitudes towards food in early years settings	90
<b>6 Food, Culture and Identity</b>	<b>95</b>
The symbolic significance of food and eating	95
Food, identity and religion	98
Food, identity and ethnicity	101
Food, identity and the 'green' or ethical consumer perspective	104
Food, identity and class	105
Food, identity and gender	106
Children becoming part of the wider world	109
<b>7 Promoting Healthy Eating in Early Childhood Settings</b>	<b>115</b>
Why should we promote healthy eating in the early years?	116
What do we mean by health promotion?	116
Promoting healthy eating and the early years curriculum	120
Listening to children	127
Involving parents in promoting healthy eating	129
Developing a health promotion programme	131
<b>8 Multidisciplinary Working</b>	<b>135</b>
Why is multidisciplinary working important in the area of children's food and eating?	136
What do we mean by multidisciplinary working?	140
Benefits and barriers to multidisciplinary working	143
Researching children's food and eating – the importance of multidisciplinary working	147
Glossary	151
References	154
Index	165

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# About the Authors

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# Preface

Food and eating, for many people, is regarded as one of the great pleasures in life. It is something that is shared, albeit differently, across cultures and throughout human history. Understanding, preparing, cooking and sharing food for and with children from birth to 8 years is something that we as authors wish to celebrate in this book. However, we recognize that issues relating to food and eating are various and complex. After all, knowledge of nutrition and a healthy diet does not guarantee that people's food-related behaviour follows suit. Food and eating is a complex interplay of physiology, psychology, ethics and values, cultural expectation and symbolic meaning, to name but a few. Thus, it is an area that crosses many professional disciplines as well as theoretical approaches (Albon, 2005). As many of you will be aware, multidisciplinary approaches to working with children and families form much of public policy at the present time. This book is a timely look at an important area of practice through a variety of theoretical lenses.

## **Aims of this book**

In order to explore a range of perspectives on food and health in early childhood, this book aims to:

- ▶ develop your knowledge and understanding about the crucial role food and drink play in young children's health and development. Children's earliest years are known to be the optimum time for developing healthy eating habits as well as for laying down the foundations for good health as an adult
- ▶ introduce you to a range of perspectives on food and eating, drawing on approaches from health studies, nutritional science, education, psychology, anthropology, social policy, sociology and cultural studies, for instance. In other words, this book is broader in scope than purely being a book looking at health and nutrition: our aim is to encourage you to think about food and eating through a range of theoretical lenses
- ▶ consider issues of equality and inclusion in relation to food and eating, such as how gender, race, ethnicity, class, religion and disability, impact upon our understanding and practice in this area

- ▶ encourage you to reflect on your professional practice with young children in relation to food and eating. In addition, you will be encouraged to reflect on your own attitudes towards food and eating
- ▶ encourage you to reflect on the increasing number of policy initiatives around food and health and the implication of these for early years practice, not least the need for multidisciplinary working.

A key aim for us is to convey our enthusiasm and commitment to developing quality provision for young children and their families in the area of food and eating – an area, we feel, that has tended to be neglected until recently. The concept of ‘health’ that underpins this book is a broad one. Generally, most health practitioners believe that health is not just the absence of disease, but includes the presence of the social, cultural, spiritual, mental and emotional aspects of life (Mukherji, 2005). We hope this broad conception of health is reflected in the range of material we have drawn upon in writing this book.

## **Organization of the book**

The book is organized into eight chapters, each reflecting different perspectives on food and health in early childhood. Throughout the book you are encouraged to make links between your own beliefs and values, early years practice, and the theories introduced in the book in the form of reflection points, case studies and activities. Each chapter identifies key learning that will be introduced, further reading and useful web sites, and there is also a full glossary near the end of the book (glossary terms are emboldened in the text). We use the term ‘early years practitioner’ in the book to mean teachers and nursery nurses, that is, professionals who work with children under the age of 8 years in contexts such as nurseries, children’s centres and schools.

We hope that this book will quite literally provide ‘food for thought’ in relation to young children and their family’s diet and dietary behaviours, and encourage you to think about a range of perspectives on food and eating. We further hope that in reading this book, you will be inspired to reflect on your own attitudes towards food and eating as well as early years practice and share our passion and commitment to developing this fundamentally important area of early years practice.

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# Policy Development

## Chapter 1

This chapter looks at the development of public policy in relation to children's food and eating. It charts the move from the view that what children eat is the private concern of the family, with philanthropic support for the most impoverished, to one of a universal service in the mid-1940s. The chapter also discusses the near reversal of such policy in the 1980s and the recent moves to seeing policy as part of broader strategies aimed at safeguarding children's futures, such as health promotion strategies and policies aimed at ecological sustainability.



Practice in relation to young children's food and eating does not occur in a vacuum. Public policy provides the framework within which practice is embedded and reflects cultural attitudes towards food and eating; something that is looked at in detail in Chapter 6 of this book. But public policy is not static. It changes according to historical and political circumstances, which emphasize different roles and responsibilities of the state, the family and children, and has changed as anxiety over children's diets has moved from alarm over lack of food to concerns about the excess and nutritional composition of the food in children's diets (Gustafsson, 2003). Much of the chapter charts the development of the school-meals service. However, provision of food and drink for children under 5 years in day care or nursery education has been less subject to state intervention, possibly highlighting the lack of a universal, state provided, full day-care and education service for children under 5 in the UK. Yet this is a crucial part of practice as an increasing number of young children receive their three main meals a day in such settings (Caroline Walker Trust, 2006).

This chapter aims to trace the development of policy in relation to young children's food and eating, highlighting the following key periods:

- ▶ Philanthropic concern (pre-1906)
- ▶ A residual service (1906–Second World War)
- ▶ A universal service (1944–79)
- ▶ A return to the market (1980–96)
- ▶ Safeguarding futures (1997 onwards)

## Philanthropic concern (pre-1906)

The advent of compulsory schooling in 1870 highlighted the extent of malnutrition in the school population (Rose and Falconer, 1992). Passmore and Harris (2004) point out that school-meals provision began to be argued for on education as opposed to health grounds, because there were concerns that children would be unable to benefit from the state education system owing to malnutrition. The early childhood pioneer, Margaret McMillan, believed it was indefensible to expect a hungry child to learn, and focused upon the health inequalities that existed between the rich and the poor, saying, 'Below every strike, concealed behind legislation of every order, there is this fact – the higher nutrition of the favoured few compared with the balked childhood of the majority' (McMillan, quoted in Steedman, 1990: 15).

This echoes broader concerns, which ultimately lead to the development of school-meals provision. The 1899–1902 Boer War highlighted the number of recruits who were unfit to fight owing to malnutrition. This resulted in the setting up of a Royal Commission on Physical Deterioration, which was also a prime mover in the development of the 1906 Education (Provision of Meals) Act. Young (2002) also points out how the school meals service developed as a response to the dire social conditions experienced by the growing industrialized city populations. He discusses the experience in Scotland where, in the 1870s, there were Day Industrial Schools that were known as 'Feeding Schools', which provided at least one hot meal a day. If parents could not pay, the cost was met by charitable institutions. It should also be noted that in 1879 Manchester was one of the first cities in England to provide meals for poor and malnourished children.

The growth in the public provision of food for poor children is indicative of the way that philanthropic support was beginning to be challenged as the foremost means of alleviating poverty. Young (2002) notes that at the beginning of the twentieth century the burgeoning Labour movement and working-class, socialist agitation had led the then Liberal government to introduce policies such as National Insurance. The introduction of the school-meals service could arguably be seen as part of other welfare reforms of the period. Moreover, there was a feeling that school-meals provision could also have social advantages such as inculcating good manners and cleanliness, both deemed as deficient in the working-class child (Young, 2002).

Young (2002: 8–9) summarizes the key factors that led to the introduction of statutory school-meals provision as:

- ▶ An inducement to increase attendance at school
- ▶ A mechanism for increasing the stature and improving the health of the population
- ▶ A means of reducing crime and antisocial behaviour

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## Food and Health in Early Childhood

- ▶ A means of inculcating good habits and manners
- ▶ A prerequisite for children to take full advantage of the education being provided
- ▶ A means of reducing the ill effects of privation on children during war-time
- ▶ A free service for those identified as most needy.

However, it is important to stress that despite the multitude of reasons that led to the development of the school-meals service, some people were strongly against it. The provision of meals was believed to usurp traditional family responsibility and the duty each family had to nurture their own children (Gustafsson, 2003).

## A residual service (1906–Second World War)

Initially, the school-meals service developed as a service for the most impoverished children. The Education (Provision of Meals) Act of 1906 gave statutory authority to local education authorities (LEAs) to provide school meals. However we should be careful not to confuse this with a *duty* to provide meals for children. Until the Second World War, only 25,000 meals per year were provided even though there were 6 million children in school (Rose and Falconer, 1992).

Children who received a free dinner were often given a lesser quality dinner than those who paid and sometimes even ate separately (Passmore and Harris, 2004). The emphasis was on the quantity of food as opposed to the quality of the school dinner, as can be seen in this infant menu supplied by the Alexandra Trust for London County Council in 1906 (you can view it in full on [http:// learningcurve.pro.gov.uk/britain1906-18/g2/cs2/g2cs2s3.htm](http://learningcurve.pro.gov.uk/britain1906-18/g2/cs2/g2cs2s3.htm)) an extract of which is below.

### Dinner menus for infants

- ▶ Stewed beef or mutton, suet roll, potatoes and bread
- ▶ Beef stewed with peas, suet roll, potatoes and bread
- ▶ Mutton stewed with haricot beans, steamed potatoes, bread and suet pudding
- ▶ Rice, tapioca, macaroni or barley pudding with two slices of sultana bread and butter
- ▶ Stew – very fine mince

- ▶ Baked custard, with bread and butter
- ▶ Savoury custard, with bread and butter

### **Breakfast menus**

- ▶ Cocoa, porridge and two slices of bread and butter
- ▶ Cocoa, three slices of bread and dripping
- ▶ Hot milk and bread, two slices of bread and jam or marmalade

### **Reflection point**

Look at the menu above. Does this menu reflect the kinds of food on offer to children at nursery or school today? In what ways does it differ?

Sharp (1992) notes that at the start of the First World War (1914), central government gave a 50 per cent grant for school meals, whereas previously money had come from local taxation within an expenditure limit set by central government. This resulted in a dramatic increase in the numbers of children receiving a meal, from 160,000 to 500,000. This grant was cut in the post-First World War period, which resulted in lower take-up of the provision, and in the 1930s there was increased targeting of school-meals provision to those deemed most needy, in order to direct scarce resources most efficiently. It was also during this time that the Milk Marketing Board introduced the School Milk Scheme, which ensured that poor and malnourished children received a third of a pint of free milk daily and those who were able to afford it were able to receive it at cost price (Passmore and Harris, 2004).

### **Activity**

For those children who received a free school meal, this had a significant impact on their health. Look at the National Archive web site (see <http://learningcurve.pro.gov.uk/britain1906-18/g2/cs2/g2cs24b.htm>). You will see a graph that charts the increase and decrease in weight of a group of children in 1907. Take a few moments to look at how the weight of these children decreased during the school holidays. It serves as a stark reminder that malnourishment due to lack of food was a real concern for families living in poverty during this period.

Whilst this period of school-meals reform is characterized by its concern for the most impoverished children, the development of the school-meals service was also indicative of the increase in state interest and intervention in the private lives of the population (Gustafsson, 2003).

## A universal service (1944–79)

The Second World War heralded a dramatic shift in policy. It is important to see this shift as part of the wider package of welfare reforms introduced in the 1940s such as the development of the National Health Service. Rose and Falconer (1992) highlight how the development of the welfare state in the post-war period emphasized the importance of collective, free provision of services as an expression of social solidarity.

Sharp (1992) argues that there were four key factors that impacted upon school-meals policy in this period:

- 1 Domestic rationing, brought in as a result of food shortages, did not take into account the particular needs and requirements of children. School meals were a way of ensuring children got a nourishing meal each day.
- 2 Wartime bombing led to large-scale movements of the population, such as the evacuation of children. This led to the development of large civic catering facilities.
- 3 Women were needed to work as part of the war effort, so school meals were seen as a key strategy in maximizing women's employment because women might be encouraged into employment in the comforting knowledge that their children were being fed while they were away.
- 4 A new policy of Family Allowance had been developed and this benefit included free school meals and milk as accompanying benefits.

In 1941 central government gave a 95 per cent grant to LEAs in order to fund the provision of school meals and there was a national campaign to expand the service (Passmore and Harris, 2004). Whilst it might be easy to skim over figures like this, it is important to think carefully about what they signify: central government grants for the funding of the service on this scale were unprecedented and are an expression of the importance that was placed on meals provision at that time. In the same year, the Board of Education Circular 1571 set the first nutritional standards for school meals. These specified the quantities of protein and fat the meal should provide, reflecting the influence of rationing (Passmore and Harris, 2004).

The 1944 (Butler) Education Act, section 49, altered the provision of school meals to children. Significantly, LEAs were now *obliged* to provide milk and a



meal for all pupils who wanted one, in both primary and secondary schools and at a cost of no more than the ingredients unless entitled to free meals. It also legislated that post-war school buildings had to have a kitchen, which would enable meals to be cooked that were suitable for the children's main meal of the day (Passmore and Harris, 2004). Nutritional experts were keen that all children had access to nutrients and calories; indeed this was seen as an entitlement, although, in practice, these nutritional standards were not standardized for the whole of the UK until 1965 (Gustafsson, 2003).

The impact of this policy was a huge increase in the number of pupils receiving a school meal each day. When school-meals provision was at its height in the 1960s, two-thirds of children were receiving a school dinner (Rose and Falconer, 1992). Yet we should not be seduced into thinking that all children ate the dinner that was offered to them; even when collective provision was at its height, not all children ate it. Indeed the 1975 Department of Education and Science (DES) working party on nutrition in schools stated that children's diets in the home were now adequate in terms of daily intake of nutrients and there was recognition that there was wastage of school meals. The report urged LEAs to take into account the likes and dislikes of children when planning meals (Rose and Falconer, 1992).

### **Activity**

Whilst some families have always paid for school meals, they do not pay the full cost of the dinner. We should remember that, in subsidizing school meals, wealthier families benefit as well as poorer families. Should the school-meals service aim to redistribute resources and concentrate on providing a service for those most in need, as seen in the 1906 provision? Alternatively, should the school-meals service promote social cohesion and provide a universal service i.e. for every child?

Spend some time listing arguments and counter-arguments for each position.

As well as developing a collectivist approach to school-meals provision, and we should note that the original intention was that it should develop into a free service for all irrespective of the ability to pay – albeit that this was never delivered – the 1940s saw the beginning of provision of milk for pregnant and breastfeeding mothers as well as young children. The Welfare Food Scheme was developed as a universal benefit and provided mothers and children under the age of 4 years with milk; 'national formula' for babies if not breastfed and milk for pregnant women and women who breastfed their children. In addition, all children in nurseries or

day care were entitled to a third of a pint of milk daily (Buttriss, 2003). This universal service was another expression of the state having a strong role in providing welfare services for *all* its citizens, not just those who need them most.

In summing up this section, we can see that a strong state, providing universal services as a right of citizenship, characterizes this period. The Second World War had introduced government control of food, and indeed of other areas of social life, to an unprecedented level and the changes to school-meals provision in 1944 and the Welfare Food Scheme can both be positioned as an expression of social solidarity and an investment in the future citizenship of the nation.

## **A return to the market (1980–96)**

Despite the optimism of the post-war period, there was a growing feeling that the collective provision of meals for young children was unnecessary, costly and, at its most extreme, damaging in terms of discouraging parents from taking responsibility for their own children. Rose and Falconer (1992: 350) quote Arthur Seldon, from the Institute of Economic Affairs, as proclaiming in the 1970s, 'Free or subsidized school meals do not teach parents to be less destitute, less irresponsible or less ignorant.'

From this, we can see a growth in thinking that for the vast majority of people, individual families should be responsible for the greater part of their children's care, unencumbered by the 'nanny state', which echoes concerns previously voiced when the 1906 Act was proposed. The welfare state, then, if we examine Seldon's quotation more deeply, was perceived to be part of the problem in creating welfare dependency, supposedly encouraging parents to abdicate their responsibilities for their own children. Thus, in stark contrast to the post-Second World War period, the state's role in relation to school meals was increasingly viewed as one of providing a safety net solely for the most needy.

The reining in of state provision in relation to children's dietary intake had begun prior to the 1980 Education Act. In 1971, Margaret Thatcher, when Secretary of State for Education, withdrew free school milk for children over the age of 7, unless there were medical grounds, which resulted in her being given the ignominious title of 'Thatcher the milk snatcher' (Rose and Falconer, 1992). However it was the 1980 Education Act, section 22, which signalled a significant change in policy direction in relation to school meals. Local education authorities had a duty to provide facilities where children could eat food brought from home, but only had a duty to provide a free meal for children whose parents qualified for means-tested benefits such as Social Security benefits. This was later withdrawn for some, when the 1986 Social Security Act, which took effect in 1988, withdrew the right to free school meals for those families receiving Family Credit; a benefit that had replaced Family Income

Supplement (Rose and Falconer, 1992). Gradually, the definition of those entitled to a free meal became narrower.

Crucially, the 1980 Education Act abolished the nutritional requirements of the school meal and its fixed price. Taste was seen as an individual decision for parents and children to make as opposed to a collective one made on behalf of parents and children by the state (Rose and Falconer, 1992), and the money savings this gained were proclaimed as a positive way of saving public money. Central government was no longer responsible for the price rises of school meals – this responsibility now fell to LEAs.

In 1988, another key policy change was the introduction of compulsory competitive tendering (CCT) as part of the Local Government Act 1986. Whilst on the surface this may not seem to relate to school meals, it was significant in introducing competitive tendering for catering contracts for the school-meals service. Thus, LEAs had to put services such as school meals out to tender and invite bids from a range of caterers, resulting in the growth of managerialism and governance, which developed in order to monitor the quality of services not directly provided by the state (Gustafsson, 2003).

It is important to see this shift in policy from a universal, state-provided service to one that is contracted out to private catering firms, in terms of broader concerns about the welfare state at this time. The Conservative government at this time, which reflected New Right or neo-liberal thinking, attacked welfare state provision for:

- ▶ *being inefficient and wasteful of resources* – as there was no incentive to keep costs down if monies came from central government as opposed to locally managed resources
- ▶ *lacking competition* – in the private sector, standards were perceived to be higher as people could choose from a range of options. Thus, poor suppliers of goods and services are driven out or improve the quality of their services in order to compete with more successful firms
- ▶ *being overly centralized* – the notion of the ‘nanny state’ and distrust in state institutions was contrasted with individual responsibility – for oneself and one’s family. Thus, the state’s role in relation to welfare provision was seen as that of providing a safety net for those most in need rather than a universal service
- ▶ *lacking choice* – collective, standardized, universal provision was contrasted with the possibility of diverse provision that could be more responsive to the needs of the consumer. Note the use of the word ‘consumer’ here, as government thinking celebrated the notion of there being a welfare consumer, *choosing* from a range of welfare options as opposed to being *allocated* a standardized service.

The principle of choice was deemed to be an important one and one that we can see evidence of in cafeteria-style dining rooms. However the Black Report (Townsend and Davidson, 1982) highlighted that free choice for young children around the food they wanted to eat was wrong as they might make unhealthy choices. Whilst this may not be too significant if the child receives a nutritious diet away from school, it may have a considerable negative impact on children living in poverty. Gustafsson (2003: 135) notes that the implementation of the 1980 Education Act, 'signals a shift in the vision of the child, from being a collective recipient of stipulated, standardized provision to an individual consumer capable of selecting from a range of alternatives.'

**Reflection point**



Reflect on the extent to which you think young children should be able freely to choose what they have to eat. Is the principle of free choice more important than that of equality of access to a healthy diet? Is there a middle ground whereby children have a range of healthy options to choose from? How might this work in practice? Are there disadvantages to this?

Passmore and Harris (2004) point out that alongside the changes in the way school meals were provided, by 1992 the Department of Health had developed a paper entitled 'The Health of the Nation', which set national targets for improving public health. Targets were set for diet and nutrition, such as lowering obesity and reducing coronary heart disease, and the role of schools in relation to children's food and eating was seen as needing to become one of health promotion. This linked to the World Health Organization's (WHO) first international conference on health promotion, which resulted in the Ottawa Charter (WHO, 1986). This marked a shift in thinking towards schools needing to become engaged with developing children's and young people's understanding, skills and attitudes about health and lifestyle in order to be able to make informed decisions.

Also significant during this period, was the ratification of the United Nations Convention on the Rights of the Child (UNCRC). Article 24 states that children have the right to health care, clean water to drink, nutritious food and a clean environment; thus enshrining a healthy diet as the right of *all* children. The UNCRC is important as it forms the basis for approaches to working with children, which include children as participants rather than passive recipients of services. In Chapter 7, we look at listening to children and health promotion more fully. However in this chapter, it should be noted that children's voices regarding their food and eating experiences at school or nursery are often absent in policy development (Gustafsson, 2003).

In summing up this period, we should not underestimate the shift in policy at this time. Passmore and Harris (2004) summarise the main points as follows:

- ▶ The provision of school meals became a discretionary local service, unless the child was entitled to a free meal
- ▶ The fixed price for school meals was removed
- ▶ Nutritional standards were abolished
- ▶ The entitlement of all to free milk was abolished
- ▶ School-meals services were subject to CCT.

## **Safeguarding futures (1997 onwards)**

In April 2005, following a high-profile television series and the 'Feed me Better' campaign, Jamie Oliver's visit to Downing Street put school meals high on the government agenda. The contracting-out of catering services had resulted in a consumer-led service, where profitability was elevated over nutrition (Passmore and Harris, 2004) and Jamie Oliver's campaign highlighted the poor quality of much of the food on offer to children in schools.

However, it would be a mistake to believe that Jamie Oliver was the sole voice in advocating change. Nutritionists had been active for many years in lobbying the government to change its policy in relation to school meals (Buttriss, 2005) and the deregulation of the school-meals service as well as the reduction in the numbers of children entitled to free meals had led to the formation of a pressure group called the School Meals Campaign in 1992, comprising a range of other groups including Child Poverty Action Group (Gustafsson, 2003). In addition, an expert panel in Scotland produced the report *Hungry for Success* (Scottish Executive, 2002), which envisioned a better school-meals service. Whilst these groups were influential, perhaps they did not have Jamie Oliver's high media profile in galvanizing a degree of public support, not least from the national media. However, we should remember that his campaign barely touched on meal-time provision for children under 5 years.

In thinking about policy since the Labour election victory of 1997, it would be wrong to believe that there has been a significant shift away from the market principles expounded by the successive Conservative governments of the 1980s and 1990s. The language of the market, such as 'commissioning' services, still underpins much public policy, including that of policy in relation to young children and food. Noorani (2005) points out how since 1997 'Best Value' had replaced CCT in local authorities, who need to ensure that the quality and cost of services reflect what people want and can afford.

Further to this, the UK government has tended to be reluctant to legislate in the area of television advertising around unhealthy foods and drinks aimed at young children, particularly during children's prime viewing times: this has been viewed as a matter for parents to decide and a matter for voluntary discretion on the part of advertisers. This reluctance in turn could be viewed as unwillingness on the part of the government to interfere with private sector institutions. Scandinavian countries, for instance, have instituted a ban in this area (Gustafsson, 2003).

This attitude seems to be changing. On 31 March, 2007, restrictions on food advertising came into force in the UK, aimed at reducing the exposure of children to advertising of unhealthy foods. Companies wishing to advertise their food products during children's prime-time television are required to assess the nutritional composition of their product against the Food Standard Agency's Nutrient Profiling Model ([www.food.gov.uk/news](http://www.food.gov.uk/news)).

## **A return to nutritional standards**

In 2001, the Department for Education and Employment (DFEE) reinstated minimum standards for school meals. This was as a result of the strong connection made between diet and disease, and the acknowledgement of the importance of a nutritious diet in safeguarding a healthy future for all children (Passmore and Harris, 2004). The 2001 standards focus on food and food groups as opposed to nutrients, unlike the Scottish initiative 'Hungry for Success', and set standards for pre-schools, primary schools and secondary schools (Buttriss, 2005). Chapter 3 looks in detail at new guidance around food in nurseries and schools.

### **Reflection point**



It has been reported that in some schools where the menu for school lunches was changed to bring them in line with healthy eating guidelines, parents protested that their children were no longer eating the food provided and were going hungry. In one school, parents handed burgers, chips and fizzy drinks to their children through the school fence (Weaver, 2006). What can be done to prevent this sort of conflict?

In relation to childcare, National Standards for Childcare were published in 2000 in Wales, 2001 in England, and 2002 in Scotland. These standards apply to a range of early years provision:

- ▶ Full-day care
- ▶ Sessional care

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## Food and Health in Early Childhood

- ▶ Crèches
- ▶ Out-of-school care
- ▶ Childminders.

Standard 8 looks at food and drink arrangements in childcare settings and offers guidance to providers as well as to inspectors. Providers need to ensure they have clear records of individual children's dietary needs; ensure there is access to fresh water and regular drinks and should provide healthy and nutritious meals and snacks for children, for instance. However, these standards are welcome, there is an assumption that all providers have an understanding of what 'healthy and nutritious' means, something that is not always borne out in practice (Caroline Walker Trust, 2006).

The Department of Health (2004c) document, *Choosing Health*, was committed to reviewing school lunch nutritional standards. Following this, the government has implemented a range of measures such as developing a School Food Trust as an advisory body and has charged the Office for Standards in Education (OFSTED) with looking at the meals on offer in schools as part of its inspection duties. Importantly, there has been a £235 million commitment from government to transform meals.

In addition to school-based initiatives, the Welfare Food Scheme introduced in 1940 was reviewed by the Committee on Medical Aspects of Food and Nutrition Policy (COMA) and in 2002 the Department of Health proposed a scheme called 'Healthy Start' to improve the nutritional health of women and young children. This programme is seen as complementing Sure Start programmes, which, amongst other aims, endeavour to ensure children have a healthy start in life through breastfeeding ([www.surestart.gov.uk](http://www.surestart.gov.uk)). 'Healthy Start' includes more than just milk, also cereal-based foods suitable for weaning as well as fruit. However, as Buttriss (2003) observes, parents may choose to obtain foods other than milk, and given the benefits of milk in preventing dental caries, need careful monitoring. In addition, Buttriss highlights how the Department of Health has developed a programme of public education to help support pregnant mothers and carers to make informed choices with the vouchers they receive. The vouchers cover the following categories:

- ▶ pregnant women
- ▶ children aged 0–6 months
- ▶ 6–12 months
- ▶ 1–5 years.

Policy at the present time also needs to be viewed more widely, as part of the Every Child Matters agenda (DfES, 2003), which identifies five key outcomes that are paramount to children's health and well-being:

- 1 Being healthy
- 2 Staying safe
- 3 Enjoying and achieving
- 4 Making a positive contribution
- 5 Economic well-being.

Healthy eating plays a key role in children's general health in both the short and long terms, and is a significant factor in the first of the outcomes. In addition to the Children Act 2004, the Ten Year Strategy for Childcare was announced in 2004, and aims to develop a high-quality national provision of childcare. The Caroline Walker Trust (2006: 16) argues that they would like 'the right of every child to good food to be a significant part of this new vision'. This is something we want to endorse.

In analysing policy direction at the current time, two further strands can be identified; health promotion and an ecological approach.

## **Health promotion**

There has been a shift since the end of the 1980s towards seeing nurseries and schools as playing an important role in health promotion and this has continued to gather pace in the early twenty-first century. In 1997, a White Paper was published called *Excellence in Schools* (DfEE, 1998), which aimed to enable all schools to become 'healthy schools'. Further to this, in 1999, the Department of Health report, *Saving Lives: Our Healthier Nation* also highlighted the key role schools ought to play in educating children about health, including healthy eating, leading to the National Healthy School Standard (NHSS). By May 2001, 30 per cent of English schools had achieved NHSS, which involves meeting quality standards around specific topics, including educating children about healthier eating and food safety as part of the curriculum.

£45 million of Lottery Fund money has been allocated for healthy eating projects involving children, parents and local communities. Important projects highlighted by Buttriss (2005) include:

- ▶ Further development of the NHSS in order to emphasize whole-school approaches to diet and exercise
- ▶ The Food in Schools Programme, led by the Department of Health, but as a joint initiative with the DfES, of has developed a tool kit that was launched in April 2005. The tool kit aims to help schools towards the Healthy School standards and support the healthy living blueprint
- ▶ The five-a-day school fruit and vegetables scheme.



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