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An audit of nutrition policies and practices in primary schools in Dublin North Central

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The eating habits of children and their attitudes towards healthy eating, which can follow them through into adulthood, can be significantly influenced by the practices in place in primary schools[(1)]. An effective school health programme can be one of the most cost-effective investments a nation can make to simultaneously improve education and health[(2)]. A multi-faceted approach to health promotion in schools is likely to be most effective, combining a classroom programme with changes to the school ethos and environment[(3)]. A 'whole-school approach' to the promotion of healthy eating in schools is also advocated by the WHO[(4)].

The aim of the present telephone-administered questionnaire survey was to establish the prevalence, content and effectiveness of healthy eating guidelines in schools and to investigate the practices surrounding healthy eating and food provision in primary schools in Dublin North Central.

Fifty-one of fifty-seven primary schools participated in the survey (90% response rate). Of the schools 58% were designated as disadvantaged (compared with approximately 10% nationally). There was a healthy eating policy or guidelines in place in 88% of schools. Most were in place for a relatively short period (mean 4 (SD 3.4) years). School principals and teachers were involved in policy development in the majority of cases. Parents were involved in 75% of schools, while students were involved in the process in only 25%.

Approximately half the policies simply covered 'foods allowed' and 'foods not allowed'. Two-thirds of guidelines did not extend to special occasions and over half the schools did not discourage the use of sweets as rewards. None of the schools had vending machines for pupils and only one sold food to pupils (popcorn and juice).

Almost all schools with policies felt that eating habits had improved since the introduction of the guidelines, reporting a mean success rate of 8.7 of 10. 'Strong enforcement' was cited as the main reason for success, while 'difficulty in banning treats' was deemed the most significant obstacle.

Of the schools 84% provided at least one meal or snack to pupils, and this provision was significantly associated with those schools that were designated as disadvantaged ($P<0.001$). Breakfast, lunch and an after-school snack were provided in 24% of schools. Sources of funding and of food varied greatly, with a variety of schemes in place. Three of every four participants agreed in principle with providing free food in schools. A wide range of advantages and disadvantages to providing free food were cited. Improved behaviour was the main advantage according to participants. Waste and 'lack of appreciation' were mentioned as disadvantages.

To conclude, although there has been a welcomed increase in awareness and action towards promoting healthy eating in primary schools in recent years, there is a need for increased consultation with pupils in policy development, improvement in policy standards and implementation and improvement in the regulation of food provision in primary schools. The finding that schools perceive their policies to be well adhered to but yet continue to engage in some negative practices, such as using sweets as rewards, could be addressed through further education.

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