Education, health and school meals: a review of policy changes in England and Wales over the last century

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Introduction
This review will explain the development of policies that have affected school meals in England and Wales. The act of providing food at mid-day for school children should be straightforward, but there is a conflict between organisations as to the purpose of school meals. Are they primarily a health benefit or an education benefit for the child? The origins of this situation can be traced back to the end of the 19th Century when school meals first started.

Early days
Compulsory elementary education began in Britain in 1880 (Elementary Education Act, Board of Education 1880) and uncovered the problem of underfed children. Due to malnutrition some children were unable to learn effectively. Basic meals were therefore provided so that these children were fed and provision of these meals was regarded as the responsibility of the school. Thus school meals started out as an education issue.

Concern about the health and physical fitness of the nation’s population was raised during the Boer War (1899–1902) when only 1 in 9 recruits to the Armed Forces was healthy enough to serve. A Royal Commission on Physical Deterioration was set up and its report led to the Education (Provision of Meals) Act in 1906 (Board of Education 1906). The primary aim of the 1906 Act was educational: Local Authorities were to provide meals for ‘Children attending an elementary school within their area . . . unable by reason of lack of food to take advantage of the education provided for them’. The 1906 Act gave all Local Education Authorities (LEAs) the power to provide meals free for children who needed them and to other children at a charge of no more than the cost of the meal. The 1906 Act permitted, but did not compel, LEAs to provide meals. However, the money for the meals had to be raised by local taxation and there was an expenditure limit by central government.

In this way a national school meals service was established with the aim of enabling undernourished and needy children to benefit fully from their education. For the next 30 years the provision of meals in schools was aimed at the needy child (defined as suffering from malnutrition). Those meals that were provided for children who paid for them were often better quality and were provided separately.

At the start of the First World War (1914–18) the expenditure limit on school meals was removed and the Exchequer gave a grant to each LEA for 50% of the school meal expenditure. This increased the number of children having school meals from 160 000 to 500 000 (Sharp 1992).

In the post-war depression (1921–23), the Exchequer’s grant to LEAs was cut and the number of children using the school meals service fell to 150 000. This led to renewed concern about malnutrition and its effect on a child’s ability to learn and, in 1934, an effort was made to target the limited resources on the most needy cases. In order to qualify for a free school meal, a child had to be poor and suffering from malnutrition. Surveys to detect malnutrition were introduced. Also at this time the Milk Marketing Board introduced a school milk scheme that provided free milk for needy children and enabled other children to buy a 1/3 pint (200 mL) of milk at cost price.
The Second World War

The Second World War (1939–45) created another shift in government policy and the provision of school meals. The service changed from one designed so children could benefit from their education, to a general service of lunchtime meals. School meals were now intended to benefit all children. There were four main reasons for this policy shift (Sharp 1992):

1. Domestic rations took little account of children’s special needs.
2. Bombing and widespread movement of the population, including children’s evacuations, led to the development of civic catering facilities.
3. Mass wartime employment of women made school meals a necessity for many families.
4. A new policy of family allowance included free school meals and free school milk as benefits.

The policy changes were accompanied by funding changes and the central government grant to LEAs for school meals increased to 95% in 1941. The latter increase was coupled with a national campaign to expand the school meals service to 1000 000 meals a day. Financial hardship, once again, became the sole criterion for free school meal entitlement and evidence of malnutrition was no longer needed.

One effect of this latest policy change was to shift the rationale for the provision of school meals away from educational purposes towards health and welfare purposes. Whilst this was an unforeseen side-effect and was clearly a minor issue during the Second World War, it did sow the seeds of the present day confusion as to the purpose of providing school meals.

The first nutritional standards for school meals were set in 1941. These standards were specified in Government Circular 1571 (Board of Education 1941) and advised LEAs that school lunches should be planned to provide a child with:

- 1000 kilocalories;
- 20–25 g of ‘first class’ protein (i.e. animal protein);
- 30 g of fat.

The circular specified the quantity of protein and fat (and these were specified in grams even in 1941) because these foods were rationed, and therefore most of the daily requirement of these nutrients should be met by the school meal. The Circular stated that ‘all food factors required to provide a sound diet for growing children must be kept in mind and allowance must be made for the probable deficiency of certain factors in the home diet’. Circular 1571 also emphasised the importance of not only providing school lunches but providing lunches that the children will actually eat and stated that ‘it must be frankly admitted that a higher standard of catering and cooking than that formerly attained in a good many areas is called for. Good food must not be spoiled by bad cooking. If the meals are unattractive children will not eat as much as they need to maintain a high standard of nutrition’.

The Education Act in 1944 (Board of Education 1944) reorganised education into the stages used today; primary, secondary and further education. In addition, Section 49 of the Act made it the duty of all LEAs to provide school meals and milk in primary and secondary schools. Enshrined in the Act was the idea that school meals should be part of the school day. The charges made for school meals could not exceed the cost of the food. LEAs were also given the power to provide other meals and to continue the service on weekends and holidays. The school lunch had to be suitable as the main meal of the day and follow nutritional standards laid down in 1941 (Sharp 1992).

The service grew in scope and by 1945 it had become a general service for all children and over 3 000 000 lunches a day were provided to 75% of the nation’s school children.

The milk supply scheme gave priority to school milk, as rationing was still in force and, with widespread publicity, the uptake of free school milk rose to 92.6% of the school population by 1946.

Post-war years

From the implementation of the Education Act in 1944, and for the next 23 years, LEAs provided a standard school lunch at a set price. In 1947, the full net cost of school lunches was met by central government. In 1950, the principle of a standard charge for the school lunch was introduced with remission arrangements for those unable to pay. This principle remained in place until 1980 (Sharp 1992). In 1955, the nutritional standards for school lunches were updated and Government Circular 290 (Ministry of Education 1955) recommended that the school lunches should provide:

- 650–1000 kilocalories (depending on the age and sex of the child);
- 20 g of ‘first class’ protein;
- 25–30 g of fat.

As in Circular 1571, Circular 290 did specify the amounts of protein and fat in grams. Each lunch was to be supplemented with 3/4 oz (20 g) of dried milk and, each child was entitled to 1/3 pint (200 mL) of
milk. Once again the Government Circular recommended that ‘the school dinner must also provide a sound diet for growing children and must take into account the possibility of deficiencies in a child’s home diet’. In the appendices to the Circular the amounts of foods such as meat, milk and vegetables were stated and included the recommendation that ‘fruit of some kind should be served at least once a week’.

In 1967, financial responsibility for the school meals service passed to the LEAs with the introduction of the Rate Support Grant. This gave LEAs greater discretion over the lunches provided and the pricing policy. The restrictions in the supply of free school milk started in 1968 when free school milk to secondary school children ended. In 1971, it was further restricted to 5–7-year-olds in mainstream education and all children in special schools.

Diet, health and school lunches

The links between diet during childhood and health emerged in 1974 when the Committee on Medical Aspects of Food Policy (COMA) (Department of Health and Social Security 1974) report on Diet and Coronary Heart Disease was published. Prior to this, the philosophy of school meals had been about providing an adequate lunch for children so that they would not be hungry and would therefore learn better. The COMA report marked the start of the debate on quality of food provision and the need to promote healthy eating through school meals – a debate that continues today. To link in with the COMA recommendations, the nutritional standards for school meals were changed in 1975 (Department of Education and Welsh Office 1975) to:

- 33% of the reference dietary intake (RDI) for energy;
- 33–50% of the RDI for protein.

RDIs were defined in an earlier COMA report (DHSS 1969) as ‘the amounts sufficient, or more than sufficient, for the nutritional needs of practically all healthy persons in a population’. The new standards removed the requirement for a minimum amount of fat and recommended that vegetable oils (containing a high proportion of polyunsaturated fatty acids) should be used in preference to animal fats (with a higher content of saturated fatty acids). It also removed the requirement for a set amount of animal based protein. However, this was qualified by specifying that fresh meat should be served on 3 days a week and on the other 2 days fish, eggs or cheese should be served.

1980 and introduction of ‘market forces’ to school meals

The 1980 Education Act (Department of Education and Science 1980) changed the school meals service from a compulsory national, subsidised service for all children, to a discretionary local service. This Act:

- removed the obligation on LEAs to provide school lunches, except for children entitled to free school meals;
- removed the obligation for meals to be sold at a fixed price;
- removed the requirement for the lunches to meet nutritional standards and;
- removed the entitlement to free school milk.

LEAs were left to decide whether or not they provided lunches for their schoolchildren, and if they did, the LEAs could decide the price, type and quality. The LEAs were still required to provide facilities for children to eat their own packed lunches. Section 22 of the 1980 Education Act made the school milk scheme discretionary, and many LEAs discontinued the provision. The net expenditure on the school meals service was over £400m per year in England in 1980. School meals were identified as one area of substantial savings to public expenditure (Sharp 1992).

The 1986 Social Security Act (Department of Health and Social Security 1986) redefined children entitled to free school meals to those whose parents received Income Support. Children in families receiving Family Credit were no longer eligible for free school meals, but received a cash allowance.

The impact of market forces continued, and in 1988 the Local Government Act (Department of Education and Science 1988) introduced compulsory competitive tendering (CCT) for all catering in the public sector. LEAs had to put their school meals service out to tender and invite bids from a range of caterers. The effect of CCT was to shift attitudes about school meals. Instead of being a service provided for the child’s benefit, it was now seen as a commercial service. The changes to the school meals service in primary schools were relatively minor. Most LEAs retained the two-choice, two-course meal for a fixed price (however, nutritional standards did not apply to this meal). The changes in secondary schools were substantial. Most caterers opted for a cash cafeteria system, resulting in foods being individually priced and the pupils having free choice. Children could spend as much, or as little, as they wanted and there was no method of controlling what pupils ate. The school lunch service was very much consumer led and if a food
sold well and was profitable, it was provided. If it did not sell, or was not profitable, it was not provided. Between 1980 and 1998 this strategy led to the current limited range of foods available in most secondary schools. Most caterers now provide the same food every day, of the school year and the stock items are chips, burgers, pizza, sausage rolls, sandwiches, doughnuts, cakes, fizzy drinks or variations on these foods (Gardner Merchant 1998).

Changes to the education service

There have been many changes to the education service in England, but only the pertinent changes since 1988 will be discussed in this paper. The Education Reform Act (Department of Education and Science 1988) changed the relationship between LEAs and schools. Prior to this, each LEA received a grant from central government and raised money locally (e.g. rates). The LEA had responsibility for running its schools. The 1988 Education Reform Act altered this by bringing in two major changes:

(1) The National Curriculum (England and Wales);
(2) Local Management of Schools and Grant Maintained schools.

The effect of Local Management of Schools meant that each school held its own budget and was responsible for its own teachers’ salaries, buying books and many of the duties that the LEA once did. However, these schools were still part of the LEA and the LEA still retained the school meals budget. There was the option for schools to leave the LEA completely and, if they did, they became Grant Maintained, which meant that the school received a grant direct from central government for all its facilities.

Changes to the health service

Alongside the transformation to the education service, there were also many changes to the health service. Only those changes that have directly affected education (and school lunches) since 1992 will be discussed.

In 1992, the government published the White Paper on the Health of the Nation (Department of Health 1992). This document, for the first time, set national targets for improving health, for example the targets that were set for diet and nutrition were defined as:

- to reduce the death rate for both coronary heart disease (CHD) and stroke in people under 65 by at least 40% by the year 2000;
- to reduce the average percentage of food energy derived from saturated fatty acids by at least 35% by 2005;
- to reduce the average percentage of food energy derived from total fat by the population by at least 12% by 2005;
- to reduce the proportion of men and women aged 16–64 years who are obese by at least 25% and 33%, respectively, by 2005;
- to reduce the mean systolic blood pressure in the adult population by at least 5 mmHg by 2005.

The White Paper suggested methods for achieving health improvements, including schools should become ‘health promoting’ as defined by the World Health Organization (WHO). However, there was no additional funding to achieve these targets.

The WHO had made the first formal international commitment to health at the First International Conference on Health Promotion, which resulted in the Ottawa Charter (WHO 1986), which defined health promotion as ‘the process of enabling people to increase control over, and to improve, their health’. The Charter identified ‘settings’ for health, one of which was healthy schools. The Ottawa Charter said that young people were entitled to the opportunity to develop the knowledge, understanding, skills and attitudes needed to make informed decisions about their health and lifestyle. Good health and a sense of well-being played a major role in helping young people achieve their educational, personal and social potential both as individuals and as part of the community. Health promotion sought to affect the ‘whole’ person (physical, emotional and social) and their interactions with their environment (physical, cultural and political). There were many aspects of school that determined whether a school was health promoting or not, and the WHO definitions of a ‘health promoting’ school specified that pupils should have a range of health choices, which included the choices of food available at school. The philosophy that underpinned initiatives such as the ‘health promoting’ school was that schools were not just institutions that educated pupils academically, but were also places that had a responsibility for both the pastoral care and the social and moral development of pupils.

Changes since 1997 in education, health and school meals

In 1997, the White Paper on Excellence in Schools (Department for Education and Employment 1997) set out the government’s intention to help all schools to
become healthy schools [the new term for health promoting schools]. In addition, Saving Lives: Our Healthier Nation (Department of Health 1999) [the incoming government’s version of Health of the Nation White Paper] recognised the importance of a ‘sound’ education in the promotion of better health and emotional well-being for all children and young people and, in particular, those who are socially and economically disadvantaged. The school was specified as a key ‘setting’ in which to improve both the health and the education of children and young people. This led to the establishment of the National Healthy School Standard (NHSS) in 1999. It was the government’s expectation that all schools would eventually become part of the NHSS. In fact, by May 2001, over 30% of schools in England had joined the NHSS (Health Development Agency 2001).

The NHSS has set quality standards, which a school must achieve, in the areas of, for example, leadership, policy development and curriculum planning. The school must also work on specific topics, i.e. drug education, healthy eating, sex education, emotional health, physical activity and safety. Each topic has suggested targets, for example the targets for healthy eating are:

- the school presents consistent, informed messages about healthy eating, e.g. food in vending machines, tuckshops and school meals should complement the taught curriculum;
- the school provides, promotes and monitors healthier food at lunch and break-times and in breakfast clubs, where provided;
- the school includes education on healthier eating and basic food safety practices in the taught curriculum.

In 2000, the National Curriculum (Department for Education and Employment 1999) was altered so that Personal, Social and Health Education (PSHE) was given a more prominent role in the curriculum. The new PSHE curriculum has three sections:

1. developing confidence and responsibility and making the most of their abilities;
2. developing a healthier, safer lifestyle;
3. developing good relationships and respecting the differences between people.

Each curriculum section then has substatements. The section ‘developing a healthier, safer lifestyle’ includes statements about the teaching of healthy eating, about food choices and the short and long-term consequences of those choices.

Since 1997, there have also been changes to the school lunch service. In 1997, the government published the Local Government White Paper Modern Local Govern-

ment – In Touch with the People that introduced ‘Best Value’, replacing CCT (Department of Environment, Transport and the Regions 1997). Local Authorities undergoing ‘Best Value’ were expected to ensure that the quality and cost of services properly reflected what local people wanted and could afford. The expectation of ‘Best Value’ was that the efficiency and quality of services should improve.

One of the targets set as part of Best Value was that school meals should reach national nutritional standards that were eventually introduced in 2001 (see below). The School Standards and Framework Act (Department for Education and Employment 1998a) provided the Secretary of State with the power to set minimum nutritional standards for school lunches in maintained schools. This was due to the recognised links between dietary intake and the development of chronic diseases, such as CHD, diabetes and obesity (DHSS 1984). Although school lunches only contributed 20% of the nutritional intake of those pupils eating school lunches, it was considered important that the nutritional content of school meals was once more specified. After consultation (DFEE 1998b), the standards were set in 1999 and were implemented in April 2001 (Department for Education and Employment 2001). The new nutritional standards which apply to all maintained schools in England and have also been adopted in Wales are not based on nutrients but are written in terms of the food groups presented in the Balance of Good Health model. So, for example, the nutritional standards for secondary school meals state that at least two items from each of the following food groups must be available every day and, throughout the lunch service:

- starchy foods such as bread, potatoes, rice and pasta. At least one of the foods available in this group should not be cooked in oil or fat;
- fruit and vegetables;
- milk and dairy foods;
- meat, fish and alternatives (non-dairy sources of protein). Red meat must be served at least three times a week and fish must be served at least twice a week.

The government also published detailed guidance for school caterers on implementing the national nutritional standards (Department for Education and Employment 2000). The new nutritional standards apply to all school lunches in maintained schools in England. In 1999, the government introduced a new funding framework called Fair Funding that describes the methodology for delegating money into individual school budgets. In April 2000, the budgets for school meals were delegated to schools. The delegation was compulsory for secondary
schools and optional for primary and special schools (in England). Therefore, secondary schools now hold their own budget for school meals provision and can decide which caterer will provide their school lunches. It is now up to the school (and their caterer) to decide the form, content and price of the school meal that is provided on their premises. The responsibility for ensuring that food meets the nutritional standards rests with whoever holds the school meals budget. Therefore, in schools that have chosen to have the delegated budget, the responsibility now rests with the school’s governing body.

New developments in 2004

In 2003, to meet the government’s commitment to assess whether food provided at school lunches in maintained secondary schools in England complies with statutory nutritional standards and associated guidance, the Department for Education and Skills and the Food Standards Agency (FSA) have funded an evaluation of the food being offered in 80 secondary schools in England. This has examined the extent to which the nutritional standards are being met and whether schools are following the recommendations set out in the guidance ‘Healthy School Lunches – Guidance for School Caterers on Implementing the National Nutritional Standard’ (DFEE 2000). The results of this assessment are due in 2004. Currently 45% of the 8.1 million school children in England and Wales eat school lunches (Local Authority Caterers Association 2004) and so the nutritional quality of school lunches still has an effect on the nutritional intakes of 3 645 000 primary and secondary school children in England and Wales.

Additionally, the Department for Education and Skills and FSA have funded OfSTED to look at all aspects of food and nutrition of children aged 3–11 years. The exercise will focus on the analysis of good practice in a small sample of primary schools and early years’ settings (approximately 20); including nursery and other preschool provision. On behalf of the FSA, the British Nutrition Foundation will analyse the food eaten in the schools to assess compliance with the statutory nutritional standards. Also the OfSTED inspections will focus on food education across the curriculum, its contribution to learning in all subjects including PSHE, extra curricular activities and the ethos of the schools. The work commenced in Autumn 2003.

Conclusion

Over a hundred years ago, schools provided meals to permit children ‘unable by reason of lack of food to take advantage of the education provided for them’. In the years since, there have been numerous changes to the education and health systems, but the raison d’être of the school meals service is fundamentally unchanged, and, is to provide food to enable children to take advantage of their education. However, in the last century our understanding, and the control, of what constitutes an appropriate mid-day meal for the nation’s school children has altered. There were no nutritional standards for school meals until 1941 and then the emphasis was on providing the basic nutrition for children during wartime and so gave pre-eminence to energy and protein requirements. Since 1941, our theoretical understanding of nutritional requirements has become more sophisticated and there is universal acceptance of the importance of a balanced diet and the consequences of imbalances in terms of the development of chronic diseases. At the start of the 21st Century, the control of school meals is now back at the school level, and schools are autonomous, just as they were at the end of the 19th Century. Currently there are no ongoing methods of monitoring and enforcing the nutritional standards. With the increased prevalence of childhood obesity and the changing public health agenda, there are signs that the current situation in school meals will not be left unchanged and the work now being done by the FSA, Department for Education and Skills and OfSTED could mean that further modifications to the school meals service might occur. This may result in a school lunch service that will have an educational benefit and health benefit for the child.

References