

**SUMMARY OF RESPONSES**

**TO**

**GETTING TO GRIPS WITH GRUB:**

**CORE COMPETENCIES IN FOOD AND NUTRITION**

**SKILLS FOR 14-16 YEAR OLDS**

*It is important that young people have the necessary food-related knowledge and practical skills (competencies) to adopt and maintain healthy eating habits by the time they leave school or otherwise become independent. This consultation sought views on a set of food-related key competencies identified by a cross-government group, and on how to take these forward sustainably at a local level.*

*The set of competencies was welcomed as a useful structure for furthering effective coverage of young people's know-how and skills. The responses to the consultation will feed into wider school-based work on Healthy Living.*

The views and opinions expressed in this document are those of the individuals/organisations who responded, not those of the Food Standards Agency or the Department for Education and Skills.

**May 2004**

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## **APPENDICES**

**Appendix A:** List of respondents

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# 1 EXECUTIVE SUMMARY

Current research from the National Diet and Nutrition Survey of young people aged 4 to 18 years<sup>1</sup> shows that this age group is not achieving the Government's recommendations for healthy eating. They are consuming too much salt, fat and sugar, and not enough fruit, vegetables and starchy foods. Diet, nutrition and associated issues are covered within the formal curriculum and within extra curricular activities but are not compulsory at every stage. It is important that young people have the necessary knowledge and practical skills to adopt and maintain healthy eating habits by the time they leave school or otherwise become independent.

The Food Standards Agency convened a cross-Government group together with other outside agencies to identify potential areas for joint work in relation to food and nutrition education within England. The group identified a set of key food-related knowledge and skills (competencies) which 14 -16 year olds need to be able to feed themselves safely and healthily. These were divided into four main themes:

- ◆ Diet and health
- ◆ Consumer awareness
- ◆ Food preparation and handling skills
- ◆ Food hygiene and safety

The group also commissioned qualitative research amongst 14-16 year olds into the extent of their competencies and any existing gaps, since they would have received food and nutrition teaching at various stages during their school life.

In summary, this research found that young people had generally learned and understood healthy eating and hygiene messages, but failed to put these into practice in their everyday lives. Their experience of practical food preparation was patchy and more often involved heating up ready-prepared foods than cooking with fresh ingredients.

The report of this research, *Evaluation of food and nutrition competencies amongst 14-16 year olds*, is available on request from the Agency library (Tel: 020 7276 8181). Electronic copies can also be found on the Agency's website :- [www.food.gov.uk/foodindustry/Consultations/completed\\_consultations/completeduk/gripswithgrub](http://www.food.gov.uk/foodindustry/Consultations/completed_consultations/completeduk/gripswithgrub).

In July 2003, the Agency, together with the Department for Education and Skills (DfES), conducted a 12 week public consultation on the proposed competencies. This report summarises the responses to the consultation and draws out the key themes. All quotes have been anonymised and categorised according to stakeholder group. Only seventy people responded, but these were from a range of backgrounds and organisations including non-governmental organisations, local education authorities, local health services, health professionals, teachers/head teachers, industry, academics and individual parents.

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<sup>1</sup> Gregory J, Lowe S, Bates CJ, Prentice A, Jackson LV, Smithers G, Wenlock R, Farron M. National Diet and Nutrition Survey: young people aged 4 to 18 years volume 1. Report of the Diet and Nutrition Survey. The Stationery Office, London 2000.

Respondents generally welcomed the initiative and commended the production of core competencies in food and nutrition. Respondents broadly agreed with the competencies, but made suggestions for further development, including additions and changes in emphasis.

Many respondents called for action to be taken with children at a much younger age than 14-16 and for an implementation strategy to back up the Getting to Grips with Grub initiative.

Numerous comments were made about the curriculum and its current inadequacies. Many respondents felt that the competencies were an important first step but that more needed to be done to radically overhaul teaching about food and nutrition, although views on the way forward differed.

*On the competencies themselves:*

Under the broad theme of **Diet and Health**, as under other themes, respondents felt that competencies have to be relevant and personal to young people. There is a need to focus on food as well as nutrients and how it links to general good health.

Under **Consumer Awareness**, respondents felt that food preparation should cover value for money and budgeting skills and emphasised the importance of understanding food labelling. There was strong agreement for the inclusion of the competency on awareness of food advertising and promotion.

Under **Food Preparation and Handling Skills**, suggestions that this should include budgeting and shopping skills were again included. There was a suggestion that application of food hygiene principles to food preparation would be more appropriate under the theme of **Food Hygiene and Safety**, which itself received few comments.

*On What additional areas young people should know about or be able to do:*

There was an emphasis on the importance of cultural and social issues. Here as elsewhere there was mention of the need to start providing the competencies before the age of 14. Many other issues were mentioned including eating disorders and diet related disease; the importance of the 5-a-day message; emotional influences; media influence on body image; sustainability; the role of fast food and the dangers of fat, sugar and salt.

*On what approaches can assist young people to transfer knowledge from the school environment to their lives:*

There was a good deal of adverse comment on school meals and an emphasis on the need to adopt a whole school approach, with a multi-agency aspect being of importance. Respondents advocated the involvement of young people whether as peer educators or active partners in the development of solutions. Many respondents stressed the role of parents, including the need to educate and involve them, and of youth organisations, and after school clubs which were thought to be useful for re-inforcing the message. The importance of providing teachers with adequate knowledge and skills by further training was mentioned in response to this and other questions. Several respondents called for compulsory cookery classes and a thorough review of the curriculum. This was reiterated elsewhere.

*On what options there are for local action to address the gaps, based upon effective, evaluated and sustainable initiatives:*

The involvement of young people themselves and of parents, as well as training for teachers, after school activities and a whole school approach and community links were all mentioned again under this section as being important contributors. The need to provide resources for schools to carry out practical work was also mentioned.

Several respondents suggested specific amendments to the accompanying text. These are given in **Appendix B**.

## 2 BREAKDOWN OF RESPONSES

### 2.1 By stakeholder group

Seventy responses were received from a wide range of stakeholders. (A full list of respondents is provided in **Appendix A**.) A breakdown is given in the table below:

<b>Stakeholder group</b>	<b>Number of responses</b>
Non-governmental organisations (NGOs)	13
Dietitians/Nutritionists	10
Educational advisors	5
Food/Health advisors	2
Caterers	3
Teachers/Head teachers	6
Youth organisations	5
Other health professionals	5
Industry	4
Academics	3
Other government departments/Local government	6
School inspectors	3
Parents	2
Healthy schools co-ordinator	1
Others	2
<b>Total:</b>	<b>70</b>

### 2.2 By geographical area

The majority of responses came from individuals and organisations covering England (64/70), plus 4 from Wales and 2 from Scotland. Given the limited response from outside England, the analysis that follows considers all responses together.

### 3 OVERALL REACTION

Overall, the consultation was welcomed by respondents and the identification of core competencies was commended (dietitians/nutritionists, academic, NGOs, teacher/headteacher, OGD/local government, youth organisation):

*'We commend the production of these core competencies. As dietitians working with schools it's evident that the knowledge and competencies regarding food and nutrition have deteriorated.'* (dietitian/nutritionist)

*'If our young people's lamentable food and nutrition habits are to radically improve, then it requires a co-ordinated and concentrated effort on all levels. From my reading of the draft proposal it is a significant step in the right direction.'* (academic)

However, many respondents expressed concern about the title of the consultation, labelling it 'inappropriate', 'flippant', 'undermining', and 'demeaning' (educational advisor, NGOs, OGD/local government, dietitian/nutritionist).

## **4 RESPONSE TO THE COMPETENCIES**

Respondents broadly agreed with the nature of the competencies. The majority of comments focused more on the emphasis and the content rather than on the merit of the competencies themselves. Some respondents identified missing elements and others suggested changes to the wording.

Specific comments on each of the competencies are summarised below with illustrative quotes where appropriate:

### **4.1 Diet and Health**

#### **4.1.1 Understanding of the relationship between food, good health, growth and energy balance throughout life**

- This should include mental and emotional health and the link with food and nutrition (NGO)
- Cover the negative aspects of poor diet as well as the positive aspects of a healthy one eg the link between poor diet and obesity (NGOs)
- Focus on the immediate benefits of a healthy diet in areas that are important to young people of this age group e.g. healthy weight, clear skin, more energy (dietician/nutritionist)
- Rephrase the competency to read: 'An understanding of the relationship between food and health.' (dietician/nutritionist)

#### **4.1.2 Knowledge about the components of, and the proportions in, a healthy diet**

- Talk about food as well as nutrients so that young people not only understand their nutritional needs but know where to get the nutrients from and how much they need to eat from each food group (dietician/nutritionist)
- Talk about diet-related disease (academic)
- Make it relevant so that young people know how to make positive changes to their own diet and exercise patterns (NGO)
- Base healthy eating messages on the Balance of Good Health and include information about alcohol, allergy, and the 5-a-day message (NGO).

#### **4.1.3 Knowledge about what constitutes a healthy weight and how it relates to diet, general health and physical activity**

- Focus more on physical activity and the need for regular exercise (academics, dietician/nutritionist, NGO)

- Focus less on weight and more on general health, which includes weight. Be careful not to stigmatise those who are overweight or increase risk of eating disorders (dietician/nutritionist, food/health advisor, industry)
- In contrast, one respondent felt that young people need to know healthy ranges of weight for their size, height and age (NGO)
- Include issues around body image (educational advisor, youth organisation).

#### 4.1.4 General comments

- Make nutrition education compulsory (caterer)
- Take account of peer pressure and consider self-empowerment training in the competencies (dietician/nutritionist, other health professional)

*‘Young people need to want to adopt healthy eating practices. The strength of peer pressure and cultural influences must never be underestimated.’* (other health professional)

- Make it practical (food/health advisor, other health professional)

*‘This section is paramount but our problem is not providing knowledge about diet and health but enabling people to put the principles into practice. The programme should be biased towards practical work where students are empowered to make better choices, not just taught the information.’* (dietician/nutritionist)

- Research is needed into how to involve parents (educational advisor)
- Messages on diet and health should be consistent across the curriculum (dietitians/nutritionists)
- Use 24hr recall food diaries and weighed food inventories to help pupils learn about diet and health in a practical way and reflect on their own diets. (NGO)

#### 4.1.5 Suggested additions

Several respondents suggested additions to the Diet and Health section:

- Dental health was mentioned by several respondents (other health professional, dietician/nutritionist, OGD/local government, NGO):

*‘Young people should understand the role of sugar in dental disease and the importance of saving sugar for mealtimes only. They need to be able to identify foods that don't contain sugar and that are good for general health.’* (other health professional)

- ‘Other’ diets including vegetarianism and special diets (parent, academic)

- Conditions such as Anorexia nervosa, Bulimia nervosa etc (academic)
- Dieting including popular diets and the dangers of dieting (academics)
- An understanding of how to maximize absorption by eating companion nutrients e.g. vitamin C with iron (other)
- Effect of overdosing with dietary supplements and other substitutes (other)
- Emphasise the importance of regular meals (dietician/nutritionist)
- The specific health risks associated with the consumption of fat, sugar and salt were highlighted in relation to many aspects of the consultation. Several NGOs suggested that they should be included in this competency:

*'There is a lack of understanding among the general public about the effects of a diet high in fat and salt. This is especially relevant to teenagers. Many image conscious teenagers try 'quick fix' diets, some of which are notoriously high in fat. As a considerable number of schools provide vending machines selling crisps, teenagers should understand the long-term problems associated with regular consumption of snacks high in salt.'*

- One youth organisation suggested the following additional competency:

'Knowledge and understanding of the links between food and diet and other health and well-being issues such as emotional health and mental health, substance misuse, play, physical activity, coronary heart disease and diabetes.'

## **4.2 CONSUMER AWARENESS**

### **4.2.1 Capacity to make informed choices about food in relation to a healthy diet**

- Make it personal to their own diet and what needs to be done to improve it (dietician/nutritionist)
- Rephrase to imply a more practical outcome, e.g. 'the ability to apply the concept of a balanced diet to personal food choices, including purchase of raw ingredients, choice in restaurants and home consumption' (industry)
- Should read: '*How to* make informed choices about food in relation to a healthy diet.' (dietician/nutritionist).

### **4.2.2 The need to achieve a balanced and varied diet through wise choice of foods**

- Move this to the diet and health section (dietician/nutritionist)
- Queries phrase 'wise' choice of foods (dietician/nutritionist).

#### **4.2.3 Awareness of seasonality of, for example, fruit and vegetables, and implications for food miles**

- One academic felt this competency was a little overambitious unless couched in more general terms:

*'The real focus should be on areas such as comparative costs of different foods, preparation and cooking methods, and understanding of food labelling information.'*

- A respondent from industry considered the reference to food miles 'pejorative' and suggested it should be expressed in terms of sustainability
- One NGO suggested adding teaching on GM, pesticide residues and organic farming methods
- One dietician/nutritionist suggested a change of order and placing this competency after cost.

#### **4.2.4 Knowledge about the comparative cost of different foods/preparation and cooking methods**

- Respondents suggested this should also cover quality within the context of value for money (industry), as well as shopping for food and budgeting skills (OGD/local government, youth organisation, industry). This point was reiterated elsewhere in responses to the consultation.

#### **4.2.5 Understanding of the food labelling information provided by manufacturers**

- A number of respondents emphasised the importance of this competency (other health professional, industry, NGO):

*'Food labelling regulations need to be improved so labels are much clearer, honest and genuinely informative. Until then, young people need to be equipped with the skills to interpret them.'* (other health professional)

- One NGO suggested it should refer to information provided by retailers as well as manufacturers.

#### **4.2.6 Awareness of the influence of food advertising and promotion**

- Several respondents agreed strongly with the inclusion of this competency and expressed concern about the influence of advertising on young people's eating habits (academic, NGOs, teacher/headteacher):

*'The influence of food advertising and promotion through the media is perhaps the single most important area to be countered. Glossy advertising aimed at the youth market can lead to an acceptance of fast and processed foods as being the norm'*

*and as such it is vital that powerful arguments against this should be included.'*  
(academic)

*'It's vital that children are aware of advertising messages and are able to deconstruct them to make informed decisions about the food they eat at school and at home.'*  
(teacher/headteacher)

- One youth organisation felt this section should be strengthened:

*'Growing concerns over obesity amongst young people, coupled with the even more pervasive and aggressive marketing strategies of food manufacturers and suppliers is creating a major public policy issue. As such strategies extend their reach both into schools and out of school settings, a more savvy awareness of food advertising and promotion will become ever more important.'*

- One respondent suggested the addition of 'and images in the media' (academic) and another to replace the term 'influence' with 'role' to ensure objectivity (industry)
- One felt it should be expanded to cover different information sources (TV, newspapers, internet) (NGO)
- Another felt it should be expanded to include other influences such as those of families and peers (youth organisation)
- Two respondents expressed concern about the way food advertising and promotion undermines healthy eating messages and mentioned the problem of mixed messages when schools take up schemes to provide sport equipment, for example Walkers and Cadburys (dietitians/nutritionists, teacher/headteacher). Similar concerns were expressed elsewhere in the responses.

#### **4.2.6 General comments**

- Two industry respondents suggested teaching young people how to access further information about products through company websites, consumer carelines and information sheets (see also section 8 below)
- One NGO felt that education was only part of the answer and called for legislation to control food advertising to children.

#### **4.2.7 Suggested additions**

Several respondents suggested additions to this section including:

- Information about social pressures and young people's cultural and other influences, such as finances (dietician/nutritionist)

- Inclusion of a global dimension covering fair trade, global food politics, where food comes from, third world marketing, food environmental issues, organic farming, WTO and CAP (NGOs, dietician/nutritionist)
- More reference to socio-economic factors and multi-culturalism, as well as awareness of food chain issues (NGO)
- Nutritional and cost comparison of homemade foods, ready meals and take-aways (industry, dietician/nutritionist)
- The social interaction and experience of sitting down and eating together (OGD/local government)
- Knowledge about storage (OGD/local government)
- Appreciation of the rich diversity and cultural significance of food (NGO)
- Different methods of production and the associated effects on health, the environment and animal welfare (e.g. organic vs conventional production, GM vs non-GM) (NGO)
- The economics of food including the role of global trade, fairtrade, supermarkets and local food (NGO)
- Animal welfare issues and the environmental impact of food production (NGO).

### **4.3 FOOD PREPARATION AND HANDLING SKILLS**

#### **4.3.1 Skills to plan a varied and healthy diet**

- Add shopping skills (academic)
- Make it fun:

*'The diet of 14-16 year olds is often very narrow. School could be a place where children are introduced to different tastes - blind food tasting is a fun way to get youngsters to try more unusual fruits and vegetables and helps discourage alienation. Exploring ethnic food and organising visits to ethnic supermarkets can also help.'* (industry)

#### **4.3.2 Practical capability to be able to prepare and cook a variety of dishes/meals to achieve a healthy diet**

- Several respondents commented on what sort of food should be cooked: the need to make it relevant; to include convenience food; and to include fruit and vegetables (dietician/nutritionist, industry, NGO)

*'It's important that the majority of dishes and meals prepared are typical of today's population and local income level i.e. moving on from traditional cake baking and meringues to pasta dishes and sauce, or a vegetable omelette.'* (dietician/nutritionist)

*'Whilst reliance on processed food shouldn't be encouraged, young people should be able to demonstrate practical food skills using a healthy balance of generic food staples, and where necessary, on occasions, convenience or part prepared foods.'* (industry)

- One dietician/nutritionist suggested rephrasing to read '...to achieve a balanced diet' rather than a 'healthy' diet
- One NGO suggested adding budgeting skills to this section

#### **4.3.3 Knowledge of how cooking methods can affect the nutritional and sensory qualities of food ingredients**

There were no specific comments on this section.

#### **4.3.4 Application of food hygiene principles to food preparation, cooking and storage**

- One respondent suggested adding recognition of food spoilage and how domestic food handling can invalidate sell by and use by dates (other)
- Another felt this competency was more appropriate in Food Hygiene and Safety (NGO) - see 4.4.2 below.

#### **4.3.5 General comments**

- Many respondents (food/health advisor, healthy schools co-ordinator) felt that greater emphasis should be placed on the acquisition of practical skills, supported by provision of appropriate facilities in schools (OGD/local government, teacher/headteacher, NGOs).

*'With such discrepancies in the level of practical cooking skills offered in schools, we are keen to know how schools will teach the competencies outlined. Many don't have the kitchen equipment to teach practical cooking skills.'* (NGO)

- One dietician/nutritionist felt this section needed more emphasis:

*'It appears to have been given equal weighting to the others. It may take 2 to 3 years to learn the practical skills while labelling could be covered in 2 or 3 lessons.'*

- And that it needed to be more relevant to young people:

*'Nothing in this section is likely to excite young people about food, a balanced diet and the pleasures of food. It needs to be more relevant to them.'*

- One school cook advocated involving children in the preparation of school meals and described what happens in her school:

*'Here they daily get involved with producing lunch for the whole school - harvesting produce from the school's garden, buying ingredients in the village and preparing a meal from scratch. Only when this everyday involvement is implemented in the curriculum will these issues have any real bearing on a child's mind. They'll learn more from a practical approach than planning hypothetical meals.'*

- Another respondent felt there was duplication and that this section should be combined with food hygiene and safety (dietician/nutritionist)
- One parent advocated starting much younger than 14-16, citing her own experience with 3 boys. This point was reiterated by many other respondents (see section 8 below):

*'Their training began at 6 or 7 and was embedded by the time they reached 14.'*

- One educational advisor commented on the situation in Wales where many schools choose not to cover food as a material area, often because of a lack of facilities:

*'Primary schools often avoid teaching food practicals because of concerns over health and safety. Many schools don't do food technology because of lack facilities for the safe handling of food.'*

- Several respondents emphasised the importance of practical cookery skills and argued for its return to the curriculum, pointing to the wider benefits (educational advisor, OGD/local government, teacher/headteacher, NGOs). This point is also covered in sections 6, 7 and 8 below.

*'Many teachers have advocated strongly for the return of practical cookery lessons not only to help with this agenda, but also to help children and young people develop better practical and organisational skills.'* (educational advisor)

*'Would like to see cookery back on the curriculum. Over the years life skills such as cookery have disappeared in favour of more academic subjects. If pupils suffer poor health in later life because they lack the skills and knowledge to prepare nutritious meals, we've all failed them.'* (OGD/local government)

*'Teaching basic cookery would bring other benefits: reading (able to read ingredients); basic maths (weighing ingredients and basic budgeting); discipline (observing correct cooking times); respect (for heat - if not used properly, fingers get burnt).'* (NGO)

- Several respondents highlighted the limitations of Design and Technology and advocated a return to compulsory cookery lessons:

*'Among the reasons why young people are more likely to assemble rather than cook food is the lack of cookery lessons in schools and the hijacking of this part of the syllabus by food producers. Design and packaging may be useful parts of the*

*curriculum but are not as important as the skills needed to feed people for life.'*  
(dietician/nutritionist)

*'Food Technology in the national curriculum has been no substitute for Home Economics as its aims and objectives are very different. Teenagers need the ability to assess the nutritional quality of ready prepared options and also compare with the equivalent home prepared option for nutrient content both in terms of sensory differences and costs.'* (NGO)

*'Practical cookery and food appreciation should be part of the National Curriculum in their own right and not as part of Design & Technology. Classes should take place at least once a fortnight for 5-16 year olds. If all children learnt from an early age about the food chain, from farm to plate, this would lead to a better society in terms of health and social welfare.'* (caterer)

- One group of dieticians/nutritionists urged that any practical work be kept simple with basic dishes and techniques; another respondent from a youth organisation mentioned the Good Housekeeping Cooking Guide for Children which includes how to make a cup of tea, cooking times for a wide range of vegetables and a schedule of everything that needs to be done to cook a full roast dinner, and suggested it's given to every child at the age of 15
- One NGO called for definition of the terms 'cooking', 'cooking methods', and 'cook a variety of dishes' to provide clarity for teachers, facilitators and young people:

*'A clear distinction should be made to illustrate the difference between choosing fresh/raw ingredients, their preparation, combination and heating/cooking method, as opposed to an interpretation of cooking which means no more than following instructions to heat a ready meal.'*

#### **4.3.6 Suggested additions**

The following additions were suggested:

- Knowledge and understanding of equipment and cooking techniques (NGO)
- How to control food allergens and communicate any risks to others (NGO)
- An understanding of the important role food has to play in the development of social skills (NGO)
- Shopping and budgeting skills and an ability to buy healthy food on a limited budget (NGO)
- Food growing and the associated appreciation of the skills involved in farming (NGO)
- Time management skills (youth organisation)

## **4.4 FOOD HYGIENE AND SAFETY**

### **4.4.1 Knowledge and understanding of the principles of food safety**

There were no comments on this section.

### **4.4.2 Awareness of hygienic procedures to follow when preparing, cooking and storing food**

- One caterer felt this should be deleted as it was already covered in food preparation skills
- One NGO suggested it should be changed to read: 'Awareness and application of hygienic procedures to follow when preparing, cooking and storing food.'

### **4.4.3 General comments**

- Two respondents made the point that training in food hygiene and food safety should start earlier than 14-16 years (caterer, parent). (See section 8 below for more on this.)
- One suggested adding food allergy to this section (OGD/local government)
- An industry respondent mentioned Foodlink for further information
- One respondent gave an example of how to make this section practical:

*'Give pupils practical experience of what happens to food when it goes off eg spoilage of milk can be done in classroom without any specialist equipment.'* (other)

And finally,

*'An emphasis on food hygiene and safety is crucial. It should run as a consistent thread throughout practical cooking activities and not merely taught as a series of rules divorced from the realities of preparing food.'* (NGO)

## **5 WHAT ADDITIONAL AREAS SHOULD YOUNG PEOPLE KNOW ABOUT OR BE ABLE TO DO?**

As well as suggesting additions to specific competencies, many respondents proposed additional themes or changes in emphasis. Whilst there is some duplication of themes in other sections, care has been taken not to duplicate respondents. The suggestions are summarised below:

### **Where to buy healthy food**

- Supermarkets are convenient but may be expensive. What about local shops? (food/health advisors)

### **Eating disorders**

- Overview needed (other health professional) as well as the dangers of not eating regularly (school inspector)

### **Role of professionals**

- Explain the role of professionals who work in nutrition (other health professional)

### **Cultural issues**

- Several respondents mentioned cultural issues whether in the context of trying food from a range of cultures, knowing about dietary differences, or knowing about food from different cultures, faiths and celebrations (youth organisation, other health professional, OGD/local government)
- One dietician/nutritionist also mentioned the difficulties young people of different cultures may face, particularly in relation to traditional home cooked food and the peer pressure to choose 'fast food' outside the home
- One respondent (OGD/local government) called for strategic level consideration of cultural issues in order to steer the development and delivery of the competencies. *'The school environment is different to being at home.'*

### **5-a-day**

- Promote 5-a-day message (other health professional)

### **Emotional influences on food choices**

- To acknowledge and encourage the emotional influences on food choice and recognise that personal food choice is affected by one's feelings (school inspector)

### **Media influence on body image**

- Need to have considered the influence the media have on body image; to appreciate that body shape differs; and to value and appreciate their appearance. (school inspector)

### **Awareness of the social aspect of food**

- This was mentioned by a number of respondents (youth organisation, food/health advisor, educational advisor and OGD/local government) and included encouraging young people to expect to be able to eat with others in a relaxed,

sociable manner; encouraging and enabling them to be 'at ease' with food; the enjoyment of food and the social aspects of food

### **Where food comes from**

- Young people need access to well-presented and accurate information which enables them to make judgements about food, food issues, provenance and qualities. This should include knowledge of where food comes from, food heritage, culture and ethnic diversity (NGO)

### **Sustainability**

- Sustainability issues have been given minimal emphasis. Need a strategic link to the work of DEFRA around food and farming (OGD/local government)

### **Healthy lifestyle**

- Although the consultation focuses on diet, nutrition and healthy eating, this needs to be presented in the wider context of achieving a healthier overall lifestyle. Diet must be considered in relation to exercise, avoidance of drugs, excessive alcohol and smoking, for example (NGO)

### **Exercise is key**

- The importance of exercise - though mentioned briefly it should be a bigger part as it's only when exercise and diet go hand in hand that we can achieve improved physical (and emotional) health (dietician/nutritionist)

### **Long-term health issues**

- Young people often view food in the short term - as fuel to get them through the next couple of hours. The concept that poor diet has serious long-term effects on health is not a concern to most. However, the need to make young people aware of the long-term importance of a good diet is vital (industry)

### **Diet related disease**

- Also need an awareness of diseases and conditions associated with a poor diet. For example, teenagers should know that a diet high in saturated fat can cause high cholesterol levels and CHD; a diet high in salt raises blood pressure which increases the risk of stroke and CHD. If teenagers knew the ill effects of a poor diet it may eventually lead to a reduction in obesity (NGO)

### **Fat, sugar and salt**

- Dangers of saturated fats, salt, sugars and highly processed foods should be reinforced at every opportunity with alternative healthy options made available (academic)

### **Fast foods and snacks**

- This was mentioned by a number of respondents including the suggestion that young people learn how to assess fast food products; how fast food can be part of a healthy diet, which options are healthy, and the cost implications of eating out; and tips on healthy snacks and quick meals, and an opportunity to try some (NGO, dieticians/nutritionist)

## **Pregnancy**

- The importance of good nutrition before conception and during pregnancy (dietician/nutritionist)

## **Inequalities**

- The document doesn't mention how it will tackle inequalities. The curriculum needs to address families on low incomes or in disadvantaged areas with no transport, families from different cultural backgrounds and how food choices are affected and how this will impact on diets. We need to identify methods to enable students with these issues to be supported not disempowered by the knowledge conveyed (dietician/nutritionist)

## **Holistic approach**

- Food needs to be considered holistically. The food competencies outlined need to be adopted by children as an integrated part of their everyday lives. Children need to consider healthy eating as habitual. Food needs to be taught so it makes the links clear between various aspects of food - production, processing, marketing, buying, preparing and consuming (NGO)

*'Healthy eating and food skills need to be part of their everyday lives by the time they leave school.'*

## **Look at attitudes and values**

- The competencies are very knowledge and skills based which is good but let's learn from Smoking & Tobacco Control - need to look at attitudes and values too (healthy schools co-ordinator)

## **Minerals**

- NDNS revealed low intakes of some minerals in a sizeable proportion of older children. There's a duty of care to ensure that young people fully understand the special physical requirements of their bodies at important life stages so they are able to eat and enjoy life to the full (industry)

## **11-13 year olds are important too**

- A number of topics need to be incorporated into the curriculum for 11-13 as well as 14-16 year olds. They include: the history of food and where it comes from; commodities and varieties of food; GM food; sustainability; Fair Trading; knowledge of catering industry and potential job opportunities; how to select foods; menu planning, budgeting etc; cost comparisons with eating out; basic cooking skills; food storage and preservation; consequences of unhealthy choices; how food fits into family life and future role as parents; link to science curriculum; link to government initiatives; dangers of diets; balance of good health model; food hygiene and food safety (OGD/local government)

## **Needs at different ages**

- An additional area which may be useful is the different nutritional requirements at different ages (dietician/nutritionist)

### **Extra competencies needed**

- These competencies do not explore the wider influences on eating behaviour and health and therefore would not prepare a 14-16 year old sufficiently for independent life. The following competencies should be added:
  - Psychological and behavioural aspect of food and eating
  - Energy balance and the importance of physical activity
  - Influence of the media
  - Sensible approaches to weight loss
  - Distinguishing fact from fiction in relation to healthy eating
  - How to eat healthily on a budget  
(industry)

## **6 WHAT APPROACHES CAN ASSIST YOUNG PEOPLE TO TRANSFER KNOWLEDGE FROM SCHOOL ENVIRONMENT TO THEIR LIVES?**

### **Tackle school meals**

The need for school meals to reflect healthy eating principles was mentioned by several respondents: (other health professional, dieticians/nutritionists, educational advisor, industry, other)

*'School food is appalling. What would you choose if faced with trays of piping hot chips and one small tray of cold dried up pasta? Young people do understand what's good for them but are not supported to make the right choices. Make healthy options cheaper and more attractive, have chips on Friday only, and get rid of the catering companies that are feeding our children so badly.'* (other health professional)

*'Schools don't help by providing poor nutritional choices that are often high in fat or sugar (and little fruit and veg) in the canteen. This is the case for both inner city schools and those in more affluent areas.'* (dieticians/nutritionists)

*'Initiatives such as breakfast clubs and the national school fruit scheme are scratching the surface. Food provision should become an integral part of the education programme across the UK, as opposed to a mere income-generating activity.'* (industry)

### **Adopt a 'whole school' approach**

Many also advocated adoption of a 'whole school approach' covering breakfast clubs, school lunches, tuck shops, vending machines and after school clubs, some even suggesting it should be obligatory. They felt healthy choices should be available wherever food is provided. SNAG, the Food in Schools initiative and Sustain's Grab 5! Project were all mentioned favourably in this context. (dieticians/nutritionists, other health professional, teachers/headteachers, food/health advisor, NGOs, academic, youth organisation, educational advisor)

*'Need to look at healthy vending machines and tuck shops and making healthy snacks, including fruit, more available.'* (dieticians/nutritionists)

*'Would like to see continued development of a whole school approach to food and nutrition throughout the years of compulsory schooling so all pupils receive clear and consistent messages through the formal curriculum and all other aspects of school life, including breakfast clubs, vending machines, school lunches and after school clubs. The Food in Schools initiatives have made a good start and should be rolled out nationally.'* (NGO)

*'A strong set of food skills competencies risks being seriously undermined where a school does not follow a 'whole school' policy on food. Government should place a duty on all educational institutions to introduce, as part of a sustainable development approach, an integrated food policy.'* (NGO)

*'The commitment to Whole Schools Approaches to food in schools should be obligatory. This should be a minimum requirement and policies should be clearly stated in each school's brochure. It should be impossible for schools to achieve*

*healthy schools awards unless they have a coherent policy on the food curriculum, school meal provision, snacking and vending provision, guidance to parents on packed lunches and provision of water.'* (NGO)

Others suggested that greater emphasis is placed on providing healthy food in schools with information to back it up:

*'This is a good idea but not nearly enough. Students' tastes are reinforced and entrenched by poor offerings in school. Dinners and snacks should be run 'not for profit', give children a healthy choice, and provide information on why a meal is healthy and how to make it balanced. At present the lowest common denominator is catered for to avoid cost and waste. Children can and do eat fried chips with salt every day.'* (teacher/headteacher)

*'Competencies emphasise individual making 'wise' choices rather than making healthy tasty food available at school and raising awareness among children that they have the right to expect decent food in school.'* (food/health advisor)

### **Involve young people (see also section 7)**

Several respondents advocated the involvement of young people whether as trainers and peer educators, or as active partners in the development of solutions (dietician/nutritionist, food/health advisor, other health professional, youth organisation, NGO).

*'Use a train the trainer approach. Train the 14-16 year olds to become nutrition leaders who pass on the skills and knowledge to the younger age groups in their schools and communities.'* (dietician/nutritionist)

*'Our work on food-related and other activities indicates that the greatest successes are recorded where young people become active partners in the development of solutions. Where they are able to develop a sense of ownership and involvement throughout the development and implementation of projects, the likelihood of sustaining the work and embedding change is much higher than in initiatives imposed from above.'* (youth organisation)

### **Involve parents/carers and youth organisations (see section 7 also)**

Many respondents also pointed to parents/carers and youth organisations as important partners in the education process, whether to reinforce messages, to be taught about healthy eating themselves possibly by their children, or to encourage children to help with food at home (other health professionals, educational advisor, youth organisations, dietician/nutritionist, industry, NGOs)

*'Work needs to be done with parents and guardians and within other youth settings to ensure messages are getting across especially to those who may not be attending school.'* (other health professional)

*'In some cases parents are just as ignorant about food. Maybe there's a need to teach these parents through the children. How long is it since Home Economics/Domestic Science was part of the school curriculum?'* (NGO)

*'Need to engage parents so they're willing to let kids help out with food at home. Could send information to parents at home, offer healthy eating/ cook & taste sessions, let students prepare a banquet for parents, get parents in as volunteers to help with cookery classes etc.'* (dietician/nutritionist)

*'Educational tools could be produced for parents/guardians of teenagers in conjunction with the core competences. This would allow the whole family to participate in changing and improving the household diet. A tool for parents that follows their teenager's school programme may encourage them to lead the way in helping their children to lead healthier lifestyles.'* (NGO)

*'While schools undoubtedly provide an important setting for the delivery of information and knowledge about food and healthy eating, the role of informal education is equally important. Young people spend only 9 minutes of every waking hour in school so these competencies should also be pursued in youth work settings.'* (youth organisation)

### **Extra resources needed**

Respondents referred to the need for extra resources to support sustainable practical work in schools (NGO) and for high quality learning resources to support the implementation of the competencies (school inspector).

The Food Partnership model (where secondary school food specialist teachers work with primary school colleagues in local clusters to promote practical work with food) was also mentioned and further funding recommended (NGO).

### **Multi-agency approach**

The need for a multi-agency approach was stressed, including educators, school nurses, healthy school initiatives and other aspects of the health service. (other health professional, teacher/headteacher, school inspector)

### **After school activities (see also section 7)**

After school cookery clubs were also mentioned as a means of reinforcing the message (NGO, dietician/nutritionist).

### **Make it practical (see also section 7 & 8)**

The importance of practical initiatives was emphasised including shopping and preparing food, and sharing a meal with others (school inspectors, youth organisation, dietician/nutritionist); the Food in Schools project and other programmes such as the RSA/FSA cooking bus were commended for providing hands on experience (educational advisor); assignments to buy recipe ingredients from local retailers, or to find examples of products that are high or low in protein, salt, added sugar, fat and/or saturated fat etc were also suggested, along with dietary surveys and growing projects (NGO); tasting sessions and menu selection (NGO); running healthier tuck shops and incorporating convenience food (dietician/nutritionist).

### **Make it personal**

The need to make the learning personal was also stressed so that young people *'have opportunities to reflect on their own lifestyle/eating habits to identify the health promoting and health inhibiting factors and practice skills and strategies for*

addressing the health inhibiting eating habits they have developed.’ (school inspector).

### **Make it varied**

*‘Initiatives such as Life Skills, Access and Social Influences cover a whole host of situations and ease the transfer of knowledge from school to homes. Young people armed with nutritional information are in a stronger position to influence parents in their food purchasing choices. The greater and more varied the methods of influencing this transfer the better.’* (academic).

### **Make it meaningful and fun**

Respondents emphasised the importance of making the work on healthy eating fun suggesting cooking competitions and events, trips to local farms, links with food retailers etc (food/health advisor, dietician/nutritionist).

### **Make it relevant**

The need to make the learning relevant to young people was mentioned again: *‘Ensuring resources are accessible for all young people and have relevance to their lifestyles. Learning about scones for tea may not be a high priority for some.’* (educational advisor)

*‘The key to the successful transfer of knowledge and skills from one environment to the other is relevancy.’* (youth organisation)

### **Provide teachers with training and resources (see also section 7)**

One respondent highlighted the need to provide teachers with appropriate skills and resources to enable them to deliver the new competencies.

*‘There are concerns that teachers delivering the sessions need additional resources, skills and evidence-based practical guidance. Teachers need to be supported to address their personal views on food that may be biased or incorrect.’* (dietician/nutritionist)

Problems with recruitment were also raised:

*‘Recruitment of trainee teachers to food education is a problem. Should also bear in mind that pupils who receive a bad food education are less likely to go on to train to teach that area. There may also be a shortfall of future recruits to the food industry - all of whom play a part in influencing food choices.’* (industry)

### **Legislate and make healthy eating a compulsory standard for inspection**

One NGO called for legislation requiring all schools to develop and implement health promoting school policies and to provide information about health policies in prospectuses and annual reports, for example. They also called for the National Healthy School Standard to be strengthened, for the healthy eating theme within the standard to be made compulsory, for the new standard to be included in the statutory inspection remit of HMIS, for a code of practice on promotional activity by food manufacturers and retailers and for an independent accreditation system for providers of educational materials based on the National Consumer Council guidelines.

### **Introduce accreditation**

One school inspector called for 'accreditation for children and organisations, that is recognised, is motivational and will encourage participation'.

### **Make cookery compulsory and address the curriculum (see also sections 7 & 8)**

The call for compulsory cookery classes was reiterated (dietician/nutritionist, NGO) and suggestions made by a number of respondents on changes to the curriculum, whether by looking at how food related issues could be covered in other areas of the curriculum (teacher/headteacher) or by giving more time to the teaching of practical skills (industry). One respondent felt it was unlikely there would ever be time sufficient in the school curriculum for the kind of lifestyle education required (youth organisation).

*'Could include, for example, consumer and personal finance education through PSHE and citizenship; learning about production, distribution and retail of food products from local to global perspective through geography; use of PE and school sport to influence pupils' self image in a positive way and counteract problems of weight gain, dieting and skipping meals.'* (teacher/headteacher)

*'While school can play an important role in helping young people establish a knowledge base, the skills needed to develop healthy eating patterns will be developed by more practical learning. It's unlikely that there will ever be time in a busy school curriculum for this kind of lifestyle education.'* (youth organisation)

### **Communication is key**

The importance of communication was further emphasised by one industry respondent who called for appropriate messages and inspiring, motivating delivery:

*'The consultation fails to take account of the fact that young people do not see food as high priority. Part of the problem is not the lack of information but the uninspiring way it's delivered. 14-16 year olds are notoriously difficult to talk to - the traditional language of education will not in itself motivate them to make changes. The competencies are a good benchmark but the key is communication - identifying appropriate messages and delivering them in a motivating manner.'*

### **Compare diets**

One respondent suggested designing questionnaires to examine the difference in diet between different generations and professions, and involving the local dietician. (other)

### **Healthy eating adverts**

One dietician/nutritionist suggested adverts for quick, healthy meal ideas and a limit on the amount of advertising of unhealthy choices;

### **Tackle fat, salt & sugar**

And called for work with industry to cut down fat, salt and sugar in products to continue;

### **Food Dudes**

And for the roll-out of successful initiatives like 'Food Dudes' across the country.

**Adopt commercial practices that support healthy choices**

One NGO cited Abel & Cole's non-profit scheme, Farmer's Choice, which provides money to schools in exchange for using them as a collection point for boxes of locally grown organic produce, as an example of good commercial practice.

**Price comparisons**

One group of dieticians/nutritionists suggested doing price comparisons to help young people realise that fast food is expensive.

## **7 WHAT OPTIONS ARE THERE FOR LOCAL ACTION TO ADDRESS THE GAPS, BASED UPON EFFECTIVE, EVALUATED AND SUSTAINABLE INITIATIVES?**

Inevitably there is some overlap between responses to this question and the previous one.

### **Involve young people**

The need to involve young people in the process of transferring the competencies was reiterated here, whether by training them as trainers (youth organisation) or having food and health themed events led by teenagers (dietitians/nutritionists).

### **Involve parents**

The need to involve parents was also raised again whether by: providing a vehicle for parents to reflect on their own experience of learning to cook (dietitians/nutritionists); working with parents/guardians on issues such as importance of meal times, enabling young people to help prepare meals, making meals on their own and preparing shopping lists (other health professional); or by providing lessons for all the family to improve their confidence and cooking skills and offer information on cheap sources of important nutrients (NGO).

### **Involve industry**

The need to involve industry was also considered important whether through financial incentives for local suppliers to encourage students to buy fruit and vegetables (NGO), further funding of the Food Partnership initiative (industry), or free school visits to producers and suppliers (educational advisor):

*'Billingsgate Seafood Training School raises awareness of fish to young people through education. They have free school visits to encourage this.'*

One industry respondent expressed disappointment that no acknowledgement was made of the contribution that has and can be made to food education by industry with the exception of Sainsbury's Taste of Success:

*'We were key to the initial launch and funding of the School Nutrition Action Group and worked tirelessly to help teachers in developing their knowledge. With pressure on education and school budgets the food industry can play a supportive role in developing food skills if provided with a clear brief and a real opportunity.'*

### **Train the teachers**

Training for teachers was another recurrent theme. Several respondents mentioned the shortage of specialist teachers, as well as the need for appropriate initial teacher training and continuing professional development in food and nutrition (teachers/headteachers, OGD/local government, NGOs, educational advisor).

Brent was cited as running teacher/training sessions as part of the 5-a-day initiative (other health professional); concern was expressed about the dwindling supply of appropriately trained teachers (NGO); and the need to recruit a sufficient number of secondary food specialists to teach cooking and dietary health was raised (NGO). Another NGO suggested child physical and emotional development and PSHE be made mandatory in the core teacher training syllabus.

### **Training and development for related professions**

One NGO raised the need for training, standards and recruitment and retention initiatives to support all those working with children and young people, including school nurses, school governors, senior managers, head teachers and non-teaching staff. They also called for national provision of support and mentoring services which incorporate a health and well-being element, expansion of the Connexions<sup>2</sup> service in England and inter-disciplinary training for Connexions workers.

### **Out-of and after-school activities**

The important role played by youth clubs, after-school clubs and other out-of or after-school activities was raised again by several respondents including other health professionals, a youth organisation and NGOs. It included the need to involve youth offending units, pupil referral units, social services and looked-after children ) and those in alternative education; establishing cook and eat clubs where young people can experiment; supporting extra curricular activities e.g. FSA Wales Get Cooking initiative, youth clubs, scouts and guides; providing after-school support through out-of-school cooking clubs, health promotions, summer school cooking clubs etc to augment formal provision; and to extend government proposals for integrated children's centres to cater for young people up to 16 to help fill the gap in school or home based learning.

*'For a range of social, attitudinal and material reasons not all young people have effective supplements to school based learning. Our research shows that 53% of children would like more help and advice about eating a healthy diet. Out of school clubs and other similar youth provision is uniquely positioned to play a key role in filling the gap in knowledge and skills for young people. For example, 'Make Space' a new type of out of school club for teenagers could deliver programmes designed to enhance knowledge and skills in nutrition and healthy eating.'* (youth organisation)

### **Involve professions**

One respondent (OGD/local government) suggests that schools link up at a local level with professional associations e.g. Hotel and Catering International Management Association (HCIMA), Academy of Culinary Arts, Craft Guild of Chefs, Federation of Bakers, Local Authority Caterers Association (LACA) etc.

### **Resources for schools**

The need to equip schools to carry out practical work was raised again: one NGO suggested encouraging local suppliers to support such initiatives and thereby keep costs down; another that local authorities provide extra funding for schools without cooking facilities.

### **Curriculum issues**

Several respondents raised issues relating to the curriculum, many similar to those covered in section 6 (industry, NGOs, healthy schools co-ordinator). Comments included: the need to make Food Technology (including nutrition) lessons compulsory for all secondary school pupils; the need for a co-ordinated approach to food and nutrition in primary and secondary education with all pupils taught to use, prepare and cook food through KS 1-4; caution against relying on external projects or out of hours activities rather than through the formal curriculum; and the need to build

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<sup>2</sup> Connexions provides advice and information to young people aged 13—19 years old. See [www.connexions.gov.uk](http://www.connexions.gov.uk) for details.

the new competencies into what's already happening in the curriculum, such as Citizenship for attitudinal skills, for example.

*'Despite the fact that food tech is compulsory at key stages 1&2, it's here that food education is weakest. By the age of seven most children start to make their own food choices and decisions, so the strategy for ensuring food competency in teenagers should begin with provision of effective education at KS 1&2.'* (industry)

### **Partnership/multi-agency approach**

Partnership with other agencies and links with other initiatives were once again advocated by many respondents. One suggested the appointment of a co-ordinator (perhaps jointly funded by PCT and LA) to network across the various agencies (OGD/local government).

Other suggestions from a dietician/nutritionist, NGOs and OGD included: links with Sure Start Plus, Sure Start, Healthy Living centres and the 5-a-day initiative; training for those who work with young people, such as youth workers and the probation service, to ensure consistent messages and skills are being promoted; inclusion of a wide range of stakeholders including, teachers, health professionals, food manufacturers and retailers; partnership working with voluntary sector; and the establishment of structures that ensure all individuals and organisations with an interest in food and the health of children are given the opportunity to work together.

### **School inspection**

One NGO called for improvement in school inspections to incorporate food teaching, including food preparation related to health and nutrition.

### **For school caterers/school meals**

The need to address school meals was raised again with a call for training for school caterers in healthy and sustainable food, and an increase in the amount spent on school meals (NGO).

### **Learning methods**

Innovative learning methods were also advocated including food/cooking diaries, research fieldtrips to stores, factories and the sources of food (youth organisation).

### **Community links**

Initiatives that link schools with local communities were advocated by two NGOs with examples given of successful projects. These included: the Bread and Butter Project in S. Derbyshire where local retired allotment owners teach food growing to children; the NFWI Wales 'Get Cooking' project which delivered practical classes in basic food preparation and cooking to small groups of vulnerable people including young mothers, school leavers, the unemployed, senior citizens living alone, the disabled and pregnant teenagers. The NFWI Home Economics Working Group is investigating a web-based project in response to this consultation that is designed to deliver healthy eating messages directly to children but also to link WI food skills trainers with local schools.

### **Food in schools pilot**

One respondent suggested learning from the outcome of the Food in Schools pilot to highlight aspects of good practice. (educational advisor)

## 8 MISCELLANEOUS COMMENTS

### **Start younger**

Several respondents (caterer, dieticians/nutritionists, other health professional, educational advisor, teacher/headteacher, NGO) expressed the view, often very strongly, that earlier intervention is crucial and that food-related competencies should be developed across all key stages in age appropriate ways, and even pre-school (school inspector). One respondent also suggested including the competencies in pre-vocational certificates such as City & Guilds, OCN etc as a way of capturing those outside mainstream education (caterer).

*'Age 14-16 is a late and difficult age to promote change in dietary intake. Earlier targeting could complement this initiative.'* (dieticians/nutritionists)

*'These issues need to be addressed through the whole of a child's school life. Leaping in at 14 isn't going to do much good unless it's a message they've been hearing through both the hidden and written curriculum from the day they started school.'* (dietician/nutritionist)

*'The critical age for development of healthy food preferences and habits has been identified as 2-7 years. It is therefore essential that in the school environment, this process is started in primary school and maintained throughout the child's time at school.'* (NGO)

### **Implementation strategy needed**

Implementation of the competencies was raised by a number of respondents including dieticians/nutritionists, educational advisors, school inspector, teacher/headteacher, youth organisation and academic. Comments included: the need for financial backing for the initiative; the need for a lead agency to oversee implementation; the potential difficulty fitting the work into school hours; the need for support materials and training for teachers and others involved in implementation; mapping of the competencies against the national curriculum; general concern about the capacity of the curriculum to deliver the competencies within the existing timetable; need to identify who will design and provide a training package to cover the theory and practice; and concern about how effectively the competencies will be implemented.

### **Curriculum issues (See also sections 6 & 7)**

Numerous comments were made about the curriculum and its current inadequacies. (teachers/headteachers, school inspectors, dieticians/nutritionists, NGOs, OGD/local government, youth organisation, other, healthy schools co-ordinator and educational advisor). Many respondents felt that the competencies were an important first step but that more needed to be done to radically overhaul teaching about food and nutrition.

Views on the way forward differed, with some advocating the introduction of food in its own right and a return to the teaching of Home Economics, while others advocated the development of food and diet related issues in other parts curriculum, including PSHE, PE, Science, Design & Technology, and Citizenship.

Many respondents also expressed strong views on the need to make food and nutrition compulsory, with some advocating compulsory nutrition and food studies at Key Stage 3 and others advocating development at Key Stages 1 & 2, whether as a subject in its own right or as part of Design and Technology for example.

*'Need to incorporate food, nutrition and catering into the curriculum and make it essential if we want to reduce obesity and associated diseases. Community dieticians could be involved in training and supporting teachers to teach this new subject.'* (dietician/nutritionist)

*'It should be taken out of the current structure and taught as part of the PSHE curriculum (as part of Life Skills) for the following reasons: many young people don't know how to cook for themselves/others especially when they first leave home; few have experience of managing and cooking on a budget; few understand the links between what they're eating now and their future health.'* (OGD/local government)

*'Would like to see nutrition as a compulsory part of the curriculum from year 7.'* (dietician/nutritionist)

*'Home Economics should be reinstated in the school curriculum - much harm has been done to the teaching of healthy eating and cooking skills. The invention of Food Technology (with the introduction of the national curriculum) is the main cause of the lack of food knowledge and skills amongst the present generation of pupils.'* (other)

### **Tackle behaviour change as well as knowledge**

The need to tackle behaviour change as well as knowledge was raised by two respondents (educational advisor, other health professional).

### **Information**

The need for unbiased information to support decision-making was considered essential by one educational advisor, and reference made to the work of DH and the Early Childhood Unit on a nursery age standard or kitemark for food and healthy eating by a youth organisation.

### **Other schemes**

One youth organisation pointed out the lack of any reference to the National Healthy School Standard (NHSS), the National Healthy Care Standard (NHCS) and the Extended Schools Initiative. NHSS plays an important part in improving the health and well-being of children, young people, practitioners, families and the community; and NHCS aims to ensure that those caring for looked-after children promote their health and well-being and allow them to develop skills to care for their present and future health. Both are likely to have done some work on food and nutrition and could provide useful learning.

### **Poverty is a factor**

Another youth organisation felt more should be done to make nutritious and healthy food available to all, not just the well-off.

### **Food allergy**

One NGO called for the inclusion of school allergy management protocols, and the cultural and practical aspects of life with a food allergy/food intolerance/coeliac

disease; as well as a co-ordinated approach to managing food in extracurricular activities, trips, open days, sports events etc.

### **For more product information**

One industry respondent suggested including details of where to get further information/help about diet/specific products and recommended retailer websites and carelines, as well as the Agency's website.

### **Other comments**

One respondent felt healthy food should be presented in an integrated fashion rather than a healthy 'option'. And it shouldn't always be fruit or a salad - imaginative variety is needed if young people's tastes are to be developed. (youth organisation)

One OGD/local government respondent raised the need to be aware of other issues behind food choices e.g. stigma attached to what goes in your lunchbox or having free school meals, not being able to use fruit tuckshop because you have no money, or lack of suitable storage space for certain foods at home.

A freelance consumer scientist has designed some lesson plans for a local secondary school, concentrating on 4 basic concepts: there are not bad foods; only off food is bad; getting the temperature right; kitchen gadgets. Shows how food is only good for you if it is safe to eat.

One respondent called for the use of more accessible language and the development of a version of the competencies by young people for young people:

*'Some of the language used in the competencies, such as 'energy balance' and 'food miles', needs further explanation. In order to encourage people to use the competencies, the language should be relevant and accessible to a wide audience including young people, parents, carers, families and practitioners.'* (youth organisation)

An industry respondent suggested incorporating aspects of their 'Get cooking, Get shopping' pack into the programme. The pack is freely available and can be accessed from: [www.co-op.co.uk](http://www.co-op.co.uk).

One NGO has identified competencies for 14-16 yr olds and enclosed a copy.

## APPENDIX A: List of respondents who commented on consultation

Alison Linsey	National Children's Bureau
Alison Stafford	Government Office for London, Regional Public Health Group
Amy Boyes	Dudley Beacon and Castle Primary Care Trust
Anita Cormac	Focus on Food
Ann Hemingway	Food Standards Agency Wales, Food Advisory Committee
Annie Seeley	The Food Commission
Carol Johnson	Other (no obvious category)
Caroline Kerr	Parent
Catrin Hallam	YWCA England & Wales
David Cregan	Northbrook School
Dr C J Strugnell	Institute of Consumer Sciences
Dr Laurel Edmunds	Avon Longitudinal Study Parents and Children
Eileen Steinbock	Brakes
Elizabeth Mitchell	Warwickshire County Council Education Department
Evelyn Gloyn	London Borough of Ealing, Environmental Health & Trading Standards
Fiona Hamilton-Fairley	The Kids' Cookery School
Frances Clark-Stone	Health Promotion Gloucestershire
Graham Griffiths	Estyn – Her Majesty's Inspectorate for Education & Training in Wales
Hazel Gowland	Anaphylaxis Campaign
Helen Young	Development Education Association
Hilary Spiers	National Youth Agency
Jane Loughridge	North Tyneside Council, Community Dietitian for Schools
Janet Mellor	The Small School
Jenny Elms	Hertfordshire County Council, Adviser Teaching & Learning
John Bangs	National Union of Teachers
Judy O'Sullivan	British Heart Foundation
Karina Klause	Birkenhead & Wallasey Community Dental Services
Kate Bowie	Sustain, Grab 5! Project
Katherine O'Donnell (2 responses)	Birmingham Community Nutrition & Dietetic Service
Kerry Ferguson	Leicestershire Nutrition & Dietetic Service
Louise Allen	Food and Drink Federation
Lucy Harris	Foodaware
Lyn Price	People in Communities Family Project
Lynne Tucker	London Borough of Hammersmith & Fulham, Education Department
Maggie South	West Sussex Healthy School Programme
Mandy Lovejoy	Gordano School
Mandy Wilkinson	Parent
Martin Grantley-Smith	Meat and Livestock Commission
Mary Cooper	South Leeds Primary Care Trust
Miss Modi Mwatsama	National Heart Forum
Moira Forrester	Kids' Clubs Network
Mrs Ruth Dolby	Freelance Consumer Scientist
Mrs S Percy	East Witton Women's Institute
Najia Qureshi	British Dietetic Association
Pat Draper	School Nurse Co-ordinator, Leeds Mental Health Teaching NHS Trust
Pat Jones	Design and Technology Inspectors/Advisors in Wales
Peter Clarke	Children's Commissioner for Wales
Ruth Potts	National Federation of Women's Institutes
Ruth Sowter	Mind
S Jane Gilbert	University Hospital of North Staffordshire Community Dietetic Team
Sandie Kendall	National Association of Advisers & Inspectors in Design & Technology
Sara Jayne Stanes	Academy of Culinary Arts
Sharon Peters	Portsmouth Food & Health Group
Shelly Gooding	Hotel Services Training Manager
Stephanie Valentine	British Nutrition Foundation

Steve Edwards  
Sue Hattersley  
Susan Norton  
Therese Brook  
Tracey Walsh  
Unnamed

Verena Thompson

Wendy Wrigley  
Willie McCurrach

Chamber Training  
Food Standards Agency  
Greenwich Education Business Partnership  
West Sussex County Council, Catering Adviser  
Brent Primary Care Trust  
South Western Staffs Primary Care Trust, Nutrition & Dietetic Services  
Children & Young People in Public Health, Islington Primary Care Trust  
The Co-operative Group  
GCFT Food, Hospitality and Tourism

### **Data Protection**

A further 5 respondents requested that their personal details should not be published. They were categorised as follows:

1 academic  
1 dietician  
1 educational advisor  
1 other health professional  
1 teacher

**Total Number of Respondents**

**70**

## APPENDIX B: COMMENTS ON TEXT

A number of respondents suggested amendments to the text accompanying the competencies. These are given below:

### Para 8

- There's no universal entitlement to initiatives such as breakfast clubs, growing clubs etc
- Experiences are directly related to parenting. Where there are no family role models or positive healthy eating 'values' within the home, young people have no foundation on which to base their attitudes to food. (Healthy schools co-ordinator)

### First text box on p2

- CMO reports 21% of men and 24% of women are obese;

### Last text box on p3

- Do we have evidence for this, and what about iron? (academic)

### Page 2

- Recent NDNS data suggests that we are moving ever closer to dietary targets and have even reached the target for total fat. It's important to explore why, if we are getting so close to the targets and calorie intake is dropping, there is still so much obesity and related diseases.
- NDNS also shows that younger women are consuming calories well below the estimated average requirements and failing to achieve sufficient of several minerals and iron. Suggest equal emphasis is placed on getting sufficient of these nutrients (eg by eating fortified breakfast cereals) as not consuming excessive amounts of fat, salt and sugar (industry).

### Para 6

- Young people already have the knowledge about healthy eating practices so there must be reasons why they don't follow these practices. Before any progress can be made it's vital to identify the barriers to change.
- Should also look at what children perceive to be a healthy diet - it's probably far from accurate.
- Don't throw the baby out with the bath water. There's a danger in assuming that all food children eat is bad, and this is clearly not the case. Children need to be encouraged in a positive way, so it's important to start with the diet they do have, point out what's good about it, then build from this base (industry).

### Para 7

- A staged approach to teaching about nutrition is probably the best way forward. Nutrition theory can be backed by practical cooking skills and include food hygiene, but making the technical issues first priority could turn children off cooking altogether. Children should learn how to prepare meals from a combination of ingredients and nutrition can be taught later as part of food technology or science (industry).

### **Para 8**

- Teaching about healthy eating should not stop in the classroom. Breakfast clubs are an ideal vehicle for enhancing the nutrition message and many food manufacturers and retailers support such schemes. School vending machines can provide a range of snacks and drinks and it's perfectly acceptable for active children to have the opportunity to buy them. It's important to avoid children becoming obsessive about healthy eating as this could lead to eating disorders (industry).

### **Page 6**

- top text box - recommendation for plenty of protein seems new (industry).

### **Para 15 & 16**

- The food industry is aware of the current reserve that exists in encouraging food companies to work with schools, but would welcome being able to share their skills and knowledge in an unbiased/non-marketing way. FDF education programme - Foodfitness - has already been used extensively in schools. Teachers can't be expected to have knowledge on everything to do with food production and the food chain, food products, diet and health (industry).

### **Para 7**

- Should mention PE (NGO).

### **Annex A**

- Request to amend the description of the travelling classroom to read: 'Focus on Food Cooking Buses, in association with the RSA, visit schools to provide cooking workshops for school children aged 5-19 and training for teachers UK-wide. During school holidays, workshops are provided for other community groups.' (NGO)

## APPENDIX A: List of respondents who commented on consultation

Alison Linsey	National Children's Bureau
Alison Stafford	Government Office for London, Regional Public Health Group
Amy Boyes	Dudley Beacon and Castle Primary Care Trust
Anita Cormac	Focus on Food
Ann Hemingway	Food Standards Agency Wales, Food Advisory Committee
Annie Seeley	The Food Commission
Carol Johnson	Other (no obvious category)
Caroline Kerr	Parent
Catrin Hallam	YWCA England & Wales
David Cregan	Northbrook School
Dr C J Strugnell	Institute of Consumer Sciences
Dr Laurel Edmunds	Avon Longitudinal Study Parents and Children
Eileen Steinbock	Brakes
Elizabeth Mitchell	Warwickshire County Council Education Department
Evelyn Gloyn	London Borough of Ealing, Environmental Health & Trading Standards
Fiona Hamilton-Fairley	The Kids' Cookery School
Frances Clark-Stone	Health Promotion Gloucestershire
Graham Griffiths	Estyn – Her Majesty's Inspectorate for Education & Training in Wales
Hazel Gowland	Anaphylaxis Campaign
Helen Young	Development Education Association
Hilary Spiers	National Youth Agency
Jane Loughridge	North Tyneside Council, Community Dietitian for Schools
Janet Mellor	The Small School
Jenny Elms	Hertfordshire County Council, Adviser Teaching & Learning
John Bangs	National Union of Teachers
Judy O'Sullivan	British Heart Foundation
Karina Klause	Birkenhead & Wallasey Community Dental Services
Kate Bowie	Sustain, Grab 5! Project
Katherine O'Donnell (2 responses)	Birmingham Community Nutrition & Dietetic Service
Kerry Ferguson	Leicestershire Nutrition & Dietetic Service
Louise Allen	Food and Drink Federation
Lucy Harris	Foodaware
Lyn Price	People in Communities Family Project
Lynne Tucker	London Borough of Hammersmith & Fulham, Education Department
Maggie South	West Sussex Healthy School Programme
Mandy Lovejoy	Gordano School
Mandy Wilkinson	Parent
Martin Grantley-Smith	Meat and Livestock Commission
Mary Cooper	South Leeds Primary Care Trust
Miss Modi Mwatsama	National Heart Forum
Moira Forrester	Kids' Clubs Network
Mrs Ruth Dolby	Freelance Consumer Scientist
Mrs S Percy	East Witton Women's Institute
Najia Qureshi	British Dietetic Association
Pat Draper	School Nurse Co-ordinator, Leeds Mental Health Teaching NHS Trust
Pat Jones	Design and Technology Inspectors/Advisors in Wales
Peter Clarke	Children's Commissioner for Wales
Ruth Potts	National Federation of Women's Institutes
Ruth Sowter	Mind
S Jane Gilbert	University Hospital of North Staffordshire Community Dietetic Team
Sandie Kendall	National Association of Advisers & Inspectors in Design & Technology
Sara Jayne Stanes	Academy of Culinary Arts
Sharon Peters	Portsmouth Food & Health Group
Shelly Gooding	Hotel Services Training Manager

Stephanie Valentine  
Steve Edwards  
Sue Hattersley  
Susan Norton  
Therese Brook  
Tracey Walsh  
Unnamed

Verena Thompson

Wendy Wrigley  
Willie McCurrach

British Nutrition Foundation  
Chamber Training  
Food Standards Agency  
Greenwich Education Business Partnership  
West Sussex County Council, Catering Adviser  
Brent Primary Care Trust  
South Western Staffs Primary Care Trust, Nutrition & Dietetic Services  
Children & Young People in Public Health, Islington Primary Care Trust  
The Co-operative Group  
GCFT Food, Hospitality and Tourism

### **Data Protection**

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