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Oxfordshire

Your voice on health and social care

Rose Hill Primary School

Healthy Eating Consultation:

“I can get 6 cakes for 20p, or 6 apples for £1.69”



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Funded by Healthwatch Oxfordshire

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1 About this report

The Rose Hill Primary School (RHPS) healthy eating consultation was undertaken on the initiative of the Healthy Schools Coordinator and the Headteacher, with funding from Healthwatch Oxfordshire. It was conducted between May and July 2018 by two RHPS teachers (the outgoing and incoming Healthy Schools Coordinators) and an independent researcher.

The objectives of the consultation were to find out:

1. What sources of information and support Rose Hill residents' access around healthy eating and dental health, and if the information they receive is helpful
2. Perceived barriers to achieving healthy diets and good dental health
3. Suggestions as to how the school can help local families to achieve better diets and dental health.

The primary users of the information will be RHPS, as it continues to formulate and implement its Healthy School Policy, and the River Learning Trust, which is managing the school from September 2018. The information will also be useful for other members of the Rose Hill Health Partnership (statutory and voluntary agencies), including the Rose Hill Big Lottery community project, which runs activities for children and adults, Good Food Oxford, which is setting up a Food Poverty Alliance in Oxford, and Aspire, which addresses healthy living and nutrition as part of its adult employment programme. The city council's Public Health Team has also expressed an interest in better understanding concerns and constraints around health in Rose Hill community to help it tailor preventative interventions.

Healthwatch Oxfordshire will post the report on its website in order to share findings and generate potential wider collaboration. It will also ensure dissemination of the report to relevant stakeholders, including Oxfordshire Public Health and Oxfordshire Children's Trust.

Finally, we hope the information will be useful to other schools locally and nationally who are formulating their own healthy school policies.

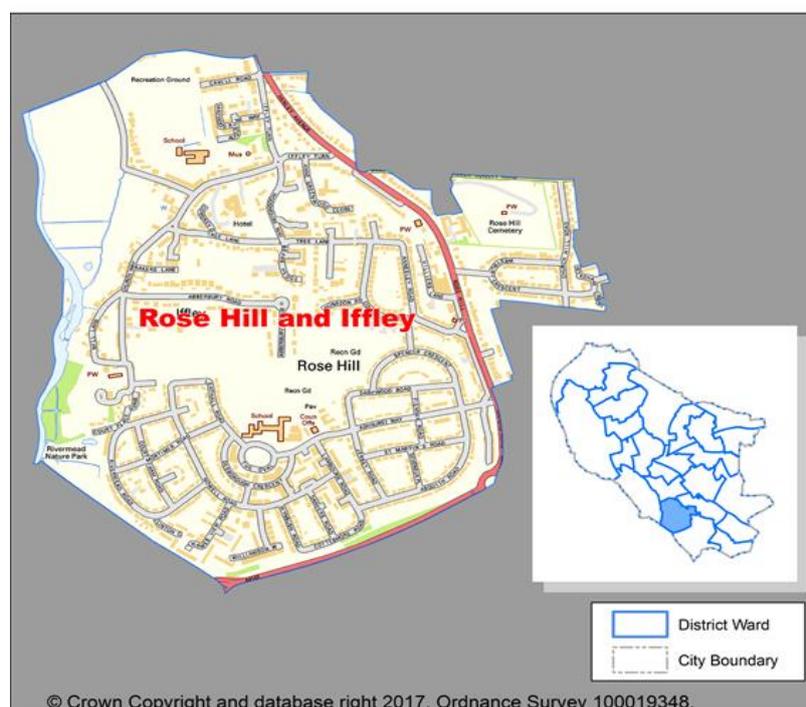
We are extremely grateful to the parents and children who participated willingly in the research. Thanks also go to the teachers and Headteacher at Rose Hill Primary School, and the Coordinator of the Big Lottery Rose Hill project, for their support and guidance on how to conduct the research, and to Healthwatch, for providing the funding to undertake the research and for support during the project.

2 Background and context

Rose Hill and Iffley ward

The Rose Hill and Iffley ward is located in the southern part of Oxford city, just within the city ring road (see Figure 1). The ward has a total population of 6,950 people.¹ The population is of mixed ethnicity, with 38%² from black or minority (BME)³ groups, compared to 20% in England, and 27% born outside the UK, compared to 14% in England.

Figure 1: Location of Rose Hill and Iffley Ward



Source: <https://www.oxford.gov.uk/downloads/file/4690/localinsight-rose-hill-and-iffley-ward-june2018>.

The Rose Hill and Iffley ward is among the 20% most deprived wards in England, according to the 2015 English Index of Multiple Deprivation.⁴ Almost 25% of children live in poverty in

¹ Statistical information presented in this section are sourced from the Oxford City Council and District Data Service (June 2018) at: <https://www.oxford.gov.uk/downloads/file/4690/localinsight-rose-hill-and-iffley-ward-june2018>.

² All percentages have been rounded to the nearest whole integer.

³ BME groups used in census data are: white non-British, mixed, Asian, Black and other ethnic groups.

⁴ English Indices of Deprivation, Department of Communities and Local Government, September 2015 (<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>). The seven domains of deprivation included in the index are: Employment deprivation, Income deprivation, Health deprivation and

the ward, compared to 17% in England. The proportion of children living in poverty in Rose Hill alone is likely to be higher than this figure suggests as the statistics include the more affluent adjacent neighbourhood of Iffley. A recent study of food poverty in Oxford estimated that approximately 40% of households in Rose Hill have lived experience of food poverty.⁵ The Health Survey for England (2006-2008) indicated that healthy eating among adults (measured by consumption of five or more portions of fruit and vegetables a day) was lower in the ward than the average in England (25% vs 29%).

Rose Hill Primary School

The children at RHPS are of mixed ethnicity, with 48% white, 24% Asian or British Asian, 9% of mixed/multiple ethnic groups, 8% Black African/Caribbean/British, and 6% of other ethnic groups.⁶ The proportion of children from BME backgrounds is higher than the statistics provided above for the ward. This is partly because Iffley, where the population is not so diverse, is included in the ward statistics. It may also be that there are more children, or more children of primary school age, in families from BME groups.

Data from the National Child Measurement Programme (NCMP) (2013-2015) show that the proportion of children who were overweight or obesity at Rose Hill Primary School (RHPS) (44.5%) was considerably higher than in the Oxfordshire local authority (30%) or in 'most other schools across England' (34%).⁷ This reflects recent analysis of NCMP data, which indicates that the inequality in the prevalence of overweight, obesity and severe obesity in England between the most and least deprived areas continues to widen.⁸

The Head Teacher has had a concern with addressing the children's physical and mental health since she came into post four years ago, and activities have included introducing children to fruit and vegetables, talking about healthy choices, ensuring healthy eating is incorporated into the curriculum, and posters and leaflets on healthy eating made by the children. She also hired the best possible caterer within the available budget, and negotiated the most varied menu they prepare anywhere in Oxfordshire in order to meet the varied tastes of children from diverse backgrounds.

disability, Education, skills and training deprivation, Crime, Living environment deprivation, Barriers to housing and services.

⁵ Hansford and Friedman, 2015. Food poverty in Oxford: A qualitative study in Barton and Rose Hill. Good Food Oxford. <http://goodfoodoxford.org/blog/giving-voice-to-food-poverty/>.

⁶ Data provided by RHPS. 5% of respondents refused to answer or did not specify ethnicity.

⁷ National Child Measurement Programme. 2018 summary of results for 123049 – Rose Hill Primary School. Public Health England NCMP School Feedback Letter. Data for 2014/15, 2015/16, 2016/17.

⁸ Public Health England, 2017. National Child Measurement Programme Changes in children's body mass index between 2006/07 and 2015/16.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/646271/national_child_measurement_programme_changes_in_childrens_BMI_detailed_report.pdf

RHPS has had a Healthy Schools Coordinator since November 2017 and has introduced more elements of a Healthy Schools approach since then. Activities have included: cooking lessons for children in Years 4 & 5 (including cooking meals from the school menu to encourage take-up of school meals); a weekly healthy baking group for mixed age-groups; learning about and tasting a variety of healthy breakfasts; 1:1 cooking for special needs children with teaching assistants, who then share the healthy food they make with classmates; the first Healthy Living week, held in the week of 25-29th June, during which children in all years were involved in activities focused on healthy eating and dental care; and the launch of a popular healthy school Tuck Shop in July 2018. These activities have been supported by local organisations including the Rose Hill Big Lottery project, the Rose Hill Co-operative store, Mid-counties Co-operative, Iffley Dental Practice, Lenthall Road Allotment Association, and the school's catering company, Edwards and Ward.

The school also sometimes posts leaflets with health information around the school or sends them home to parents. For example, the recent letter publicising the tuck shop showed pictures of 'tooth-friendly' and 'tooth-unfriendly' snacks.

The school has at times had rules on food (snacks, packed lunches) brought from home. The current head teacher is considering re-introducing some rules and wants to find the most appropriate way of doing this, while taking into consideration the very difficult situation which many families find themselves in.

This consultation was prompted by ongoing interest at the school to develop and implement a comprehensive healthy school approach based on the views of a broad range of members of the school community (parents, carers, wider family members, children, teachers, teaching assistants, lunchtime supervisors and the staff of the school catering company, Edwards and Ward).

3 Methods and sample

3.1 Methods

This was a primarily qualitative study using interviews and focus group discussions (FGDs). We conducted short, semi-structured interviews with parents and residents in community settings in Rose Hill – at the school (mainly as parents dropped off or picked up their children) and at the Community Centre (parents dropping their children off at Junior Youth Club, and parents and residents visiting the food bank). We also interviewed the Head Teacher to discuss our findings and conclusions.

FGDs were conducted at the school with groups of parents, teachers and teaching assistants, and canteen staff (catering staff and lunchtime supervisors). Discussions lasted between 45 and 60 minutes and focused primarily on the role the school can play in helping families with children's diets and dental health.

We conducted short discussions with children from Years 1 to 6, focusing more on the older children in Years 5 and 6, in order to explore how much they understand about healthy eating and dental care, where they get their information, why they believe people don't always follow health advice, and what the school can do to help them stay healthy. The discussions were conducted during specially-designed sessions to allow the children to explore these questions freely and creatively, and also during Key Stage 1 and 2 school council meetings. The discussions were held before the Healthy Living week in June 2018, so the children had been exposed to very little information about healthy eating and dental care at school: prior to Healthy Living week the school had not organised any events or much content on healthy eating and dental care for at least five years, other than short classroom interventions by teachers, for example introducing the Eatwell Plate.

We also asked all children except the youngest (Years 1 and 2) to conduct a short interview with an adult in their home as a homework assignment (see questionnaire in Annex 1). We received 69 completed questionnaires. Respondents included mothers, fathers/step-fathers, aunts, uncles, grandmothers and an older sister.⁹ The questionnaire yielded both quantitative and qualitative information on parents' and carers' views on the role of the school in promoting healthy eating and dental care.

Parents and carers were informed of the project by way of an information sheet sent home with the children, and the same details were provided at the beginning of each interview and focus group. We also asked for consent to use information and quotes from research participants anonymously in our report.

Table 1 shows the activities undertaken and the sample size for each activity. We spoke with a total of 63 adults from the school community (staff and parents), and 46 children across the age range. The numbers shown in the totals rows in the table represent the number of unique individuals participating across the full set of activities rather than the sum of the individuals participating in each activity, as some parents and children participated in more than one activity (three parents participated in an interview and a FGD; seven children participated in more than one discussion group). The teaching assistants and catering staff, and three of the lunchtime supervisors, are also parents or carers of children at RHPS, meaning we spoke with a total of 54 parents or carers.¹⁰

⁹ Wherever we use the term 'parents' in the report, it includes both parents and other carers.

¹⁰ None of the teachers has children at RHPS (although four are parents of children attending other schools).

Table 1: Consultation activities and sample sizes

Activities	Sample size
Adults	
Interviews with parents	32
FGD with parents	13
FGD with teachers	10
FGD with teaching assistants	4
FGD with catering staff	2
FGD with lunchtime supervisors	5
<i>Total number of (unique) adults</i>	63
Children	
Interviews with children	1
Group discussions with children	53
<i>Total number of (unique) children</i>	46
<i>Total number of questionnaires</i>	69

3.2 Sample characteristics

We collected basic sociodemographic data about the 32 parents who were interviewed (see Table 2).

Table 2: Sociodemographic characteristics of interviewed parents

Socio-demographic characteristics	% (number)
Sex	
Female	87.5% (28)
Male	12.5% (4)
Age group	
18-29 years	9% (3)
30-49 years	78% (24)
50-69 years	13% (4)
Relationship to children¹	
Mother	87.5% (28)
Father/step-father	12.5% (4)
Ethnic group	
White British	72% (23)
White non-British	6% (2)
Asian	19% (6)
Black African	3% (1)
Postcode	
OX4	100%
Total number of interviewees	32

Notes to table: 1-all were parents, although not all had children at RHPS

The sample includes many more women than men, as women more commonly frequent the community settings we attended (school, youth club and the foodbank), and most interviewees were aged between 30 and 49 years. Almost all research participants were parents of children at RHPS, although a few had children at other primary or secondary schools, or grown children. The majority of interviewees were British white (72%), with 28% from other ethnic groups. The ethnic profile of our sample broadly reflects demographic data for the Rose Hill and Iffley ward, although with a small bias towards white respondents. All but two interviewees were Rose Hill residents (the two exceptions were a Littlemore and a Cowley resident, both of whom were collecting food at the food bank).

The participants in FGDs were all parents of children at RHPS (12 mothers and one father) resident in Rose Hill, and were multi- ethnicity (white British, white European, and Asian).

The methods we used to access interviewees and FGD participants created a bias in our sample towards individuals who regularly turn up at school to drop off and collect their children and who attend activities at the Community Centre, although we did intentionally include a few parents who are seen at school less frequently. We were also unable to consult with parents who do not speak much English. We are cognisant of the fact that we did not interview parents struggling with difficulties that may prevent them from attending activities, such as poor physical and/or mental health, disability, social isolation, language barriers, addictions, and serious debt. These residents may face greater barriers to caring for their children’s dietary and dental health. This bias was in some degree compensated for as we asked our interviewees to provide insights into the difficulties they believe are faced by others in the community.

4 Our findings

4.1 Parents’ questionnaire

The questionnaire completed by parents and carers is shown in Annex 1. We received 69 completed questionnaires. The quantitative data on parents’ and carers’ views are shown in the tables below. We discuss the data in the relevant sections of our findings, along with the qualitative (open-text) responses given on the questionnaires.

Table 3: Responses to questions about snacks and the tuck shop on the parent questionnaire (% and number)

Question	Yes	No	Unknown ¹
Do you think it’s a good idea that children are allowed to bring whatever snack they want to school?	48% (33)	49% (34)	3% (2)
Would you use a school tuck shop where children could buy healthy snacks for 20p?	85% (59)	12% (8)	3% (2)

Note to table: 1- ‘unknown’ means the response was unclear or left blank

Table 4: Responses to the question ‘What else would you like the school to do to help your children be healthy?’ on the parent questionnaire (% and number)

Responses	% (number)
Teach children to eat healthily	81% (56)
Teach children to care for their teeth	78% (54)
Run cooking lessons	70% (48)
Make school dinners healthier	46% (32)
Drink only water at school	45% (31)
Rules about what’s in packed lunches	38% (26)
Workshop for parents on healthy snack and packed lunch ideas	32% (22)

4.2 Themes emerging from interviews and focus groups with adults and classroom discussions with children

4.2.1 Where do parents and children get information on diet and dental health from?

SUMMARY

The majority of parents said that they have information about eating healthily from multiple sources, are aware of various sources they can consult, and feel they know enough about healthy eating for their children. Only a few said the information available locally is limited. It is important to note that we did not assess the parents’ knowledge on diet and dental health, so we cannot state if they have access to sufficient and reliable information.

Many felt that information about dental care is more scarce, that knowledge about keeping teeth healthy is low, and as a consequence, many children have dental caries (tooth decay).

Mainstream and social media, including public health campaigns

Many parents actively search for information on the internet, and generally find the information useful. A number of parents have found the Change 4 Life website and app helpful, including the recipes, information on the sugar content of food, and tips on substituting for sugar. Some use recipes from YouTube, including a foreign-born mother who looks up English meals for her children. One mother uses Facebook to share low-budget Slimming World recipes with other mothers at their request.

A few parents also commented that they get information and ideas from cooking shows and adverts on TV.

Health professionals and organisations

Parents have received information on healthy eating from a number of health professionals, including their GP (e.g. information on weight loss or gain), and health visitors (healthy feeding for young children, including information on weaning, sources of vitamins, and how to introduce fruit and vegetables), and found it useful. A number of parents also mentioned that the dentist has talked to their children about limiting sugar intake.

Some parents commented that they have learned useful information on courses such as HENRY,¹¹ parenting courses, and courses on food hygiene and safety, most of which are no longer available in the Rose Hill area. A few mothers said that attending Slimming World has helped, as they learn healthy recipes that are suitable for the whole family, and find that the supportive group environment helps them to maintain changes to their diets.

Some parents said they would like a GP surgery, dentist and family planning at the Community Centre, with more information provided by all of them.

Family and friends

Some parents said that family and friends are their main sources of information. Mothers in particular were identified as trusted sources of information on cooking and eating. In one home, the oldest child is on a diet and has shown her parents what she has learned about checking nutrition information on packages. They have been surprised and shocked by some of the information, such as the number of calories in some drinks.

Some parents recognised that there is much more talk about healthy eating among friends and family than in the past, partly because there are more overweight people than there used to be. They recognised that not everything they hear from family and friends is reliable, but that it is difficult to distinguish what is and isn't reliable.

School

A number of parents say they have received helpful letters and leaflets from the school this year on healthy eating and dental health or have seen posters at the school. These include letters produced by the school, information leaflets created by the children in class, and leaflets from programmes such as Change 4 Life which were given out in conjunction with Healthy Living Week. Some have received and used printed copies of the recipes for dishes the children have made at school (e.g. Macaroni Cheese).

Workplace

A few parents commented that they receive relevant information from their workplaces – local supermarkets, health charities, and the NHS. They feel this gives them privileged

¹¹ See <https://www.henry.org.uk/>.

access to information that other parents don't have, although one working in a charity said the amount of information she is exposed to sometimes feels overwhelming.

Commerce

A few parents said that they have picked up leaflets with useful information from supermarkets.

Some parents don't get information or advice from anywhere

A few parents said they don't get health or dental information for their children from anywhere. They were a small minority of the parents in our sample. Some of these parents said they would like to receive information on nutrition and dental care from the school by letter or on the school website, perhaps with notification by email or text that the information has been made available.

Access to information by others in the community

Given the bias in our sample (see section 3.2), we asked our interviewees if they thought others in the community (some of whom may face greater difficulties) have access to information on healthy eating and dental care. We heard mixed views. Some said that there is a lot of information and awareness about healthy eating in the community (e.g. everyone knows that it is important to eat fruit and vegetables and that sugar is bad for teeth), but recognised that many face barriers to applying that knowledge. For example, some may not be able to afford fresh fruit and vegetables; some may not have time or the skills to prepare fresh food and may resort to less healthy microwave or oven food). Others said that there are some important gaps in information, particularly on the impact on health of eating junk food, and on dental health, which some say is evidenced by the high prevalence of dental caries (tooth decay) among children in the community. This is reflected in a recent report showing that five-year olds in Oxford city have worse than average oral health.¹²

¹² See Oxfordshire Joint Strategic Needs Assessment, Oxfordshire County Council, 2017: <http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>.

What the children say about staying healthy and sources of information¹³

Children across the age spectrum were able to cite basic information about staying healthy: eat lots of fruit and vegetables, limit consumption of junk food and especially sugar, eat a balanced diet (although it wasn't always clear if they understood what this means), get plenty of physical exercise, drink water rather than fizzy drinks, wash your hands, and brush your teeth twice a day. In terms of the consequences of poor diet, a number knew about diabetes and obesity, but no other problems with health or concentration were mentioned. Some children also cited misconceptions around eating healthily and the health consequences of a poor diet.

When asked where they got their information on staying healthy from, they stated: parents (and especially mothers), older siblings, the dentist, the internet, TV, ads on electronic games, school teachers, and posters in the school canteen.

4.2.2 Is the information clear, helpful and relevant?

SUMMARY

Many parents said that the information available to them is generally clear and relevant. But some identified sources and messages that are unclear or confusing, including nutrition information and the traffic light systems on packaging, information on different types of sugars and information on portion sizes. Mothers would like more information on ways to introduce new foods, and especially vegetables, to children.

Many parents responded that the information they receive from different sources is, on the whole, clear and helpful. In particular, information from health visitors, dentists, Slimming World, and the Change for life website was identified as helpful.

But some parents commented that there is so much information available that it can be confusing, particularly if actively searching for information on the internet:

'I see articles and things on Facebook and I start looking at all this information and it starts doing your head in, so you just have to be sensible. It can be confusing if you look at it too much' (interview, mother, Rose Hill);

'[on the internet there are] different people with different opinions, that can be a bit confusing' (interview, mother, Rose Hill).

¹³ All information on 'what the children say' reflects what the children said before Healthy Living Week.

In particular, parents mentioned that the traffic light system on food packaging can be confusing (e.g. something may be low in fat but high in salt, making it difficult to know if overall something is healthy or not); that information on limits on different types of sugars is confusing (e.g. should sugar from fresh fruit be limited); that nutrition information on labels can be confusing (e.g. identifying hidden sugars, especially in savoury foods, fruit juices and cereals); and that information on recommended portion sizes is unclear.

Some mothers identified a particular gap in the information available from all sources: help and advice on how to help children to learn to eat new foods, and especially vegetables. They observed that recipes for children on the internet often include ingredients their children won't eat, and would like to see better designed recipes that help to disguise ingredients that children are averse to (one suggestion was oven baked courgettes that look like chips).

4.2.3 Do parents face difficulties or barriers in following information and advice on children's diets and dental care?

SUMMARY

Most of the parents we spoke with understand the importance of a varied diet and low intake of sugar and processed foods for health, including dental health. Many parents face difficulties in feeding their families healthily. Some cannot afford to buy healthy options, and some do not have the time or skills to prepare healthy freshly-cooked meals. Their efforts are undermined by a lack of coherent food policies, advertising, and the wider food environment, which make healthier foods more expensive than unhealthy options, and encourage their children to pester them to buy unhealthy foods. Many parents also struggle to get their children to try new foods, especially fruit and vegetables, and dislike wasting money on foods that their children may refuse to eat. Some have found it difficult to find a child-friendly dentist.

Economics, food poverty and time poverty

Many parents told us they cannot afford to buy what they understand to be healthy options for their children. Some have insecure jobs, or have had their benefits cut, and those in work observe that their wages are often low, and have been stagnant, while food prices and rents keep going up. The difficulties can be particularly stark in larger families with a higher number of children, especially if only one adult is working. Some told us they rely on groceries from the weekly foodbank:

'I come to the foodbank, this is what keeps me going' (interview, mother, Littlemore)

'I had my benefits cut seven weeks ago, so I have to use [the foodbank] I've got cooking on a budget down to a fine art. I have to' (interview, mother, Rose Hill)

'There's not a lot of things I can afford. The foodbank helps, whatever's going' (interview, father, Iffley).

Two mothers mentioned that Healthy Start vouchers help defray the cost of buying fresh fruit and vegetables, and others buy fresh food at reduced prices:

'I shop at Sainsbury's and I know when to get the reduced fresh stuff' (interview, mother, Rose Hill).

Some shop at supermarkets with lower cost fresh fruit and vegetables (e.g. Lidl), but note that many families don't have a car to get there, there is no bus service and they can't afford the cost of a taxi. A recent Healthwatch Oxfordshire report on experiences of health and social care services similarly found concerns among residents of Rose Hill (and other communities in the OX4 area) about food poverty, rising use of food banks, and the lack of transportation to affordable food shops.¹⁴

Some parents who would like their children to have a cooked meal at school are unable to afford the cost of doing so (the school dinner at RHPS currently costs £2.10). Children from low-income families are eligible for free school meals, but the process of submitting financial information for means-testing can be off-putting for some. Other families with income just above the eligibility threshold may struggle, particularly families with several school-age children. These families usually take up a free dinner for eligible Key Stage 1 children (up to Year 2/age 7) and make cheaper packed lunches for older children.

Among working families and larger families, time can be a constraint. Parents who work may have difficulty finding time to cook meals and resort to ready meals or oven meals (e.g. nuggets and chips), or may use ready-made sauces, even though they recognise this may be more expensive and less healthy. One mother observed that it requires time and organisation to make sure you have healthy snacks to hand when you're in a hurry, and that reading labels on packaged foods also requires time that not everyone can afford.

Food policies, the food environment, and 'pester power'

Some parents indicated that the government, the food industry and retailers undermine their efforts to feed their families healthily. They complained about the relative prices of healthy and unhealthy foods, noting that processed foods are cheaper than fresh healthy foods, partly due to taxes, and are more likely to be on offer ('two for one'). For those on tight budgets, they may have little choice but to opt for the cheapest options. As one mother said:

¹⁴ See Healthwatch Oxfordshire, 2019. Focus on OX4. Experiences of health and social care services. https://healthwatchoxfordshire.co.uk/wp-content/uploads/2018/05/16090_Healthwatch_OX4Brochure_Digital.pdf

'I can get 6 cakes for 20p, or 6 apples for £1.69' (FGD, mother, Rose Hill)

They also observed that retailers 'fuel' the pester power of their children. For example, supermarkets place junk food and fizzy drinks at the tills and at eye level for children, and it can be hard for parents to repeatedly say no.

'Fussy' children

Most parents talked about the difficulty of feeding children who are reluctant to try new foods, especially fruit and vegetables. Most understand the importance for their children's health (including dental health) of a diverse diet, including plenty of fruit and vegetables, and a low intake of sugar and processed foods. Some have tried various strategies to encourage their children to try new foods (e.g. letting the children choose fruit and vegetables in the supermarket, letting the children help with food preparation, disguising vegetables), but with limited success.

This was cited as a reason by some for not putting what they know is healthy, but their children are unlikely to eat, in packed lunches (particularly fruit) – both because food (and therefore money) goes to waste, and because they worry that their children won't eat anything all day. Some who have tried to make packed lunches on a budget, e.g. by making a batch of pasta, find the children won't eat those foods cold for lunch, or refuse to eat them for several days in an a row.

Limited cooking skills

Some parents observed that there are families in the community in which the adults don't know how to cook, particularly younger parents who didn't learn at school or from their families. And while there have sometimes been cookery classes at the Community Centre, they are not necessarily at a time when parents with children can attend.

Difficulty finding child-friendly dentists

Several parents said their children are not currently registered with a dentist, or they have not been for a check-up for longer than the recommended six months. This was for various reasons, including difficulty finding a dentist that the children like, fear of the dentist among children, and children refusing to go to the dentist, sometimes due to a bad past experience. These concerns were echoed in a recent Healthwatch report on access to dentistry across Oxfordshire; fear of going to the dentist was a common theme, and some parents commented on the importance of finding a child-friendly dentist.¹⁵

¹⁵ See Healthwatch, 2018. Filling the gaps. Access to NHS dentistry (<https://healthwatchoxfordshire.co.uk/wp-content/uploads/2017/12/Filling-the-Gaps-Access-to-NHS-Dentistry.pdf>).

What the children say about why people don't follow health advice (barriers)

Many children identified that unhealthy foods tend to taste better than healthy foods, and that it is easy to crave, or get addicted to, unhealthy foods, which can be 'like a comfort blanket', while eating only healthy foods can get 'boring and tiring'. Some suggested its best to eat in a balanced way, with lots of healthy foods and a little junk food or sugar. They also recognised that the packaging of unhealthy foods can be more attractive:

'When you get to the shop the sweets look brighter' (child in classroom discussion).

Some recognised that even if you are aware of the health consequences (e.g. diabetes), 'people think it won't happen to them'. They also recognised that it can be difficult to eat healthily if you have little money or are short on time or if family members around you are eating unhealthily. Finally, they stated that it can be difficult to eat healthily if you are scared to try new foods.

4.2.4 What can the school do to support parents and children?

SUMMARY

Many parents think the school should play an important role in teaching children to care for their health, as children are influenced by their teachers and their peers. They also recognise the home environment as an important influence and want parents and the school to work together 'as a team'. Parents would like to see activities such as cooking lessons and Healthy Living week expanded, as well as the integration of messages around diet and dental health into classroom teaching.

There was little consensus among parents on the issue of rules on food brought from home - whether rules should be introduced and what they should stipulate - but teachers, and teaching assistants (all of whom are parents/carers) unanimously believe that rules should be introduced, particularly limiting the sugar content in food and drink, because of the effect of sugar on the children's behaviour and ability to concentrate and learn in the classroom. School dinners are considered by many parents to be healthy, but there are concerns that some dishes on the new menu are unfamiliar and unpopular with the children. The healthy tuck shop has proved popular and is supported by many parents.

Some parents are keen to have the opportunity to come together to share ideas, recipes and skills, for example in a cooking club organised by parents or children. There was scepticism about the likely uptake of workshops for parents on making healthy packed lunches and snacks, as for many the perceived barrier is economics rather than knowledge.

Role of the school and the home

Many parents feel the school should play a positive and active role in teaching children to eat healthily and care for their teeth. They highlighted that children often take more notice of what they hear in the classroom from teachers and visitors than what their parents say:

'When I tell them they think it's just Mum moaning on again, but when my daughter hears things from her teacher in school she really takes notice of it' (interview, mother, Rose Hill)

'The children believe things they are told in school by teachers and others, someone else saying it, "not just mummy" ' (interview, mother, Rose Hill).

What the school does is also important because children are significantly influenced by their peers. A number of parents and canteen staff observed that children will copy their friends, so, for example, they are more likely to try new foods if they see their friends eating them. Some parents and teaching assistants commented that children are eating new foods introduced to them at school through cooking lessons, Healthy Living week, and other activities:

'They're trying new things, like spinach, rocket, things they never heard of. In Healthy Eating week, fruits they didn't recognise, they tried them, wanted to know what they're called. They go and tell their parents. Carrot sticks and tomatoes, they're really excited' (FGD, teaching assistant).

Some also observed that the school can educate the parents through their children:

'[My son] comes home and is teaching me, they're teaching the parents who don't know' (FGD, mother, Rose Hill)

'Every day we've heard something new they've learned about healthy eating. My daughter came home and said when are we going to the dentist, and I said yes that's a good point' (FGD, mother, Rose Hill, referring to Healthy Living week)

'The kids are very receptive. A lot of it is communications with parents once the kids are on board...' (FGD, teaching assistant).

Some parents commented that it is important that the school and the parents work together 'as a team'. This means, for example, that they should be giving out the same messages to the children, which means, in turn, that the school needs to make sure parents are aware of the messages given at school. We discussed how the school can communicate with parents during our focus group discussions, and most said that they prefer to receive information by letter or on the school website (with notification of new information by email or text), rather than social media, which they do not use frequently. One parent

commented that teachers should set a good example at school, for example, eating only healthy snacks in front of the children.

At the same time, the parents we spoke with were aware that there are limits on what the school can do and that the home exerts a powerful influence over children's eating habits and dental care. As some parents said:

'[The] school can only do so much, can only go so far, this education should come from home' (interview, mother, Rose Hill)

'People learn how to cook and eat from their parents, not as much elsewhere' (interview, catering staff).

This makes it all the more important that parents reinforce the messages and behaviour taught to their children at school.

Teaching and activities with children

Many parents say the school has done a lot recently to support healthy eating and dental care and has helped to encourage their children to improve health-related behaviour through provision of information, cooking classes, and Healthy Living week. A high proportion of questionnaire respondents said they are keen for the school to do more to help the children be healthy: 81% supported teaching children to eat healthily, 78% supported teaching children to take care of their teeth, and 70% supported cooking lessons for children.

Many parents said their children have loved cooking classes and they would like to see regular cooking classes for children of all ages. The teaching assistants said the classes have been 'massive', and one parent said of her son, on the day he made beetroot brownies at school:

"He really enjoyed it, he was really happy that day" (interview, mother, Rose Hill).

Parents and teaching assistants observed that children are more willing to try something new if they have made it themselves, and that this is especially important for children from poorer families who are less likely to have the opportunity to try new foods. Making meals from the school menu has also reduced resistance to unfamiliar foods and increased the uptake of some dishes in the classes involved in that project. Parents also noted that the classes have increased their children's interest in food and cooking. Some children have asked to make the same recipes at home, and one mother said:

'My son usually only wants to play football but now he wants to help with the cooking, he knows how to wash things first, ... there's a certain way he's been taught how to cut the fruit, ... he did it really well, I was really impressed' (FGD, mother, Rose Hill).

One parent also observed that cooking teaches the children lots of skills at the same time, including maths, literacy and budgeting.

One parent recommended that the school set up a dedicated room with facilities and equipment for cooking lessons, and mothers participating in a focus group said they would be willing to contribute to help defray the cost of ingredients.

Parents and teaching assistants reported that activities during the Healthy Living week at the end of June were very popular with children. Activities included creating a range of healthy snacks, including smoothies, trail mix and fruit pancakes; visiting allotments to see how food grows; making fresh bread with staff from the Rose Hill Co-op; participating in Zumba sessions¹⁶; learning how to take care of their teeth from a visiting dentist; learning how to read nutrition labelling on food and drink; and researching a range of topics including the sugar content of popular drinks and snacks, the effects of energy drinks on the body, the importance of hydration, the health risks of obesity, how to choose a balanced diet, how to avoid tooth decay, and maths around calories consumed vs calories burned.

Parents were keen that the school continue to find ways to integrate such activities, and suggested that they could be more frequent – once a month or at least once a term. Teaching assistants observed that the children tried new foods and some have started to have healthier snacks on their own initiative, and parents reported that:

‘That one week’s made such a difference now, he’s so sugar conscious and I’m glad of that because now when I tell him he listens’ (FGD, mother, Rose Hill)

‘The pictures you sent home are stuck on their wall now and they’re listening’ (FGD, mother, Rose Hill)

‘Every day we’ve heard something new that they’ve learned about healthy eating’ (FGD, mother, Rose Hill)

‘[My child has] started eating salad now, which is amazing’ (FGD, mother, Rose Hill)

‘[My] daughter’s started brushing her teeth now when she gets home’ (FGD, mother, Rose Hill).

Some parents and teaching assistants were keen to see content on healthy eating integrated into regular classroom teaching. Suggestions included using information on healthy eating and hygiene as part of regular classes or in PE lessons, introducing home economics as a subject, short talks by medical professionals and dentists, and short films

¹⁶ An exercise fitness programme created by Colombian dancer and choreographer Alberto "Beto" Perez during the 1990s (<https://en.wikipedia.org/wiki/Zumba>).

(e.g. showing the damage caused by a poor diet). Teachers said they would find it useful to have a simple plan (one side of A3) showing what to incorporate into their teaching plans for each class each year, and this should include content on dental health.

Several parents noted that the fruit on offer at break times in key stage 1 classrooms has been popular with their children and has encouraged them to eat more fruit outside school:

'[He says] "I've had my fruit today Mummy", ...and he wants to eat more fruit when he comes home' (interview, mother, Rose Hill)

'He's said he wants more fruit because they get lots of fruit at school' (interview, mother, Rose Hill).

Teachers recommended that free fruit should be made available to all children, not just key stage 1.

Some parents are also keen to see more physical exercise at the school, including swimming lessons and running (e.g. all children to run a mile before school), free playtime after school, and walking trips around Oxford.

Rules on food brought from home

Rules in schools around such things as the contents of packed lunches and snacks brought from home are intended to limit or ban the consumption of unhealthy food – particularly sweets and chocolate, cakes and biscuits, crisps, and sugary drinks – at school. The subject of introducing rules generated much lively discussion and little consensus among parents. This is reflected in the data from the questionnaire. Around half of respondents each said that children should and shouldn't be allowed to bring in whatever snack they want (48% vs 49% respectively), 45% said only water should be allowed at school, and 38% said there should be rules about the contents of packed lunches.

Many parents are supportive of rules at school. They say it is a good way to encourage the children to eat more healthily both at school and at home, and it helps parents to reinforce healthy eating at home.

'[It's] good as long as we're forewarned, then it would support us. He's overweight and we're struggling like mad with that so it would help us telling him he isn't allowed to take a chocolate bar in' (FGD, father, Rose Hill).

They also don't want their children to see others bringing excessive amounts of junk food into school (examples included family-size bars of chocolate or packets of crisps, whole packets of chocolate biscuits), and feel it is fairer that none are allowed to do so. And they are aware that sugar in particular can affect their children's ability to concentrate and learn in the classroom. Some parents feel RHPS is lagging behind other schools which already

have rules, and that the school should get on with introducing rules, even though some parents won't like it.

Reasons for having rules about snack foods given in questionnaire responses included: it is important to make sure children have healthy snacks, but if there are no rules some children bring unhealthy snacks, including chocolate, sweets, cakes, crisps and energy drinks; children can concentrate better if they have had a healthy rather than unhealthy snack; unhealthy snacks brought by some children are a temptation to other children; and children will enjoy their lunch more if they have not had an unhealthy snack.

Other parents are against the introduction of rules. Some with children who dislike lots of foods are worried that their children may not eat anything all day if the contents of snacks and packed lunches are restricted to things they don't like:

'I don't think there should be rules about snacks and packed lunch contents because kids are fussy and each parent knows what their children likes. [My son] won't eat sandwiches so I don't give him that, he gets crisps and stuff in his packed lunch but he gets his fruit and veg at home so it balances out' (interview, mother, Rose Hill)

'Little ones are so fussy that if you don't let them have that bag of crisps they'll eat nothing all day' (FGD, mother, Rose Hill).

Some claim that it is inappropriate to bring in rules when some parents can't afford to purchase healthy foods for their children's lunches and snacks:

'If they take food off the children some of them will go hungry, especially if they have one item, if their parents can't afford more than that' (FGD, mother, Rose Hill)

'They already have so much going on and then you tell them [what] they can and can't put in their lunch boxes. The junk is cheaper than the healthy stuff' (FGD, lunchtime supervisor).

'Everyone knows what healthy food is but it's just cost' (FGD, mother, Rose Hill)

Some parents recommended that instead of bringing in rules, teachers should discreetly speak with the parents of children who repeatedly bring in unhealthy foods, and offer them guidance on affordable healthy options.

Reasons for not having rules about snack foods given in questionnaire responses included: it should be the parents' choice; children should be allowed to eat what they want and enjoy it; children should be allowed a treat after working hard or after eating a healthy school dinner; children will sneak in the snacks they want anyway; not all children like fruit; some

children may go hungry if they don't like healthy snacks; and restricting types of snacks will create more waste.

Even among those parents who are supportive of rules, there are differing views on the content of the rules. Some feel the school should ban all sweet foods, crisps, and all drinks other than water. Others feel that small amounts of foods with sugar (examples included a few chocolate-covered raisins, a handful of sweets, a chocolate-covered biscuit) or a small bag of crisps should be allowed as part of lunch, or could be allowed once a week. Some parents do not want to lose all autonomy over what they decide to allow their children. One parent pointed out that it would be unfair to ban anything sweet in packed lunches if school dinners continue to include a pudding.

Teachers and teaching assistants were unanimous that there should be rules, particularly limiting the sugar content in children's snacks, lunches and drinks, because of the effect of sugar on the children's behaviour and ability to concentrate and learn in the classroom. Teaching assistants underlined that the rules need to be clear and unambiguous, and must be communicated clearly to parents in writing, and that all school staff must enforce them consistently. Under these conditions, they say they would feel comfortable with their role enforcing the rules and wouldn't mind if there is initial push-back from some parents. As one said:

'It'll become normal. It's just starting it and sticking to it' (FGD, teaching assistant).

School dinners and the school canteen

The school dinners are considered healthy by many parents (e.g. they serve vegetables every day), and some think there is a good range to choose from, including both hot and cold dishes. Some reported that their children like the options on the menu. The school dinner menu for spring/summer 2018 is shown in Annex B.

However, a significant proportion of parents and canteen staff feel that the new menu introduced at the beginning of the school year is less popular with children than the old menu because it includes foods which are unfamiliar to the children and they are reluctant to try. This is of concern particularly for children from poorer families receiving free school meals, for whom it may be the only cooked meal they get all day.

Suggestions for improving the menu from parents and canteen staff included:

- Include more foods that are familiar to the children (e.g. salmon and sweetcorn pizza is unfamiliar and unpopular)
- include more variety, including dishes which are familiar to children of non-white British heritage (e.g. curries)
- Make bigger portions available to children who want them, and/or make snacks available (e.g. fruit, cereal bars); many come home from school hungry

- Include more salad (e.g. for children who are trying to lose weight)
- keep salad ingredients separate, as some children will only eat some types of salad but reject them if mixed with things they don't like.

Canteen staff feel they have an important role to play in adjusting the menu, because they observe on a daily basis what children do and don't like, and because they could directly ask the children what they most like.

Canteen staff also felt that closer supervision at mealtimes would help to ensure that children eat their dinners rather than rushing to finish and throwing a lot away. This has become almost impossible since the number of supervisors has been reduced over a number of years.

School tuck shop

The tuck shop opened towards the end of the consultation (12th July), with healthy snacks (sugar-free or low sugar) for 20p. The snacks available when it opened were: cheese straws, bread sticks, apple, satsuma, crackers with cheese and cucumber, and nut-free trail mix. The tuck shop won Sugar Smart Oxford's Golden Teaspoon Award for initiatives to reduce sugar consumption in schools and workplaces in September.¹⁷

The tuck shop has been met with a lot of support among parents and children, who say they enjoy the snacks. This support is reflected in the data from the questionnaire: 85% said they would use a school tuck shop with healthy snacks for 20p. Reasons given in support of the tuck shop, in interviews and on the questionnaire, included: the snacks are reasonably priced and healthy; it will encourage the children to eat more healthily and to avoid sugary foods; children will concentrate better if they are not hungry; some children might not have had breakfast; it teaches the children about shopping, budgeting and money; and it gives the children choice and an element of independence.

The reasons given by parents and carers who said they wouldn't use the tuck shop included: it's not needed as children can bring snacks from home; snacks from home are cheaper; and the tuck shop sells 'boring stuff'.

Support and activities for parents

Asked if they would attend a workshop on making healthy packed lunches on a budget, a few parents said they would be interested and felt that others would come if promoted

¹⁷ Oxford Mail. Rose Hill Primary School launches low-sugar tuck shop. 22nd October 2018. <https://www.oxfordmail.co.uk/news/16998345.rose-hill-primary-school-launches-low-sugar-tuck-shop/>.

well; 32% of questionnaire respondents also said they would like to see workshops on packed lunches and healthy snacks for parents. But others observed that participation at similar events has been low, possibly for several reasons, including that it feels patronising to many, particularly when the problem isn't so much one of knowledge as economics – being able to afford healthy foods for packed lunches. Some participants suggested that a cooking club involving parents and children might be more popular, especially if organised by children or parents, rather than by the school. Some mothers showed interest in this as a way to share recipes and skills:

'Let's share recipes. We're all surviving on the breadline, tell me how you make this for cheap' (FGD, mother, Rose Hill).

Some of the parents participating in focus groups said they found the opportunity to share ideas with other parents valuable and would appreciate the opportunity for more such discussions. They mentioned an interest in discussing ways to introduce new foods to children, and ways to reduce carbohydrates for children who are gaining excess weight. They said that information, advice and recipes posted on the school website would also be helpful.

What the children say the school could do to help

The children concurred with some of the suggestions made by the parents.

Some felt that there should be rules for what foods can be brought to school (sugar in particular should be limited as it ‘makes you naughty’), teachers should be allowed to check bags, and canteen staff should make sure that children eat their dinners, including vegetables, before they’re allowed to eat their puddings. They also said that teachers should have to follow the same rules, as if the teachers are eating chocolate and biscuits, it makes the children want to eat them too. Other children felt that having rules is an infringement on their privacy, and that teachers might find other things in their bags (e.g. phones).

In terms of teaching and activities at school, the children suggested the following:

- the school should teach about healthy eating; for example there could be a talk each week by ‘a very healthy person’
- there should be cooking classes to teach how to make healthy meals and snacks, and to give children the opportunity to try new foods which they might like
- free fruit should be given out
- there should be more posters in the school and canteen showing healthy foods
- school dinners should be balanced, with something healthy and something sweet
- children should be allowed to use laptops and iPads as a reward for eating vegetables.

4.2.5 What would parents like to say to local decision-makers?

SUMMARY

Respondents’ suggestions included providing support to the school and the community for organising activities to support healthy eating and more physical activity for children, re-establishing services that have been cut, and spending time with families who are struggling financially to understand the difficulties they face.

We asked parents and canteen staff what they would like to say to local decision-makers who decided how money is spent in Oxford. They stated the following:

- Provide more support and resources to the school to teach and organise activities around healthy eating, given that the children take note of what they are told by their teachers

- Organise free activities involving physical exercise for children in Rose Hill, as many families in Rose Hill can't afford the cost of sending their children to paid activities at the Community Centre
- Bring back a local swimming pool; the closure of Temple Cowley pools has been felt as a loss for some for whom the new pool in Blackbird Leys is too far to travel
- Bring back services that have been cut at the school and in the community, such as a school nurse (including support with head lice) and dentist
- Spend a day with families who are struggling financially to understand the difficulties they face and how the local authorities could help them
- Provide more resources for activities that would create more of a sense of community, as that has largely been lost
- Improve the school building as a first step to it becoming more of a community hub
- Provide more help for the homeless.

5 Strengths and limitations of the study

The strengths of the study include:

- The prior relationship of the two teachers on the research team with teachers and parents facilitated access to our research participants
- Support from teachers, who in some cases introduced us to parents
- Most parents and carers who we approached gave generously of their time, despite being busy, shared their views honestly, and showed genuine interest in our research.

Limitations of the study include:

- As described in section 3.2, we consulted with parents and carers who were present at the school and in community settings. This created a bias in our sample, such that the views we heard represent the views of parents who are more engaged in their children's schooling and other community activities. We had less contact with other parents who are less engaged and may have less access to information on health, and face greater barriers to achieving healthy diets and good dental health;
- We were only able to consult with parents who speak at least some English. This means we did not hear the views of parents with very poor English language skills;
- Similarly, the responses on the questionnaire may reflect the views of parents and carers who understand English well, and who are more engaged with their children's schoolwork and made time to complete the questionnaire;
- Although we explicitly asked parents and carers for their views on their children's dental health and dental care during FGDs and interviews, most wished to focus on the issue of healthy eating and had less to say on the subject of their children's

teeth. This means our report focuses more on healthy eating and contains less information on dental health

6 Conclusion and suggestions for RHPS (and other schools)

Schools can be a powerful vehicle in efforts to improve public health. They can create a healthy environment by encouraging and modelling healthy behaviour, educating children about healthy options, harnessing the power of positive peer influence, and reaching out to families, carers and the wider community.

The school has already done a lot to address issues of healthy eating and dental health during school activities. The consultation has highlighted a number of areas, listed below, that the school may take into account as it further refines its Healthy School Policy. We recognise that the school faces significant constraints on teaching time and resources, and is currently undergoing the transition to become an academy. In addition, from September 2018 the Healthy Schools Coordinator role will be passed from a staff-member with designated time for the work (two days per week), to a class-based teacher with much less time to focus on the Healthy School Policy. These factors mean that it may take time to pick up and implement some of these ideas.

The Head Teacher highlighted that while there are grants and initiatives on offer that can help to address the issues outlined in this report (for example, initiatives offered by Sport England), most of them require teacher time to organise and run, and teachers are already overloaded. Some also require payment for some resources, which RHPS cannot afford. She highlighted that the single most useful resource a school like RHPS can have is an embedded Healthy Schools Coordinator who has a keen understanding of the school context, a passion for the issues which need to be addressed, and dedicated time to research, organise and run activities in the school. On the basis of experience during the 2017/18 academic year, when the Healthy Schools Coordinator was in post from November to July, she estimates that the role requires two days a week. It was having this resource in place which allowed the school to develop many of the activities described in this report. The suggestions below should be understood in light of this key recommendation.

It is important to recognise that there is only so much the school can do in the face of significant structural barriers confronted by many families in Rose Hill, including the economic and food environments in which they live, and that all activities and communications should be planned and framed sensitively, acknowledging the constraints these families face.

Provision of information on children's health to parents.

Continue to provide information on children's health to parents using multiple communication channels, including leaflets and posters at the school, letters sent home,

and information posted to the school website (notifying parents of new posts by email and text). Clear information on sugar consumption (e.g. sugar in fresh fruit) seems to be particularly important at this time, given the current focus on sugar among health charities, public health campaigns and the media, and reported high levels of tooth decay among children. The information provided should mirror that conveyed to children at school, so that the school and parents reinforce each other's messages. It should draw on information in public health campaigns, so that parents and children receive consistent, reliable information from multiple sources.

Teaching and activities for children

Seek ways to expand activities related to diet and dental health for children, including cooking lessons, physical activities, and the activities piloted during Healthy Living week. Develop clear guidelines for teachers to introduce content on food, nutrition and dental health for each year-group into their teaching plans. Run further Healthy Living weeks in the future.

Seek ways to expand the provision of free fruit during school breaks to as many school years as possible.

Rules about food and drink consumed at school

There was resistance to the introduction of rules from some. But there seems to be enough support across the school community to bring in rules about food and drink consumed at school. The rules should identify what foods should not be brought to school, how the rules will be enforced, and what procedures will be followed when children bring foods that don't conform to given guidelines (e.g. these foods will be removed and returned at the end of the day, letter to the parents). Consideration should be given to those families who may struggle financially to provide a healthy packed lunch. Written guidance on making healthy packed lunches on a budget may help, as well as engaging the children on this in fun ways ahead of communicating with the parents about it. The rules should also define situations in which exceptions to the rules may be made, for example for children on special diets and with allergies and intolerances, or whose religious or cultural practices may influence their choice of foods. The rules should be clearly communicated to parents in advance, so parents have time to discuss any changes with the school if they would like to, and to make changes to their shopping where needed.

A good starting place might be to learn from the experience of other local schools which have established their own rules.

Once in place, it will be important to ensure that all school staff enforce the rules consistently, and that staff adhere to the same rules themselves, in order to set a good

example. It may be helpful to monitor the response to the rules over one or two terms, and hold a review meeting with the appropriate bodies at the end of that time.

School dinners and the school canteen

Review the school menu with input from canteen staff, parents and children, and the catering company in order to find meals that are familiar and popular with the children, while also healthy. Incorporate some of the recipes into cooking lessons for the children to help them to try new dishes.

Try to find ways to increase supervision in the canteen, in order to encourage children to eat their dinners and reduce waste, perhaps by involving teachers, teaching assistants and volunteer parents.

Consider ways to ensure that the canteen is a relaxed, unrushed environment. Aspects to consider include the noise level, the number of times children leave their seats to fetch things, queuing systems and how children enter and leave the room, the length of time they are in the room, who they sit with, the quality of their interactions with supervising adults, and images and information on the walls. The children can be involved in these discussions and decisions, e.g. via the school council, so that their experience is understood, and they feel ownership of the process.

Tuck shop

Continue to sell healthy snacks at the tuck shop and monitor uptake over a period of, say, six months to ensure that it continues to be cost-effective (i.e. that uptake remains high enough to justify the time required to organise it). Continue to emphasise that the snacks are largely sugar-free and therefore promote good dental health.

Activities with parents and children

Look for ways to involve parents in school projects around nutrition and dental care. A good opportunity to do this would be in future Healthy Living Weeks. It could also happen in ongoing activities such as cooking classes or physical activities with the children.

Consider ways in which the school may facilitate and support parents and children to organise community-led activities to share information, knowledge, and skills, for example by making school facilities and equipment available, by liaising/coordinating with the Rose Hill Big Lottery project, and by assisting with communications and promotion of activities.

Secure support and resources from local organisations and businesses

Seek continued, and wider, support from local organisations and businesses to help secure resource to help the school organise activities with the children, parents, and the wider

community (as has already happened this year with support from the Big Lottery Project, the Rose Hill Co-op, and the Mid-Counties Cooperative).

7 Who else may use our findings?

Oxfordshire Health and Wellbeing Board, Health Improvement Board and Children's Trust

Our findings can inform the work of the Oxfordshire Health and Wellbeing Board and its constituent bodies. Among the priorities in the Board's Strategic Plan for 2015-19 are to 'prevent chronic disease through tackling obesity' and to 'halt childhood obesity'.¹⁸ The Board is also concerned to narrow inequalities around health outcomes, including chronic disease and obesity, in Oxfordshire. The Health Improvement Board's Oxfordshire Healthy Weight Action Plan 2017-18¹⁹ identifies schools as a key player in promoting healthy weight. The Children's Trust is also concerned with these issues, and wants to ensure that 'the voice of children, young people and their families contribute to decision-making'.²⁰ Our report provides valuable insights into health, diets and poverty from members of the school community in Rose Hill – children, parents, teachers/teaching assistants, and other members of the school staff.

Our report also has valuable information to inform the county council's developing 'whole systems approach to obesity'.²¹ Our findings highlight that obesity is not just about getting information to people, individual choice, and simplistic behaviour change. It identifies some of the environmental and systemic barriers faced by families which need to be addressed in order to tackle obesity and the quality of diets. It also outlines the key role schools can play in reaching children and their families in a broader systems approach.

The Strategic Plan for 2015-19 makes no mention of dental health. The evidence in our report suggests that there is very little information and support for dental health at the RHPS and in the Rose Hill community, while there is an above average prevalence of tooth decay among children in the community. The county council contracts Community Dental Services to provide some services in disadvantaged communities, but the school has found it

¹⁸

<https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/plansperformancepolicy/oxfordshirejointhwstrategy.pdf>

¹⁹

<http://mycouncil.oxfordshire.gov.uk/documents/s41629/Healthy%20Weight%20Action%20Plan%20report.pdf>
²⁰ <https://www.oxfordshire.gov.uk/residents/social-and-health-care/health-and-wellbeing-board/childrens-trust>.

²¹ See <https://publichealthmatters.blog.gov.uk/2018/07/11/implementing-the-whole-systems-approach-to-obesity/> and <http://mycouncil.oxfordshire.gov.uk/documents/s41629/Healthy%20Weight%20Action%20Plan%20report.pdf> for its application in Oxfordshire.

difficult to tap into this support. More could be done to clarify what is on offer and make it easier to access those services.

River Learning Trust

The River Learning Trust took over management of RHPS in September 2018. The Trust also manages 12 other primary schools in Oxfordshire. It can play a strategic role in helping the schools it manages to address the issues raised in our report. It could, for example, facilitate learning opportunities across schools that are located in disadvantaged areas of the county. It could help to attract funding or sponsorship to fund the kind of work we have outlined, and especially to fund additional time for the Healthy Schools Coordinator. It could also explore what other Trusts around the country are doing to address these issues and bring that learning back to the schools it manages.

8 A final reflection

During interviews and FGDs we encountered a high level of interest and concern expressed in relation to the issues we raised, heard important insights into factors driving food poverty and poor diets and dental health in the community, and were impressed with the energy and creativity which went into coming up with ways to tackle these problems. We were reminded, particularly in the group discussions, of the importance of the assets which the community can bring to address the issues we raised in our study, including a strong sense of solidarity, a desire to learn from and support each other, and an impetus towards self-organisation rather than accepting pre-determined solutions brought in by others.

We suggest, based on our experience, that statutory and voluntary organisations, including the Academy Trust, involve community members in the discussion, planning and organisation of new activities in order to ensure that they are appropriately aligned with community interests, needs and ways of life. Further, we suggest that members of the community who are willing to dedicate some of their time to plan and organise community-based activities should be given a voice in the way that resources are allocated to these activities, and be considered for paid roles if funding is available. One entry point for this may be the Food Access Alliance set up by Good Food Oxford, which is guided primarily by the decisions of local residents with lived experience of food poverty.

Annex 1: Homework questionnaire

Homework: interview your adults at home!

1. What was the food like at school when you were young?

2. At Rose Hill, do you think it's good that children are allowed to bring whatever snack they want to school? YES / NO

Why / not? _____

3. Would you use a school tuck shop where children could buy healthy snacks for 20p (e.g. fruit, cheese & crackers, cereal bars, popcorn)? YES / NO

Why / not? _____

4. What else would you like the school to do to help your child be healthy? *Tick as many as you like.*

Teach children to care for their teeth

Teach children to eat healthily

Run cooking lessons

Make school dinners healthier

Rules about what's in packed lunches

Drink only water at school

Workshop for parents on healthy snack & packed lunch ideas

Other: _____

5. Would you be interested in coming in for tea (and cake!) to share your views on how school should help the children to stay healthy?
YES / NO

Circle if this is your: mum / dad / gran / grandad / dad's partner / mum's partner /
uncle / aunt / other _____

Annex 2: RHPS school lunch menu (spring/summer 2018)

Week 1	Week 2	Week 3
<p>11/02/2018, 05/03/2018, 26/03/2018, 16/04/2018 07/05/2018, 28/05/2018, 18/06/2018, 09/07/2018</p> <p>MONDAY</p> <p>Lamb Pasta Bake (H) Or Vegetable Bolognese with Pasta (v) Or Tuna Jacket Potato Green Beans, House Salad Banana Custard</p>	<p>19/02/2018, 12/03/2018, 02/04/2018, 23/04/2018 14/05/2018, 04/06/2018, 25/06/2018, 16/07/2018</p> <p>MONDAY</p> <p>Chicken Meatballs in Tomato Sauce with Pasta (H) Or Cheesy Broccoli Pasta (v) Or Tuna Jacket Potato Broccoli, Chopped Cucumber & Tomato Salad Fromage Frais or Prepared Fruit</p>	<p>26/02/2018, 19/03/2018, 09/04/2018, 30/04/2018 21/05/2018, 11/06/2018, 02/07/2018, 23/07/2018</p> <p>MONDAY</p> <p>Lamb Chilli with Mexican Rice (H) Or Spanish Omelette with Half a Jacket (v) Or Tuna Jacket Potato Emmental Courgettes, Tomato Salad Chilled Chocolate Custard with Pears</p>
<p>TUESDAY</p> <p>BBQ Chicken Breast with Herby Diced Potatoes (H) Or Red Onion & Cheese Quiche with Herby Diced Potatoes (v) Or Tomato Soup & Baguette (v) Sweetcorn & Peppers, Broccoli Apple Crumble with Custard</p>	<p>TUESDAY</p> <p>Shepherd's Pie (H) Or Quorn Fillet & Gravy with Mash (v) Or Tomato Soup & Baguette (v) Peas, Carrots Jam Sponge with Custard</p>	<p>TUESDAY</p> <p>Baguette Day - with various fillings or Jacket Potato</p> <p>Vanilla Iced Shertcake</p>
<p>WEDNESDAY</p> <p>Roast Chicken, Stuffing & Gravy with Roast Potatoes (H) Or Veggie Sausages with Roast Potatoes (v) Or Cheese Jacket Potato (v) Spring Greens, Cazzoni Yoghurt or Prepared Fruit</p>	<p>WEDNESDAY</p> <p>Roast Beef & Gravy with Roast Potatoes (H) Or Vegetable Biryani (v) Or Cheese Jacket Potato (v) Cabbage, Sweetcorn Yoghurt or Prepared Fruit</p>	<p>WEDNESDAY</p> <p>Roast Chicken, Stuffing & Gravy with Roast Potatoes (H) Or Quorn Paella (v) Or Cheese Jacket Potato (v) Mashed Carrot & Swede, Broccoli Fromage Frais or Prepared Fruit</p>
<p>THURSDAY</p> <p>Baguette Day - with various fillings or Jacket Potato</p> <p>Strawberry Jelly & Peach Slices (v)</p>	<p>THURSDAY</p> <p>Salmon & Sweetcorn Pizza with Potato Salad Or Cheese & Tomato Pizza with Potato Salad (v) Or Roasted Beef Sub (H) House Salad, Colelaw Orange Jelly & Mandarins (v)</p>	<p>THURSDAY</p> <p>Beef Bolognese with Pasta (H) Or Mac & Cheese (v) Or Knob Chickens Medley of Vegetables, Baked Tomatoes Strawberry Jelly & Pineapple Chunks (v)</p>
<p>FRIDAY</p> <p>Fish Goujons with Chips Or Cheese Fritters with Chips (v) Or Baked Bean Jacket Potato (v) Peas, Baked Beans St Clements Sponge with Custard</p>	<p>FRIDAY</p> <p>Battered Cod with Chips Or Veggie Hot Dog with Chips (v) Or Baked Bean Jacket Potato (v) Peas, Baked Beans Cherry & Apple Crumble with Custard</p>	<p>FRIDAY</p> <p>Fish Fingers with Chips Or Spicy Vegetable Wrap with Chips (v) Or Baked Bean Jacket Potato (v) Peas, Baked Beans Summer Fruit Ripple Sponge with Custard</p>

Served Daily - jacket potatoes with cheese, beans or tuna, Freshly baked bread, Freshly sliced fruit, yoghurts & fresh drinking water + packed lunches, variety of fillings

Both Halal and non Halal options available whenever a meat dish is offered on the menu

we use locally sourced ingredients when available and in season

Smile food that makes you happy

(V) Suitable for Vegetarians (H) Halal

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The views and opinions expressed in the report are those of the participants and authors. We share their recognition of the strengths and limitations of this study and approach, but we are nonetheless delighted that the report adds to the intelligence held by Healthwatch Oxfordshire, and now by the River Academy Trust, providers and commissioners of services, including very useful suggestions for where any improvements need to be made in services from the parents' and children's perspectives.

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