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# Healthy eating at school: a European forum

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This review looks at a complex process. It traces the role played by The Council of Europe in partnership with The World Health Organization (WHO European Office), as they sought to support member states in relation to food provision and nutrition in their schools. The issue is complex for several reasons including the fact that the 45 member states of the Council of Europe each have their own distinct education systems and practices and each have their own culture and traditions in relation to food.

## Historical review

Before reviewing the current state of food provision in schools across Europe, it is useful to start with Britain and to consider the way in which school food provision has changed since the inception of compulsory state education and the factors that have influenced that change (Passmore & Harris 2004). The provision of food in schools in Britain has always been a highly political issue. The question of who should pay for this service in the last quarter of the 19th century was hotly debated, and in general if parents were unable to meet this cost it was met by various charitable organisations (Young 2002). In Scotland, when compulsory education at school was introduced, the provision of a hot meal was seen as an inducement to get children to attend and for parents to comply with the Education (Scotland) Act of 1872 (Young & Whitehead 1993). In 1906 the Education (Provision of Meals) Act was introduced in England and Wales and this was followed by similar legislation in Scotland in 1908. A major motivation for the state taking on this responsibility was the disclosure from army recruiting offices that up to 50% of young

men were so malnourished and under-developed that they were unfit for Boer war duties (Young 1993).

At various times the provision of food in schools moved up the political agenda, *e.g.* during the second world war, the school meals service was seen as important in reducing the effects of war-time privation on young people. However, the last quarter of the 20th century witnessed a gradual decline in the role of the state in providing a service. Local authorities had more discretion on the meals provided and in their pricing policies. The Social Security Act 1986 removed the need to provide reduced-cost meals and in many authorities, particularly in England, only children entitled to free meals were receiving food at schools and this provision did not have to meet any specific nutritional standards. This essentially was a return to 100 years earlier when only the most needy received food at school, although at least in the 20th century this was a legal entitlement rather than a dependence on charity.

In the last part of the 20th century, in the absence of any requirement to meet minimal nutritional standards, there was a growth in cash cafeterias in schools in the UK. These were often managed by outside caterers with a fast food ethic. This was further driven by sponsorship and marketing from fast food and soft drink multinationals.

Ironically, in parallel with this apparent decline in the quality of school food provision, the government was developing policy papers on healthy eating, such as the Scottish Diet Action Plan (The Scottish Office 1996), and clearly the developments in school meals were not compatible with the philosophy and targets in these reports. A third parallel strand was the growth of school nutrition action groups (SNAGs) which harnessed the power of the growing consumer movement by involving parents and pupils as well as teachers and professional nutrition and catering interests (Harvey 2000). The SNAG movement in Britain helped to highlight the chasm that was widening between the rhetoric

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of food policy and the reality of food provision in schools. There was also a growing concern about the health effects of young people's diets which were being more systematically monitored than ever before (Todd *et al.* 2000) and which was the forerunner to wider concerns over obesity levels which have increased dramatically in the last few years (The Royal College of Physicians *et al.* 2004). In addition, the growth of the health promoting schools movement had a similar effect of showing that inadequate food provision in schools was not compatible with the philosophy that the total life of the school, and not only the learning and teaching of the classroom, should be promoting the health of all school users.

The above tensions led to government taking a fresh look at the need for nutritional standards in school meals and these have now been reintroduced in 2001 in England and Wales and in 2003 in Scotland (The Scottish Executive 2003). In Scotland the issue of food provision in schools has had a very high media profile in the last 2 years because a radical private members bill in the Scottish Parliament had proposed universal free school meals. Although this was not successful directly, it was one additional factor in the government setting up the requirement for detailed nutritional standards to be introduced and for monitoring mechanisms to be put in place.

This brief introduction shows that policy relating to food provision in schools in Britain has had a fluctuating history closely linked to wider political trends, social policy, concerns about the health of young people and views on the wider role of schools in promoting the health of young people.

### Trends across Europe

While the above historical trends are described in the context of Britain, there are some parallels to be found in other European countries. For example, the health promoting schools movement is now extensive in Europe, involving 43 countries (Jensen & Simovska 2002). The European Network of Health Promoting Schools (ENHPS), supported by the World Health Organization (WHO European Office), the European Commission and the Council of Europe, has helped to provide a context and focus in several countries for re-opening the debate on food provision in schools. Systematic research across Europe on the food and drinks young people consume have been uncovering the broad trends evident in Britain in relation to the quality of diets, dieting behaviours and the reduction in physical activity levels of young people. A third issue is

the changing nature of family life in many countries which means that school food provision may have become relatively more important in terms of young people's needs and the quality of their diets. For many young people food provided at lunch time may be the most important meal of the day both in terms of their health and the social experience it can provide. A further trend is the global phenomenon of multinational companies promoting fast food and high-sugar drinks, the introduction of commercial sponsorship in school meals and the changing tastes and expectations of the young people. Lastly the growth of the SNAG movement in Britain has some broad parallels in other parts of Europe in the active and vociferous role that parents have played in some countries in ensuring that there is healthy food provided for their children at school.

### The Council of Europe and healthy eating

It was within this climate of concern that the Council of Europe, in collaboration with the WHO (European Office), convened a forum on eating in school in November 2003 in Strasbourg. The Council of Europe has 45 member states, representing a population of 800 million Europeans of whom approximately 100 million are at school. The Council's diverse roles are in areas such as the promotion of human rights, democracy, cultural diversity, social cohesion and social justice. The Directorate General for social cohesion seeks solutions to problems in the social and health fields.

The Council has specific initiatives which do not involve all member states, known as partial agreements, and the food in schools initiative was set up as part of the partial agreement in the social and public health field. This agreement involves 18 member states and eight states with observer status, although all 45 of the member states were invited to the forum. The Council's committee of experts on nutrition, food safety and consumer health has addressed diverse issues such as nutrition in hospitals, food supplements, high-energy drinks and stored product protection, as well as food in schools. This committee established an *ad hoc* group to work on the subject of food in schools and in turn this group set up a task force to plan the forum *Eating at School – Making Healthy Choices* (The Council of Europe 2003). This task force was chaired by Bent Egberg Mikkelsen of the Danish Institute for Food and Veterinary Research in Denmark and Ian Young of NHS Health Scotland was appointed rapporteur to the forum with a responsibility for producing the forum report and associated documents arising from it.

## Eating at school – making healthy choices

The forum was attended by 143 participants from 27 countries. An emerging view from the forum was that the issues were so important in terms of the health of the young people in Europe today and in the future, that a formal resolution should be drafted for the consideration of the Council of Ministers. We will return to this important outcome later in this review, but it is important first to provide some details of the content and process of the forum to explain how this outcome was reached. It is not possible to give a full account of the forum in a short paper but this is available from the forum proceedings (The Council of Europe 2003) and from the conference report (Young 2005).

It was important that the forum was well equipped with the knowledge of current research trends in terms of young people's health-related behaviour. Data were provided on issues such as eating habits, body image, weight control, body weight and physical activity of young people aged 11, 13 and 15 years (Maes 2003). This came from the WHO cross-national study on the Health Behaviour of School-aged Children (HBSC), a major initiative involving 35 European and North American countries (Currie *et al.* 2004).

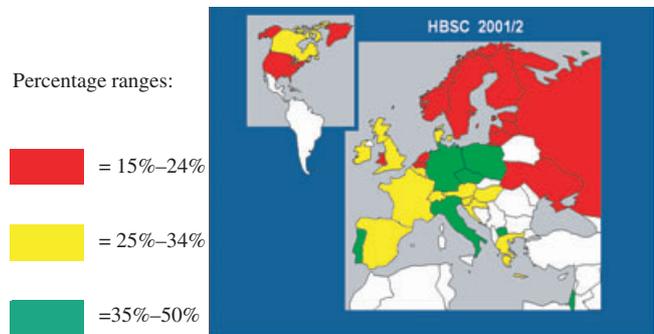
### Eating behaviours

There is confirmation from the HBSC study that there are a significant number of young people who do not conform to current nutritional advice. Fruit and vegetable consumption is relatively low and decreases with age. For example, the percentage reporting eating fruit on a daily basis ranges from 38% amongst 11-year olds, 33% amongst 13-year olds to 29% amongst 15-year olds (Fig. 1). Across age groups, girls consistently report eating more fruit than boys.

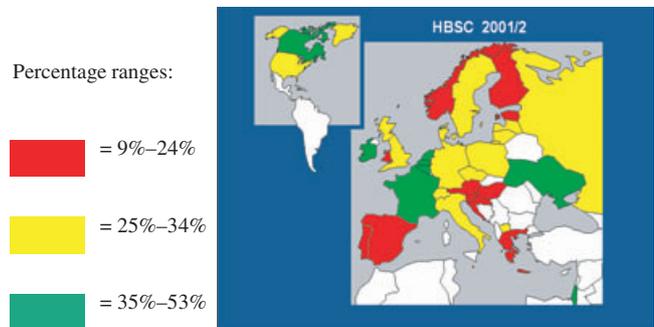
A similar pattern exists for the consumption of vegetables (Fig. 2). Substantial variation in the consumption of fruit and vegetables exists across countries. The largest differences occur amongst 15-year olds, highlighting a threefold and fivefold gap between the highest and lowest countries reporting daily consumption of fruit and vegetables, respectively.

The findings indicate that a high consumption of soft (sweet/carbonated) drinks is common among adolescents. About 30% of the students consume soft drinks every day in many countries, more boys than girls of all age groups consume soft drinks on a daily basis.

A significant number of young people skip breakfast. The results for having breakfast every day show great variation between countries, *e.g.* ranging from



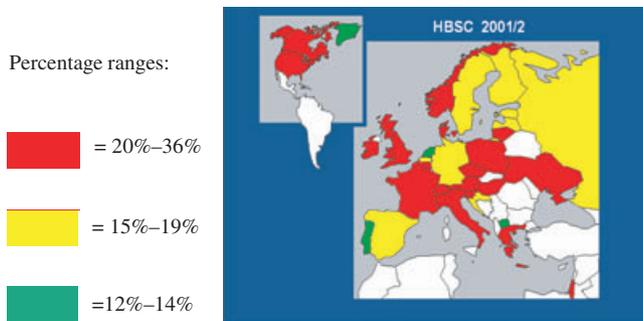
**Figure 1** Proportion eating fruit every day (15-year olds).



**Figure 2** Proportion eating vegetables every day (15-years olds).

44% to 89% for children aged 11 years. Boys have breakfast more often than girls. The gender difference becomes more pronounced with increasing age. The HBSC study also demonstrates that body dissatisfaction and dieting to lose weight are common in both boys and girls, although many more girls report that they think their body is too fat and that they are currently on a 'diet' or believe they need to lose weight (Fig. 3). Both behaviours increase steeply with age amongst girls but not with boys. Whilst substantial variation in body dissatisfaction exists between countries, the study shows that at the age of 15 years, even in the country reporting the lowest prevalence of dieting, over a third (38%) of girls report that they are on a diet or doing something to lose weight or believe that they need to lose weight.

The HBSC study used self-reported height and weight measurements to calculate levels of overweight and obesity among the young people in this study. Whilst caution should be exercised in the use of these figures, a number of important observations can be made. Boys are significantly more likely to be overweight than girls in all countries. Overall, about one in six 15-year-old boys is overweight, although this figure rises to over a third of boys in the highest-ranking country.



**Figure 3** Proportion on a diet/trying to lose weight girls (15-year olds).

There are a substantial number of young people in all countries who do not meet the current recommended guidelines for physical activity for young people, namely one hour of at least moderate physical activity every day. In almost all countries, fewer than half of young people across all age groups are not meeting the guidelines. Activity levels fall steadily with increasing age and the rate of decline is steeper amongst girls.

It is concluded that programmes to improve the eating habits and physical activity of young people are strongly needed and that schools should be one of the vehicles for this (Maes 2003).

### What do we know about food and nutrition in schools?

A European survey on issues related to food provision at school was undertaken, at the request of the Council of Europe *ad hoc* committee, before the forum (De Boer 2003). This had built on an earlier international study undertaken as preparation for a training manual on this subject (Dixey *et al.* 1999). De Boer pointed out that not all countries had submitted responses to the 2003 survey and therefore the results should be treated as a snapshot rather than a comprehensive picture of current trends and developments.

In response to a question as to whether there were any nutrition-based regulations for foods served/sold at schools, 17 out of 24 countries responded in the affirmative. In general those regulations were taken from national healthy eating guidelines.

In relation to hygiene regulations, 20 countries responded positively, suggesting that there may be more emphasis on food safety compared with healthy eating at the European level. De Boer made the point that of the 17 countries that referred to the existence of national guidelines on healthy eating, there are no guarantees that these are effectively implemented and monitored.

The survey indicated that in most countries the provision of food in schools is organised in some way, although it is not a statutory requirement in all countries. Ways of providing food range from full school meals to providing basic facilities where children can eat their home-prepared packed lunch.

For primary schools, food is mainly provided in the form of traditional school meal systems or lunchboxes (packed lunches). In addition, special programmes for school milk and fruits and vegetables are common. In secondary schools there is a wider variety of food provision systems. In addition to the traditional school meals and lunchboxes, students can also obtain food from cafeterias, vending machines and to a lesser degree from tuck shops. There was evidence of the infrastructure of cafeterias and tuck shops in schools being used to advantage in introducing healthy food, such as the fruit tuck shops in Wales.

It was evident that the existence of vending machines varies considerably between primary and secondary schools in Europe. In primary schools, many countries responded that vending machines for soft drinks were not allowed and if they were allowed, the majority of these countries responded that they existed only in a small percentage of the schools. For secondary schools, there is a much higher presence of soft drinks and snack-dispensing vending machines.

In terms of food subsidies, 10 countries stated that daily meals are subsidised for all children, such as in Finland, Spain and Poland. For example, in Finland municipalities are responsible for education provision and they receive funds from the national budget to provide free school meals. Some countries, such as Lithuania and the UK, only subsidise meals for socio-economically disadvantaged groups.

Special programmes, such as school milk or fruit and vegetable programmes, are subsidised in 12 countries. For example, in The Netherlands the free fruit and vegetable provision for primary schools is supported by the European Union, the Ministry of Health, fruit producers and vegetables producers. These responses might not reflect hidden subsidies, such as the time and costs of food preparation, kitchen maintenance and other overhead costs, which do not always form a part of the meal costs.

Thirteen countries indicated that they are actively trying to improve fruit and vegetable consumption. This is a new and encouraging trend not referred to in the earlier 1997 survey (Dixey *et al.* 1999). The majority of these interventions are aimed at primary schools, *e.g.* fruit and vegetables being actively promoted during school breaks, as is the case in Belgium, Moldova, The

Netherlands, England, Scotland and Wales. These are often pilot projects for groups of schools in one part of the country, such as in The Netherlands, or already established programmes for all schools like those in Scotland and Norway. Some countries serve ample portions of fruits and vegetables as part of the hot meals, as in Lithuania.

Ten countries reported that there were public/private partnerships in school catering. Examples of this form of cooperation included: external caterers in Denmark, farmers' wives selling sandwiches, fruits and vegetables in schools in Switzerland, local producers supplying fruits in schools in Belgium and Scotland, national fruit and vegetable producers for primary schools in the Netherlands, and milk drinks provided by companies in Slovakia. It should be noted that the varied understanding of the concept of partnership that later emerged at the forum suggests that the range of examples given above do not necessarily reflect the full breadth of partnership working across Europe.

In terms of monitoring and evaluation, most countries reported this at national or at school level, but it was unusual at regional or local level. Only one country, Luxembourg, reported that they used baseline, process, outcome, impact evaluation and monitoring at the national level. Five countries reported baseline studies at national level, and three at regional level (Denmark, Portugal and French-speaking Belgium); six countries reported that they had baseline evaluation in school interventions. Perhaps of greatest interest is that nine countries did not report having any systematic evaluation.

The following issues were seen by respondents across Europe as the main barriers to the implementation of healthy food provision programmes, including monitoring and evaluation:

- a low priority for healthy eating;
- unsupportive school environments towards healthy eating;
- school staff who were unmotivated or too overburdened to give attention to healthy eating;
- inadequate monitoring and evaluation, partly due to low priority and partly to lack of knowledge on how to set up efficient monitoring and evaluation systems of food provision.

At community/national level, countries mentioned:

- a lack of political will and the need to convince politicians and other leaders to facilitate healthy eating in schools;
- families with low financial resources who cannot afford to pay for food provided in the schools;

- a lack of funding for the schools themselves to implement programmes promoting healthy choices of food in schools;
- monitoring and evaluation is not seen as essential.

In summing up De Boer proposed the following as the main challenges for the achievement of healthy food provision in schools:

- to motivate schoolchildren, parents, teachers and other school staff, community members and politicians to focus on healthy eating in schools;
- to address overweight and obesity issues in schoolchildren by designing interventions on the provision of a healthy school environment and good nutrition education that promotes healthy food choices and physical activity;
- to match the taught curriculum on healthy nutrition with the whole school approach;
- to establish partnerships to promote healthy food choices in schools;
- to design simple, practical and participatory monitoring and evaluation systems for food provision in schools.

### The views of young people

At the forum, the views of young people from Denmark, The Netherlands and Scotland were expressed by members of the 'Young Minds' initiative (Jensen & Simovska 2003). Through electronic links at the forum the voices of young people in other countries, such as Spain, were also heard. The issues raised by the young people included:

- the dining environment;
- choice of music;
- buffet style meals;
- introduction of foreign foods;
- access to free fruit and water as required in classrooms;
- the opportunity for work experience in the kitchens.

Jensen built on the contribution of the young people to offer a framework for the development of pupils' abilities to influence their own lives and living conditions – their action competence (Jensen & Schnack 1997). The forum also explored the issues from the points of view of a wide range of interests including parents, food service operators, health promoters, educationalists, government policy makers and relevant international agencies.

In the international policy context, the WHO regional adviser on nutrition and food security

described how healthy eating was moving to the top of the political agenda (Robertson 2003). She referred to the higher profile of nutrition in the World Health Report 2002 (WHO 2002) and technical series report produced jointly by the WHO and the Food and Agriculture Organisation (FAO) on the prevention of chronic diseases considered at the World Health Assembly of the WHO in May 2004. She explained that as part of the global strategy, there is now a new initiative on promoting fruit and vegetable consumption in conjunction with the FAO. At a European level the regional committee of WHO endorsed a resolution, which was on the subject of the impact of nutrition on public health, and has developed an action plan for the region. This is the first time that nutrition has been high on the political agenda in Europe, and the WHO is working with member states on three themes – nutrition, food safety and a sustainable food supply. This means that member states have to develop nutrition targeted at specific groups, including adolescents. She explained that in 2006 there will be a ministerial conference on nutrition policy and that this will have two basic aims. Firstly, to assess what impact this document has had and how far member states have gone in terms of implementation, and secondly to develop a strategy policy document post 2006.

### From forum to action

There was a strong feeling at the forum that we are at a crossroads in relation to healthy eating. The rapid increase in obesity in young people has raised the political profile of the issue and this was reflected in the professional involvement and the media interest in the forum. At the international level a clear policy lead is now emerging from the WHO, and the Council of Europe has demonstrated its commitment with the organising of the forum.

At national level across Europe, there is evidence of a huge range of research and development projects relating to food in schools and in policy developments in several countries. There were significant cultural differences which emerged at the forum but which were not fully discussed. For example:

- The promotion of organic food was viewed by some delegates as a positive trend. This seemed to be a high priority for some delegates but it is perceived as a more peripheral issue by the mainstream scientific community in other countries.
- The link between food production, the environment and young people's separation from the sources of food

production, was seen by some delegates as a central issue.

- The difference of views expressed on whether a lunch-box or packed lunch was adequate compared with a hot meal was touched on but not teased out.
- The perceived importance of milk in some countries which was not considered a priority in other countries.

However, putting aside these differences, there was broad consensus on many of the big issues such as the need to effectively promote fruit and vegetables or the need to take a whole school approach to influence what young people and the whole school community are eating. In addition, even in countries that did not have a tradition of providing a cooked meal in the middle of the school day, such as Denmark and The Netherlands, there was a shared view that it was necessary to review current practice and to consider what was important for young people's health in the future.

There was also recognition at the policy level that the promotion of healthy eating has to involve schools but that this is only part of a solution that has to be inter-sectoral.

### Conclusion

In summing up at the forum, Young offered the following as 10 key points that should be part of policies on healthy eating for young people (The Council of Europe 2003):

- A whole school or health promoting school approach should be used. Research makes clear the limitations of a curriculum-only approach and the benefits of a whole school approach.
- Policy development needs to actively engage and involve young people and take account of the realities of their lives outside the school.
- While we need to offer young people choices in relation to food, we can develop policies and strategies that facilitate the healthy choices. Good examples of this were given at the forum.
- Given the many important roles food plays in our lives we should move from talking about nutrition education to focussing on the promotion of healthy eating.
- Healthy eating policies need to consider environmental issues in relation to food production. In a Europe and biosphere of diminishing natural resources, this issue will become much more important in the future.
- The role of the training of teachers and food providers was demonstrated as central to success in several initi-

atives. We need to consider innovative ways of making training available and accessible to key partners.

- Some countries have already demonstrated good examples of partnerships with parents, young people, teachers, food producers and cross-sectoral government agencies.
- The evidence is emerging that partnership work is the way ahead. However, it is complex and often difficult and we need to understand the promoters and barriers better. However, the rewards are great when it can be brought to fruition.
- There is a need to review the existing research evidence on effectiveness. We already know a considerable amount about which methodologies are most likely to be effective in promoting healthy eating, but we need to make this case concisely for politicians and policy makers.
- The methodologies that are effective for promoting healthy eating will normally be shared with other special interest areas, such as physical activity and smoking prevention. This is a reminder that we need to take a holistic approach to aspects of our policy development.

It was proposed that as the forum had provided a rich source of expertise and ideas, these should be encapsulated in the development of a formal resolution and guidelines that should be prepared for consideration by the Council of Ministers of the Council of Europe. This recommendation was supported by the Council of Europe and a set of guidelines has now been prepared for all member states (The Council of Europe 2004) and it is expected that the Council of Ministers will consider the text of a formal resolution in 2005.

The importance of the guidelines (Box 1) and the proposed resolution should not be under-estimated. For those working at national level trying to move healthy eating in schools up the political agenda, this will provide a policy context for their work, as well as practical guidance on the key issues which could influence both strategy as well as operational approaches. The deliberations of the Roman Forum over 2000 years ago produced more than just hot air, we trust that the Strasbourg Forum will in its own modest way prove to be a turning point for the provision of healthy food in schools for up to one hundred million young Europeans.

#### Box 1

Below is an extract from the guidelines issued by the Council of Europe, 2004

... Recommends that the governments of the member states of the Partial Agreement in the Social and Public Health Field, based on the measures contained in the appendix and having due regard to their specific constitutional structures, national, regional or local circumstances, as well as economic, social, cultural and technical conditions:

- a. review the practices of food provision in school to determine the extent to which these practices (or the absence of these practices) are compliant with, or an integral part of, a health promoting school approach;
- b. consider the elaboration of national provisions and nutritional standards for the provision of food in schools that:
  - acknowledge the changing health status and lifestyles of young people in Europe;
  - take into account the good practices in the provision of healthy food in school in Europe as demonstrated at the European Forum on Eating at School;
  - contribute to the promotion of the health of young people;
  - involve the pupils and all stakeholders in this process;
  - are integrated into the health promoting school approach;
  - have inbuilt systems of monitoring and evaluation.
- c. consider the development of facilitating measures at national and regional level to support schools in the adoption and implementation of policies for healthy eating.

These measures could include start-up resource support, practical tools for the implementation and the development of quality assessment systems.

The appendix to the guidelines includes the following:

National provisions should be wide in scope and the following list provides examples of issues that could be addressed.

## Box 1 (continued)

Thus, governments should take measures for:

- developing nutritional standards;
- promoting the consumption of fruits and vegetables as snacks and as an important part of meals;
- ensuring the provision of healthy alternatives for drinks such as fresh water, low-fat or fat-free milk;
- reducing the consumption of products high in sugar, salt and fats;
- actively managing the eating environment including not only the dining room but vending machines and other food and drink outlets;
- establishing pricing policies;
- developing policies concerning in-school marketing of food and beverages
- actively involving parents, young people and other stakeholders in the planning process;
- utilising information technology to facilitate healthy choices;
- working with food producers and food service operators on specific healthy products;
- considering issues relating to sustainability, waste and the environment;
- reviewing the associated curriculum on healthy eating to ensure that all young people leave school with the necessary knowledge and skills in relation to the production, purchasing, preparation, cooking and enjoyment of healthy food;
- reviewing the in-service training needs of all those involved in food production, food preparation, and the associated curriculum in schools;
- identifying the partners and stakeholders including nongovernmental organisations (NGO's) who have a specific role to play and proposing mechanisms to facilitate this;
- considering links between the promotion of healthy eating in school and the health promoting school approach;
- proposing sustainable mechanisms to monitor and evaluate any changes as a result of new policies;
- ensuring that while the reduction of obesity is a major goal, no young person is hungry or undernourished at school;
- developing practical tools to support communities in the implementation of healthy eating provisions in their schools.

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