



St. Mary's Secondary School
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Health & Wellbeing Policy 2017/2018
Eat Smart, Move More!

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Section A

1. Policy Statement

The development of a Health and Wellbeing policy for St. Mary's places healthy eating, healthy food choices and exercise for our students at the core of aiding learning in our classrooms. This policy has also been devised for students, teachers and support staff, where it has been proven that eating regular meals, whilst making healthy choices and balancing this with exercise, not only improves learning, but also teaching, communication and energy levels.

1.1 Introduction

St. Mary's mission statement *"follows the Holy Faith Philosophy of creating an inclusive school community whose central purpose is the religious, moral, intellectual, human, social and physical-recreational education of the student. The education programme of the school is directed to the growth of the whole person. It aims to form integrated and self-reliant Christian people who are eager to build a better world."*

This statement encourages the overall holistic development of the student while at St. Mary's and its objective is the formation of young people, who will be capable of living in and contributing to the community in which they live. The school follows a pastoral approach, which is embedded in the daily life of the school, fostered by developing good relationships between staff, parents and students.

Whilst teaching and learning in St. Mary's is core, the development of the physical self and providing education on healthy eating and exercise is fundamental. We aim to ensure that our school offers food options which are healthy and nutritious, as well as providing a wide range of physical activities. In today's society, where students are surrounded by convenience foods that have very high levels of sugar, fat and salt, it is indeed an issue of utmost importance.

St. Mary's ethos is also central to developing our policy on Health and Wellbeing. Margaret Aylward, founder of the Sisters of the Holy Faith Order, had a deep-rooted concern for those in need and believed that the role of the family in nurturing the dignity of children was fundamental. Her role she believed, was to dedicate herself to children and families living in poverty. Within the framework of the Health and Wellbeing policy, the students, along with their physical and nutritional needs, are placed at its core.

1.2 Rationale for the Health and Wellbeing Policy in St. Mary's

The intended outcome of this policy is for the students of St. Mary's to achieve their full potential. In order to do this, it is essential that they eat healthily and exercise regularly. This requires an adequate intake of energy and nutrients. Eating a nourishing breakfast and a healthy school lunch allows children to take full advantage of the education provided for them (Appendix 5,6,7).

It is essential during adolescence to instil this knowledge for lifelong health and wellbeing. It has been proven that 17% of students in Ireland (Department of Health and Children, 2009) have poor eating habits and skip breakfast and/or lunch. Furthermore, due to these unhealthy lifestyle choices, the number of overweight children in Ireland has trebled in the last decade (The National Taskforce on Obesity, 2005). The increased availability of fizzy drinks and energy dense micronutrient-poor foods in the school environment, contributes to this problem. At the core of this Health and Wellbeing policy is the belief that:

- Nutrition and physical activity levels of young people should be seen as part of the duty of care of each school, which should offer healthy food, develop a policy on vending machines in schools and provide fresh drinking water.
- All post-primary schools should be encouraged to engage with the Student Councils and Parent's Associations in promoting the concept of healthy eating and active living.

In St. Mary's, it is vital that there is a strong partnership between parents and the school. It is important that healthy eating habits are promoted in the home and that the school's Health and Wellbeing policy is supported by parents and guardians. In addition to this, students must be provided with the rationale for this policy. In order for this policy to make its intended impact and be sustainable, the whole school community must also take ownership of our Active School's motto 'Eat Smart, Move More'.

1.3 Definition of a Healthy School

A healthy school is based on the primary factors of:

- Healthy Eating – students, teachers and support staff should consciously choose and eat healthy nutritious foods from the food pyramid (Appendix 1,7) and these should form the majority of the daily diet, especially at school.
- Exercise – students, teachers and support staff should be encouraged to take part in daily activity. For students, this could be as part of PE class, extra-curricular activities, 1st Year weekly sports club or pop-up lunch time activities. As part of the Active Green-Flag initiative, St. Mary's encourages students to park and stride to school (Appendix 2, 5).
- Mental Wellbeing – students, staff and support staff try to be positive in their daily encounters with others. As an integral part of the SPHE, Religion, Wellbeing and PE programmes, students engage in a variety of activities, which promote positive mental wellbeing. Such activities include relaxation, meditation, mindfulness and yoga.

1.4 The Impact of a Health and Wellbeing Policy on Teaching and Learning

- Adolescence is a time of physical growth and development that requires adequate nutrients and energy. Eating properly before coming to school and during the school day allows students to take full advantage of learning opportunities.
- Not getting an adequate amount of food or fluids can reduce concentration levels and make learning more difficult.
- Research shows that foods eaten at lunchtime can affect classroom behaviour. Foods that are high in fats and sugar can lead to over activity.
- The classroom is used to inform the whole-school practice of promoting positive health and wellbeing and to help instigate change.
- The subject of healthy eating is already addressed in many subject areas. The use of cross-curricular projects provides valuable learning opportunities for students. In order to maximise the potential of teaching and learning opportunities, it is best to plan the curriculum in a co-ordinated way that supports the Health and Wellbeing policy.

1.5 Aims of the Health and Wellbeing Policy

- To promote the personal development and wellbeing of both students and staff.
- To develop positive attitudes to eating and healthy living.
- To improve the eating choices and habits of students and staff using a whole-school approach.
- To support and encourage long-term healthy habits.
- To impact positively on teaching and learning.

Section B

2. Healthy Eating Options in St. Mary's – Past and Present

Prior to September 2015, the school canteen provided many unhealthy options for the St. Mary's school community. There were very few appealing healthy alternatives on offer. In an effort to improve the eating habits of our school community, a new company Glanmore Foods is presently responsible for the provision of fresh, healthy and nutritious options (Appendix 9).

In addition to the canteen, a tuck shop was in place in St. Marys prior to September 2015. The tuck shop provided sugary snacks to students. There was no nutritional value to be obtained from food sold here. This tuck shop no longer operates and such snacks have been removed from the school premises. We have a Health Squad comprised of TY students, and this group is operational during Health Week and pop-up days.

There were two vending machines on site in St. Mary's. These provided students with food of high sugar content. Since 2015, one vending machine has been removed, the other machine's contents have been significantly altered, in order to provide healthy snacks to the school community (Appendix 8).

Students and staff now have the opportunity to obtain the daily food requirements as recommended by the food pyramid (Appendix 1) on the school premises. Fresh water is now available to the whole school community, allowing staff and students to reach their recommended intake easily. We have a water dispenser on the corridor outside the staffroom, which is extremely popular with students. The Student Council is presently campaigning to have an additional water dispenser installed in the school.

2.1 A Whole-School Approach to Health and Wellbeing

Health and Wellbeing are now being promoted within the school community in St. Mary's. In order for this Health and Wellbeing policy to be sustainable, a whole school approach is imperative. In conjunction with the healthy and nutritional options available from our food supplier, the following agreed statements further promote good health and wellbeing in the school:

- a. Foods sold by our food supplier are nutritional and provide fresh, healthy and nutritious options for breakfast, lunch, snacks and drinks on a daily basis. They include a variety of healthy sandwiches, wraps, salad bowls, crackers, cheese, plain scones, muffins, cereal pots, fresh milk, water, whole fruit options and fruit bags (Appendix 9).
- b. The daily Breakfast Club, which is funded by the Department of Social Protection as part of the Free Meals Scheme, provides 527 free breakfasts per day, supplied by our food supplier, Glanmore foods. The school is given a range of foods, such as; cereal pots, fresh milk, water, whole fruit such as bananas and clementines, seasonal fruit pots, carrot sticks, spreadable cheese, crackers, honey and oat biscuits, rice cakes, yogurts and plain scones. Students can avail of this service from 8.10 am to 8.40 am each morning. Any food or drinks not consumed during Breakfast Club are available for students at break time and throughout the day (Appendix 3, 4).

- c. Health Week is a long-running tradition in St. Marys and is part of the criteria for achieving the Active School Flag (ASF). During this week, a calendar of active events is organised by the PE Department, the Home-Economics Department, the ASF Committee and the Health Squad. All students are encouraged to get involved in pop-up fitness or nutrition activities at lunch and break time. The aim of Health Week is to get St. Mary's moving, to encourage our school community to be more active more often, to remind our staff and students of the benefits of a healthy lifestyle, to make exercise more enjoyable and to introduce students to different opportunities for activity.
- d. Transition Year – Fitness and Nutrition Module. (1 x 40-minute class per week). This module is offered to all TY students. The main aim of this module is to enable students to learn and develop the basic skills necessary for healthy independent living. Students develop their knowledge and understanding of nutrition and learn how to assess and make healthy changes to their own diets and eating habits. The following is a list of the topics that are covered over the 6-7-week module:
 - Basic Nutrition: Protein, fat, carbohydrates.
 - Energy Value of Foods: Calorie content of foods, examining food labels.
 - Healthy Eating: The Food Pyramid, Healthy-Eating Guidelines
 - Food and Fitness: Linking food with keeping fit
 - Special Diets: Group projects on Coronary Heart Disease, Vegetarianism, Coeliac Disease, Diabetes.

Alongside theory, some practical cookery demonstrations are incorporated into lessons. Students are shown how to make quick and nutritious recipes that can be easily made at home e.g. smoothies, granola and salads. Class presentations, group work, displays, online research and worksheets are used in the classes to develop students understanding topics covered in this module.

- e. The Health Squad is a team of TY students, who aid the PE Department in the planning, organisation and running of Health Week. They run events, make announcements, decorate the school, and motivate the student body.
- f. The Student Council plays an important role in representing the student body. It provides students with the opportunity to become involved in the affairs of the school, working in partnership with school management, staff and parents. The Student Council communicates and cooperates with staff, having a say in school policies including the Health and Wellbeing policy.
- g. There are healthy snack pop-up days organised throughout the school year. This consists of pop-up fruit, popcorn bags and smoothie shots. These initiatives package healthy eating in a fun and accessible way for students and staff alike.
- h. The Active School Flag (ASF) is awarded to schools that strive to achieve a physically educated and physically active school community. The process aims to get more schools more active more often. ASF is a Department of Education and Skills initiative supported by Healthy Ireland. St. Marys began the ASF process in the academic year 2014/15.

Schools wishing to achieve the ASF begin the process by self-evaluating their current provision across 3 areas: Physical Education, Physical Activity and Partnerships. An

ASF Committee is made up of teachers, students, parents and non-staff. Schools must also organise an Active School Week programme and commit to having it as part of their annual school calendar. The flag remains valid for a period of 3 years, after which time schools will be invited to re-apply.

We were awarded our ASF in 2015/16. In order to achieve this flag again, we are constantly reviewing measures and initiatives taken to obtain the flag (Appendix 5).

- i. Parents are regularly informed on our school app and website about our Health and Wellbeing policy. Parents of incoming 1st years will be introduced to our Health and Wellbeing policy at the Information Night and examples of healthy lunches, which are affordable and convenient, will be provided on that night. A 1st Year Induction Booklet on healthy foods, personal hygiene and exercise is also distributed to parents. The Parents Association frequently runs Nutrition and Wellness workshops (Appendices 3,4,6,7).
- j. Every student year-group receives an 80-minute Physical Education class per week.
- k. Students are made aware of the Food Pyramid (Appendix 1) in classes such as Home Economics, Science, SPHE and PE and are taught how to use it.
- l. Through the Wellbeing programme, students learn about the facts and attitudes to positive health and wellbeing. Students also develop the necessary skills to enable them to protect and promote their own wellbeing and that of others. The Guidance and Counselling Department designed a short Guidance Module to support students in the transition from primary school to secondary school. The general aims of the Wellbeing module is to foster the six indicators of wellbeing - being active, responsible, connected, resilient, respected and an aware citizens. Our Guidance Module and our other Wellbeing modules all aim to promote the indicators of wellbeing.

2.2 Persons Responsible for Health and Wellbeing in St. Mary's

It is essential that the whole school community takes ownership of health and wellbeing in St Mary's. It is encouraged through a whole-school community approach and it requires the support and buy-in from all stakeholders, to continue to create a healthy and well school community.

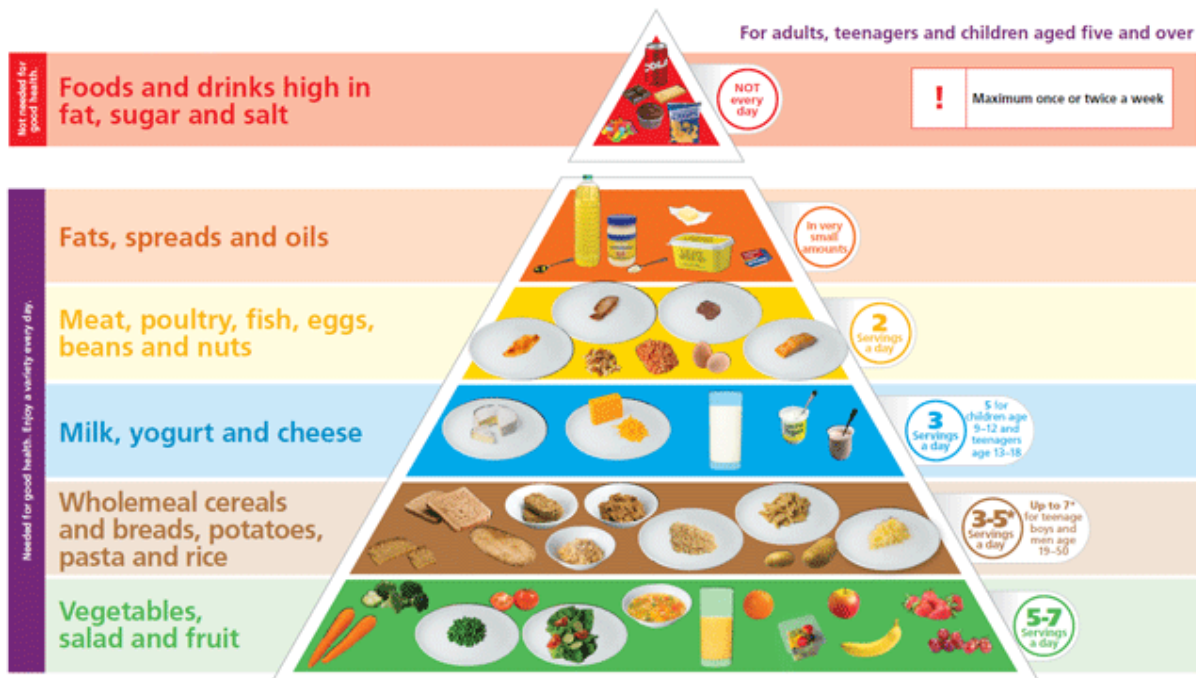
Students will access a student friendly version of the Health and Wellbeing policy, which will be placed in the student journal.

Policy adopted by the Board of Management

Section C Appendices

Appendix 1

Nutritional Information- Food Pyramid for Adults, Teenagers and Children Aged Five and Over.



The above food pyramid Safefood (2017) represents the reference intake (RI) for each of the food groups, aimed for adults, teenagers and children aged five and over.

Appendix 2

Physical Activity Pyramid for Teens



Accumulate moderate activity from the pyramid on all or most days of the week, and vigorous activity at least three days a week.

Eating well helps you stay active and fit.

Guidelines are consistent with the International Consensus Conference on Physical Activity Guidelines for Adolescents, 2006, and the 2008 American College of Sports Medicine Position Statement. The Physical Activity Pyramid is adapted and approved from FITNESS for LIFE, 4th Edition (2008), Chapter 6, by Linda and Neil London, Human Kinetics, Champaign, IL.

Appendix 3

BREAKFAST IDEAS AND OPTIONS IN SCHOOL

We have provided some practical tips from safefood.eu. Here are some tips for you and your children on how to prepare a healthy lunchbox. Good food habits set early in childhood can last a lifetime. Lunches provide around one third of our daily nutritional needs, so it's important to put some thought and planning into them.

Breakfast Idea

The school runs a Breakfast Club in the morning for students to avail of the following foods supplied by Glanmore Foods.

- Cereal/Milk
- Fruit
- Yogurt
- Veg
- Scones/Rice Cakes/Honey Oat Biscuits
- Water

HEALTHY SNACK IDEAS

We recommend the following as healthy snack ideas eaten in moderation.

- Veg sticks with hummus dip
- Rice Cakes
- Sugar free / no butter popcorn
- Fruit skewers
- Slices of meat
- Banana bread
- Beans / spaghetti on toast
- Cheese on toast/ crackers
- Nuts
- Granola bar / cereal bar
- Low fat yogurt

Many schools have developed healthy eating policies that encourage parents and children not to put certain treat foods in the lunchbox such as chocolate, crisps and sweets. Sometimes it can be difficult to think of alternatives to these.


Here are some more tasty alternatives.

- Fruit (for example, an apple or banana, handful of grapes).
- Washed, raw vegetable pieces (for example, sticks of carrot, celery, pepper and cucumber)
- Washed, whole raw vegetables (for example, cherry tomatoes).


- Half tin of fruit (in its own juice).
- Plain popcorn (unsalted).
- Plain breadsticks, unsalted plain or whole-wheat crackers, crispbreads or water biscuits served with fruit or cheese.
- Plain rice cakes.
- Natural or low fat yoghurt with chopped fruit (fresh, frozen or tinned in its own juice).
- Wholemeal or plain scones.
- Plain biscuits (for example, digestive biscuits, rich tea)*
- Fruit loaf or mini fruit muffin*
- A plain bun or slice of cake*
- A slice of carrot cake or banana bread*
- Sugar-free jelly pots or fruit Jelly.
- Pot of custard or rice pudding.


LUNCH IDEAS


Include a wide variety of foods – starchy foods, protein, dairy, and fruit and vegetables.


 Add interest to the lunchbox – try some of the following ideas:

- Vary the types of bread for example, pitta bread, bagels, wholemeal rolls – keep a stock in the freezer.
- Cook extra rice or pasta in the evening – these can make interesting salads
- Theme your lunchbox on a different country, for example Italian – try a pasta salad, **Mexican fill flour tortillas**.

 Home-made soup (in a Thermos flask) is great for cold days, while salads are light and refreshing for warmer weather. Both are packed with essential vitamins and minerals.

 Fluids are important for children – up to 6 cups of fluid should be encouraged daily. Milk and water are the best options. Straws and brightly coloured drinks bottles can make rehydrating more interesting!

 Get your child involved in packed lunches. Let them help choose some element of their lunch. Pick a colourful lunchbox or let them decorate one with stickers.

 Children often need to see and taste new foods several times before they accept them, so try out new ideas at teatime or the weekend before including them in a lunchbox

WHAT SHOULD GO IN TO A LUNCH-BOX?

BREAD AND CEREALS

Two portions from the bread and cereals group which would be...

- 2 slices of bread
- 1 medium bread roll
- 1 tortilla wrap
- 1 pitta bread
- 4–6 crackers or breadsticks
- 4 tablespoons or 6 dessertspoons cooked rice, pasta or couscous

MEAT AND MEAT ALTERNATIVES

One portion from the meat and meat alternatives food group...

- 2 slices (50–75g or 2–3oz) of cooked meat
- 1–2 eggs (hard-boiled, sliced or mashed)
- A small can (100g or 4oz) of tuna, salmon, mackerel or sardines
- 4 tablespoons of chickpea spread, for example, hummus – try out as a dip with carrots or celery

Note: Fish such as tinned tuna or salmon should be included in the lunchbox at least once a week – remove any bones

FRUIT AND VEGETABLES

At least one portion from the fruit and vegetables food group...

- 1 medium apple, orange, banana, pear or similar size fruit
- 2 small fruits – plums, kiwis or similar size fruit
- A small glass (100ml) of unsweetened fruit juice
- Half a tin (3 tablespoons or 4 dessertspoons) of fruit in its own juice
- 1 heaped dessertspoon of dried fruit (for example, raisins or sultanas)
- 1 small bunch of grapes (10–12 grapes)
- 1 small salad (for example, dessert bowl sized salad of lettuce, tomato, cucumber and celery sticks)
- 3 tablespoons or 4 dessertspoons of vegetables (for example, chopped or grated carrots)
- A bowl of homemade vegetable soup

DAIRY PRODUCTS

One portion from the dairy products food group...

- 1 glass or mini-carton of milk (200ml)
- A pot of natural or low fat yoghurt (125ml) or similar quantity of custard
- 2 triangles of spreadable cheese
- 2 processed cheese slices
- A matchbox-sized piece of cheese such as cheddar, Edam or Gouda varieties.

5-DAY LUNCHBOX PLANNER

Note:

1. Lunchbox planner includes snack and lunch items
2. Smaller portions for smaller people
3. Use low fat spread, low fat mayonnaise or relish instead of full fat options.

We often end up putting the same things in the lunchbox every day. Keeping lunchbox contents varied makes lunch more enjoyable. The following planner shows you the potential variety you can have.

Appendix 4

DRINK	TOOTH FRIENDLY	
Water	Best choice anytime	
Milk (semi-skimmed or low fat preferably)	Good choice anytime	
Unsweetened fruit juice (fruit juice from concentrate is suitable also if it does not contain added sugar)	At mealtimes	
Flavoured milk*	At mealtimes	
Diluted sugar-free squash	At mealtimes	
Yoghurt or milk drinks*	At mealtimes	
Smoothies*	At mealtimes	
Fruit juice drink (unsweetened)	At mealtimes	
Fruit juice drink (sweetened)	Not tooth friendly	
Fizzy drinks (including diet versions)	Not tooth friendly	

*Compare brands and choose those that are lower in sugar

Appendix 5

The Physically Active School

The following articles on the importance of physical activity were written by Dr. Catherine Woods & Michelle Hardie from DCU.

Physical activity is any bodily movement that is produced by the contraction of skeletal muscle and that substantially increases energy expenditure¹. For children, it includes active play, sport, physical education and active transport.

Current Department of Health guidelines recommend that children and youth participate daily in at least 60 minutes of moderate to vigorous intensity physical activity (>60min. **MVPA** daily). This activity should be developmentally appropriate, involve a variety of activities and be enjoyable².

Physical activity has a number of direct and indirect benefits. It is important to children's' current and future health; adherence to the physical activity guidelines (>60min. MVPA daily) is associated with improvements in numerous physiological and psychological variables, and is a target for disease prevention. For example, it assists in the control of body weight by increasing energy expenditure, this is important in teaching children and young people how to achieve a healthy 'energy balance', and avoid developing adult obesity.

A recent study showed that overweight/obesity and obesity prevalence would decrease by 11% and 26% respectively if adolescents played on two sports teams per year; obesity prevalence would decrease if adolescents walked or biked to school on 4 or 5 days per week³.

Physical activity is also associated with reducing the risk of developing premature cardiovascular disease, type-2 diabetes, metabolic syndrome and some site specific cancers^{4, 5}. Weight bearing physical activity is important in bone formation and remodeling⁶. In addition, physical activity reduces depression and anxiety (especially in shy children), enhances mood, self-esteem and quality of life⁷.

Physical Activity and Academic School Performance

Participation in regular health enhancing physical activity has also been found to reduce rule-breaking behaviour, and to improve attention span and classroom behaviour. It is linked to positive effects on academic performance, including achievement in maths tests and reading, academic grades and perceptual skills⁸. Involvement in sport and physical education can play a significant role in the enrichment of a child's social life and the development of social interaction skills⁹.

Worldwide 80% of young people are insufficiently active to benefit their current and future health (HBSC), and 60% exceed the healthy limit for sedentary behaviour¹⁰. Sedentary behaviour involves little or no physical movement. Females are less active than males. Only 14% of Irish 10-18 year olds are meeting the >60 min. MVPA daily guideline¹¹. However, it is encouraging to note that 65% of these children met the guideline three days per week. With

support from parents, schools and communities these children could increase their daily minutes of physical activity further.

Schools are an important setting for young people to take part in, and learn about, physical activity. Through physical education programmes, free play activity and extra-curricular sport, schools can provide time, facilities and guidance for children to safely access physical activity opportunities and develop competence and confidence in an environment that is supported by teachers, parents and friends.

Physical inactivity is the 4th leading risk factor for premature mortality, and a major underlying cause of disease and disability¹⁷. There is increasing concern at the rapidly decreasing levels of fitness, and quantity of time spent sitting by children¹⁸. Children and young people need to be encouraged to reduce the amount of time spent in sedentary activities such as TV, video viewing, and playing computer games especially during daylight hours. Few Irish children spend less than 2 hours daily sitting viewing TV, videos or playing on the computer¹¹.

In addition to mortality, morbidity and quality of life costs, inactivity affects national economies. The WHO estimates that physical inactivity costs between €150 - €300 per citizen per year¹⁹. These figures were based on a number of European studies where the annual costs – including those to the health system, days of absence from work and loss of income due to premature death – have been estimated to be €3 - €12 billion (England) and €1.1 - €1.5 billion (Switzerland)²⁰. Both of these estimates exclude the contribution of physical inactivity to overweight and obesity. In England, this is estimated to be €9.6 - €10.8 billion per year²¹. In Ireland, recent conservative estimates placed it at €1 billion per annum.

How can we help to get children more active?

Physical activity for children happens in their homes, their school and the communities in which they live. They can choose to engage in active play, active transport, physical education, and sport/activity in their local community. It is the responsibility of everyone in the community to promote physical activity. Parents, teachers, coaches and even the children themselves can encourage each other to become more relation to physical activity is essential if they are to lead active lifestyles.

Appendix 6

Advice on Healthy Eating

The current advice from health professionals and dieticians is to:

- ✚ Choose a variety of foods from each of the four main food shelves can help to ensure young people make the correct food choices to stay healthy.
- ✚ Choose up to six or more from the base/carbohydrate shelf. Choose very small amounts from the top shelf which include high fat high/ sugar foods and drinks.
- ✚ Reduce sugar consumption daily by reducing sugary drinks and cereals.
- ✚ Increase intake of fibre rich foods like brown bread, brown rice and wholegrain cereals.
- ✚ Drink at least 6-8 glasses of water daily.
- ✚ Intake 2 portions of fruit and 3 portions of vegetables per day.
- ✚ The following energy proportions are recommended for each meal before and during the school day:

Breakfast: Aim to provide about 20-25% of total daily energy

Lunch: Aim to provide around 33% of total daily energy

After-school snacks: Aim to provide about 10-15% of total daily energy.

Appendix 7

RECOMMENDATIONS FOR HEALTHY EATING

Key nutritional messages are:

- Follow the nutritional guidelines on the Food Pyramid on a daily bases
- Always find time for breakfast.

- Bring a healthy packed lunch/purchase healthy options from our canteen.
- Bring healthy snacks like dried fruit and nuts to maintain energy levels and focus throughout the day.
- Students should remain hydrated throughout the day and may top up using the school water fountain.
- School ban on the selling of all ‘fizzy ’drinks.
- “Protein to Grow- Carbs to Go”.

SUITABLE DRINKS FOR CHILDREN

It is important that children take in enough fluids during the day. If they do not drink enough, they may become dehydrated, thirsty, tired and weak. Drinks should always be included for break-time and lunch. Water and milk are the most suitable drinks for children.

Because of its natural sugar content, unsweetened fruit juice should be consumed with meals and ideally diluted (one part juice to ten parts water).

If you are unsure about whether a drink contains added sugar, check the ingredient list. Less common terms for sugar that may appear on the ingredients list are sucrose, fructose, glucose, maltose, dextrose and syrup. See our table for the low down on suitable drinks.

Appendix 8

Vending Machine Update: 23/10/2017

The following was recorded in the vending machine on the 23rd October 2017:

Contents	Number of Rows
Chocolate Rice Cakes	1
Velvet Crunch	2
Popcorn	2
Tracker chocolate	1

Tracker berry	1
Brvita chocolate	3
Milk Chocolate bars	2
Mint Chocolate bars	2
Mentos	4
Flapjack Chocolate	1
Nutri-Grain Strawberry	2
Nature Valley Oats & Honey	1
Nature Valley Oats & Dark Chocolate	1
Nutri-Grain Chocolate	2
Water	6
Vit Hit Drink Green	2
Capri-Sun	2
Vit Hit Orange	2
Vit Hit Berry	2
Vit Hit Strawberry	2
Volvic Strawberry	2
Yahoo Chocolate (400ml)	2
Orange Juice (500ml)	2
SunMagic Cranberry (500ml)	2

- This selection would appear to be remaining within the list of products the Healthy Eating committee recommended.
- The portion size and sugar content of some of the drinks may need to be examined further.
- For example, Sunmagic is a 500ml bottle with 43g of sugar which is equal to almost 11 teaspoons of sugar.
- Yazoo Chocolate milk is a 400ml bottle with 17.8g of sugar, equal to 9 teaspoons of sugar.

Appendix 9

Foods sold by Glanmore Food Company

Lunch Options:

Sandwiches: Chicken, Chicken and stuffing, egg mayonnaise.

Baguettes: Ham, chicken

Wraps: Tuna, Sweet chilli chicken wrap

Salad bowl: Chicken

Drinks:

Bottled water
Milk cartoons
Flavoured milk
Juices including apple and orange juice

Snacks:

Raisin bags
Crackers
Rice cakes both plain and chocolate covered
Cheese in individual packs
Plain scones
Muffins
Crisps

Section D

References

Andersen LB, Harro M, Sardinha LB, Froberg K, Ekelund U, Brage S, et al.(2006) *Physical activity and clustered cardiovascular risk in children: a cross-sectional study* (The European Youth Heart Study). *The Lancet* 2006;368(9532):299-304.

Caspersen CJ, Powell KE, Christensen GM (1985). *Physical activity, exercise and physical fitness: definitions and distinctions for health-related research*. *Public Health Reports* 1985;100:126-131.

Currie, C. et al., eds (2012) *Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey*. Copenhagen, WHO Regional Office for Europe, 2012 (Health Policy for Children and Adolescents, No. 6).

Department for Culture, Media and Sport (DCMS) and Strategy Unit (2002). *Game plan: a strategy for delivering Government's sport and physical activity objectives*. Cabinet Office, London.

Department of Health and Children (2009). *Get Ireland Active: The National Guidelines on Physical Activity for Ireland*. Available at: www.getirelandactive.ie

Department of Health and Children (2009). *Health Behaviour in School-aged Children*. The Stationery Office: Dublin.

Drake KM, Beach ML, Longacre MR, MacKenzie T, Titus LJ, Rundle AG, Dalton MA (2012). *Influence of sports, physical education and active commuting on adolescent weight status*. *Pediatrics* 2012; 130; e296.

Hallal PC, Victora CG, Azevedo MR, Wells JCK (2006). *Adolescent physical activity and health: a systematic review*. *Sports Medicine* 2006;36(12):1019-1030.
Health Behaviour in School-aged Children

I. M. Lee et al (2012). *Effects of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy*, 380 THE LANCET.219, 219-229.

Report by the Comptroller and Auditor General (2001). *Tackling obesity in England*. Report HC 2001;220. The Stationery Office, London.

Safefood (2017) *The Food Pyramid*. Available at:

<http://www.safefood.eu/Healthy-Eating/What-is-a-balanced-diet/The-Food-Pyramid.aspx>

Sardinha, L. B., Andersen, L. B., Anderssen, S. A., Quiterio, A. L., Ornelas, R., Froberg, K., Ekelund, U. (2008). *Objectively measured time spent sedentary is associated with insulin resistance independent of overall and central body fat in 9- to 10-year-old Portuguese children*. *Diabetes Care*, 31(3), 569-575.

Sibley BA, Etnier JL (2003). *The relationship between physical activity and cognition in children: A meta-analysis*. *Pediatr.Exerc.Sci* 2003;15(3):243-256.

Singh, A., Uijtdewilligen, L., Twisk, J.W.R., van Mechelen, W., Chinapaw, M.J.M (2012). *Physical activity and performance at school: A systematic review of the literature including a methodological quality assessment*. 166 Arch Pediatr Med. 1,49-575

The National Taskforce on Obesity (2005). *Obesity – The Policy Challenges*. Available at: www.safefood.eu/...island%20Obesity%20Action%20Forum/obesity-taskforce.pdf

Tremblay MS, Inman JW, Willms JD (2000). *The relationship between physical activity, self-esteem, and academic achievement in 12-year-old children*. Pediatr.Exerc.Sci 2000;12(3):312-323.

Twisk JWR (2001). *Physical activity guidelines for children and adolescents: a critical review*. Sports.Med. 2001;31(8):617-627.

Woods CB, Tannehill D, Qunilan A, Moyna N and Walsh J. *The children's sport participation and physical activity study (CSPPA)*. Research report 1. Irish Sports Council. Available for download at: www4.dcu.ie/shhp/research.shtml

World Health Organization (2006). *Physical activity and health in Europe: Evidence for Action*. 2006, Publications, WHO Regional Offices for Europe, Denmark.

World Health Organization (2017) *School Health and Youth Health Promotion*. Available at: http://www.who.int/school_youth_health/en/