

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY G.P. SOUTHERN OF ST. HELIER  
ANSWER TO BE TABLED ON TUESDAY 29th MARCH 2011**

**Question**

Would the Minister inform members what evidence she has, other than one paragraph of a DEFRA report of 2005, to support the opinion of the then Medical Officer of Health (MOH) quoted in the 2011 Business Plan debate that there are “no health benefits from primary schoolchildren receiving school milk”?

Can the Minister confirm that officers at the Health Promotion Unit worked with Jersey Dairy to design the cartons extolling the virtues of milk to school children with messages such as “ it helps build strong bones, is good for our teeth, gives you energy, contains vitamins and minerals and is part of a healthy diet”?

Could she state how these activities are consistent with the views of the former Medical Officer of Health which the Minister quoted on 15th September 2010 when she spoke against the continuation of funding for free school milk for primary children?

Could she also inform members what evidence she has to support her contention that drinking low fat milk is linked to obesity in children?

**Answer**

Evidence to support the stance that the provision of school milk is not necessary on health grounds includes the 2010 UK National Diet and Nutrition Survey<sup>1</sup>. This survey confirms that calcium intake is above the recommended nutritional intake in the primary school age group. It also shows that calcium intake in all age groups appears higher than the previous surveys, yet milk consumption has decreased. This suggests that children are achieving their recommended intake of calcium from sources other than milk. Given that there is no reason to suppose that local children’s diets are different in any significant way, this survey shows that the rationale for providing free school milk in order to reduce the risk of calcium deficiency is redundant.

The Health Promotion Unit worked with Jersey Dairy as part of its Healthy Schools Programme to produce designs on milk cartons that promoted healthy eating messages to primary school aged children. This is entirely consistent with the views expressed in the 2011 Business Plan debate. Milk can be an important part of a child’s balanced diet, it is preferable to “fizzy” drinks and it does have nutritional value, but that in itself does not create a convincingly strong public health case for free provision in schools.

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<sup>1</sup> The National Diet and Nutrition Survey (NDNS) is carried out every five years with young people age 4-18 years and is acknowledged as the most comprehensive summary of the dietary habits and nutritional status of schools children and adolescents in the UK.

Free school milk was introduced specifically to prevent malnourishment during the food shortages that followed the Second World War but it is no longer required for the prevention of malnutrition or calcium deficiencies.

Given that local survey data confirms that a substantial proportion of Jersey children do not manage to eat '5-a-day' (fruit or vegetables) on a regular basis, as is also the case in the UK, and given the significant evidence of the health benefits of '5-a-day' any public subsidy would be better targeted at free school fruit rather than free school milk.

The reference to the calorific value of milk made on 15th of September was not intended to relate to low fat milk. HSSD is not aware of any evidence relating to obesity and the consumption of low fat milk.