PROVISION OF SCHOOL MILK: FUNDING

Lodged au Greffe on 2nd June 1998
by Senator J.S. Rothwell

STATES OF JERSEY

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PROPOSITION

THE STATES are asked to decide whether they are of opinion -

to refer to their Act, dated 2nd December 1997, in which they noted that the Finance and Economics Committee was to undertake a review of the provision of school milk, in consultation with the Education, Health and Social Services and Employment and Social Security Committees, and would present recommendations to the States early in 1998, and that the Finance and Economics Committee would meet the cost of the provision of school milk from the general reserve until 28th February 1998, pending a decision by the States on the recommendations arising from the review, and to request the Finance and Economics Committee to continue to fund from the general reserve the provision of school milk to the Island's primary school pupils.

SENATOR J.S. ROTHWELL.

NOTE: Finance and Economics Committee comments to follow.

Report

I firmly believe the scrapping of school milk is not in the best long-term interests of our primary school children or of the Island. The proposal to end the scheme was first raised by the Education Committee four years ago, as a consequence of the imposition of budgetary constraints - cash limits. That Committee did not see the provision of school milk as a core service and held the view that it could therefore divert the cost of the scheme (£165,000) to educational use. The Education Committee budget for 1998 is £55 million. So far, each attempt to scrap school milk has failed following debate in the House at the time of the annual budget. In December 1997, to avoid a further lengthy debate on the subject, it was agreed by the Finance and Economics Committee to set up a Working Group to examine the future of school milk. The publication of the Working Group report prompted me to bring a proposition to the House.

In the United Kingdom, the value of milk taken during early life is very much a live issue. When I contacted the Medical Research Council and Dunn Nutrition Centre, I was told much discussion was now focused on how one can encourage greater intake of milk by youngsters, not less.

States members recently had the opportunity to meet Doctor Margot Barker, an acknowledged expert on milk, from the Centre of Human Nutrition, Sheffield University. She provided details of an 18 month study of 82 12 year old girls, drawn from four Sheffield schools. The result revealed that those who consumed an extra half pint of full or fat reduced milk each day showed that bone mineral density and content was significantly higher than the controlled group who stayed on their normal diet. The findings of this study have been published in medical journals and newspapers throughout the world. The significance of this research has highlighted awareness of the need to ensure there is significant calcium intake in childhood.

Milk is an excellent source of calcium for building healthy bones, which helps prevent osteoporosis in later life. There is growing concern over osteoporosis, known as the brittle bone disease. The principal cause is loss of calcium, which makes bone fragile, thus increasing the risk of a fracture of the hip and wrist. Osteoporosis is a severe disabling disease and is on the increase. It costs the Health Service of the United

Kingdom £740 million a year. These costs, the suffering and the take-up of hospital beds has led to more research on the value of nutrition and its effect in later life. Professor Alan Lucas, Research professor at the Institute of Child Health London, who directs the largest research group of its kind in Europe states, ''What has radically changed our view of childhood nutrition in recent years, is the realisation that nutrition itself can influence long-term development and disease in later life.'' The importance of calcium is emphasized by Doctor Roger Whitehead, Director of the Medical Research Council Nutrition Centre, and I quote, ''Calcium is essential for healthy bones. It is important to build strong, calcium-rich bones during childhood, and particularly during the adolescent spurt, because in later life calcium will be steadily lost from the bone.''

Members might consider that the cost of providing milk to our primary school children is a worthwhile investment, reaping rich dividends, especially in later life. This is what Neil McCallum, consultant obstetrician and gynaecologist in Jersey had to say. ''It is vital that primary school children maximise their bone density and get into the habit of having a good dietary intake of calcium. Surely the debate must be focused on what is the appropriate funding of our Island education services, rather than whether milk is to be withdrawn from schools, which hardly sets a good example to the children, and will blatantly contradict current medical evidence.''

The Working Group report is mainly taken up with the fact that of all the Committees approached, none would give the funding of milk a sufficiently high priority. The plain truth is there is widespread public support for the retention of our school milk scheme. To develop such a good habit whilst young is so beneficial and should be encouraged. Milk is the original fast food. Quite apart from the health benefits, we should be proud to give our primary school children milk from our pedigree herds. After all this is Jersey, the home of the breed, which we gave to the world.

It has been suggested that instead of providing school milk to all our primary school children, it would be better to find out which children need that milk. Quite apart from how you would set out this, and the cost of doing do, I would be totally against the introduction of a selection scheme which leads to divisiveness in the classroom. Children

will resent being singled out as those who actually need milk. Rather than have fingers pointed at them almost certainly, they would simply just give up drinking it.

It might interest you to know that in Australia they have recently reintroduced milk to the schools after 25 years. it is specifically provided as part of a Health and Education programme. The Australian authorities clearly recognise the value of school milk, which provides children with a rich source of calcium, protein, vitamins and minerals when it matters most. I should also like to quote not a United Kingdom expert, but one of our own, Senior Dietician Mary Le Gresley. "If we aim to build bigger stronger bones in early life, through good nutrition and plenty of calcium in the diet, the risk of osteoporosis in later life is reduced. The cost of a third of a pint of milk seems a small price to pay (in fact it is peanuts) compared to the cost of a hip replacement in later life."

It has been suggested that calcium may be provided in other and better ways if there is evidence of a deficiency. In response, Doctor Margot Barker has this to say, "While there has not been a survey of the diets of Jersey school children, it is most likely that children in Jersey have a similar calcium intake to children in Great Britain." In the report of the last national survey of diets of school children in Great Britain it states -

> "There was no difference in calcium intake between those children living in Scotland and those living in the south of England. Calcium intakes were identified as problematic. A total of 50 per cent of ten to 11 year old girls had calcium intakes below recommended levels. The difficulty with identifying calcium deficiency in that there is no simple test. The calcium deficient state is silent. Often the first sign of calcium deficiency is a hip fracture years later. Blood levels of calcium are maintained within tight limits. If calcium from the diet is low, blood levels of calcium will still be maintained. If there is insufficient dietary calcium during growth, the bone tissue will be of low bone mass. Studies have categorically shown that a low bone mass will dispose to an osteoporosis bone fracture later in life. It is difficult to

> see how best to correct a calcium deficiency other than with fresh milk and milk products.''

Other calcium rich foods are some green vegetables, small fish which contain bones, and bread made with flour fortified with calcium. Persuading children to consume vegetables is already recognised as difficult, and persuading them to eat small fish would be well nigh impossible. When we consider what children actually eat we can see that milk ranks foremost as a source of calcium.

The only alternative to improving children's calcium intake via diet is to give a calcium supplement, However, compliance with taking a supplement is likely to be extremely low. Many children do not like swallowing pills and many parents are suspicious of supplements. In addition, a calcium pill will supply calcium alone, while increasing milk consumption will improve intake of a number of nutrients. These include protein, B vitamins, calcium and other minerals. Milk therefore makes an important contribution to a balanced diet. In fact milk, especially the semi-skimmed type, adds balance to a diet.

One of the saddest points made in the Working Group's report was the suggested cost of teacher time devoted to issuing school milk. If the school milk scheme is scrapped, children will still get a break and during it they will be drinking, no doubt, carbonated drinks which are bad for the teeth, but they will still require staff supervision. Moreover, don't the teachers have a break and drink tea and coffee and milk, and have biscuits?

In fact it is the milk monitors that play a key role in the distribution of the milk and, indeed, it was one such monitor that actually handed me a petition over a year ago now.

The evidence that milk is good for growing children is overwhelming. The benefits to health are now and in later life. To bring the school milk scheme to an end would, in my view, be mean and short-sighted.