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## Strategies to Tackle Childhood Obesity: A Comparison of the UK and Portugal

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Dissertação submetida como requisito parcial para obtenção do grau de  
Mestre em Políticas Públicas

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Setembro 2015

## Acknowledgements

I would like to acknowledge some of the people who have contributed their time and effort in assisting me with completing this dissertation. Thank you to my University and supervisor, for supporting me over the two years of the Master's Degree and throughout the course of my project writing.

I would lastly like to thank my wonderful family Alfredo, Suzana, Helena and Miriam Melao for the moral support they have given me throughout my dissertation progress. They understood the menacing task of having to complete a dissertation and provided me with a haven to work in. Had it not been for our talks at the dinner table, or your interest in the topic, I would have struggled to come up with a subject I really cared about to carry out research on. The lessons you have taught me about hard work and dedication while I was growing up have culminated in this dissertation and I realised that it does in fact pay off in the end. I love you all dearly. Thank you.

## Abstract

Childhood obesity is a major public health crisis, contributing to major health issues around the world. The need for nutritional standards in schools is not a new phenomenon due to the increase in prevalence and the concern with respect to the health and well-being of the child. In both the United Kingdom and in Portugal, it was only from the early 2000s that childhood obesity had reached such a preoccupying level that the state, through both education and public health interventions, introduced a number of policies to attempt to resolve this health crisis. This project will use an institutional approach to understand the differences in strategies between the UK and Portugal in tackling childhood obesity. It will reflect on the impacts of the challenges which may affect future policies, such as junk food providers in the school vicinity and by doing so, acknowledge environmental and social influences affecting food choice and contemplate whether educational interventions alone offer a way to tackle the growing problem of childhood obesity. This analysis aims to contribute to the discussion on the similarities and differences on the evolution of educational systems and their policies and the comparison aims to give an insight to how they can improve.

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## List of Abbreviations

APAN - Associação Portuguesa de Anunciantes (Portugal)  
ASE- Acção Social Escolar  
BIS- Department for Business, Innovation and Skills (UK)  
BMI- Body Mass Index  
DE- Department of Education (UK)  
DEFRA- Department for the Environment, Food and Rural Affairs (UK)  
DfES – *Department for Education and Science* (UK)  
DGEstE- Direcção-Geral dos Estabelecimentos Escolar (Portugal)  
DGS- Direcção-Geral da Saúde (Portugal)  
DH- Department of Health (UK)  
DHSSPS- *Department of Health, Social Services and Public Safety* (UK)  
EFSA- European Food Safety Authority  
ENHPS- European Network for Health Promoting Schools  
FIPA- Federação Das Indústrias Portuguesas Agro Alimentares (Portugal)  
FSA- Food Standards Agency (UK)  
IASE- Instituto de Acao Social Escolar  
ICAP- Instituto Civil da Autodisciplina da Comunicação Comercial (Portugal)  
LA- Local Authority  
LBSE – Lei de Bases do Sistema Educativo  
MEN- Ministério da Educação Nacional (Portugal)  
NASE- Núcleo de Acção Social Escolar  
NPLAN- National Policy and Legal Analysis Network  
OMEN- Obra das Mães pela Educação Nacional (Portugal)  
PERA- Programa Escolar de Reforço Alimentar (Portugal)  
PREMAC- Plano de Redução e Melhoria da Administração Central (Portugal)  
SASE- Serviços de Acção Social Escolar  
SMRP- School Meals Review Panel  
WHO- World Health Organisation

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Figure 1: 'Behavior Change Ball (Hendriks et al. 2013)

Table 1: Percentages of governments with highest level of decision-making power. Batista (2012:)

Adopted from OECD (2008)

## 1 INTRODUCTION - Problem statement, aims and objectives

Childhood obesity is a major public health crisis nationally and internationally (Karnik and Kanekar, 2012: 1), and it is increasing in both developed and third world countries (Reilly, 2007: 392). It has been called “one of the most serious public health challenges of the 21st century” (WHO, 2011: 13) due to the increase in prevalence and the concern with respect to the health and well-being of the child. The need for nutritional standards in schools is not a new phenomenon; however, it appears that only recently suitable and somewhat effective methods have been undertaken across the world. In both the United Kingdom and in Portugal, it was only from the early 2000s that childhood obesity had reached such a preoccupying level that the state, through both education and public health interventions, introduced a number of policies to attempt to resolve this health crisis. Children are barely getting their daily nutritional needs, through no fault of their own. Their parents are overworked and under paid, and thus providing them with the healthier, and indeed the more expensive food options may not always be viable for families. Furthermore, and perhaps most importantly, a child’s school day has massive impacts on what food choices they make, not only due to what is made available to them, but also due to the constant marketing of these foods at schools through promotional schemes, as well as the availability of unhealthy foods in the school surroundings.

Nutritional standards for school meals were first established in the 1940s in England, although they were abolished in 1980; however it was not until the end of the 1990s that concerns beyond providing school meals as a social service expanded in Portugal. Many parents worldwide rely on school meals to provide their children with healthy foods, which children depend on for most of their nutrition for the day. Over the past thirty years, the rates of childhood obesity has sky rocketed, as a result of diets that are heavily reliant on white bread, chips, crisps and sweets (NHS, 2012: 19). Consequently, children are not getting vital nutrients because the average consumption of fruit and vegetables is a mere 80g, instead of the 400g minimum recommended by WHO (Elmadfa , 2009: 5). They are consuming thirty times more soft drinks and twenty-five times more confectionery than they did in 1950, as shown by The Medical Research Council, who reported that children are currently more at risk of developing heart, respiratory diseases and some forms of cancer than their parents and grandparents (Crace, 2000), largely due to school foods, where the most popular items were those such as chips, pizza, sausages, hot dogs, spaghetti and burgers (Blythman, 1999). The issue has become so grave that bottom-up approaches have been taken in order to reach children and their parents directly, rather than waiting for policies to be officially introduced. For example, celebrity chefs such as Jamie Oliver have been strong advocates in favour of a higher standard for school meals, and have taken it upon themselves to approach schools about the quality of their food. In the

European context, Portugal finds itself in one of the least favourable positions in relation to obesity. It has been found that there is a 32% incidence of overweight children aged 6 to 8 and 13.9% were obese (Rito and Breda, 2009). It was also reported that there was a large increase in the BMI of children between 1970 and 2002, making Portugal one of the European countries with this highest prevalence of overweight and obese children (Padez et al., 2004:674).

Another major issue contributing to obesity are promotional schemes in schools such as those sponsored by Walker's crisps, Pringles and Cadbury's. A prime example is Walker's 'Free Books for Schools' scheme, which launched in 1998 and entitles schools to claim books published by HarperCollins in exchange for tokens printed in Rupert Murdoch's tabloids and on packets of all Walker's brand crisps. It is supported by the government, the National Association of Head Teachers, the National Confederation of Parent Teacher Associations and the Literacy Trust, which boosts people's confidence in the scheme and its objectives. On the other hand, it goes against one of the key principles set by the 'Best Practice' guidelines agreed in 2001 by the Consumers' Association, that "materials should not encourage unhealthy activities" (DfES, 2000:3). During the promotional period, children are encouraged by schools to consume junk snacks in order to redeem the books. Similarly, Cadbury's 'Get Active' scheme requires children to eat 160 million bars of chocolate - containing almost 2 million kilograms of fat - in order to swap the wrappers for 'free' sports equipment for their schools. Incredibly, the scheme is backed by the Youth Sport Trust and of sports stars Paula Radcliffe and Audley Harrison, and has even been endorsed by Sports Minister Richard Caborn. At no point do these campaigns explain that eating such foods must be done in the context of a healthy and balanced diet, and should not promote a frenzy of high salt and high sugar consumption. One can thus recognise that junk food advertising on television and in-school promotions by junk food companies do pose real problems for those seeking to encourage healthy eating. However, there are also tuck shops and vending machines full of junk food and fizzy drinks that are readily available at schools for children of all ages which remain a basis for many school children's diets.

Although the situations regarding school meals in UK and Portugal are different, the respective administrations have pledged to improve school food and have implemented numerous legislations that are appropriate to the citizens. Nevertheless, years after the governments introduced its nutritional guidelines it was found that although school caterers had been complying with the new rules, children are still choosing the least healthy options with high salt content and low nutritional value (Lawrence, 2003). In addition most of the existing policies and studies based on the food children eat either focus solely on social influences and behaviour choices, or on the weakness of policies and programs themselves. As a result, a gap emerges regarding the link these two factors may have, contributing to one another, and by leaving them separate, it is highly likely that the growing obesity problems will pursue. There are several strategies that may be taken in order to tackle the childhood obesity issue,



including through health policies, community based approaches and through schools and education, which is the strategy that will be used in this project. The aim of this project is not to solely give a historical account of the development of school meal and obesity legislations in Portugal and in the UK and outline their failures. It will focus on these countries and compare their educational policy approach to tackling the issue through institutions, and discuss the strategies taken to deal with childhood obesity and how actors influenced these strategies. This project will use an institutional approach to understand the differences in strategies between the UK and Portugal in tackling childhood obesity, to answer the main question, “Why are different strategies taken between the UK and Portugal to attempt to combat childhood obesity through education policy?”. It will consider the role of actors- the school and parents- and discuss how different structures of government and organisation of school systems affects the influence these actors have on policy strategy. It will reflect on the impacts of the challenges which may affect future policies, such as junk food providers in the school vicinity and by doing so, acknowledge environmental and social influences affecting food choice and contemplate whether educational interventions alone offer a way to tackle the growing problem of childhood obesity.

## 2 RESEARCH STRATEGY & CONCEPTUAL FRAMEWORK

The study of public policy focuses on ‘how, why and to what effect governments pursue particular courses of action and inaction’ (Heidenheimer, 1990). Policy analysts attempt to discover what governments do, why they take certain actions, and the differences these actions make (Dye, 1976). To study and analyse the role of institutions in relation to policymaking, what is meant by the term institution and which type of institutions that will be used in this paper must first be defined. A number of authors provide different definitions such as being “social structures that have attained a high degree of resilience that operate at different levels of jurisdiction, from the world system to localised interpersonal relationships” (Scott, 1995:33, 2001:48). Other scholars define an institution as a widely understood rule, norm, or strategy that creates incentives for behaviour in repetitive situations (Crawford and Ostrom, 1995:582-600). Throughout this project, the definition that will be used will consider the more contemporary ideas of institutionalism that focus less on rational choice and efficacy and sees institutions as establishing, organising and facilitating the framework to provide a stable structure to human interaction (North, 1990:6). Within the political arena there are several elements of analysis of public policies, one of which has been coined by Palier and Surel (2005) as the ‘Three I’s’, referring to ideas, interests and institutions. While they specify it is not easy to identify the origin of this three-dimensional perspective, they highlight their importance and remain attentive to the plurality of possible causes in the study of public policymaking (Palier and Surel, 2005: 8). This position makes it possible to analyse the new contemporary forms of institutionalism and the process of institutionalising culture in political strategies. For the purpose of this comparative research, the focus of the analysis will be on the school system, national Departments of Education, national or regional level authorities and where appropriate, autonomous and semi-autonomous bodies and other subsidiary organisations involved in the execution of its responsibilities. Consequently, a broad definition of institutions will be used that denotes the contextual factors influencing policy decision-making, especially those rules, norms and procedures that shape policy decision-making.

The project will compare the different educational policy strategies taken by the UK and Portugal to tackle childhood obesity, and will base the comparison on Sabatier’s model of stages in applying public policy. It will use an institutional approach to do so, and divide the project into two main sections for analysis. The first will encompass the role of government bodies, including the DE, local authorities and the DH and the school system as institutions. The second will consider the role of actors- the school and parents- and discuss how different structures and organisation of governments and school systems directly affects the influence these actors have on policy strategy. Bearing in mind the two different states, local cultures of food will be acknowledged in order to comprehend why childhood obesity became high on the agenda at different times, as well as why there are differences in levels of intervention. The project will then reflect on the impacts of the challenges which may

affect future policies, such the marketing of unhealthy foods targeted at children; learned habits and home life and finally, the policy making process itself. Sabatier's model is often used in policy analysis as it provides explanations for the different stages of the policymaking process and will be used in this project to provide a coherent background to understand at what stage issues may arise and impede the potential success of a policy. Policymaking involves a combination of processes, and although they are not always clear-cut or easily distinguishable, political science has identified these processes for purposes of analysis. The first stage is problem identification, and is often an informal awareness that action needs to be taken, in this case, the awareness of the increasing childhood obesity rates. Next, an issue is moved onto government agenda when it is commonly perceived as something with public merit and is typically the first step that an issue takes on its way to becoming a policy. Once this has been done, an issue is then able to receive the active attention of some policymaker at the policy formulation and legitimation stage. The influences upon the decision-maker include, but are not limited to, their own values, their political party affiliation, the interests of their constituents, public opinion, and what is in the public interest. One can thus see that the numerous extraneous factors that affect a policymaker, as well as the long process of policy making means the process of actually having a function policy is long and arduous, an often leaves people without a substitute or short term policy until the final one is approved. Policy implementation is the stage of policy-making between the establishment of a policy and the consequences of the policy for the people whom it affects. It involves interpreting, refining and translating the goals and objectives of a policy into an operating, ongoing program. Problems are bound to arise once the policy is actually being implemented. For example, people may object to the interpretations the bureaucracy has made in its implementation, or the implementation of the policy may have consequences that were unforeseen by the legislators and bureaucracy such as the need for a budget increase. In addition, the bureaucracy itself does formal evaluations upon its performance, and all of these, plus other problems or concerns feed back into the government and could end up on the agenda again to be interpreted as a new public problem and the cycle would then start again. All these activities include both attempts at rational problem solving and political conflict. Although this stages or phases approach to policymaking has been criticised for being too simplistic, insufficiently explaining that some phases may occur together, and not saying much about why policy turns out as it does (Sabatier, 2007: 7), it assists in discussing the "nature, causes, and effects of public policies" (Nagel and Rosenblum, 2006:218), thus explaining the ways in which policy is constructed, carried out, evaluated, and made again, falling in line with Sabatier's model.

One of the most difficult aspects of conducting an investigation is ensuring that the correct method has been chosen to carry one out. Several options may seem viable for answering specific research questions, yet it is down to the researcher to decide which is most suitable for the purposes of the project. Due to the number of different types of policy areas within the field of public policy, it is

unlikely that there is one best practice to analyse the accomplishment or failure of a policy. As such, the correct methodology must be chosen in order to successfully conclude the result of any given approach. The methodology offers the theoretical basis for understanding which method can be applied to specific case and tends to encompass concepts such as paradigm, theoretical model and quantitative or qualitative techniques (Teddlie and Tashakkori, 2010:5). In order to childhood obesity policies in Portugal and the UK, a case study approach is deemed to be the most appropriate due to the project's comparative nature. The two countries are familiar to the researcher; both in terms of culture and the languages, and therefore the issues that may normally arise when carrying out such work are able to be avoided, allowing the researcher to reap the benefits which make this approach popular, particularly within the health policy field (Walt *et al.*, 2008: 313). Another method that may seem appropriate for the purposes of the study is a discursive strategy. Discourse analysis and related approaches, such as narrative analysis; remain very popular among policy analysts. While they tend to focus conceptually on discourse practices between actors and discourses, the analytical focus of many research applications is on structures (Leipold and Winkel, 2013). This method will not be carried because the aim of the project is not to analyse the content of the policies surrounding childhood obesity or to draw attention to how discourses are formed and shaped. Rather than researching what are the key topics or areas of concern within such policies, the project will look at the policies as a whole and their outcomes in combatting the obesity health issues. It also aims to uncover the barriers to success of the policies, and whether or not something can be done to bring them down.

For a study that has peculiar characteristics, and focuses intentionally on a specific situation such as this project, that is, why are the different strategies to tackle childhood obesity through of education policies in the UK and in Portugal, a case study is indeed the most apt approach to take. This method can certainly prove to be complex because it generally involves multiple sources of data as well as producing large amounts of data for analysis, however, the case study method is continuously used to build upon, dispute or challenge existing theory and to provide a basis to apply solutions to situations. As this project has overall objectives to explore, describe, explain and evaluate the current policies, it will be beneficial to the field by reporting complex and current issues in a way that is easily digestible to all readers. As with any research project, the possibility of coming across challenges is inevitable, yet choosing to carry out a case study remains relevant, not only due to the intensive and thorough research done on this specific area of public policy study, but also because it defines its specific aims to understand the uniqueness and comprehensiveness of the case simultaneously. Although the case study method has been criticised for lacking grounds for generalisability, the issue of cultural preferences of foods, as well as differences in the efforts made by countries to tackle childhood obesity pose an issue for grouping too many cases under one topic, thus conducting research on this topic involving several countries would pose comparative difficulties for the objectives of the project. Similarly, only focusing on one case is just as detrimental as it does not allow for such cultural

difference, as such a comparative case study approach can provide a more profound understanding of the approaches taken and challenges faced by states to implement counter child obesity policies, and how to face and overcome such issues.

Whichever the type of study carried out, be it quantitative study or qualitative study, which is the case for this project, the concept of reliability relates to the possibility of reapplying the conclusions found to another case and finding the same result (Yin, 1994:2). A common problem faced, particularly to the case study method, is that the researcher is the main and often only instrument of the study and by focusing on one particular phenomenon reduces the applicability to other circumstances (Vieira, 1999). The case study method has been criticised because it is believed that the study of a small number of cases does not offer grounds for establishing generality of findings, and that the intense exposure to study of the case biases the findings. However, one cannot deny that this form of research at bringing forward an understanding of a complex issue or object and can extend experience or add strength to what is already known through previous research. Researchers have used the case study research method for many years across a variety of disciplines. Social scientists, in particular, have made wide use of this qualitative research method to examine contemporary real-life situations and provide the basis for the application of ideas and extension of methods. In addition, case studies are also used as a teaching method and as part of professional development, and its uses are demonstrated through the problem-based learning (PBL) movement (Newman, 2005).

Some dismiss case study research as useful only as an exploratory tool, yet researchers continue to use the case study research method with success in carefully planned and crafted studies of real-life situations and problems. Cases may be clearly identifiable at the start of the study; and sometimes they may be constructed or re-constructed during the course of the research as the analysis reveals their defining characteristics (Ragin and Becker, 1992:8). By asking some basic questions about the case, the value of the study can be improved considerably. The process of clarifying 'the case' enables the researcher to specify a body of knowledge to which he or she may make a contribution. When looking at comparative case studies, it has been argued that conducting such research may pose considerable complications, since investigating even a single case is a time and resource intensive process requiring careful consideration of historical and contextual influences (Walt et al., 2008: 313). Thus, comparative case studies may introduce the further challenges of working across multiple languages and cultures. While there may be less issues regarding generalisability when using other methods, a key strength of the case study method involves using multiple sources and techniques in the data gathering process. An additional means to improve generalisability is increasing the number of cases. For example the cross-case search for patterns keeps investigators from reaching impulsive conclusions by guiding them to look at the data in a number of different ways. When a pattern from one data type is verified by the evidence from another, the finding is stronger. When evidence conflicts, deeper probing of the differences is necessary to identify the cause or source of conflict. By

treating the evidence fairly, the researcher can produce analytic conclusions that answer the original research questions. A comparative case study is considered to be the most appropriate method not only because it allows for more than one case to be observed, but it also allows research to see how the different approach taken in these countries may be used as a source to help the other country improve on their weaknesses in policies. It will also enable to researcher to consider how the effects of two extremely different schooling systems and government involvement have influenced children's perception of food, how they implement food policies and also if they take their own initiative to start their own food programs, within the permitted guidelines.

A broader approach that could include the analysis of public health measures will not be used because the focus is around educational interventions and the school day. If one was to study health policies in conjunction with education policies, the dimension of the project will exceed the limit allowed. It must be acknowledged that this sector does indeed play a significant role in the implementation of healthy school meals as well as nutritional guidelines and standards; however it is not detrimental to the aims and objective of the project or to the field if a more focused approach is taken. For future research and studies with larger timeframes and resources, it may be beneficial to look at this area in conjunction with the education sector for a deeper understanding of the role of policies and the school day in affecting the prevalence of childhood obesity.

### 3 LITERATURE REVIEW

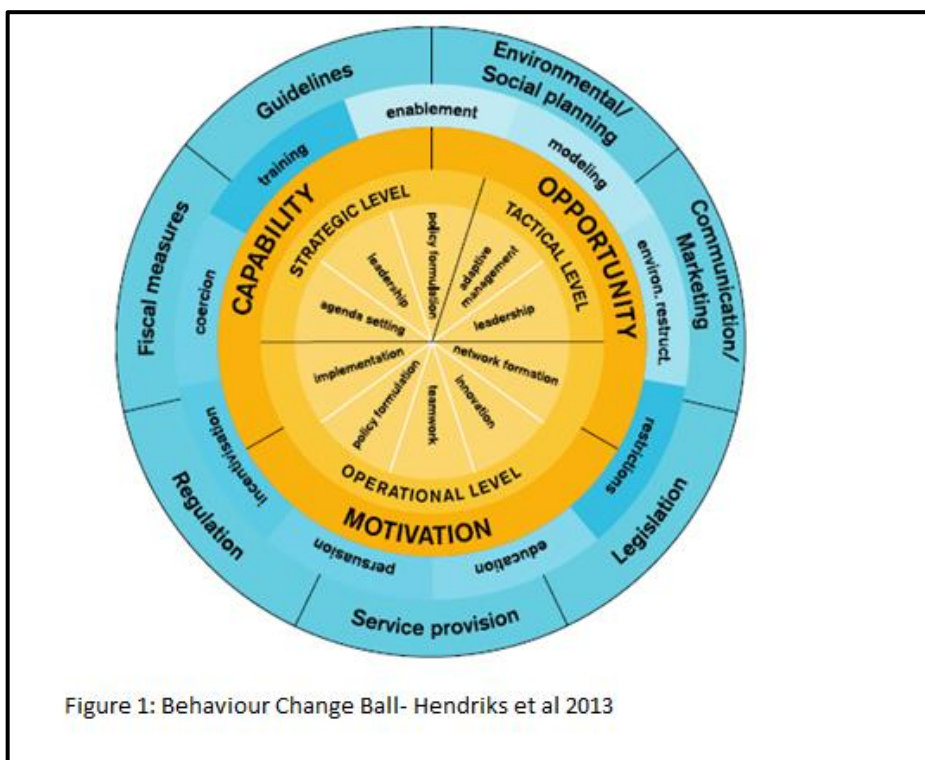
Many theories have been proposed to explain how childhood obesity can be tackled through public policy. Although the literature covers a wide variety of theories, this review will focus on three major themes, which are: approaches and efforts in food policy, the role of schools and the role of institutions. Although the literature presents these themes in a variety of contexts, this project will primarily focus on their application to institutions.

#### 3.1 Approaches and efforts in food policy

Writers such as Timmer et al., (1983) regard food policy as encompassing the collective efforts of governments to influence the decision making environment of food producers, consumers and marketing agents in order to further social objectives. They state that these objectives nearly always include improved nutrition for inadequately nourished citizens and more rapid growth in domestic food production, and the analysis of food policy is the process of research and thinking designed to discover the complementarities and trade-offs among food policy objectives and to identify government initiatives in the project, program, and policy arenas that can best achieve these objectives (Timmer et al., 1983: 9). These writers focus more on the first three stages of the policy making process, whereas Sen sees the literature in the various approaches to the food problem as being divided into two broad groups. He believes that the first group relates the food problem to technological issues of various kinds and emphasises the natural sciences and engineering, whereas the second group sees the food problem primarily in social terms, concentrating on social issues, including political economy. He acknowledges that by calling the two classes 'nature-focused' and 'society focused', there is a risk of oversimplification, however, he acknowledges that they are not, pure, unmixed categories; and the classification reflects the emphasis that is placed on the different factors (Sen, 1982:447-459). Ceva and Bonotti (2014) also acknowledge that there are failures when it comes to policy efforts, and believe the normative implications of food and drink policies have been relatively neglected by contemporary political theorists. By offering a forum for political theorists who are interested in this subject, their work provides the foundations for further research on this topic, thus contributing to the evaluation and feedback stages for food policy. They assert that no systematic attempts are yet to be made to show how political theory can provide coherent conceptual and normative frameworks for critically assessing whether and why the state ought to regulate food and drink production, distribution and consumption, and in what ways. Their argument is valid as the lack of consensus as to who is accountable for the increase of childhood obesity is a key factor inhibiting the progress, implementation and success of such policies.

It is commonly believed that childhood obesity can be best tackled by an integrated public health approach, however, the development and implementation of such policies is more difficult in practice.

Surprisingly, contemporary political theorists tend to neglect the normative implications of food and drink policies, despite the prominent attention dedicated to the regulation of food and drink in the public policy of modern states. Ceva and Bonotti (2014) and Sen (1982) are amongst authors who acknowledge the lack of systematic attempts to demonstrate how political theory can provide coherent conceptual and normative frameworks in order to critically assess if the state should regulate food and drink production, distribution, and consumption and in what ways. This is largely due to the long-term scepticism about the contribution that the social sciences can make to the food problem (Sen, 1982:459). However, there is increasing recognition that behaviour-change interventions need to be reinforced with appropriate psychological theories of behaviour change. A full understanding of the rigorous evaluation of processes, impacts and outcomes cannot be elicited if no attempt is made to uncover why behaviour change occurred or did not occur, and yet, the number of studies underpinned with appropriate behaviour-change theory remains limited. Hendriks et al.(2013) proposed the 'Behavior Change Ball' (BCB) (Figure1) as a tool to study the development and implementation of integrated public health policies within local government and based their concept on the tenets of the 'Behavior Change Wheel', developed by Michie et al. (2011) which distinguishes between organisational behaviours of local policy-makers at the strategic, tactical and operational levels. In order to build on the Behavior Change Wheel, Hendriks et al.use the metaphor of a ball in their framework to illustrate the difficulty of achieving sustained integrated approaches. The added value provided by the framework lies in its ability to act as a practical tool to assist local policymakers and supporters in overcoming barriers to developing and implementing integrated public health policies, as well as providing a theoretical tool to drive empirical research and stimulate theory development in this field.





### 3.2 Role of the schools

This project will focus on approaches to tackling childhood obesity due to the major concern it raises in the contemporary world, as mentioned in the introduction of this paper. As most of a child's day is spent at school, focusing on the role of this actor can be considered efficient in understanding strategies to tackle obesity. Schools are also one of the actors often held responsible for controlling childhood obesity levels. Scholars such as Horta et al. claim that as a substantial part of a child's life is spent at school, it has a crucial role in motivating children to adopt healthy lifestyles and habits (Horta et al., 2013:87). Similarly, Kubik et al. (2003) see the school environment as having a powerful influence on eating behaviours. They base their work on ecological models of health behaviour, and propose that influence is multilevel, and includes intrapersonal, social, cultural and physical factors (2003: 1168). These writers argue that school-based programs that aim to promote healthy eating among youths should target school-level environmental factors due to the amount of hours spent there. Such literature is supported by work from Terry-McElrath et al, (2009), who argue that as school food nutrition improves, students' consumption of healthy foods will increase, and eventually they will report decreased Body Mass Index (BMI) which can be related to the overall prevalence of obesity (2009:55).

Schools have also recently been considered to have an important role in determining obesity rates not only for their roles as providers, motivators and educators of healthy eating habits, but also for the peer group pressure that occur during meal times. Horta et al. recognise that a person's diet does not only tell us about what food is consumed, but also about the social contexts they happen in, the interactions that occur and the symbolic significance associated at each moment (Horta et al., 2013: 88). For this reason, scholars such as Stevenson et al. regard the school environment as a place which contains food influences and pressures deriving from friendship groups (Stevenson et al., 2007: 426). Schiffman and Kanuk suggest the peer group has a special place in relation to information received externally. Their study shows that the groups help to process, filter and translate the information into a common code, accepted by all members of the group which is then materialised through the choice of venue to eat as well as choice of food product, where named brands are often preferred (Schiffman and Kanuk, 2006:104). Other writers believe that by having meals outside of the school, children have the opportunity to socialise, gain autonomy and responsibility. As school canteens can be considered to be extremely limited in freedom, where staff members are largely in control, there is a tendency for adolescents to associate fast food with positive aspects such as pleasure, friendship and social inclusion (Burke and Grosvenor, 2003:103; Shepherd et al., 2006:239). This issue is exacerbated by the proximity of fast food establishments near schools and on main routes to residential areas.

Another area of literature related to the issue of childhood obesity lays with the problem of access to junk food near schools and on commuting routes. There is a general consensus amongst scholars such

as Davis and Carpenter (2009), Powell et al. (2007), as well as projects including the National Policy & Legal Analysis Network to Prevent Childhood Obesity (NPLAN) that efforts to improve the nutritional quality of school meals are undermined when students leave the building and buy fast food from restaurants nearby, or when they buy unhealthy snack on their way to or from school (Davis and Carpenter, 2009: 505-510; Powell et al., 2007:189-95). The NPLAN project is adamant that by enacting measures to ban the location of fast food restaurants near schools, communities would be able to prevent children from substituting unhealthy snacks and meals for the healthier options served at school. They go on further to suggest that communities may extend the prohibition to parks, libraries, and other locations children frequent (NPLAN, 2009: 2). Davis and Carpenter focus more on lack of research on this specific area, and claim that despite the possible positive correlation between proximity of fast-food restaurants to schools and the effects on children's health, studies do not make an explicit connection between proximity to fast-food restaurants and diet-related outcomes. They conclude that the exposure to poor-quality food environments has important effects on adolescent eating patterns and overweight, and, like NPLAN, believe the policy interventions that limit the proximity of fast-food restaurants to schools could help reduce adolescent obesity (Davis and Carpenter, 2009:509). This is supported by Janet Currie et al, who found that among children aged 14 to 15; a fast food restaurant within a tenth of a mile of a school is associated with at least a 5.2 percent increase in obesity rates (Currie et al., 2010:33).

### 3.3 Institutions

As this is a Public Policy project, policies must be defined and how they are implemented must be explored. For this reason, and for the purposes of this project, an institutional approach is deemed most appropriate as it provides an arena to discuss the school system and the government as institutions, as well as studying parents and schools as actors influencing policy strategy and their success. Over the years, the study of institutions and their interactions in society has experienced several points of revival, the most recent dimension being 'new institutionalism', which recognises that every institution operates and is influenced by the broader environment consisting of other institutions (Scott et al., 1996:3). New institutionalism is a term that now appears with growing frequency in public policy, however, as with any new field of political science, some ambiguities arise about what it is, how it differs from other approaches, and what sort of promise or problems it displays. It is important to recognise that new institutionalism is not a unified body of thought, but instead produces three main analytical approaches proposed by Hall and Taylor (1996): historical institutionalism, rational choice institutionalism, and sociological institutionalism. While these three approaches fall under the same umbrella term, they are distinctly separate and have different views on how institutions behave and influence policy. Historical institutionalists define institutions as the formal or informal procedures, routines, norms and conventions embedded in the organizational

structure of the polity or political economy and can range from the standard operating procedures of a bureaucracy to the conventions governing trade union behaviour or relations (Hall and Taylor, 1996:5-6). Scholars such as Chilcote (1981) and Bill and Hardgrave Jr. (1973) sought better explanations for the distinctiveness of national political outcomes and for the inequalities that mark these outcomes, and found such explanations in the way the institutional organisation of the polity and economy structures conflict so as to privilege some interests while demobilising others. By regarding a polity as an overall system of interacting parts as done by structural functionalists, they concluded that the institutional organisation of the polity was the principal factor structuring collective behaviour and generating distinctive outcomes (Bill and Hardgrave Jr., 1973:134). The rational choice institutionalists including Weingast and Marshall, on the other hand, arose from the study of American congressional behaviour. It drew analytical tools from the 'new economics of organisation' which emphasises the importance of property rights, rent-seeking, and transactions costs to the operation and development of institutions (1988:132) and the institutional environment provides information and enforcement mechanisms to reduce uncertainty for actors about the corresponding behaviour of others (Hall and Taylor, 1996: 945). Literature on rational choice has begun to incorporate culture into their work to explain why actors move toward one outcome such as work by Garrett and Weingast (1993) who argue that the ideas fostered by a particular institutional environment can provide a principal point allowing actors to agree on one of many possible outcomes that may arise from different combinations of behaviour. Lastly, sociological institutionalism provides important theoretical building blocks for normative institutionalism within political science as it is concerned with the way in which institutions create meaning for individuals (Lowndes, 2010:65). Hall and Taylor (1996) assume that the bureaucratic structures that dominate the modern landscape, in government departments, schools, interest organisations, are the product of an intensive effort to devise efficient structures for performing tasks (Hall and Taylor, 1996:14). Since Weber, sociologists such as Meyer and Rowan (1997), Meyer and Scott (1983) and DiMaggio and Powell (1991) have argued that many of the forms and procedures used by modern organisations should be seen as culturally specific practices assimilated into organisations, not necessarily to enhance their efficiency, but to ensure that cultural practices are transmitted within policy processes in general. They therefore conclude that even the most seemingly bureaucratic of practices must be explained in cultural terms. It was not the objective of Hall and Taylor to declare one of these approaches as best fitting for policy analysis, however, it is crucial to be aware of the importance of a more open and extensive interchange among them because they each reveal different and genuine dimensions of human behaviour. It was necessary to outline this concept of institutionalism as the project rests heavily on the role institutions (the government and the school system) and how actors influence them to affect policy strategy.

One must continuously take into account the institutions that are involved at every step of the policy making process, and how their involvement and interaction can affect the outcome of a policy. Traditionally, political institutions included bodies such as the state, the legislature and the legal system, however recently it can be seen that new forms of institutions are emerging. There is a general consensus among scholars that institutions have an important role in creating the conditions that enable good relationships to flourish, and mitigate the consequences when they do not. Knoepfel and Hallsworth and Jill Rutter are proponents of having a strong institutional base for policy making. While Hallsworth and Rutter do not see a single form that this base should take (Hallsworth and Rutter, 2011:20), Knoepfel et al. (2011) believe institutions create and control the vital link between actors, their ability to mobilise public policy resources and the methods they use to do so at both an individual level and a collective level, consisting of the ways in which exchanges of resources take place between actors (Knoepfel et al, 2011: 40). Nevertheless, these writers agree that a focal point for policy planning, challenging, review and capacity is required to stabilise the expectations and power relations between actors on both sides (Hallsworth and Rutter, 2011: 20; Knoepfel et al, 2011: 277). Linders and Peters (1990) believe the stages model to policymaking is best undertaken from an institutional rather than individualist approach to analysis. They argue that the theoretical linkage between policy formulations- including feedback about performance and the results of social research - is mediated by institutions through complex learning and adaptation processes. Together these processes constitute a guidance mechanism for managing error and making course corrections and are related to knowledge utilisation, normative theories of policy-making and implementation, and to policy design (Linders and Peters, 1990:59)

Writers such as March and Olsen (1984) have identified the emergence of a new institutionalism within the field of political science, which while not completely legitimate, it cannot be entirely ignored. They argue that the revival of concern with institutions is due to the transformation of social institutions and persistent remarks from observers of them, and conclude that new institutionalism searches for alternative ideas simplifying the subtleties of empirical wisdom in a theoretically useful way (March and Olsen, 1984: 747). This can be related to Hawkes' (2013) work on nutrition education, which by splitting actions into four broad categories (public awareness campaigns; education in specific settings; skills training; and changes to the food environment), education can be delivered multiple stakeholders, and involve activities at the individual, institutional, community, and policy levels (Hawkes, 2013:3). By acknowledging the crucial role contemporary actors and institutions have begun to play in policymaking and implementation, more successful outcomes may be produced. This view is consistent with the settings-based approach of health promotion, based on the premise that "health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love" (WHO, 1986). It is due to views such as this that writers including Story et al. (2008) believe that the ultimate goal of society should be to structure neighbourhoods,

homes, and institutional environments so that healthy behaviours are the optimal defaults (2008: 266), rather than new goals. One of the most important institutions in this area of study is the school system, as most of a child's day is spent outside of the home for many years. A study conducted by Gortmaker et al. (1999) shows that programs implemented in public schools by regular classroom and physical education teachers indicates a promising approach to reducing obesity among youth. Gardner (1991) and Clark and Clark (1994) concluded that the reason such programs are so successful was its interdisciplinary curriculum approach by using classroom teachers with minimal health education training to implement the materials to enhance efficiency, and to enhance effectiveness by involving multiple classes, which often use different approaches to learning. Jones et al. (2012) and Shroff et al. (2012) add to literature on institutions in policy making by proposing that whether policy change is initiated by an institution, for example private corporations or government agencies, or by decision-makers external to the institution, they should recognise that to be effective in attaining the goals of the policy, the design needs to be appropriate for the policy context.

#### 4 UK & PORTUGAL: THE EVOLUTION OF POLICIES FOR SCHOOL MEALS

It is necessary to acknowledge the culture in which initial eating habits are learned. The home environment contributes greatly to food choices, as it is only later in a child's life that schools play larger roles when they begin to spend more time there. Writers have concluded that food preferences are influenced by the culture they live in (Wright, Nancarrow & Kwok, 2001:350), and policy-makers have also begun to acknowledge the social embedding of food practices rather than their previous emphasis on individual choice (Jackson, 2010:149). The UK governments Foresight report on Tackling Obesities concluded a need for wider cultural changes, with action required by government, industry, communities, families and society as a whole (Foresight, 2007:7). The DH (2004) White Paper 'Choosing Health' argues that there are increasingly more opportunities for individuals to make their own informed healthy choices, placing overwhelming responsibility for healthy eating on the individual. This assumption that healthy eating is a matter of individual choice is challenged by DEFRA, whose strategy in response to the big food challenges- sustainability, security and health- suggests food choice is constrained by a range of social and economic circumstances and there are instances where unhealthy choices may seem quite rational (DEFRA, 2010: 47). In Portugal, however, making individual food choice is seen in a more positive light. Parents approve and even encourage their children to eating outside the school, as it seems a way of experiencing life, gaining autonomy, socialising and exhibiting a higher social position relatively to their peers (Horta et al., 2012: 782). As Bourdieu (1984) says, taste is predisposed to function as a marker of class. Food tastes are shaped by childhood experiences, family norms and socialisation processes, and in this context, eating out is a form of social distinction (Warde & Martens, 2000). Despite this social influence, culture will not be used as an analytical point, but indeed it is necessary to acknowledge different societies and their customs when undertaking a comparative project to discuss reasons for different policy strategies.

As previously mentioned, this project will be split into two sections; the role of institutions and the influence of actors in policymaking. By splitting the project in this way, the comparison between the two countries will help reveal why different actors are able to influence policy strategy. The project is largely centred on the role of the school and education system, not only to narrow the scope of research, but also due to the fact that they are areas that are greatly be regulated and controlled through three dimensions of policies:

1. Providing good meals through their menus (state regulation)
2. Educating students (food awareness as part of the curriculum)
3. Controlling the school environment (outside and surrounding areas)

This is beneficial for analytical reason as it helps to measure the differences of strategies and thus the differences in outcomes of the attempts between the UK and Portugal in combating childhood obesity through schooling, despite the varying institutions and actors involved. A first step to carry out the

comparison outlined above is to describe the kind of school system the UK and in Portugal, and give a historical background of the evolution of school meals in each case, which will be carried out in the next sections.

#### 4.1 UK

Before continuing to provide an outside of the evolution of school meal policies, one must first be aware of the type of school system in the UK. This not only allows for the study of how childhood obesity policies emerged in this area, but also provides a context for the major involvement schools, parents and other grassroots actors have in policy making. The decentralised tradition of the UK education system was centred on the responsibility of local authorities in the regulation, managements and offer of education directly proportionate to the multi-religious, private or voluntary bodies (Batista, 2014: 149). The Education Reform Act (1988) produced a number of reforms at the end of the 1980s, which were characterised by three main principles to improve quality and efficiency. First, to develop the mechanism of central regulation, by creating a mandatory national curriculum and national exams; second, to increase the power of schools, particularly of their management bodies, at the expense of local authorities; and third, to enhance the role of families and local communities in education. The progression towards a national curriculum was slow (Ball, 2008:110), largely due to resistance and interests of groups who ensured the control of education (Archer, 1979: 655). Nevertheless, from this point on, schools were able to use this growing autonomy to begin to create their own policies, catering more to their students. The following section will outline the process in attempting to change the quality of food served in schools.

##### 4.1.1 The Return of the Labour Party

After nutritional standards were abolished in 1980, the School Standards and Framework Act (1998) was a stepping stone in attempting to change the issue of unhealthy meals in schools. It worked by giving the Secretary of State the power to make regulations prescribing nutritional standards and other nutritional requirements for school meals. It also placed a duty on Local Education Agencies and the governing bodies of schools maintained by these agencies when they provide lunches to provide them for registered pupils in line with the standards. This Act ensured that the government could hand over the responsibility of providing high quality school meals to actors more aware of individual school and area needs.

One of the first tasks for the Labour party's newly-created FSA, in partnership with the DH, was to conduct the NDNS, a detailed survey of seventeen hundred children aged between four and eighteen on their diet and nutrition - the first such survey in Britain since 1983. The report was published in June 2000 and stated that on average, children ate less than half the recommended daily amount of five portions of fruit and vegetables. It also revealed that one child in five had not eaten a single piece of fruit during the week in which the survey was carried out. An area of considerable concern was that

children from poorer backgrounds had much worse diets, and did less exercise than children from better-off families. Former FSA Deputy Chair Suzi Leather suggested diets increasingly indicated social exclusion as in many cases; there was no access to shops selling affordable fruit and vegetables in low-income estates (Gillard, 2003). In response to the survey, government ministers said they would ask food industry chiefs to 'tone down' the way they advertised fizzy drinks, crisps and snacks and help to promote healthy lifestyles instead, however they did not receive the positive feedback they had hoped for. In an attempt to focus on the wider population, the former chair of the FSA, Sir John Krebs, urged the food industry to cut added salt levels and stated that as consumers are unable to change the amount of salt in processed foods themselves, as it is this kind of food that make up the highest proportion of salt intake, and therefore a large proportion of the responsibility lays with the food industry (FSA, 2004: 1).

#### 4.1.2 New Nutritional Standards for School Meals

At the beginning of the new century, the British government announced that nutritional guidelines would be laid down, under which school canteens must ensure a proper choice of fruit and vegetables, meat and protein, starchy foods, and milk and dairy products. Former Education Secretary David Blunkett issued a draft of the new regulations for school meals with the aim to ensure that children had a balanced diet. Despite these efforts, there was an upsurge of widespread criticism of the government's approach. Firstly, and unsurprisingly, the Tories regarded the proposals as an attempt to 'nanny' the state (Lawrence, 2005). Secondly, the approach was criticised for being too imprecise by the, and while a food groups approach is a helpful, non-technical guidance for lay governors and parents, it is necessary to specify minimum nutritional standards which can readily be enforced. Food campaigners were also unsatisfied, and claimed that only when nutrition-based standards are implemented will they be able to ensure that the hidden fat in school meals is reduced and that children consume adequate levels of nutrients. This will also safeguard the content of meals on offer, give caterers flexibility and allow for the measuring and monitoring of food consumption and fat intake. Finally, in 2000, the first nutritional standards- The Nutritional Standards for School Lunches- for school meals in twenty years were published, and became compulsory in April 2001. The new rules specified how many times fatty foods could be served per week in both primary and secondary schools. Plans to restrict how much of such food could be eaten in school dining rooms were dropped, as was a legal limit on the number of times red meat could appear on the menu. The first monitoring of school caterers followed in 2003, which aimed to ensure they are meeting the national nutritional standards and the DfES made plans to work closely with schools that are not complying with them.

In November 2004 the White Paper entitled 'Choosing Health: Making Healthy Choices Easier' was published. The paper highlighted the Government's commitment to improving school food by not only targeting the quality of the food, but also by reducing the consumption of fat, salt and sugar and



increasing the consumption of fruit and vegetables (DH, 2004). It is from this point that an increase of interest formed around the area of school meals, and about food education in schools. When celebrity chef Jamie Oliver became a part of the fight towards high quality food in schools, his fan base were a source of pressure from below to government. His television show, Jamie's School Dinners series aired in early 2005, and featured the chef attempting to improve the quality and nutritional value of school dinners at a British school. Once the show had aired, the British government made promises to take steps to improve school meals throughout Britain in a broader campaign called 'Feed Me Better', which managed to collect over 270,000 online petition signatures in support of the cause. With this pressure in mind, the DfES established the School Food Trust (now known as the Children's Food Trust), a £60 million initiative to provide independent support and advice to schools, caterers, manufacturers and others on improving the standard of school meals. In February 2006, the Trust moved on to provide advice to the Government on the development of standards for food other than lunch. Jamie Oliver was able to secure an additional £280million commitment for three years from the Secretary of State for Education and Skills, and Prime Minister Tony Blair, a trust to allow schools without kitchens to build a pledge to consider a series of training kitchens across the country, and the creation of a voluntary code of conduct concerning advertising of junk food to children (BBC, 2005).

In recognition of the need for robust action over the long-term to improve the nutritional standards of school meals, the DE issued a consultation document proposing both food-based and nutrient based standards for school meals during April 2006. These interim standards combined those from 2001 and the new food-based standards recommended by the SMRP, which reviewed nutritional standards and the school meals service in England in their report 'Turning the Tables' (SMRP, 2005). Following consideration of responses to the consultation, the final stage in the implementation of the standards in England was the replacement of the interim food-based standards for school lunches with the final food-based and nutrient-based standards for school lunches under the name 'Nutritional Standards and Requirements for School Food' (School Food Trust, 2007). These were to be implemented in primary schools by September 2008 and in secondary schools, special schools and pupil referral units by September 2009, and while these standards apply to all local authority maintained schools, the increasing number of academies and free schools in England are not required to comply (DE, 2012).

In 2009, the School Food Trust's School lunch and learning behaviour survey was released, which showed that a nutritious school lunch improves a child's behaviour and concentration in the classroom. Shortly after this, the DE and the DHSSPS jointly developed the Food in Schools Policy as just one part of an overarching healthy schools policy. However, such is the concern about poor nutrition and rising levels of obesity in children, that the food in schools policy has had to be developed in advance of the healthy schools policy. Nevertheless it is inconceivable that food and nutrition did not feature as a key priority within this policy. The DE directly invested £3 million per

year in the implementation of this policy and made a commitment to sustain this investment during the period of the next spending round. This funding ensured additional investment in high quality ingredients and also supported the implementation of the Food in Schools Policy by:

- Creating new posts to provide practical assistance to schools and catering staff in the implementation of the policy;
- Investing in new equipment needed to prepare healthier options;
- Developing and implementing a training programme for catering staff; and
- Supporting a communication and marketing plan to promote healthy, nutritious food in schools.

(DE and DHSSPS, 2009:10)

The Health and Social Services authorities also funded the policy, to support nutrition and health projects through Extended Schools and through nutrition and oral health programmes. The DE and DHSSPS also jointly funded the appointment of a schools' dietician to support the work and be responsible for developing guidance on food in schools and provide specialist support to Education and Health Boards on implementation of the Food in Schools Policy. At a local level, the DE was able to fund the creation of nutritional standards coordinators in each of the Education and Library Boards, whose role it was to train and provide practical support to both catering staff and schools in implementing the Food in Schools Policy, and as part of the delivery of the nutritional standards programme, all catering supervisors have received accredited nutrition training (DE and DHSSPS, 2009: 11). Although all publicly funded schools were able to comply with the new food standards, some concerns were raised about whether schools which are developed using private finance will be in a position to comply with these standards. While the DE has exempted the provision of meals from the contracts for such schools, the source of funding for a school's construction is by no means expected to impact on the ability of a school to implement the nutritional standards (DE and DHSSPS, 2009:12).

The Education Bill was introduced in to the House of Commons in January 2011, and received Royal Assent in November of that year, making it an Act of Parliament, or law. It sought to implement the legislative proposals in the DE's schools White Paper, 'The Importance of Teaching' and measures from the BIS relating to skills and the reform of higher education funding in areas relating to school meals as well as school admissions, composition of school governing bodies, an school inspection and finance. The Bill was an important step in implementing the Government's education reform programme and helping to create an education system that delivers ever higher standards for all children, and made it easier for schools to use special pricing offers to encourage more pupils to try healthy school lunch. In July 2013, the DE published the 'School Food Plan' which is the outcome of

the review of school food commissioned by the Secretary of State for Education in July 2012, and is directly related to the 2007 legislation on Nutritional Standards and Requirements for School Food (Number 2359). The plan contains 16 specific actions aimed at further increasing the quality and take up of school meals; developing a whole-school food culture in every school; and raising children's interest about good food and cooking so that they can lead healthy lives (DE, 2014: 4).

#### 4.1.3 School Meals in the Future

There are fairly obvious reasons for the continued increase in concern for children's health. Not only is it about the future health of the British nation, studies show that children are learning eating habits early in life at school, which will predispose them to obesity and a range of serious diseases (Blythman, 1999). In addition, a healthy diet actually makes a difference to children's ability to learn. Previously, teachers viewed with increasing disappointment the impossibility of explaining curricular material to pupils who had gorged themselves on chips, doughnuts and fizzy drinks at lunch time (Blythman, 1999).; however, since the implementation of healthy eating schemes, many schools have reported improvements in achievement (Khan, 2009). In September 2013, the government announced that every child in reception, year 1 and year 2 in state-funded schools will receive a free school lunch from September 2014, boosting the morale towards providing young children with the nutritious meals parents expect them to receive at school. It also defeats the issue of lower income families resorting to cheap and unhealthy packed lunches, as opposed to the more expensive meals previously available. As an outcome of the School Food Plan, the DE is developing a clearer set of food-based standards accompanied by practical guidance. Once they have gone through public consultation, these new revised standards will be available to schools and others from September 2014, becoming statutory from January 2015.

## 4.2 PORTUGAL

As in the UK case, one must also be aware of the type of school system in Portugal. Similarly, this provides a context for the lesser involvement of schools and parents and, gives an understanding as to why the central government has a large amount of control when it comes to childhood obesity policies in schools. Portugal's centralised school system tradition emerged under the rigid control of the central government in the eighteenth century, when it sought to substitute the Jesuits after they were expelled from the country (Lima and Afonso, 1995: 166). Barreto (1995), demonstrates the centralised nature of this replacement:

O Estado deve substituir-se aos aristocratas e às igrejas, na tentativa de assegurar uma coerência de organização, de métodos e de programas. A centralidade da instrução pública não é só organizativa: é também política e social (pp.164).

As a result, decentralisation policies and its relative failure were associated with fleeting experiences in the liberal and republican regimes (Justino, 2013: 104), and the centralised and bureaucratic control of education became mainly evident during the *Estado Novo* period, which is explored in the following section.

#### 4.2.1 Canteens in the *Estado Novo* (1933-1970)

The school meals system was a process that developed through a series of meal programmes and through changes in legal-administrative organisation. It also included large scale shifts in the network infrastructure, school catering facilities, social norms about what constitutes as a healthy diets and the respective transfer of knowledge and skills through food education to younger generations (Truninger et al., 2012:1). Until 1936, the school associations were in charge of the management of available food in schools being given to students who were most in need. The *Organização Nacional Mocidade Portuguesa* and OMEN were both created under the auspices of the (MEN) due to the high levels of poverty at the time. Many families suffered from food insecurity (Sobral, 2007), so school meals were focused on alleviating the effects of poverty, bringing children to school and educating them in accordance with the values of the regime. However, the meals that were provided did not reach all children in need, and those who were able to benefit from this were only able to use it for a short amount of time, as compulsory education was reduced to only three hours. The reorganisation of the school meal system was boosted in 1942 with the publication of a decree law that integrated the *Centros Escolares da Mocidade Portuguesa* to a group of associations and structures for social assistance existing in secondary schools.

#### 4.2.2 From the de Veiga Simao Reform to a Transitioning Democracy: (1971-1983)

During the first movements towards democratisation of education in Portugal at the start of the 1970s, the school meal system suffered a mix of important institutional and administrative transformations, which highlights the strengthening of free compulsory education and the need for state intervention to ensure general access to this right. In 1971, IASE was created to manage various school social services, such as the organisation of transport to food provisioning in canteens. During this time, there was a decline in the importance of the *Mocidade Portuguesa*, thus the management of school feeding was not delayed in switching to the jurisdiction of the IASE. Once the transition of the school social services was complete, there was a series of policies throughout that decade to ensure more children had access to meals, these included Artigo 5 Decreto-Lei, nº 178/71, which stated that meals will be served to secure at least one meal per day to a significant part of the school population; the introduction of the *Alimentação Racional e Suplemento Alimentar* (1975) which included the distributions of food; and the School Milk Scheme (1977, updated 2011), which had the objective of daily distributions of milk to every primary school student, following on from the European School Milk Scheme (1977, updated 2011). The scheme was revised in 2008, and its nutritional and educational character was further strengthened. The new scheme had a nutritional and educational

role in providing quality product for children, therefore greatly contributing to the fight against obesity among children. In addition, the food health campaign *Saber Comer é Saber Viver* (1977-1982) was implemented with the purpose of diffusing the principles of rational food choice amongst children. By the end of the decade, laws such *Decreto-Lei, n° 538/79* as were established to ensure the conditions that enable the fulfilment of compulsory schooling, including being entitled to school meals. As food was a social service, meals became independent of the guidelines from the *Regulamento do Ação Social Escolar*, the operating standards of the IASE. Shortly after, in 1982, the NASE was replaced by the SASE, to function in accordance to the guidance from the IASE and serve as an economic tool to support the children most in need, and support expenditure on education of the students enrolled in it both in part or fully.

#### 4.2.3 Beginning to decentralise school meals (1984-93)

The organisation of school meals went through further changes in 1984 when school meal services began to be decentralised and therefore new guidelines for healthy school meals emerged. At this point the IASE published the *Normas Gerais de Alimentação*, and responsibility for school social action fell to the municipalities. Through *Decreto-Lei, n° 399-A/84*, local councils became responsible for the creation, maintenance and administration of primary school canteens, where a balanced lunch will be distributed. That year also saw the extension of obligatory school age to 9 years, under the LBSE (1986). The late 1980s were marked by the first gradual steps towards competencies for school meals in secondary schools and the *Instituto de Apoio Socioeducativo* (1987) was created, giving rise to the previous IASE in managing school social services.

From this point, no major changes were made in school meal regulations until the beginning of the 21<sup>st</sup> century, apart from the introduction of public procurement policies, however the 1990s was a period in which the dynamic of decentralisation of school food services intensified. The *Normas Gerais sobre Alimentação e Nutrição* (1992) was released by IASE and acted as guidelines for school meals until 2007. The following year the IASE was extinguished when the Ministry of Education published *Decreto-Lei, n° 133/93*, and its guidelines were transferred to the *Direcção Regional de Educação*. This body now had the competencies for the higher grades of schooling, which represented the gaining of autonomy for schools and for municipalities in issues varying from food choices and extra-curricular education topics, however, unfortunately these were extinguished in late 2012.

#### 4.2.4 School Meals in the Consumer Society (1994-2005)

In face of promoting economic competitiveness, the promotion of health was included. It not only promotes vitality and productivity by providing nutritionally balanced meals but also through educational initiatives that improve the rationalisation of children's food choices. Despite some continuity with the previous school food policies, some innovations were introduced in food education based on the importance of preserving good conditions of hygiene and cleanliness. By

becoming part of the ENHPS in 1994, Portugal's Ministry of Education and the Ministry of Health established a partnership further promoting the autonomy previously gained by schools. This was further strengthened in 1999 with a new policy (*Lei n° 159/99*) with the following principles and tasks:

- Participation in the planning and management of pre-school and primary educational facilities through investments, construction and maintenance
- Manage the canteens of these establishments
- Participate in supporting children through the ASE and support development of educational and extra- curricular activities.

As mentioned previously, there were significant changes made to school meal regulations, starting with the creation of the EFSA (2002). Its main function was to standardise the production, transformation and distribution of food in the whole European market and encourage the supply of products from quality production systems. A series of regulations were produced to promote healthy eating in the school space and the adherence of food safety and hygiene standards. It can be seen to have been a success when in 2004 the AESA banned establishments that can sell alcohol being built near schools. The Ministry of Education supported the changes being made by these political organs by initiating the *Programa de Generalização do fornecimento das Refeições Escolares aos alunos do 1.º Ciclo do Ensino Básico* (2005) to provide a balanced meal to all school children.

#### 4.2.5 School Meals and Childhood Obesity (2006-2012)

To encourage schools to develop their role within the educational community, the Ministry of Health created the *Programa Nacional de Saúde Escolar*, an initiative to tackle obesity in schools and encourage schools to help children make more responsible food choices. The *Educação Alimentar em Meio Escolar: Referencial para uma Oferta Alimentar Saudável* (2006) was launched by the Ministry of Education together with the General Directorate of the Ministry of Health which outlined a set of guidelines and recommendations for school meals through the document. The main objective of these regulations was to make the school food provision consistent with the principles promoted within the school as a health promoter. To comply with this, these standards became consolidated in the regulatory framework in 2007 and have become increasingly detailed, by providing a list of authorised products for the preparation of meals for different education classes (Truninger et al.2013:117). In 2009, Portugal joined the European School Food Scheme, which led to a series of other developments in food policies directed at children. First the Regime da Fruta Escolar was approved through regulation n° 288/2009 and following this, the state attempted to combat childhood obesity by offering free fruit and vegetables as a way leading to protecting their health by implementing the *Estratégia Nacional do Regime de Fruta Escolar 2010- 2013*. The strategy was aimed at primary school children and included one piece of fruit given twice a week during classes, for a total of 30 weeks per year.

In 2010, the realisation of the obesity issue drove the ICAP to produce a self-regulatory code as a way to promote good professional practices regarding the marketing of food and drinks for children. FIPA and APAN (2009) also promoted a guarantee, signed by 26 representatives of companies in the sector, to restrict food advertising aimed at children. Compared to prior examples, the current public system of school meals shows signs of larger sophistication in their approach. It is a system strongly oriented and motivated to the growing importance related to health risks and to the apparent prevalence of childhood obesity. Furthermore, PERA (2012) aimed to provide a morning meal to students identified by their schools as facing food shortages, and to increase awareness among students and their families of the importance of a healthy diet and eating breakfast at home. The programme covered about 14 000 students in 2012/13, and about 12 000 students in 2013/14. (OECD, 2014: 6). While the regulatory codes initiatives were a positive step in response to the health issue, they, like many other programmes and schemes are not laws and cannot be enforced, only encouraged, thus further steps need to be taken in order to integrate such practices and schemes into already existing state laws.

## 5 STRATEGY DIFFERENCES: Institutions, schools and parents

Now that the evolution of school meals has been outlined for both cases, this project can move to its comparative stage. This chapter reflects on some of the policies identified above to answer the research question: “Why are different strategies taken between the UK and Portugal to attempt to combat childhood obesity through education policy?”. As it was introduced previously, due to the political nature of the project, an institutional approach will be used, that will first compare the roles and responsibilities of government bodies, including the DE, local authorities and the DH and then of the different school systems. Next, the role and involvement of actors- the school and parents- will be outlined for both cases. Finally, the chapter will consider the implications these actors have for childhood obesity strategies, comparing how different structures and organisation of governments and school systems directly affects actors’ influence in childhood obesity policy strategy, using Sabatier’s model of stages to assist to conclude the differences.

### 5.1 Institutions

#### 5.1.1 Government Bodies

The DE and the DH often share the responsibility for developing school health policies in the UK. Regardless of which department takes the lead, strengthened links between these departments and sustained commitment to initiatives to improve diet and physical activity in schools is essential for the success and widespread adoption of a policy (WHO, 2008: 26). Some factors that facilitate this collaboration include recognition of the potential for outcomes that benefit both sectors; implementation strategies that are feasible for both sectors and the existence of similar methods for monitoring and evaluation (WHO, 2008: 33). However, divergent views among different professional groups; competing priorities and decision-making processes and vertical funding are among some reasons that hinder the potentially beneficial collaboration (WHO, 2008:26).. It is therefore important for a government to analyse both the facilitating factors and possible obstacles in order to formulate an effective process for collaboration. Once this form of policy is developed and adopted at the national level, it is implemented locally and therefore governments are encouraged to establish mechanisms to welcome and facilitate regional and local participation from the early planning stages. Facilitating factors and obstacles for involving these other ministries and levels of governance would be similar to those for the collaboration of education and health ministries (WHO, 2008:26).

In Portugal, the organisation shows some similarities to the UK case. Despite the growing state intervention in children’s diets during the Novo Estado, School meals (organised under the authority of the *Mocidade Portuguesa* and OMEN) contributed to the expansion of the vigilance and control



tools used by this regime (Stoer, 1983: 794). More recently, the *Ministério da Educação e Ciência* is responsible for education and science policies, and the Ministry of Health deals with health policies, due to the continued centralised nature of the state. Typically, any efforts to correct imbalanced eating habits is tackled as a family issue, as outlined in the *Circular Normativa da DGS n° 05/DSMIA* (2006) and the Ministry of Health produced the *Programa Nacional de Combate à Obesidade* (2004) due to its concern about the obesity epidemic. As a result of the exceptional nature of childhood obesity, there were also collaboration efforts between the two ministries, particularly through the *Plataforma Contra a Obesidade* (2007), which is a national level policy aiming to see a reduction in the incidence and prevalence of obesity in children, teenagers and adults through multi-level intervention (Silva and Silva, 2010: 162).

While the UK government is responsible for starting the policy making process, a report by Adamson, White and Stead outlines that responsibility for implementing the standards locally rest with the local authorities, head teachers and other senior management in the schools, school catering managers and other school staff. Local authorities expected schools to promote the new menus and to win children and parents over to them, and not necessarily concern themselves with detailed compliance issues. They are also often particularly keen to develop the role of school kitchen staff to build up their confidence in order to assist in explaining and championing the new meals. To this end they provided various types of support and training for kitchen staff such training in the food preparation skills needed for the new menus, and supporting staff studying for National Vocational Qualifications in catering. They add that schools who had not opted for these provisions were not permitted to access local authority training for staff relating to school meals, and had to arrange their own, as well as finding their own ways to encourage children to eat more healthily, and provide basic information and awareness-raising training for teaching staff on the new standards, based around the Food in Schools toolkit (Adamson, White and Stead, 2012: 86-7).

Portugal is gradually increasing decision-making at sub-national levels while trying to improve the efficiency of public services (OECD, 2014: 14). In late 2011 and 2012, the Ministry of Education and Science took actions to rationalise its services as part of the PREMAC. The DGEstE took over the responsibilities of the former *Direcções Regionais de Educação* (dismantled in 2013), but had less power of intervention over the school network, owing to increased autonomy. Other services were merged to create a more cohesive governance system, for instance, the *Direcção-Geral da Educação* also took over the responsibilities of the *Direcção-Geral de Inovação e Desenvolvimento Curricular*. Portugal has promoted decentralisation policies at local and school levels, and since 2008, municipalities have been given more responsibilities, mostly from pre-primary to lower secondary education, including offering curricular enrichment activities in the first cycle, providing social support- school meals and transportation- managing school infrastructure, and hiring and dismissing

non-teaching staff, however, by 2012 showed no signs of resting decision-making power with local or regional authorities at upper secondary level (OECD, 2012).

### 5.1.2 School system

Over the past three decades, there has been a shift within many European countries to introducing changes in the way power is distributed between educational powers, the State and intermediate and local level institutions (Batista, 2012:96). Writers such as Van Zanten (2009) propose that it is necessary to take into account local processes both to better understand schools as specific organisations and to improve their effectiveness in a European context. This substantiates the argument that there are not only differences between Portugal and UK's approaches in general, but also that differing school systems may influence the diverse measures taken by these states in tackling Childhood obesity in schools. Batista (2012) analyses a number of European school systems using OECD documents, and states that school systems with the highest percentage of decisions being made at schools are those with a long tradition in this area, such as Holland and Belgium or those who carried out a transfer of power from the local to the institutional level, as in the UK. Southern European countries have a more centralised tradition, demonstrate less obvious school decentralisation and autonomy policies, however, are still able to be identified, despite their reduced success (See Table 1).

Table 1: Percentages of governments with highest level of decision-making power. Batista (2012:)  
Adopted from OECD (2008)

Países	Domínios			
	Organização do Ensino	Gestão do pessoal	Planeamento e Estruturas	Recursos
Alemanha	Escola (88%)	Estado Fed. (38%) + Regional (38%)	Estado Fed. (71%)	Local (54%)
Áustria	Escola (89%)	Estado Fed. (38%) + Local (33%)	Gov. Central (70%)	Local (54%)
Bélgica (Fl.)	Escola (89%)	Escola (75%)	Escola (71%)	Estado Fed. (50%) + Escola (50%)
Dinamarca	Escola (89%)	Escola (42%) + Local (33%)	Gov. Central (50%) + Local (50%)	Local (67%)
Eslovénia	Escola (89%)	Escola (67%)	Gov. Central (83%)	Escola (75%)
Espanha	Escola (89%)	Estado Fed. (38%) + Gov. Central (25%)	Estado Fed. (90%)	Regional (42%) + Estado Fed. (29%)
Estónia	Escola (89%)	Escola (75%)	Escola (50%) + Local (36%)	Local (50%) + Escola (50%)
Finlândia	Escola (67%)	Local (71%)	Local (100%)	Local (100%)
França	Escola (78%)	Gov. Central (63%)	Gov. Central (33%) + Sub-regional (33%) + Escola (33%)	Sub-regional (67%)
Holanda	Escola (89%)	Escola (88%)	Escola (100%)	Escola (100%)
Hungria	Escola (100%)	Escola (58%) + Local (25%)	Escola (83%)	Local (67%)
Inglaterra	Escola (100%)	Escola (83%)	Escola (80%)	Escola (100%)
Itália	Escola (89%)	Gov. Central (42%) + Regional (25%)	Gov. Central (71%)	Escola (50%) + Regional (25%) + Local (25%)
Luxemburgo	Escola (56%)	Gov. Central (88%)	Gov. Central (71%)	Gov. Central (67%)
Portugal	Escola (89%)	Gov. Central (67%)	Gov. Central (100%)	Gov. Central (50%) + Escola (50%)
República Checa	Escola (89%)	Escola (75%)	Escola (50%) + Local (40%)	Local (71%)
Suécia	Escola (89%)	Escola (67%)	Gov. Central (70%)	Local (67%)

In Portugal, where there is a more centralised design program, the government holds the lead role in virtually all areas from advancing objectives and teaching content, to schedules, teaching methods, and also being the main source of funding (Batista, 2012: 109). For many years the minimum mandatory national curriculum and the content of certification exams are also established at the central level, thereby limiting the scope of local actors. In spite of the start of decentralisation since the mid-1980s, where systems began to shift some responsibilities through the LBSE (1986), the school autonomy- present in political and legal texts speeches- is still limited compared with other countries, particularly in matters of teaching organisation (Batista, 2014: 96). Recently, the education system has been reorganised to reduce central administration and increase involvement of local and school authorities in the decision-making process. Schools have acquired more decision-making capacities in recent years, reaching 22% at the lower secondary level in 2011 and in 2012, the Curriculum Reform granted schools much greater autonomy in the curriculum and the possibility of voluntary autonomy agreements (OECD, 2014: 4). Nevertheless, this remains modest compared to school decision-making capacities in other OECD countries (41%) (OECD, 2014:14). In the UK, on the other hand, schools and local authorities have extraordinary responsibilities, whereas the central government is limited to the role of regulation and control (See Table 1). There is a national minimum curriculum and an objective-based program to be achieved, outlined in the design of programs, leaving great leeway for schools to decide on the workload, definition of educational content and methods to match the previously set goals. It is this and the teachers who are the components evaluated in the education system and the external evaluation results are published individually; however, the student's external evaluation results are more frequently used to steer the system approach (Batista, 2012: 126).

The attempts at reorganising responsibilities between the actors of the education systems also translate into a decentralisation of resources and management responsibilities. In Portugal, local communities have seen their responsibilities increase on the allocation and use of resources for personnel, capital and operating expenses (OECD, 2008). In 1984, through *Decreto-Lei n.º 399-A/84*, local councils became responsible for the creation, maintenance and administration of primary school canteens, where a balanced lunch will be distributed. However, this field was decentralised with reservations and some activities of maintaining equipment, canteens and social policies remained restricted (Mons, 2004). In the UK, more responsibility is delegated to local actors and frequently directly to schools to set management tasks. As for financial resources, schools are sometimes authorised to even manage their own budgets, all of its decisions on allocation and use of resources for personnel, capital and operating expenses (OECD, 2008). This is vital in understanding how autonomy influences the strategies, and from the part of canteens, how more control of budgets can assist in strengthening local obesity policies, as well as the responsibility assumed by school system to promote healthy diets as part of the school responsibility.

The effects of the process of decentralisation and school autonomy in Portugal in relation to a new range of strategies taken to combat childhood obesity can be considered particularly complex, in that the reforms are characterised by various policies and given this, it is difficult to isolate the effects directly attributable to these measures (Scheerens and Malowski, 2008:31). Nevertheless, one cannot neglect the fact that more autonomous school systems, as in the UK are more influential when implementing childhood obesity policies as they have more freedom of choice in their approaches. This also introduces differences when looking at strategies through the stages approach, particularly in the problem identification and agenda setting stages. Here the autonomy of the school systems is important as compared to the central government; the focus is wholly on schools and the well-being of students. These two institutions may therefore regard the urgency of putting more childhood obesity policies on the agenda differently. While Portuguese school systems may indeed consider it urgent, they would not have the capacity to put it on the government agenda, whereas UK schools have more of an influence in this matter and their ability to manage budgets and canteens means they are able to implement programs themselves. In this respect, schools in the UK can choose how they wish to deal with the obesity crisis, and are able to tailor the strategies to the pupils, rather than use an umbrella concept to treat the entire country. This is common in Portugal, where despite school boards being able to dictate what happens in the schools, it must fall within the strict parameters set by the Ministry of Education in conjunction with the government.

## 5.2 Actors

### 5.2.1 Schools

In addition to the policies aiming to strengthen the role of parents and the local community, measures have also been taken to increase school autonomy, as well as their diversity in order to respond to different demand requirements. The operation of English schools has been supported by a management body made up of several local community representatives since the 1980s. They are responsible for appointing the Head Teacher and some members of the leadership team, who in turn run the school and deals with the day-to-day management (Barzano, 2009). Under New Labour, the pre-existing types of schools remained in function, however with new designations, such as specialising in particular subjects including technology, languages and sports (Batista, 165). In this context, secondary schools could use innovative approaches and partnership grouping strategies, not only with other schools but also with local companies. A prime example of this are the schools in the Education Action Zone in disadvantaged areas, which provided a comprehensive measure to finding innovative solutions and targeted support, with collaboration and funding from local businesses, parents and other stakeholders (DfEE 1997).

The first degree of school autonomy in Portugal dates back to 1989, and despite its efforts not being considered sufficient for a real autonomy, in particular by not translating into legal practices and

behaviours (Costa, 2003), it was a major contribution to the first steps in this direction. *Decreto-Lei n° 115-A/98*, marked the transition to a new approach to the concept of autonomy, evolving from a 'decree' autonomy to a 'built' autonomy (Barroso, 2005). This helped to understand that schools should apply those arrangements and instituting the figure of autonomy contracts, contributing to building a new relationship between the educational administration authorities and schools. While there have indeed been efforts to increase school autonomy in recent years, as outlined in the previous section, the centralised tradition in Portugal inhibits the role schools play directly in decision making and policymaking.

### 5.2.2 Families

One of the many reforms of the 1980s in the UK focused on the role of families in the educational system, primarily covering the extension of choice, access to information and participation in education. Concern over parental access to information led to new approaches, summarised in the Citizen's Charter document, which was translated to the educational sector with the publication of the Parents' Charter (1991, updated 1994), marking the provision of information to parents enabling them to increase their choice and raise the quality of education standards. What parents could expect was made explicit in this document, and contained guidelines on how they could become partners in their children's education, highlights the growing role of families in times of decision-making through participation in school governing bodies (*Batista, 2014:162*). Parental involvement materialised not only in its representation in the governing bodies, but also as key partners in the education of children. In this regard, since 1997 that have established a home-school contracts in order to agree with the parents commitments about how they can work together to improve the education of students. Containing information specific to each school (especially in terms of their own policies and rules), these commitments have been strengthened, emerging as a means for parents to know their responsibilities, but also of schools and teachers prove responsible regarding the progress of their children. As mentioned previously, the *Education Action Zones* program forged collaborations between schools, local partners and parents therefore encouraging new forms of civic participation, once again reinforcing the roles of the parents in schools.

Nóvoa (1992: 32-33) asserts that by following a broadly bureaucratic-professional model in the consolidation of the Portuguese public education system, families and local communities were left separated from the school education material.

In a sense, the school unit was built up against the families and communities who have been marginalized, sometimes with the political argument [...] In this regard, the involvement of parents and communities in the educational sphere has always been seen as a kind of intrusion, at best tolerated with some resignation.

One can thus comprehend the virtual absence of a movement towards parental association and participation of families in school management bodies during the *Estado Novo* (Reis, 2008). As a

result of this convention of excluding families from schools, their active participation was consolidated in the 1990s. This was carried out through specific legislations on the parents' associations such as *Decreto-Lei n° 372/90*-facilitating its establishment, operation and ensuring parent's presence in school management bodies- and *Decreto-Lei n°80/99* and *Lei n° 29/2006*, which created better conditions for parents to exercise these responsibilities, as well as through new models of administration and management. The participation of families was later extended to all schools through the *Decreto-Lei n° 115-A/98* and strengthened by *Decreto-Lei n°75/2008*. These legislative advances make the voice of parents is present at school by means of the parents' association and its representation in the strategic body. However, this participation is sometimes more symbolic than effective, meaning the impact of participation in school activities and in decision-making remains limited (Batista, 2014:124).

As outlined throughout this chapter, the strategies taken in the UK and in Portugal tend to vary greatly due to the variances in organisation of governments and structures school systems. The UK has a long history of the DH and DE working in conjunction with one another to tackle childhood obesity, giving emphasis not only to the importance of the issue, but also to the efficiency of tackling it. While the Portuguese Ministry of Health and Ministry of Education have also joined forces to tackle obesity, this partnership is new in comparison with the UK case. In addition, despite the regulatory codes initiatives, schemes and many of the programs such being a positive step in response to the health issue, they can only be encouraged, not enforced as they are not laws. Furthermore, obesity policies in Portugal such as the *Programa Nacional de Combate à Obesidade* and the *Plataforma Contra a Obesidade* tend to focus more on the whole nation health approach, rather than having many distinct strategies for children and adults. Not only does this reduce the focus on age differences, as well as not taking daily environments into consideration when outlining policy approaches, the primary responsibility taken by the Ministry of Health means education policies take more of a back seat. This has implications for the possible success of healthy meal policies at schools, as it does not fall predominantly under the control of the Ministry of Education. By undertaking a multi-sector approach, identifying children as targets, and not attempting to encompass everyone under one policy or solution, the approach taken by the UK can be considered more successful due to their focus on the targets of the policies. The UK also uses what can be considered both an extremely influential institution and actor in childhood obesity policies through education, therefore using schools as a vital part of all stages of Sabatier's model.

The historical institutionalists discussed at the start of this project sought to explain the distinctiveness of national political outcomes and for the inequalities that mark these outcomes and found the way the institutional organisation of the polity and economy structures conflict so as to privilege some interests while demobilising others. Given the multidimensional nature of public action, the current

institutional arrangements of the states and school systems coincide with historical processes of change, operated through social interaction of actors who combine global, national and local transformations (Batista, 2013:34).

The history of centralisation and decentralisation in both states produces the relationships between parts of the education system (Archer, 2007), which would in turn explain strategic social and educational variations in distinct structural contexts. In Portugal, decisions are focused on the State and the principal negotiation process resides in the use of political channels to enforce interests. As a result of this top-down approach, schools are less able to make decisions based on the needs and preferences of their students, and instead, carry out many more nation-based strategies. Again, the lack of school autonomy directly leads to an absence of parental involvement in school management bodies, for example, and in many of the policymaking stages. In the UK, however, there is more autonomy in educational service provision and even in the formulation stage of educational policies. There are more locally based adaptations to national policies and the changes can be instigated by wider range of bargaining processes with different actors (Archer, 1979). Here, parents can influence meal policies in accordance to their children's specific needs directly. Their involvement is materialised through their representation in the governing bodies, as well as being key partners in the education of children and accordingly are able to contribute in the identification of the problem, placing it on government agenda through schools and participating in the formulation of policies and their implementation once they have been legitimised.

The UK embarked on a more bottom-up approach in tackling childhood obesity as there are significant actors who are able to point out and determine the best strategies for the children, rather than for the whole nation. Portugal was unable to take this strategy due to the difference in history of the roles and responsibilities of institutions and actors. If the state had waited for schools to first gain full autonomy, particularly in the school meal area, and then to encourage the inclusion of parents, the process of tackling childhood obesity as a whole would be impeded as a means to establish a more education-based approach rather than a health-based one. Therefore, it would never transpire that the two states would have similar strategies in tackling childhood obesity through education policies, and consequently, the actors able to impact these policies or that comprise the policymaking bodies in general vary greatly between the two cases.

## 6 CHALLENGES TO FUTURE POLICIES

### 6.1 Home Life and Longer Working Hours

The topic surrounding school food is rife with complexities, including balancing national and local laws, school rules, dynamics and the multiple stakeholders who often have competing interests. Furthermore, school authorities must constantly attempt to provide high quality food under strict budgets, which in an era of economic and financial crises, is especially pressing. However, these are merely the bureaucratic problems within all policy making. School meal policies also face challenges and are undermined by the marketing of unhealthy foods, both in schools and out, as well as the fact that families have less money and less time to prepare nutritious meals from scratch. The rising concern surrounding school meals has become a prominent global issue in the contemporary era. Globalisation and its impacts on food habits have created fundamental issues for public health workers, has increased concerns for young people, and has also raised awareness in what effects the diet can have later in life. It has not only led to a surge of unhealthy food imports, leading the global status of children's diets to be negatively impacted (Brownell and Yach, 2006), the increase of financial demands have also practically forced both parents to work for longer hours. As a result, the "convenience revolution" (WHO, 2006:5) emerged, with pre-packed processed products forming the basis of the meals prepared in the home. A survey revealed that for many parents, the school meals play a vital role in their children's diet, and many admitted to relying on the school canteen to provide a nutritious diet (SMRP, 2005: 24). While parents still play a vital role in teaching healthy eating behaviours from the home, in this economy it is clear that parents do not have the resources, in terms of hours in contact with their children, time to make homemade dinners as well as the money to buy fresh fruit and vegetables, thus leaving this responsibility to schools who offer free school meals to provide the nutritious lunches parents expect their children to receive.

### 6.2 The Marketing of Unhealthy Foods

As mentioned in the introductory pages of this project, promotional schemes in school pose a major challenge to the policies implemented, and will continue to until they are abolished in their entirety. Although in-school advertisements in Portuguese primary schools are seldom, the daily exposure of children to marketing messages at home and in other spaces may be unnoticed since it is part of children's daily routines (Horta et al., 2012: 771). The marketing of unhealthy foods and fast food establishments concentrated towards children is considered to be one of the principle elements that lead to childhood obesity (WHO, 2013). Visual appeal plays an important role in what one eats; therefore a constant reminder of alternative to school meals in adverts, magazines, and posters and during a child's commute to and from school can largely affect food choices. Hawkes (2013) concluded that consequently, the marketing of food targeted for children has been the object of debate at the international level due to the intense promotion of low nutrient, high calorie, sugar and salt



foods. Horta et al. (2013) write that in Portugal, the acknowledgment of the threat that this food can pose for the health of children has encouraged legislative proposals aiming to limit the marketing of harmful foods, or even ban them altogether at schools and their surrounding areas, something that was never before approved they go on to state that as a substantial part of a child's life is spent at school, it has recently been considered to have a crucial role in motivating children to adopt healthy lifestyles and habits.

It has been found that by having a television in a child's bedroom is “the strongest marker of increased risk of being overweight” (Dennison, Erb and Jenkins, 2002:1029). Not surprisingly, it is difficult to cut down the amount of junk food advertising during prime time television, and governments around the world, not only in Britain continue to attempt to create a ‘one-size-fits-all’ solution to this issue. In 2001 food firms spent over £160 million advertising chocolate and confectionery, and a further £34 on crisps and snacks but only approximately £10million and £5 million on promoting vegetables and fruit respectively (Revill, 2002). Many children now have televisions in their bedrooms and on average there will be between 50 and 60 different food adverts on a weekend morning on a commercial television station (Revill, 2002). In the UK, the ban on junk food advertising by Ofcom which focuses on programming for children has been criticised for not being stringent enough as many children watch programmes that are not aimed at this demographic, and thus continue to advertise high fat, salt or sugary substances. Furthermore, a call had been made by public health advocates to have a total ban on junk food advertising on television before 9pm (British Heart Foundation, 2007). For maximum effect, comprehensive bans which include other forms of media should be enacted and for the entire population to encourage parents to reduce unhealthy eating habits. An alternative to the outright banning of the advertising of junk food would be to diminish the ‘supply’ of advertising, where the government could, for example, impose limits on the amount of advertising space and time that may be used to promote junk food on television, radio and in print media. The ILC goes on to suggest that premium fees should be demanded by the media for the limited ‘air-time’ or print space for this area (Musingarimi, 2008: 22). Children in Portugal are often also exposed to processed food offers both in school and its immediate surroundings through cafeterias, vending machines, fast food and other commercial food outlets that compete with the school menus. The Portuguese government was coerced to produce regulations on commercial spaces in 2002, since it has become acknowledged that the school surrounding environment may represent a threat to the healthy lifestyles that were being encouraged in schools (Horta et al., 2012: 771). However, these regulations mostly focused on the sale of alcoholic drinks and those which would forbid the advertising of convenience n schools and within its surroundings were never made into a law. It should also be noted that in Portugal, advertisers who have led the investment in advertising belong to the food sector (OBERCOM, 2012), so the kinds of foods shown most frequently is more likely to be the popular foods which sell, rather than the healthier alternatives.

Food companies often sign endorsement deals with sports stars in order to associate junk food with health, which not only grabs the attention of the children, it also distracts the parents from the harm these foods do if eaten in excess. David Beckham and Gary Lineker, for example, are seen drinking Pepsi and eating Walkers crisps respectively, and as a result, sales of Walker's crisps have more than doubled since it began using Lineker in 1995. Gillard (2003) asserts that by using athletes, a damaging and deceptive message is being sent out to children about what a healthy snack is, however it is difficult to envision change when the Football Association and the Premier League do not consider anything wrong with abusing such sponsorship opportunities for business deals. There are also more subtle uses of images to create positive attitudes towards unhealthy foods. An example of this can be seen through an advert from fast food chain Kentucky Fried Chicken, which shows a family eating a meal, which attributes emotions to the product which are completely dissociated with the food being advertised, and is a highly insidious way of trying to persuade people to buy what is basically a very unhealthy product.

Government ministers in both countries cannot deny the fact that they have been warned numerous amounts of times about the results of all this advertising as an International Obesity Task Force (IOTF) report presented to the European Union summit on obesity in Copenhagen argued that the food industry should be prevented from targeting children with adverts for junk food and sweets (IOTF, 2008:3). While it may have looked like the government was prepared to tackle the issues of advertising after the FSA announced it would commission research into the promotional activities of the food industry and how they influence children's eating habits, it quickly became clear that the government had no intention of restricting or regulating food industry advertising. Furthermore, former Culture Secretary Tessa Jowell had privately assured food industry executives that there would be no ban on food commercials shown during children's television time because such a ban might “adversely affect the quality of children's programming” Revill (2002). This shows that any attempt by non-governmental organisation or campaigns to combat the high level of advertising, particularly during children's television time will be faced with obstruction from not only the extremely powerful corporate world, but also from government, who appear to support these adversely beneficial schemes.

### 6.3 Issues within the Policy Making Process

A final area that challenges the success of healthy school meal legislations, policies and standards is the policy making process itself. While the stages approach is efficient for analytical purposes, in that it helps to outline clear steps in how policies are made, and thus facilitates pin-pointing where issues may arise, the policy making process itself can cause issues to a new policy. Over the years, increasing numbers of formal evaluations of social policies have been conducted. Governments spend millions of pounds to determine whether the policies and programs they have initiated are having

effects; however it is evident that program evaluations can produce their own political fallout (DiNitto and Johnson, 2012: 20). There may be disagreements about study methodology, and people with different views will interpret the same study results differently. For food and child obesity policies, this poses a particularly difficult challenge for two main reasons. First, and using the stages approach by Sabatier as an example, models of policy implementation insufficiently explain that some phases may occur together. As a result of not being able to define the exact steps taken, those responsible for policy implementation may regard this as a factor in the failure, or limited success of a new policy. Evaluations can be helpful to policymakers, but it remains difficult to solve political controversies or change deeply held values. Second, childhood obesity is a relatively new area of public policy, and as a result, traditional methods of policy implementation may be outdated. It is a topic that is much less clean cut than most public policy matters, and so an innovative method may be required in order for them to have positive outcomes and for the aims and objectives to be fully met. This further substantiates the idea that the policymaking process itself is a challenge to successful healthy school meal legislations. These two reasons demonstrate the importance of a wider process of debate, coalition formation with actors with the same aims and lobbying to reduce ambiguity and establish a dominant way to frame policy problems. Further, while scientific evidence cannot solve the problem of ambiguity, persuasion and framing can help determine the demand for scientific evidence and accompany it with real life cases to lessen the emotional and ideological biases of policymakers in policy outcomes (Cairney, 2011:234).

## 7 Conclusion

Regardless of this history of both nations, if the states are serious about the diet of children and the future health of their nations, they must make the nutritional standards for school meals more rigorous; widen and encourage the eligibility and the take-up for the improved free meals and ultimately ban the promotion of junk food in schools through vending machines and voucher schemes, as well television advertising of junk food to children. While, of course, it is primarily the duty of parents to see that their children are well fed and taught healthy eating habits at home, one cannot deny that the responsibility for children's eating habits is shared between parents, schools and the government, both in the UK and in Portugal.

As compared throughout this project, the strategies taken in the UK and in Portugal tend to vary greatly due to the variances in organisation of governments and structures school systems. The literature on historical institutionalism previously discussed found an institutional organisation of the polity and economy structure conflict to privilege some interests while demobilising others. Given the multidimensional nature of public action, the current institutional arrangements of the states and school systems coincide with historical processes of change, operated through social interaction of actors who combine global, national and local transformations (Batista, 2013:34). It is important to once again remember that the history of centralisation and decentralisation in both states produces the relationships between parts of the education system, and helps to explain strategic social and educational variations in distinct structural contexts. As a result of a top-down approach in Portugal, where decisions are focused on the State and the principal negotiation process resides in the use of political channels, schools are less able to make decisions based on the needs and preferences of their students, and instead, carry out many more nation-based strategies.

The long history of the DH and DE working in conjunction with one another to tackle childhood obesity in the UK, gave emphasis not only to the importance of the issue, but also to the strategies most efficient to tackling. While the Portuguese Ministry of Health and Ministry of Education have also joined forces to tackle obesity, this partnership is new in comparison. The centralised design program, gives the Portuguese government a lead role in virtually all areas from advancing objectives and teaching content, to schedules, teaching methods, and also being the main source of funding. The traditional role of the government also means families and local communities are left separated from the school education material, and therefore efforts to instil a bottom-up strategy to tackling obesity would be largely futile. In the UK, however, there is more autonomy in educational service provision and even in the formulation stage of educational policies. There are more locally based adaptations to national policies permitting parents to directly influence meal policies in accordance to their children's specific needs. Their involvement is materialised through their representation in the

governing bodies, as well as being key partners in the education of children, and accordingly, are able to contribute in the identification of the problem, placing it on government agenda through schools and participating in the formulation of policies and their implementation once they have been legitimised. In this respect, the autonomy of UK schools enables them to choose how they wish to deal with the obesity crisis, and tailor the strategies to the pupils, rather than use an umbrella concept to treat the entire country. This approach is common in Portugal, where despite school boards being able to dictate what happens in the schools, it must fall within the parameters set by the Ministry of Education in conjunction with the government.

The UK embarked on a more bottom-up approach in tackling childhood obesity as there are significant actors who are able to point out and determine the best strategies for the children, rather than for the whole nation. Portugal was unable to take this strategy due to the difference in history of the roles and responsibilities of institutions and actors, and the lack of school autonomy directly leads to an absence of parental involvement in school management bodies, for example, and in many of the policymaking stages. Furthermore, obesity policies in Portugal tend to focus more on the whole nation health approach, rather than having distinct strategies for children and adults. Not only does this reduce the focus on age differences, as well as not taking daily environments into consideration when outlining policy approaches, the primary responsibility taken by the Ministry of Health means educational approaches for obesity policies are not used to their full potential. If the state had waited for schools to first gain full autonomy, particularly in the school meal area, and then to encourage the inclusion of parents, the process of tackling childhood obesity as a whole would be impeded as a means to establish a more education-based approach rather than a health-based one. By undertaking a multi-sector approach, identifying children as targets, and not attempting to encompass everyone under one policy or solution, the UK strategy can be considered more appropriate due to their focus on the targets of the policies. The UK also uses what can be considered both an extremely influential institutions and actors at all stages of the policy making process, from parents and communities to government bodies, where schools are vital in bridging the gap between the home and the state. It would therefore never transpire that the two states would have similar strategies in tackling childhood obesity through education policies, and consequently, the actors able to impact these policies or that comprise the policymaking bodies in general vary greatly between the two cases.

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