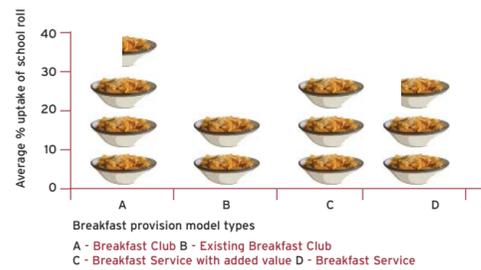




“I am very enthusiastic about the Breakfast Club. The staff are wonderful with the children and make a great team”

quote regarding “existing club”

UPTAKE



CONCLUSION

Over all, the pilot appeared to operate with few difficulties. Supervision ratios were a significant concern within the breakfast service models, as were the attendance rates dropping after the initial ‘novelty’ period. It was argued that numbers might increase if more active promotional campaigns within the school were launched and supervised play related activities were provided.

A degree of anxiousness was also expressed around vulnerable children not accessing the service, this issue proved a concern for all 4 models and therefore remains a critical challenge for the programme. The effect of the free service on existing Breakfast Clubs gave cause for concern due to the effect on supervision ratios and therefore club activities although support was expressed for the continuation of the free service. Overall most of the concerns raised at the start of the pilot were overcome. The broad consensus was that the initiatives should continue to run in the future, as their perceived benefits seemed to outweigh any disadvantages.

The benefits identified in this research were predominantly improvements in punctuality and attendance which were apparent in all 4 models additionally the value of play and social interaction

was also emphasised in the club models. A major benefit highlighted for parents was additional ‘childcare’ i.e. enabling parents to access work or education earlier in the morning.

Key Issue - Supervision
Recommendation - Increased staffing provision. Volunteers/parent helpers.

Key Issue - Targeting vulnerable children
Recommendation - Sensitive and non-patronising targeting of families by schools. Liaison with Social Services.

Key Issue - Activities after breakfast
Recommendation - Provision of games and equipment (health related e.g. toothbrushing).

Key Issue - Maintaining significant uptake
Recommendation - Active promotion to pupils and parents. Incentive schemes. Rewarding regular attenders.

“There has been good support for the Breakfast Service both evident from children’s attendance at it and verbal comments from parents”

quote regarding “breakfast service”

“A lot of children previously continually late for school are now on time and also some children who were absent have improved”

quote regarding “breakfast service”

WAY FORWARD

This research provides the agencies involved with a clear direction to shape the future roll-out and development of Glasgow’s Big Breakfast. There is significant potential for the development of health related activities within the service. Ideally a programme of health promoting activity should become a core element of Glasgow’s Big Breakfast, in line with the ‘European Network of Health Promoting Schools Model’.

This model underpins the integrated approach to the New Community Schools roll out, in which the development of Glasgow’s Big Breakfast should be an integral part, bearing in mind the suggestions and recommendations of ‘Hungry for Success’, the final report of the Scottish Executive’s expert panel on school meals.

SO WHAT’S NEXT

Breakfast Club Assistants

The development of a health promotion programme core to Glasgow’s Big Breakfast will be supported by the employment of Breakfast Club Assistants.

These posts will undertake specific health related activities during the operation of the breakfast service with the initial focus on establishing toothbrushing programmes. It is envisaged this workforce will provide the capacity to address the key issues identified from this research whilst progressing the breakfast service, in areas of greatest need, to the desired Breakfast Club model.

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A ‘pdf’ version of this document is available to download from the above website.



A SUMMARY OF THE EVALUATION OF GLASGOW’S BIG BREAKFAST PILOT PROJECT

A partnership approach to delivering Breakfast Provision in Glasgow, involving Glasgow City Council and Greater Glasgow NHS Board

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MARCH 2004

A summary document disseminating research and evaluation findings produced by Scottish Health Feedback



“Hopefully more children will be on time. Children will not feel unwell mid-morning because they’ve had nothing to eat and children will be brighter mentally because they have eaten healthily”

quote regarding "breakfast club"

➡ **BACKGROUND**

Breakfast Clubs first started to appear in Glasgow in the early 1990's. The few that existed were primarily prompted by concern in the community that children were buying confectionery for breakfast, which was having a detrimental effect on their diet, oral health and personal safety.

These early Breakfast Clubs varied widely in terms of operation and sources of funding, and were therefore largely unsustainable. They did however demonstrate a 'whole child' approach incorporating health and social dimensions.

Breakfast Clubs encouraged the involvement of the whole school and wider community, promoting social interaction and skills based play in addition to the provision of a healthy breakfast. Breakfast Clubs encompassed a health promoting schools approach.

An earlier evaluation, undertaken by Greater Glasgow NHS Board (G.G.N.H.S.B.) in collaboration with Health Education Board for Scotland (H.E.B.S) identified good practice, areas of health impact and the effectiveness of different organisational models. The benefits identified were; increased attendance and punctuality; improved educational performance, as well as improved diet and oral health, flexible childcare, volunteering and access to employment opportunities.

This work supported the identification of financial and operational support for a parallel initiative by Glasgow City Council to provide free breakfast to all children in Glasgow. This initiative links closely with Glasgow Healthy City Partnership's Food and Health Framework and complements other initiatives such as 'Fruit in Schools', healthier school meals and community food initiatives.

➡ **PILOTING GLASGOW'S BIG BREAKFAST**

A free breakfast service pilot (Glasgow's Big Breakfast) was introduced into 20 Glasgow Primary Schools by Glasgow City Council in February 2002. Glasgow's Big Breakfast provided free breakfast (cereal, milk, toast and fruit juice) to all pupils who attended however there was no provision for non-breakfast activities such as structured play or toothbrushing. Before introducing Glasgow's Big Breakfast on a city wide basis, a 12 week pilot study was conducted between February

➡ **THE MODELS**

Type of Provision	Staff	Activities	No.
Breakfast Service	2 Catering Assistants	None	14
Breakfast Service with 'added value'	2 Catering Assistants	Toothbrushing	2
Breakfast Club	Breakfast Club Co-ordinator and 2 Catering Assistants	Toothbrushing Structured Play	2
Existing Breakfast Club	Breakfast Club Co-ordinator and 2 Catering Assistants	Toothbrushing Structured Play	2

The pilot project therefore aimed to establish 18 new breakfast services/clubs, as well as monitor how two existing clubs incorporated the free service provision. All initiatives were to offer breakfast free of charge to those attending. As the breakfast services and clubs began to operate, it was hoped that strengths and weaknesses of the four different types of model would be identified.

➡ **RESEARCH AIMS AND APPROACH**

The main aim of the research was:

To assess the effectiveness and impact of each of the four different models.

The key objectives of the research were to:

- 1 Obtain baseline data on a number of factors, including:
 - Classroom based behaviour (based on views of teaching staff).
 - Concentration levels (based on views of teaching staff).

2002 and May 2002. This involved 20 Primary Schools and was designed to compare 4 different breakfast service models, identify logistical and practical concerns and observe the effect of free breakfast on established Breakfast Clubs.

“It has been a lot more positive than I thought. Children are getting into good habits, learning to sit at a table with a spoon in their hand and eating from a bowl, not on the hoof while watching TV in the mornings. They’ve a healthy breakfast in a meaningful environment”

quote regarding "breakfast service"

- Perceptions of Breakfast Clubs/services.
- Ability to undertake 'added value' activities.
- Expectations of clubs/services.
- Community links.
- Views on need for a Breakfast Club/service.

Baseline questionnaires were distributed to head teachers in the first few weeks of February 2002, these contained a mixture of structured and open-ended questions.

2 Obtain process/monitoring data on a number of factors including:

- Organisational issues (where and how the club is operating).
- Impact on school and teaching staff.
- Uptake.

Monitoring questionnaires were distributed to head teachers in March, these contained a mixture of structured and open-ended questions.

3 Assess the outcome and effect of the Breakfast Clubs/services:

- On teachers and school staff (views on pupil performance and behaviour, perceptions of clubs).
- On the school itself (links with community, impact on ethos of the school).

Ten initiatives were selected for semi-structured interviews. Twenty interviews took place in total with a mixture of senior teaching staff and breakfast service staff. The 10 initiatives selected comprised all models, in addition the plain service provision models were selected to represent initiatives with both relatively high and low levels of uptake.

➡ **KEY FINDINGS**

Baseline

At baseline the vast majority of respondents expressed there was a necessity for some form of breakfast provision within their schools. The main reason for this appeared to be groups of pupils attending school perceived to have had no breakfast, described as 'vulnerable groups'.

However, a number of concerns were voiced:

- Large groups of pupils attending school before 9am may create disruption which would impinge upon teaching staff preparation time.
- Supervision of pupils in breakfast service area and playground.
- Cost of the venture might be prohibitive.
- Perceived vulnerable group of pupils might not attend.

Monitoring stage

In general, response at this stage of the research demonstrated the majority were very satisfied with the way most aspects of the pilot had been running and hoped they would continue to operate in the future. Most of the concerns identified at baseline had not arisen, although in some cases a perceived added workload for senior members of staff was reported. Some anecdotal evidence suggested there had been improvements in attendance, behaviour, punctuality and quality of pupils work in the morning.

The initiatives that incorporated toothbrushing had noticed improvements in the oral health behaviours of attenders and in some cases it was reported attenders had developed healthier eating habits as they had been observed consuming less sweets, crisps and fizzy drinks at morning break.

Outcome

After 12 weeks some concerns were elicited in relation to supervision. A number of Head Teachers reported they would be more comfortable if more adult assistance was forthcoming to increase supervision. Most were satisfied with the quality of food on offer although it was suggested a wider variety should be provided, for example, hot food should be on offer in winter months.

Most initiatives had the aim of attracting vulnerable pupils to the service however only one initiative reported that the majority of this group were attending, all other initiatives expressed concern that most vulnerable pupils were not accessing the service, that they were hard to reach and were often not in school for 9am. It was suggested that working parents were utilising the service as a source of pre-school childcare.

“The children who were consistently late are still late and do not attend the service”
 “Seventeen in total come out of a possible 108. The children who do come enjoy the breakfast. Generally the main aim of reaching families of the lower paid and vulnerable is not being met”

quote regarding "breakfast service"

Despite these concerns the majority of respondents wanted the service to continue, the rationale being that even if a few of the vulnerable pupils attended, other children were making use of the service and enjoying the experience and benefits had been noted by school staff. Some respondents intended to promote the service more actively, or provide more play-related activities to try and boost attendance figures.

➡ **STRENGTHS/WEAKNESSES OF DIFFERENT ORGANISATIONAL MODELS**

There was limited understanding of different models at baseline however around one third of respondents stated 'clubs' encompassed activities such as games, toothbrushing and other health promoting activities.

Responses relating to the main aims of Glasgow's Big Breakfast varied slightly between 'clubs' and 'services', all cited 'providing children with a healthy breakfast' as an aim however the 'clubs' reported wider aims such as:

- Targeting vulnerable children.
- Improving oral health.
- Assisting parents to access training/employment.
- Providing a secure and inclusive environment.

Attempts to forge links with parents and wider community had been made in the new Breakfast Clubs, with play and skills development featuring prominently. Interestingly some breakfast service schools purchased games and play equipment from the school budget as children complained of being bored after breakfast, suggesting a recognised need for play and skill development activities already found in 'clubs'.

Toothbrushing was established in the new Breakfast Clubs however toothbrushing ceased in the existing clubs due to increased numbers and therefore decreased supervision.

Toothbrushing was implemented successfully in one of the breakfast services although little success was experienced in the other, as they were unable to sustain toothbrushing once established, lack of time and capacity of catering staff were identified as critical factors.

Benefits of Glasgow's Big Breakfast elicited from respondents from all models included:

- Improved work, behaviour and alertness in the morning.
- Improved punctuality and attendance.

Provision of childcare. Only 'clubs' reported they observed children benefiting from the social aspect.

In relation to the effect on staff, Head Teachers from the new clubs noted an increase in workload in the early phases but not latterly when the Breakfast Club co-ordinators were fully established. Breakfast service respondents reported the workload had been less than expected.

In general all respondents hoped free breakfast provision would be continued with club respondents citing reasons such as general health of attenders as well as the social aspect and positive impact on school ethos.

Although breakfast service respondents did add some notes of caution around lack of supervision and activities for children after breakfast. In some cases upwards of 80 children attended daily with only two catering staff on site to serve and supervise.

As shown in the following graph in terms of attendance the new 'club' models had the highest percentage of school roll attending with an average of 35%. The lowest percentage attendance was 14% whereas the highest was 49%. The attendance was highest immediately after the establishment of the breakfast service.

“Very positive view of impact of club on school ethos. Children are benefiting from the club in terms of their diet and PSD. It has helped school ethos enormously and impacted on late coming”

quote regarding "new clubs"