

**A report of the Scottish
Community Diet Project's
Breakfast Club Seminar**

Wednesday 4th August '99

**SCOTTISH COMMUNITY DIET
PROJECT**

"For many Scottish children, choice is simply not on the breakfast menu. Whether because of family commitments or family economies, they find themselves clutching cash to buy something from the shop on the way to school, or simply having nothing all to start the day. Over the past few years there have been many attempts to address this problem.

The term breakfast club has been applied to disparate schemes all around Britain... places intended to have an all-round child appeal with a much wider remit than putting food inside hungry children, or healthier food than the sweets, crisps and fizzy drinks on which they have chosen to spend their breakfast money. These clubs are, however, usually voluntary and run on the shortest of shoestrings. Sometimes they manage to survive no more than a couple of months... Others gather momentum and stay the pace, developing a range of activities far beyond the supply of tea and toast. Diverse though their structures may be, the nothing which they have proved is that they are a very necessary part of the jigsaw which ensures the health and well being of our children."

Marian Pallister, The Herald, Tuesday July 20th, 1999

"Lifelong food preferences are established at an early age: and so eating habits of young children are an important start."

*Working Together Towards a Healthier Scotland,
Scottish Office, 1998*

"Children attend breakfast clubs for many reasons: poverty is not the only one. Often children are left to fend for themselves in the morning as parents leave for work as early as 6.30am. Even when parents are at home, lack of awareness about the importance of breakfast, lack of habit, time or organisation may all result in children leaving home without having eaten since the night before. Boredom and loneliness have also been factors in the failure to eat breakfast as television or video games become a substitute and source of distraction while getting ready for school."

*Why breakfast clubs were started,
Foodpath Breakfast Programmes, Canada, 1999
<http://www.foodpath.org>*

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INTRODUCTION

What is a breakfast club? Why set one up? Where do you start? When do they work best? What keeps them going?

To find out how other people have faced these and many other questions about breakfast clubs, a national conference was held on 4th August 1999 to bring together volunteers, professional staff, and policy makers involved or interested in this increasingly popular activity.

Breakfast Daze, was jointly organised by the Scottish Community Diet Project and North Glasgow Community Health Project (formerly Possil and Parkhouse Community Health Project) following the success of a Glasgow-wide seminar on Breakfast clubs held by North Glasgow Community Health Project a year earlier. Staff from this initiative approached the SCDP to discuss the feasibility of organising a similar event again, but this time from a national perspective, involving a wider range of groups and agencies.

Breakfast Daze indeed attracted a wide audience reflecting the currently high level of interest in breakfast clubs across Scotland and beyond. The Glasgow venue was packed to capacity with over a hundred participants attending including community health project staff and volunteers, health board and local authority workers, and representatives from Kellogg's and an MSP.

The programme was deliberately structured to accommodate this diversity of interests and the varying levels of expertise and understanding of breakfast clubs which participants brought with them. Some came with little or no direct involvement in breakfast clubs and simply wanted to find out more. Others came with years of experience and specialised knowledge and were looking ahead with such questions as how to sustain and develop clubs in the future.

From listening to experienced workers about the different dimensions of breakfast clubs, to informal small group and workshop activities, time was utilised to best effect in the hope of answering the many questions and queries the group brought with them. Plenty of time between sessions was also allocated to allow the group to network and browse at the information displays and colourful artwork produced by children from local breakfast clubs.

Brian Beacom MBE, co-ordinator of North Glasgow Community Health Project, chaired the event and Lizanne Hume, Development Officer for the SCDP supported Brian by helping to direct the event's group activities.

WHY HAVE BREAKFAST CLUBS ?

THREE PERSPECTIVES

“In Glasgow, two out of three children have or require some form of dental treatment for decay by the age of five. Children who live in deprived areas of Scotland are four times more likely to be in need of dental treatment than those in more affluent areas are.”

“Breakfast clubs feed children physically, emotionally and educationally”

“Success to me was seeing an extremely shy little girl look you straight in the face and smile for the first time or when a little boy chose to sit with others to eat rather than alone in the corner as he had previously.”

To give a flavour of some of the benefits that breakfast clubs can have on the health and social development of children, Breakfast Daze welcomed the contribution of three experienced practitioners in the field of breakfast club development.

Yvonne Blair is the Pre-five Year Old Oral Health Gain Project Leader within Greater Glasgow Health Board's Department of Public Health. Yvonne presented the oral health dimension of breakfast clubs and highlighted the contribution that breakfast clubs can and are making to improving the dental health of Scotland's school children, particularly within deprived areas. Notes from Yvonne's presentation is contained within the report's appendix section.

The second perspective of why have breakfast clubs was presented by **Karen Payne**, a Community Dietitian working within the North Glasgow area who has been instrumental in setting up and supporting a wide range of breakfast club initiatives in recent years. Karen drew upon a research findings, as well as first hand anecdotal evidence to highlight the nutritional significance of breakfast clubs to the health and learning potential of children. Key highlights from Karen's presentation are also contained within the report's appendix section.

Sadie Gordon, Development Worker for Glasgow North Community Health Project, drew upon her wealth of direct experience with the Westercommon Breakfast Club in Glasgow's Possil Park, to highlight the social significance of breakfast clubs. Companionship, learning to play in group activities, peer education, and relating with adults are only some of the social benefits of breakfast clubs, which Sadie shared with participants at Breakfast Daze. More detail about Sadie's work can be found in the appendix section.

MORNING WORKSHOPS

“Involving communities and involving young people will ensure that breakfast clubs have a better chance of success.”

“Are our children receiving mixed messages at school about health? Tuckshops in some schools are open before 9am selling sweets, crisps and fizzy drinks while a breakfast club is being run in a different room in the same building at the same time trying to encourage children to eat more healthily!”

“The children love paying for breakfast...it's confidence building”

“Breakfast Clubs have as much to do with listening as they have with eating”

Getting started was theme of the first small group activity and focused on getting breakfast clubs up and running. There are many issues that group's encounter in the initial stages of setting up a breakfast club such as finding funding, identifying and training volunteers, finding a suitable venue that meets health and safety regulations, and securing the support of parents and teachers.

Participants were asked to form small groups and asked to discuss and jointly agree on: one key barrier and one key aid to starting up a breakfast club and one key barrier and one key aid to maintaining a breakfast club

Groups aimed to come to a consensus in their discussions and recorded their findings on one worksheet per group. The key findings are summarised below in order of the frequency they were raised.

Starting Up Breakfast Clubs

Key Barriers (listed in order of frequency)

- Finding funding
- Finding appropriate venue and facilities
- Relying on the good will of volunteers as no money to pay staff
- Training local people in food hygiene skills
- Winning the support of key individuals and agencies- school staff and pupils, parents, school caterers
- Dispelling the 'poverty' stigma attached to attending a breakfast club

Maintaining Breakfast Clubs

Key Barriers (listed in order of frequency)

- Securing long term funding
- Sustaining the support of professional workers and volunteers
- Lack of monitoring and evaluation procedures to develop the club further and justify its continuation to funders

Starting Up Breakfast Clubs

Key aids (listed in order of frequency)

- Having the support of key groups and local agencies - parents, pupils, school Staff, education department, health promotion department
- Having a set of shared aims and objectives from the outset
- Having training and support structures for volunteers built in from the outset
- Having established a good relationship with the local school, children and parents about the role of breakfast clubs prior to the club being launched. Conducting a needs research can help this process
- Having a motivated, flexible and committed steering group behind the initiative from the outset. The steering group should consist of both members of the local community, school staff, local agencies, and parents. Older school pupils may also be involved
- Integrating the breakfast club within the framework of the local authority and health board's wider priorities
- Having an initial financial input to get initiative up and running
- Networking with other breakfast clubs - recognising the value of drawing on the experience of others

"Maintaining the community development ethos of breakfast clubs is vital. It's important to not let other agencies take over or claim all the glory for the club's success on the strength of the community's hard work."

Maintaining Breakfast Clubs

Key aids (listed in order of frequency)

- Having a secure source of funding
- Having clear guidelines and models of development
- Ensuring the community has a sense of ownership and satisfaction with the club. This can be assisted by developing a programme of activities for the children which involves the wider community and supporting agencies - and is separate, but complimentary to school activities
- Maintaining partnership working with key agencies throughout the club's development and not just in the early stages

AFTERNOON WORKSHOPS

“Within 1 year our goal would be to have breakfast club provision during summer holidays and begin to address dental and diet issues. Within 5 years we would like to have a policy in place to sustain school breakfast club programme that is subsidised and takes into account of single mothers going back into workplace.”

“Money is always a worry and uncertainty.”

“Our goal in five year’s time is to have free standing, volunteer led clubs. Projects currently supporting clubs can then move on to address other health issues identified by the local community.”

Having considered getting started and maintaining breakfast clubs during the morning session, **keeping going** was the theme of the afternoon workshops. Much of the afternoon was spent in workshop groups using the experience of five breakfast clubs nationally to address the issue of how to sustain breakfast clubs in the longer term. An experienced worker with direct or indirect involvement in one or more breakfast clubs facilitated each workshop.¹

To kick-start the session facilitators were asked to prepare a short presentation about their hopes for breakfast clubs in one year’s time and in five years time. Participants were then encouraged to share their own views about future hopes and concerns for breakfast clubs, and how we might put the ideas into action. The following points were echoed throughout each workshop.

- Breakfast clubs are gaining **political recognition**. Both the Social Inclusion Task Force and the Community Schools Initiative were launched at Breakfast Clubs. This recognition is a positive sign for clubs as long as the political will is also there to support them with funding opportunities and not just media coverage.
- The term ‘**club**’ was described as sounding ‘**welcoming**’ and ‘**sociable**’. Central to breakfast clubs was treating children with ‘**respect**’ and offering ‘**choice**’. These and other benefits were felt to be at threat from simply offering a breakfast ‘provision’ service within schools.
- It was important to **value** and consider all sources of **voluntary help**, recognising that volunteers don’t always have to be parents or women. Breakfast clubs have a role in challenging gender and stereotypes. Some clubs have found that a volunteer policy can be helpful for this reason.

“The contribution of volunteers is essential to ensuring the breakfast club model in its current form continues. In an attempt to address the low response from the community to volunteering for various project initiatives, Magic Wand have employed the services of Volunteer Development Scotland to develop a strategy of volunteer recruitment, support, training and policy”.

“Clubs should be places where kids feel safe and happy and learn to play as well as eat better and clean their teeth.”

- To be **successful** in the long-term, clubs have found **that full school support** is essential. This means trying to involve lollypop people, cleaners, janitors, as well as catering staff, teachers, and parent-teacher groups.
- Linking breakfast clubs to **government childcare initiatives** and local education departments may improve their sustainability.
- For the dietary messages of breakfast clubs to have any impact, there has to be **consistency** with other school practices e.g. tuck shops, school meals.
- Recognition must be given to the fact that breakfast clubs sometimes need to be **flexible** to accommodate the preferences of different age groups. ‘Eleven’s’ should also be promoted as a time to eat breakfast, particularly for young women in secondary schools
- Many clubs would welcome local or national **sponsorship**, but support would have to be **without strings**.
- Breakfast clubs have to have a **child friendly** atmosphere to attract and keep kids coming. The nutrition element is vital, but equally vital is developing its fun appeal too.
- Encouraging the development of **football breakfast clubs** may help promote and market the breakfast club idea to children
- Breakfast clubs may need to **recruit** the help of local workers in order to encourage the attendance of the **most vulnerable** groups in a non-stigmatising way. Support workers, parents, health visitors can help do this.

“A good breakfast helps kids concentrate in class”

- Examine what happens at breakfast during **school holidays** and weekends if parents aren't used to providing breakfast for their kids. Is there some way of expanding the service to cover school holidays?

“It may be unrealistic to have a club in every school within one year, so be realistic in goal setting.”

- **Liason with contract catering staff** within school kitchens was also noted to be a complex area. Some groups found that working with paid school meals staff helped overcome the problem of volunteers not being allowed to prepare food on catering premises for food safety reasons.

“Regular attendance does not mean coming every day - once a week is still very good.”

- **Food hygiene and safety** must be considered. Groups should find out about legal requirements. Food safety courses can't be forced on volunteers, but would be necessary for those handling food.

“To move forward, current problems have to be tackled - also need to record the process and need to have clear goals and agenda that are shared. Having baseline information from the start can help in the evaluation process.”

- **Be realistic about expectations** for Breakfast clubs - small goals are more achievable and success breeds more success. The danger is setting clubs up to fail by starting off too ambitiously.
- Address problems and move forward knowing that **mistakes are all part of the learning process.**

“It is not just about the numbers of kids eating breakfast - clubs need to reinforce the wider advantages of coming along for breakfast”

Facilitators

- ¹ Susan Brookbank, Magic Wand Community Health Project, Barrhead. Debbie Gardener, South West Community Health Project, Glasgow. Phil Whyte, Greater Glasgow Health Promotion Department. Audrey Laycock, Burnfoot Community Health Project, Hawick. Michael McDermott, Cambuslang Health and Food Project.

CONCLUSION

A variety of Different Experiences

Anna Baxendale, senior health promotion officer with Greater Glasgow Health Board, agreed to conclude the seminar with some thoughts about the day. Anna is currently involved in research-based work into breakfast clubs, which aims to explore the strengths of different organisational arrangements within new and existing clubs.

“Breakfast clubs should focus on sustaining what has already been established and build on from there gradually. Breakfast clubs are now part of wider government policy such as social inclusion, child strategy, best value in education, and early intervention. It’s vital therefore, that we work to bring together both the community side and strategy side of clubs so that they develop in partnership and not in opposition.”

In conjunction with the work of the Scottish Community Diet Project and the Health Education Board for Scotland, the outcomes of this research will help inform and support future breakfast club developments throughout Glasgow and the rest of Scotland. An outline of the research is contained within the appendix section.

Anna drew Breakfast Daze to a close by emphasising the ***“importance of keeping the hard work going within all of Scotland’s breakfast clubs.”*** She also highlighted how the lessons from the GGHB research would be disseminated in a variety of ways, including a proposed SCDP’s breakfast club toolkit, which is hoped to be launched in summer 2000. This toolkit plans to draw upon the outcomes of Breakfast Daze, and other breakfast club activity both at a local and national level to help share good practice and provide a framework for new clubs developing, as well as existing clubs looking to develop further.

“Getting started, getting funded and getting support” were highlighted as the three new opportunities for breakfast clubs as they increasingly become on more people’s agendas. However, in agreement with comments made during the day, Anna emphasised how the old challenges for breakfast clubs remain.

“Are breakfast clubs working to simply provide a breakfast provision service to school children, or are they in fact clubs which are special by having more depth and involve children and the community in a completely different way?”

Anna finished by posing a question to the participants (see opposite). From the group’s discussions throughout Breakfast Daze, the answer, however, seemed clear. Breakfast clubs are aiming to strive to maintain a community ethos, despite the many obstacles and challenges encountered along the way. There was a general hope from participants that all groups, agencies and policy-making bodies will continue to support and safeguard the true breakfast club ethos and not allow, as Anna cautioned, Breakfast clubs to ever simply become ***‘the flavour of the month’***.

THANK YOU !!

The Scottish Community Diet Project would like to extend its warmest thanks to the many individuals, groups and agencies that helped support and organise Breakfast Daze. In particular, we would like to thank Sadie Gordon from North Glasgow Community Health Project who approached us initially about organising the event, Brian Beacom, MBE for chairing the sessions, and Angie also from North Glasgow Community Health Project, who helped Claire McCormack from the SCDP during the mad rush at registration!

Many thanks also to all the workshop facilitators, speakers and note takers throughout the day. As always, your hard work and co-operation is greatly appreciated. A special thanks also to the Breakfast Clubs who contributed artwork for us to display. Thanks also to the staff at the Renfield St Stephen's Centre for accommodating our many requests in the lead up to the event.

Most importantly thanks to all the participants who joined us on the day and contributed with such enthusiasm and energy. I hope you found the day as helpful and productive as we did. Our free quarterly newsletter Fare Choice regularly features news and articles about breakfast clubs, so please get in touch if you are not already on our mailing list.

Lizanne Hume

Development Officer
Scottish Community Diet Project

Bill Gray

National Project Officer
Scottish Community Diet Project

ADDITIONAL INFORMATION AND RESOURCES

The Rough Guide To Starting Up a Breakfast Club

Cambuslang Health and Food Project, March 1999

9 Main Street

Cambuslang G72 7EX

Tel: 0141 641 5169

Hallside Breakfast Club Pilot Scheme - Evaluation and report

Eleanor Murray

Cambuslang Health and Food Project, March 1999

9 Main Street

Cambuslang G72 7EX

Tel: 0141 641 5169

The Big Breakfast Club - Evaluation Report

Uzma Rehman, Health Promotion Department, May 1998

Greater Glasgow Health Board

Health Promotion Department

Dalian House, 350 St Vincent Street

Glasgow

Tel: 0141 210 4990

The Evaluation of a New Initiative to Support the Creation of Breakfast Clubs in Greater Glasgow - Stage 1

Andrew MacGregor, Scottish Health Feedback, February 1999

c/o Greater Glasgow Health Board

Health Promotion Department

Dalian House, 350 St Vincent Street

Glasgow

Tel: 0141 210 4990

Fit for School

How Breakfast Clubs Meet Health, Education and Childcare Needs

Edited by Nick Donovan and Cathy Street

New Policy Institute, Kids Club Network

109 Coppergate House

16 Brune Street

London E1 7NJ

Tel: 0171 721 8421

Food for Thought: Breakfast Clubs and Their Challenges

Cathy Street and Peter Kenway

New Policy Institute, 19999 Coppergate House

16 Brune Street

London E1 7NJ

Tel: 0171 721 8421

A feasibility study for an evaluation of breakfast bar provision on nutrient intake in an area of urban deprivation

Ali Bell, Annie S. Anderson, George Gammack

Final report for the Scottish Office, September 1998

Working Paper Series Number 12

Centre for Applied Nutrition, University Of Dundee

Tel: 01382 345 383

***Carlibar Breakfast Club Evaluation Pilot Project,
Supported by NTL CableTel***

Susan Brookbanks

Magic Wand, Community Safety and Health Project, July 1999

c/o Lavern Valley Community Centre

Water Road

Barrhead G78 1SQ

Tel: 0141 577 4818

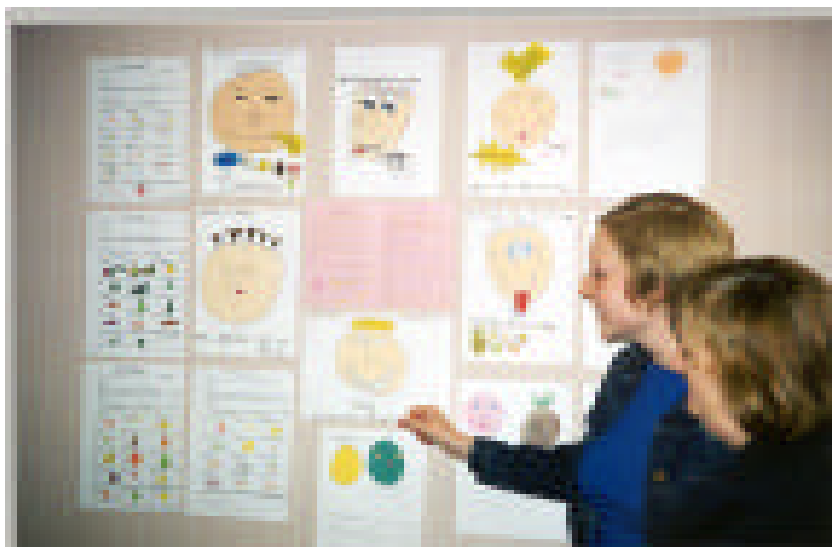
Participants

First Name	Last Name	Group/Org1	Town
Andrena	Reid	East Ayrshire Council	KILMARNOCK
Angela	Blair	London School of Hygiene	LONDON
Anna	Baxendale	GGHB Health Promotion	GLASGOW
Audrey	Laycock	Borders Primary Care	HAWICK
Brenda	Souny	SEAL	GLASGOW
Brian	Beacom MBE	North Glasgow CHP	GLASGOW
C.	Shaw	CHAF	CAMBUSLANG
Carol	Bushby	Perth and Kinross Council	PERTH
Cathy	Steer	Highland Health Board	INVERNESS
Christine	Hamilton	Polbeth Health Initiative	POLBETH
Christine	Buckly		BLACKWOOD
Claire	Garton	Pre-5 Oral Health Gain	GLASGOW
Colin	Agnew	Childcare, Easterhouse	GLASGOW
D	Bowie		GLASGOW
Debbie	Gardener	South West Area CHP	GLASGOW
Dorothy	Morrison	GGHB	GLASGOW
E	Anderson		GLASGOW
Eleanor	Thompson	Magic Wand	BARRHEAD
Elizabeth	Murdoch	Phoenix Health Project	GREENOCK
Ellen	Hurcombe	Community Health Project	GLASGOW
Elsbeth	Gracey	Clydebank Health Issues	CLYDEBANK
Fiona	McNairn	Lanarkshire Health Board	HAMILTON

Fiona	McLeod MSP	Shadow Junoir Minister for Children and Sport	EDINBURGH
Gillian	Kynoch	Forth Valley Primary Care	LARBERT
Grace	Curry	Health Visitor	GLASGOW
Hazel	Broome	Tayside Health Promotion	DUNDEE
Helen	Gibbings	Kelloggs	MANCHESTER
Helen Louise	Douse	Vale of Leven Health Promotion	DUMBARTON
Ian	Stewart	Gorebridge Health Project	GOREBRIDGE
Iris	Hall	Whiteinch Fellowship	GLASGOW
Isobel	Minns	Cambuslang Childcare Project	CAMBUSLANG
Isobel	Banks	CHAF	CAMBUSLANG
Jane	Allan	Phoenix Health Project	GREENOCK
Janet	McKnight	Stirling Health and Well-Being Alliance	STIRLING
Janette	McCormick	Stirling Health and Well-Being Alliance	STIRLING
Jean	Waters		BLACKWOOD
Joanne	McCreery	Fife Health Promotion	FIFE
Joanne	Reilly	GGHB	GLASGOW
John	Dunn	Phoenix Health Project	GREENOCK
John	Stewart	SEAL CHP	GLASGOW
Joy	McPeat	GGHB	GLASGOW
Karen	Payne	Springburn Health Centre	GLASGOW
Kathe	Jacob	Gorbals Social Work	GLASGOW
Laurence	McIntosh	Community Education	GOREBRIDGE
Lesley	McCranor	South Lanarkshire Council	HAMILTON
Lillias	Murdoch	Phoenix Health Project	GREENOCK
Linda	McGrath	Perth and Kinross Dietetic	PERTH

Lynn	Brennan	CHAF	CAMBUSLANG
Maria	Docherty	Maryhill CHP	GLASGOW
Mary	Cameron	Greater Glasgow Primary Care NHS Trust	GLASGOW
Michael	Hardie	Maryhill CHP	GLASGOW
Michelle	Wardrop	Primary Care Trust	GLASGOW
Mick	McDermott	CHAF	CAMBUSLANG
Morag	Campbell	HPC NHS Trust	INVERNESS
Mr	Taylor	Argyll & Bute Council	LOCHGILPHEAD
Nicola	Brown	GGHB	GLASGOW
Olivia	Marks-Woldman	Volunteer Development Scotland	STIRLING
Pauline	McVey	Childcare Greater Easterhouse	GLASGOW
Pearl	Hamilton	Health Promotion Manager	ARDEER
Phil	White	GGHB	GLASGOW
Renee	Slater	Aberdeen City Council	ABERDEEN
Richard	Hall	Kelloggs	MANCHESTER
Rosemary	Venditozzi	Glasgow North Childcare Partnership	GLASGOW
Ruth	Tweedie	Lanarkshire Health Board	HAMILTON
Sadie	Gordon	North Glasgow CHP	GLASGOW
Stephanie K.	Meikle	North Ayr Partnership	AYR
Susan	Brookbank	Magic Wand CHP	BARRHEAD
Tish	Hoole	Lochaber Health For All	FORT WILLIAM
Yvonne	Blair	Pre-5 Oral Health Gain	GLASGOW

BREAKFAST DAZE PHOTO GALLERY



Appendices



ORAL HEALTH PROMOTION **VIA BREAKFAST CLUBS** **IN GLASGOW**

Yvonne Blair

Pre-5-Year-Old Oral Health Gain Project Leader
Department of Public Health, Greater Glasgow Health Board

Nutrition and health

In 1996, Health Visitors first raised concern at the high proportion of school children who were to be seen within the Possilpark community of Glasgow (DEPTCAT 6 and 7) consuming confectionery and carbonated drinks on their early morning journey to school. It was evident that these children felt the need to consume calories at this time and that these were the foods of convenience. However, in view of the recommendations contained in *Scotland's Health: A Challenge To Us All, A Diet Action Plan For Scotland*, 1996, and *The Oral Health Strategy for Scotland*, 1995, there was a desire among local Health Visitors to amend the eating habits of children. These national strategic documents both contain specific advice on the reduction of sugar consumption in terms of:

- frequency
- overall quantity

A reduction in the frequency of sugar consumption is paramount to caries prevention. A reduction in overall quantity is of greater influence on general health e.g. obesity. Additional recommendations commend preferentially increasing the consumption of complex carbohydrates, fresh fruit and vegetables.

Breakfast Clubs were considered to be an ideal mechanism for helping children to bring about the desired positive dietary change.

The foods and drinks available at the Breakfast clubs are described by Karen Payne and were selected following consultation with parents and in collaboration with the multi-disciplinary members of the Possilpark Breakfast Club Committee. This is in line with the national nutritional recommendations.

Dental health statistics

The dental health statistics for Scotland continue to make disappointing reading.

The decay experience for 5 year olds in Scotland in 1997/8 is graphically shown in Tables 1 & 2. Table 1 illustrates the range of mean dmft i.e. the average number of decayed teeth in Scotland by Health Board (HB). There is a great deal of variation and the differences between various HBs can be seen. However, not only are there differences between HBs but there are differences in average dmft within individual HBs. Table 2 shows how the average number of decayed teeth in Glasgow varies by deprivation score (DEPCAT). It is clear that the children living in the most challenging life circumstances have a greater burden of tooth decay than their