

# A Submission to the Joint Committee on Children and Youth Affairs on 'Tackling Childhood Obesity'

By Foróige

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## 1. Introduction

- 1.1** Foróige welcomes the opportunity to present this submission to the Joint Committee on Children and Youth Affairs, highlighting the role that youth work can and should play in tackling childhood obesity in Ireland. Young people aged between 10 to 24 represent 18.3% of Ireland's total population. While it is known that the majority of young people in Ireland are satisfied with their health<sup>1</sup> and are amongst the most active in Europe with over 70% playing sport or exercising once a week<sup>2</sup>, the Growing Up in Ireland longitudinal study has shown that obesity remains an issue with 20% of 13 year olds reported as being overweight<sup>3</sup>.
- 1.2** Foróige, the national youth development organisation, works with over 50,000 young people (aged 10-21) across Ireland. Much of this work focuses on areas of severe disadvantage where poverty and other social issues contribute significantly to Ireland's obesity crisis. Social class and the impact of socio-demographic factors such as financial security and educational attainment are also known to influence the levels of physical activity and health decisions of young people<sup>4,5</sup>. With a well established network of staff led youth projects, volunteer led clubs and groups in Foróige and other youth work organisations, youth work is ideally placed to identify, engage with and ultimately support young people experiencing health and wellbeing adversity.

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<sup>1</sup> Department of Health (2013) Health in Ireland Key Trends 2013. Dublin: Department of Health

<sup>2</sup> Eurofound (2014) The Social Situation of Young People in Europe. Dublin: Eurofound

<sup>3</sup> Growing Up in Ireland (2012) Key Findings No 2: Child Cohort at Thirteen Years No 2 Physical Activity and Obesity Among 13 Year Olds. Available at:

[http://www.growingup.ie/fileadmin/user\\_upload/Conference\\_2012/GUI\\_KF\\_A4\\_2\\_obesity.pdf](http://www.growingup.ie/fileadmin/user_upload/Conference_2012/GUI_KF_A4_2_obesity.pdf)

<sup>4</sup> Eurobarometer (2010). Sport and physical activity. Brussels, Commission of the European Communities. Available at: [http://ec.europa.eu/public\\_opinion/archives/ebs/ebs\\_334\\_en.pdf](http://ec.europa.eu/public_opinion/archives/ebs/ebs_334_en.pdf)

<sup>5</sup> Growing Up in Ireland (2012) Key Findings No 2: Child Cohort at Thirteen Years No 2 Physical Activity and Obesity Among 13 Year Olds. Available at:

[http://www.growingup.ie/fileadmin/user\\_upload/Conference\\_2012/GUI\\_KF\\_A4\\_2\\_obesity.pdf](http://www.growingup.ie/fileadmin/user_upload/Conference_2012/GUI_KF_A4_2_obesity.pdf)

<sup>6</sup> National Youth Council of Ireland (2014) Health Inequalities and Young People in Ireland: A Review of the Literature. Dublin: National Youth Council of Ireland

- 1.3** Foróige believes that youth work in general and Foróige in particular can have a positive impact on (a) child and young person obesity levels and on (b) physical activity levels in Ireland through universal and targeted youth work interventions. To address health inequalities, interventions should meet the needs of all young people, in particular those most disadvantaged<sup>7</sup>. Foróige would welcome the opportunity to engage in and support a focused campaign on promoting healthy lifestyle and living for young people nationally.
- 1.4** This submission will outline primary prevention strategies and sample targeted interventions to be delivered in a youth work setting which can have a positive impact on young people's obesity and activity levels.

## 2. The Need for Action

- 2.1** The need to address the growing obesity epidemic in Ireland is now well established. This need is driven by both economic and societal reasons. Research has put the direct and indirect cost to the Irish economy of obesity at €1.13 billion per annum<sup>8</sup>. This figure includes the cost of healthcare, lost productivity and absenteeism. Researchers state that the figures are conservative and do not reflect the human and societal costs. Young people who are obese and struggle with associated health issues are less likely to be engaged and active in their community, a trend that will not be reversed simply by time. Healthy Ireland recognises that “health and wellbeing are not evenly distributed across Irish society” and to reduce existing health inequalities a broad approach with targeted interventions is necessary<sup>9</sup>. It is recognised that in order to achieve the best health outcomes, interventions should be based on “focusing on the most disadvantaged groups, narrowing health gaps and reducing the social gradient”<sup>10</sup>.

## 3. Youth Work in the Irish Context

- 3.1** Youth work in Ireland was given a statutory basis under the Youth Work Act 2001<sup>11</sup>. Youth work builds on the personal and social competencies of young people through active, experiential and collective learning (learning by doing). It is intended to complement young

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<sup>7</sup> National Youth Council of Ireland (2014) Health Inequalities and Young People in Ireland: A Review of the Literature. Dublin: National Youth Council of Ireland

<sup>8</sup> SafeFood (2012) The cost of overweight and obesity on the island of Ireland. <http://www.safefood.eu/SafeFood/media/SafeFoodLibrary/Documents/Publications/Research%20Reports/Final-Exec-Summary-The-Economic-Cost-of-Obesity.pdf>

<sup>9</sup> Department of Health (2013) Healthy Ireland - A Framework for Improved Health and Well-being 2013 - 2025. Available at: <http://www.hse.ie/eng/services/publications/corporate/hieng.pdf>

<sup>10</sup> Farrell, C., McAvooy, H., Wilde, J. and Combat Poverty Agency (2008) Tackling Health Inequalities – An All-Ireland Approach to Social Determinants. Dublin: Combat Poverty Agency/Institute of Public Health in Ireland. available at: <http://www.publichealth.ie/files/file/Tackling%20health%20inequalities.pdf>

<sup>11</sup> Government of Ireland (2001) Youth Work Act 2001. Dublin: Government Publications

people's formal education through the provision of a range of educational and developmental programmes, based primarily on meeting their needs and interests and is planned and facilitated by voluntary youth organisations. Youth work provides life-long and life-wide opportunities to learn and develop new skills, knowledge and abilities which can greatly enhance a young person's life chances.

**3.2** Young people engage with youth work on a voluntary basis which is, in the main, delivered within the young person's community. While youth work is universal and accessible to all young people, it often focuses its work on those 'in need' and 'at risk'<sup>12</sup>. In Ireland, 53% of young people engaged in youth work activities are from "economically and socially disadvantaged backgrounds"<sup>13</sup>.

**3.3** Better Outcomes, Brighter Futures is Ireland's first overarching national policy which spans the ages 0-24 years. Outcome One 'Active and healthy, physical and mental wellbeing', focuses on the specific needs of young people with regard to their physical and mental wellbeing. Supporting young people to make healthy choices is recognised under the aims of Outcome one, specifically "physically healthy and make positive health choices".<sup>14</sup> The National Youth Strategy (2015) has its' foundation in Better Outcomes, Brighter Futures, and applies the five national outcomes to young people aged 10 to 24 years. The National Youth Strategy includes both universal and targeted interventions.

**3.4** Youth work organisations are structures and spaces where young people feel safe and operate on their own terms with adults they know and trust. Youth work organisations provide both universal and targeted services for young people across Ireland. Currently, youth work regularly addresses health issues such as smoking, alcohol, drug use and sexual health and delivers a range of secondary prevention targeted interventions. The youth work sector is excellently placed to address the issue of obesity, healthy eating and active living.

**3.5** A model of youth work developed by Howard Williamson (2017) outlines five features of successful youth work that make up a holistic approach, and which clearly highlights youth work's ability to impact positively on young people's health outcomes.

- Youth workers' relationship and close contact with young people;

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<sup>12</sup> Devlin, M and Gunning A (2007) The Purpose and Outcomes of Youth Work: Report to the Interagency Group. Dublin: Irish Youth Work Press.

<sup>13</sup> Indecon (2012) Economic Benefit of Youth Work.

[http://www.youth.ie/sites/youth.ie/files/Economic\\_Benefit\\_Youthwork\\_2012.pdf](http://www.youth.ie/sites/youth.ie/files/Economic_Benefit_Youthwork_2012.pdf)

<sup>14</sup> Department of Children and Youth Affairs (2014) Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People: Dublin: Government Publications

- Sustainability and partnerships with other actors (e.g. formal education, social work etc.);
- Enabling young people to experience life, to make mistakes and participate with their peers in leisure time activities;
- ‘Standing on their feet’: allowing young people to drive their own learning and development and to have autonomy;
- Commitment from young people, youth workers and the community.

(Williamson, 2017)

**3.6** Youth work is identified in international literature as having a hugely positive impact on young people’s personal and social development. Some such reports, strategies and literature reviews include:

- The European Youth Strategy (2009) and the European Commission (2014) which highlight the improved outcomes in the areas of Health and Wellbeing (i.e. changes in attitudes and dangerous or risk taking behaviours, improved self-awareness etc.) for those engaged in youth work.
- Dickson et al., (2013) who highlighted the improvements in pro social skills, leadership, and decision making skills, as well as improved sense of self, self esteem, confidence and self efficacy.
- The Department of Schools, Children and Families (UK) literature review in 2010 identified improvements in communication skills, self regulation skills, self efficacy, locus of control and motivation.

Youth work, as clearly evidenced above, is well placed to bring about positive changes in young people’s physical, mental and emotional health and wellbeing.

## 4. Current Primary Prevention Strategies

**4.1** Foróige has an existing range of programmes and services which can be harnessed to address the issues of obesity & low physical activity levels.

### **4.2 Manualised Programmes<sup>15</sup>**

‘Be Healthy, Be Happy’ is a holistic health & wellbeing programme based on the ‘Health Belief Model’ which aims to enable young people to take charge of their health & wellbeing in order

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<sup>15</sup> Manualised programme: is a programme that has been standardised through the development of manuals and accompanying resources for those who implement it.

to enhance the quality of their lives by developing strengths and assets in the areas of physical, mental, emotional and spiritual health. The programme consists of two modules, each containing a minimum of 13 hours of facilitated learning content to achieve specified learning outcomes aimed at 12-18 year olds. The programme can be used with groups or in 1:1 work. The programme covers topics such as nutrition, exercise, social skills and bullying, what helps and hurts mental health, personal strengths and talents, spiritual qualities and relaxation techniques.

- 4.3** 'Real U' is a personal development and sex education programme aimed at equipping young people with the skills, knowledge and confidence to develop healthy relationships and delay the onset of early sexual activity. The manual can also be used as method of exploring a number of topics relevant to obesity with young people including body image, emotional wellbeing, media images, positive ways to deal with stress etc. It is designed to be used with young people aged 12-18 years in a group work setting. It assists the development of skills such as decision making and communication skills which promote positive well-being and confidence. Agencies that have contributed to this manual are The Rape Crisis Network Ireland, The Marie Keating Foundation, BeLonGTo and the Health Service Executive Crisis Pregnancy Programme.
- 4.4** Other manualised programmes include: Network for Teaching Entrepreneurship (NFTE), A Life of Choices, Leadership for Life, Techspace, Citizenship, Drug Prevention Education.

## **5. Social Media**

- 5.1** Social Media is an excellent medium to disseminate, educate and challenge beliefs and habits relating to health and physical activity. Foróige has a national reach on Social Media platforms. The Foróige Facebook Page has over 100,000 Likes, the number of video views on our YouTube Channel is over 270,000, our Twitter following is over 10,000, while our Instagram and Snapchat accounts have more than 3,000 followers. In addition, Foróige has an extensive network of Social Media accounts for individual clubs and projects throughout the country. Strategic use of these platforms has given us the capacity to maximise the reach and impact of Social Media messages in order to engage key target audiences. Foróige would welcome the opportunity to lead, or support, a Social Media campaign to share health promoting messages, disseminate educational content on the subject and facilitate the

engagement and consultation of young people with regard to obesity & physical activity levels.

## 6. Foróige's Health & Wellbeing Policy

- 6.1** Foróige's 'Health & Wellbeing Policy for Voluntary Clubs and Projects' is currently under development. This health promotion policy is influenced by the Ottawa Charter for Health Promotion (1986). The National Health Promotion Strategy 2000-2005 lists the youth work setting as an ideal place for health promotion. The Policy will have a direct positive impact on young people through influencing and encouraging the development of health promoting evidence based youth work programmes & practices, the provision of youth friendly health information, the promotion of sports and a wide range of physical activity, the promotion of health enhancing behaviours, as well as more broadly encompassing Foróige's health promotion work in settings such as family support, the 'Big Brother, Big Sister Programme', online health promotion campaigns etc.

## 7. Targeted Interventions:

- 7.1** Foróige currently provides a comprehensive range of targeted programmes and projects for young people identified as being in need of additional supports nationally. These include:
- Teen Parent Support Programmes
  - Drug Education & Prevention Programmes
  - Garda Youth Diversion Projects
  - Neighbourhood Youth Projects / Youth & Family Support Programmes
  - Local Youth Services
  - Youth Cafes, including Health Cafes
  - Big Brother, Big Sister Mentoring Programme
  - Special Youth Projects
- 7.2** The primary prevention strategies listed above can be delivered to a more targeted audience of young people by professional youth work staff. But for those young people whose obesity levels or activity levels are of concern, a more focused intervention is required.

## 8. Sample Health & Wellbeing Targeted Youth Work Intervention

- 8.1** Foróige's Health & Wellbeing Policy supports the development of targeted interventions for young people whose social determinants of health are indicative of poor health outcomes.

Dahlgren and Whitehead's "social model of health" outlines the influences that exist on people's health outcomes<sup>16</sup> and the impact outside influences have on an individual's health outcomes. With 14% of people aged 15 - 24 living in consistent poverty<sup>17</sup> in Ireland, it is key that those who are most "at risk" have access to the supports and social capital needed to make positive health choices for improved outcomes. Foróige suggests the further development and roll out of targeted youth work interventions aimed at educating, mentoring and supporting young people to make practical, sustainable and life altering health changes.

**8.2** To highlight the ability of youth work to positively impact on the health outcomes of young people, a sample Health & Wellbeing targeted intervention is set out below.

### **8.3 Sample Project Outline**

The sample Health & Wellbeing intervention would be comprised of a multi strand non-formal education programme, delivered by trained youth work staff working with targeted young people aged 10-21 in a community setting to educate, mentor and support them to address the interconnected areas of obesity and low activity levels. Young people would be identified and referred by schools, social work, family support worker, youth worker, parents, self-referral etc.

**8.4** Elements of the proposed programme may include:

- The bespoke 'Be Healthy, Be Happy' programme delivered on a 1:1 or small group setting on a weekly basis. Additional modules may be developed by the Foróige Training, Learning & Development team to ensure relevancy and efficacy for target groups, including early school leavers, young parents, young people from low socio-economic backgrounds etc. Pre and post assessment may be carried out with participants to ensure outcomes are being met.
- A physical activity programme, tailored to the individual fitness level of each participant, be developed with the aim of increasing in a safe and sustainable manner the physical activity levels of participants. Staff facilitate physical activity sessions one to two times per week, with additional physical activity to be completed in participants own time.

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<sup>16</sup> Dahlgren, G and Whitehead, M. (1991) Policies and strategies to promote social equity in health. Stockholm: Institute for Future Studies

<sup>17</sup> Department of Social Protection (2013) National Social Target for Poverty Reduction - Social Inclusion Monitor 2013 [http://www.socialinclusion.ie/documents/2015-05-12\\_SIM2013WithIrishForeword\\_rpt\\_FINAL.pdf](http://www.socialinclusion.ie/documents/2015-05-12_SIM2013WithIrishForeword_rpt_FINAL.pdf)

- A life skills and cookery programme to introduce participants to the food pyramid, basic cookery skills and budget & planning skills.
- Family support work to enable the family to support the young person in their learning, change and development.
- The sample intervention would be three to nine months in duration.
- Participants would be supported to engage with their local youth work service both during and after the intervention to develop hobbies, interests and supports that promote health and wellbeing.
- Any such Health & Wellbeing intervention would be evaluated, potentially by the National University of Ireland, Galway, with whom Foróige has a long standing working relationship, to ensure that the stated aims and objectives are being met and to identify transferrable learning and practice that can be shared and scaled.

Foróige would welcome the opportunity further discuss the role that youth work can and should play in addressing the obesity crisis in Ireland.