ASTI Submission to Oireachtas Select Committee on Children and Youth Affairs

"Tackling Childhood Obesity"

Wednesday, 16th May 2018

Introduction

The ASTI appreciates this opportunity to engage in dialogue with the Joint Oireachtas Committee on Education and Skills on the crucial issue of childhood obesity. There is a strong evidence base as regards the extent and gravity of the problem of childhood obesity in Ireland. (1) Almost a third of Irish children are now overweight compared to a fifth and a tenth respectively of the US and UK age. Recently, *The Lancet* medical journal demonstrated a 10-fold increase in the rate of obesity among Irish boys between 1975 and 2016, and a 9-fold increase among Irish girls. The longitudinal Growing Up in Ireland confirm that 30% and 22% of 9-year old girls and boys respectively are overweight. Only half (51%) of 9-year olds exercise four or more times a week, with girls having significantly lower rates of exercise than boys. Figures for adults are equally alarming: Ireland has one of the highest rates of obesity in Europe – 37% of adults are overweigh with 24% obese.

Obesity is a complex social issue

As noted in the 2015 Obesity Policy and Action Plan, obesity is a complex social problem. Globally, a large body of evidence has emerged on the determinants of obesity and effective interventions. The latter are identified as follows:

- strong political leadership in setting policy direction
- sustained support at highest levels of government to enable the inter-sectoral actions to take place
- a health system that is focused on prevention, with particular emphasis on children and reducing inequalities
- a health system that provides specialist services for obese individuals

(Dept. Health 2015)

Socio-economic status is established as *the* most reliable predictor of youth health disparities. Relative poverty in childhood influences health and other outcomes over the life-course. (2) Relative poverty is high in Ireland and children are the most disproportionately affected. (3) The good news is that health promoting interventions have been shown to produce incremental improvements in children's health, particularly so for poorer children. (4) Schools have a vital role to play as they have a sustained, long-term and relational engagement with children as individuals and as members of peer groups. Education policy is increasingly focused on young people's mental and physical well-being and there is a growing awareness in schools of the connections between young people's engagement in school life, their motivation to learn and their overall wellbeing. However, there is equally a growing awareness among policy makers of the need to bridge the policy-implementation gap. A policy framework requires an equally robust implementation process. All too often, the best policies are undermined not through lack of concern or capacity among teachers but rather, because the implementation process falls exclusively on teachers without taking into account institutional factors in the school which are barriers to effective implementation.

Enablers to the health-promoting school

All policy at the level of implementation faces enablers and barriers. In the context of the health promoting schools, enablers include the long-term and relational nature of the school's engagement with young people; opportunities for friendships and positive peer relations; respect for diversity and difference; opportunities for self-expression and creativity; opportunities for participation in sport and physical activities are all identified as enablers.

The curriculum for junior cycle is also specifically designed to include eight key skills for life and wellbeing in every subject area. Moreover, these key skills are reflected in the indicators of progress in learning as set out in the learning outcomes for each subject. The key skills are:

- being literate
- being numerate
- managing myself
- staying well
- managing information and thinking
- being creative
- working with others
- communicating

Specific areas of the curriculum such as PE and Home Economics are of particular relevance in educating young people on nutrition and healthy lifestyles. Moreover, there is a long and valued tradition in schools of extra-curricular games which are deeply valued by students and the local community.

Barriers to the health promoting school

There are, however, significant barriers to the goal of the health promoting school. They include resources; school environmental contexts; trained and skilled teachers; lack of understanding of the concept of the Health-Promoting School; school leadership. (5) These barriers are not unique to Ireland. What is perhaps different in Ireland is the lack of research the implementation and effectiveness of the Health Promoting School. Current Departmental evaluation models do not focus on this policy area. The ASTI would prioritise the following areas as needing coherent policy responses in order that schools can play a role in effectively tackling childhood obesity.

School leadership

Effective school leadership is central to the achievement of all policy goals in education. The quality of school leaderships is shaped by qualitative and quantitative factors. The former includes leaders' experience, skills and opportunities for further learning. The latter includes adequacy of leadership structures: are there enough leadership posts to meet the organisational and learning needs in the school? Austerity policies have dramatically reduced the number of leadership posts in schools. The ASTI commissioned research by Red C in 2018 demonstrated that the absence of leadership posts in schools has resulted in a diffusion of tasks to classroom teachers without adequate coordination or planning. Whole-school policies such as the health-promoting school cannot be realised in this context.

Lack of ownership of school policy

In the absence of adequate leadership structures in schools, a whole-school policy frequently falls into the gap of "*everybody's business, nobody's responsibility*". This gap is exacerbated by the lack of opportunities for professional development. Teachers are fundamental to the

success of developing a health-promoting school. The research underlines teacher collegiality; ongoing and focused professional development; and effective school leadership structures as key to whole-school policy implementation. A critical factor in teacher collegiality is teacher time. The recently commissioned ASTI research by Red C provides disturbing evidence of teachers' workload. In addition to fulltime teaching in the school day, teachers are working an average of twenty additional hours per week outside of school time. The majority of this out-of-school work relates to their classroom teaching, with clearly little time left for other important professional work such as whole-school planning, etc.

Effective health-promoting framework

The current framework, "*Schools for Health in Ireland: Framework for Developing a Health Promoting School Post-Primary*", dates from the late 1990s. The 2016 Department of Education & Skills *Lifeskills Survey* found that almost two-thirds of schools were promoting this Framework. This Framework was supplemented in 2013 by the introduction of the National Guidelines for Youth Mental Health – *"Wellbeing in Post-Primary Schools*" – as well as range of polices focused on supporting students facing learning, emotional and behavioural difficulties. There is a pressing need to rationalise these policies, particularly in the context of the Junior Cycle Wellbeing programme. Their implementation, for the reasons outlined above, is fragmented; their visibility to teachers and students is reduced and their overall effectiveness requires evaluation.

Physical education in second-level school

Physical inactivity is strongly correlated to obesity. The ESRI 2013 research found that almost all primary schoolchildren engage in regular sporting activity – it's what happens after that stage that is a cause for concern. (6) Many children drop out of regular activity during the second-level years, especially girls. The factors behind this drop out include timetabling; the pressure of examinations – despite the evidence that students who participate in sport have higher levels of academic achievement; inadequate PE and sports facilities, including shower rooms. Subsequent ESRI research in 2016 found that while PE is required to be provided for two hours per week, 90% of schools did not meet this requirement. (7)

The 2016 *Lifeskills Survey* found that only 4% of schools provided PE for two or more hours per week to at junior cycle while no schools reported that they offer two or more hours in 5th or 6th year. More than half of the respondent schools reported that there are challenges to promoting physical activity. These include lack of space or poor facilities (64%), availability of staff or inadequate supervision (23%), and time pressure/focus on curriculum (21%). The inadequacy of facilities has been cited by many schools as the reason for not applying to introduce the new Leaving Certificate PE subject.

Healthy eating in schools

The 2015 *Lifeskills Survey* found that, while not a requirement, 32% of schools reported having a healthy eating policy in place and a further 30% reported that they were in the process of developing one. 27% of schools reported having a vending machine or school shop which sells 'junk food'. Many schools have poor or non-existent canteen facilities which precludes the provision of cooked-on-site healthy food. Quite often the facility doubles as a public space used for other school activities.

Investing in school infrastructure to support wellbeing

The physical infrastructure of schools is ignored on policy on the health promoting schools. The inadequacy of facilities for PE has been referred to above, as has that for healthy eating in schools. Capital expenditure programmes for schools must include provision for these facilities. While new school building specifications include such provision, there is not enough data on the situation in other schools. The Department of Education & Skills should

conduct an audit of schools to obtain an accurate picture, and therefore a better evidence base for policy.

Summary

Schools are pivotal institutions in our society and have a transformational role in young people's lives. This transformational role has long-term impacts on a wide range of social outcomes in particular health, healthy lifestyles and levels of civic engagement. We have strong enablers in our schools to realise this transformational potential. The barriers to the reaching this potential are not exclusive to the area of the health promoting school but are endemic to every area of school policy. The former include under-investment in school leadership; fragmentation of policy wherein responsibility for whole-school approaches is developed to individual teachers without reductions in other professional duties and no time allocation for team work; poor or inadequate physical facilities for PE, games and healthy eating. These barriers are not insurmountable but will require a commitment to investment in our schools.

References

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