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An Comhchoiste um Leanaí agus Gnóthaí Óige
Tuarascáil maidir le Dul i ngleic le hOtracht Óige
Samhain 2018

Houses of the Oireachtas
Joint Committee on Children and Youth Affairs
Report on Tackling Childhood Obesity
November 2018



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Report on Tackling Childhood Obesity

November 2018

32 CYA 012

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CHAIRMAN'S FOREWORD



Alan Farrell T.D.

The prevalence of obesity among children and young adults is one of the most urgent health concerns facing policy makers, parents and guardians, teachers and, most importantly, children and young adults themselves. For this reason, the Joint Committee on Children and Youth Affairs agreed to consider this complex and challenging topic as part of its Work Programme for 2018. This is reflective of the importance Members of the Committee placed on tackling childhood obesity in our society.

Unfortunately, as many as one in four children are overweight or obese, while evidence suggests that those who are overweight or obese during childhood and adolescence are more likely to be overweight or obese in later life. Most children and young people are not eating the recommended amount of fruits and vegetables on a daily basis and many children and young people consume sugar-sweetened drinks and sweets on a daily basis. Furthermore, most children and young people are not getting the recommended amount of physical exercise on a daily basis.

Tackling childhood obesity must be a priority, given the impact that obesity can have on all aspects of health for our younger generations, both now and into their futures.

Due to the immensely broad nature of this topic, this Report focuses on a number of key areas which the Committee believes need to be addressed in order to assist in tackling childhood obesity.

The Committee notes that this issue crosses many policy areas and acknowledges the work done cross-departmentally on the topic. In addition, the Committee commends this Report to the other Oireachtas Committees who have a particular interest in this area including Health; Education and Skills; Transport, Tourism and Sport; Housing, Planning and Local Government; and Communications, Climate Action and Environment.

In the course of the preparation of this Report, the Committee met with a large number of relevant stakeholders to elicit their views during the period March-October 2018. Many of the contributions made to the Committee were eye-opening, and they were essential in highlighting the complexities of this topic.

All of the opening statements and the transcripts of the public meetings of the Joint Committee at which various organisations and individuals gave evidence can be accessed on the Committee's website via the links provided in this Report. In addition, many other individuals and organisations corresponded with the Committee on this issue or provided written submissions which the Committee considered as part of its engagement on the subject.

As Chair of the Committee, I would like to thank my fellow Committee Members for their input, and work in bringing forward this important Report. On behalf of the Committee, I would like to express my sincere gratitude to every individual and organisation that came before the Committee to give evidence, and those who provided written submissions or correspondence to the Committee.

The insight of those individuals and organisations was invaluable in terms of the Joint Committee's work in producing this Report, and the Committee is grateful for their time. I would also like to thank the staff of the Committee Secretariat for the work involved in producing this Report.

There are 20 recommendations set out in the Report. The Oireachtas must act in a timely manner to address the issues raised in this Committee Report and to give effect to its recommendations. The Joint Committee is fully committed to monitoring the impact of the recommendations and intends to revisit the issue regularly for updates from the relevant Government Ministers, State bodies and other agencies on the progress of their responses to this Report.



Alan Farrell T.D.

Chairman

15 November 2018

MEMBERSHIP – JOINT COMMITTEE ON CHILDREN AND YOUTH AFFAIRS

Deputies



**Lisa Chambers T.D.
(FF)**



**Alan Farrell T.D.
(FG) Chair**



**Kathleen Funchion
T.D. (SF)**



**Denise Mitchell
T.D. (SF)**



**Tom Neville T.D.
(FG)**



**Anne Rabbitte
T.D. (FF)**



**Seán Sherlock T.D.
(Lab)**

Senators



**Lorraine
Clifford-Lee (FF)**



**Fintan Warfield
(SF)**



**Joan Freeman
(Ind)**



**Catherine Noone
(FG)**

1 RECOMMENDATIONS

Recommendation 1

The Joint Committee recommends that the Government should ensure that a “whole system” approach is taken in relation to the implementation of all policies which relate to tackling childhood obesity. The Joint Committee also recommends that the Government takes international best practice into account in the pursuance of this goal.

Recommendation 2

The Joint Committee recommends that the Government should establish clear targets for reducing socio-economic inequalities in childhood obesity and should also implement an evaluation framework for monitoring progress in this regard. The Government should provide the necessary funding for obesity-related research in order to better identify obesity hotspots.

Recommendation 3

The Joint Committee recommends that the Government should consider the implementation of further targeted interventions, and the expansion of existing interventions, to address the issues which affect those in lower socio-economic status households in the context of childhood obesity, such as food poverty.

Recommendation 4

The Joint Committee recommends that the Government should endeavour to ensure that the youth work sector has the necessary supports to strengthen the sector’s work in enhancing the knowledge and skills of young people in relation to healthy eating and active living.

Recommendation 5

The Joint Committee recommends that the Government should consider the promotion of sport and physical activity for children and young people as a priority criterion in relation to funding provided from public monies, including the Sports Capital Programme.

Recommendation 6

The Joint Committee recommends that the Government should encourage local sporting bodies and organisations to work with primary and post-primary schools in communities throughout Ireland to encourage children and young people to find the sport or physical activity which is suitable and enjoyable for them.

Recommendation 7

The Joint Committee recommends that the Government should work to develop a programme of continuous professional development in physical education specific for the youth work sector, in line with Action 13 of 'Get Ireland Active' whereby the development of a programme of continuous professional development in this area is identified as an objective under the lead responsibility of the Department of Education and Skills.

Recommendation 8

The Joint Committee recommends that the Government should enhance local planning powers and consider the implementation of measures, nationwide, to prevent the opening of new fast-food outlets within a defined vicinity of schools; and examine how best to enforce such regulations. In particular, the Joint Committee recommends that the Government should consider the definition of what constitutes a "fast-food outlet", particularly as there seems to be some ambiguity in this regard.

Recommendation 9

The Joint Committee recommends that the Government should prioritise the audit of the availability of physical activity facilities in schools, particularly in older schools, so that those schools which are most in need will have these needs met as part of recently announced funding commitments as part of the National Development Plan.

Recommendation 10

The Joint Committee recommends that the Government should normalise the drinking of water as an alternative to less healthy drinks in schools through increasing the availability of drinking water facilities, while also ensuring that any remaining schools that may be lacking in these facilities have their needs addressed.

Recommendation 11

The Joint Committee recommends that the Government should consider the introduction of Home Economics as a compulsory subject on the Junior Cycle Curriculum for post-primary schools. The Joint Committee also recommends that this is done on a phased basis so as to prevent "curriculum overload".

Recommendation 12

The Joint Committee recommends that the Government should consider introducing a ban on vending machines in schools. The Joint Committee recommends an audit of those schools with vending machines be undertaken in order to assess the income levels provided and determine the ways in which schools can develop alternative sources of income. The Joint Committee also recommends that the Government should act to ensure that no school is reliant on proceeds from vending machines as an income stream.

Recommendation 13

The Joint Committee recommends that the Government should survey schools so as to identify the scale of the issues relating to potential insurance liability on behalf of schools in instances where children become injured as a result of partaking in physical activity during break times. The Joint Committee also recommends that, following such a survey, the Government should work with both schools and insurance providers to ensure that situations do not arise whereby children are restricted from participating in physical activity during break times due to a fear of litigation on behalf of the school.

Recommendation 14

The Joint Committee recommends that the Government, in conjunction with the Broadcasting Authority of Ireland, should amend regulations in respect of the advertising and marketing of unhealthy foods to children through broadcast media so that these regulations do not only apply to children's programmes, but so that they also apply to other programmes where there may be a significant number of children watching.

Recommendation 15

The Joint Committee recommends that the Government, in conjunction with the Broadcasting Authority of Ireland, should introduce a more robust nutrient profile model in the context of the advertising and marketing of unhealthy foods to children, such as the World Health Organization's nutrient profile model for the Europe region.

Recommendation 16

The Joint Committee recommends that the Government should consider introducing a statutory code for the advertising and marketing of food and non-alcoholic beverages in the context of non-broadcast media.

Recommendation 17

The Joint Committee recommends that the Government should consider amending regulations in respect of the advertising and marketing of unhealthy foods to children through non-broadcast media so that these regulations do not only apply to children's media, but so that they also apply to other non-broadcast media where there may be a significant number of children utilising them.

Recommendation 18

The Joint Committee recommends that the Government should prioritise the establishment of an independent monitoring body in the context of the *Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages Code of Practice* so that the compliance with and the effectiveness of this code of practice can be ascertained.

Recommendation 19

The Joint Committee recommends that the Government should substantially increase the provision of support for breastfeeding in Ireland, in addition to providing a sufficient level of funding to assist in achieving this objective.

Recommendation 20

The Joint Committee recommends that the Government should undertake research into the potential links between obesity, mental health, and the portrayal of body image on social media and in traditional media, and implement measures to protect children and young people accordingly.

2 INTRODUCTION

The Joint Committee on Children and Youth Affairs (JCCYA) undertook as part of its work programme for 2018 to examine the issue of childhood obesity in Ireland. The JCCYA held ten meetings over a span of seven months in relation to this matter and met with a wide range of individuals and groups with an interest in this issue.

The JCCYA also hosted a public consultation during April-May 2018 and has considered the submissions received from this consultation during its examination of the issue.

During its meetings and from an examination of the submissions received by it, the JCCYA heard evidence which illustrates the scale of this issue in Ireland, while it also heard evidence in relation to the measures which could be undertaken to ensure that the prevailing trends in this regard are reversed.

2.1 PREVAILING TRENDS

Over the course of its engagements, and through an analysis of the submissions received by it, the JCCYA has become aware of a number of prevailing trends in the context of childhood obesity.

According to data from the Growing up in Ireland study:

- One in four 3-year-old children is overweight or obese.¹
- One in five 5-year-old children is overweight or obese.²
- One in five 7/8 year old children is overweight or obese.³
- One in four 13-year-old children is overweight or obese.⁴
- 54% of parents of overweight children and 20% of parents of obese children report that their children are 'about the right' weight for their height.⁵

A study, undertaken in 2016, found that 55% of obese children go on to be obese in adolescence, around 80% of obese adolescents will still be obese in adulthood and around 70% will be obese over age 30.⁶

¹ Growing Up in Ireland, [Key Findings: Infant Cohort \(at 3 years\)](#), December 2011.

² Growing Up in Ireland, [Key Findings: Infant Cohort \(at 5 years\)](#), November 2013.

³ Growing Up in Ireland, [Key Findings: Infant Cohort \(at 7/8 years\)](#), 2016.

⁴ Growing Up in Ireland, [The Lives of 13 Year Olds](#), October 2018.

⁵ Growing Up in Ireland, [Overweight and Obesity among 9-year olds](#), 2011.

⁶ M. Simmonds, A. Llewellyn, C. G. Owen and N. Woolacott, [Predicting adult obesity from childhood obesity: a systematic review and meta-analysis](#), 2016.

According to *A Healthy Weight for Ireland: Obesity and Policy Action Plan 2016-2025*:

- One in four children eats fruit and vegetables daily.
- Consumption of sugar-sweetened drinks is still high, with 26% of children having sweets and 12% of children having soft drinks.
- Almost two in every three individuals aged of 15 years and over report that they consume snack foods or sugar-sweetened drinks daily.⁷

The projected lifetime costs to the year 2105 that are attributable to childhood overweight and obesity are approximately €4.6 billion for Ireland. This figure is made up of direct healthcare costs (€949 million), absenteeism (€523.1 million), premature deaths (€2.9 billion) and lifetime incomes losses (€256 million).⁸

Ultimately, the Joint Committee concluded, on the basis of these statistics and on the basis of all materials/submission received by it, that the topic of childhood obesity warrants in-depth scrutiny of the issues associated with it.

This Report will illustrate the various viewpoints of the relevant stakeholders, after which the Joint Committee will make its recommendations.

⁷ Department of Health, [A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025](#), September 2016, p. 15.

⁸ Safefood, [What are the estimated costs of childhood overweight and obesity on the island of Ireland?](#), 2017, p. 24.

3 CURRENT POLICY CONTEXT

A Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025 is the national framework for the improvement of health and wellbeing of the population of Ireland for the period up to 2025.

A Healthy Ireland has four high-level goals which are designed to assist in achieving this ambition, namely:

1. *Increase the proportion of people who are healthy at all stages of life.*
2. *Reduce health inequalities.*
3. *Protect the public from threats to health and wellbeing.*
4. *Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland.*⁹

According to *A Healthy Ireland*:

*The Cabinet Committee on Social Policy will oversee the delivery of this Framework. The Health and Wellbeing Programme in the Department of Health has responsibility for strategic planning and co-ordination of the implementation of the Framework actions. A multi-stakeholder Healthy Ireland Council will be established to provide a national advisory forum to support the implementation of the Framework across sectors.*¹⁰

A number of initiatives that are particularly relevant in the context of tackling childhood obesity emanate from *A Healthy Ireland*.

In 2016, the Government introduced *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025*. According to this plan:

*'A Healthy Weight for Ireland' will cover a ten year period until 2025 and sets targets to be achieved and actions that will produce measurable outcomes. The vision is to turn the tide of the overweight and obesity epidemic. The overall aim is to increase the number of people with a healthy weight and set us on a path where healthy weight becomes the norm.*¹¹

The *Obesity Policy and Action Plan* includes "Ten Steps Forward" which represent the Government's commitment to preventing overweight and obesity. These are:

⁹ Department of Health, [A Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025](#), 2013, pp. 6-7.

¹⁰ *ibid*, p. 7.

¹¹ Department of Health, [A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025](#), September 2016, p. 29.

1. *Embed multi-sectoral actions on obesity prevention with the support of government departments and public sector agencies.*
2. *Regulate for a healthier environment.*
3. *Secure appropriate support from the commercial sector to play its part in obesity prevention.*
4. *Implement a strategic and sustained communications strategy that empowers individuals, communities and service providers to become obesity aware and equipped to change, with a particular focus on families with children in the early years.*
5. *The Department of Health, through Healthy Ireland, will provide leadership, engage and co-ordinate multi-sectoral action and implement best practice in the governance of the Obesity Policy and Action Plan.*
6. *Mobilise the health services to better prevent and address overweight and obesity through effective community-based health promotion programmes, training and skills development and through enhanced systems for detection and referrals of overweight and obese patients at primary care level.*
7. *Develop a service model for specialist care for children and adults.*
8. *Acknowledge the key role of physical activity in the prevention of overweight and obesity.*
9. *Allocate resources according to need, in particular to those population groups most in need of support in the prevention and management of obesity, with particular emphasis on families and children during the first 1,000 days of life.*
10. *Develop a multi-annual research programme that is closely allied to policy actions, invest in surveillance and evaluate progress on an annual basis.*¹²

In 2016, the Government introduced the *National Physical Activity Plan for Ireland*. The aim of this plan is to:

*... increase physical activity levels across the entire population thereby improving the health and wellbeing of people living in Ireland, where everybody will be physically active and where everybody lives, works and plays in a society that facilitates, promotes and supports physical activity and an active way of life with less time spent being sedentary.*¹³

The overarching target of this plan is to “increase the proportion of the population across each life stage undertaking regular physical activity by 1% per annum across the lifetime of

¹² *ibid*, pp. 32-34.

¹³ Department of Health, Department of Transport, Tourism and Sport, [Get Ireland Active! National Physical Activity Plan for Ireland](#), 2016, p. 11.

Healthy Ireland"¹⁴ and the Government has identified eight action areas for achieving this target, namely:

1. Public Awareness, Education and Communication.
2. Children and Young People.
3. Health.
4. Environment.
5. Workplaces.
6. Sport and Physical Activity in the Community.
7. Research, Monitoring and Evaluation.
8. Implementation through Partnership.

In this regard, each action area also has specific actions which accompany them.

In 2014, the Government launched *Better Outcomes, Brighter Futures: The national policy framework for children & young people 2014-2020*. This framework "sets out the Government's agenda and priorities in relation to children and young people aged under 25 years over the next 7 years–up to 2020".¹⁵

Better Outcomes, Brighter Futures adopts an outcomes approach, based on five national outcomes for children and young people. These outcomes are that, by 2020, children and young people:

1. *Are active and healthy, with positive physical and mental wellbeing.*
2. *Are achieving their full potential in all areas of learning and development.*
3. *Are safe and protected from harm.*
4. *Have economic security and opportunity.*
5. *Are connected, respected and contributing to their world.*

¹⁴ *ibid*, p. 13.

¹⁵ Department of Children and Youth Affairs, [Better Outcomes, Brighter Futures: The national policy framework for children & young people 2014-2020](#), 2014, p. 12.

4 EVIDENCE FROM COMMITTEE MEETINGS

4.1 INTRODUCTION

In this section of the Report, there will be an analysis of the pertinent themes that arose during the Joint Committee's engagements on this topic; while there will also be a consideration of other materials of which the Joint Committee has become aware of as a result of its consideration of this topic.

Following this, the Joint Committee will provide its recommendations in this regard.

4.2 STAKEHOLDER ENGAGEMENT

The Joint Committee held ten days of hearings during the period from March 2018 – October 2018 to engage with relevant stakeholders to discuss "Tackling Childhood Obesity". Table 1 below identifies all stakeholders who made presentations to the Joint Committee, the date of their presentations and the session during which they made their presentation. Table 2 below provides details relating to submissions that were received by the Joint Committee on this topic.

4.2.1 TABLE 1 - STAKEHOLDERS

| | Session 1 | Session 2 |
|----------------------|---|-----------|
| <u>21 March 2018</u> | <ul style="list-style-type: none"> • Dr. Grace O’Malley, chartered physiotherapist and multidisciplinary clinical lead, W82GO! Weight Management Service at Temple Street Children’s University Hospital. • Dr. Sarah McGuire, senior clinical paediatric psychologist, W82GO! Weight Management Service at Temple Street Children’s University Hospital. • Ms Nicola Sheridan, senior clinical specialist physiotherapist in paediatrics, W82GO! Weight Management Service at Temple Street Children’s University Hospital. • Ms Michelle Strahan, senior medical social worker in child protection, W82GO! Weight Management Service at Temple Street Children’s University Hospital. | |

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| <p style="text-align: center;"><u>18 April 2018</u></p> | <ul style="list-style-type: none"> • Mr. Chris Macey, head of advocacy, Irish Heart Foundation. • Ms Janis Morrissey, manager of health promotion, Irish Heart Foundation. • Dr. John Sharry, CEO, Parents Plus Charity. • Dr. Adele Keating, Parents Plus Charity. | <ul style="list-style-type: none"> • Dr. Sinéad Murphy, Consultant Paediatrician with special interest in childhood obesity, member of Royal College of Physicians Ireland (RCPI) Policy Group on Obesity, Member of Clinical Advisory Group on Obesity (RCPI). • Professor Donal O’Shea, Chair of RCPI Policy Group on Obesity, Member of Clinical Advisory Group on Obesity (RCPI). • Dr. Cheryl Flanagan, National Programme Manager Obesity; Member of Clinical Advisory Group on Obesity (RCPI). • Professor Cecily Kelleher, College Principal in UCD College of Health and Agricultural Sciences and Professor of Epidemiology and Public Health, UCD School of Public Health, Physiotherapy and Sports Science. • Dr. Silvia Bel-Serrat, Manager, National Nutrition Surveillance Centre, UCD School of Public Health. |
| <p style="text-align: center;"><u>02 May 2018</u></p> | <ul style="list-style-type: none"> • Dr. Cathal McCrory, Senior Research Fellow, Trinity College Dublin. • Mr. Mike Neary, Director of Meat and Horticulture, Bord Bia (Food Dudes). • Ms Aidine O’Reilly, Managing Director, Super Troopers with Laya Healthcare, Real Nation. • Mr. D.O. O’Connor, Deputy Managing Director, Director of Business Development, Laya Healthcare. | |

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| <p style="text-align: center;"><u>16 May 2018</u></p> | <ul style="list-style-type: none"> • Mr. Tomás Ó Ruairc, Director, Teaching Council of Ireland. • Ms Carmel Kearns, Teaching Council of Ireland. • Mr. Geoffrey Browne, National Parents Council (Post Primary). • Ms Moira Leydon, Assistant General Secretary, Association of Secondary Teachers Ireland. • Mr. David Duffy, Education/Research Officer, Teacher’s Union of Ireland. • Ms Maeve McCafferty, Education and Research Official, Irish National Teachers Organisation. | |
| <p style="text-align: center;"><u>30 May 2018</u></p> | <ul style="list-style-type: none"> • Ms Maria Hickey, President, Association of Teachers of Home Economics. • Ms Maria Barry, Vice President, Association of Teachers of Home Economics. • Dr. Karen Matvienko-Sikar. CHERISH, School of Public Health, UCC. • Ms Amanda McCloat, Head of Home Economics Department, St Angela’s College, Sligo. • Dr. Elaine Mooney, Lecturer, Home Economics Department, St Angela’s College, Sligo. | <ul style="list-style-type: none"> • Mr. Philip Moyles, Chairperson, No Fry Zone 4 Kids Committee. • Ms Jennifer Feighan, CEO, Irish Nutrition and Dietetic Institute. • Ms Louise Reynolds, Communications Manager, Irish Nutrition and Dietetic Institute. • Dr. Mimi Tatlow-Golden, Lecturer, School of Education, Childhood Youth and Sport, Faculty of Wellbeing, Education and Language Studies, The Open University. |
| <p style="text-align: center;"><u>13 June 2018</u></p> | <ul style="list-style-type: none"> • Mr. Colin Regan, Community and Health Manager, Gaelic Athletic Association. | |

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| <p style="text-align: center;"><u>27 June 2018</u></p> | <ul style="list-style-type: none"> • Mr. John Treacy, Chief Executive Officer, Sport Ireland. • Dr. Una May, Director of Participation and Ethics, Sport Ireland. • Dr. Clodhna Foley-Nolan, Director of Human Health and Nutrition, Safefood. • Dr. Aileen McGloin, Director of Marketing and Communications, Safefood. • Mr. John Conlon, Assistant Secretary, Department of Employment and Social Affairs. • Ms Jackie Harrington, Principal Officer, Department of Employment Affairs. | |
| <p style="text-align: center;"><u>11 July 2018</u></p> | <ul style="list-style-type: none"> • Mr. Michael O' Keeffe, Chief Executive, Broadcasting Authority of Ireland. • Mr. Declan McLoughlin, Senior Manager, Broadcasting Authority of Ireland. • Mr. Kevin McPartlan, Director of Prepared Consumer Foods, Food Drink Ireland. • Ms Ailbhe Byrne, Executive, Food Drink Ireland. • Ms Orla Twomey, Chief Executive, Advertising Standards Authority for Ireland. • Mr. Michael Lee, Assistant Chief Executive, Advertising Standards Authority for Ireland. | |

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| <p style="text-align: center;"><u>26 September 2018</u></p> | <ul style="list-style-type: none"> • Dr. Anne- Marie Brooks, Principal Officer, Early Years Policy and Research, Department of Children and Youth Affairs. • Ms Ruth Doggett, Department of Children and Youth Affairs. • Ms Kate O’Flaherty, Director Health and Wellbeing Programme, Department of Health. • Mr. Liam McCormack, Assistant Principal Officer, Department of Health. • Mr. Eamon Cusack, Principal Officer, Department of Education and Skills. • Ms Rita Sexton, Assistant Principal, Department of Education and Skills. | |
| <p style="text-align: center;"><u>10 October 2018</u></p> | <ul style="list-style-type: none"> • Mr. Colin Ryan, Senior Planning Advisor, Forward Planning Section, Department of Housing, Planning and Local Government. • Ms Patricia Curran, Assistant Principal, Department of Housing, Planning and Local Government. • Ms Joan Martin, Chief Executive, Louth County Council Representing The County and City Management Association. | |

4.2.2 TABLE 2 - SUBMISSIONS

| Organisation | Title | Date Received |
|--|---|---------------|
| Irish Heart Foundation | Submission to the Joint Oireachtas Committee on Children & Youth Affairs | 10 April 2018 |
| Bord Bia (Food Dudes) | Submission | 24 April 2018 |
| Dr. Cathal McCrory, Senior Research Fellow, The Irish Longitudinal Study on Ageing (TILDA), Trinity College Dublin | Written Submission to the Joint Committee on Children and Youth Affairs: Tackling Childhood Obesity | 26 April 2018 |
| No Fry Zone 4 Kids Committee | Submission to Oireachtas Committee on Children and Youth Affairs regarding tackling Childhood Obesity | 04 May 2018 |
| St. Angela's College, Sligo | Submission: Committee on Children and Youth Affairs on Tackling Childhood Obesity | 07 May 2018 |
| The Cool Food School | Submission to the Committee on Children and Youth Affairs on "Tackling Childhood Obesity" | 08 May 2018 |
| The Association of Teachers of Home Economics | Submission to the Committee on Children and Youth Affairs on Tackling Childhood Obesity | 09 May 2018 |
| Dr. Catherine Hayes, Associate Professor in Public Health, Trinity College Dublin | Submission to JCCYA on Tackling Childhood Obesity | 09 May 2018 |
| The Association for the Study of Obesity on the island of Ireland | ASOI / EASO/WOF Submission to the Oireachtas Committee on Children and Youth Affairs | 10 May 2018 |
| Ms Margaret Kent, Home Economics Teacher | Submission to Oireachtas Committee: Childhood Obesity | 10 May 2018 |
| The Teaching Council | Submission to Joint Oireachtas Committee on Children and Youth Affairs | 11 May 2018 |
| Safefood | Submission | 11 May 2018 |

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| Food Drink Ireland | Food Drink Ireland submission to the Joint Oireachtas Committee on Children and Youth Affairs | 11 May 2018 |
| Dr. Mimi Tatlow-Golden, The Open University | Childhood Obesity submission | 11 May 2018 |
| School of Public Health, University College Cork and the Health Research Board Centre for Health and Diet Research | 2018 submission to the Joint Committee on Children and Youth Affairs on tackling childhood obesity | 11 May 2018 |
| Ms Marita Hennessy, SPHERE Programme PhD Scholar, Health Behaviour Change Research Group, School of Psychology, NUIG | Submission to the Oireachtas Committee on Children and Youth Affairs on 'Tackling Childhood Obesity' | 11 May 2018 |
| Association of Secondary Teachers of Ireland | ASTI Submission to Oireachtas Select Committee on Children and Youth Affairs | 16 May 2018 |
| Health Service Executive | A written submission from the Health Service Executive to the Joint Committee on Children and Youth Affairs | 16 May 2018 |
| Irish Nutrition and Dietetic Institute | Submission to the Joint Oireachtas Committee on Children May 2018 | 22 May 2018 |
| Choosing Healthy Eating for Infant Health (CHERISH Study), School of Public Health, University College Cork | Written submission to the Joint Committee on Children and Youth Affairs on the topic of Tackling Childhood Obesity | 23 May 2018 |
| Sport Ireland | Submission on the topic of Tackling Childhood Obesity | 30 May 2018 |
| Gaelic Athletic Association | GAA Submission to the Joint Committee on Children and Youth Affairs: Childhood Obesity | 06 June 2018 |
| Football Association of Ireland | Submission | 12 June 2018 |
| Mr. Michael D'Arcy T.D., Minister of State | Submission | 13 June 2018 |

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| Department of Employment Affairs and Social Protection | Written submission by the Department of Employment Affairs and Social Protection regarding the School Meals Programme to the Joint Committee on Children and Youth Affairs on the topic 'Tackling Childhood Obesity' | 18 June 2018 |
| Foróige | A Submission to the Joint Committee on Children and Youth Affairs on 'Tackling Childhood Obesity' | 26 June 2018 |
| National Youth Council of Ireland | Submission to the Joint Committee on Children and Youth Affairs on the topic of: Tackling Childhood Obesity National | 27 June 2018 |
| Broadcasting Authority of Ireland | Submission from the Broadcasting Authority of Ireland (Part 1) (Part 2) | 27 June 2018 |
| Advertising Standards Authority for Ireland | Submission (Part 1) (Part 2) (Part 3) (Part 4) | 27 June 2018 |
| Speedflexer.ie | Submission (Part 1) (Part 2) | 27 June 2018 |
| Retail Ireland | Submission | 03 August 2018 |

4.3 A “WHOLE SYSTEM” APPROACH

The JCCYA has learned that many stakeholders in this area are dissatisfied with an apparent lack of “joined-up thinking” in the efforts to tackle childhood obesity, with many witnesses and those who made submissions advocating for a “whole system” approach as a means of addressing this issue.

On 23 May 2018, the Health Committee of the House of Commons in the United Kingdom published its report *Childhood obesity: Time for action*, in which it speaks of a similar issue. This report calls for a “whole system” approach which, according to the Health Committee, would consist of the following:

*This approach needs to encourage joint working between national and local Government, families and communities, third sector groups, schools, healthcare professionals, industry and academia, in order to deliver the results necessary to tackle childhood obesity...*¹⁶

This sentiment was echoed by various parties during the JCCYA’s consideration of this topic.

For instance, the W82GO! Weight Management Service in Temple Street Children's University Hospital encouraged the JCCYA to push for a “whole system” approach to improving public health, and highlighted to the committee that such a system was alluded to by Government as part of *Healthy Ireland* in 2013.¹⁷

Healthy Ireland calls for:

*...a partnership approach in all of the actions set out in the Framework. Healthy Ireland is designed to harness the energy, creativity and expertise of everyone whose work promotes health and wellbeing, and encourages all sectors of society to get involved in making Ireland a healthier place to live, work and play.*¹⁸

The Royal College of Physicians of Ireland (RCPI) Policy Group on Obesity stated that tackling childhood obesity concerns multiple stakeholders and, as a result, a whole systems approach is necessary. The RCPI Policy Group on Obesity acknowledges that stakeholders in healthcare have a significant role to play, but that “unless there is

¹⁶House of Commons Health Committee, [Childhood obesity: Time for action](#), May 2018, p. 9.

¹⁷W82GO! Weight Management Service, [Opening Statement](#), Meeting of the Joint Committee on Children and Youth Affairs, 21 March 2018.

¹⁸Department of Health, [Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025](#), 2013, p. 6.

engagement by departments such as Education, Environmental Planning and indeed regulation of the Food Industry, the issue cannot be successfully tackled.”¹⁹

The JCCYA received a submission from the Teaching Council in which it suggests that education alone cannot solve the childhood obesity issue. The Teaching Council stated:

*Teachers, as the leaders of learning in education, have a key role to play in ensuring that education plays its part in supporting individual and community wellbeing. But that role cannot be fulfilled sustainably in isolation from all the other professionals who work in this area.*²⁰

The JCCYA also heard evidence from Dr. Mimi Tatlow-Golden of the Open University who further alluded to the lack of “joined-up thinking” on this issue. Dr. Tatlow-Golden stated:

We need to understand that choices are not made by people standing in a vacuum; they are made as a result of endless influences. We have to do away with the language of healthy choices and come up with a different phrase, because it implies that the individual, as an agentic person, whether child or parent, can make all these decisions themselves. We have to have a whole systems approach to this.

*...the entire system has to be mapped and tackled from all angles, because it affects the parents as well as the children.*²¹

4.3.1 OBSERVATIONS AND RECOMMENDATIONS

The JCCYA notes that there are numerous current and prospective strategies/initiatives at play in this sphere. These strategies/initiatives include, *inter alia*, the following:

- A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025,
- Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025,
- The National Physical Activity Plan for Ireland,
- Better Outcomes, Brighter Futures: the National Policy Framework for Children and Young People 2014-2020,
- The National Sports Policy 2018 – 2027,
- The National Strategy for Babies, Young Children and their Families.²²

¹⁹ Royal College of Physicians of Ireland Policy Group on Obesity, [Opening Statement](#), Meeting of the Joint Committee on Children and Youth Affairs, 18 April 2018.

²⁰ The Teachers’ Union of Ireland, [Submission to Joint Oireachtas Committee on Children and Youth Affairs](#), 11 May 2018.

²¹ Joint Committee on Children and Youth Affairs, [Debate](#): 30 May 2018.

²² According to information provided by Officials from the Department of Children and Youth Affairs at the meeting of the JCCYA on 26 September 2018, this strategy is the process of being finalised.

The JCCYA also notes that an Obesity Policy Implementation Oversight Group (OPIOG) was established in October 2017 and that the purpose of this group is to oversee the implementation of the Obesity Policy and Action Plan 2016-2025.²³

It is unclear to the JCCYA as to whether the OPIOG has responsibility for the implementation of other policies relating to obesity, particularly as the OPIOG has yet to provide a report on its progress. As such, it appears to the JCCYA that there are numerous strategies being implemented in isolation.

On this basis, the JCCYA agrees with stakeholders who maintain that there is a lack of “joined-up thinking” in the efforts to tackle childhood obesity. The JCCYA is disappointed in this regard as it is evident that in order to successfully tackle the problem, a “whole system” approach is necessary.

The JCCYA has become aware, from both the evidence received by it from stakeholders and through a review of the relevant literature, that the work done by the City of Amsterdam in the Netherlands in tackling childhood obesity is held in high regard.

The JCCYA notes that the City of Amsterdam is one of the few examples, at least to the knowledge of the JCCYA, of a European jurisdiction which has recorded a notable decrease in the prevalence of childhood overweight/obesity in recent years, albeit on the basis of data which has not been subject to rigorous analysis from independent bodies.²⁴

A review of the *Amsterdam Healthy Weight Programme 2011-2017* found that there was a decrease from 21% to 18.5% in the prevalence of overweight/obesity among children between 2012 and 2015.²⁵

The *Amsterdam Healthy Weight Programme* is primarily based on a “whole-system” approach. Those responsible for the programme state:

*From the start, a healthy life for children has been viewed, not just as a responsibility of the parents, but as a shared responsibility, shared by everyone who plays a part in the life of children, be it close by and personal (neighbours, teachers) or from a impersonal distance (legislators, food industry). The programme has steadily been working on building a coalition of partners, all working in their own domain on this issue, sending out the same message: healthy behaviour is normal behaviour.*²⁶

²³ Minister of State at the Department of Health, [Parliamentary Questions](#), 24 October 2017.

²⁴ Obesity Policy Research Unit, University College London, [What can be learned from the Amsterdam Healthy Weight programme to inform the policy response to obesity in England?](#), 18 December 2017.

²⁵ Amsterdam Healthy Weight Programme, [Factsheet Amsterdam children are getting healthier](#), April 2017.

²⁶ Amsterdam Healthy Weight Programme, [Press Dossier](#).

Those responsible for the programme acknowledge that while the *Amsterdam Healthy Weight Programme* represents a step in the right direction in tackling childhood obesity, no definitive conclusion can be drawn between cause and effect with regard to the programme and the decrease in the prevalence of childhood overweight/obesity.²⁷

Recommendation 1

The Joint Committee recommends that the Government should ensure that a “whole system” approach is taken in relation to the implementation of all policies which relate to tackling childhood obesity. The Joint Committee also recommends that the Government takes international best practice into account in the pursuance of this goal.

²⁷ *ibid*

4.4 SOCIO-ECONOMIC INEQUALITIES

During the course of its consideration of this issue, the JCCYA heard evidence from numerous contributors which suggests that childhood overweight and obesity is more heavily concentrated in lower socio-economic status households.

The JCCYA received a submission from Dr. Catherine Hayes, Co-Chair of the RCPI Policy Group on Obesity, in which she suggests, in relation to the proportion of children who are overweight or obese, that it is “much higher in socially disadvantaged communities. Although overall levels have stabilised, obesity levels have continued to rise in children in lower socio-economic groups (SEGs)”.²⁸

The Irish Heart Foundation, in its submission to the JCCYA, also referred to the inequalities that are evident in respect of childhood overweight and obesity. It stated:

Inequalities in childhood obesity have widened over recent years in Ireland. The rate of obesity is more than double among children from low income families compared to those from the higher income bracket, whilst the rate for being overweight is also 54% higher.

*Those attending DEIS schools tend to have higher levels of overweight and obesity than those attending other schools and the gap becomes wider as children get older.*²⁹

Foróige, the national youth development organisation, further alluded to this issue as part of its submission. It stated:

*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.*³⁰

Foróige, in relation to youth work, informed the JCCYA that:

*In Ireland, 53% of young people engaged in youth work activities are from “economically and socially disadvantaged backgrounds”.*³¹

²⁸ Dr. Catherine Hayes, [Submission to JCCYA on Tackling Childhood Obesity](#), 09 May 2018.

²⁹ Irish Heart Foundation, [Submission to the Joint Oireachtas Committee on Children & Youth Affairs](#), April 2018.

³⁰ Foróige, [A Submission to the Joint Committee on Children and Youth Affairs on ‘Tackling Childhood Obesity’](#), June 2018, p. 1.

³¹ *ibid*, p. 3.

According to Dr. Cathal McCrory of the Irish Longitudinal Study on Ageing (TILDA):

Our analysis of longitudinal patterns indicates that children from lower SES backgrounds are more likely to be overweight/obese at any age for which figures are available, are more likely to become overweight or obese if previously non-overweight, and are more likely to maintain overweight/obese status over time. This means that children from lower SES backgrounds are quite literally carrying around a heavier burden of disease from much earlier in the life course.³²

Dr. Cathal McCrory also offers a possible explanation for the higher rates of overweight/obesity in lower socio-economic status households. Dr. McCrory stated:

The Growing Up in Ireland study reported lower levels of fruit and vegetable consumption, and higher consumption of energy dense foods such as crisps, sweets, and non-diet fizzy drinks among children from lower SES backgrounds. International evidence suggests that high quality diets are more expensive than low quality diets and that those on low incomes are more sensitive to the cost of food.³³

Safefood also refers to the issues faced by those in lower socio-economic status households as part of its submission. Safefood stated:

It is estimated that between 10% and 15% of the population are affected by food poverty with the health impacts ranging from malnutrition to overweight. Research has shown those living on a low income and single-parent families are at increased risk.

The Community Food Initiative (CFI) programme funded by safefood aims to address diet-related inequalities and overcome some of the problems faced by communities in eating healthy, affordable food. During the period 2010-2015, 17 projects were funded. The current CFI programme runs from 2016-2018 and focuses on supporting community food programmes across 13 health regions in Republic of Ireland and Northern Ireland with the aim of promoting food skills, planning, budgeting and cooking in low income areas.³⁴

³² Dr. Cathal McCrory, [Written Submission to the Joint Committee on Children and Youth Affairs: Tackling Childhood Obesity](#), 26 April 2018.

³³ *ibid*

³⁴ Safefood, [Tackling Childhood Obesity](#), 11 May 2018.

4.4.1 OBSERVATIONS AND RECOMMENDATIONS

The JCCYA notes that the Government has committed to reducing the gap in obesity levels between the highest and lowest socio-economic groups by 10% by 2020.³⁵

The JCCYA also notes that the Government has committed to reviewing the progress towards the achievement of this target, as set out in the Obesity Policy and Action Plan 2016-2025, every two years.³⁶

The JCCYA is not in a position to state if the Government has made any progress in this regard, as a review of the progress in relation to this target has not been published to date. This is despite the fact that the Obesity Policy and Action Plan 2016-2025 is over two years old at this point.

On the basis that this issue was mentioned quite frequently throughout the submissions received by the JCCYA and throughout the presentations provided to it and because the JCCYA is not aware of any evidence which demonstrates progress towards achieving this target, the JCCYA can only conclude that insufficient progress is being made in this regard.

Recommendation 2

The Joint Committee recommends that the Government should establish clear targets for reducing socio-economic inequalities in childhood obesity and should also implement an evaluation framework for monitoring progress in this regard. The Government should provide the necessary funding for obesity related research in order to better identify obesity hotspots.

Recommendation 3

The Joint Committee recommends that the Government should consider the implementation of further targeted interventions, and the expansion of existing interventions, to address the issues which affect those in lower socio-economic status households in the context of childhood obesity, such as food poverty.

Given, as outlined to the JCCYA by Foróige, that 53% of young people engaged in youth work activities in Ireland are from economically and socially disadvantaged backgrounds, the JCCYA believes that the youth work sector has an integral role to play in addressing the issue of childhood obesity in Ireland.

The JCCYA notes that in 'A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025', step 9.2 outlines the proposed action to:

³⁵ Department of Health, [A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025](#), September 2016, p. 29.

³⁶ *ibid*, p. 29.

*Scale up effective community-based programmes with a focus on disadvantaged areas to enhance knowledge and skills with regard to healthy eating and active living. Special emphasis should be placed on providing guidance, advice and training to parents on healthy food and healthy eating.*³⁷

Recommendation 4

The Joint Committee recommends that the Government should endeavour to ensure that the youth work sector has the necessary supports to strengthen the sector's work in enhancing the knowledge and skills of young people in relation to healthy eating and active living.

³⁷ *ibid*, p. 51.

4.5 SPORT AND PHYSICAL ACTIVITY

The JCCYA understands the important role of physical activity in addressing, and preventing childhood obesity, along with many other health conditions. By extension the JCCYA understands the health implications of which physical inactivity is a leading factor.

Mr. John Treacy, Chief Executive Officer of Sport Ireland, in his presentation to the JCCYA stated:

*Physical inactivity, on the other hand, is a leading risk factor for poor health and is now identified by the World Health Organization, WHO, as the fourth leading risk factor for global mortality. It is estimated to be associated with 1 million deaths per year in the WHO European region. The cost and consequences associated with physical inactivity are now becoming more obvious.*³⁸

Mr. Treacy went on to state:

*The national physical activity guidelines recommend that children between the ages of two and 18 should be actively involved for 60 minutes of moderate to high intensity activity per day. This activity should include muscle strengthening, flexibility and bone strengthening exercises at least three times a week. The 2010 study found that 19% of primary school and 12% of post-primary school children met the physical activity recommendations. Girls are less likely than boys to meet them. The likelihood of meeting the recommendations decreases with increasing age and one in four children were unfit, overweight or obese and had elevated blood pressure. Importantly, the research found that children who met the physical activity recommendations and the guidelines of at least 60 minutes of moderate to vigorous activity had the best health profile.*³⁹

Furthermore, in this context, the Irish Heart Foundation in their submission informed the JCCYA that:

Findings of the Y-Path (Youth-Physical Activity Towards Health) research highlighted that a large number of Irish post-primary students were insufficiently active and insufficiently skilled to benefit their current and future health. Inactive students did not demonstrate the same depth of knowledge of the health benefits of physical activity as did the active students, and they

³⁸ Joint Committee on Children and Youth Affairs, [Debate](#): 27 June 2018

³⁹ *ibid*

*demonstrated significantly lower scores for Self-Efficacy and Attitude than their active counterparts.*⁴⁰

4.5.1 PHYSICAL ACTIVITY IN THE YOUTH WORK SECTOR

The youth work sector must be viewed as an integral partner in working to address childhood obesity in relation to encouraging more young people to partake in physical activity, while working to address this matter in the context of socio-economic inequality, as addressed in the previous section of this Report. In that respect, Foróige informed the JCCYA that:

*In Ireland, 53% of young people engage in youth work activities are from "economically and socially disadvantaged backgrounds".*⁴¹

With regard to physical activity in the youth work sector, the National Youth Council of Ireland, in their submission to the JCCYA, stated:

*Physical activity plays an important dual role in the youth work sector. Engaging young people in physical activity supports youth work organisations to help them meet their recommended physical activity guidelines, maintain a healthy weight and support general wellbeing.*⁴²

The National Youth Council of Ireland also informed the JCCYA that:

In a rapid needs assessment on physical activity conducted in 2016/2017 by the NYHP, 80% of youth workers surveyed reported that physical activity was delivered in their organisation once a week. However youth workers also identified a number of areas where they need further support to engage and maintain young people's participation in physical activity:

- *Physical activity training was identified as a need among the youth work sector,*
- *Only 20% had an excellent level of knowledge of physical activity and its benefit,*
- *60% of youth workers stated barriers in delivering physical activity e.g. space and transport,*

⁴⁰ Irish Heart Foundation, [Submission to the Joint Oireachtas Committee on Children & Youth Affairs](#), April 2018.

⁴¹ Foróige, [A Submission to the Joint Committee on Children and Youth Affairs on 'Tackling Childhood Obesity'](#), June 2018, p. 3.

⁴² National Youth Council of Ireland, [Submission to the Joint Committee on Children and Youth Affairs on the topic of: Tackling Childhood Obesity](#), June 2018, p. 5.

- 60% of youth workers stated that certain groups such as teenage girls and vulnerable young people are extremely difficult to engage in physical activity,
- 90% identified a need for more resources to increase young people participation in physical activity.⁴³

4.5.2 OBSERVATIONS AND RECOMMENDATIONS

Given the importance of physical activity in tackling childhood obesity, and in ensuring the health of children and young people is beneficial, and with regard to the 'whole-system' approach which Government must undertake to adequately address this matter, the JCCYA believes that the promotion of physical activity for children and young people should be a priority in both the Department of Education and Skills, and the Department of Transport, Tourism and Sport.

Recommendation 5

The Joint Committee recommends that the Government should consider the promotion of sport and physical activity for children and young people as a priority criterion in relation to funding provided from public monies, including the Sports Capital Programme.

Furthermore, the JCCYA acknowledges that it may be beneficial to encourage children and young people to find a sport or physical activity which genuinely interest them and, that given the individual interests of each young person, they should be provided with experience of the widest range of sports and physical activity options available to them, within their local community.

Recommendation 6

The Joint Committee recommends that the Government should encourage local sporting bodies and organisations to work with primary and post-primary schools in communities throughout Ireland to encourage children and young people to find the sport or physical activity which is suitable and enjoyable for them.

The JCCYA believes that physical activity plays an important role within the youth work sector, and as such, is incredibly beneficial to young people engaged with services within the youth work sector, both in terms of their physical health and general wellbeing.

⁴³ *ibid*, p. 5.

Recommendation 7

The Joint Committee recommends that the Government should work to develop a programme of continuous professional development in physical education specific for the youth work sector, in line with Action 13 of 'Get Ireland Active' whereby the development of a programme of continuous professional development in this area is identified as an objective under the lead responsibility of the Department of Education and Skills.

4.6 SCHOOL ENVIRONMENT

The JCCYA has become aware of a number of issues relating to the school environment as a result of its consideration of this topic. These are discussed below.

4.6.1 PREVALENCE OF FAST-FOOD OUTLETS

The JCCYA heard evidence from a number of contributors who are concerned about the prevalence of fast-food outlets in close proximity to schools.

The No Fry Zone 4 Kids Committee states that “obesity rates amongst school children increase by at least 25% when fast food outlets are located within 400 metres of a school”. This, it argues is because children have access to foods that are high in fat, salt and sugar, and which are sold at low prices. Additionally, the No Fry Zone 4 Kids Committee argues that children are easily influenced by the aggressive and constant marketing and promotion of products from fast-food outlets.⁴⁴

The Irish Heart Foundation expressed similar concerns with regard to fast-food outlets near schools. It informed the JCCYA that:

Some 70% of our schools have at least one and 30% have at least five fast food outlets within a kilometre of the school gates. A study showed that Ireland was second to the United States out of 26 developed countries in terms of the rate of increase of fast food outlets.^{45,46}

4.6.2 FACILITIES FOR PHYSICAL ACTIVITY

The JCCYA heard evidence from a number of contributors who are concerned about the lack of facilities that are available for physical activity in schools, particularly in secondary schools.

The Association of Secondary Schools of Ireland (ASTI) informed the JCCYA that approximately 90% of schools are not providing the recommended two hours per week of physical education for their students. According to the ASTI, one of the reasons this is the case is that 64% of schools said they did not have space or facilities for providing the recommended level.⁴⁷

⁴⁴ No Fry Zone 4 Kids Committee, [Submission to Oireachtas Committee on Children and Youth Affairs regarding tackling Childhood Obesity](#), 04 May 2018.

⁴⁵ Joint Committee on Children and Youth Affairs, [Debate](#): 18 April 2018.

⁴⁶ Following enquiries from the JCCYA, the Irish Heart Foundation confirmed that the findings from the study to which it was referring found that Ireland had the third highest increase in fast food transactions per capita out of 25 high income countries. See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3949530/> for more information.

⁴⁷ Joint Committee on Children and Youth Affairs, [Debate](#): 16 May 2018.

The Irish National Teachers' Organisation (INTO) expressed similar concerns with regard to a perceived lack of facilities. The INTO informed the JCCYA:

*A minimum of one hour of PE a week is recommended for all primary school pupils although many primary schools do not have the facilities and equipment to implement fully the PE programme as outlined in the curriculum. A commitment by the Government is required to ensure that all schools are provided with both indoor and outdoor PE facilities so that the programme can be implemented in full.*⁴⁸

The Teachers' Union of Ireland (TUI) also expressed similar concerns. The TUI informed the JCCYA:

*Safefood Ireland recommends that children engage in 60 minutes of physical activity per day. Some, but not all, of this can take place in the school setting. Schools need to be able to access appropriate physical education facilities in order to support a structured PE programme. Regrettably, far too many schools do not have access to adequate PE facilities.*⁴⁹

4.6.3 DRINKING WATER FACILITIES

The JCCYA heard evidence from a number of contributors who are concerned about the lack of drinking water facilities in schools.

The Irish Heart Foundation, in its submission to the JCCYA, outlined that it is concerned that the provision of potable water in schools is not being prioritised and that there has been no audit on the availability of potable water in learning centres to date. The Irish Heart Foundation also posits that many school authorities may need more urgent works to be undertaken on their schools and premises, and so emergency works applications for the provision of drinking water, which are submitted to the Department of Education and Skills, may not take priority.⁵⁰

The W82GO! Weight Management Service in Temple Street Children's University Hospital also informed the JCCYA of its desire to normalise the drinking of water among school children. This, W82GO! argues, should be a priority as there are many families that attend the clinic in Temple Street Hospital for which the idea of drinking water is an unfamiliar one.⁵¹

⁴⁸ *ibid*

⁴⁹ *ibid*

⁵⁰ Irish Heart Foundation, [Submission to the Joint Oireachtas Committee on Children & Youth Affairs](#), April 2018.

⁵¹ W82GO! Weight Management Service, [Opening Statement](#), Meeting of the Joint Committee on Children and Youth Affairs, 21 March 2018.

The National Parents Council Post Primary (NPCpp) informed the JCCYA that in order to create environments where every child has the potential to grow and develop healthily, increasing access to free drinking water in schools must be a priority.⁵²

4.6.4 HOME ECONOMICS EDUCATION

The JCCYA heard evidence from a number of contributors who are advocates of Home Economics education as a compulsory subject in schools.

St. Angela's College, Sligo, in its submission to the JCCYA, stated:

*It is evident from international practice that Home Economics is key in many countries to the development of healthy populations. Is it a coincidence that in countries such as Iceland and Finland where nutrition and food skills are taught as core or compulsory modules in the curriculum of all schools, the health of these nations is far superior to standards in most other countries in the developed world?*⁵³

The Association of Teachers of Home Economics, in its submission to the JCCYA, stated:

*Home Economics is the only school subject that teaches young people how to cook and prepare food which are essential life-skills for young people. Being able to cook for one self-ensures a dependency culture does not develop whereby people rely on processed and take away foods. Research demonstrates that if a young person can cook it can have a positive impact on their health, diet quality and confidence.*⁵⁴

4.6.5 VENDING MACHINES

The JCCYA heard evidence from a number of contributors who are concerned about the prevalence of vending machines that contain unhealthy foods in post-primary schools.

The ASTI informed the JCCYA that:

The 2015 Lifeskills survey found that only 32% of schools had healthy eating policies. A total of 27% of schools had vending machines. I am not saying this to criticise schools - that is not my job - I am saying it to give some of the facts. A total 27% of schools said they had vending machines. It is a huge

⁵² Joint Committee on Children and Youth Affairs, [Debate](#): 16 May 2018.

⁵³ St. Angela's College, Sligo, [Submission to Committee on Children and Youth Affairs on Tackling Childhood Obesity](#), 07 May 2018.

⁵⁴ Association of Teachers of Home Economics, [Submission to the Committee on Children and Youth Affairs on Tackling Childhood Obesity](#), 08 May 2018.

*income stream for schools. While we may have very good policies, etc., we also have the hard reality that schools need income streams.*⁵⁵

The NPCpp informed the JCCYA that:

*Serious consideration should be given to a ban on vending machines that contain problem foods and snacks in schools and public places where children congregate. At the very least in these areas, problem snacks in vending machines should be replaced with healthier options. All schools should provide healthy options in their school canteen or tuck shop.*⁵⁶

The Department of Education and Skills informed the JCCYA that:

In terms of vending machines, it is not really an issue at primary school level. Our life skills survey in 2015 showed that practically no primary schools have vending machines. It showed that 27% of post-primary schools did have vending machines.

*The position of the Department of Education and Skills is that it does not intend to instruct schools to end the practice of having vending machines. As I mentioned in my opening statement, the Department has issued healthy lifestyle guidance to schools. Part of that is about schools having healthy eating policies and looking after the well-being of students so a school in having a vending machine needs to balance that. Schools could have vending machines that would have healthy snacks.*⁵⁷

4.6.6 INSURANCE

The JCCYA, throughout its consideration of this issue, has heard evidence, albeit of an anecdotal nature, that children in some schools are being prevented from partaking in physical activity during break times due to restrictions being imposed by the schools in this regard. This, the JCCYA has heard, is as a result of schools being concerned about possible liabilities arising on behalf of the school where a child is injured while playing on the premises of the school.

The TUI informed the JCCYA that:

Furthermore, many schools are concerned about a litigious culture in Irish society. Logical but regrettable responses to that litigious culture include schools being so concerned about accidents in the schoolyard that some have

⁵⁵ Joint Committee on Children and Youth Affairs, [Debate](#): 16 May 2018.

⁵⁶ *ibid*

⁵⁷ Joint Committee on Children and Youth Affairs, [Debate](#): 26 September 2018

*instigated limitations on students' physical activities, such as running in the schoolyard.*⁵⁸

The INTO informed the JCCYA that:

*It is not a widespread practice but we have heard anecdotal evidence of no running policies in school yards. We are operating, unfortunately, in a culture of litigation and boards of management are very exposed as a consequence.*⁵⁹

4.6.7 OBSERVATIONS AND RECOMMENDATIONS

The JCCYA notes that the No Fry Zone 4 Kids Committee is calling for “no fry zones” to be implemented on a national scale and on the basis of the wording contained in Objective RT17 in the Wicklow County Development Plan 2016-2022, which states:

Conscious of the fact that planning has an important role to play in promoting and facilitating active and healthy living patterns for local communities, the following criteria will be taken into account in the assessment of development proposals for fastfood/takeaway outlets, including those with a drive through facility:

- *Exclude any new fast-food / takeaway outlets from being built or from operating within 400m of the gates or site boundary of schools or playgrounds, excluding premises zoned town centre;*
- *Fast food outlets/takeaways with proposed drive through facilities will generally only be acceptable within Major Town Centres or District Centres and will be assessed on a case-by-case basis;*
- *Location of vents and other external services and their impact on adjoining amenities in terms of noise/smell/visual impact.*⁶⁰

The JCCYA also notes that despite the commitments from Wicklow County Council as outlined above, the Council proceeded to grant planning permission for a Chinese takeaway restaurant within 125 m of schools in Greystones, albeit with a condition attached that it cannot open before 5 pm on each school day.⁶¹

The JCCYA also notes that according to a study undertaken in 2015, there are, on average, 4.03 fast-food outlets within a 1 km radius of all Irish schools.⁶²

⁵⁸ Joint Committee on Children and Youth Affairs, [Debate](#): 16 May 2018.

⁵⁹ *ibid*

⁶⁰ Wicklow County Council, [Wicklow County Development Plan 2016-2022](#), 2016, Chapter 6.

⁶¹ Irish Examiner, [Council breaks own 'no-fry zone' rule with go-ahead for takeaway by school](#), 16 June 2018.

⁶² Mary Callaghan, Michal Molcho, Saoirse Nic Gabhainn, Colette Kelly, [Food for thought: analysing the internal and external school food environment](#), 2015, Health Education, Vol. 115 Iss 2 pp. 152- 170

The JCCYA also notes that according to a study undertaken in Finland in 2015, the proximity of a fast-food outlet to a school can potentially lead to a 25% increase in the risk of a child being overweight.⁶³

The JCCYA, however, also notes that planning processes in relation to fast-food outlets and their location with regard to schools are not always straightforward.

For instance, in the case of fast-food outlets which are already in close proximity to schools, the JCCYA heard from the Department of Housing, Planning and Local Government that it is not possible to bring into effect any restrictions on fast-food outlets which are already in existence.⁶⁴

The JCCYA also heard from the Department of Housing, Planning and Local Government that there is precedent in planning regulations for a condition to be included in planning permission whereby an outlet could be required to close during certain parts of the day, such as during school lunch times.⁶⁵

The JCCYA also heard from the County and City Management Association (CCMA) that there may be issues with regard to conditions, such as those described above, when it comes to their enforcement.⁶⁶

The JCCYA also heard from the Department of Housing, Planning and Local Government that the definition of what constitutes “fast food” can also be problematic, and that many outlets provide ancillary services whereby they provide what could be considered as fast food but the outlets are still not considered as a fast-food outlets because their primary purpose relates to a different service.⁶⁷

The JCCYA also notes from the CCMA’s submission and from the submission from the No Fry Zones 4 Kids committee that there are at least four local authorities which have endeavoured to include “no fry zone”-like restrictions as part of their Local Development Plans, namely: South Dublin County Council, Dublin City Council, Wexford County Council and Wicklow County Council.⁶⁸⁶⁹ The JCCYA also notes the wording of the restriction in each local area is varied.

⁶³ Marianna Virtanen *et al*, [Fast-food outlets and grocery stores near school and adolescents’ eating habits and overweight in Finland](#), 2015, European Journal of Public Health, Volume 25, Issue 4, 1 August 2015, Pages 650–655.

⁶⁴ Joint Committee on Children and Youth Affairs, [Debate](#): 10 October 2018.

⁶⁵ *ibid*

⁶⁶ *ibid*

⁶⁷ *ibid*

⁶⁸ No Fry Zone 4 Kids Committee, [Submission to Oireachtas Committee on Children and Youth Affairs regarding tackling Childhood Obesity](#), 04 May 2018.

⁶⁹

Recommendation 8

The Joint Committee recommends that the Government should enhance local planning powers and consider the implementation of measures, nationwide, to prevent the opening of new fast-food outlets within a defined vicinity of schools; and examine how best to enforce such regulations. In particular, the Joint Committee recommends that the Government should consider the definition of what constitutes a “fast-food outlet”, particularly as there seems to be some ambiguity in this regard.

The JCCYA is of the view that the benefits associated with regular physical activity are self-evident in the context of tackling childhood obesity. On this basis, the JCCYA is disappointed to learn that many schools do not have access to adequate facilities for the provision of the recommended amounts of physical activity to their students.

This view of the JCCYA is strengthened by accounts provided such as that from the Irish Heart Foundation which stated in its submission:

*While PE is not the sole means of encouraging young people to be physically active, it plays an important role in embedding physical activity in young people’s lives and provides them with the skills required to engage in physical and sporting activities over their lifetimes.*⁷⁰

The JCCYA also notes from the Department of Transport, Tourism and Sport’s National Sports Policy 2018-2027 that:

*...a nation-wide audit of sports facilities (whether publicly or privately owned) will be conducted periodically, with the first such audit to be completed within 2 years of the publication of the policy. The audit will include publicly accessible facilities at schools and other educational facilities.*⁷¹

The JCCYA welcomes this commitment from Government. However, the JCCYA believes that urgent priority should be given to an audit of the actual state of physical activity facilities in schools, particularly in older schools, as suggested by the ASTI.⁷² This would ensure that the schools which are most in need would have these needs met, especially in the context of recent funding announcements as part of the National Development Plan.⁷³

The JCCYA notes that the Joint Committee on Education and Skills made a recommendation in this regard in its report published in July 2018.⁷⁴

⁷⁰ Irish Heart Foundation, [Submission to the Joint Oireachtas Committee on Children & Youth Affairs](#), April 2018.

⁷¹ Department of Transport, Tourism and Sport, [National Sports Policy 2018-2027](#), 2018, p. 44.

⁷² Joint Committee on Children and Youth Affairs, [Debate](#): 16 May 2018.

⁷³ Irish Times, [Sports halls at centre of €12bn plan for school investment](#), 14 September 2018.

⁷⁴ Joint Committee on Education and Skills, [Report on tackling of obesity and the promotion of healthy eating in schools](#), July 2018, p. 16.

Recommendation 9

The Joint Committee recommends that the Government should prioritise the audit of the availability of physical activity facilities in schools, particularly in older schools, so that those schools which are most in need will have these needs met as part of recently announced funding commitments as part of the National Development Plan.

The JCCYA notes that as part of Action 1.4 under the *Obesity Policy and Action Plan 2016-2025* that the Government has committed to providing “potable water in all learning centres (from preschool and crèches to universities and adult learning centres)” and ensuring that “all new builds provide potable water on opening”.⁷⁵

The JCCYA notes the views of those stakeholders who are concerned that there may be a lack of potable drinking water facilities in schools.

The JCCYA also notes that the Department of Education and Skills provided an assurance to the JCCYA that all schools have access to free drinking water facilities at its meeting on 26 September 2018. The Official stated:

We have sought correspondence from the Irish Heart Foundation regarding a small survey it carried out which we have read. It stated that 40% of schools did not have free drinking water. The Department does not accept that and we are happy that every school has a free supply of tap drinking water. It is open to any school that does not have that to apply to us for funding and we will be more than happy to provide funding under our emergency works scheme or our summer works scheme to assist it in providing that.

Since that announcement was made we have been contacted by only one school. It was not the case that it did not provide drinking water but it was concerned about the number of drinking fountains it had in the school. The Department is satisfied that all primary schools have a free supply of tap drinking water on their premises.⁷⁶

On the basis of the evidence received by it, the JCCYA has concluded that the majority of, if not all, schools have access to free drinking water. However, the JCCYA is concerned that the availability of such facilities within some schools may not be adequate.

⁷⁵ Department of Health, [A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025](#), September 2016, p. 38.

⁷⁶ Joint Committee on Children and Youth Affairs, [Debate](#): 26 September 2018.

The JCCYA notes that the Joint Committee on Education and Skills made a recommendation in this regard in its report published in July 2018.⁷⁷

Recommendation 10

The Joint Committee recommends that the Government should normalise the drinking of water as an alternative to less healthy drinks in schools through increasing the availability of drinking water facilities, while also ensuring that any remaining schools that may be lacking in these facilities have their needs addressed.

The JCCYA notes that research undertaken in 2016 demonstrates that learning to cook as a young person is positively related to cooking confidence, and improved health and diet quality in later life.⁷⁸

The JCCYA notes that Home Economics appears to be the only school subject on the Irish school curriculum that teaches young people food literacy and culinary skills, although the JCCYA also acknowledges that healthy eating is included as an aspect of the Social, Personal and Health Education (SPHE) curriculum.⁷⁹

The JCCYA notes that the Department of Education and Skills is concerned about “curriculum overload” with regard to the possible inclusion of Home Economics as a compulsory subject on the curriculum.⁸⁰

However, the JCCYA also notes that, according to St. Angela’s College, Sligo, Home Economics education was introduced as a compulsory subject on a phased basis in Northern Ireland,⁸¹ and the subject is now compulsory for all students in Key Stage 3 of post-primary education (ages 11-14).⁸²

Recommendation 11

The Joint Committee recommends that the Government should consider the introduction of Home Economics as a compulsory subject on the Junior Cycle Curriculum for post-primary schools. The Joint Committee also recommends that this is done on a phased basis so as to prevent “curriculum overload”.

The JCCYA notes that the Department of Education and Skills has disseminated the HSE’s *Healthy Eating Guidelines* to all primary and post-primary schools.⁸³

⁷⁷ Joint Committee on Education and Skills, [Report on tackling of obesity and the promotion of healthy eating in schools](#), July 2018, p. 17.

⁷⁸ Lavelle *et al*, [Learning cooking skills at different ages: a cross-sectional study](#), 2016, p. 1.

⁷⁹ https://www.curriculumonline.ie/getmedia/ae8161fe-e273-4ee9-bab3-22f0b58f1c4e/JCSEC24_SPHE_syllabus.pdf

⁸⁰ Joint Committee on Children and Youth Affairs, [Debate](#): 26 September 2018.

⁸¹ Joint Committee on Children and Youth Affairs, [Debate](#): 30 May 2018.

⁸² http://ccea.org.uk/curriculum/key_stage_3/areas_learning/learning_life_and_work/home_economics

⁸³ Joint Committee on Children and Youth Affairs, [Debate](#): 26 September 2018.

The JCCYA also notes, according to the *Food Pyramid* which forms part of the *Healthy Eating Guidelines*, that:

Most people consume snacks high in fat, sugar and salt and sugar sweetened drinks up to 6 times a day (Healthy Ireland Survey 2016). There are no recommended servings for Top Shelf foods and drinks because they are not needed for good health.

*Small or fun-size servings of chocolate, biscuits, cakes, sweets, crisps and other savoury snacks, ice-cream and sugary drinks – not every day, maximum once or twice a week.*⁸⁴

The JCCYA is surprised to learn that the Department of Education and Skills does not intend to direct schools to end the practice of having vending machines. As the Department of Education and Skills itself acknowledges, all schools, both primary and post-primary, are in possession of the *Healthy Eating Guidelines*, which state that there are no recommended servings for HFSS foods and sugary drinks. In spite of this, 27% of post-primary schools have vending machines, and it is likely that the majority of these dispense unhealthy foods.

The JCCYA also acknowledges that many schools rely on the proceeds from vending machines as an income stream, as indicated by the ASTI. However, the JCCYA considers it unsatisfactory that the Department of Education and Skills has disseminated guidelines to schools which suggest that schools should not provide HFSS foods and sugary drinks, while at the same time allowing schools to have vending machines which dispense HFSS foods and sugary drinks.

The JCCYA notes that the Joint Committee on Education and Skills made a recommendation in this regard in its report published in July 2018.⁸⁵

⁸⁴ <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/heal/heal-docs/food%20pyramid%20professional%20version.pdf>

⁸⁵ Joint Committee on Education and Skills, [Report on tackling of obesity and the promotion of healthy eating in schools](#), July 2018, p. 17.

Recommendation 12

The Joint Committee recommends that the Government should consider introducing a ban on vending machines in schools. The Joint Committee recommends an audit of those schools with vending machines be undertaken in order to assess the income levels provided and determine the ways in which schools can develop alternative sources of income. The Joint Committee also recommends that the Government should act to ensure that no school is reliant on proceeds from vending machines as an income stream.

With regard to the issue of insurance liability on behalf of schools and possible restrictions on children partaking in physical activity during break times as a result, the JCCYA relayed its concerns to Mr. Michael D'Arcy, T.D., Minister of State with special responsibility for Financial Services and Insurance in June 2018.

In his response, Minister D'Arcy informed the JCCYA that his Officials had contacted Insurance Ireland for information in response to the JCCYA's request. Insurance Ireland stated the following:

...there are no restrictions in relation to activities in the schoolyard, which may include running, football or any other active sports or games. Insurance providers in this space would take the view that it is a matter for the school staff to determine what is appropriate for the children in their care taking account that they have a responsibility 'in loco parentis'. Insurers would issue some form of guidelines regarding supervision and highlight the need for appropriate levels of supervision at yard time, based on age/capability of the children and the activity in the yard.

The role of insurers in this space is to facilitate the schools in providing a child-centred environment to deliver the curriculum they wish to provide. Imposing restrictive terms and conditions would limit the schools' ability to deliver services which differ from school to school.⁸⁶

The JCCYA also put its concerns in this regard to the Department of Education and Skills during its meeting on 26 September 2018, to which the Officials in attendance replied:

...referred to the other issue around insurance and children not being able to play. We have little evidence that this is a significant problem in schools. We

⁸⁶ Mr. Michael D'Arcy, Minister of State with special responsibility for Financial Services and Insurance, [Letter to the Joint Committee on Children and Youth Affairs](#), 13 June 2018.

hear of this idea of a no-run policy such that children cannot run at break time but we believe that is the case only in a small number of schools.⁸⁷

The JCCYA notes the responses from both Minister D'Arcy and the Department of Education and Skills. However, the JCCYA considers it unsatisfactory that it is possible that some children are being prevented from partaking in physical activity during break times, even if this is only an issue in a small number of schools.

Recommendation 13

The Joint Committee recommends that the Government should survey schools so as to identify the scale of the issues relating to potential insurance liability on behalf of schools in instances where children become injured as a result of partaking in physical activity during break times. The Joint Committee also recommends that, following such a survey, the Government should work with both schools and insurance providers to ensure that situations do not arise whereby children are restricted from participating in physical activity during break times due to a fear of litigation on behalf of the school.

⁸⁷ Joint Committee on Children and Youth Affairs, [Debate](#): 26 September 2018.

4.7 MARKETING AND ADVERTISING

In her submission and presentation to the JCCYA, Dr. Mimi Tatlow-Golden outlined a number of issues with the marketing and advertising environment in Ireland with regard to childhood obesity.

Dr. Tatlow-Golden alluded to the definition of children's programming when giving evidence to the JCCYA. According to the Broadcasting Authority of Ireland's Children's Commercial Communications Code, which governs television advertising to children, children's programmes are those that "are commonly referred to as such and/or have an audience profile of which over 50% are under 18 years of age".⁸⁸

The code also states that "commercial communications for HFSS [High Fat Sugar Salt] food products and/or services shall not be permitted in children's programmes as defined by this Code".⁸⁹

According to the Children's Commercial Communications Code:

*HFSS foods are those that are assessed as high in fat, salt or sugar in accordance with the Nutrient Profiling Model developed by the UK Food Standards Agency as adopted by the BAI.*⁹⁰

The JCCYA notes that these provisions, in effect, preclude advertisers from advertising unhealthy foods to children during programmes that are directed towards children.

However, Dr. Tatlow-Golden, in her submission to the JCCYA, pointed to weaknesses in this system of regulation. Dr. Tatlow-Golden stated:

*The study found that although advertising was regulation-compliant, half (55.2%) of food ads at times viewed most by young children were for unhealthy items that, according to the nutrient profiling system used in Ireland to regulate marketing to children, are not recommended for marketing to children. This is because much of the television children actually view is not considered children's programming as it constitutes general entertainment, sport, family programmes, etc.*⁹¹

In relation to the current nutrient profiling model which is place in Ireland, Dr. Tatlow-Golden stated:

A further weakness of the BAI Code is the nutrient profile model it adopted. The Ireland nutrient profile model almost exactly mirrors the UK Department

⁸⁸ Broadcasting Authority of Ireland, [Children's Commercial Communications Code](#), 2013, p. 5.

⁸⁹ *ibid*, p. 12.

⁹⁰ *ibid*, p. 5.

⁹¹ Dr. Mimi-Tatlow Golden, [Childhood Obesity submission](#), 11 May 2018, p. 1.

of Health model (with exceptions for cheese). Scarborough and colleagues carried out a comparison of 8 international models and found the UK model to be the least restrictive in identifying unhealthy foods not for marketing to children.

When Tatlow-Golden et al (2016) analysed the same dataset of food ads, employing the WHO European Region nutrient profile model, it was found that the proportion of items not recommended to be marketed to children rose to nearly three-quarters (71.9%).⁹²

Dr. Tatlow-Golden also provided evidence to the JCCYA in relation to the regulation of non-broadcast media advertising in an Irish context. In her submission, Dr. Tatlow-Golden refers to the Department of Health's *Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice* and acknowledges that it represents a step in the right direction when compared to countries that have yet to address advertising through digital media. However, Dr. Tatlow-Golden stated:

...multiple features of this Code of Practice are a disappointment. First, it is voluntary, and evidence indicates that such codes are less effective.

Second, the Code has adopted the same weak nutrient profile model as employed in the broadcast code and again will therefore ensure a lax definition of items marketed to children.

Third, applying restrictions to 'children's media' will ensure that the same weakness that affects the broadcast code will affect the non-broadcast code as described above.

Fourth, although provision 7.2.3 of the Voluntary Code ('Marketing Communications for HFSS food by means of social media shall not target children under the age of 15') may have potential to affect marketing based on profiling of children in social media, it is unclear how this will be interpreted. The definition of 'target' is unclear. This provision is so open as to allow marketers and social media platforms to target advertising based on proxy variables (such as music preferences, etc.) that are effective in identifying children and thus to continue to profile them effectively.

Finally, the monitoring and evaluation mechanism(s) remain to be defined and are currently ultimately in the gift of the Minister. Without strong provisions

⁹² *ibid*, p. 1.

*many aspects of the Code particularly pertaining to digital media may prove to be largely meaningless.*⁹³

4.7.1 OBSERVATIONS AND RECOMMENDATIONS

The JCCYA notes Dr. Tatlow-Golden’s criticism of the definition of “children’s programmes” as it relates to the advertising of HFSS foods towards children.

The JCCYA agrees with Dr. Tatlow-Golden’s criticism in that it is apparent, in the current regulatory environment, that advertisements for unhealthy foods are reaching children and young people due to the fact that many of them view programmes which are defined as being general entertainment, sport, etc., and so these programmes will fall outside of the definition of what constitutes “children’s programming”.

A useful illustration of how these regulations operate in practice, in the context of “children’s programmes” versus other programmes, was provided by the BAI during the meeting of JCCYA on 11 July 2018. The BAI stated:

*There is the issue of how many children are watching versus how much of the audience is made up of children. There might be a small number of children watching but they would make up more than 50% of the audience because it is a children’s programme and that is the only audience. One finds that if there is a programme that is very popular with children, such as during the family viewing time or the World Cup, there might be significantly higher numbers of individual children watching but they would not make up half of the audience.*⁹⁴

Recommendation 14

The Joint Committee recommends that the Government, in conjunction with the Broadcasting Authority of Ireland, should amend regulations in respect of the advertising and marketing of unhealthy foods to children through broadcast media so that these regulations do not only apply to children’s programmes, but so that they also apply to other programmes where there may be a significant number of children watching.

⁹³ *ibid*, p. 2.

⁹⁴ Joint Committee on Children and Youth Affairs, [Debate](#): 11 July 2018.

The JCCYA notes Dr. Tatlow-Golden’s criticism of the nutrient profile model that is currently in place in Ireland.

The JCCYA notes from research published in 2013 that the nutrient profile model employed in the UK, which the BAI acknowledges has been copied and adopted in Ireland,⁹⁵ was found to be the least restrictive in the context of the eight models which were analysed.⁹⁶

This research analysed 336 different types of food, of which approximately 37% were fatty and sugary foods. The research found that the nutrient profile model in the UK approved of approximately 40% of these 336 foods, and that advertisements for the approved foods were approved 47% of the time under the UK model. The approval ratings for both the foods themselves and for advertisements relating to these foods were the least restrictive in both categories.

On the basis of this research, the JCCYA is inclined to agree with Dr. Tatlow-Golden’s assertion that the nutrient profile model in Ireland is weak in nature.

The JCCYA notes from research undertaken by Dr. Tatlow-Golden that, following an analysis of the same 336 different types of food referred to above, 71.9% of the foods which are approved for marketing to children under the UK’s nutrient profile model would not be recommended for marketing to children under the World Health Organization’s nutrient profile model for the Europe region.⁹⁷

The JCCYA notes that the World Health Organization’s nutrient profile model for the Europe region was created following active consultation with 16 of the European region’s 53 member states.⁹⁸

Recommendation 15

The Joint Committee recommends that the Government, in conjunction with the Broadcasting Authority of Ireland, should introduce a more robust nutrient profile model in the context of the advertising and marketing of unhealthy foods to children, such as the World Health Organization’s nutrient profile model for the Europe region.

⁹⁵ Broadcasting Authority of Ireland, [Children’s Commercial Communications Code](#), 2013, p. 5.

⁹⁶ Scarborough *et al*, [How important is the choice of the nutrient profile model used to regulate broadcast advertising of foods to children? A comparison using a targeted data set](#), *European Journal of Clinical Nutrition*, 2013, pp. 815-820.

⁹⁷ Tatlow-Golden *et al*, [Creating good feelings about unhealthy food: children’s televised ‘advertised diet’ on the island of Ireland, in a climate of regulation](#), 2015, *The Irish Journal of Psychology*, 36(1-4) pp. 83–100.

⁹⁸ World Health Organization, [WHO Regional Office for Europe nutrient profile model](#), 2015, p. 1.

The JCCYA notes and agrees with Dr. Tatlow-Golden's assertion that the introduction of the *Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice* represent a step in the right direction in terms of tackling childhood obesity.

However, the JCCYA notes that Dr. Tatlow-Golden is critical of some elements of these codes also.

The JCCYA notes that the World Health Organization has indicated that it does not believe in the effectiveness of voluntary codes in this sphere. The World Health Organization states:

*Independent assessments...however, show that self-regulatory or voluntary schemes often have a narrow scope, weak criteria and limited government oversight.*⁹⁹

The JCCYA notes that the codes of practice employ the same nutrient profile model as set out in Children's Commercial Communications Code, and as illustrated previously, this nutrient profile model was found to be one of the least restrictive in the context of the advertising of unhealthy foods to children.

The JCCYA notes that the definition of "children's media" in the codes of practice is:

*...non-broadcast media created specifically to be used and enjoyed by those under the age of 15 and/or those whose audience or user profile consists of 50% or more of this age group. This applies to all forms of digital media, out of home media, print media and cinema.*¹⁰⁰

In this regard, the JCCYA notes the similarities between this definition of "children's media" and the definition of "children's programmes" as set out in the BAI's Children's Commercial Communications Code in the context of the advertising of unhealthy foods to children through broadcast media.

As mentioned previously, the JCCYA does not believe that definitions of this nature adequately protect children as they still allow for large audiences of children to be targeted by advertising, provided that the make-up of the audience in question does not surpass the 50% threshold.

⁹⁹ World Health Organization, [Tackling food marketing to children in a digital world: trans-disciplinary perspectives](#), 2016, p. 18

¹⁰⁰ Department of Health, [Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice](#), 2018, p. 6.

The JCCYA also notes, according to the codes of practice, that “these Codes will be monitored for compliance and effectiveness by a monitoring body designated by the Minister for Health”.¹⁰¹

The JCCYA is not aware of any evidence to suggest that a monitoring body has been designated by the Minister for Health for the purposes of monitoring the compliance with and the effectiveness of these codes of practice.

On the basis of the above, the JCCYA is inclined to agree with Dr. Tatlow-Golden’s assessment of the *Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice*, in that it is voluntary, and evidence indicates that such codes are less effective; it employs a weak nutrient profile model; the definition of “children’s media” is ambiguous and will not adequately protect children; and, in the absence of a defined monitoring and evaluation mechanism, the efforts to limit advertising in this context may be largely meaningless.

Recommendation 16

The Joint Committee recommends that the Government should consider introducing a statutory code for the advertising and marketing of food and non-alcoholic beverages in the context of non-broadcast media.

Recommendation 17

The Joint Committee recommends that the Government should consider amending regulations in respect of the advertising and marketing of unhealthy foods to children through non-broadcast media so that these regulations do not only apply to children’s media, but so that they also apply to other non-broadcast media where there may be a significant number of children utilising them.

Recommendation 18

The Joint Committee recommends that the Government should prioritise the establishment of an independent monitoring body in the context of the *Non-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages Code of Practice* so that the compliance with and the effectiveness of this code of practice can be ascertained.

¹⁰¹ *ibid*, p. 14.

4.8 EARLY YEARS INTERVENTIONS

The JCCYA has become aware of a number of issues relating to early years interventions as a result of its consideration of this topic. These are discussed below.

4.8.1 BREASTFEEDING

The JCCYA heard evidence from a number of contributors about the benefits of breastfeeding in the context of tackling childhood obesity.

In his submission to the JCCYA, Dr. Cathal McCrory of TILDA stated:

*Breastfeeding has been shown to be protective against the development of obesity. A recent meta-analysis of 25 studies involving 226,508 participants across 12 countries found that breastfeeding was associated with reduced risk of obesity and that the effect was dose-dependent. We have previously shown that being breastfed for a period of 6 months or more was associated with a 49% reduction in the risk of obesity at 3 years of age and a 51% reduction in the risk of obesity at 9 years of age.*¹⁰²

The Irish Nutrition and Dietetic Institute (INDI) informed the JCCYA that:

*Mothers need to be supported to start breastfeeding and to continue for at least six months as breastfed babies are less likely to become overweight while babies who are weaned too soon are more likely to become overweight.*¹⁰³

The INDI also informed the JCCYA that:

*Another issue is that breastfed babies stop feeding when they are full. One has no idea how much they have had. That may cause a bit of anxiety for the mother because she is worrying whether the baby has had enough but that allows the baby to develop his or her own sense of satiety, with the baby tuning in to when he or she is full. They are developing their own signals of feeling full. If a baby is on formula, one is anxious that the baby finishes the bottle. The baby may be full but the mum is feeling anxious because the baby has not drained the bottle.*¹⁰⁴

¹⁰² Dr. Cathal McCrory, [Written Submission to the Joint Committee on Children and Youth Affairs: Tackling Childhood Obesity](#), 26 April 2018.

¹⁰³ Joint Committee on Children and Youth Affairs, [Debate](#): 30 May 2018.

¹⁰⁴ *ibid*

4.8.2 WEIGHING OF CHILDREN

The JCCYA heard evidence from a number of contributors on the weighing of children in the context of tackling childhood obesity.

The JCCYA heard evidence from Dr. Cathal McCrory of TILDA on this issue. In relation to the childhood age-based assessments as part of the GP under-six contract as set out in *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025*,¹⁰⁵ Dr. McCrory stated:

*I spoke to a few general practitioners who gave me candid feedback on this issue. Many of them told me that they were simply too busy to do this work in their clinics and that it took time to measure patients. The second issue is that they find it difficult to challenge parents about the weight of their children.*¹⁰⁶

Dr. McCrory then advocated for an alternative means to assess children's weight. Dr. McCrory stated:

*The best way to achieve it is to carry out an annual assessment through schools as part of a public health visit or something similar. At least then we could say there was time to do it in the school environment and that everyone would be measured. If it were done through general practice, some children might attend their general practitioner three or four times per annum, while others might attend only once or not at all, which means that we might not see them and would not know how they were progressing.*¹⁰⁷

Dr. Catherine Hayes, Co-Chair of the RCPI Policy Group on Obesity, had a different view on this strategy. Dr. Hayes stated:

*It should be noted that the evidence to support such a strategy is inconclusive, a view supported by the US Centers for Disease Control and Prevention. Findings from a study of parents of children participating in the National Child Measurement Programme in the UK found that while the provision of weight feedback increased recognition of child overweight and encouraged some parents to seek help, without causing obvious unfavourable effects, the impact of weight feedback on behaviour change was limited.*¹⁰⁸

¹⁰⁵ *ibid*, p. 45.

¹⁰⁶ Joint Committee on Children and Youth Affairs, [Debate](#): 02 May 2018.

¹⁰⁷ *ibid*

¹⁰⁸ Dr. Catherine Hayes, [Submission to JCCYA on Tackling Childhood Obesity](#), 09 May 2018.

The Teachers' Union of Ireland informed the JCCYA:

*A recent radio broadcast in Ireland suggested that a response to childhood obesity would be for schools to regularly weigh children and that teachers may be better placed than doctors to tell parents that their child is obese. The TUI finds that suggestion extraordinary and bizarre. Evidence shows that schools regularly weighing children can lead to further self-esteem issues for those children.*¹⁰⁹

The Irish National Teachers' Organisation informed the JCCYA:

*To come back to the point about weighing children in primary school, we are already hearing increasing evidence from our teachers about anxiety in very young children and the impact of self-esteem issues and mental health in general, including test anxiety. That is almost a physical test for children so we would have grave concerns about that. We also believe it would be outside the professional remit of the role of the teacher.*¹¹⁰

The National Parents' Council post-primary informed the JCCYA:

*We definitely would not advocate schools weighing children; perhaps health centres might, with professionals there who can issue good advice on healthy living habits to children and parents.*¹¹¹

4.8.3 OBSERVATIONS AND RECOMMENDATIONS

The JCCYA notes, from a meta-analysis undertaken in 2014, that breastfeeding was "associated with a significantly reduced risk of obesity in children".¹¹²

The JCCYA notes, from the most recent data, that "current exclusive breastfeeding rates in Ireland on discharge from maternity hospital are 46.3%".¹¹³

The JCCYA also notes, according to the Department of Health's *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025*:

There is strong evidence that breast milk provides the best nutrition for baby and is important in preventing childhood illnesses, chronic diseases and in protecting maternal health. Breastfeeding is also a significant protective factor against obesity in children. Children who are not breastfed have an increased

¹⁰⁹ Joint Committee on Children and Youth Affairs, [Debate](#): 16 May 2018.

¹¹⁰ *ibid*

¹¹¹ *ibid*

¹¹² Yan et al, [The association between breastfeeding and childhood obesity: a meta-analysis](#), BMC Public Health. 2014;14:1267.

¹¹³ Breastfeeding in a Healthy Ireland, [Health Service Breastfeeding Action Plan 2016 – 2021](#), 2016, p. 6.

*risk of being overweight and obese with subsequent health risks, and health and social costs.*¹¹⁴

Recommendation 19

The Joint Committee recommends that the Government should substantially increase the provision of support for breastfeeding in Ireland, in addition to providing a sufficient level of funding to assist in achieving this objective.

The JCCYA accepts Dr. Cathal McCrory's assertion that, despite the fact that General Practitioners (GP) are expected to weigh children on a relatively routine basis, it is possible that GPs are not always in a position to do so, while it is also possible that children will not always attend an appointment with a GP on a routine basis.

The JCCYA also accepts the reluctance on behalf of teachers' and parents' representative bodies to have such a practice occur in schools, as it may only serve to exacerbate the stigma associated with obesity, especially among children.

The JCCYA notes, according to the W82GO! Weight Management Service, that:

*With regard to mental health status, 60% of children with clinical and morbid obesity report psychological difficulties such as poor self-esteem and depression with 11% reporting severe bullying.*¹¹⁵

The JCCYA, therefore, is keen to avoid a situation where measures undertaken by the Government could serve to exacerbate mental health issues in this sphere.

The JCCYA, throughout its consideration of this topic, has found that accurate and up-to-date figures in relation to childhood obesity are often hard to come by. In this regard, the JCCYA believes that it will be very difficult to ascertain whether the Government is progressing in its attempts to tackle childhood obesity.

The JCCYA notes that the evidence presented by witnesses suggests that there are divergent views with regard to the weighing of children. Given this divergence of views, the JCCYA is not in a position to definitely conclude that the introduction of such a practice is warranted. On this basis, the JCCYA suggests that the Government should actively explore the means by which data could be collected in this regard, while ensuring that best practice based on clinical advice is taken into account.

¹¹⁴ Department of Health, [A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025](#), September 2016, p. 15.

¹¹⁵ W82GO! Weight Management Service, [Opening Statement](#), Meeting of the Joint Committee on Children and Youth Affairs, 21 March 2018.

4.9 FURTHER RESEARCH

The JCCYA acknowledges that it was unable to garner sufficient input with regard to potential links between mental health and obesity, and the portrayal of body image in media and online and obesity.

Given the importance of an approach which comprehensively addresses obesity among children and young people, and indeed brings forward preventative measures, the JCCYA believes further research into these issues is essential.

Dr. Grace O'Malley, chartered physiotherapist and multidisciplinary clinical lead, W82GO! Weight Management Service at Temple Street Children's University Hospital, when appearing before the JCCYA, stated:

*A multitude of comorbidities are associated with obesity. An estimated three quarters of children will develop health complications at an early age, including physical and mental health complications.*¹¹⁶

Ms Nicola Sheridan, senior clinical specialist physiotherapist in paediatrics, W82GO! Weight Management Service at Temple Street Children's University Hospital, in relation to the children and young people bring treated by the service, stated:

*Providing services to children and adolescents presenting with a range of complications is challenging because 40% already have risk factors for heart disease, 17% meet the criteria for having the metabolic syndrome, 40% have significant and severe mental health problems, and 75% have experienced bullying, with 11% experiencing severe bullying. Unfortunately, a number of the children seen have a history of self-harm or suicidal intent.*¹¹⁷

In its submission to the JCCYA, the National Youth Council of Ireland, in relation to this issue, made the following recommendation:

*Run a national campaign to highlight and promote confidence, self-belief and positive body image among young people and young adults, especially young girls.*¹¹⁸

¹¹⁶ Joint Committee on Children and Youth Affairs, [Debate](#): 21 March 2018.

¹¹⁷ *ibid*

¹¹⁸ National Youth Council of Ireland, [Submission to the Joint Committee on Children and Youth Affairs on the topic of: Tackling Childhood Obesity](#), June 2018, p. 8.

4.9.1 OBSERVATIONS AND RECOMMENDATIONS

The JCCYA acknowledges the importance and potential benefit of such addressing mental health issues, and body image portrayal in the context of tackling, and preventing childhood obesity.

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| Recommendation 20 |
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| The Joint Committee recommends that the Government should undertake research into the potential links between obesity, mental health, and the portrayal of body image on social media and in traditional media, and implement measures to protect children and young people accordingly. |
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**COMMITTEE ON CHILDREN AND YOUTH
AFFAIRS**

TERMS OF REFERENCE

a. Functions of the Committee – derived from Standing Orders [DSO 84A; SSO 70A]

- (1) The Select Committee shall consider and report to the Dáil on—
 - (a) such aspects of the expenditure, administration and policy of a Government Department or Departments and associated public bodies as the Committee may select, and
 - (b) European Union matters within the remit of the relevant Department or Departments.
- (2) The Select Committee appointed pursuant to this Standing Order may be joined with a Select Committee appointed by Seanad Éireann for the purposes of the functions set out in this Standing Order, other than at paragraph (3), and to report thereon to both Houses of the Oireachtas.
- (3) Without prejudice to the generality of paragraph (1), the Select Committee appointed pursuant to this Standing Order shall consider, in respect of the relevant Department or Departments, such—
 - (a) Bills,
 - (b) proposals contained in any motion, including any motion within the meaning of Standing Order 187,
 - (c) Estimates for Public Services, and
 - (d) other matters as shall be referred to the Select Committee by the Dáil, and
 - (e) Annual Output Statements including performance, efficiency and effectiveness in the use of public monies, and
 - (f) such Value for Money and Policy Reviews as the Select Committee may select.

- (4) The Joint Committee may consider the following matters in respect of the relevant Department or Departments and associated public bodies:
- (a) matters of policy and governance for which the Minister is officially responsible,
 - (b) public affairs administered by the Department,
 - (c) policy issues arising from Value for Money and Policy Reviews conducted or commissioned by the Department,
 - (d) Government policy and governance in respect of bodies under the aegis of the Department,
 - (e) policy and governance issues concerning bodies which are partly or wholly funded by the State or which are established or appointed by a member of the Government or the Oireachtas,
 - (f) the general scheme or draft heads of any Bill,
 - (g) any post-enactment report laid before either House or both Houses by a member of the Government or Minister of State on any Bill enacted by the Houses of the Oireachtas,
 - (h) statutory instruments, including those laid or laid in draft before either House or both Houses and those made under the European Communities Acts 1972 to 2009,
 - (i) strategy statements laid before either or both Houses of the Oireachtas pursuant to the Public Service Management Act 1997,
 - (j) annual reports or annual reports and accounts, required by law, and laid before either or both Houses of the Oireachtas, of the Department or bodies referred to in subparagraphs (d) and (e) and the overall performance and operational results, statements of strategy and corporate plans of such bodies, and
 - (k) such other matters as may be referred to it by the Dáil from time to time.
- (5) Without prejudice to the generality of paragraph (1), the Joint Committee appointed pursuant to this Standing Order shall consider, in respect of the relevant Department or Departments—
- (a) EU draft legislative acts standing referred to the Select Committee under Standing Order 114, including the compliance of such acts with the principle of subsidiarity,
 - (b) other proposals for EU legislation and related policy issues, including

programmes and guidelines prepared by the European Commission as a basis of possible legislative action,

(c) non-legislative documents published by any EU institution in relation to EU policy matters, and

- (6) matters listed for consideration on the agenda for meetings of the relevant EU Council of Ministers and the outcome of such meetings. The Chairman of the Joint Committee appointed pursuant to this Standing Order, who shall be a member of Dáil Éireann, shall also be the Chairman of the Select Committee.
- (7) The following may attend meetings of the Select or Joint Committee appointed pursuant to this Standing Order, for the purposes of the functions set out in paragraph (5) and may take part in proceedings without having a right to vote or to move motions and amendments:
- (a) Members of the European Parliament elected from constituencies in Ireland, including Northern Ireland,
 - (b) Members of the Irish delegation to the Parliamentary Assembly of the Council of Europe, and
 - (c) at the invitation of the Committee, other Members of the European Parliament.

b. Scope and Context of Activities of Committees (as derived from Standing Orders) [DSO 84; SSO 70]

- (1) The Joint Committee may only consider such matters, engage in such activities, exercise such powers and discharge such functions as are specifically authorised under its orders of reference and under Standing Orders.
- (2) Such matters, activities, powers and functions shall be relevant to, and shall arise only in the context of, the preparation of a report to the Dáil and/or Seanad.
- (3) The Joint Committee shall not consider any matter which is being considered, or of which notice has been given of a proposal to consider, by the Committee of Public Accounts pursuant to Standing Order 186 and/or the Comptroller and Auditor General (Amendment) Act 1993.
- (4) The Joint Committee shall refrain from inquiring into in public session or publishing confidential information regarding any matter if so requested, for stated reasons given in writing, by—
- (a) a member of the Government or a Minister of State, or
 - (b) the principal office-holder of a body under the aegis of a Department or which is partly or wholly funded by the State or established or appointed by a member of the Government or by the Oireachtas:

Provided that the Chairman may appeal any such request made to the Ceann Comhairle / Cathaoirleach whose decision shall be final.

- (5) It shall be an instruction to all Select Committees to which Bills are referred that they shall ensure that not more than two Select Committees shall meet to consider a Bill on any given day, unless the Dáil, after due notice given by the Chairman of the Select Committee, waives this instruction on motion made by the Taoiseach pursuant to Dáil Standing Order 28. The Chairmen of Select Committees shall have responsibility for compliance with this instruction.

Joint Committee on Children and Youth Affairs

Deputies:

Lisa Chambers (FF)
Alan Farrell (FG) [Chairman]
Kathleen Funchion (SF)
Denise Mitchell (SF)
Tom Neville (FG)
Sean Sherlock (LAB)
Anne Rabbitte (FF)

Senators:

Lorraine Clifford-Lee (FF)
Fintan Warfield (SF)
Joan Freeman (Ind)
Catherine Noone (FG)

Notes:

1. Deputies nominated by the Dáil Committee of Selection and appointed by Order of the Dáil of 16 June 2016.
2. Senators nominated by the Seanad Committee of Selection and appointed by Order of the Seanad on 21 July 2016.
3. Deputy Catherine Martin discharged and Deputy Kathleen Funchion appointed to serve in her stead by the Fifth Report of the Dáil Committee of Selection as agreed by Dáil Éireann on 4 October 2016.
4. Deputy Josepha Madigan discharged and Deputy Tom Neville appointed to serve in her stead by the Sixth Report of the Dáil Committee of Selection as agreed by Dáil Éireann 15 November 2016.
5. Deputy Jim Daly discharged and Deputy Alan Farrell appointed to serve in his stead by the Tenth Report of the Dáil Committee of Selection as agreed by Dáil

Éireann 11 July 2017.

6. Deputy Donnchadh Ó Laoghaire discharged and Deputy Denise Mitchell appointed by the Twelfth Report of the Dáil Committee of Selection as agreed by Dáil Éireann 03 October 2017.
7. Deputy Jan O’Sullivan discharged and Deputy Sean Sherlock appointed by the Twelfth Report of the Dáil Committee of Selection as agreed by Dáil Éireann 03 October 2017.
8. Senator Máire Devine discharged and Senator Fintan Warfield appointed by the Seventh Report of the Seanad Committee of Selection as agreed by Seanad Éireann 01 May 2018.

APPENDIX 3: GLOSSARY OF TERMS

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| ASTI | Association of Secondary Teachers of Ireland |
| BAI | Broadcasting Authority of Ireland |
| CCMA | County and City Management Association |
| CFI | Community Food Initiative |
| DEIS | Delivering Equality of Opportunity in Schools |
| GP | General Practitioner |
| HFSS | High Fat, Sugar, Salt |
| INDI | Irish Nutrition and Dietetic Institute |
| INTO | Irish National Teachers' Organisation |
| JCCYA | Joint Committee on Children and Youth Affairs |
| NPCpp | National Parents' Council post-primary |
| NYHP | National Youth Health Programme |
| OPIOG | Obesity Policy Implementation Oversight Group |
| PE | Physical Education |
| RCPI | Royal College of Physicians of Ireland |
| SEG | Socio-Economic Group |
| SES | Socio-Economic Status |
| SPHE | Social, Personal and Health Education |
| TILDA | The Irish Longitudinal Study on Ageing |
| TUI | Teachers' Union of Ireland |
| W82GO | Weight Management Service, Temple Street Children's University Hospital |
| WHO | World Health Organization |
| Y-Path | Youth-Physical Activity Towards Health |