

DÁIL ÉIREANN

AN COMHCHOISTE UM LEANAÍ AGUS GNÓTHAÍ ÓIGE

JOINT COMMITTEE ON CHILDREN AND YOUTH AFFAIRS

Dé Céadaoin, 27 Meitheamh 2018

Wednesday, 27 June 2018

Tháinig an Comhchoiste le chéile ag 9.30 a.m.

The Joint Committee met at 9.30 a.m.

Comhaltaí a bhí i láthair / Members present:

Teachtaí Dála / Deputies	Seanadóirí / Senators
Jack Chambers,+	Frank Feighan,*
Denise Mitchell,	Joan Freeman,
Tom Neville,	Fintan Warfield.
Anne Rabbitte,	
Sean Sherlock.	

* In éagmais / In the absence of Senator Catherine Noone.

+ In éagmais le haghaidh cuid den choiste / In the absence for part of the meeting of Deputy Anne Rabbitte.

Teachta / Deputy Alan Farrell sa Chathaoir / in the Chair.

Business of Joint Committee

Chairman: I propose we go into private session.

The joint committee went into private session at 9.37 a.m., suspended at 9.40 a.m. and resumed in public session at 9.44 a.m.

Tackling Childhood Obesity: Discussion (Resumed)

Chairman: Good morning. I welcome everybody to this meeting of the Joint Committee on Children and Youth Affairs. We are continuing our hearings on tackling childhood obesity. We will now have presentations from Sport Ireland, *safefood* and the Department of Employment Affairs and Social Protection. I welcome Mr. John Treacy, chief executive, and Dr. Una May, director of participation and ethics, from Sport Ireland, Dr. Cliodhna Foley-Nolan, director of human health and nutrition, and Dr. Aileen McGloin, director of marketing and communications, from *safefood*, and Mr. John Conlon, assistant secretary, and Ms Jackie Harrington, principal officer, from the Department of Employment Affairs and Social Protection. I thank them for joining us. We also have Mr. David Gash, communications manager with Sport Ireland, in the Public Gallery. I also welcome members and viewers who may be watching these proceedings on Oireachtas TV.

Before we commence, and in accordance with procedure, I am required to draw the attention of witnesses to the fact that by virtue of section 17(2)(l) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to this committee. However, if they are directed by the committee to cease giving evidence on a particular matter and continue to do so, they are entitled thereafter only to qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any persons or entity by name or in such a way as to make him, her or it identifiable. Members are reminded of the long-standing parliamentary practice to the effect that they should not comment on, criticise or make charges against a person outside the House or an official either by name in such a way as to make him, her or it identifiable.

I also remind everybody present to turn off mobile phones or switch them to flight mode. Mobile phones interfere with our sound system and make it difficult for parliamentary reporters to report on the meeting. Television coverage and web-streaming may also be adversely affected. I advise witnesses also that any submissions or statements made to the committee will be published on the committee website after this meeting. After the presentations, there will be a question-and-answer session. I call Mr. Treacy to make his opening statement.

Mr. John Treacy: I thank the Chair and the committee for giving me the opportunity to make this address. Sport Ireland conducted a study of children's sport participation and physical activity in 2010. The study referred to considerable international evidence highlighting the benefits of physical activity in children and young people. It also identified that physical activity is important to children's current and future health and that adherence to physical activity guidelines produces a range of direct and indirect benefits. Physical activity assists in the control of body weight by increasing energy expenditure and it helps children and young people

achieve a healthy energy balance and avoid developing adult obesity. It reduces the risks of developing premature cardiovascular disease, type 2 diabetes and some forms of cancer. In addition, physical activity reduces depression, anxiety and enhances mood, self-esteem and quality of life.

Participation in regular physical activity has been found to have a positive effect on behaviour, attention span and academic performance. 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. Estimates for the direct and indirect costs of physical inactivity are alarming. Sport Ireland and Healthy Ireland have agreed to co-fund the follow up to the children's sports participation and physical activity study which will replicate the previous study and produce updated information. We expect to have that published by November 2018.

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. This study reinforces a considerable body of international evidence showing the health benefits of physical activity. What really concerns Sport Ireland is the number of children at primary and secondary level who are not active and not meeting any physical activity recommendations. The 2010 study found that even though many children were physically active in some capacity, for example, through PE classes or after-school sports, they were not meeting the physical activity guidelines.

There are more opportunities than ever for children and young people to engage in sport and physical activity. While sport plays an important role in getting children active, it is not the only solution. This is where Sport Ireland feels that the role of schools is of paramount importance. Our view is that regular physical activity, through the delivery of PE classes, is as important a part of the school experience as reading, writing and mathematics. It should start as soon as children begin primary school. We can look at strong international models for this. It is compulsory for primary schools in Denmark to offer an average of 45 minutes of physical activity per school day. Similarly, PE classes are provided five days a week in Hungary. While Sport Ireland welcomes the positive recent developments in the PE curriculum in the senior cycle, we feel that more needs to be done in this area to ensure PE becomes a core part of the school experience. It is important for the new senior cycle PE initiative to be rolled out through the entire school system as a priority to increase physical activity levels and physical literacy among all children. It is critical for the full implementation of the new curriculum to be sufficiently resourced to ensure the maximum potential for its success.

The role of parents cannot be overstated. It is important for parents to ensure their children are kept physically active as part of a balanced lifestyle which incorporates nutrition. We are well aware that some parents write notes to excuse their children from PE classes. Parents need

to take responsibility and be aware of the consequences of their children not engaging in physical activity. Children need to get into good habits at an early age. If this happens in the home and school environments, their chances of leading healthy lifestyles increase significantly. Evidence from other research, including the national longitudinal study of children, Growing Up in Ireland, and the Healthy Ireland survey indicates that there is a strong socioeconomic gradient in obesity levels. These findings emphasise the importance of focusing on individuals from lower socioeconomic groups around health behaviours such as physical activity and diet. Sport Ireland has placed a particular emphasis on getting these groups active through dormant accounts funding, the local sports partnership network and the community sports hubs initiative, which we are rolling out around the country. Increased investment in such initiatives is merited to reduce these health inequalities.

The publication of A Healthy Weight for Ireland, which is Healthy Ireland's obesity policy and action plan, is a welcome development in tackling childhood obesity in Ireland. It is fantastic to see such reports highlighting the important role of physical activity. Sport Ireland's view is that the effective interventions on physical activity identified in the policy should be delivered. A fundamental principle of the local sports partnership network, which is an initiative of Sport Ireland, is to remove any barrier that prevents participation in sport. In 2017, Sport Ireland allocated over €6 million to the 29 local sports partnerships. This resulted in approximately 340,000 people participating in 936 locally delivered participation programmes. Our programmes targeted people with disabilities, women in sport and older groups and we saw increases in participation numbers among those groups. That came through in the most recent edition of the Irish Sports Monitor. This is an example of the huge role of direct intervention in this area.

The local sports partnerships are the most important drivers of the inter-agency approach at local level. They can promote a positive environment at local level, in which physical activity becomes normal, and they can continuously explore new models of participation. For this reason, the local sports partnerships are named as key partners across many of the action areas in the national physical activity plan. Sport Ireland's local sports partnerships have a key role in delivering the 2017-2018 Healthy Ireland fund, with a specific focus on local actions to implement the national physical activity plan for Ireland.

Sport Ireland allocates dormant account funding to national governing bodies and local sports partnerships to support measures for disadvantaged communities under the national physical activity plan. We welcome the allocation of €4.4 million in dormant account funding to Sport Ireland at the end of 2017. This funding complements Sport Ireland's support for national governing bodies. We are investing €10.8 million in national governing bodies under various programmes to support participants and volunteers in a wide range of sports. This core funding for national governing bodies covers the running of programmes for adults and children who engage in sport. It is hugely significant and badly needed.

The tackling of obesity across all facets of society is a complex and multilayered issue. It is clear from evidence that physical activity plays a major role in improving the overall health and well-being of our children. The results of the 2010 study have fed into the physical activity plan around the setting of targets for increasing physical activity among children. Sport Ireland is significantly involved in efforts under the national physical activity plan to increase participation in physical activity throughout the population, including among children. Sport Ireland will continue to work with the Government and key stakeholders to provide more opportunities for young people to engage in sport and physical activity.

As I said earlier, many Departments are highlighting the importance of physical activity in their policy papers. It is hugely significant. Ten years ago, that would not have been the case. It is on everyone's agenda. Obviously, we would like to see more happening at school time. This would be really important. Children who are not sporty can be left behind if they lack confidence. PE classes can help their confidence by giving them an opportunity to participate in a sport or physical activity that they can do well. They might be able to run a mile. If we are to ensure we attract every child in the classroom, we need to be innovative when it comes to those types of activities. It is critical, as we go forward, to remember that not being able to kick a football should not exclude a child from physical activity.

Chairman: I ask Dr. Foley-Nolan to make her opening statement.

Dr. Cliodhna Foley-Nolan: Having been the director for human health and nutrition in *safefood* for the last ten years, I realise that childhood obesity is a very stubborn health issue. We further realise that childhood obesity has been almost completely normalised. We are no longer particularly impressed by the stark statistics. We almost see this as an insoluble or inevitable situation. A very interesting graph on the bottom of the short paper that we sent to the joint committee covers a period of almost 60 years from just before 1950 to just after 2000. It shows how the average weight of boys, whom we took as an example, has increased over that time. A 14 year old in 2000 was, on average, 14 kg or more than 2 stone heavier than a 14 year old in 1950. All of that is not healthy. Perhaps people were a little on the undernourished side in some regards in 1950, but we are over-nourished or unhealthily nourished now. That is where childhood obesity is.

I would like to comment on the way we are nurturing our children from the beginning. One in three pregnant women is overweight or obese. This leads to all sorts of problems from a health perspective for the mother and for the child and places a much bigger burden on services. There is increasing evidence of how much sugar and how few vegetables are in ready-to-eat baby and toddler foods. Many primary schools have either an official or unofficial "no running" policy and no fridges for lunch storage. They have no water fountains. Many parents have mentioned the issue of lunch time interfering with play time, and it is something I experienced when my children were that age. Who will pick lunch over play? Children gobble something and put the rest into the lunch box before going out to play. It is counter-productive in the context of nutrition goals and a healthy environment for children. Parents struggle between one thing and another but two matters have come to our attention. The first is the ubiquitous nature of treats. If children have their dinner, they get a treat but if they do not eat their dinner, they still get a treat. There is a treats cupboard, there are children's parties with play areas and even some sports facilities where it is practically impossible to avoid these products. The second matter relates to screen-based technology and the difficulty parents have with such devices. This fits into the obesity epidemic.

Children in disadvantaged areas eat less nutritious diets and there is a much higher proportion of fast food outlets in those areas. That gap is growing. I live in Cork but this morning I travelled in from south Dublin. Everything I saw looked rosy but that is not the full picture and the level of childhood obesity is growing in areas with people who are less advantaged. We must act further in this respect. Secondary schools are being targeted by fast food outlets with meal deals comprising carbohydrates, sugar and fat. It is an ongoing problem. It is the same with local shops and one cannot try to buy a bottle of milk or some petrol without being bombarded in newsagents, garage forecourts or supermarkets by these products. Children and parents are having it tough in trying to stay at a reasonable weight and level of health.

We continue to be members of the Government’s advisory and strategy groups dealing with weight matters. The bottom line is there must be resourcing and implementation of A Healthy Weight for Ireland. Much has been done but we are at a plateau with childhood obesity, so the word “stubborn” definitely comes into it. We are at a ridiculously high level if one in four children is obese or overweight; if a primary school class has 30 children, seven of them are overweight or obese. If that were any other disease or condition, we would be more alarmed than we are. Although obesity is a disease, it does not require urgent treatment, and as a result, we find ourselves in the current position. As members indicated, blood pressure issues and pre-diabetes are occurring in children aged five, six or 15.

We have proposed a number of recommendations we would like to highlight. Without going into all of them, I can outline specific recommendations and we are particularly aware of their importance. There should be a dedicated percentage of the overall obesity budget for prevention, as it always tends to get less emphasis than treatment. Immediate treatment of extreme cases will always be an issue but unless we have a dedicated budget and resources for prevention, we will continue to have difficulties. Within that budget we should establish an approach that from an obesity perspective would be in line with what we know contributes to obesity. This includes diet and physical activity, with a ratio of 2:1. Diet is the principal factor but I could not be more supportive of physical activity, not only from an obesity prevention and management perspective but from mental health and other perspectives. It is nonetheless my job to emphasise that diet is twice as important as activity in the prevention and management of obesity.

How do we help parents? Currently it is a handy approach to blame parents if their children are overweight. That is simply not fair or accurate. We must provide parenting skills in order that parents can negotiate pester power and the environment in which their children are harassed to eat and seek too many treats or food that is not particularly healthy. Members emphasised the role of the parents in the community approach, and the approach is at this ground level. Cooking from scratch at home, for example, can be helped with a number of community cooking problems, such as Cook It. There are not enough of them and we need to fund and implement them as a norm in all communities, particularly those at less advantage. There is less cooking from scratch in those areas. Home economics in school should be approached in the same way as activity, with availability to all children. One could argue it is a gender issue, apart from anything else, that leads to boys not having access. It is also a normalisation issue.

There is the matter of schools recognising obesity. Given that we have school uniforms labelled as being for the same ages but which are considerably bigger than they were 20 years ago, there has been a visual normalisation of what is healthy. In the same way we look at eyes, ears, teeth and other indicators of growth in schools, we need to measure and weigh children as part of the development assessment routine.

I will hand over to my colleague, Dr. McGloin, who will deal with campaigns and how we have listened to parents.

Dr. Aileen McGloin: The committee will have seen from our more detailed submission that we are very active in the childhood obesity area. We have community food initiatives, food poverty initiatives, education resources and campaigns. I will highlight the START campaign, which we launched last year in conjunction with Healthy Ireland, the HSE and partners in Northern Ireland in the form of the Public Health Agency. It is important that this campaign has been co-created with the target audience. We went to lower income areas throughout the country to ensure we spoke with the audience that would need us most. We developed mes-

sages and a campaign that truly resonated with those people. As Dr. Foley-Nolan pointed out, parents are under huge pressure and do not want to be told what to do by agencies. They have busy lives and much responsibility. We wanted to emphasise that every effort they make to improve a child's life from a physical activity and food perspective has an impact. The motif was date-stamping a certain time when mum decided to switch to fruit or have a healthier breakfast. It is all those tiny decisions throughout the day that make the difference between being healthy and being unhealthy as a family. It is a five-year campaign with partners. We want to get the messages out about eating fewer treats, consuming fewer sugary drinks, being more active, having less screen time and so on that are clear and consistent and go throughout all the touch points that are important in children's lives, namely GP surgeries, crèches, schools, hospitals and also through the media.

Mr. John Conlon: I thank the committee for the opportunity to discuss the matter of tackling childhood obesity. One of the main roles of the Department of Employment Affairs and Social Protection is to promote active participation and inclusion in society through the provision of income supports. In the context of childhood obesity, this Department administers the school meals programme which is a targeted intervention for children at risk of food poverty and educational disadvantage. The programme provides funding towards the provision of food services to some 1,500 schools and organisations which benefits up to 250,000 children at a total cost of €54 million in 2018. An additional €6.5 million was allocated to the programme as part of budget 2018.

In recognition of the benefits that this scheme provides to children Government has significantly increased its funding since 2012, increasing it from €35 million to a current figure of €54 million over a series of budgets, a 54% increase in that period. In line with the national policy framework for children and young people, Better Outcomes, Brighter Futures, priority for new applications for funding has been given to schools which are part of the DEIS programme. The additional funding provided under the scheme in recent years has supported the improvement of the scheme to DEIS schools and its extension to some schools outside of DEIS. There is a particular focus on the provision of breakfast clubs within the scheme which provide positive outcomes for vulnerable children in respect of their school attendance, punctuality and energy levels.

Under the scheme, schools have a responsibility to implement healthy eating policies. The new nutritional standards for school meals were devised and published under the auspices of Healthy Ireland in September 2017. These standards were developed by a working group led by the health and well-being programme in the Department of Health, on which this Department was represented as were our colleagues in *safefood*. The implementation of these standards will ensure children and young people are offered healthy, nutritious and balanced meals and snacks. These standards will be fully implemented in all schools participating in the school meals scheme from September 2018 and build on the previous healthy eating guidelines.

In terms of compliance, schools and organisations must reapply for funding in advance of each school year and are required to submit detailed records to the Department. Expenditure on unhealthy food items is deducted from the following year's funding allocation. The Department also undertakes on-site inspections of schools and part of this includes inspecting the type of food provided. Some 1,260 schools and organisations have been inspected at this time. Compliance with the new standards will form part of the inspection process from the 2018-19 academic year and also forms part of the service level agreement in place with each school/organisation in the scheme.

I assure the committee that the Department is committed to the ongoing development of the school meals programme and recognises that proper nutrition can improve children's ability to concentrate, improve disruptive behaviour, encourage school attendance and help in the fight against obesity. I am confident the new nutrition standards will be a valuable resource in educating and supporting children to embrace healthy eating to grow and develop into healthy adults and to be a healthy weight.

Chairman: I thank Mr. Conlon and the other guests for their opening statements.

I have one question before I call Deputy Sherlock. It relates to the effectiveness of the idea of normal weight, whether it be a medical assessment or a reflection on history. The *safe* food graph from 1950 to 2002 is alarming and shows a clear trend. We continually look at food groups and that process is continuously changing in respect of how we assess whether it is good or bad. In my lifetime I have heard that coffee is bad and tea is better, then I heard that tea is worse and coffee is better. I have heard that one should not eat butter and then that one should because some of the fats in it are beneficial. That progresses over a long period. How reliable are predictions based on BMI charts or the idea of what an optimum weight for a child is at different stages of development, given that not only is food changing but we are also inherently healthier? Is this a question that is more appropriate for the doctors?

Dr. Cliodhna Foley-Nolan: I do not know who told the Chairman that tea was good or coffee was bad or whatever and that comes down to the important issue of being given information from reliable sources. It is a tangential issue to that which we are discussing but reliable sources tend to be less dramatic, vociferous and perhaps attractive in the short term such as the Government and dietician sources. Currently, people who have done brief nutritional courses comment on this, that and the other, often based on their personal experience or on non-science. There are also researchers who might do a very good piece of research and have a finding but we do not base guidelines on one piece of research. There will always be debate but things have not changed as much as the headlines, particularly in the tabloids might suggest, and if we ate what our grannies ate, we would be doing pretty well. I appreciate the perception but that is the reality.

Weight is not the only indicator of health. We are talking about weight and height so some people are taller and bigger than others, so weight is not the only indicator. However, weight in excess of the standard is related to poor health and non-communicable disease such as diabetes and cancer is the problem for our society rather than infections and so on. We are talking about the role of weight at a population level, where at an individual level one must look at the whole picture of the person.

Mr. John Conlon: I am not a nutritional expert so I bow to colleagues. The published guidelines focus on factors such as portion size and what a serving should be, which are important in diet. I am unsure if they have been sent to the committee but we will do so straight after the meeting.

Dr. Aileen McGloin: The Chairman is rightly concerned that weight standards may have changed. In the late 1940s, it would be correct to suggest that children in the post-war years were undernourished. The data on which we base our current BMI standards was collected in the late 1980s or early 1990s, so at the point before the obesity explosion. In a way, that kind of date-stamping of standards is correct for the kind of food environment that we live in now. Even so, we have seen doubling and tripling of obesity rates.

Mr. John Treacy: Dr. O'Shea, who is well known to us all, and very much a leader in this particular area, talks all the time about plate sizes, which are getting bigger. Any of us who have been to the United States have seen the portion sizes. We see the portion sizes getting bigger in Ireland also.

Dr. Aileen McGloin: We are rivalling them over here now.

Mr. John Treacy: We are rivalling them. All the research around cardiac health that is coming up at international level is changing around what the foods are. Carbohydrates now seem to be the big fear, in terms of what people are taking in. These are the types of things we need to make sure we do not eat too much of, and the portion sizes are really critical. Many people do not see themselves as overweight so there is a misconception of what they might look like. People realise they need to see their doctors, and get the regular physical fitness and health checks as part of their well-being. The critical piece for me is that we are actually talking about people's health and children's health, which is a really critical issue. We talk here about developing life habits, which is why we talk about physical activity being a life habit, about learning it and having the confidence early, and about the parents getting involved with the children. All our research tells us that if the parents are involved in physical activity, there is a really good chance that the children will be involved in physical activity as well. It is those types of patterns that we need. We need to look at the environment in Ireland and how we can make it more conducive to physical activity. They are all the pieces that have been happening around local government, in terms of how it can put more trails and greenways in and how we can make it easy for people to participate in physical activity. It is changing the culture in Ireland. As a sporting nation which follows sport, we also want to make sure people do it as well. Ireland should be about gearing up for the next 50 years. We are creating an environment where people and their children can involve themselves in physical activity, and it is part of what they do when they wake up in the morning or during the course of a day.

Deputy Sean Sherlock: I would like to join in welcoming all the witnesses here before the committee today. Their submissions are very interesting, and there are some very pragmatic and practical recommendations therein. They are based on common sense but very often common sense is not applied when one is trying to conduct a public policy and a set of outcomes that have a beneficial effect for the general population. We all have an instinctive view on what needs to happen, but then how is that translated into practical policies and actions? That is what we are trying to get to the nub of here in this committee. We are trying to come up with a report that has very practical suggestions. The witnesses' recommendations are very beneficial to that process.

Before I question anybody, I want to congratulate Mr. John Treacy on his appointment as chairman of the board of Concern. It is a very welcome appointment, which I think we would all wholeheartedly welcome.

On the Children's Sport Participation and Physical Activity Study of 2010, the witness has openly acknowledged in his submission that it now needs to be updated and made fit for purpose for 2018, 2019 and onwards. Could I ask if the effects of the use of technology are mapped onto that study in any way? Has the use and preponderance of technology in homes and society been examined? The reason I ask is we are hearing that technology has a massively negative impact on very basic activity levels in children, and other people who have submitted to this process here have said that. Is that part of the study?

Mr. John Treacy: I do not know the answer to that question but we will make sure we find

out. It is obviously a very important matter in regard to children, iPhones and so on.

Deputy Sean Sherlock: Who owns that study? Is Sport Ireland just a participant?

Mr. John Treacy: We are stakeholders, along with Healthy Ireland.

Deputy Sean Sherlock: Where is the academic research being carried out?

Mr. John Treacy: In the university sector.

Deputy Sean Sherlock: That is fine. I think it would be useful for us-----

Mr. John Treacy: We can add that piece in. It is certainly something that needs to be looked at. We would be acutely aware of it as well. One of the things we looked at during that 2010 study was television time, so I would imagine the technology piece would be looked at as part of this study as well. The number of hours children were watching television was a huge factor. It was up to two hours a day. One of the things I always make a point about is when kids are doing their leaving certificate and the parents will tell them they can stay out of sport for a while in order to concentrate on their studies. What do they do? They fill it by watching television.

Deputy Sean Sherlock: I appreciate that. Two hours of screen time seems almost nostalgic by today's standards, which is ironic. If they are to report in November, which is only a few months away, and if that is not included in the study, it would be very useful for us to know, perhaps through Sport Ireland or one of the other stakeholders, whether the use of technology is being mapped onto those types of longitudinal studies. It would be useful to us and our work here.

When we speak about obesity in Ireland, we speak about targeting lower socio-economic groups. I often wonder how that happens in real terms. Can Mr. Treacy give a practical example of a local sports partnership, of the 29 on the €6 million budget line, where there is a clear targeting of a lower socio-economic group?

Mr. John Treacy: One of the pieces that helped in recent times was that some funding came through, allowing us to put local development officers in place. Their job is to go into disadvantaged areas and knock on doors, get people out and find the leaders in the community. There are a number of programmes that we roll out, such as dormant account funding, setting up sports hubs and getting the communities and various clubs involved. There are targeted areas and these hubs are in disadvantaged areas. Some of the hubs are linking schools and clubs and all that type of work.

Dr. Una May: One of the most significant investments we have made has been around the development of community sport and physical activity hubs, which have been developed in a number of different areas and across a range of different types of models, specifically targeting disadvantaged areas. We have a few good examples. One in Clonmel taps into work that was already under way, the development of the River Suir and the development of the greenway and blueway. In acknowledging the challenges with the river, flooding issues and all the poor associations with the river, we invested funding through that in the development of a white-water canoeing facility. As part of that, we have developed a community coaching programme, which is a jobseeker's programme, to try to bring people back into the workforce through the medium of sport, where that extra draw is the attraction to the sport bit. We offer them jobseeker's training, CV preparation and that kind of thing. We then offer them coaching programmes as well and we align that with the capital money that is being invested.

In this particular area, the funding was in the area of canoeing coaching. We also developed an initiative in Croom, County Limerick, putting some capital into the development of a small climbing wall in the community centre. Through community coaching we taught the local community leaders how to teach climbing. Similarly, on a significant housing estate in Gorey, County Wexford, one of the largest estates in the country in a disadvantaged area, we developed a BMX track. We have been trying to target non-traditional sports to try to reach out to people. People know where to go to find their GAA club or soccer club and, therefore, we are trying to target different and less traditional activities.

Deputy Sean Sherlock: I appreciate that. If some clear examples of those projects could be outlined to the committee, it would help us in drafting our report. Perhaps Dr. May could outline in that submission how this could be replicated across a number of different areas. We need practical examples like that to help us in our work. I am grateful for that. *safefood* is a North-South body. What is the budget of the Start programme?

Dr. Cliodhna Foley-Nolan: Approximately €900,000 per annum.

Deputy Sean Sherlock: It is less than €1 million.

Dr. Cliodhna Foley-Nolan: Yes.

Deputy Sean Sherlock: I do not quite understand the expression Dr. Foley-Nolan used at the outset to the effect that we almost see the situation as “inevitable and insoluble”. I cannot think like that, and we cannot think like that as a committee. I have to be optimistic about what we can achieve and keep driving on and pursuing this issue. I do not see it as being necessarily inevitable and insoluble.

Can Dr. McGloin give us a high-level view of how the START programme works? It may not be possible today. There is a €900,000 budget line. It is across the island of Ireland. Is *safefood* trying to reach into schools or into houses? I note the recommendations of improvements in co-ordination between community and hospital-based health professionals, the 70:30 ratio for healthy eating and physical activity and more community cooking programmes such as Cook It. How is *safefood* translated across those initiatives? That is what I am trying to understand.

Dr. Aileen McGloin: There are a number of different ways. I will address the Deputy’s initial point about inevitability. It is inevitable if we continue as we are. We also mean that parents in particular feel very disempowered, in relation to both food and physical activity. To reply to some points made in response to Mr. Treacy, we have recently done some formative research for the next phase of our campaign around physical activity and screen time. Screen time rose to the top because parents are so concerned and so utterly disempowered with no clear guidance on how much screen time is healthy.

Deputy Sean Sherlock: A parent is a parent. I am working on the assumption that most parents have common sense. I am not talking about educational attainment, what socio-economic group they are in or anything like that. Is Dr. McGloin saying to me that Irish parents are expressing concerns about what constitutes proper screen time? Are we at that level of-----

Dr. Aileen McGloin: Actually, yes. We were all as surprised by it as the Deputy. He is bang-on in this regard. The other part is that, as adults, we all use screens enormously. If we want to change the behaviour of the child, we need to start with ourselves. That is difficult for the parent. Whether we are talking about the types of food we eat or the time we spend on

screen, we have to take a whole-family approach. There is no point in saying that we will make changes for the children. We all have to make the changes. For a parent to face up to that is quite difficult.

Deputy Sean Sherlock: Change is needed.

Dr. Aileen McGloin: Absolutely. We are not just talking about children here; we are talking about the whole family.

To come back to the Start programme, as we said, a partnership approach is taken between North and South. We work with the HSE and Healthy Ireland. *safe*food has expertise in rolling out large-scale media campaigns. There are television ads, radio ads and outdoor advertising to help raise awareness of the issue in the first place. We also do a huge amount of activity in the digital medium, because that way we have a deeper means to support people. For example, we can use behaviour change techniques, such as providing reward charts parents can use with their children, or food or physical activity diaries. We can host discussion groups where they can meet other parents and talk about the things that other parents do. Role modelling is huge, so we try to demonstrate how other parents take on healthy measures with their children. I think a parent-to-parent approach is really important, and we can use digital communications to show that. The HSE obviously has a very different structure to us, and it has all the front-line staff. Start is being rolled out throughout the HSE via its Making Every Contact Count mechanism. The key people who will be the touch points for children, for example public health nurses meeting parents to provide vaccinations and all the early years contacts, are also being trained on the Start messages. It is coming through different lines of communication.

Deputy Sean Sherlock: Could Dr. McGloin send us a note on that? That is practical and would be helpful.

Dr. Aileen McGloin: Yes.

Deputy Anne Rabbitte: I thank the witnesses for their presentations. I will begin with Mr. Treacy. I have an excellent relationship with the local sports partnership in Galway. We had a positive engagement with Fit Towns a little more than two years ago. The witnesses should tell everybody about Fit Towns and the concept behind it, because it got the whole town moving in the middle of winter. I have to credit Mr. Mick Hurley and Mr. Jason Craughwell with all of this. It is something that has been rolled out throughout the whole county since then. It made us a little bit competitive. It includes people from the very young to older persons. One can move in the morning, noon or evening in that sphere. It has been very welcome. There was funding for it.

I want Mr. Treacy to talk about the role of county councils, because he did hit on it a little bit. When we talk about the role of county councils, we have to talk about the outdoor recreation infrastructure scheme grants that are available, as well as the town and village renewal scheme. We also have to talk about communities. We are talking about obesity across the entire nation. It does not stop at the 50 km mark outside any town, village or city. There are communities out there that are not towns, villages or urban communities. They are very rural, but they have a definition, that is, a sense of community. That is where the likes of those grants are important. We need to build on the capacity of people that want to move and want a huge involvement in it.

It is to do with the changing culture. I am fortunate in that I live on what is now a blueway and I hope it will become a greenway. I have Ireland's Ancient East on one side and I am not

far away from the Atlantic on the other side. At the same time this is about how to have a conversation about obesity without having to use that word. It is about getting children moving. Children cannot get moving unless the people in certain positions have the right tools. When we implemented our Fit Towns scheme, with which we were successful, we used our €5,000 fund to buy Slí na Sláinte signage. That was fantastic. We got the materials and Slí na Sláinte worked well with us. We worked with Coillte and the Office of Public Works, OPW, but regrettably the local authority would not allow us to put down a pole. To this day, two and a half years later, the Slí na Sláinte signs are still sitting in a council yard because we could not break through that bit of red tape. I am telling the committee my experience in my community. That is mirrored throughout the entire country. We could have people walking 5 km on a regular basis. That would include parents bringing their children or grandparents bringing their children.

I have a question for Mr. Conlon. I am adamant that somebody with the purse strings of the DEIS programme should come before us. What percentage of schools participate in the schools meals programme? If we are serious about tackling childhood obesity, understanding plate size and bringing about this magnificent cultural change, we also have to change the understanding of what is the norm. The norm will be whatever is delivered through the DEIS programme and how people understand it and then bring it home. We have to realise that magnificent change because it is not in place at the moment.

Many schools could benefit from DEIS involvement in all schools and all ECCE crèche areas as well. What percentage of national schools, secondary schools and early childcare settings are benefitting? We can see what the gap is if we find out.

I am pleased Deputy Sherlock asked about the START programme because I would have asked exactly the same question otherwise. To me the work of *safefood* is based on research and feeds into research. What research has *safefood* done recently that has been feed in? Perhaps Ms Foley-Nolan will tell me that the START programme came from that research.

I am also interested in the *safefood* recommendations in the A Healthy Weight for Ireland document. Reference was made to measuring height and weight for children routinely in schools. The report states that it is well-established that parents do not recognise excessive weight in themselves or their children. The belief is that normalising the measurement of bodily weight status will help to overcome this barrier to behavioural change. I have this battle continuously. Three unions were before the committee some weeks back. They said there was no way they would agree to the proposal. I want to hear the thought process of *safefood* representatives. How do they envisage it operating? Who should be doing it? Is it in a school environment or a sports environment? Where should this be rolled out?

Mr. John Treacy: I will begin by talking about the local authorities. One idea behind the local sports partnership was to have a close association with local authorities throughout the country. That is the purpose of the local sports partnership. The idea is to have a partnership with all the various agencies at local level. I am pleased the Deputy is involved with the local sports partnership in Galway. It is critical for us to have all politicians involved at local level supporting the local sports partnership. Politicians lead by example and I commend the Deputy on being an advocate for the local sports partnership.

We are moving to link the local sports partnerships and invest in local councils throughout the country. That would be a good step. What we have now is a scenario of local plans coming up and sports being a part of those local plans. I am talking about a shift in policy. We now have local authorities with quality-of-life and sports policy as part of what they do. That is a

major shift in the mindset and in planning at local level.

There is good news around sport. People want to be involved in sport and so on. We have good relationships with the local authorities. We met all the directors of services in June this year to talk about where we would be going in future. We talked about Dormant Accounts Fund funding, how to get involved and how to ensure organisations have a competitive bidding process. We want all the local authorities throughout the country to be excited about the local sports partnership. We want them to be invested in it to ensure money comes back into the local councils. That is happening throughout the country. Local authorities give out grants. Michael Curley is the Galway man who will ensure clubs invest at local level. It might be small money, but a little money at club level goes a long way. It might be €500 to buy something but that goes a long way.

Another important aspect is to ensure local clubs are recognised. That is important for volunteers at local level. Again, the local sports partnerships play a key role.

I was in Galway for the awards for the Fit Town competition one year. We had all the local groups vying for the title. It was competitive. I will leave it to Dr. May to fill in the committee on some of the details but it is about the local community coming together. We always say that sport and physical activity are far easier when we work together. This is why “Operation Transformation” is so important. The towns come behind the initiative. People meet at 8 p.m. and everyone can do it together. People do not have to do it on their own during the winter months. Activities bring people together and there is a sense of community. Other people feel welcome to join with everyone else. That is what the concept is about. It is about ensuring that people are active. It binds the town together. Dr. May will comment further.

Dr. Una May: I will add a little about the local authorities. We are altogether grateful for the support of the local authorities. The Sport Ireland model for local sports partnerships involves only part-funding by Sport Ireland. The partnerships are part-funded locally as well. Some 74% of the funding for the local sports partnerships comes from matched funding from local authorities. We have good support in that regard. We have hit on an important point in respect of blueways, greenways and outdoor recreation grants. One of the keys to success in this area is to try to develop a shift in culture such that all our partners in this area are working together. That includes all our partners in the development of outdoor recreation areas. Tourists benefit and the local community benefits from an economic point of view. The idea is that the facilities are available for the local community to avail of.

The Fit Town initiative is an innovative project that was run in Galway. We are particularly supportive of such innovations through the sports partnerships. We look to evaluate these initiatives each time to consider whether they might be appropriate for national roll-out. We have evaluated the Fit town project. There were small challenges in terms of trying to get the bigger towns to buy into it and so on. We took the view that the community sports hub is the real core. The idea is to get a community driven to improve its entire approach to sports and physical activity. That was the purpose of the Fit Town initiative. It was about identifying opportunities and growing possibilities and opportunities around all manner of difficult initiatives and programmes. This included weigh-ins and get-fit programmes, including from couch to 5 km training and so on. All these initiatives link in with the community sports hub model. The model of the community sports hub is perhaps a little smaller but we have identified it as the most accessible way to achieve success.

Mr. John Treacy: Deputy Sherlock asked a particular question about the use of modern

technology. Of course, modern technology will be part of the study. The impact of technology on children's participation and what they do will be part of the 2018 study. However, I want to be certain before I fully answer the question.

Mr. John Conlon: My colleague, Ms Harrington, will answer the question on school meals.

Ms Jackie Harrington: The focus of the school meals programme is on DEIS schools. At the moment, there are approximately 900 DEIS schools throughout the country, of which more than 850 are in receipt of school meals. Approximately 95% of DEIS schools are participating. A total of 49 schools are not participating at the moment. One of these schools approached the Department in recent weeks indicating a desire to come on board from September. We have written to the other 48 schools within the past two weeks to encourage them to apply. These tend to be schools in rural areas. Urban and town schools tend to be in the programme. DEIS schools in rural areas are less likely to be involved and they tend to form the 5%. We are in contact with them. I hope we can increase the 95% figure for this coming year.

Deputy Anne Rabbitte: The DEIS model is fabulous. Other schools may want to get assessments done to determine whether they can qualify for DEIS status. Were the key drivers or key performance indicators changed recently in respect of what schools can qualify? Was any evaluation done? Can the departmental officials explain that?

Ms Jackie Harrington: In many ways that is an issue for the Department of Education and Skills. That Department carried out and published a review of DEIS programme in 2017. The Department has enhanced its analysis and how it assesses educational disadvantage. As part of that process and in the context of the increased funding provided to the school meals scheme, we have, as has been outlined, invited some schools outside DEIS which show a certain level of disadvantage to join the scheme. At this point, there are approximately 140 such schools in the scheme. In light of the increased funding for this year, we have written to approximately 60 more to invite them to participate from September.

Deputy Anne Rabbitte: That is the point I was trying to make. While a school might not necessarily qualify for DEIS, the Department looks outside the box a little bit to other schools so that more children are gathered. They might not fit all of the DEIS criteria but they might be able to get the benefit of it. The Department is doing this with 140 additional schools.

Ms Jackie Harrington: A total of 140 have been in place since last September and in the past two weeks we have written to a further 60 non-DEIS schools. We offer these non-DEIS schools breakfast clubs.

Deputy Anne Rabbitte: It is just the breakfast club. Is that in national schools or secondary schools?

Ms Jackie Harrington: It is both.

Deputy Anne Rabbitte: To how many early-years establishments is the DEIS model provided, be it the breakfast club or the lunch also?

Ms Jackie Harrington: Generally, the funding is prioritised at the primary and secondary school cycles. We have approximately 100 crèches or early years establishments in the scheme that came in through various disadvantage-type schemes, such as the giving children an even break scheme, that were in place in the past. In general, it is a breakfast club or snack club that is provided to these children because they attend just for the morning. In recent times, our focus

has been more on primary and secondary DEIS schools.

Deputy Anne Rabbitte: Of the 140, how many are national schools or are they all secondary schools?

Ms Jackie Harrington: It is a mixture of both. I will have to come back to the Deputy, if that is okay.

Deputy Anne Rabbitte: It is a mixture.

Ms Jackie Harrington: Yes, it is.

Deputy Anne Rabbitte: That is very welcome.

Dr. Cliodhna Foley-Nolan: To supplement what the representatives from the Department of Employment Affairs and Social Protection have said, discussions are under way on the nutritional standards of school meals and not the provision. As a North-South body, in the North we are part of the food in schools forum, which has worked for longer than I have been part of *safe*food. We encourage the Departments of Health, Education and Skills and Employment Affairs and Social Protection to be part of this and have a similar forum. It would be a more holistic look at food in school. There is a model that works very well and it could be replicated in the South.

Deputy Anne Rabbitte: Why does Dr Foley-Nolan say this? Is it because all schools get it?

Chairman: I have to move on to Deputy Neville, in fairness to the man.

Dr. Cliodhna Foley-Nolan: With regard to the START campaign, we spoke to parents and other stakeholders and, to put it very succinctly, they said they did not want to be lectured at but to be motivated and encouraged. The messages we came up with as a result were start now, start today and start again if people fall off the wagon or give in to pester power. This is where START came from.

In the context of measuring, I have not read the depositions from the three unions, but what I reckon is at the back of it is concern about stigma. This is a real concern, but there are school medical services and we are already measuring the eyes, ears and teeth. If things are not measured, they cannot be managed. It is a simple as that. It will take normalisation. There will be a level of non-acceptance. However, 20 years ago it was quite reasonable to smoke if one went to visit a new baby in someone's home. It just takes time to normalise these things.

Deputy Tom Neville: I welcome the witnesses and thank them for their presentations. Many areas have already been covered. Mr. Treacy mentioned some of the initiatives in sports that were taking place in towns and villages and he said they were getting fairly competitive. I understand that much sport at underage levels is now non-competitive. Is there a better take-up in sports because of this or has there been a drop off or change in psychology because it is not competitive? When I was a child growing up, it was all about winning the game. Trying to get on the team would drive one to do better. Have any studies been done on whether there is more participation now with regard to involving children who were not traditionally interested in sport?

How to navigate lunchtime and playtime was mentioned. I would like to go a bit further than this and speak about sport time and playtime because everything seems to be getting very

structured for children. Sport is play, but some people are just not into sports and they are into playing.

How do we encompass performance arts? Have there been any discussions on this? There is a crossover between performance arts, particularly dance, and sports that perhaps would catch people who traditionally are not into sports. I say this as a soccer player.

I want to make reference to the Croom climbing wall, which is at my back doorstep. Has it been a success case for attracting more people? I am really trying to target people who are not traditionally interested in sport because anybody who is interested will join the local team anyway and will be into fitness. I want to target the people on the margins.

Mr. John Treacy: On the competitive aspect, children are, by their nature, competitive and that is a given. If we put two seven year olds out they will compete against each other. We have probably led the way with many of the governing bodies in highlighting that it is about participation, certainly up to 12 or 13 years of age. Many of the sporting organisations have come in and rolled out programmes in terms of children participating for the sake of doing so and have taken away the aspect of winning the county or the Munster championship at a very early age. That trend has happened and it has helped. Our study will probably prove this in terms of what is happening. The three main field sports we fund are the GAA, the IRFU and the FAI. They have started to tackle these issues. They were hugely competitive for children aged under 12 and it was putting the children off. I am 100% with the Deputy that we need to ensure children are not really competitive at too early an age. Their experience should be fun and enjoyable. What should be encouraged is the attitude that even if they lose by 12 goals it is still a great performance.

With regard to sport time and playtime, in the past many of us participated in sport in a non-formal way. We kicked a ball out on the street. It was playtime but we were involved in sport. A lot of this type of informality has gone. This is why the physical activity guidelines are not being met. It is critical. I support the Deputy 100% that no one should be excluded from activity. If people cannot kick a football that is fine, as there is a sporting activity for them or an activity for them.

Without a shadow of a doubt, children have more choices than they had in the past. If one grew up in a country parish, the option was to play Gaelic games or not to play anything but now children in those areas have much more choice. That is to be welcomed. Parents and schools need to ensure that if a child is not skilled in kicking a football, there is another activity in which he or she can participate. We would strongly encourage that.

In terms of the performing arts, the PE curriculum caters for that. That is why the PE curriculum in primary and secondary schools is very important. The performing arts are part of the PE curriculum. It provides an opportunity for children to become confident in an activity, learn the skills involved at an early age and carry them with them throughout their life. That is an important element. We would advocate having more PE in schools. PE takes place one day a week in primary schools and two days a week in secondary schools. We would love to see increases in the time allocation for PE during school time. We know there is competition for elements of the curriculum in school time and the curriculum is very tight, but it is important to make sure children are involved in an activity during school time. The running a mile initiative during school time is an important development that is being rolled in Mayo and other places during September of this year. It is a matter of finding activities that can be done simply in a confined space or on the local playing field. It is about being creative. We know there are con-

straints but it is a matter of being creative in order that the teacher is not limited and can arrange some activity for the children to ensure they are physically active and involved in some play or whatever it may be. School boards, parents and teachers need to get into that space and view it as part of children's schooling. We need to change the culture. It is not all about running or reading, writing and mathematics. We are investing in children's health and well-being for life. We need to keep bombarding and brainwashing to get that message out and to get everyone involved. I will hand over to Dr. Una May to address the question on the climbing wall.

Dr. Una May: The climbing wall has only been in there for approximately 18 months. All of our community sports hubs will go through a full evaluation of the climbing wall. We are rolling out that facility nationally - slowly but surely. We are considering many models, be they based in a community centre or, as Mr. Treacy mentioned, in a school, or in a particular environment, for example, an outdoor environment. That will be evaluated fully. We have not got to that stage yet but the local schools are now participating in climbing programmes as part of their PE programmes. The children just have to go across the school to the climbing wall and that has opened up a big opportunity for them. We have visited the north-east inner city of Dublin and invested quite an amount of funding there. There is a climbing wall in one of the schools and we have been told that it is only used once or twice a year when the people from Mountaineering Ireland come in and teach the children. We are trying to introduce training to ensure that the wall can be used all the time and that the teachers, local community leaders and youth leaders would be able to teach climbing. That is an important development for us.

Regarding the non-competitive aspect, as Mr. Treacy said, there is an emphasis on developing what we refer to as physical literacy. It is a term that is increasingly being used. We are developing a physical literacy consensus statement in order that people will understand what it means. In line with mathematics, reading and other literacy skills, it is important that physical literacy is considered to be a recognised term. It is about understanding the importance of being physically active and the fundamental movement skills of jumping, running and throwing in order that play is something that becomes normal and that children are able to play. We find when they go to secondary school, children do not even have the fundamental movement skills. They are not able to catch a ball or to jump very far. That limits their ability to take part in many activities.

The Physical Education Association of Ireland, PEAI, and the Professional Development Service for Teachers, PDST, have developed a module on physical literacy. It is about understanding the fundamental movement skills but also the importance of physical activity, how to achieve it and recognising how to achieve it in different environments. It is a holistic approach to being physically active, fit and healthy and covers the area of well-being.

Mr. Treacy mentioned "Operation Transformation". We work very closely with those involved in that programme in the physical activity elements they introduce. We have found that many schools became involved in activities at the time of the "Operation Transformation" programme and have continued them. The concept of 10@10 was introduced, encouraging children to do ten minutes of exercise at their classroom desk at 10 a.m. Those types of initiatives have been continued beyond the duration of the programmes and they have been beneficial in introducing that level of activity within the confines of a classroom during the school day.

Chairman: I have a few questions concerning non-traditional sports for Mr. Treacy. I refer, in particular, to encouraging people to do more than just physical sports. He touched on this area when he last spoke and earlier. One of the biggest issues, to put it bluntly, is that many children are simply not joiners.

Mr. John Treacy: Yes.

Chairman: They do not play football, GAA sports or whatever it might be. It is a matter of trying to encourage them to do something other than that. Mr. Treacy hit the nail on the head when he referred to the fact that non-organised sport just does not happen any more. I do not see it on local greens any more. When I started out as a councillor 14 years ago, I would have been knocking on doors at weekends or in the evenings and there would have been children out playing everywhere. Now, one does not see them. Can that be tied to a combination of factors, including a latent fear on the part of society, screen time and other such elements whereby children are not been kicked out the door as was the case with me and, I am sure, most other present? When we got home from school, we did our homework and if we had not had lunch, we would have something to eat. Then we were out of the door until dinner time and when dinner was finished, we were out the door again until bedtime. That was what happened and there was no question of a television being on. At least that is what it was like in my household. Is that all gone? In Mr. Treacy's professional capacity, is there any opportunity for even an element of that to be rekindled?

Mr. John Treacy: From my professional experience, that should be greatly encouraged. As the Chairman stated, we all grew up running out the door and involving ourselves in some activity with our friends. The informality around that was fantastic. As the Chairman indicated, he was out of the house all evening and television was not been watched. There are a great many demands now on children's time. Television and technology have a huge impact on this without a shadow of a doubt. There is the question of whether parents feel safe allowing their children to go out. That is another factor that was not prevalent 20 or 30 years ago but it is a factor now. There are all those factors. We would certainly strongly encourage that type of activity to take place on the greens. It comes back to having physical activity for 60 minutes a day. Children are going to sports and playing them a great deal but because they are not involved in those informal activities, they are not meeting the recommended guidelines. It is a critical element. We would like to see more informal activity.

Dr. Cliodhna Foley-Nolan: Regarding the research we have done as part of the START campaign, which I will pass on to Mr. Treacy with pleasure, the business of inactivity as distinct from sport and whatever, is an area we all have to emphasise. There are a number of elements to it. Play dates as distinct from informal play has very much become a feature. The matter of making time for screen time is a huge issue. I attended one of the focus groups and the word "television" did not come into it, it is now all about screens. Television is now amusing and the idea that people or a family would watch it together does not exist in many homes. We are fooled today, but we have to remember that for nine months of the year, many people are not as comfortable as they might be with going outside. We intend to return to the Bring Back Play strategy we pursued as part of a previous campaign. The type of play we will be advocating may or may not be more organised. It might involve sport or whatever. We will focus on activities like children using their scooters to get to school, while accompanied by an adult, as they develop the basic skills about which Ms May spoke. We can do it, but many of the cultural norms that have developed are against us.

Dr. Una May: I would like to return to what I said earlier about the environment. Activity has been planned out of our environment. The car is king in this country now. Kids cannot play on the streets of housing estates because cars have priority. There are no speed limits and there is no control. It is great that we have been able to introduce swimming and cycling programmes with the assistance of Healthy Ireland funding and dormant accounts funding, but we

have found ourselves having to teach kids how to ride bikes. In days gone by, it was normal for kids to get on their bikes to play and to go places. Kids have lost their independence. They are brought everywhere. They are not able to use their bikes. When they learn to use their bikes, the environment is not conducive to allowing kids to cycle anywhere on them. They potentially learn the skills, but then they do not use their bikes after that. I think we have a huge job to do on our environment.

Chairman: I agree with what Dr. May said about bikes. It is bizarre that bikes were banned from public parks in Fingal until recently. In one case, it was only when we exerted some pressure that we managed to get the local authority to accept that the park could be used as a cycle route by kids going to school. I refer to a park that is used by kids going from one side of Malahide to a secondary school on the other side of the town. Now it seems to be accepted. The justification we have heard is that all the footpaths have been widened. It is not the case that the footpaths were narrow in the first instance. I can see that the built environment has changed quite dramatically. There has also been a change in how we perceive it to be useable. I could not possibly disagree with Dr. May's point about cars in housing estates. I have seen people asking neighbours whom they have known for ten years to move their cars under certain circumstances, only to be met with a stonewall response.

I was going to ask about the START campaign and promotion. The budget has been mentioned. The issue of constant refreshing has been well covered. Dr. Foley-Nolan spoke earlier about fast food firms targeting schools and their environs. This issue was touched on previously when we had an interesting discussion with a gentleman from Wicklow who did a tremendous job with regard to no-fry zones. Ironically enough, a planning application in Skerries had been considered the day before the meeting in question. It went away, but it has come back again. I want to highlight that Wicklow County Council has granted planning permission for a fast food outlet next to a school, even though it recently accepted an award for its no-fry zone. The council's justification for this preposterously ridiculous decision is that the outlet in question will not open until 5 p.m., but schools close at approximately 4 p.m. and many students attend after-school activities. It should not be there. I think it is appalling. In Dr. Foley-Nolan's ten years of professional experience with *safefood*, has she seen schools being targeted? Is it actually quantifiable?

Dr. Cliodhna Foley-Nolan: There is a lot of research in the UK and there is some research here. We cannot measure the intentions of franchises. It is a fact that new planning in proximity to schools is certainly going on. It seems to be another incipient move to capitalise on students in secondary schools when they are let out. There is research in the UK and the US on proximity to schools.

Chairman: Could Dr. Foley-Nolan provide that research to the committee?

Dr. Cliodhna Foley-Nolan: Absolutely.

Chairman: That would be very helpful. I thank Dr. Foley-Nolan.

I would like to ask Mr. Conlon and Ms Harrington about their professional experience of breakfast clubs. I know there is a difference between facilitating schools and funding schools. When we are delivering certain programmes to individuals and to entire schools to address disadvantage, we do not necessarily look at schools that might not be perceived as having disadvantage but that actually do. Obviously, each household is different. I appreciate that schools and school principals are responsible for identifying disadvantage. When the relevant section

of the Department is funding a programme, does it proactively ask whether there is more it can do to target funding towards a specific scheme or programme? Does it go into individual schools, with the assistance of school management, in that way?

Ms Jackie Harrington: The school meals programme targets children who are facing educational disadvantage. DEIS schools are prioritised. I am not sure whether that answers the Chairman's question.

Chairman: It is probably a matter for the Department of Education and Skills rather than the Department of Employment Affairs and Social Protection.

Ms Jackie Harrington: Yes. The Department of Education and Skills has enhanced its assessment of schools.

Chairman: The programme opens the door for the Department of Employment Affairs and Social Protection, but the widening of that programme is a matter for the Department of Education and Skills.

Ms Jackie Harrington: Exactly. As result of the increase in funding for the school meals programme, we have been able to increase the supports for DEIS schools. We offer breakfasts for all children and lunches for most children in those schools. Most children in DEIS schools can avail of breakfasts and lunches at this point.

Chairman: I have a final question and an observation. During recent meetings of this committee, we have been very fortunate to hear from some pretty dedicated people about what they are trying to do within their fields of expertise. As far as I can see, the Super Troopers programme has had an impact. The numbers certainly look quite extraordinary. Are all the witnesses aware of that programme? They may not be. The Super Troopers programme is funded entirely by a private company. Fair play to the company in question for doing so. Is it something we should support from a national policy perspective? Is it something we should try to replicate? Should we try to ensure it is universal by providing for another funding stream or mechanism to ensure that it can go places with that private company where it does not go at present? I hope the witnesses understand what I am getting at.

Dr. Cliodhna Foley-Nolan: We have just been talking about it. I am not aware of it, to be perfectly honest.

Chairman: Okay.

Dr. Cliodhna Foley-Nolan: It is probably a reflection on some aspects of my life. Does it relate primarily to physical activity?

Chairman: Yes. It is based on charts.

Dr. Cliodhna Foley-Nolan: I have referred to the need for a 70-30 split. A focus on physical activity is absolutely important, but it is not enough.

Dr. Una May: I am not familiar with the programme.

Chairman: Okay.

Dr. Aileen McGloin: I understand it is well researched and is based on a combination of Trinity College Dublin research and Laya Healthcare involvement. We have not seen the num-

bers. We are always happy to see programmes that work and learn from them.

Chairman: That is fine. I thought that following on from our meeting with those involved, I would try to elicit another view. I have not seen it yet as a parent. I expect I will see it soon.

Dr. Aileen McGloin: I have seen it from the perspective of a parent in the home.

Chairman: I am a policymaker, but it only came across my desk a few weeks ago. My final question is for Mr. Treacy of Sport Ireland. We have been talking around the issue of participation in sport, primarily field sports or team sports. I refer to the age at which one participates after which that competitive element is introduced as the norm. As a competitive sportsman and as somebody with a huge amount of experience, what would Mr. Treacy's view be on that? I am not picking the age - let the national sporting body govern what that is. The GAA has it as a code and it is up to ten or 11. I know of some soccer clubs that have it at 14 and of a rugby club that has it up to under 14 or 15. What is Mr. Treacy's view on that?

Mr. John Treacy: I will come at it perhaps a little differently. I believe that this is really the important piece. All the sporting clubs around the country want to keep the children involved in their clubs and part of what we are doing around good practice in children's sport is highlighting to the clubs that competitiveness will come from within and not all children want to be competitive. That is a critical piece. We need to be respectful of the children who do not want to participate for competitive reasons and are a bit more casual. There is a piece around the club not pushing the children too far or too hard. What we want is for the children to have a very positive experience in sport. We do not want them to be put off by going into highly competitive environments. The children, by their nature, will be competitive anyway. There is a piece there in terms of the volunteers and coaches making sure that the opportunity is there and letting the children decide for themselves, but ensuring that the child who is not really competitive is very much welcomed in the club and that he or she is not sitting on the sideline all the time. This makes sure they are involved in the club, are part of it and feel part of any team or activity and that they are welcomed and valued in the club. That is a very important piece.

Dr. Una May: I want to add to that. Our research has found that children who are involved in more activities will prolong their involvement in sport because where one sport might disappoint them, because they do not make the team, they will have something else in their lives as opposed to the one sport being their only focus in life and they will not drop out completely. The research shows that if they get involved in different kinds of activities, the chances are that they will stick with at least one or two of them as they go forward.

Dr. Cliodhna Foley-Nolan: It is really important to emphasise that children who are overweight have less energy and they are not picked as often for teams. We have that cohort already. One in four children will find this more difficult and we need to work around that. They are already disadvantaged and much less likely to-----

Chairman: To be on the team.

Dr. Cliodhna Foley-Nolan: They are embarrassed about their appearance, have less energy anyway, have asthma and have all of those types of things.

Deputy Denise Mitchell: I thank all the witnesses for coming in today. I will start with *safefood*. The opening lines of the statement were strong and were true. We need strong and bold actions going forward. I will touch on a few of the key recommendations, in particular the one on the sugar tax. In a full year, revenue is expected to be in the region of €40 million.

We would all agree that this would go along way to tackling obesity. Has *safefood* had any engagement with the Department of Finance, considering all the evidence it has on the economic effects of obesity?

Another issue spoken about was the children's commercials code. It has yet to be reviewed and that is long overdue. Maybe I am wrong but I believe it could be 2020 before anything is developed and we all know that children are exposed to marketing, be it through television or other media outlets. On the issue of the voluntary advertising code, given *safefood*'s bold opening statement, does it believe it is sufficient? When one considers that it is nearly six months since the publication of the code, it is not being monitored and there are no guidelines. Does *safefood* believe that is good enough? Does it believe we should be moving towards the statutory regulation of junk food marketing and advertising?

When *safefood* refers to its MediaWise programme, does it not think that we should not be placing more of an onus on these marketing companies and that we should be giving our children all the skills and tools they need to navigate this?

Dr. Cliodhna Foley-Nolan: As regards the sugar-sweetened beverage tax, the most dramatic achievement, which is not in monetary terms, is the reformulation. This reformulation was obviously technically possible, but until the tax was heralded, this did not happen. Now it has happened. Although we will not get an income from that, it has achieved its objective. As regards the income, all of us would like if it was ring-fenced. There have been discussions but it is up to the Department of Public Expenditure and Reform at the end of the day. It would send a very strong signal and it would be bold and clear. The money would be very welcome.

Dr. McGloin will talk about the marketing. The evidence internationally is that voluntary codes are not highly successful. This is progress, however, in a positive direction. When I mention things like smoking, it took 20 to 30 years to get us to where we are today. People working in bars were totally against there being any limitations. Now one cannot smoke in a bar. It takes time and a cultural shift.

Dr. Aileen McGloin: On the marketing side, *safefood* has for many years been very involved in the area of reducing marketing of unhealthy food to children. I am almost ten years in *safefood* and have been involved in that area a long time. We sat on the committee where the BAI introduced the food-profiling model in the last iteration of the children's code, and that is hugely welcomed. Now we have a way to assess foods against a model. It also introduced the one in four rule for the advertising of unhealthy foods. It is no more than one in four in any block of advertising. That is positive. At the time, the public health bodies would have lobbied for the 9 p.m. watershed but we did not get it. In the next iteration, we will be lobbying for the same piece. While there was huge progress in that iteration, we will be looking for further progress in the next one.

To echo what Dr. Foley-Nolan said regarding the voluntary model, we sat on the working group with the Department of Health. We would have liked to see the code go further but we are happy that we have any kind of code to address the non-broadcast area. It is a very positive step in the right direction but it does not go far enough. We see it as a start. There will be another iteration. We would love to see it monitored and all those structures come in to help implement what is there. It needs to go further, particularly in the digital environment.

The Deputy mentioned MediaWise which is not the be all and end all. It is a resource for primary schools to help children understand their media environment. Given that 30% of ad-

vertising is for unhealthy food, understanding the media environment is a food skill and we have to understand that. Our resource will go some way to help children protect themselves, but obviously that does not deal with the environmental piece. We have to change their environment and help them understand the environment at the same time. We are coming at it from two angles.

Deputy Denise Mitchell: Is the schools healthy eating campaign not disjointed in terms of what children are learning in the classroom versus what is available to them in the school environment via vending machines, tuck shops and so on? Do we need a stronger health policy regarding what foods can be sold or provided to children in the school environment?

Dr. Cliodhna Foley-Nolan: The Deputy's point marries with the discussion that has taken place regarding the school environment and the messages children are getting in terms of the information being provided to them and the availability of vending machines and so on. In this regard, the food in schools forum would be a great idea because it is an interdepartmental approach, which is what is needed. There is no point in health promotion preachers saying one thing and the environment being counter to that.

Deputy Denise Mitchell: Mr. Conlon said in his opening statement that additional funding provided to the scheme in recent years has supported the improvement of the scheme to DEIS schools and its extension to non-DEIS schools. I acknowledge Deputy Rabbitte has touched on this issue and I apologise if I am repeating questions. How many non-DEIS schools have received support under the scheme? I am sure that other Deputies have received representations on the eligibility criteria for the scheme in respect of non-DEIS schools. There are schools in all of our areas that are not designated DEIS schools but nonetheless there are children in those schools going to school hungry.

Mr. Conlon said that the Department of Employment Affairs and Social Protection is writing to schools. Was he referring in that regard to schools that have previously applied for the schools meal programme but were refused?

Ms Jackie Harrington: The school meals programme has always been open to schools under schemes of disadvantage as determined by the Department of Education and Skills, including, for example, Giving Children an Even Break and other schemes that are no longer in place. Once a school entered a scheme it was not the Department's practice to remove it. There are some schools in the current scheme that came in under disadvantage schemes that were in place in the past. The current identification for disadvantage is DEIS. This is our focus in terms of bringing in new schools. This determination is carried out by analysis undertaken within the Department of Education and Skills, as opposed to the Department of Employment Affairs and Social Protection. Currently, there are approximately 900 DEIS schools, of which 853, or 95%, are in the schools meals programme. In the past two weeks, we have written to the remaining 48. We would have written to many of these schools in the past because we periodically write to DEIS schools to encourage those that are not participating, which tend to be rural as opposed to urban DEIS schools. We have written to them again.

The increased funding has allowed us to improve the supports to DEIS such that we now offer breakfast and lunch to the majority of children in DEIS schools. On the non-DEIS schools that we are bringing in, we have been working with the Department of Education and Skills to identify schools that have some level of disadvantage but probably not to the level required under DEIS. We wrote to approximately 170 of those schools last year, 140 of which opted into the scheme. In regard to those that did not opt-in last year, we have written to them again this

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year inviting them to come into the scheme. At this point, we have written to about 60 schools outside of DEIS, inviting them to join the scheme from this September. These schools were identified in consultation between the Departments of Employment Affairs and Social Protection and Education and Skills.

Deputy Denise Mitchell: By way of example, would a school in my area that applied to join last year but was refused be in the running this year?

Ms Jackie Harrington: Not necessarily. Just because a school has applied does not mean it is high up on the list. The scheme is targeted at schools with levels of disadvantage. Schools are identified in consultation with the Department of Education and Skills. We have a set identified group of schools that we invite to join, as opposed to them applying.

Deputy Denise Mitchell: At what level is the bar set in terms of disadvantage?

Ms Jackie Harrington: The bar is primarily set at qualification for DEIS supports and thereafter analysis undertaken by the Department of Education and Skills, which indicates a level of disadvantage but not to the level required for DEIS status. The schools are identified on the basis of educational disadvantage.

Chairman: I thank the witnesses for their attendance and for answering members' questions so comprehensively.

The joint committee adjourned at 11.40 a.m. until 9.30 a.m. on Wednesday, 11 July 2018.