

DÁIL ÉIREANN

AN COMHCHOISTE UM OIDEACHAS AGUS SCILEANNA

JOINT COMMITTEE ON EDUCATION AND SKILLS

Dé Máirt, 24 Deireadh Fómhair 2017

Tuesday, 24 October 2017

The Joint Committee met at 4 p.m.

MEMBERS PRESENT:

Deputy Thomas Byrne,	Senator Maria Byrne,
Deputy Tony McLoughlin,	Senator Robbie Gallagher,
Deputy Josepha Madigan,	Senator Trevor Ó Clochartaigh,
Deputy Catherine Martin,	Senator Lynn Ruane.
Deputy Jan O'Sullivan,	

DEPUTY FIONA O'LOUGHLIN IN THE CHAIR.

Business of Joint Committee

Chairman: We have received no apologies as of yet, although I understand Deputy Thomas Byrne will only be able to join us briefly.

Senator Trevor Ó Clochartaigh: Deputy Kathleen Funchion sends her apologies.

Chairman: I thank the Senator. I particularly want to welcome the new members of the committee: Deputies Kathleen Funchion, Tony McLoughlin, Josepha Madigan and Jan O’Sullivan. I also thank the Ministers of State, Deputies Jim Daly and Ciarán Cannon, with Deputies Joan Burton and Carol Nolan for their input and the time they gave to the committee. It is a great sign for committee members that two Deputies who started here went on to become Ministers of State. We wish them well for the future.

I also welcome and introduce to the committee our new policy adviser, Ms Susan Moran, who will be assisting it on policy related matters. We have already witnessed her positive influence in the briefings she prepared. It was very helpful to get a synopsis of the submissions made.

The joint committee went into private session at 4.05 p.m. and resumed in public session at 4.35 p.m.

Tackling Obesity and the Promotion of Healthy Eating in Schools: Discussion

Chairman: I remind members and delegates to turn off their mobile phones or switch them to flight mode for the duration of the meeting because they interfere with the sound system and make it difficult for the parliamentary reporters to cover the proceedings of the meeting and adversely affect the television coverage and web streaming.

The purpose of this section of the meeting is to engage on the issue of tackling obesity and the promotion of healthy eating in schools. Various studies have shown that people in Ireland are set to be among the most obese in Europe. It is estimated that the cost of adult obesity to Irish society exceeds €1 billion per annum. There is no doubt that overweight children are more likely to become obese adults. However, schools can play a vital role in improving youth health, promoting healthy lifestyles and tackling obesity before the problem becomes established in later life. Schools are in a unique position to have a major and positive impact on the levels of obesity through education on healthy lifestyles, healthy eating and nutrition and the provision of physical education. This is an issue in which many Departments are involved, but the Department of Education and Skills has a big role to play, as does the Department of Health. It is good to see the focus being placed across a number of Departments in tackling childhood obesity and trying to make sure we all adopt better habits.

I acknowledge a number of people to whom I spoke over the weekend in getting ready for this meeting and carrying out some research. They include Ms Kathleen Gardiner, Ms Gillian O’Loughlin and Ms Louise Reynolds of the Irish Nutrition and Dietetic Institute. Because we will hear from a number of experts in the field we decided to break the session into two groupings on a thematic basis. On behalf of the joint committee, I welcome the following delegates in group one: Ms Claire Heneghan, B.Ed, MSc. in exercise and nutrition science; Mr. Kevin Creery, Mr. Liam McCorry and Mr. Damien Mitchell from Healthy Kidz; Mr. Eddie Ward, prin-

cial officer, teacher education section; Ms Rita Sexton and Ms Clare Griffin, primary inspector, from the Department of Education and Skills; Mr. Mike Neary from Bord Bia; and Dr. Celine Murrin and Dr. Silvia Bel-Serrat from UCD. We also have Mr. Mike Neary from Bord Bia and Dr. Celine Murrin and Dr. Silvia Bel-Serrat from UCD. I thank all the witnesses for their submissions. They are very welcome. I ask them to limit their oral submission to five minutes. If they wish, witnesses from the same delegation can share time.

I draw the attention of witnesses to the fact that by virtue of section 17(2)(l) of the Defamation Act 2009, they are protected by absolute privilege in respect of their evidence to the committee. However, if they are directed by the Chair to cease giving evidence on a particular matter and they continue to do so, they are entitled thereafter only to a 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 they are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person, persons or entity by name or in such a way as to make him, her or it identifiable. Any opening statements provided to the committee will be published on the committee website after the meeting. I advise members of the same. I invite Ms Heneghan to make her opening statement. She has five minutes.

Ms Claire Heneghan: I thank committee for the opportunity to attend today to talk about what has become the norm in classrooms, namely, childhood obesity. I have been a primary teacher for ten years and work in Scoil Róis, Galway. I got the opportunity to specialise in the study of childhood obesity when undertaking a master's degree in science and exercise in 2013. My mission is to strive to help combat the childhood obesity crisis in primary schools. I have first-hand experience of the existence of this epidemic in classrooms and I am clear on the root causes.

I see evidence of obesity every day in the classroom. One in five primary schoolchildren are now obese. In a junior infant classroom where children are four or five years old uniform size can vary from size 4 to 5 all the way up to a much greater size. The larger size is now becoming the more uniform size. Obesity is a real problem.

I extensively researched best practice in countries such as Australia, New Zealand and Finland that have led the way in school-based programmes and initiatives that can make a difference to children's health and well-being. While many of the studies focus on healthy eating alone, which is very important, I was interested in how physical activity could be promoted throughout the school day. I believe there is one key area of the primary school day that is not being utilised fully to help combat this epidemic, namely break times. The recommendations state that for good health and well-being children need at least 60 minutes of moderate to vigorous activity per day. From the recent Growing Up in Ireland study it emerged that only a quarter of children met those recommendations. Those patterns have been shown to carry into adulthood. Children spend 183 days per annum in primary school, so it is a key area to target.

In a sedentary education system children generally have two outlets for physical activity in school, namely, PE and break time. PE alone has been shown not to meet physical activity recommendations needed for health benefits. That is especially true in this country where primary schoolchildren are allotted only 60 minutes of PE each week, which is just half of the EU average. The NCCA reported that primary teachers identified there being insufficient time to adequately cover all 11 curricular subjects due to an overloaded curriculum. A total of 52% of teaching time in primary schools is awarded to the core subjects, namely, English, Irish and maths, leaving 48% for the remaining eight subjects, including PE. As a result, the EU Educa-

tion Information Network in 2013 found that Irish primary schools offered fewer hours of PE than any other EU member state.

Comprising three hours and 20 minutes weekly, break times are a key period to target the promotion of physical activity in children at school. After research and a stint working in New Zealand and Australia where break times have played a significant role in combatting childhood obesity levels I focused my research on the effect of fixed playground equipment such as climbing frames, monkey bars, swings, slides and balancing beams on the fitness levels of Irish primary schoolchildren and how that could help combat childhood obesity. No previous study of that nature has been done in Ireland to date.

Generally, Irish school playgrounds can be described as flat and uninspiring pieces of tarmac with equipment being scarce and basic. I was working in St. Conleth's infant school in Newbridge, County Kildare, at the time when a playground was installed in the school grounds. It was installed in 2009 at a cost of €80,000 that was raised by the school community. Primary schools with a fully equipped playground are very much in the minority in this country. Images are shown in the handout of the scarce scattering of equipped school playgrounds around the country. In countries such as New Zealand, Australia and Finland fixed playground equipment is the norm on school grounds. As outlined in my submission, my completed study found that the presence of fixed playground equipment in schools had a significant, positive effect on the fitness levels of children over the school year in the areas of endurance, balance, speed and agility. The children from schools with fixed playground equipment were fitter than those from the control school who did not have access to equipment during their break time over the academic year. It was the first study of its kind in Ireland and was subsequently published in 2015 by the Irish National Teachers Organisation.

My recommendation is clear. We need to utilise break times in a significant way to help raise children's activity levels. In New Zealand, the United States, Australia and even in Scotland activity co-ordinators have been employed in clusters of schools to promote physical activity in students. They are qualified PE and health promotion practitioners. Their job is to make the school environment more activity promoting, especially during break times.

Schools can often be obesogenic in their environment, that is, sedentary promoting. Children spend a lot of time sitting, especially on wet days, which is unnatural and detrimental to health. In a local school where I live in Galway a fast-food chain is advertised on school grounds. What kind of message is that sending to children? I propose that it should be mandatory for all schools to have a health and well-being policy in place and implemented with schools highlighting the importance of activity through active homework, the promotion of walking to school, activity-promoting staff and active break times. Break time is a key period at nearly three and a half hours per week that can be easily targeted. A lot of current health promotion initiatives such as Playworks can be short lived and fleeting in schools, here today and gone tomorrow. The installation of a fixed playground in schools is a commodity that will be used daily. It is an asset to the community. It brings people together. It promotes activity, fitness and well-being by its existence. It promotes outdoor play, freedom and fun. An aesthetically pleasing playground entices children to move, climb, balance and be active, to be children. A recent Irish study revealed that almost half of children-----

Chairman: I am reluctant to interrupt but we have gone over time. I am conscious that we have several contributors. I ask Ms Heneghan to conclude.

Ms Claire Heneghan: In the same study, one in three children had never climbed a tree.

The term “cottonwool kids” is used to describe this new phenomenon of children today who spend the vast majority of time indoors. It is time to get back to basics. With more resources used to target our uninspiring playgrounds physical activity will be promoted automatically in schools. Utilising break times can make a significant difference to children’s health. Little to no training is needed for teachers to implement activity-promoting playgrounds. It is a concrete legacy that will exist for many years to come in school communities. Doing nothing is not an option. This committee can have an enormous impact. We need action now. I would relish the opportunity to be part of putting the recommendations on the ground.

Mr. Kevin Creery: My name is Kevin Creery and like Ms Heneghan I am a primary school-teacher and PE co-ordinator in County Armagh. During my 20 years of teaching, like Ms Heneghan, I have seen the effects of the increasing problem we now face in society, namely, inactivity, on children in classrooms. Pupils in my classroom and school are presenting as lethargic, tired and disinterested not only in sport but in many areas of school life and, as mentioned by Ms Heneghan in her presentation, in their changing body shapes. This inactivity is growing rapidly because of increased sedentary lifestyles, increased technological advancement and the lifestyle choices now prevalent in society. While inactivity is the problem, obesity is the consequence. According to statistics, child and teen obesity in Ireland has increased tenfold since 1975, such that within a decade Ireland will be the most obesely populated country in Europe.

In a typical classroom in Ireland, only one third of children participate in GAA, soccer and rugby, which leaves two thirds of school children with no pathway to activity. Combined with poor physical education delivery by teachers bereft of experience, training and resources school children are sitting longer and are less physically active. I will now hand over to my colleague, Mr. Liam McCorry.

Mr. Liam McCorry: My name is Liam McCorry. I am a full-time Gaelic football promotion officer for the Armagh County Board. Like Ms Heneghan and Mr. Creery I have noticed an increase in obesity levels over the last five to ten years. This problem exists not only in Ireland but throughout Europe and the world. What is the solution? I believe that we have the right programme to deal with the inactivity of our children. We have been running the Healthy Kidz programme for five years and the results have been outstanding. This programme is ready to be rolled out in every school in Ireland, the UK and through Europe. All of the experts believe this is a comprehensive and effective programme.

The programme comprises four strands. The first strand involves putting coaches into schools to build up the agility, balance, co-ordination and strength of children. The children are tested in week one and week 24. The programme is an in-school programme over 24 of the 30 weeks of a school year. As I said, the results thus far have been outstanding. The programme is now being run in 60 schools. We did have the support of Stormont but, unfortunately, it has collapsed. Had that not happened the programme would now be operational in 100 schools. We are ready to bring the programme to the South. We believe this is the most effective programme available to combat inactivity and obesity in our children.

Strand 2 involves the golden mile athletic challenge, which requires children to run at least one mile three times per week. Every child and class is rewarded and incentivised to do this. This is not about children running around in circles; there are different targets and incentives set for each term. Children have signed up to this programme. We now have children who are running 40 km per month comfortably. Other children are running 20 to 25 km per month. The results are unbelievable. Children are dropping sizes in their clothes, their eating habits are changing and thus concentration levels in class have improved and education results for schools

are also changing.

Strand 3 is the after-schools programme around habit building, which is endorsed by all of the schools. We target children who usually do not participate in sports such as GAA, soccer and rugby. This programme is over-subscribed. Lest anybody here might think I am speaking grandly of this programme I invite them to visit any of the schools in which it has been rolled out to see the difference it is making.

Strand 4 is the programme app. To address inactivity we needed a programme for in-school and another for outside of school. Parents now take responsibility for increasing their child's activity. Once again, we reward and incentivise in respect of each strand of the programme. Mr. Creery will elaborate on the app.

Mr. Kevin Creery: Approximately 6,000 people are using the app, including parents and families. In terms of how it works, for example, when a child reaches level 5 on the app he or she receives a homework pass. We are currently in consultation with local councils on the provision of free access to local amenities, such as local swimming pools, for a family when a child reaches level 6 on the app. The programme has been evaluated by Queen's University in Belfast. A student there is currently doing her PhD on Healthy Kidz. As stated earlier by Mr. McCorry, the results to date have been really good.

The programme was piloted in Portlaoise, which my colleague, Damien Mitchell, will speak about now.

Mr. Damien Mitchell: My name is Damien Mitchell. I am a fourth year student in Athlone Institute of Technology, AIT, studying sport science with exercise physiology. As mentioned, the programme was piloted in Portlaoise and children were tested on speed, agility, flexibility and balance. In terms of results, some of the children who were previously inactive had taken to walking their dogs and were now out and about rather than stuck indoors. The children love the app. It encourages them to do additional activity like walking after their soccer training and so on, for which they get additional points and homework passes. During one particular week, the children got top grades.

I have done some research on Healthy Kidz and it might be connected with health profiles and physical activity. For example, it might be possible to connect health profiles and physical activity with PPS numbers such that when a person runs seven miles or engages in a particular sport it is registered on the app and a GP would be able to review it and advise him or her whether he or she needs to do a bit more or less. To ensure people are protected, the only person who would have access to the app would be his or her GP or consultant.

Chairman: Thank you. I welcome the officials from the Department of Education and Skills, Mr. Eddie Ward, Ms Rita Sexton and Ms Clare Griffin and I invite Mr. Ward to make his opening statement.

Mr. Eddie Ward: I thank the committee for the opportunity to contribute to this discussion on tackling obesity and the promotion of healthy eating in schools. This is a societal issue. The research referenced points to the urgency for policymakers and people in education and outside of education to take ownership of this issue. I do not think responsibility for this issue lies in any one place because a child spends only one third of his or her day at school. Outside of this they are with their families and in their communities.

From a Department perspective, our work covers curriculum, which essentially governs

what happens in schools. Teacher education is essential in terms of mediating change in schools and ensuring that the curriculum is supported and implemented. We also provide a range of supports and resources to schools around targeted issues such as obesity and physical education. The Active Schools Flag is one of the key support programmes we have in place. We also have a wellbeing team in place providing CPD. A lot of what is put in place arises out of schools identifying particular needs.

In terms of curriculum, PE is a core part of the primary school curriculum. It is one of seven areas of the curriculum and a minimum of one hour per week of physical education is recommended for all primary school students. In regard to post-primary schools, well-being is a huge part of the new junior cycle curriculum. This includes physical activity. There is a programme of support around that. At senior cycle level a new curriculum is being developed and it will be rolled out in schools from next year.

In regard to teacher education, it is a key responsibility of the Department to ensure that our teachers are fully equipped in terms of their pedagogical requirements and to ensure that teachers are *au fait* with the requirements of the curriculum and are able to support their students to work through it. This all begins in the initial teacher education space. The programme around teacher education has been reconfigured in recent times. Programmes have been extended, broadened and deepened and there is now a much greater emphasis on the practice piece.

Once a teacher enters the school system there is a period of induction, which is guided by peers. There is now a framework, which is currently being implemented, around the regulation of career-long professional development for teachers. It will begin to fill in our expectations of teachers in terms of their professional development and the commitment expected in that regard. It is clear, given the research that was referred to, that, from a policy perspective, the emphasis on physical activity and student well-being at an holistic level will be a key part of it.

Active School Flag is a programme that has been supported by the Department for a number of years and over 600 schools have signed up to it. It provides a framework for schools that choose to engage with it. It is very much aligned with the Department's methodologies for school improvement. The Department works with key national strategies such as Healthy Ireland to ensure there is a joined-up policy. One of the challenges from a school's perspective is balancing society's expectations with those of different departmental strategies. It is a challenge all those of us working in public services face. We have to mediate and make sense of them from the perspective of school management and providing leadership. We know the pressures they can be under on a day-to-day basis.

That concludes my presentation. My colleagues will probably be anxious to fill in any of the areas I have not covered adequately.

Chairman: Does Ms Sexton or Ms Griffin wish to add a further comment?

Ms Rita Sexton: Not at the moment.

Chairman: Ms Sexton will have the opportunity to contribute when members begin questioning. I ask Mr. Neary from Bord Bia to make his submission.

Mr. Mike Neary: I thank the Joint Committee on Education and Skills for giving me this opportunity to address it and make a contribution on the topic of tackling obesity and the promotion of healthy eating in schools, particularly in the context of the work we do in Bord Bia in conjunction with the Department of Agriculture, Food and the Marine through the Food Dudes

programme. Bord Bia is the agency responsible for promoting the consumption of horticultural produce and the marketing of Irish food and horticultural products. Within its horticulture remit, it manages and oversees implementation of the programme which is led by me in my role as director of horticulture in Bord Bia. While the specific task of tackling obesity is not within the remit of Bord Bia, it is widely accepted that a healthy balanced diet with fruit and vegetables at its core is a key contributor to reducing and minimising obesity levels.

Food Dudes is an evidence-based, incentivised, behaviour changing programme which was developed by Professor Fergus Lowe in Bangor University in Wales and aims to encourage increased consumption of fruit and vegetables by primary schoolchildren by changing attitudes and cultivating a liking for fruit and vegetables. The programme is managed by Bord Bia and receives financial support from the Department of Agriculture, Food and the Marine and the European Union through the school fruit and vegetable scheme. It is based on the three core principles of the three Rs: repeated tasting of raw fruit and vegetables to cultivate a liking for fruit and vegetables; role models, which take the form of cartoon characters or food dudes; and rewards - small prizes which incentivise schoolchildren to take part and eat fruit and vegetables.

In phase 1 of the programme portions of raw fruit and vegetables are provided for primary schoolchildren throughout an intervention period of 16 consecutive school days. The graphic contained in my submission shows the range of produce provided for the children and how we sequence delivery over the 16-day period. Supporting materials, including consumption diaries, a DVD on food dude superheroes, prizes which are depicted in the graphic contained in my submission, certificates and school-room wall charts, are provided to maintain fruit and vegetable consumption in the longer term.

After the initial 16 days of produce delivery, phase 2 of the programme commences and the focus switches to the home, which is very important. This phase can run for a number of weeks. The children bring their own fruit and vegetable portions from home in Food Dudes lunch boxes which are distributed at the end of phase 1.

The Food Dudes boost programme was introduced in 2015. It maintains all of the key elements of the original programme but uses fewer rewards and has a stronger focus on the junior cycle, ensuring the programme can reach more children in a school year. Its operation is detailed in my written submission to the committee.

The Food Dudes programme has been evaluated a number of times. All of the evaluations show that the programme has effectively increased the consumption of fruit and vegetables among its target group and that a sustained pattern of eating more fruit and vegetables has been established among participating children. The most recent evaluation was carried out in 2016 by an expert team from UCD which evaluated the long-term impact of the programme on schools that had participated in the 2010-11 school year. The results showed that the number of senior pupils bringing and consuming fruit and vegetables had remained significantly higher than since before the Food Dudes programme intervention in 2010. An interesting finding that emerged from the evaluation was that consumption rates were high at baseline and had remained high at follow-up after the running of the boost programme when increased portions were brought. This suggests the majority of children ate what was provided in their lunch box, even when additional portions of fruit and vegetables were provided at follow-up. This underpins and highlights the importance of parental influence on children's eating practices.

As part of the EU development of a single school scheme, the Department of Agriculture, Food and the Marine submitted a six-year strategy to the European Union for the delivery of

the Food Dudes programme through the European school scheme. It was introduced from 1 August this year. The strategy includes a period of pilot programme testing in the 2017-18 school year of some new elements and activities that might supplement the core elements of the Food Dudes boost programme in future years such as gardening activity, healthy eating days or weeks, project work related to healthy eating, online activities linked with healthy eating or sport linked activities, which have been mentioned. It is envisaged that the additional aspects will be particularly relevant to senior classes. The prime motivation and criterion for success will remain the increased consumption of fruit and vegetables.

Dr. Celine Murrin: I am a lecturer in public health nutrition in the school of public health, physiotherapy and sports science in UCD. My colleague, Dr. Sylvia Bel-Serrat, is a post-doctoral researcher in the national nutrition surveillance centre, NNSC, also in UCD. On her behalf and that of my colleague, Dr. Mirjam Heinen, who made the original submission but who, unfortunately, cannot be here, I thank the Chairman and committee members for giving us the opportunity to present current research evidence on childhood obesity from the national nutrition surveillance centre.

Before I present the recent findings from the NNSC, I will give some background information on the centre and our role in addressing childhood obesity in Ireland. The national nutrition surveillance centre has been in existence since 1991 and a track record of providing robust surveillance and scientific data for colleagues in the research community and policy makers. Towards the end of the last century, the increasing prevalence of overweight and obese adults led to concerns about similar trends in the childhood population. In 2005 the World Health Organization's regional office for Europe issued recommendations and guidelines for the regular collection of data on weight, height and waist and hip circumference in children worldwide. In the same year the Department of Health published the report of the national task force on obesity and recommended the development of a national database of growth measurements for children and adults to allow for the monitoring of prevalence trends under the headings of underweight, normal weight, overweight and obesity.

In 2008 the Department of Health and the Health Service Executive commissioned the NNSC to commence this surveillance work among primary schoolchildren in the Republic of Ireland. This childhood obesity surveillance initiative was repeated in 2010 and 2012 and most recently in 2015. The data enable us to look at trends over time in the childhood population. I have circulated some slides to the committee which compare data from 2008 with data produced in more recent times. The prevalence among first class children under the headings of overweight and obesity appears to be stabilising overall. However, the prevalence continues to be significantly higher among girls than among boys across all rounds. The second slide I have shown to the committee shows a reduction in recent times in the prevalence in non-disadvantaged schools. Overweight and obesity rates in 2015 in disadvantaged schools were the lowest when compared with previous rounds. Disadvantaged schools continue to have a high prevalence in comparison with children in non-disadvantaged schools. The prevalence in disadvantaged schools appears to increase as children grow up.

We agree with the targets set out in the obesity policy and action plan for the period 2016 to 2025. Clear targets have been set. We need to see a sustained downward trend in the prevalence of obesity and being overweight of approximately 0.5% per annum. We also need to see a reduction of 10% in the gap between obesity levels in the highest and lowest socioeconomic groups.

Tackling obesity requires a multi-level and cross-sectoral approach as outlined by the origi-

nal task force on obesity and also suggested here. Schools are just one of the many settings that need to implement strategies to address the determinants of overweight and obesity.

We have been involved in a large piece of European research that identifies schools as being appropriate settings to look at feasible change, but we also need to consider what is feasible to change in the school environment. We know certain areas, such as the eating environment, are feasible to change and might have a larger population level impact. Portion size should be considered, particularly with regard to children. This large piece of data allows us to be able to look not only within Ireland, but also to compare ourselves to our European neighbours to see where we can make changes within the determinants of childhood obesity.

We know also from a piece of work conducted across Europe, within the WHO childhood obesity surveillance initiative, COSI, study, that compared to some of our European neighbours, Irish schools are doing reasonably well with certain types of indicators. For example, if we look at the availability of milk, Irish schools are doing very well. This is also the case with the provision of water. In general, our schools do not physically provide sugar-sweetened beverages, sweet snacks and salted snacks. This is because most European schools have a facility to cater for primary school children. The provision of fruit and vegetables is one area that does require improvement in Irish schools. The National Nutrition Surveillance Centre is planning a fifth round of the childhood obesity surveillance initiative. We are also evaluating, in conjunction with the HSE, the school meals programme, and the new guidelines were launched recently. We are also looking at healthy vending and at present we are particularly focused on HSE hospitals.

Other research projects in which we have been involved include evaluation of the Food Dudes programme. We also have the large Lifeways cross-generational cohort study. We are involved in the DEDIPAC European joint programming initiative, to which I referred earlier. We also work with *safe food* in looking at certain areas regarding treat behaviours of children. We have quite a range of work and information on which we can draw in trying to inform national strategies on children.

Chairman: Before I go to committee members, I will make a few comments. It was very interesting to listen to all the contributions. We can see recurring themes in what the witnesses have said. My first comments are for Ms Heneghan. I am very familiar with St. Conleth's, which is a very good school. Were there any issues regarding insurance? This is something we would need to know. We are dealing with a societal pressurised area regarding eating fast food and healthy food. Ms Heneghan commented on advertising fast food in school grounds. We should certainly ask the Department to ensure this absolutely does not happen. It was very interesting to hear what Healthy Kidz had to say. What are the fees for participation? Are these raised by the school community or is there an extra fee on parents with children in the schools that participate? It is great the parents are involved because this is key. The witnesses said this is something they want to do with regard to the Food Dudes programme. Are there any proposals on involving the parents?

My next point is for the Department of Education and Skills. With regard to vending machines and having water in every school, surely at this stage having vending machines in schools that give crisps, chocolate and sweets is absolutely wrong and should not happen. Every school should have access to free drinking water. It is great that nine new health promotion officers have been appointed nationally and they can link in with schools on nutrition and dietetics, but it must be a concern that there is not great take up of the active school flag. Are there any plans to try to ensure more schools participate?

Deputy Josepha Madigan: I thank the witnesses and I thank the Chairman for organising the meeting. This is my first time to attend this committee and it is a very interesting topic. I do not have specific questions for Ms Heneghan or Healthy Kidz and I thank them for their presentations. I have questions for the National Nutrition Surveillance Centre and the Department of Education and Skills. This is a very important topic when we consider six in ten adults are obese, and one in four according to the Department of Health, so it is something we need to tackle. It is a societal issue and it needs to be looked at from a multidisciplinary perspective. It involves everybody.

Will the witnesses from the National Nutritional Surveillance Centre give the reasons obesity has stabilised in recent years? Its submission specifically mentioned first class children and children over the age of eight. I am interested to know why the witnesses think this has occurred. It is a positive indicator, although small. With regard to the broader problem of weight in Ireland and the statistic I mentioned on adults, is there an observed correlation, or have the witnesses done any research on, overweight parents and weight issues in their children? There seems to be a reverse statistic, with regard to girls being overweight more than boys when they are younger and then it seems to be men more than women, at 69% to 52%. I wonder why this is. Would the witnesses be able to answer this?

My next question is for the Department of Education and Skills. I welcome the goals of the obesity policy and the 2016 action plan. Will they be achieved? How do they align with best international practice on tackling obesity?

Senator Lynn Ruane: I thank the witnesses for their presentations. I must try to think to whom I will direct my questions, because many of them are general statements and I am probably going to vent more than anything so I apologise. Something in which I have had a personal interest for a long time is physical fitness and well-being in schools, particularly in disadvantaged schools. Dr. Murrin pointed out the difference in the prevalence of obesity between disadvantaged schools and advantaged schools. I would love to know why this is. I had a conversation with my daughter and many of her friends over the past week on this topic. They all go to different schools and I asked them what they did during physical education. One of them said the PE teacher really liked football so he played a lot of football with the boys and the girls were just told to take hula hoops and footballs from the equipment room and they did a bleep test every now and again. This is what has been happening and it is really unfair. I know all schools are not like this but the problem is that it is so hit and miss. How do we set a standard and ensure people adhere to it?

We need to be creative and innovative. Many young people care about their physical health. I know where I train there are teen TRX classes, which are full to the brim of young people who also learn about nutrition. Obviously this is not enough children, but they are involved. Is there room - and perhaps this question is for the Department - to be a bit more specialised in physical education? If someone likes basketball or football, that is great, but if children do not like them, it is tough luck. Is there room for accreditation for young people working towards points or having a certificate in nutrition, PT training or gym courses, so they have something to work for and it is an incentive for them to enjoy it? It would not just be with the PE teacher, but specialised coaches would be brought in who really are engaged and know what they are talking about. Is there room for PE teachers to become trainers? I do not know about accreditation.

Some of the feedback I got from some of the girls to whom I spoke was a little worrying, in the sense some of them spoke about being embarrassed, because they were slightly overweight in secondary school, with the idea of getting changed in dressing rooms and the pressure it

brought on, and not feeling as fit as some of the other children. One young girl spoke about the fact she almost stopped eating and she was counting her macros and calories and had her fitness pal and was watching every morsel. We must be mindful of the potential for children to develop eating disorders as a consequence of feeling embarrassed about their weight and under pressure to lose pounds. We need a balance between promoting healthy living and watching out for those who may, through being obese, become isolated and experience the impact on their mental health. Both issues must be addressed in tandem.

I hope Dr. Murrin can answer my question about the differences between advantaged and disadvantaged schools. The departmental officials might respond to my query about accreditation and the more specialised stuff. I am interested in hearing from any of the delegates on the mental health aspects.

Deputy Jan O’Sullivan: I thank the delegates for their presentations. My chief concern is that policy in this area should be inclusive. There is very good practice in various places, some of which has been described. The challenge is in extending it to all children in all schools. Mr. Ward spoke about the Active School Flag programme which is very helpful in increasing participation in a school by ensuring there is a range of activities to suit all pupils, not just for those who are good at sports and very fit. Should there be a directive from the Department of Education and Skills in that regard? It is a fantastic programme, but it is optional. There should be a way of encouraging as many schools as possible to participate. Will Mr. Ward and the other delegates also comment on how we can ensure such initiatives are inclusive of children with disabilities?

Senator Lynn Ruane spoke about children who might be embarrassed about being overweight and have issues with joining in physical activities. How do we ensure such children can participate without feeling uncomfortable and inferior to their classmates? No child should feel fitness and healthy living are things in which they cannot participate. I am interested in comments in that regard from any of the delegates.

My next question is primarily for the two researchers from UCD and relates to the differences in outcomes between children from disadvantaged schools and those from non-disadvantaged schools and also between girls and boys. In terms of patterns that have been identified, to what extent would the delegates say we need to encourage earlier intervention? In other words, to what extent are patterns already established when children begin their education? I am referring more to eating habits than physical activity and the degree to which it is reasonable to expect schools to be able to counteract what is going on at home. The committee is concerned with education matters, but I am strongly of the view that education in this area must begin at home when children are very young and that schools can only do so much. Should we be encouraging and promoting parental involvement in these issues rather than expecting all of the educating to be done during school hours?

My final question is to the officials from the Department. The well-being programme at junior cycle is a very positive initiative. Is there a way to ensure some of the lessons of that programme are referred back into the primary system? We should be copying that programme’s focus on positive as opposed to negative messages into the broader primary school curriculum in order that more children will benefit and at a younger age.

Senator Robbie Gallagher: I welcome the delegates and thank them for their informative presentations. As colleagues noted, when it comes to healthy living habits, problems often begin before children arrive in school. As well as educating children, we also must educate their

parents. That is a particular challenge we face in this area. Children are only at school for X number of hours a day and it may be too late to correct things if problems are already apparent at the age of four or five years. We have serious work to do in educating parents. After all, it is they who are mostly responsible for feeding their children. When I was in school, PE was considered more or less to be a free class in which one could mess around. For the benefit of society as a whole, we must move towards a situation where physical education and nutrition are core subjects in primary and secondary schools. Part of the difficulty for overweight children, apart from the impact on physical health, is the psychological damage that may be caused. As other speakers noted, that damage can carry through into adulthood. An increase in obesity levels brings problems for society as a whole. Until PE and nutrition are core subjects, we are only tackling the fringes of the problem. Will Mr. Ward, in particular, comment on this?

I am very impressed by the successes the two delegates from Armagh have achieved with their initiative. As a person who lives in Monaghan, I am not surprised to discover that they are leading lights in the world of physicality, given what the Armagh football team has done in the past 20 years. I might talk to them after the meeting to learn more about what they are doing. There is serious potential in the initiative.

Will Ms Heneghan comment specifically on the issue of costs? As we know, everything boils down to the euro and it is something we cannot avoid. The Minister has noted that vending machines are often a source of funding for schools, some of which would not survive without the revenue the machines provide. That is a sad reflection on where we are. The existence of vending machines in schools is not really the problem but rather what items they contain. Funding is a key issue in all of these matters.

If they will excuse the pun, the delegates have given us serious food for thought. It is now a question of how we can take advantage of all the information in a joined-up way in order to devise a policy for the future.

Deputy Tony McLoughlin: I thank the delegates for their informative engagement with the joint committee. Is there adequate time for incorporating healthy living initiatives and activities within the 183 days that make up the primary school year? Mr. Ward spoke about the national school curriculum and the amount of time children spend in school. I was a member of the board of management of my local school for many years. We are fortunate to have an all-weather pitch adjacent to the school which is part of the GAA club and available for use by the students. It is great to see the level of activity there, involving both boys and girls. There is a great deal happening throughout the country in children's sport, including Gaelic football, soccer, rugby and karate.

I was very impressed by what Mr. Creery and Mr. McCorry had to say. I very much welcome their suggestion of bringing their programme of events for schools south of the Border. Both male and female children can get involved in tag rugby, Gaelic football and other sports and participation is usually open to all age groups. It is vital that we begin incorporating these activities into the school curriculum. I am involved with the local soccer club, Strand Celtic FC. Some years back, the club introduced a rule under which children participating in club activities could only bring water with them. Under no circumstance were sugary drinks, crisps or sweets to be permitted. If children brought them, they were confiscated and they were either sent home or the parents brought in. The club has in the region of about 500 children from all age groups. They are participating in activities at all levels and the club has been very successful. The parents know what the conditions are. This is what should be done. I am actively involved in GAA, soccer and rugby clubs in my constituency of Sligo-Leitrim. I see what

success this club has had. At the beginning, children were going home complaining to their parents that they were not allowed the drinks. I am sure Mr. Mitchell will see the same thing in his activities in Athlone. This is the way forward. It is the biggest scourge for young people at present. There will be health issues at a later stage. I am sure Dr. Murrin has outlined them. Young people have enough pressures on them without the issues we are talking about today.

Ms Heneghan mentioned playgrounds. I know of playgrounds, not only in schools but also provided by local authorities, that have been withdrawn because of the insurance issues. There have been a number of claims over the years and many issues. It is another problem in many schools. She is right when she says all we have is a small piece. Some schools are lucky enough to have a big area. Others I have visited in my constituency have very small areas. Some of it is in grass, which cannot be used much of the time, and the other area is a small bit of tarmac. There is no room for activities, which have to take place within the school building. If the school is lucky enough to have a sports hall or whatever, that is good. However, that does not happen in many cases in rural schools, either. I would like the witnesses' advice on that.

I was very impressed with the presentations by Mr. Creery, Mr. McCorry and Mr. Mitchell. Mr. Ward mentioned the curriculum and perhaps he might expand on that. Healthy food is certainly the way forward. We are talking about vegetables and various other things. Chips and all these fast foods are being put in front of some children and we have got to get away from that. The parents have a huge responsibility for educating children at a very young age that the way forward is healthy eating. Mr. Neary from Bord Bia is quite right in that regard.

Deputy Catherine Martin: I thank the witnesses. As a mum of three young kids and as a former teacher who taught at second level for 20 years - four in a private school and 16 in a disadvantaged school - I have seen the differences in facilities offered to children. On the Food Dudes programme, described by Mr. Neary, I saw the change that occurred when I, as a parent, did not choose what went into my children's lunch box. They made the decision and wanted the fruit and the vegetables. I thought it was fantastic and it has been sustained. I love the idea of the golden mile.

On the fixed playground in primary schools, which Ms Heneghan raised, the only issue is insurance. Other members have raised that.

My questions are really directed to Mr. Ward. As my colleague, Deputy O'Sullivan said, great things are happening but it is sporadic. What can we do to make sure it is happening in all our schools for all our children? Even in my own constituency I see one of those issues. A second level school is waiting 37 years for a PE hall. I have asked for an audit of the second level schools but have been told it is not happening. A response from the Department told me that where schools do not have PE halls, they have access to local facilities. They do not. Much of the time they are disadvantaged schools that do not have the money to pay for transport to a local facility. Frankly, I do not think they should have to use up part of their PE time getting on a bus to go to a local facility. If Mr. Ward will pardon the pun, waiting 37 years is not a level playing field. It is not fair on second level pupils. It rains a lot and they do not even have an all-weather pitch. I do not see how that is right at any level when we have an obesity crisis in Ireland. They are being asked to change in a classroom when it rains. It is mixed school. That classroom is their PE hall, with the outline of a goalpost painted on the wall. It is a huge issue which the Department needs to address. I do not understand the refusal to audit second level schools.

Mr. Ward mentioned that teachers should be equipped in terms of the requirements of the

curriculum and these wonderful initiatives in the junior and leaving certificate cycles. If they do not have the facilities, it is very hard to deliver the programmes properly, fairly and equally to all children.

Ms Heneghan talked about the small areas covered with tarmacadam that are seen as the play areas. There is a problem coming down the road and we are not future-proofing our schools. This came up in my constituency and in the neighbouring one. Some 93 of 105 schools in Dún Laoghaire-Rathdown are zoned residential. We have seen two schools lose their green spaces. There is no forward planning or future thinking when it comes to population growth. We will need more space for schools and green space, yet we even had the chief executive of Dublin City Council announcing last week that we should build on the green spaces in Dublin city. There is a lack of thinking ahead to protect the future. There is a crisis currently but we must also think ahead to make sure it does not continue. We must protect the green spaces in our schools and cities to keep our children healthy and happy.

Senator Maria Byrne: I thank the witnesses for their presentations. As I am the last member to speak, many of my questions have been asked already and I will not go back over them. I agree with Senator Gallagher about the parents. It is about educating them. For too long, parents were not very conscious of what they put in the school lunch boxes. There is much more emphasis now. We have to find some way of getting the message to them. As has been mentioned, many children are very conscious of what they are eating but I still think the parents need to be made aware of this. Do the schools send out a guideline as to what is advisable to eat or whatever? Many schools are much more conscious of this now and of having healthy foods. Obviously, the DEIS schools are being provided with healthy school boxes and breakfast in the morning.

Many schools nowadays do not have vending machines with fizzy drinks or sweets. When I was going to school, we could get whatever we wanted in the tuck shop. Many schools have come on board in terms of what they are offering. We should have more incentives to try to bring the parents on board. I am aware that a number of the Department's initiatives have involved bringing the parents in. We need to bring them in and encourage them. The active schools flag has been referred to. A well-being programme is being introduced now in many schools. What children eat could be included in that programme.

Chairman: Thank you, Senator. On the issue of parenting, it is absolutely agreed that much work needs to be done with the parents as well. Schools that are fortunate enough to have home school liaisons and the strengthening families programme have a really strong link with parents. They are better equipped to be able to roll out those healthy eating programmes with the parents. I have certainly seen some really good results in that regard. I will invite the witnesses to respond. If they want to come back with further clarification or information on any of the questions asked, they should go through the clerk to the committee, Mr. Alan Guidon, and all members will be circulated with those follow-up responses.

Mr. Mike Neary: There were many comments about the role of parents in these programmes which is a crucial part of this. I must give a shout out for parent associations in some schools which get involved in the Food Dudes programme and give out the produce. It means it is more effective than the school itself. As part of our new strategy over the next six years, we have pilot programmes for the school year 2017-2018, which will include engaging with stakeholders, like parents, to get closer links with them. Once it goes outside the school, parenting is critical to its success.

From 1 August this year, 100% of the funding for the produce in the scheme will come from the European Union through the EU school fruit, vegetables and milk scheme. That allows us a bigger opportunity to spread this scheme wider and involve more schools and children. It will allow us to promote physical activity, as well as targeting the programme at senior as well as junior classes. Thankfully, the funding issue is not the challenge but actually getting it out to as many schools as possible.

Chairman: That is a fair comment about parents and school boards of management playing an important role.

Mr. Kevin Creery: I thank the committee for feedback. It sounds like the problems we are facing are exactly the same.

There were several allusions to inclusivity and how we deal with kids who would not ordinarily take part. As a physical education co-ordinator, I was bringing rugby, soccer and Gaelic football programmes into my school which has 641 kids. As soon as the ball came out, half the children were disinterested. I could see the girls and boys who did not want to play rugby and soccer and did not want to be there. We decided to write an all-inclusive programme in which every single child felt important and took part. We now have data on 6,000 children. Every child is tested on week one and then given their scores. If Claire Heneghan and I were in a 30 m sprint, it does not matter what time either of us achieves. Instead, I am competing with myself the next time and the coach encourages me to do that. These are station-based programmes like circuit classes in which all the children take part. No child sits out. We have parents, principals and teachers involved.

The greatest testament we can give to this is the fact that Stormont gave us £40,000 and Sport Northern Ireland gave us £20,000 to keep the programme going in three schools. After Stormont collapsed, every school in the programme paid for it out of their own money. We now have 64 schools willing to pay for it.

Chairman: How much is it per school?

Mr. Kevin Creery: The cost of the programme is €4 per child per month. Accordingly, over ten months, that comes to €40 per child. Schools are currently paying for it. However, we have been dealing with MLAs. We brought the education and health Departments, as well as the council, together to discuss this matter. Our ask today is that we want to join everything together and bring all the committees and public health bodies together to come up with a strategy where we can make this work and simply offset the cost to the school. Even though the schools are paying for it now, we are not so sure whether it will be sustainable in the future. When we get a government up and working in Stormont, then we will. With the Oireachtas, we would like to get financial support and contribution going forward.

Dr. Celine Murrin: On Deputy Madigan's point about stabilisation, this is a phenomenon we have seen in several developed countries, including the UK which has seen similar trends and the US. To point to a particular reason as to why would be challenging, considering there are so many determinants driving the obesity problem. Essentially, there is a greater awareness of obesity. This would not necessarily have been part of our conversation ten or 15 years ago, particular concerning children. There is certainly a greater awareness of obesity among parents and the wider community.

We know in certain disadvantaged groups that there are different behavioural patterns. It is

not something we can directly associate with our data. We would like to be able to analyse it in more detail. Whether it is regarding dietary patterns and physical activity patterns, we know there are differences in disadvantaged communities compared to advantaged ones.

On Deputy Madigan's question on the correlation between overweight parents and overweight children, this is a phenomenon which is well known to be true. If one parent is overweight or obese, the child is likely to be too. If there are two parents, the child is much more likely to be overweight or obese. Is this genetic or environmental? In certain instances, it is both. One may have a genetic predisposition to being overweight or obese. However, unless one is engaging in an unhealthy lifestyle, one may not necessarily become overweight or obese.

We also need to consider obesity in a life course perspective. We are researching that approach in that one cannot pinpoint one particular critical time within somebody's life regarding their risk of obesity. There is much research at the moment looking at early life course which involves intrauterine phenomena. From our research we have conducted as part of the lifeway study, we have found a mother's body mass index, BMI, before she becomes pregnant is one of the strongest determinants for a child being overweight and obese.

Accordingly, we should not only be looking at primary schoolchildren but also secondary schoolchildren because they are the future parents. We need to ensure they have developed sufficient life skills, are aware of how much physical activity they need and are aware what good and healthy food is. We must ensure that they can cook and have the capacity to be able to provide healthy lifestyles, not only for themselves, but for their future families.

On how we tackle these, I would speak to several of the questions which spoke to disadvantage and addressing children with disability. This requires a whole health promoting school approach. Speaking with different physical activity or nutrition hats may not necessarily be helpful. The whole child needs to be tackled, whether it is through diet, physical activity or mental well-being. The World Health Organization's health promoting schools require parents, not just teachers, to be involved in developing programmes within schools, as well the wider community. We know from much intervention research that schools on their own have some success in developing interventions. However, schools and the home environment together have greater success while schools, the home and the wider community have the best outcomes overall. Looking at the school as part of the community appears to be the best approach in intervening with schoolchildren.

Mr. Liam McCorry: The problem in society is the inactivity of everyone which is leading to obesity problems. That is why we created this comprehensive programme. Up to 25% of kids going into primary school are classified as obese while 35% of children leaving primary school are classified not only as obese but having no basic movement skills. Obviously, something is not working inside and outside of school.

This is not a PE gimmick programme but involves every child. From our research of a class of 30 children, the first ten kids are the normal sporting ones who play Gaelic football, rugby or soccer, or their families are associated and they follow their family members. As a result of the Healthy Kidz programme, these children have been shown to be far fitter and their attitude towards fitness is much better. That is the response of coaches, parents and schoolteachers. The second ten children are those who have great potential but, perhaps because their parents are not associated with sport, are in a sort of limbo. The Healthy Kidz programme is now encouraging those children to begin physical activity. The last ten are the children who come from very difficult backgrounds or children with disabilities. Every one of those children is engaging with

the Healthy Kidz programme. That is the difference we are making. As coaches, we are seeing that difference. As Mr. Creery said, in no class has there been one child sitting out the physical activity. Some 85% of children in Ireland are not getting 60 minutes of daily activity. The Healthy Kidz programme addresses that problem. We also include the parents in this. The app, the fourth part of the programme, encourages parents to get involved with their children outside school. All activity is recorded on the app. Every child involved in the programme last year got a full physical report for what he or she did inside school and outside.

Where do we want to go with this? We want the main agencies in health, education and communities to come together to make this stronger and better. We would like a full physical activity report and physical literacy report for every child at the end of the school year. The only way that can be achieved is by everybody coming together.

Chairman: I thank Mr. McCorry. There are several witnesses I have to return to.

Mr. Liam McCorry: I appreciate that.

Chairman: Will Ms Heneghan address the issue of insurance, which a number of members raised?

Ms Claire Heneghan: Of course. Deputies Catherine Martin and Tony McLoughlin raised the issue. It is a very relevant question. It should not be the case that insurance stops us tackling our playgrounds. In St. Conleth's national school, where I worked, all parents signed a disclaimer at the start of the year and the school's insurance covered the programme because it was on during school time, in school playgrounds and under supervision. The tarmac is always soft tarmac. There was never really an issue. I know insurance is always the main thing which stops these kinds of things happening but when it is under supervision and during school hours, the school's insurance will cover it.

Senator Robbie Gallagher alluded to the cost involved. A good playground would range from €45,000 to €90,000. It is a once-off payment and it is amenity to use for years to come. Even a small grant towards it would make a big difference to schools. Parents are really on board with these things and want them for their children so they and the schools would also raise funds for them. A grant towards it would make such a difference. As I said, it is a once-off payment and it can reap great rewards.

Chairman: I thank Ms Heneghan. While I accept that gets around the problem of insurance, I feel that it is a shame that sometimes when we, as a Government and as a society, invest in infrastructural equipment which will only be used during certain hours of the day, 183 days a year, we do not grant access to others who could use it on the other days of the year. We need to start moving towards more community sharing of all the types of facilities we have, be it in schools or in the community. I accept Ms Heneghan's point, however.

I will direct a number of questions towards Mr. Ward. He and his colleagues will be the final speakers in this session. It would be great if he could answer some questions.

Mr. Eddie Ward: I might ask Ms Sexton and Ms Griffin to deal with some of the curricular issues and the in-school aspect. I will try to deal with any other issue the Chair wishes me to address.

Ms Rita Sexton: I will start with the questions which arose on access to fresh drinking water in schools and on the issue of vending machines. All new-build schools have fresh drinking

water as standard. If other schools have any concerns around the quality of their water, they can have it tested. The policy is that all schools will have, and should have, fresh drinking water for students.

In respect of the vending machine issue, I will share some findings with the committee from the Department's life skills survey from 2015. In terms of vending machines in primary schools, there is really no issue because 99% of the schools surveyed said they had no vending machines on their premises. In terms of post-primary schools, Senator Gallagher mentioned that vending machines are a source of revenue for post-primary schools. The findings do show some improvements, however. Some 27% of post-primary schools surveyed said they had vending machines in place. In 2009, some 35% had vending machines in place. A high number of those schools also sell fresh fruit in the school. The Department has issued guidance to schools through circulars on healthy lifestyles for both primary and post-primary schools. We ask that, where possible, schools minimise the sale of fizzy drinks and unhealthy snacks.

Ms Clare Griffin: To address the very interesting question raised by Senator Ruane about accreditation and certification in physical education, at this stage a short course in physical education is available at junior cycle. This provides for classroom-based assessment which is reported by the school to parents, guardians and students at the end of the junior cycle period. At senior cycle, a leaving certificate physical education curriculum has been prepared. It has gone through a consultation phase, which was positive. Once implemented, it will provide for examination, which will include physical performance in three selected physical activities. This examination will account for 50% of the student's result. A written examination will account for the other 50%. It is a detailed specification at that level and includes, for example, learning and improving skills and technique; promoting physical activity; gender and physical activity; and physical activity and inclusion - a point which was raised a number of times here today. That is just a sample of what is within the specification. That goes towards the Senator's question on certification and accreditation.

It is also important to point out that, apart from the exam component, there is another option available to students who do not wish to pursue physical education as an area of study for examination. That is the senior cycle physical education framework, which is also available to schools. This ensures that all students at post-primary level have access to physical education, whether examined or not. This is, of course, complementary to what happens at primary schools, where all students from infants to sixth class have an hour of physical education a week. That information goes towards the Senator's questions on accreditation.

Senator Lynn Ruane: As a point of clarification, is that course examined as a leaving certificate subject?

Ms Clare Griffin: Once implemented, it will be available for students to opt to take it at leaving certificate level.

Chairman: Students will be expected to participate whether they take it as an examination subject or not.

Ms Clare Griffin: Yes. If a student does not do an exam in physical education there is provision for participation at all levels in post-primary schools.

Chairman: I thank Ms Griffin. Does Mr. Ward wish to make a final comment?

Mr. Eddie Ward: Again I thank the committee for the opportunity to meet it to discuss this

issue. The critical part in all of this is the autonomy of the school in respect of its decision making. Largely, a school decides its own curriculum. It decides on how to make its policies and how inclusive an approach it adopts. Clearly, from the Department's perspective, we see that all policy making should involve parents, and increasingly the students, as policy has a great impact on the holistic development of a child, particularly at post-primary level. That would be our guidance. We cannot coerce schools into doing something. We can prescribe the curriculum in certain areas. They are usually general directions but may be specific in the case of some subjects. We are generally in the role of funder, but also of persuader. We do that. We try to influence schools through raising awareness; high quality continuing professional development; working with national curriculum-making bodies; working with national strategies such as Healthy Ireland; and working with the national representative bodies and partners in education generally. There is a very keen commitment here. Teachers and schools want to do a good job so that students grow to be mature, responsible, healthy adults. We all acknowledge there is an issue and we all need to ensure it is owned by society outside schools.

Chairman: On behalf of-----

Deputy Catherine Martin: My questions were not addressed. I ask Mr. Ward to stress to the Department that teachers want to do a good job but cannot do so without a PE hall.

Chairman: It relates to physical infrastructure.

Mr. Eddie Ward: I am not an expert on the Department's response on physical infrastructure, as I do not come from that side of the house. However, Department budgets were severely curtailed in recent years, at a time when the student population was exploding and when there was a demand for new schools on the eastern seaboard and in the greater Dublin area in particular. The Department prioritised those and the various Ministers prioritised the front-line services, including the pupil-teacher ratio, and now we are beginning to address that in a more positive way. One would imagine that as these problems begin to become more manageable and subside, the kinds of issues and the audit the Deputy mentioned would be looked at and addressed in the most appropriate way. At the end of the day, the Minister and the Department are there to serve to the people and ensure the best infrastructure is in place.

Deputy Catherine Martin: The school I mentioned has been there for 37 years. It came through the Celtic tiger without getting a PE hall. When the State was at its wealthiest and money was spent ridiculously on other things, this school was overlooked. That is why I would like an audit. Have other schools spent 37 years without a PE hall and, if so, why?

Chairman: That is a fair point. I ask Mr. Ward to raise it in the Department and come back to us through the clerk.

On behalf of the committee, I thank all the witnesses for coming before us. We had a very informative and interesting discussion. We have learned a lot from their insights and observations.

Sitting suspended at 6.02 p.m. and resumed at 6.05 p.m.

Chairman: We will continue our discussion on tackling obesity and the promotion of healthy eating in schools. I remind members and witnesses to turn off their mobile phones because they interfere with the sound systems impacting on broadcasting and the parliamentary reporters who are covering this meeting.

On behalf of the committee, I welcome the witnesses and thank them for their patience in bearing with us. I have no doubt they were very interested in listening to the previous witnesses. I welcome from the Irish Heart Foundation Mr. Chris Macey, head of advocacy, Ms Janis Morrissey, health promotion manager, and Ms Kathryn Reilly, policy manager; from *safe-food*, Ms Fiona Gilligan, director of marketing and communications, and Dr. Clíodhna Foley-Nolan, director of human health and nutrition; and from the Department of Health, Ms Kate O’Flaherty, head of health and well-being unit, and Mr. Liam McCormack, assistant principal with responsibility for obesity policy.

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 me, as Chairman, to cease giving evidence in relation to a particular matter and they continue to do so, they are entitled thereafter only to a 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 they 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. The opening statements witnesses have provided to the committee will be published on the committee’s website after the meeting.

I ask the witnesses to limit their opening submissions to five minutes, which they can split among themselves after which members will ask questions. I call Mr. Macey from the Irish Heart Foundation.

Mr. Chris Macey: I will deal mainly with food provision in post-primary schools, where we believe there is a particular problem. It might seem blindingly obvious that the best way our schools can contribute to the fight against our childhood obesity crisis is through more effective education. However, we know the vast majority of our children and young people are already keenly aware of the importance of a healthy diet and are concerned about the amount of fat, sugar and salt in products they consume, yet over one in four children in Ireland is overweight or obese.

Our key message today is that what they are being taught in the classroom is being undermined by a school environment that often not only fails to enable healthy choices, but is a powerful promoter of unhealthy eating.

The Irish Heart Foundation has a long track record of supporting healthy eating as well as health-related physical activity in the school system. Two years ago, we published research which found a proliferation of “snackeries” emerging in post-primary schools, with 70% of those surveyed offering items such as sausage rolls, mini pizzas, danish pastries and cookies. Over a quarter had tuck shops, selling sweets and soft drinks, and 47% had vending machines, while 40% had no access to free drinking water. In other words, there was no great difference between the availability of fizzy drinks and water in these schools.

This is what confronts schoolchildren every day. They learn about the food pyramid and the need to limit their intake of treat foods and drinks, but for many once they leave the classroom, junk products are everywhere all day long. The temptation pupils face is constant. The contradiction in what they are taught and what is widely available to them is breathtaking. It does not end there. Junk food and drinks companies use many strategies to target children within schools, including advertising on vending machines; exclusive contracts to sell particular products; sponsorship of school programmes and events; branded educational materials; and company-sponsored fundraising.

Pupils are also besieged outside the school gates. Some 70% of schools have a fast-food outlet within 1 km, and 30% have at least five. Today, we are not addressing the bombardment of individually targeted junk-food advertising especially via young people's smartphones, dubbed the "brand in the hand" by marketers, but this is further manipulating their eating habits.

In the midst of these unprecedented challenges for young people, it is important to acknowledge two crucial policy initiatives undertaken in recent weeks that demonstrate a new determination by the State to tackle obesity, those being, the sugar-sweetened drinks tax and nutrition standards governing the school meals programme, which can have a profound effect, particularly on the long-term health of pupils in disadvantaged areas.

What can policymakers do to protect schoolchildren's health better? We need an urgent implementation of no-fry zones outside schools to stop further targeting of campuses by junk food firms, along with tough regulation, particularly of digital marketing to children. Inside schools, we need a commitment to a whole-of-school approach to health and healthy eating in which, although education is as important as ever, all schools practise what their lessons preach by incorporating health and nutrition policies, physical activity, the physical environment, the social environment and school-community relationships.

Although school food accounts for a growing proportion of pupils' food and calorie intake, at a time when 26% of children are overweight or obese, it is not subject to any national standard. Of the schools we surveyed, 95% said that it should. The quicker such standards are introduced and workable models are integrated nationally, the more children can be saved from heading down a society-made path to lives blighted by chronic disease and premature death.

We have a school catering award that helps post-primary schools to adopt healthier cooking practices and food choices. It is crystal clear from our experience that healthy school food cannot co-exist with junk food within the school perimeter. For example, if a child is given a choice between an apple and a bar of chocolate, he or she will almost always choose the bar. Take the chocolate away, though, and the apple will always be eaten. Consequently, removing all junk food from sale, including through vending machines, is a prerequisite for making healthy food provision the norm in post-primary schools. Financial support should be available from the proceeds of the sugar tax to provide facilities, equipment and whatever else is necessary to promote healthy eating and to ensure that drinking water is always freely available.

Although guidelines state that two hours of physical education per week should be provided in post-primary schools, just 4% achieve this in first year, 3% in second year, 1% in third year and none in fifth and sixth years. This has to change for both physical and mental health reasons.

Chairman: I thank Mr. Macey, and I appreciate his keeping to time. Next are Dr. Foley-Nolan and Ms Gilligan from *safe*food.

Dr. Cliodhna Foley-Nolan: I thank committee members for their invitation. *safe*food's remit is about food and health promotion. The quality of children's diets, including in school, has changed in the past 20 or 30 years. Approximately 20% of children's daily calories are from sweets and confectionery. Overweight and obesity are not just a question of inactivity. The general ratio between diet and inactivity is 70:30. Inactivity is very important, but diet is more of a driver. It is a matter of achieving a balance.

We are discussing overweight as much as obesity. We are not referring to the margins. On

average, children are heavier now than they were 20 or 30 years ago. In my early career, early onset diabetes and infertility relating to overweight and obesity were unheard of, but we are now seeing these.

safefood has taken a wide approach to schools, which are a key setting. My colleague, Ms Gilligan, will discuss our resources from preschool up to early school leavers, who we consider a particularly vulnerable group, given that they have less education. According to our research, their planning, budgeting and cooking skills are often less developed, perhaps partly because of what they have seen at home, but also from a school perspective.

As to what *safefood* does with our provisions, we have classroom resources. Ms Gilligan will discuss those further. We have also worked with a number of partners on the school environment. We have run campaigns and had an input into the school food standards that Mr. Macey mentioned. An interesting phenomenon, and one that could be copied in Ireland, is the broad-based food in schools forum in Northern Ireland. We have started discussing this phenomenon with Healthy Ireland and the Department of Health. It is an ongoing policy and implementation group.

Something that was mentioned by Mr. Macey and that Ms Gilligan will refer to again is the influence of marketing and how to develop health and food literacy in children, for example, what is the difference between an ad, which is often subtle and surreptitious, and real information.

Chairman: Dr. Foley-Nolan can take her time.

Dr. Cliodhna Foley-Nolan: The Chairman's five minutes are killing me.

Chairman: I will go easy on you.

Dr. Cliodhna Foley-Nolan: On us. My final point is that our approach, which is a long game, is one of partnership because we realise that providing resources, issuing simplistic information and so on is not the way. We have partnerships with teachers' organisations. We attend their conferences and undertake what is mostly qualitative research with parents about the real world and how they manage the school situation, particularly secondary school, where children are entering into adulthood, have more autonomy and so on.

The last element that we focus on is support for all schoolchildren, but particularly those who need it most. We cannot speak often enough about bullying and the psychological and long-term impacts of overweight and obesity on how children do in school and their further career achievements. There is a long-term legacy.

Ms Fiona Gilligan: I thank the committee for the opportunity to present to it. Members have a paper in front of them that contains details on a number of the resources that we have developed and sent to schools over the years. I will draw members' attention to three in particular, the first of which is MediaWise. Mr. Macey mentioned the "brand in the hand". As Dr. Foley-Nolan indicated, MediaWise teaches children media literacy and health literacy. Some of us believe that our children are tech savvy. They can Snapchat skilfully and create slo-mo videos in a second. However, they still believe what they see, particularly primary schoolchildren. MediaWise is about helping them to develop the critical and analytical skills that they need to make decisions for themselves now and later in life. Our colleagues in the Irish Heart Foundation published research on children and their ability to distinguish between content and marketing. There are major problems in that regard, which is one of the reasons for our devel-

opment of this piece of work in partnership with the Irish Heart Foundation.

Another piece of research that we have done with Dr. Celine Murrin of UCD related to the ads that children watch. At three years of age, children see more than 1,000 unhealthy food ads in a year - take that to the nth degree over the years. We convened a team of experts. Social, personal and health education, SPHE, personnel were involved in the development of Media-Wise, as were psychology experts like Professor Colman Noctor, the Broadcasting Authority of Ireland, BAI, the Irish Heart Foundation and others. It is an eight-week programme. It started in schools in September. More than 1,000 schools have taken it up. It tells children about emotions, persuasion and what the media is, and it is produced in a cross-curricular way in order that it covers all aspects of the curriculum. Some of the conversation has been about extending things to parents. We hope that, over the next year, we can look at how we can get that into parents' hands, as it were.

We have developed the lunchbox leaflet in partnership with Healthy Ireland and the HSE. It is the Holy Grail since it goes into parents' hands. It goes to children who are starting school every September and all schools are given copies of the leaflet. We talked about the nutritional needs of children. One third of their nutritional needs come from what is put into their lunchboxes. Parents told us in the delivery and development of a new campaign that we may refer to later that it is really helpful if they have a piece that they can point a child towards to show what they have been told they can put in the child's lunchbox. It is a really useful leaflet. There are tips in it for how to avoid soggy sandwiches and there is a lunchbox planner which is a five-day piece. We know that many complaints from parents are about what they will put in the lunchbox in following days. The leaflet is very nice.

The last item to talk about is Little Bites. A speaker earlier spoke about whether we needed to start these things at an earlier stage. This is in a child care setting where Early Childhood Ireland and Early Years, the equivalent agency in the North, are involved. I am not sure if we said that we are a North-South agency. Work that we do needs to run into the North. It is a one-stop shop for guidelines and policy for people working in the area, for menu plans and ideas for snacks. There are also lessons in how to teach children about food and how to deliver food to themselves. There are small pieces about fussy eating etc. There have been approximately 10,000 users of that to date. It has been going since 2016 and is a significant piece.

Chairman: I thank Ms Gilligan. We have Ms Kate O'Flaherty and Mr. Liam McCormack from the Department of Health. Who wants to start?

Ms Kate O'Flaherty: I will. Like previous contributors, many of whom are close partners in our work in this area, I thank the Chairman and the committee for the opportunity to be here. I have circulated a very short paper and will address a couple of points in that. I am the head of health and well-being in the Department of Health. We lead the whole-of-Government and whole-of-society implementation of the Healthy Ireland framework, which a number of previous speakers have referred to. A critical part of that is cross-Government work and interdepartmental work. The committee has seen some evidence of that in the submission from our colleagues in the Department of Education and Skills, and I will address further examples, but it is broader than that. It is about every sector, not just education, and includes local authorities, workplaces and the whole community in how we join the dots better to support individuals, families and communities to look after their own health and well-being better and to give them the tools and resources to be able to do so. Much of what we are talking about here today, as some colleagues have touched on, is a focus on schools, parents, children and young people. That is within the context of a wider community and society drive.

As well as Healthy Ireland, in our implementation of this, we have two national policies and plans which have been approved by Government in the past year. The national physical activity plan, which I will speak about in a moment, was approved by Government early last year. The obesity policy and action plan, A Healthy Weight for Ireland, will come later in the year. The committee has heard from our colleagues in the Department of Education and Skills and a key part of our work with our colleagues in the HSE is continuing work to align our work with the reform in education, particularly to support the new well-being curriculum. For example, our colleagues in the HSE would give their expertise and input into developing training programmes for teachers in co-operation with the Department of Education and Skills, and they would also provide resources to ensure that whatever is done in school is in line with national policy, best practice evidence and national guidelines.

We had the first meeting of our new oversight group for the obesity policy and implementation plan last week. The Departments of Education and Skills, Agriculture, Food and the Marine, Children and Youth Affairs, and Housing, Planning and Local Government, which are all key Departments, as well as agencies such as *safe*food are involved. As people have said and Dr. Murrin articulated very clearly earlier, both the causes of and solutions for obesity are multifaceted, quite complex and interlinked. It is a matter of having action on all of those issues. To give some detail on that, we will take a population approach, with a focus on child obesity. It is important to acknowledge that when we developed the policy, it involved consultation with children and young people. It is important for us to include them in implementation. Healthy Lifestyles: Have Your Say was supported through the Irish Primary Principals Network and Comhairle na nÓg to hear from young people. Some things they mentioned had already been referred to, such as the lack of diversity in some schools or communities with regard to different sports or activities. For example, if a child is not interested in ball games, are dance or other activities available? We heard from children who were overweight or had issues with their diet and weight about the stigma, mental health issues and other issues that people have mentioned with regard to that.

People have referred to a number of more recent developments to tackle the broad issue and support the work that every family and school in the country is doing. There has been reference to the new sugar-sweetened drinks tax. That is about both obesity and dental deterioration and is very much focused on young people. There has been mention of marketing by food companies so, under the obesity policy, we are trying to work where we can in partnership with the food industry and we developed a code of practice for marketing foods, especially to young people. The Minister of State with responsibility for health promotion will launch that in the coming weeks. It is a step in the right direction with regard to our other work with industry on reformulations or reducing sugar, salt and fat and such in foods. Colleagues in *safe*food have referred to the new child obesity campaign that we will launch next week with the Minister for Health, all going well. With regard to stigma and how children feel, some language is now changing. For example, our policy is called A Healthy Weight for Ireland and our campaign centres on a healthy weight for children. We do not talk about obesity in children so much any more but ask how we ensure that every child in Ireland has a healthy weight. There has been reference to the new standards that we created. All food going into school meals, which receive the guts of €50 million of investment by the State into both DEIS schools and some non-DEIS schools, has to meet the new healthy eating guidelines in the food pyramid. That will be a very impactful measure as it is rolled out into schools from this year.

Earlier intervention and supporting parents was mentioned, and would be a focus of the campaign. Key work that we are now doing is to have the new healthy eating guidelines and

food pyramid for the population of those aged five and up, whereas we are developing new healthy eating guidelines underpinned by evidence for one to five year olds. That will be helpful in the future to both parents and those in the early years setting to tell what is best practice for nutrition for children.

We have a separate plan for physical activity, because while being a pillar and very important for weight management, it is also about much more. It is for mental well-being and for the social, emotional and other development of children and young people. The obesity policy recognises that and we work with the two in tandem. Something that has been referred to is the active school flag. We have supported the Department of Education and Skills in rolling that out. A recent development in that regard has been the new Healthy Ireland fund that the Government has set up under our framework, with an additional €5 million this year and another €5 million, thankfully, allocated in budget 2018. We will put more than €200,000 into the active school flag initiative to promote it to schools, expand the number of primary schools using it, and develop a fit-for-purpose model for secondary school which will align with the new well-being curriculum.

I will finish by saying that there has been a lot of focus on children in schools. It is instructive that we launched our Healthy Ireland survey for 2017 this morning so some people may have had earlier figures from it on the numbers of people who are overweight or obese. As one gets older, one is more likely to be overweight. We had a focus in the survey this year on the 15 to 24 year old group who, as people have referred to, are soon going to be the parents of the future, even though they might not think that. We have highlighted concerns about levels of smoking, alcohol consumption and overweight people. Some 30% of our 15 to 24 year olds are overweight.

We have ambitious policies and plans and a much-improved infrastructure for partnership working across Government and across society. There is an awful lot of work to do but there is a lot of good work under way. By continuing on that path, we will hopefully start to make some inroads in terms of the statistics on obesity.

Chairman: Thank you, Ms O’Flaherty. Does Mr. McCormack have anything to add?

Mr. Liam McCormack: I think Ms O’Flaherty has covered everything comprehensively in the five minutes allocated.

Chairman: I will turn to the members in that case. I have a few queries myself. Mr. Macey spoke about vending machines. We had a debate earlier on. Is it his view that vending machines should be banned outright? There is a divergence of opinion in that regard.

On the sugar tax that will be coming in, one of the recommendations was that it should be ring-fenced. There would certainly be a number of us who would think that. However, it has already been stated that it cannot happen. If it was to be ring-fenced, what measures does Mr. Macey think it should go towards? There seems to be a difference between the facts he has given on the availability of free drinking water and those of the Department. That is something we will have to take up with the Department separately again. The clerk to the committee might write to the Department looking for clarification on it.

Turning to *safefood*, it is good to see the education piece around MediaWise and also around the hygienic handling of food. That is very important and we cannot forget about it. In terms of monitoring, which the Department of Health has also mentioned, the monitoring of nutritional

standards for the school meals scheme is hugely important. I would be interested to hear the witnesses' views on that and on how we can educate parents in making the lifestyle changes that are needed. Ms O'Flaherty mentioned that the childhood obesity campaign launch will be next week. It is very welcome. What will be new in that? Does she feel that schools have adequate time and resources to roll out what is needed in terms of the collaboration with the Department?

I will now hand over to my colleagues.

Deputy Catherine Martin: Following on from the Chairman's question about vending machines being banned, is the case even more extreme? Some schools do not have vending machines but they have the fizzy drinks for sale behind the counter in their canteens. Should we be looking for fizzy-drink-free zones in schools? One can see the difference in the children's behaviour after taking that sugar rush. Is that something the Department would consider?

My other questions are for the officials from the Department of Health. What sort of contact do they have with the Department of Transport, Tourism and Sport and the Department of Education and Skills, not just about activity in schools but about ensuring that children can walk and cycle safely to school? Activity on the way to school can also help tackle obesity.

We always look to Finland when we talk about education. They have a "health in all policies" approach which has helped tackle obesity in childhood in recent years. Some 8% of Finland's education budget goes on delivering school meals. I understand it is provided for in legislation that every child is guaranteed a school meal. Is that something we should be considering? Should we be rolling out comprehensive healthy school meals? We have a crisis in obesity but we also have one in five children going to school hungry. It makes sense that it would help their education if they were eating the right foods and if we make sure they are not hungry in the classroom.

Senator Robbie Gallagher: The one thing that comes through this afternoon is all the great work that is being done by a broad section of people, both the present witnesses and the previous speakers as well. It is great to see that level of awareness. As groups, do the witnesses meet collectively to pull their ideas and thoughts together?

On a lighter note, there is the famous €5 million that was allocated to the Taoiseach for his spin announcements and so on. Ms O'Flaherty has made about four or five announcements in five minutes. Did some of the Taoiseach's €5 million allocation end up on her desk by any chance?

Chairman: Okay, thank you, Senator. I will go back to the witnesses.

Mr. Chris Macey: Do we want to ban vending machines outright? Yes, we do. We cannot have healthy food going up against unhealthy food because the unhealthy food will always win. When we take the junk food away, children will enjoy the healthy, nutritious food. As far as we are concerned, healthy food and drink provision should be the norm in schools. There is no need for fizzy drinks. The Department had a circular on this and it seems to just accept that unhealthy food is going to be in our schools. There is no reason it should be. For us, it is very clear that we need to get the junk food and vending machines out of schools. On the notion of healthy vending, there was a proposal before about a 60:40 ratio of healthy to unhealthy foods. Again, apples will not be eaten if chocolate bars are available. There are also issues about keeping fresh foods within vending machines, which is a whole other area.

On ring-fencing, we are told it cannot be done. It is being done in the UK, where they are

bringing in the same sugar-sweetened drink tax. They call it the narrative of hypothecation, which means it is not actual ring-fencing but it sort of actually is. They are going to fund physical education facilities within schools and other things from it. We understand there will be €40 million coming out of this tax in Ireland. That is what the Department of Finance is saying. If we are serious about tackling this problem, why would we take the money away from people? More of this tax is going to be coming out of disadvantaged areas. Given that the obesity and overweight problem is bigger in such areas, why not put the money back into those communities?

To clarify the issue around free drinking water, our survey was of 50 schools so it was 40% of those 50 schools. It is very clear to me from being in schools around the country that there is not free drinking water in all schools. In the schools we surveyed, Coca-Cola was as available as free drinking water. That situation is not acceptable and is not going to help combat the obesity problem.

Ms Janis Morrissey: I would like to highlight that there is fantastic work happening in primary schools in terms of the curriculum but also at policy level, as we have already said. The vast majority of primary schools have healthy eating policies. Then our children transition to post-primary school, which is a very different environment in which they have greater autonomy financially as well. We are failing our children when they transition to post-primary school at the moment. We know that education is not enough to tackle obesity. We can educate parents and pupils but unless the world in which our children live supports them to put that education into practice, we will not tackle this problem.

School liaison officers were referred to earlier. This speaks to the importance of having a cross-departmental approach. In our experience of being out in post-primary schools, we see that school liaison officers have a huge influence on children. They can be a great support to influencing what happens in schools. It shows how the Department of Social Protection has a vital role to play outside of the school meals scheme in influencing food provision within schools. However, we have found school liaison officers who have not been interested in the nutrition status of what is offered in schools. It is a case of getting the children to stay in school and if that means offering a chocolate muffin or chocolate milk, so be it. There is a body of work to be done in order to have a consistent approach in maximising the support that school liaison officers can give us.

Chairman: Thank you.

Mr. Chris Macey: Could I make a comment?

Chairman: Please be very quick.

Mr. Chris Macey: I refer to what Senator Gallagher said earlier about schools needing the money for vending machines. This year four DEIS schools we worked in got rid of their vending machines. They were not getting any money for them. Often it is a historical thing where these vending machines have been there for years and there is no money changing hands. We have heard this said but we have seen no evidence that schools need this money. I am sure that they do; they need every penny that they can get. We would say that in terms of weaning themselves off the money they need, if that exists, that should be something that should come out of some fund because it is very important that it is done.

Chairman: Thank you. I will go back to the witnesses from *safefood* for comments on the

questions the members asked.

Dr. Clodhna Foley-Nolan: The approach we have taken in *safe food* in terms of supporting and collaborating with Healthy Ireland as regards the next campaign, and it is part of the school situation, is recognition of where parents are at rather than maybe a more idealistic thing. It is an approach of one day at a time and a start in terms of getting going on different behaviours. The evidence base alluded to has not changed in terms of what are healthy behaviours. It is a question of how parents can role model themselves and how they can give a good example in each of those areas and make a start or have a bit of a win one day at a time. There is a bit of the 12 steps approach to it.

Ms Fiona Gilligan: In addition to that, it is more cohesive in terms of the discussion around who is at the table. Healthy Ireland, the HSE, the Public Health Agency and the Department of Health are the big names at the table. Apart from that, we developed a stakeholder strategy which will run over the five years of the campaign. It is looking at bringing education, communities, sports bodies and the food industry to the table. All those elements have to come together in order for this to work. As Dr. Foley-Nolan said, it is a start. There will be small starts. It will be over the five years but the intention is that across that period, we will be making those changes.

It is more cohesive in so far as we will all have the same messages. They will be rolled out through health professionals. At the moment, the HSE is giving the materials to health professionals, to district health nurses, to ensure, from a medical perspective, that is where the start is being made. We will also push it out to schools.

We are looking at bringing food parenting to community settings. Where parenting courses are currently running, there is a piece around food parenting that is missing, namely, how to say “No”. Those pieces need to be introduced so that will be another part of these programmes.

In terms of the policy pieces, to which Ms O’Flaherty alluded, the code of practice on marketing is due to come out in the next couple of weeks. That will all be inclusive in this start approach.

Chairman: Thank you. I will go back to Ms O’Flaherty and then Mr. McCormack from the Department of Health.

Ms Kate O’Flaherty: I will take the specific questions. Hopefully, I have recorded all of them. The current vending policy that the Department of Education and Skills has supported is the one that is currently running in the HSE. It is to make a start to move to a 60:40 split in terms of healthy and less healthy products, and to give that choice. A key part in starting in that way in secondary schools was to align with the whole well-being curriculum and helping young people to make decisions for themselves. The school councils are involved in that. That is where we are at the moment but that will be reviewed in the future in terms of whether we need to move that further.

On the sugar tax, we have said that the Department of Finance’s tax policy is not to hypothecate a tax *per se*. Colleagues have referred to the narrative hypothecation and it is a very nice phrase in that we are not actually hypothecating it but are being seen to give money towards something. In terms of our new Healthy Ireland fund, there is some element of that, that is, to help promote and leverage cross-sectoral working at national and local levels.

I refer to school meal standards. Currently, school meals are funded thorough the Depart-

ment of Employment Affairs and Social Protection and the funding has increased. The new standards will be monitored by it. It is setting up a more robust system where it is signing service level agreements, SLAs, with all schools that sign up to the programme. That will be written into the SLAs, so that the schools must comply with the standards. The Department of Health will also liaise with some of the main providers of the school meals to ensure it is done as efficiently as possible. There is no excuse for any child in any school, particularly if it is State subsidised, not to be able to have food that matches the food pyramid. Some of the monitoring and evaluation will be done by Dr. Murrin and by colleagues to see the impact of that.

We have an agreement in principle in terms of how we encourage schools that are outside the school meals programme to start to use those standards in the context of the provision of other foods and meals in schools that are not necessarily State subsidised and to try to have that consistency among schools as standard.

My colleagues in *safe*food have probably given the members a little bit of a sneak preview into the new campaign. We have our own policy framework and it is good to reference the child policy framework, Better Outcomes, Brighter Futures: The National Policy Framework for Children & Young People 2014-2020, which this committee will be familiar with, in terms of supporting parents. While children are in school settings, most children grow up in families so it is really about supporting the parents and making healthier choices and behaviours. How do we support parents so that becomes normalised across eating and activity? It is the approach we take in terms of smoking, alcohol and so on. How do we make it easier for people to make those healthier choices and for that to be the norm?

We probably did not elucidate it enough but we have a number of cross-sectoral groups and very good working relationships with a number of Departments. We have an overall cross-sectoral structure for Healthy Ireland but then we have a group for the obesity policy and the physical activity plan. It was remiss of me not to say that we developed and implement the physical activity plan jointly with our colleagues in the Department of Transport, Tourism and Sport. Active transport is a key part of that and we will be looking to continue to build on that. Under that, at population level, we launched a new Get Ireland Walking strategy, so there is a piece in that around how we join the dots in terms of good infrastructure, encouraging schools and encouraging parents to leave the car at home and walk to the school if they live less than a kilometre away. Some schools are taking that on board.

We will also be working on a new Get Ireland Cycling strategy which would go hand-in-hand with that. How do we make it easier for people? How do we normalise it? Over time, more people will seek to move to change their behaviour because more people around them are now doing that. That is certainly there in terms of the overall piece.

Finally, I have to respond to Senator Gallagher's remark. I will take it as a compliment that the focus on strategic communications is starting to filter down to the Department of Health. They are very quick answers to the questions that members raised but if they would like any further information, we would be happy to respond in writing. I thank the committee for the opportunity to be here.

Chairman: It is a pleasure. Would Mr. McCormack like to comment further?

Mr. Liam McCormack: I will not keep the committee any longer than is necessary. I would just like to add that there are over 60 actions and measures in the national obesity policy and action plan. Individually, none is a panacea. The key thing is to take them all together. We

have set up the structure to ensure we can monitor implementation of them.

Chairman: I thank all the witnesses. Their submissions were very interesting and informative and we have learned a lot from their insights and observations. Many good things are being done to try to tackle the issue of obesity in children and in adults and to have a policy in place around having a positive, physically healthy lifestyle and eating appropriately. There were many lessons for Deputies and Senators. We have to try to grab something very quickly and we do not get the chance to do any physical activity. It is well documented that being overweight or obese is a significant risk factor for many chronic diseases, including heart disease, cancer, type 2 diabetes, infertility, respiratory disease and mental health illness. There is an onus on all of us to ensure we have in place long-term sustainable school programmes, including adequate teacher training, training for leaders in communities and parents, to enable us to reverse obesity trends, prevent health complications and reduce the overall health burden for individuals, their families, the health system, wider society and the economy, taking account of my earlier comment that it costs approximately €1 billion annually to treat individuals who are overweight or obese.

The committee will be making recommendations to the Minister based on all of its interactions and the information gathered. We look forward to further interaction on this issue into the future.

The joint committee adjourned at 6.55 p.m. until 4 p.m. on Tuesday, 7 November 2017.