



# Tackling Childhood Obesity

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*A written submission from the Health Service Executive  
to the Joint Committee on Children and Youth Affairs*

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## 1. Executive Summary

- 1.1 Levels of obesity are forecast to increase globally and Ireland could have one of the highest rates of obesity in Europe by 2030.
- 1.2 As the health of our children predicts the health of our future adult population, early intervention policies can improve the life outcomes for children as well as the quality of their life as older persons, with decreased long term chronic conditions secondary to obesity as well as all-cause mortality.
- 1.3 The medical consequences of obesity previously only seen in adulthood are now being seen in children and adolescents.
- 1.4 The total lifetime costs of childhood obesity in the Republic of Ireland are estimated to be €4.6 billion, with the direct healthcare associated costs estimated at €1.7 billion. If body mass index (BMI) was reduced by 1%, the lifetime cost of childhood overweight and obesity would be reduced by €270 million. A BMI reduction of 5% would reduce the lifetime costs by €1.1 billion.
- 1.5 Prevention is better than cure. It is easier to stop something happening in the first place than it is to repair the damage after it has happened. Adopting appropriate preventative strategies results in better outcomes.
- 1.6 The roots of lifestyle choices, behaviours and patterns are established in the early years and affect later food preferences, activity levels and leisure activities. As such, early prevention is paramount from antenatal to six years.
- 1.7 Interventions are possible in every setting of early childhood, for example, in the home, crèche, preschool and school.
- 1.8 A population based approach based on progressive universalism (help for all and extra help for those who need it) is required. This is the basis of the National Healthy Childhood Programme with key parent-professional interaction at contact points antenatally and throughout the child's early years. This Programme needs to be adequately resourced to ensure the issues pertaining to a healthy weight for children are addressed at each contact point.
- 1.9 Provide, in line with the Sláintecare Report, dedicated Child Public Health Nurses.
- 1.10 We need to build on the support provided by the National Healthy Childhood Programme through the community mothers programme/ preparing for life model. This will help to address health inequalities,
- 1.11 The use of data, research and monitoring are powerful tools for improving children's outcomes and driving continuous improvement in service delivery. The deficits in this area need to be addressed.
- 1.12 In line with NICE evidence, we need to enhance parental skills which are beneficial to shaping a healthy lifestyle for their children.
- 1.13 Investment in treatment is critical and needs urgent priority.

## 2. Introduction

- 2.1 We have prepared this document in response to an invitation from the Joint Committee on Children and Youth Affairs in April 2018 for written submissions in relation to its examination of the topic of 'Tackling childhood obesity'.
- 2.2 The content has been prepared and informed by the Health Service Executive's:
  - National Healthy Childhood Programme
  - Healthy Eating Active Living Programme
  - Clinical lead for Obesity Management

## 3. Background to HSE National Healthy Childhood Policy Priority Programme

- 3.1 The National Healthy Childhood Programme is underpinned by the premise that the foundations for virtually every aspect of human development are laid in early childhood. The health and wellbeing of children is inextricably linked with the physical, social and economic environment in which they and their families live.
- 3.2 The National Healthy Childhood Programme is based on a model of progressive universalism – help for all and more help for those who need it - and recognises:
  - That the wider determinants of health play a significant part in child and adult health
  - The pivotal role parents play in supporting child health and development
  - That early identification can enable early intervention to occur thus improving outcomes for children
- 3.3 The health sector plays an important role in ensuring good outcomes for children. Ireland's child health service, is similar to international models, and consists of child health assessments, screening and vaccinations. It is delivered from the first antenatal appointment through to the child starting the first year of secondary school. It is free to all children and includes such schemes as the Maternity and Infant Scheme, the Primary Immunisation Programme and the Child Health Screening and Development Service.
- 3.4 Currently child health and screening services are provided by Community Health Doctors and Public Health Nurses; GPs and Practice Nurses; and maternity services.
- 3.5 Public Health Nurses are under ever-increasing pressure to provide care for older people, people leaving hospital and palliative care, as a result of which child health work does not have sufficient priority.
- 3.6 [The Committee on the Future of Healthcare Sláintecare Report](#) proposes that funding be provided for an additional 900 generalist nurses to work in the community *“to free up PHNs to do child health work as part of the current Nurture-Infant Health and Wellbeing programme and the HSE's National Healthy Childhood Programme. Given the known importance of in utero health, child health and wellbeing services need to start with the mothers and parents,*

*providing antenatal support including mental health, better developed midwifery services, breastfeeding and parenting supports including peer supports. The Committee believes that the full implementation of the National Maternity Strategy will assist in delivering on some of these service developments<sup>(1)</sup>”.*

- 3.7 Many new quality improvement projects are being implemented by The Nurture Programme - Infant Health and Wellbeing with funding received from Atlantic Philanthropies. The Nurture Programme is a quality improvement initiative designed to enhance the information and professional supports provided to parents during pregnancy and the first three years of their child's life through training of healthcare professionals and provision of evidence-based information. It is integrated with and delivered through the National Healthy Childhood Programme.
- 3.8 Through the National Healthy Childhood Programme the child will have a total of 29 contacts with the services, from pregnancy to six years of age. This includes the two health and wellbeing checks introduced as part of the GP under-6 contract. The focus of the programme is on prevention and early intervention.

#### **4. Background to HSE Healthy Eating Active Living Policy Priority Programme**

- 4.1 The Healthy Eating and Active Living Policy Priority Programme was established in late 2016 as part of the [Healthy Ireland in Health Services Implementation Plan](#)<sup>(2)</sup>. It has a remit to:
- “mobilise the health services to improve health and wellbeing by increasing the levels of physical activity, healthy diet and healthier weight across services users, staff and the population as a whole, with a focus on families and children”.*
- 4.2 The Programme works to coordinate and lead activity across the health services to ensure implementation of the [Healthy Weight for Ireland – obesity policy and action plan](#)<sup>(3)</sup> and [Get Ireland Active – national physical activity plan for Ireland](#)<sup>(4)</sup>.
- 4.3 The HSE Clinical Lead for Obesity Management works with the Programme. The objectives of the Programme are to contribute to a reduction in the prevalence of chronic disease by increasing the percentage of people in Ireland who are:
- Physically active on a regular basis
  - Eating a healthier diet
  - Achieving and maintaining a healthier weight

## 5. Why childhood overweight and obesity is an important public health issue

- 5.1 Obesity is not just about the shape and size of individuals, it is a major public health challenge. Consequences can be lifelong and even intergenerational. Most importantly, overweight and obesity can be prevented.
- 5.2 Becoming overweight or obese is a clinical condition that can contribute to the risk of developing a preventable, long-term chronic disease and premature mortality. The multiple medical complications can include heart and circulatory diseases<sup>(5,6)</sup>, pulmonary disease<sup>(7)</sup>, gallbladder disease<sup>(8)</sup>, Alzheimer's disease<sup>(9)</sup>, infertility<sup>(10)</sup>, type 2 diabetes<sup>(11)</sup>, gout<sup>(12)</sup>, osteoarthritis<sup>(13)</sup>, several types of cancer<sup>(14, 15, 16)</sup> as well as all-cause mortality<sup>(5,6)</sup>.
- 5.3 The medical consequences of obesity previously only seen in adulthood are now being seen in children and adolescents.
- 5.4 Children who are overweight or obese are more likely to be bullied and experience poor self-esteem and depression<sup>(17)</sup>. Associated stigma can cause problems for individuals and society, and also for intervention as it may be related to low uptake and high attrition<sup>(18)</sup>.
- 5.5 Obese children are four times more likely to report school problems and are more likely to miss school<sup>(17)</sup>. Acceptance into college, despite equivalent abilities, is lower in obese individuals than their non-obese peers<sup>(17)</sup>.
- 5.6 The total lifetime costs of childhood obesity in the Republic of Ireland are estimated to be €4.6 billion, with the direct healthcare associated costs estimated at €1.7 million. If body mass index (BMI) was reduced by 1% the lifetime cost of childhood overweight and obesity would be reduced by €270 million. A BMI reduction of 5% would reduce the lifetime costs by €1.1 billion<sup>(19)</sup>.
- 5.7 Chronic diseases are major drivers of healthcare costs and associated economic losses. The key demographic trends underlying the increasing prevalence of chronic disease in Ireland are the ageing population and the high rates of overweight and obesity across the population<sup>(20)</sup>. The underlying modifiable factors for obesity are the consumption of energy-dense and nutrient-poor diet high in levels of salt, fat and sugar; reduced levels of physical activity during school, work and recreation and an over-reliance on mechanised forms of transport. At least 30% of cancers and 80% of heart disease and diabetes can be prevented by lifestyle changes to diet, physical activity, tobacco and alcohol use<sup>(21)</sup>.

## 6. Prevalence of childhood obesity in Ireland

- 6.1 The prevalence of childhood obesity in Ireland is currently extrapolated from both the [Growing Up in Ireland](#)<sup>(22)</sup> longitudinal study coordinated by the ESRI and our participation in [WHO-Europe Childhood Obesity Surveillance Initiative](#)<sup>(23)</sup>. Childhood obesity is high in Ireland by international standards, with Irish seven year old boys and girls ranked as having the fifth and third highest BMI respectively<sup>(24)</sup>.

6.2 Data on children up to six years of age are available through the Growing up in Ireland<sup>(25)</sup> study and include:

- At age three years, 24% of children were overweight or obese which, if extrapolated to the full population, indicates that 16,338 three year olds were overweight or obese
- By five years of age, 20% of children (extrapolation indicates n=14,481 five year olds) were overweight or obese, with prevalence of obesity at 5% at both ages. Gender differences are apparent at age of five years, with 23% of girls overweight or obese compared to 18% of boys
- At age seven years, the prevalence of being overweight remained at 20% and there is evidence of a social gradient with 17% of highest income quintile children being overweight or obese compared to 24% in the lowest quintile
- In addition, this research has found that among seven year olds:
  - boys were more likely than girls to participate in higher levels of unstructured physical play (44% compared to 32%) and they were also more likely to attend a sports club or group at least twice a month (55% compared to 46%). Children from less advantaged homes generally participated more in unstructured physical play than those more advantaged, while the opposite was true of attendance at sports clubs or groups on a regular basis
  - an inverse relationship was apparent between social class and length of time children spent in front of a screen. More time in front of a screen was clearly associated with higher calorie intake, poorer eating habits and higher levels of overweight and obesity
  - it was found that children from lower income groups consumed 23% more calories per day than those in the higher income groups
- Findings from analysis of trends in prevalence of overweight and obesity among school going children between 2002 and 2014 include:
  - a decrease in the prevalence of overweight and obesity for the total population of boys and girls, falling from 26.0% in 2002 to 23.0% in 2014
  - among five year olds, there was a statistically significant decrease in the prevalence of overweight or obesity from 25.0% to 22.0%
  - among 12 year olds, there were no significant changes in prevalence rates
  - overall, it has been noted that there has been no change in prevalence of overweight among children aged four to 13 years but there has been a slight decrease in the prevalence of obesity

6.3 The most recent [Childhood Obesity Surveillance Initiative \(COSI\)](#)<sup>(24)</sup> results show that according to the International Taskforce on Obesity standards:

- The combined prevalence of overweight and obesity in children measured in First Class (aged seven years) is 16.9%, with the prevalence in girls at 20.4% and boys at 13.2%

- The combined prevalence of overweight and obesity in children aged ≥8 years is 20.6%, with the prevalence in girls at 24.8% (Fourth Class)/22.9% (Sixth Class) and boys at 14.5% (Fourth Class)/18.0% (Sixth Class)
- 6.4 Over the four rounds of the surveillance (2008-2015) some trends have emerged including:
- The levels of overweight and obesity in First Class children (age seven years) and those aged eight years appear to be stabilising, though not in those children attending DEIS schools
  - More girls than boys tend to be overweight and obese. However, it needs to be noted that the decline in participation rates in First Class children could be linked to a degree of participation bias mainly among overweight and obese children giving rise to the lower rates
- 6.5 High participation rates are necessary in order to provide prevalence rates that are highly representative of the population and, while survey data can be very valuable, representation may be limited by participation rates. Obtaining data by a population-based child measurement programme is required to provide more comprehensive and representative data and should be obtainable through the GP contact points at two and five years of age.
- 6.6 International evidence points to a higher level of overweight and obesity in children from lower socio-economic backgrounds and despite reports of levels stabilising overall, this discrepancy continues to widen<sup>(26)</sup>.
- 6.7 The trends emerging from the Irish COSI suggest a similar pattern here. When data from children attending DEIS schools are compared with data of children attending other schools, those attending DEIS schools tend to have higher levels of overweight and obesity and the gap becomes wider as children get older:
- 25% vs 17.8% in First Class
  - 32.2% vs 18.4% in Sixth Class
- Other vulnerable groups also have higher risk of overweight and obesity, for example, people with disabilities and some ethnic minorities.<sup>(27)</sup>
- 6.8 For the majority, childhood overweight and obesity tracks into adulthood<sup>(28)</sup>. It is estimated that approximately 55% of obese children go on to be obese in adolescence, around 80% of obese adolescents will be obese in adulthood and around 70% will be obese over the age of 30<sup>(29)</sup>.
- 6.9 The majority of all adults in Ireland are overweight or obese<sup>(30)</sup>. According to recent projections by the WHO Regional Office for Europe, collaborating with the UK Health Forum, levels of obesity are forecast to increase globally and Ireland could have one of the highest rates of obesity in Europe by 2030<sup>(31)</sup>.
- 6.10 It has been estimated that at their GP booking visit, 43% of pregnant women are overweight or

obese <sup>(32)</sup>.

- 6.11 NICE guidelines <sup>(33)</sup> on preventing childhood obesity recommend that interventions should combine healthy eating, physical activity and behavioural components as well as a focus on parenting.
- 6.12 Parents are role models for healthy lifestyle behaviour and a whole family approach is important <sup>(34)</sup>.
- 6.13 Parenting programmes have an important role in prevention and treatment of childhood obesity. This is done by increasing parents' skills and confidence in managing both children's weight-related and problematic behaviours by improving children's nutritional intake and activity levels. For example, parents learn how to provide children with healthy food choices, how to limit children's sedentary activity, how to increase physical activity and how to promote healthy behaviours using positive parenting. They learn how to be consistent with regard to limiting sugary drinks and foods and significantly reduce their use as rewards.
- 6.14 A recently developed Triple P Parenting programme, *Hassle Free Mealtimes*, helps parents develop skills to deal with difficult mealtime behaviour. A randomised controlled trial (RCT) <sup>(35)</sup> found the low intensity intervention improved both child mealtime behaviour, and parenting mealtime practice and cognitions. There were also improvements in mealtime and general parenting confidence. For both parents and children, the effects were maintained at six-month follow-up.

## 7. Tackling childhood obesity

- 7.1 In addition to avoiding the health, social and economic consequences of overweight/obesity outlined above, the reasons for a prevention focus include:
- Prevention of overweight and obesity from the outset, even before conception, is crucial because heredity, developmental and environmental influences all play a part and all have potential to be modified through a prevention approach <sup>(36)</sup>
  - It is much easier to prevent obesity than to treat it once developed <sup>(37)</sup>
  - integration of prevention, early intervention and treatment is appropriate at early ages; the goal is for children to halt weight gain rather than focus on loss of excess weight <sup>(32)</sup>
  - The roots of lifestyle choices, behaviours and patterns are established in the early years and affect later food preferences, activity levels and leisure activities. The environment of very young children is influenced by parents, families, caregivers and professionals. Parenting styles and consistency also impact on the developing child, and children themselves are more receptive to developing good habits before they develop autonomy <sup>(34)</sup>
  - This is a key timeframe for healthcare and education professionals to make a difference.

Several opportunities for prevention and intervention present across the life-course (see Table 1 below) from pre-conception to school entry including antenatal care and postnatal care, health contacts, childcare services, pre-schools, schools and parenting programmes

**Table 1: Critical periods and transition points in the lifecourse of children**

<p><b>Pre-conception &amp; pregnancy,</b></p> <ul style="list-style-type: none"><li>• Preconception</li><li>• Antenatal care</li></ul> <p><b>Infancy</b></p> <ul style="list-style-type: none"><li>• Care at birth, whether hospital or home</li><li>• The infant coming home for the first time</li><li>• Baby Feeding practices (breastfeeding or bottle feeding)</li><li>• Weaning (age at introduction to solids and type of food given)</li></ul> <p><b>Early childhood</b></p> <ul style="list-style-type: none"><li>• When the primary caregiver returns to work (type of childcare utilised)</li><li>• Attending pre-school</li><li>• Commencing primary school.</li></ul>
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7.2 In 2016, the [World Health Organisation Commission on Ending Childhood Obesity](#)<sup>(36)</sup> recommended that countries take action to:

- Implement comprehensive programmes that promote the intake of healthy foods and reduce intake of unhealthy foods and sugar-sweetened beverages by children and adolescents
- Implement comprehensive programmes that promote physical activity and reduce sedentary behaviour in children and adolescents
- Integrate and strengthen guidance on non-communicable disease prevention with current guidance for pre-conception and ante-natal care to reduce the risk of childhood obesity
- Provide guidance on and support for healthy diet, sleep and physical activity in early childhood to ensure children grow appropriately and develop healthy habits
- Implement comprehensive programmes that promote healthy school environments, health and nutrition literacy and physical activity among school-age children and adolescents
- Provide family-based, multi-component lifestyle weight management services for children who are overweight and obese

7.3 The six principles of WHO Commission on Ending Childhood Obesity should be delivered through a population based approach that incorporates:

- **Structures to support policies and interventions**, such as the National Healthy Childhood Programme, Healthy Ireland Framework, the Healthy Weight for Ireland Obesity Policy and Action Plan and the Healthy Ireland Fund

- **Data to support the work of child obesity prevention:** Currently data are collected through [Growing Up in Ireland](#), [Health Behaviour in School Aged Children](#) and the [Childhood Obesity Surveillance Initiative](#) (COSI). However, this is insufficient for monitoring. We also need the growth monitoring data from the GP visits at two and five years in addition to data on the morbidity associated with overweight and obesity
- **Population wide policies and initiatives** such as restrictions on marketing, promotion and sponsorship of unhealthy food and beverages to children, fiscal measures like the Sugar Sweetened Drinks Tax, physical activity policies like the [National Physical Activity Plan](#) and social marketing campaigns like those utilised by 
- **Community based interventions** in early childcare settings, schools and other community settings that have underpinning and unifying factors which adhere to evidence based initiatives. Any programme or intervention, while allowing for some local autonomy, must be centrally coordinated and use common approaches and materials. A common evaluation framework needs to be developed for all programmes and interventions. This will allow for cross-initiative comparison or, at least, assessment of common elements that contribute to the whole picture. Programmes such SMART START, Active School Flag, Health Promoting Schools, provide training, education and support for childcare workers and educators to implement ‘whole-school approaches’ to healthy lifestyles. Community Cooking Programmes and Community Food Initiatives build knowledge and skills to support healthy eating within communities. In 2017, the Healthy Ireland Fund invested approximately €1 million to support community-based initiatives to promote and support healthy lifestyles.

7.4 Six key lifestyle behaviours support healthy weight throughout the lifecycle. The habits that support these behaviours are formed in childhood:

- Limited intake of foods high in fat, salt and sugar
  - 20% of children’s calorie intake is from sweets, biscuits, confectionary and crisps
  - 27% of children eat sweets more than once a day<sup>(38)</sup>
- Water and milk as routine drinks
  - the association between sugar-sweetened drink consumption and weight gain has been found to be stronger than for any other food or beverage.
  - more than 75% of five-18 year olds consume sugar-sweetened drinks daily, with one in five one year olds and more than half of four year olds consuming these drinks<sup>(39)</sup>
- Child-sized portion sizes
  - in the past 20 years portion sizes have increased significantly both in food bought and served outside the home and in the home<sup>(40)</sup>.

- Healthier food choices – more vegetables, salad and fruit
  - less than one in four (23%) of children eat fruit more than once a day<sup>(38)</sup>
  - a similar number (22%) of children eat vegetables more than once a day<sup>(39)</sup>
- Regular physical activity
  - one in five primary school children are sufficiently active on a regular basis (60% boys and 40% girls)<sup>(38)</sup>
- Limited screentime
  - one in ten (10%) nine year olds watch more than three hours of TV on an average week day<sup>(22)</sup>
  - one in five (21%) nine year olds spend more than one hour gaming on an average week day<sup>(22)</sup>.
- Age appropriate sleep time

7.5 The five year [START](#) campaign is a population based strategy to promote healthy lifestyles and support initiatives and programmes that promote a healthy weight for all children and families. It is delivered in partnership between **saferfood**, HSE and Department of Health. It seeks to embed the above key behaviours in families and communities across Ireland.

## 8. Tackling health inequalities

- 8.1 Rates of childhood overweight and obesity are socio-economically patterned, with those in lower socio-economic groups more likely to be overweight or obese<sup>(41,42)</sup>. It is essential that interventions to prevent and manage childhood obesity take this into account. Also cognisance of the fact that the most successful strategies for dealing with inequalities are the ones hitting the obesogenic environment, e.g. those that restrict marketing of unhealthy foods or provide subsidies for health foods, rather than those that focus on individual agency<sup>(43)</sup> ( i.e. the capacity of individuals to act independently and to make their own free choices).
- 8.2 In Ireland, an evaluation of the '[Preparing for Life](#)' initiative has demonstrated effectiveness in reducing the socio-economic patterning of overweight and obesity in its target population. Preparing for Life is a community-led, population-based prevention and early intervention initiative which aimed to improve the life outcomes of children and families living in a disadvantaged area of North Dublin. It focused on the overall development of the child as well as on child health, commenced at pregnancy and continued until the children were four years old. Results of the randomised control trial demonstrated that those receiving the intervention were significantly less likely to be overweight than the control group – 23% versus 41%.
- 8.3 The health services through the National Healthy Childhood Programme have contacts with parents and young children from pregnancy to age six years. Issues concerning healthy lifestyle need to form part of all consultations irrespective of whether the child is overweight or not. Health professionals need to be trained to engage parents in a conversation and provide brief interventions on healthy lifestyles at these contacts. The revised training for the National

Healthy Childhood Programme, developed as part of The Nurture Programme – Infant Health and Wellbeing, in conjunction with *Making Every Contact Count* will equip health professionals with the skills and knowledge to carryout brief interventions.

## 9. Clinical services for treatment of obese children and adolescents

- 9.1 Most recent COSI data indicates 6.5% (n=65,000) children are clinically and morbidly obese. A further one in three children is overweight. Growing Up in Ireland data indicate that 6% of 13-year olds are obese. These children require access to effective treatments to manage their weight and associated medical conditions.
- 9.2 **Safefood**, the Royal College of Physicians of Ireland Policy Group on Obesity, Diabetes Ireland, the Irish Society for Clinical Nutrition (IrSPEN) along with the Association for the Study of Obesity on the Island of Ireland (ASOI) want the Government to implement a dedicated national obesity treatment programme.
- 9.3 The Minister for Health, Simon Harris TD, and the Minister of State at the Department of Health, Catherine Byrne TD, September 2017 welcomed the appointment by the HSE of Professor Donal O'Shea as *National Clinical Lead for Obesity Management*, and the establishment of a National Obesity Programme.
- 9.4 Working with the HSE's Healthy Eating Active Living Programme and the Integrated Care Programme for the Prevention and Management of Chronic Disease, the National Clinical Lead for Obesity Management and Clinical Advisory Group (a group of medical and surgical experts) chaired by Professor Brendan O'Shea (ICGP); Dr Sinead Murphy, Royal College of Physicians Faculty of Paediatric representative, will work towards ensuring that:
  - Identification, early intervention and management of overweight and obesity are integrated into all client care pathways and models of care for children and adults
  - Equitable, accessible, affordable, quality driven and effective overweight and obesity management services, targeted and tailored to need are planned for across primary care and acute services
  - Robust and high-quality obesity intelligence is generated to underpin policy, practice, service planning and strategic monitoring
- 9.5 Investment in treatment is critical and needs urgent priority. Unless such investment is made, the welcomed appointment of the National Clinical Lead and the associated Clinical Advisory Group is futile.
- 9.6 Obesity treatment encompasses many elements including identification, prevention, early intervention, talking therapies, medications and surgery. There needs to be an equitable service available and delivered to all, where and when they need it.
- 9.7 Most of treatment should be delivered by specifically trained healthcare professionals in

primary care and community settings. Key activities include increasing the extent to which children's weight and height are measured; earlier identification of mild to moderate overweight; and an initial intervention, enabling general practice teams, primary care teams and local resources engage more effectively with each other and with children and families where overweight is identified and addressed systematically. Building capacity weighting in terms of resourcing for deprived populations for both general practice teams and primary care teams is important.

- 9.8 A fully resourced population-based programme is required to ensure avoidance of stigma and a greater engagement by parents on healthy lifestyle to support healthy weight for their children<sup>(18)</sup>. We have learnt from pilot programmes such as W82Go (Temple Street Children's University hospital and community models) and LifeStyle Triple P that there are challenges recruiting and retaining participants in specific targeted programmes. These challenges have been attributed in part to lack of awareness, or reluctance on the part of parents to accept their child has a problem, particularly where the child is overweight rather than obese. Stigma related to overweight and obesity may also be a factor.
- 9.9 For some children suffering with morbid obesity in whom other interventions are known to be ineffective, a surgical (bariatric) treatment programme is required. We are very pleased to report that we have had several meetings with the service planning group for the New Children's Hospital and have secured the support of this group for the development of a full Bariatric Service for Adolescents suffering with morbid obesity. Evidence shows that bariatric surgery is the only successful treatment for this group of young people. As a direct result of provision of this treatment, there will be a significant reduction in the number of morbidly obese adults requiring care and a consequent significant reduction in associated direct and indirect costs.
- 9.10 The 2-tiered approach has the support of the National Clinical Programme for Paediatrics and Neonatology.

## 10. Recommendations

- 10.1 Intrauterine, infant, and preschool periods have all been identified as crucial times in the development of obesity. Policies and strategies need to be directed towards these pivotal time periods to halt and reverse the rise in childhood obesity.
- 10.2 Strengthen the universal Healthy Childhood Programme. This Programme is an important structure to support policies and interventions in the prevention of obesity in children.
- 10.3 In line with the Committee on the Future of Healthcare Sláintecare Report provide for an additional 900 generalist nurses to work in the community thereby freeing up PHNs to do child health work as part of the current Nurture-Infant Health and Wellbeing programme and the HSE's National Healthy Childhood Programme.
- 10.4 Ensure that issues concerning healthy lifestyle form part of all consultations irrespective of whether the child is overweight or not
- 10.5 Embed the key messages of START across the country through engagement with healthcare professionals and other relevant stakeholder (statutory and non-statutory).
- 10.6 Build on the support provided by the National Healthy Childhood Programme through provision of evidence-based initiatives such as the community mothers programme/ preparing for life model.
- 10.7 Strengthen the use of data, research and monitoring in order to improve children's outcomes and drive continuous improvement in service delivery.
- 10.8 Enhance, in line with NICE evidence, parental skills which are beneficial to shaping a healthy lifestyle for their children.
- 10.9 Give urgent priority to investment in treatment.

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