

CHILD FOOD POVERTY IN IRELAND:

A MAPPING REVIEW OF THE NATIONAL AND INTERNATIONAL

By
Dr. Lucia Vazquez Mendoza
Philip McDonagh

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About this report

This report summarises a one-year research project funded by DCU Centre for Religion, Human Values, and International Relations. The centre aims to become a recognised centre of excellence in the field of religion, diplomacy, and peace and on the concepts, values, and organisational principles that can encourage a mutually beneficial engagement by policy makers and other stakeholders with religious actors. See <https://www.dcu.ie/religionandhumanvalues>.

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1 Introduction

This study emerged as part of the Economics of Belonging Project of the DCU Centre for Religion, Human Values, and International Relations, with the main purpose of examining the nature and extent of food poverty among children and mapping responses to household food insecurity in Ireland and the international context to inform food access policy and practice.

Food poverty refers to an individual's inability to consume sufficient nutritious and adequate food to live healthy lives (Dowler and O'Connor, 2012; O'Connor et al., 2016). Households experiencing food poverty have inadequate access to food for all family members, which leads adult members to the hard decision of cutting the quantity and quality of their meals. In the severe cases of food poverty, families are forced to cut the quantity and quality of their children's meals, a situation known as child food poverty.

The number of children living in poor food households is a growing health concern worldwide. About 605 million children live in a household experiencing moderate and severe food insecurity (Pereira et al. (2017)), with prevalence rates increasing globally (FAO et al., 2021). In Ireland 17.94% of children aged 15 years or below lived with a respondent who is moderate or severe food insecure (Pereira et al., 2017).

Food poverty can affect children's health and well-being, alter their physical and social development, and become less engaged and productive adult citizens. The COVID-19 crisis potentially has a harmful impact on those at risk of food poverty and on those already experiencing this situation. Therefore, the consequences and costs of food poverty for children make addressing this matter an economic, health and social imperative.

Food poverty emerged as a policy issue in Ireland in 2004 after the publication of *Food Poverty and Policy* (Friel and Conlon, 2004). Following this report, Carney and Maître (2012) proposed a food deprivation index to monitor food poverty in Ireland. Research in Ireland has also focused on disadvantaged people, such as homelessness (Hickey and Downey, 2003; Share and Hennessy, 2018), low-income households (SafeFood, 2011) and food-bank users (Drew, 2022).

Friel and Conlon (2004) exposed child poverty as a significant issue in Ireland and highlighted children as one of the most vulnerable groups to food poverty. However, over the last two decades, only scholars of the HBSC Ireland (Callaghan and HBSC Ireland, 2012; Doyle et al., 2009; Kelly et al., 2011; Molcho et al., 2007; Molcho et al., 2006) have reported on schoolchildren's hunger based on the statistical data of the Health Behaviour in School-aged Children. In addition, there are no studies addressing child food poverty in Ireland from a qualitative perspective. However, some qualitative studies address this issue indirectly by focusing on school meals (Darmody, 2021) or capturing stories of mothers' experiences of food poverty (Drew, 2022).

The Friel and Conlon study provided a broader context of food poverty in Ireland. Unfortunately, much of this research is already outdated, and further research is necessary to understand what is happening in Ireland. A recent literature review intending to provide an updated situation of food poverty in Ireland highlighted the need to strengthen policy measures relating to food poverty (Sugrue, 2015).

Based on the lack of evidence-based information specifically related to food poverty among children and the increasing importance of this issue in recent years, this research purposes to address this gap and explore the broader context of child food poverty. The main questions to respond to in this project were: What is food poverty, and how does it affect children? What are the responses, policies and interventions to tackle child food poverty in Ireland and internationally?

1.1 Research Objectives

The primary objective of this project is to situate child food poverty trends, causes, impact and responses in Ireland in relation to international data and experiences and to provide a resource for stakeholders, policymakers and future researchers.

The key research objectives driving this research include:

1. To develop a conceptual framework that will be used to map national and international evidence base about effective interventions to reduce food poverty in children.
2. To undertake a mapping review based on identifying existing review level evidence, which is completed with stakeholders interviews, will be used to identify and clarify gaps in the evidence.
3. In collaboration with stakeholders and topic experts, part of the Economics of Belonging Project of the DCU Centre for Religion, Human Values, and International Relations, to assess the potential impacts and effectiveness of the interventions on the extent and nature of child food poverty.
4. To undertake a more focused systematic review of primary research (and potentially grey literature if published evidence is not identified) to ensure coverage of recent evidence related to specific types of responses on food poverty among children.
5. To produce a report for the Economics of Belonging Project of the DCU Centre for Religion, Human Values, and International Relations.

1.2 Methodology

This methodology used qualitative research tools and involved two main stages. The project's first stage involved desk research examining the international knowledge base on food poverty and child food poverty and putting emerging trends in Ireland into an international perspective.

The project's second stage focused on the health and social impacts of food poverty among children and Ireland's initiatives, policies, and other responses. This stage involved collecting primary data through different sources, including interviews, email communication, official records of civil organisations and government agencies.

This study contacted civil society organisations, academics, and topic experts on food poverty and child poverty. We engaged with many organisations through email, which provided us with publications and information related to their organisation and strategies to reduce food poverty and child food poverty. Interviews were conducted with Society of St. Vincent de Paul¹, Crosscare² and DCU Educational Disadvantage Centre³.

This report also includes discussions about the experience of food poverty with Michael Drew (2022), author of the book *Uncovering Food Poverty in Ireland: A Hidden Deprivation*. Though his book did not focus on children, he collected several stories of parents struggling to feed their children, especially single mothers. In those stories, we find children with illness or disability, immigrant children, homeless children, Traveller children and children living in poverty.

Finally, this research includes valuable meetings with Professor Deiric Ó Broin, and his research group, who provided a rapid evidence assessment of child food poverty in Ireland. Deiric Ó Broin is a Professor of Public Policy Practice in the School of Law and Government at DCU and one of the participants of the Economics of Belonging Meetings of the DCU Centre for Religion, Human Values, and International Relations.

The purpose of interviews and email communications was to collect information about child food in Ireland and the impact of COVID-19 on food poverty issues. Interviews consisted of open-ended questions and took around 60 minutes. Questions differed from participant to participant, and they explored three main topics:

1. What policy interventions, responses or strategies have you or your organisation implemented to prevent and reduce child food in Ireland?

¹SVP is one of the largest charitable organisations in Ireland dealing with poverty, including food poverty.

²Crosscare is a large charitable organisation in Ireland providing Food Poverty Support to people and families in need. Crosscare Food Banks support people and families with emergency food provision and assist them in addressing the causes of food poverty.

³The DCU Educational Disadvantage Centre established the National Strategy Group for Hunger Prevention in Schools in 2013-2014. The NSGHPS is the leading initiative to tackle the threat of hunger in school children in Ireland. The Hunger Prevention in Schools Strategy Group comprises representatives from Barnardos, Children's Rights Alliance, Focus Ireland, FORSA, INTO, Irish Primary Principals Network, National Parents Council Primary, and DCU's Educational Disadvantage Centre.

2. How do COVID-19 impact food poverty and your work?
3. What recommendations are you proposing to prevent and reduce food poverty among families with children in Ireland?

This study recognises the importance of listening to children voices and their experience of food poverty. Unfortunately, due to constrictions of time and ethical research procedures, this research did not interview children.

1.3 Organisation of the Report

In the next chapter, we introduce and review different definitions and terminology related to food poverty and child food poverty, the key determinants and impacts on children and explain the different measurements used today.

This is followed by a chapter on international trends in the child food poverty statistics and international responses to food poverty harms. Chapter four introduces and reviews the different approaches to understanding food poverty. Chapter five deals with child food poverty in Ireland and how Ireland compares to international jurisdictions tackling food poverty harms. Here we draw upon our desk-based research, document analysis and interviews.

In the final chapter, we summarise our findings, identify gaps in the Irish response to child food poverty, and suggest ways to improve child access to food.

2 Understanding Food Poverty and Child Food Poverty

This section review extensive academic literature to understand the phenomenon of food poverty among children. Section 2.1 defines the three interrelated concepts of food poverty, food insecurity and hunger. Section 2.2 the main determinants of food poverty and socio-demographic groups at risk of food poverty. Section 2.3 shows the impacts of food poverty on children. Finally, Section 2.4 describes the three measures of food poverty in children: food deprivation, food insecurity and the HBSC.

2.1 Definitions: Food Poverty, Food Insecurity and Hunger

Food poverty is an increasing health issue affecting vulnerable children and their families around the world. Although there are multiple attempts to define food poverty, there is no international consensus on its definition. Moreover, scholarly literature uses the concept of food poverty as interchangeable with food insecurity. Likewise, many scholars and policymakers use different terms to address children's food-related needs, including child food poverty, child food insecurity, and child hunger.

A popular definition describes food poverty as "the inability to consume an adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so" (Dowler and O'Connor, 2012, p. 45), a definition derived from Radimer et al. (1992). More recently, a comprehensive revision of the concept defined food poverty as "the insufficient economic access to an adequate quantity and quality of food to maintain a nutritionally satisfactory and socially acceptable diet" (O'Connor et al., 2016, p. 432). Following these concepts, O'Connor et al. (2016) identified four main dimensions of food poverty: economic access, quantity and quality of food, duration and social dimension. Economic access refers to obtaining an adequate quantity and quality of food. Quantity and quality refer to the amount of food that is nutritionally satisfactory. Duration refers to the exposure and severity of food poverty over time. Finally, the social domain relates to accessing foods in socially unacceptable ways, such as getting food from food banks, asking others for food, borrowing money for food, or other means.

Another common term used in the literature is *food insecurity*. The O'Connor et al. (2016) study shows that food poverty and food insecurity are interrelated. The World Food Summit of 1996 defined food security as "when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life" (FAO et al., 2021, p. 190). Based on this definition, the Food and Agriculture Organization of the United Nations (FAO) identified four dimensions of food insecurity: food availability, food access (physical and economic), utilisation of food (and knowledge), and stability (referring to the availability, access and utilisation of adequate food all the time) (FAO et al., 2021).

The dimensions of food insecurity are similar to food poverty, but the main difference is its emphasis. The concept of food poverty puts stress on the economic access to food and the quality of available food (Friel et al., 2006; O'Connor et al., 2016). It helps explain why some researchers in the UK and Ireland prefer to use the term food poverty and often use it interchangeably with food insecurity. Therefore, although both terms refer to the same health and social issue, the emphasis is different.

Hunger is another common term used in academic literature and policy. As some interviewees mentioned, hunger is preferred to food poverty because it has a more effective connotation and denotes urgent policy action. However, it is important to clarify that unlike food poverty and food insecurity terms used interchangeably, hunger is not the same as food insecurity or food poverty. Instead, hunger – "an uncomfortable or painful physical sensation caused by insufficient consumption of dietary energy" (FAO et al., 2021, p. 191)– is likely to happen when individuals have run out of food and have gone a day or more without eating. Hunger hence is the direct consequence of food poverty.

Food insecurity ranges in severity, from those at risk of food insecurity or mild food insecurity (e.g., uncertainty regarding the ability to access food), moderate food insecurity (e.g., compromising on food quality and variety, or reducing food quantities or skipping meals) to those experiencing the most severe form of food insecurity (one or more days without food, actual hunger). Based on the Food Insecurity Experience Scale, hunger represents the more likely consequence of the more severe form of food insecurity.

2.2 Factors of Food Poverty and Socio-Demographic Groups

Many factors influence food poverty/insecurity in high-income countries: economic, physical, socio-cultural, and political (Gorton et al., 2010).

- *Economic factors* include household income, wealth, employment, living expenses and house tenure.
- *Physical factors* include lack of household facilities (including storage and kitchen facilities), lack of home gardens, location (rural or urban) and the lack of transport (without access to transport, people may rely on small local shops, which tend to be more expensive than supermarkets).
- *Socio-cultural factors* include cooking and financial skills, nutrition knowledge, cultural requirements, education level, household composition (single-parents and families with children), immigration status, social networks and marketing and advertising of unhealthy food.
- *Political factors* include taxation reforms, cuts in welfare payments and housing policies.

Evidence shows that the economic factor is the most prominent determinant of food poverty (Garratt, 2020; Grimaccia and Naccarato, 2019). The impact of other factors varies depending on the region and levels of economic development. For instance, a study using FIES data found the main risk factors in rich and developed countries are low levels of education, household composition (i.e., families with many children) and location (i.e., those living in the suburbs of large cities) (Grimaccia and Naccarato, 2019). In Europe, research (Garratt, 2020) found that disadvantaged groups (whether measured by income, housing tenure, education, or employment status), women, older people, one-person households, lone-parent households, and people with disabilities are more likely to be food insecure (Garratt, 2020).

Research in Ireland coincides with research in Europe and high-income countries. Food insecurity in Ireland is prevalent among disadvantaged groups, especially children living in poverty (Drew, 2022; Friel and Conlon, 2004; Kelly et al., 2019; Költő et al., 2020), homeless children or children who experience severe housing deprivation (Share and Hennessy, 2017; Share and Hennessy, 2018), children with a minority racial or ethnic background, particularly Traveller and Roma children (Harvey, 2013; Pavee Point, 2021), children with illness or disability and immigrant children (Drew, 2022).

In Ireland, multiple determinants of food insecurity in households exist, but the most prominent is the economic factor (see Friel and Conlon, 2004; Friel et al., 2006). For people on limited incomes, multiple financial pressures such as rent, utilities, and school costs, could constrain the day-to-day management of their household finances. Moreover, as food is an area of expenditure that families can control their budget (Irish Examiner, 2018), some are forced to compromise food quality, reduce food intake or even skip a meal.

2.3 Multidimensional Impacts of Food Poverty among Children

Food insecurity can be harmful to individuals of any age, but it can be especially detrimental to children. The impacts can be classified into four categories: nutritional, physiological, emotional-psychological, and socio-cultural.

From a nutritional and physiological perspective, food poverty is associated with hunger, malnutrition, and physical outcomes such as stunting and being underweight among children and adolescents (Moradi et al., 2019; Simonovich et al., 2020). Child food insecurity is associated

with a range of adverse developmental consequences (de Oliveira et al., 2020; Perez-Escamilla and de Toledo Vianna, 2012; Shankar et al., 2017), including poor health (Cook et al., 2006; Gundersen and Ziliak, 2015) and developmental risk (de Oliveira et al., 2020). Those children have a higher probability of developing acute and chronic health problems (Thomas et al., 2019), particularly asthma (Mahmood et al., 2020), and presenting cardio-metabolic risk factors.

As for children's obesity, a recent literature review found that the country's economic levels affect the association between food insecurity and obesity (Pourmotabbed et al., 2020). Overall the study found no association between food insecurity and risk of overweight/obesity among individuals under 18 years old. However, subgroup analysis by economic levels indicated that lower levels of economic development significantly increased the risk of overweight/obesity among 12 to 18 year old adolescents living in developed countries.

From a psychological perspective, food poverty is associated with mental health symptoms and behaviour problems, principally aggression, anxiety, depression, and hyperactivity/inattention (Melchior et al., 2012; Whitaker et al., 2006) and suicidal ideation in adolescents (Ke and Ford-Jones, 2015).

From a socio-cultural perspective, scholars have found that food is fundamental to social life. Research among school-age children has found an association between food poverty and cognitive outcomes related to vocabulary and maths skills (de Oliveira et al., 2020; Shankar et al., 2017), poor academic performance (Shankar et al., 2017) and impaired social skill development (Howard, 2011).

Sociological studies focus on children's social context of their everyday lives and interactions. For example, evidence shows that food poverty impacts children's interactions with friends and family (Knight et al., 2018) and their ability to participate in social events resulting in social exclusion (Carney and Maître, 2012; Knight et al., 2018; Meijs et al., 2020, stigma and shame at being out of food Bernal et al., 2016; Frongillo et al., 2021; Jaffe et al., 2014).

From the above discussion, it can be concluded that food poverty is a "multidimensional experience" (Knight et al., 2018) with devastating impacts on children.

2.4 Measurements of Food Poverty

There are different measurements of food poverty/insecurity. In Northern Ireland, the Department for Communities started measuring food insecurity as part of its annual living standards analysis through the Family Resources Survey (FRS). The FRS report includes income (and sources of income), housing tenure, caring needs and responsibilities, disability, pension participation, occupation, employment, savings and investments. In 2019, the FRS included questions on household food security.

In Ireland, the primary measurement of food poverty is through Food Deprivation indicators. Other measures reporting on child hunger include the FIES and the HBSC. Those three measurements are explained in the following sections.

2.4.1 The SILC – Survey on Income and Living Conditions

The food poverty rate is not an official statistic of the Irish Central Statistics Office (CSO). However, due to the urgency to measure the food poverty in the population, the Department of Employment Affairs and Social Protection (DEASP) commissioned research in 2012 to develop a special construct indicator based on food deprivation indicators of the Survey on Income and Living Conditions (EU-SILC) (Carney and Maître, 2012). Carney and Maître's methodology used the following four indicators:

1. unable to afford a meal with meat or vegetarian equivalent every second day;
2. unable to afford a roast once a week;
3. unable to afford to have family or friends for a drink or meal once a month;
4. unable to have a substantial meal on one day within the last fortnight due to a lack of money.

The last food indicator is not part of the EU-SILC (Central Statistics Office, 2019).

Whereas the government uses now food deprivation rates based on SILC in national policy documents, some of the most vulnerable groups are seriously underrepresented or excluded from such panels. Groups that fall outside the sampling frame of the SILC, which in Ireland consists of private households drawn from the CSO, including homeless people, Travellers and individuals living in public institutions (e.g. prisons, hospitals, nursing homes) and communal accommodation (Central Statistics Office, 2019). The living conditions of these hidden groups of poor people in Ireland are important. They probably suffer from a lack of financial resources and limited access to food.

Carney and Maître's methodology also misses the children's experience of food deprivation. It is essential to collect information on the food deprivation of vulnerable children by comparing their situation with other poor children. Without an official method to measure the number of children at risk of food poverty, it is difficult to assess the nature and scale of the problem nationally and monitor it across regions and over time. This situation, consequently, limits our ability to address child food poverty and its causes and consequences effectively.

2.4.2 The FIES – Food Insecurity Experience Scale

There are several structured scales available for the measurement of food insecurity. In recent years, the most widely used scales are the Household Food Security Survey Module (HFSSM), the Latin American and Caribbean Food Security Scale (ELCSA), the Household Food Insecurity Access Scale (HFIAS) and the Food Insecurity Experience Scale (FIES). However, the FIES is the only global scale providing information about Ireland.

FIES is a global household experience-based scale developed by the Food and Agriculture Organization (FAO) through the Voices of the Hungry project. This scale is designed to assess the adequacy of food access in households without or with children under 15 and allows comparisons over time and across countries and socioeconomic contexts (Ballard et al., 2013). The FIES module consists of a set of 8 questions delivered through Gallup's annual World Poll (See Figure 1). The questions directly ask adults to reveal food-related behaviours and experiences associated with increasing difficulty accessing food (Ballard et al., 2013). Experiences are ranked in terms of severity from the least severe ("worrying about not having enough food to eat") to the most severe ("going without eating for a whole day" because of a lack of money or other resources) (FAO, 2016).

During the last 12 months, was there a time when, because of lack of money or other resources:		
Food Security to Mild Food Security	1	You were worried you would not have enough food to eat?
	2	You were unable to eat healthy and nutritious food?
Moderated Food Insecurity	3	You ate only a few kinds of foods?
	4	You had to skip a meal?
	5	You ate less than you thought you should?
Severe Food Insecurity	6	Your household ran out of food?
	7	You were hungry but did not eat?
	8	You went without eating for a whole day?

Figure 1: FIES Scale and Related Questions.

Source: FAO (2016)

FIES and other food insecurity experience scales measure the experience of children living in households characterised by food insecurity. However, evidence shows that parents tend to under-report children experiences of food insecurity due to the inability to understand the actual children's experience or because of stigma, feelings of shame, or fear of involvement from social services if children are hungry (Fram et al., 2015). Thus, considering that "children have unique, multi-dimensional experiences of food insecurity, and they can report accurately on those experiences" (Fram et al., 2015, p. 22), accounts of child food insecurity should include children's self-reports in complement to the parents report on the overall household food situation and causes.

Due to the inability to draw accurate conclusions about individual child food insecurity from a household measure, a UNICEF study proposed to develop a global system to monitor the prevalence of child food insecurity as experienced by children (Fram et al., 2015). In this way, a child-reported child food insecurity in combination with the parent-reported household and child conditions would provide more accurate estimations of child food insecurity. However, as this monitoring system is available, (Fram et al., 2015) propose using the FIES scale with minimal adaptations to estimate the prevalence of child food insecurity at the household level. Based on FIES, Fram et al. (2015) provide the first global estimates of the share and number of children living in food-insecure households (See section 3.2).

2.4.3 The HBSC – Health Behaviour in School-aged Children

The World Health Organisation (WHO) also provides data on child food poverty through the Health Behaviour in School-aged Children (HBSC). Over 51 countries in Europe and North America collaborate with WHO Regional Office for Europe and provide data on school students' health and well-being through HBSC. This cross-national research study has been conducting surveys every four years since 1983/84, with an increasing number of countries participating in the HBSC research network.

The HBSC Ireland has collected data from a nationally representative random sample of school children aged 9-18 years since 1998, over six survey rounds. Though the HBSC survey is not a prevalence study on food insecurity among children, five out of six surveys included a question about the frequency of "going to school or bed hungry because there is not enough food at home" (Gavin et al., 2015; Kelleher et al., 2003; Kelly et al., 2012; Költő et al., 2020; Nic Gabhainn et al., 2007).

2.5 Summary

Food insecurity, also known as food poverty, is a multifaced and complex issue. Though low-income is the primary determinant of food insecurity in high-income countries, food poverty happens due to many other factors, such as lack of knowledge, skills, or equipment to prepare healthy meals. Therefore, the experience of food poverty is not exclusive to low-income and deprived groups.

In terms of demographic characteristics, global research has identified that families with children, especially those with the highest number of children, single parents, and lower social groups, are the most likely to experience food poverty. The impacts of food poverty are worrisome in adults but devastating on children. Hunger is the most evident effect of food poverty, but other impacts include physical and mental health and social well-being problems.

Currently, there is no global scale to measure child food poverty. Therefore, there is an urgent need to develop a proper tool to measure food poverty among children or families with children to monitor progress through nations.

3 International Child Food Poverty Trends

The Irish Government currently does not measure household food insecurity. There is no government-endorsed definition or official measurement in Ireland. The Irish Government has not set food poverty reduction targets for any group, including children. However, it has committed to ending hunger and reporting on indicators for SDG Goal 2, Zero Hunger. As part of this commitment, the Central Statistical Office (CSO) has compiled helpful information on the prevalence of food insecurity in the population by region based on the Food Insecurity Experience Scale (FIES) data of 2018 (Central Statistics Office, 2020). It also presents figures based on a lack of one or more food deprivation items reported in the SILC survey (Central Statistics Office, 2020). However, there is no mention of the Health Behaviour in School-age Children (HBSC), a measure for school children's hunger. In order to have a better understanding of child food poverty trends in Ireland, this section examines those three measurements. Section 3.1 examines the Health Behaviour in School-age Children (HBSC). Section 3.2 examines the Food Insecurity Experience Scale (FIES). Section 3.3 examines the SILC Food Deprivation.

3.1 The HBSC - School Children Hunger

The Health Behaviour in School-aged Children Ireland measures schoolchildren's hunger as part of a large study studying the children's health behaviours. In general, the key message from the last HBSC survey in 2018 is that there are slightly fewer children reporting general health in 2018 than in 2014 (Költő et al., 2020). About 19% of schoolchildren in Ireland reported going to school or bed hungry because there is not enough food at home (Költő et al., 2020). This figure represented a gradual decrease from 2014 when child food poverty reached a peak of 22% (Gavin et al., 2015). However, there are statistically significant differences by gender, age group and social class. In particular, boys, younger children, and children from lower social class groups are more likely to experience food poverty because of the lack of food at home (Költő et al., 2020).

Analysis of data among school children reported by the HBSC between 2002 and 2018 shows low progress in reducing school child hunger in a period of 16 years (Gavin et al., 2015; Kelly et al., 2012; Költő et al., 2020; Nic Gabhainn et al., 2007). The figure 2 shows the prevalence of food poverty among Irish schoolchildren.

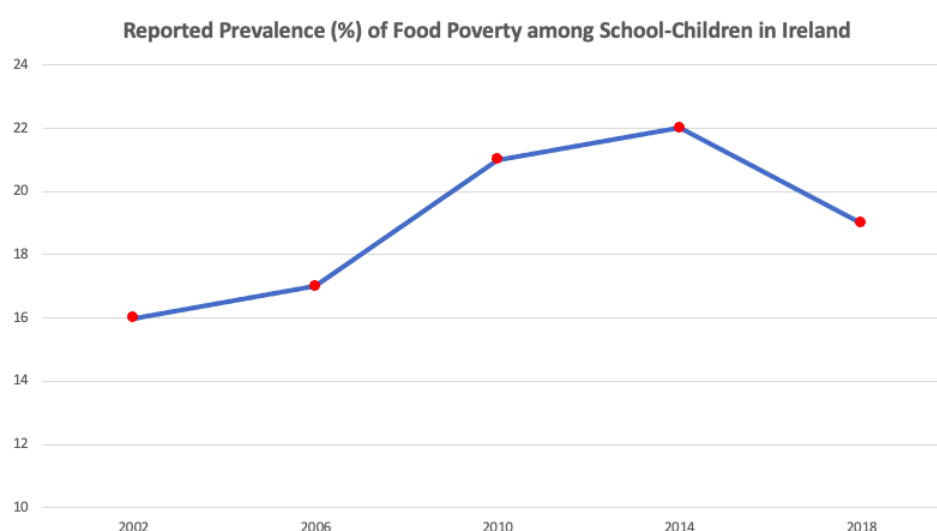


Figure 2: Prevalence of Food Poverty among School-Children in Ireland

Source: Gavin et al. (2015); Kelly et al. (2012); Költő et al. (2020); Nic Gabhainn et al. (2007)

Unfortunately, it is not possible to assess the trend for child food between 2018 and 2022. Work is underway on the 2022 survey round and results should be available by the end of the year.

However, as the following section shows, the rate of child food poverty most likely increased in 2020. In addition, COVID-19 most likely drove up food poverty among children nationwide. According to a recent UCD study, families with young children, part of the free school-meal programmes, struggled to feed their families during coronavirus pandemic restrictions (UCD Institute of Food and Health, 2020). Food banks and charities also reported an increase of families who had never sought help for food provision before, seeking this support during the pandemic (UCD Institute of Food and Health, 2020).

3.2 The FIES - Food Insecurity

The FIES survey module does not directly measure food insecurity among children. However, it is possible to estimate the percentage of children who live in households where an adult is found to be food insecure using FIES (Fram et al., 2015). Thus, pooling data from FIES 2014 and 2015, the United Nations International Children's Emergency Fund (UNICEF) reported the first global estimates of the number of children under 15 living in food-insecure households (Pereira et al., 2017). Figure 3 food insecurity among children under age 15 living with a moderately or severely food-insecure person in 2014-2015, ranked as the most severe food insecurity.

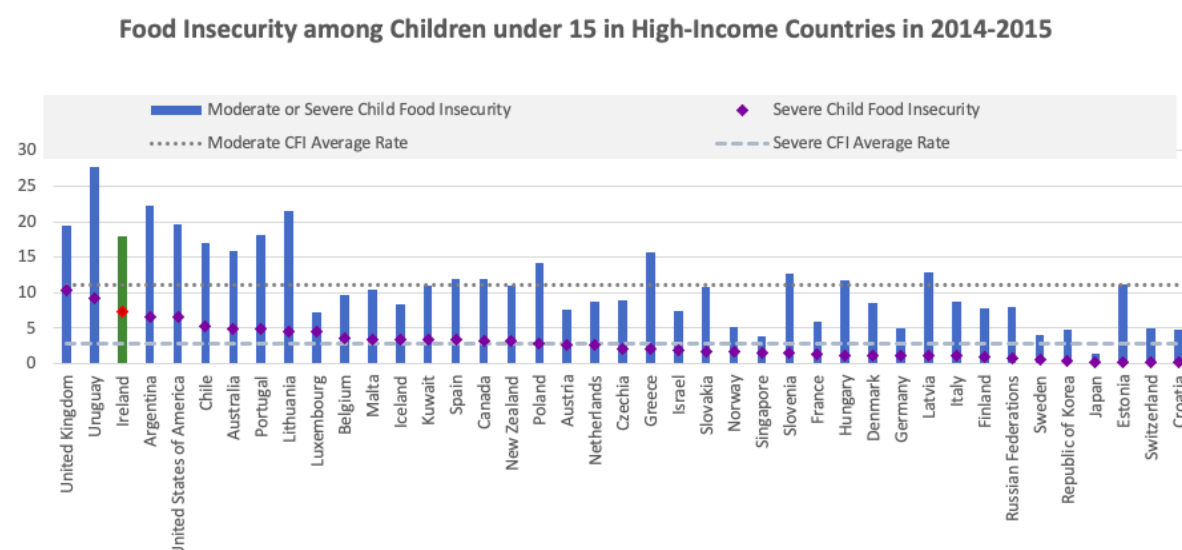


Figure 3: Child Food Insecurity in High Income Countries

Source: Pereira et al. (2017)

Internationally, Ireland is one of the countries with the highest prevalence of child food insecurity. Among 41 high-income countries, Ireland ranked third among countries reporting the highest severe food insecurity rates among children (see Figure 3). Regionally, Ireland is the second European high-income country with the highest prevalence, with only the United Kingdom in the first place. Ireland ranked slightly better in seventh place when classified by moderate or severe food insecurity (see Figure 4). However, it remains one of the highest rates in Europe, after the UK and Portugal.

As shown in figure 4, in most countries, the estimated child food insecurity rate is higher than overall household food insecurity. For example, in Ireland, while 17.94% of children aged 15 years or below lived with a respondent who had moderate or severe food insecurity, all households' rate was 10.1% (see Figure 5). In terms of the most severe state, 7.22% of children lived with a severe food insecure respondent, while only 4.18% of all households are food insecure (Pereira et al., 2017). Therefore, as shown in figure 5, the moderate or severe child food insecurity rate is about 77% higher than the total household food insecurity rate at the national level.

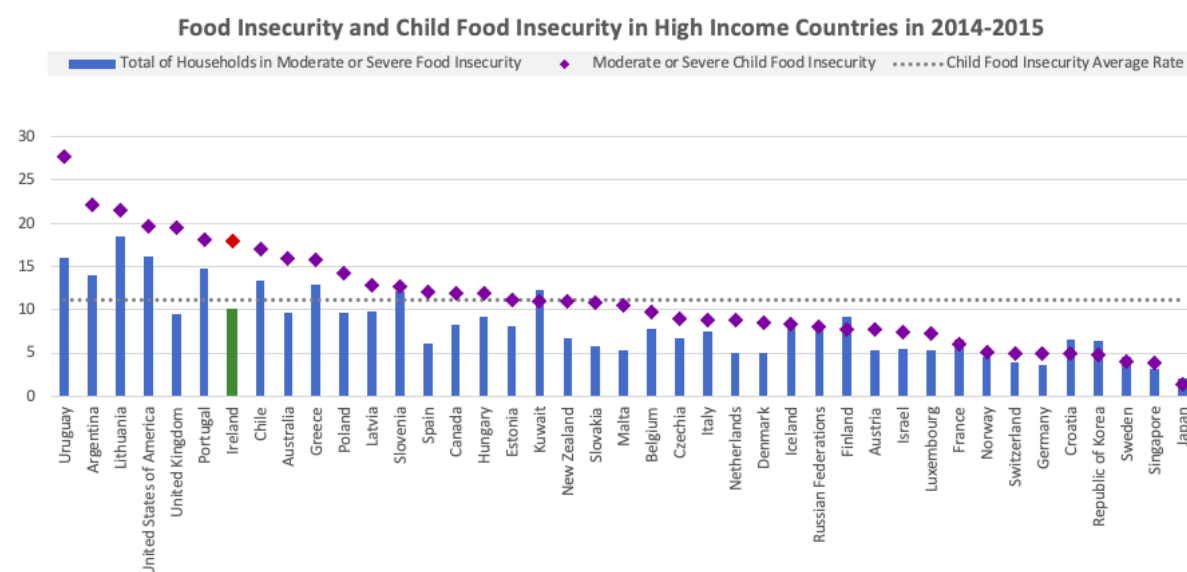


Figure 4: Child Food Insecurity

Source: Pereira et al. (2017)

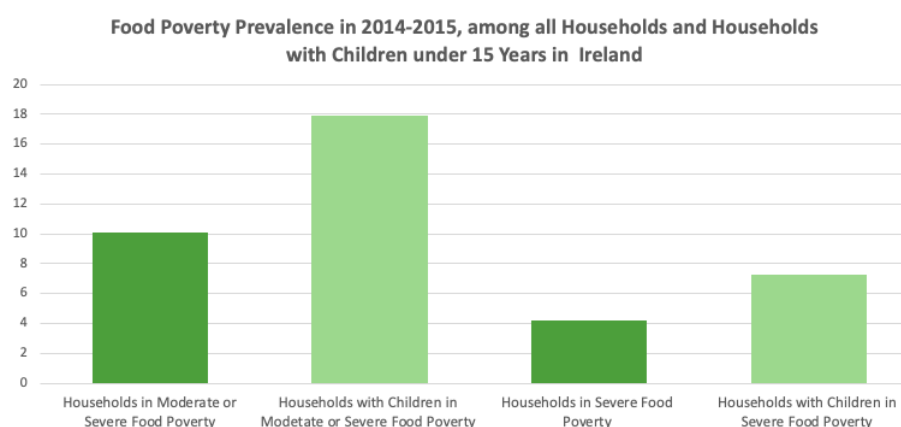


Figure 5: Prevalence of Food Insecurity in 2014-2015, among All Households and Households with Children under 15 Years in Ireland

Source: Pereira et al. (2017)

While there are no available global estimates of food insecurity among children for recent years, the existing statistical data on food insecurity among all households indicates that food insecurity is increasing in Ireland. According to FAO's global estimates, Ireland's moderate or severe food insecurity has increased from 6.6% in 2016–2018 to 8.3% in 2018–2020, as shown in figure 6. Similarly, severe food insecurity rates have increased exponentially since 2015–2017, from 2.8% to 4.3% in 2018–2020, as shown in figure 7.

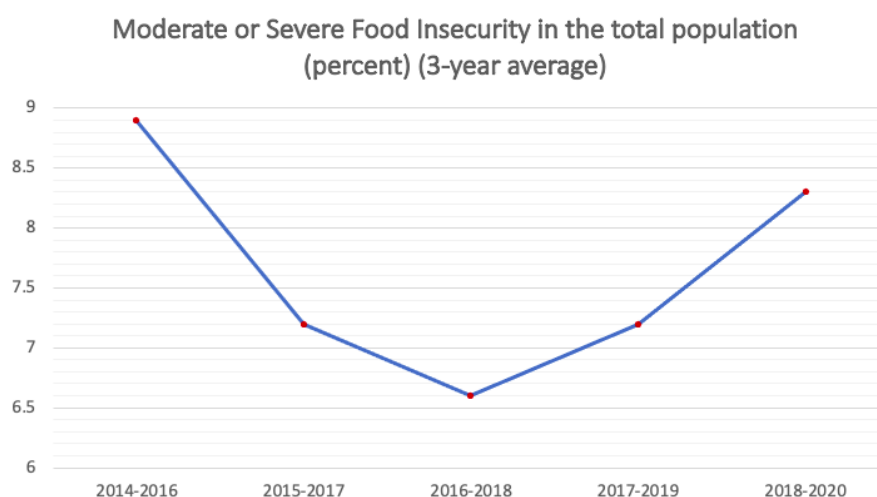


Figure 6: Moderate or Severe Food Insecurity in Ireland from 2014-2020

Source: FAO et al. (2021)

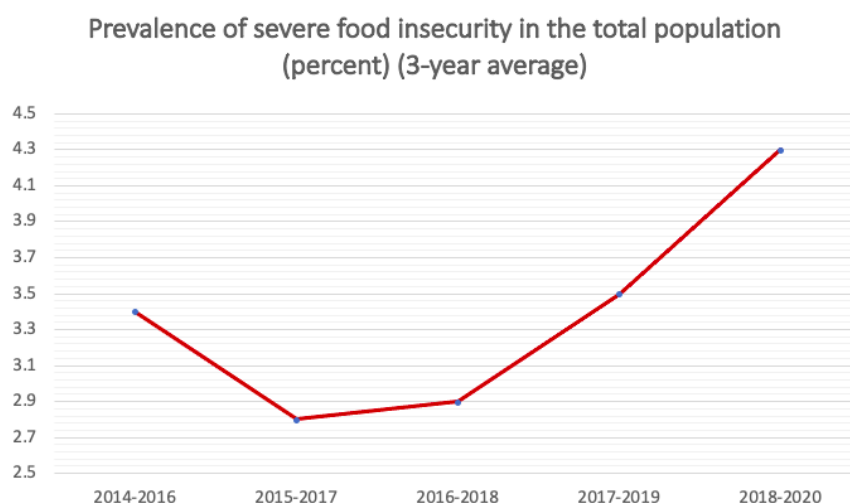


Figure 7: Prevalence of Severe Food Insecurity in Ireland

Source: FAO et al. (2021)

Food security is an issue both globally and at home in Ireland. According to recent data from FAO, few high-income countries have made some progress in ending food insecurity. For example, as shown in figure 8, Belgium and Greece have made notable progress in a few years. Other countries reducing food insecurity include Austria, Canada, Hungary, Lithuania, Poland, Portugal, Slovenia, the USA, the UK, and Switzerland. In contrast, food insecurity has increased in countries like Argentina, Australia, Chile, Croatia, Finland, Israel, Luxembourg, New Zealand, Uruguay, Singapore, Spain and Sweden. Furthermore, Ireland, along with Denmark, France, Germany, Iceland, Japan, Korea, Kuwait, Latvia, Netherlands, Norway and Slovakia, have made no or insignificant progress in ending food poverty, raising the challenge to end food poverty in 2030.

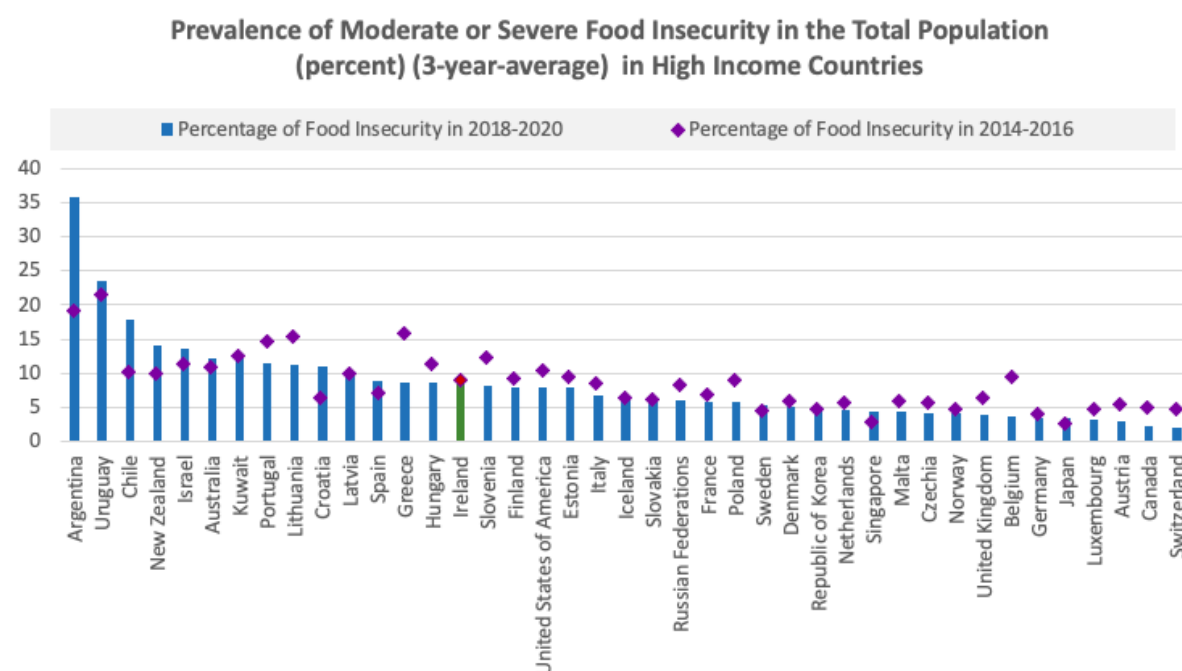


Figure 8: Prevalence of Moderate or Severe Food Insecurity in High Income Countries

Source: FAO et al. (2021)

The lack of progress in reducing food insecurity has placed Ireland as one of the countries with the highest rates of severe food insecurity at the global and regional levels. Figure 9 compares the severity of food insecurity rates among high-income countries for the average-year period 2018-2020, ranked by the most severe form of food insecurity. An analysis of the levels of severity among high-income European countries reveals Ireland has the highest percentage of people reporting having insufficient food and experiencing hunger (see Figure 9). At the global level, Ireland ranked 5th among 41 high-income countries.

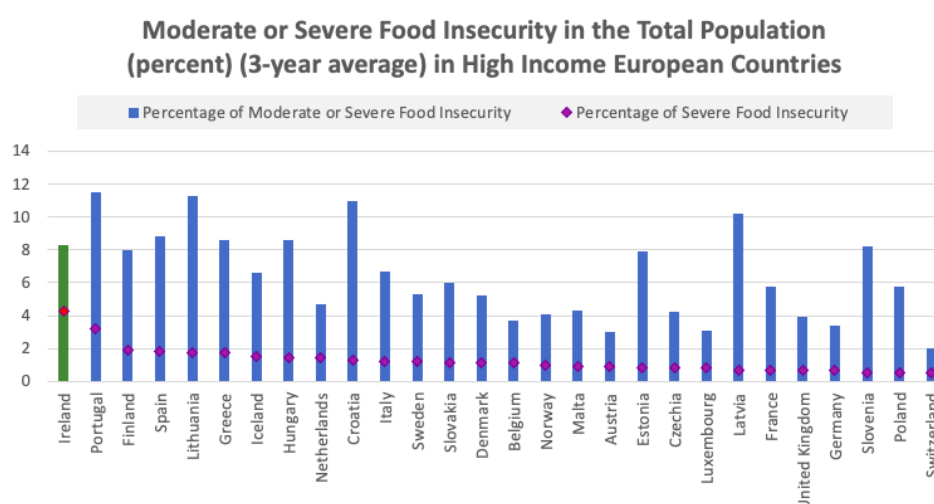


Figure 9: Prevalence of Food Insecurity in High-Income Countries in 2018-2020

Source: FAO et al. (2021)

The prevalence of severe food insecurity in Ireland coincides with recent research on food poverty carried out by Drew (2022). His interviews with food bank users in the Dublin area revealed longer-

term food poverty. Thus people have been worrying about food and experiencing hunger persistently for a long time. Also, Crosscare Food Bank, one of the largest charities in Ireland serving meals and distributing parcels of food, confirmed that families with children, usually single parents, are the most common beneficiaries of food bank services.

COVID-19 undoubtedly exacerbated the problem in 2020, with evidence showing a high food insecurity rate in the lockdown period. However, FAO data shows food insecurity has been increasing in Ireland much before the COVID-19 pandemic. Therefore, one key question arising from FAO data is: what happened between 2016 and 2018 influenced directly or indirectly the rise of food insecurity in Ireland?

3.3 The SILC - Food Deprivation

Though the food poverty rate is not an official statistic, Irish Government agencies report food poverty figures based on the Survey on Income and Living Conditions (EU-SILC) food deprivation indicators. For example, while the Central Statistics Office (CSO) reported that 8% of the Irish population was in food poverty in 2018, the Department of Employment Affairs and Social Protection (DEASP) said 7% the same year. Figure 10 shows the food poverty rates reported by DEASP in the Social Inclusion Monitor 2018 and 2019 (Department of Social Protection, 2021c). It compares these figures with the CSO deprivation rate in the total population and deprivation rate in children under 18 (Central Statistics Office, 2021). As shown in figure 10, food poverty and deprivation rates show a similar tendency. Unfortunately, the CSO and DEASP do not report on food deprivation for 2018-2021, making it difficult to compare with the FAO findings on food insecurity. However, considering the increases in the FAO's food insecurity and the CSO food deprivation rates, it is probably that the food poverty rate also increased in Ireland for the period 2018-2021.

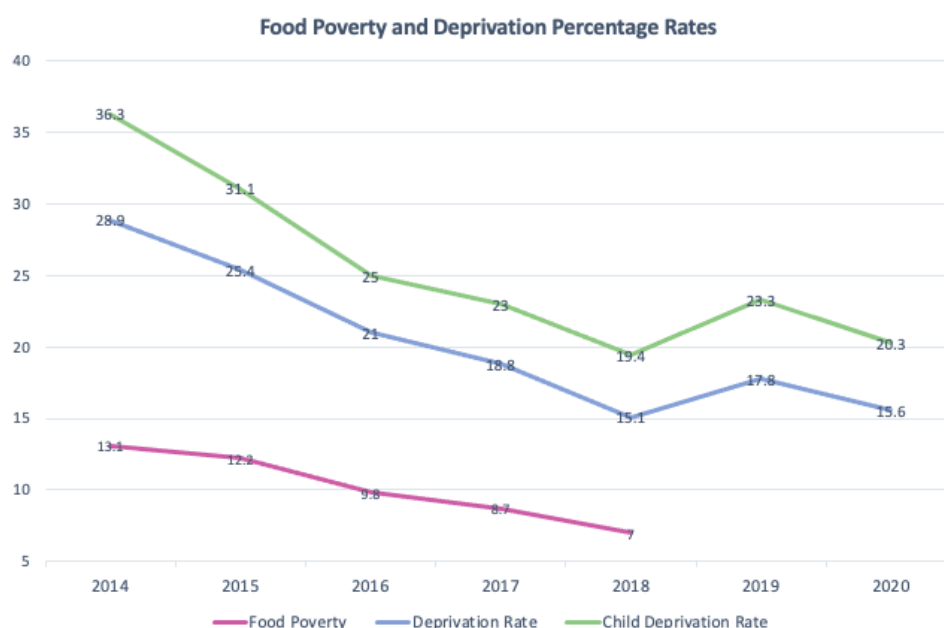


Figure 10: Food Poverty and Food Deprivation Indicators in Ireland

Source: Central Statistics Office (2021)

Moreover, from figure 10 is also evident that children are the most affected by poverty, with higher percentages of child deprivation than total population deprivation rates. For example, while the deprivation rate in 2020 for the age group population 17 or less was 20.3%, the 18-64 was about 15%, and older people were 8.% (Central Statistics Office, 2021). In terms of demographic characteristics, single parents with children are the population group most vulnerable (see figure 11).

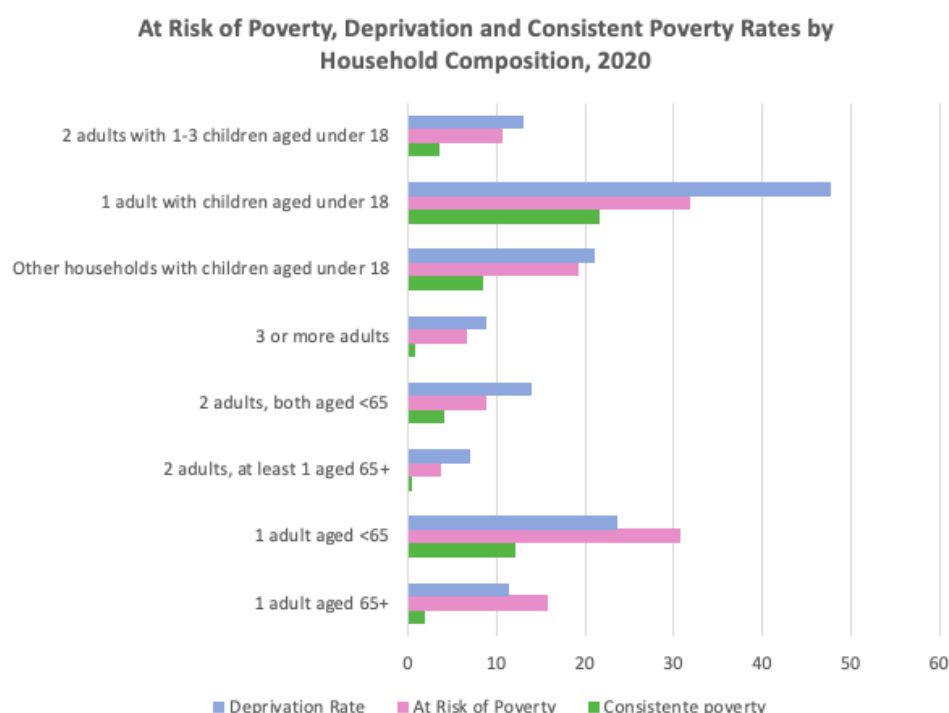


Figure 11: Population at Risk of Poverty, Experiencing Deprivation and in Consistent Poverty by Household Composition in Ireland

Source: Central Statistics Office (2021)

Children from low socioeconomic families are the most vulnerable to poverty and deprivation. Figure 12 presents the rate of households with children who cannot afford a meal with meat, chicken, fish or vegetarian equivalent every second day. The share of households with children at risk of poverty struggling to afford a meal with meat, chicken, fish or vegetarian equivalent is higher than non-poor households with children (Eurostat, 2021).

Though it is difficult to assess the socioeconomic dimension of food poverty based on a single food deprivation indicator, it is clear that children from low socioeconomic households are more vulnerable to food deprivation. Unfortunately, certain groups of children, such as homeless children, Traveller and Roma children, the children of refugees and other immigrants, are usually not represented in the SILC survey. Missing those groups may considerably affect the data reported by food deprivation indicators.

According to Pavee Point, many Traveller and Roma families and children live below a minimum acceptable standard of living and face food poverty. Almost half (49.5%) of Roma households do not always have enough food, and 1 in 4 children have gone to school hungry (Pavee Point, 2021). Also, Travellers parents report difficulties feeding their children, and there are even reports of stealing for food (Harvey, 2013). Based on the highest percentage of Travellers and Roma children experiencing food poverty, it is clear that we need to design a measurement that is inclusive of all Irish children.

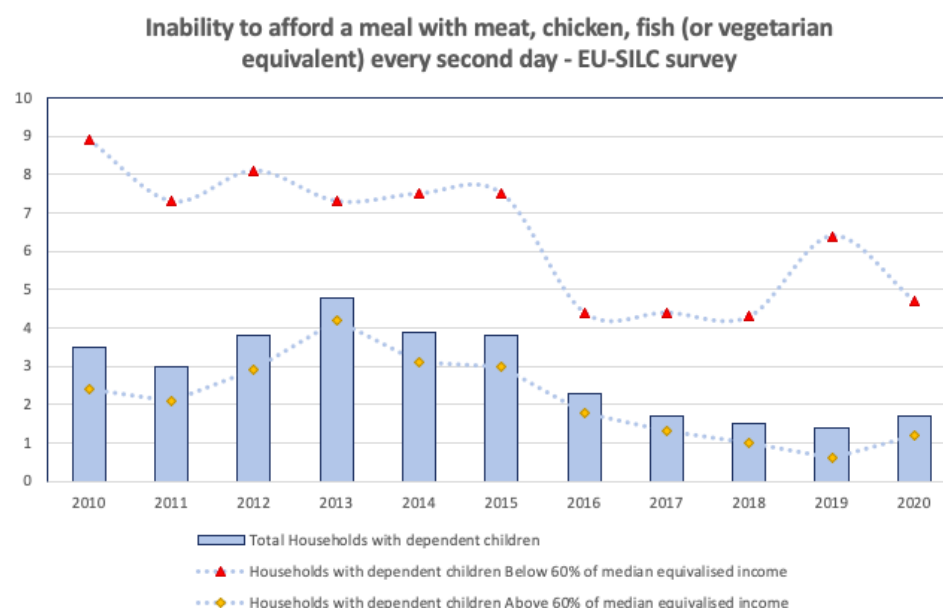


Figure 12: Inability to afford a meal with meat, chicken, fish or vegetarian equivalent every second day among Irish households with dependent children – EU-SILC Survey

Source: Eurostat (2021)

3.4 Summary

This section assessed three measurements of food poverty: the HBSC, the FIES and the SILC. Though none of those measurements provided updated figures on child food poverty, they provide us with a snapshot of what is happening in Ireland.

The HBSC provides data on children aged 9-18 years attending an Irish school every four years. The last report was in 2018, and the following report should be at the end of 2022. Early evidence indicates that COVID-19 may have exacerbated the situation in the short term. Unfortunately, the lack of annual data makes it difficult to measure changes over time and the actual impact of the pandemic on school children.

FIES can provide data on children aged 15 living in food-insecure households. UNICEF computed data for this age group using the FIES survey for 2014-2015. Though there is already available data on food insecurity in the total population for recent years, nobody has yet taken the task of computing data on this age group.

Our analysis of the FIES global estimation revealed three main findings:

1. Food insecurity has been increasing in Ireland before the COVID-19 pandemic.
2. Ireland is the high-income European country with the highest rate of severe food insecurity. In other words, people not only are struggling to afford food, but they are experiencing hunger.
3. Children are the most affected by food insecurity, with rates much higher than the total population.

Finally, the SILC provides data on food poverty based on food deprivation indicators but does not separate households with children and without children. The most important finding is that food deprivation is associated with socioeconomic inequalities in Ireland. It coincides with HBSC findings reporting that socioeconomically disadvantaged children are more likely to experience food poverty.

As with most groups, children who experience food poverty are not homogenous. This diversity includes Traveller and Roma children, the children of refugees and other immigrants who are usually not represented in the SILC survey. Therefore, the measurement of food poverty among children should be able to include all children.

4 International Approaches and Public Policy

Child food poverty represents a threat to society and future development. International agencies and national governments are aware of it and are implementing promising child-focused food policies based on different approaches with different scopes. Indeed, in this section, we will seek to highlight the most relevant international approaches, public policies, and local initiatives to restrict the situation. Section 4.1 reviews the rights-based approach to child food poverty. Section 4.2 examines a child-focused approach to ending hunger. Finally, section 4.3 presents a framework for child food poverty and classification for interventions and responses.

4.1 A Rights-Based Approach to Child Food Poverty

The human rights approach offers an international framework for addressing the problem of food poverty and insecurity among children in the world. The Committee on Economic, Social and Cultural Rights issued its general comment No. 12 (1999), which defined the *right to food* as "When every man, woman and child, alone or in community with others, has physical access and economic access at all times to adequate food or means for its procurement" (OHCHR, 2010, p. 2). This definition reframed the old paradigm of supply shortage and focused on the problem of access and distribution of available supply. It establishes a goal for public policies to achieve food security for all (Cohen, 2017).

The right to food has been considered a human right in the international human rights law since 1948. The Universal Declaration of Human Rights declared in paragraph 1 of article 25 that, as part of an adequate standard of living, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food,..." (OHCHR, 2010, p. 7). The 1966 International Covenant on Economic, Social and Cultural Rights also recognised the right to food in Article 11, section 1 as part of the right to an adequate standard of living and article 11 section 2, which explicitly acknowledges "the fundamental right of everyone to be free from hunger" (OHCHR, 2010, p. 7).

Furthermore, the 1989 United Nations Convention on the Rights of the Child (UNCRC) recognised the children's right to food. The UNCRC is an international treaty on the rights of all children (those under the age of 18 years) around the world, which provides a universal set of standards to promote, protect, and fulfil children's rights, as outlined in 54 articles. Specifically, Article 24 and Article 27 address children's right to adequate nutrition.

The Convention states in Article 24, section 2c and 2e that, in the context of the right to health, states parties should take appropriate measures to: "(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution" (UN General Assembly, 1989, p. 24), and "(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents" (UN General Assembly, 1989, p. 24).

Finally, the Convention states in article 27, section 3 that, in the context of the right to an adequate standard of living, "States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing" (UN General Assembly, 1989, p. 8).

The Convention provides the foundation for children's rights globally and places nutrition as a core component to have an adequate standard of living and an essential condition for children's development. Except for the USA, every UN member state has ratified the UNCRC and committed to turning the CRC into law (Clark et al., 2020).

The Convention came into force in September 1990 at the international level. On ratifying the Convention on 28 September 1992, the Irish Government agreed to be assessed regularly and submit reports every five years on its progress in implementing the rights of the Convention. Accordingly, the UN Committee has examined Ireland's performance on three occasions, in 1998, 2006 and 2016. Following each examination, the UN Committee has addressed its concerns and recommendations to the Irish State in the form of *Concluding Observations*.

According to the publications of the UN Committee *Concluding Observations*, the Irish Government has made some significant progress in realising Children's rights and well-being since 1998. Advances include the development of its first National Children's Strategy in 2000; the establishment of the National Children's Office (NCO) and the National Children's Advisory Council, in 2001; the appointment of the first Ombudsman for Children, in 2004; the establishment of the Office of Minister for Children, in 2005; the establishment of the Irish Human Rights and Equality Commission, in 2014; the establishment of the Child and Family Agency, in 2014; the adoption of the Better Outcomes, Brighter Futures National Policy Framework for Children and Young People 2014-2020; and the publication of the National Strategy on Children and Young People's Participation in Decision-Making 2015-2020 (UNCRC, 2006; UNCRC, 2016).

Developments aligned with children's right to food and target food poverty are the First 5: A Whole Of Government Strategy for Babies, Young Children and their Families in 2019 and the Road for Social Inclusion 2020-25. The First 5 Strategy supports a range of actions, including breastfeeding support and school meals in different education levels. The latest addresses child poverty and food poverty among disadvantaged children by ensuring school food meals access to most children in need.

4.2 A Child-Centred Approach to End Hunger

In response to the widespread food poverty and insecurity globally, the United Nations members committed to a comprehensive, integrated and universal transformation in 2015 with *the 2030 Agenda for Sustainable Development* (United Nations, 2015). The UN Agenda calls on nations to begin efforts to achieve 17 Sustainable Development Goals (SDGs) by 2030. The 17 SDGs build on the eight Millennium Development Goals, which sought to eradicate extreme poverty and hunger by 2015, among other goals. Under the principle of leaving no one behind, the 17 SDGs have set 169 ambitious targets that apply to poor and high-income countries and all populations in all countries.

Food security is an official measure of SDG Goal 2 on Zero Hunger (United Nations, 2015). The Zero Hunger challenge reflects five targets from within the SDGs, which, taken together, can end hunger, achieve universal access to safe and nutritious food, and end all forms of malnutrition, and build inclusive and sustainable food systems. Target 2.1 is particularly important for child food security. This target urges all Member States to "end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round" by the year 2030 (United Nations, 2015, p. 15).

The implementation of the Convention on the Rights of the Child at the international level lays the foundation, in many ways, of the Sustainable Development Goals (SDGs) framework, but its application in SDGs is still to be seen (Clark et al., 2020). The 2030 Agenda aims to improve the lives of children in the world through several goals and targets such as poverty reduction (Goal 1), food security (Goal 2), health and well-being (Goal 3), education (Goal 4), gender equality (Goal 5), as well as many other areas that impact children's lives (United Nations, 2015). However, few specific goals and targets directly focus on children, such as targets on child mortality reduction (Goal 3.2), quality education (Goal 4.1 and 4.2) and violence against children (Goal 16.2) (United Nations, 2015).

UNICEF is leading the monitoring of SDG indicators focusing on children. The Office of Research–Innocenti in Florence, which conducts regional monitoring, published a first assessment of the SDGs for children living in rich countries. The UNICEF Office of Research (2017) compared 41 countries across 25 indicators, focusing on 10 goals and 21 targets relevant to children in high-income

countries and reported which countries come closest to achieving child-focused targets for each goal. However, the assessment revealed that no country performed well on all covered well-being indicators for children. In fact, all countries are still far from reaching the child-focused targets within the SDG framework. Therefore, the UNICEF Office of Research urged each country to honour its commitment by putting “children at the heart of equitable and sustainable progress” (UNICEF Office of Research, 2017, p.53), including disadvantaged groups (‘Leave no child behind’), improving the collection of comparable data in a key area and using these rankings to help tailor policy response to national contexts.

Among other findings, the UNICEF Office of Research (2017) found an uneven performance of the countries across SDG targets for children. Rates of child poverty and food insecurity have the most variation in performance among countries. Ireland, for example, has moved forward on the child-focused no poverty goal in unison with other high-income European countries and has high performance (i.e., ranking 9 in a list of 41 countries) (UNICEF Office of Research, 2017). However, Ireland got low performance in the child-focused zero hunger goal (i.e., ranking 31 of 41 countries), when most high-income European countries performed higher or averaged in this goal (UNICEF Office of Research, 2017). The fact that poverty is reducing in Ireland while hunger remains a great concern confirms that food poverty is not exclusive to poor children.

The OECD conducted a similar study that measured progress toward 17 SDGs for children in OECD countries (Marguerit et al., 2018). However, unlike the UNICEF report, the OECD assessment included 57 indicators covering 43 targets and 11 SDG goals and compared it with the OECD Child Well-Being framework. Furthermore, it shifted the focus from the countries’ current progress to the efforts required to reach the goals by 2030. Among the findings, the OECD found that many indicators still need to be defined at the child level –only a few SDG indicators can be measured for children separately. Also, child-related indicators for which data exist do not always cover the same age range. Therefore, the OECD (Marguerit et al., 2018) recommends agreeing on age ranges between indicators to improve our knowledge of a specific population group. Finally, where possible and relevant, survey coverage should be expanded to the child population.

Ireland has made some progress in the issue of child hunger in the context of the SDGs. In 2018, the Department of Children and Youth Affairs and the UCD Geary Institute for Public Policy organised a workshop entitled “SDGs through the Lens of a Child” to explore policy solutions in the area of child poverty and food poverty in Ireland (Murphy et al., 2019). The workshop identified five key proposals:

1. Child and food poverty policies should focus on long-term solutions and include plans for investment in related infrastructure
2. Raise awareness of child and food poverty in Ireland
3. Need for much greater inter-departmental cooperation and the establishment of a committee to monitor the implementation of policies
4. Greater policy coherence across government departments and related state-bodies
5. Greater cooperation with partners in civil society and academia

The workshop proposals on food poverty include:

- Prioritise food poverty for children and child well-being in the policy. Policies on food poverty need to focus mainly on the home and schools
- Examine how healthy food can be made more affordable than at present
- Establish a national school meals programme where healthy food is promoted and food lacking in nutrition is restricted
- Educate parents and children on the benefits of healthy food and healthy food choices and raise awareness on issues of malnutrition and overweight.

This workshop is an advance in the discussion of addressing issues of child food poverty in the domestic policy in Ireland. However, its full implementation and realisation have yet to be seen in the following years.

4.3 A Framework of Action: Interventions and Responses

After nearly seven years of the international agreement on the Sustainable Development Goals (SDGs), few countries have recorded much progress toward achieving them (Clark et al., 2020). As several threats (e.g., marketing of unhealthy foods) still exist in each country, urgent action is required to secure children's health and well-being. Thus, in 2020, a major report on child health and well-being, published by a joint WHO-UNICEF-Lancet Commission, called for a new global movement to put children (aged 0-18 years) at the centre of the SDGs (Clark et al., 2020). Based on the UNCRC, the authors proposed a way of operationalising children's entitlements centred on five comprehensive rights:

1. **Be protected.** The right to be protected emphasises children's adequate standard of living and protection of unhealthy food-related marketing and advertising.
2. **Be educated.** The right to be educated highlights education on nutrition and healthy behaviours and the importance of having safe schools with well-functioning facilities such as kitchens and canteens.
3. **Be healthy.** The right to be healthy emphasises good nutrition, clean drinking water and continued and exclusive breastfeeding.
4. **Be treated fairly.** The right to be treated fairly stresses equal living standards for marginalised children and culturally appropriate services relating to health, education, nutrition and others.
5. **Be heard.** The right to be heard gives children and young people a voice in decision-making on issues that affect their lives.

Figure 13 summarises children's rights related to food.

Be Protected	Be Educated	Be Healthy	Be Treated Fairly	Be Heard
Adequate standard of living	High-quality and safe primary schools	Exclusive breastfeeding for children younger than 6 months old, and alongside complementary foods until 2 years	Equal right to standard of living for marginalised children, including unaccompanied and separated children, migrant and refugee children, children in street situations, and children with disabilities	Express views freely and be listened to in schools and by families and the community
Regulated media and protection from inappropriate and offensive material	Life-skills education promoting healthy behaviour, including personal hygiene, stress management, nutrition, and self-care	Clean drinking water	Culturally sensitive and appropriate services for indigenous children, relating to nutrition and others.	Express views in any decisions affecting them
Regulation on Fast Foods Marketing	Schools with well-functioning and safe facilities	Good nutrition		Involvement in decision making, policies, programmes, and procedures, relating to education, health, environment, care and others.
Restricted access to alcohol and drugs and regulation of advertising				

Figure 13: A Framework of Action based on Food-related Children's Rights as outlined in WHO-UNICEF-Lancet Commission's Report

Source: Clark et al. (2020)

In order to deliver those rights to children, Ireland should implement different policies or interventions. Our report used this action framework to map and classify interventions and responses to prevent and alleviate food poverty/insecurity in high-income countries. Figure 14 shows the most relevant interventions and responses at the international level and our efforts to classify them using the framework of action provided in the WHO-UNICEF-Lancet Commission report.

BE PROTECTED	Social Welfare and Marketing and Advertising of Unhealthy Food <ul style="list-style-type: none"> • Food provision in schools settings and other food aid • In-kind food assistance or food vouchers • Income support or cash transfers for social welfare/low-income households with children • Policies to reduce the impact and exposure on children of marketing of unhealthy food
BE EDUCATED	Food and Nutrition Literacy Interventions <ul style="list-style-type: none"> • School gardens/farms and school cooking classes • School food and nutrition literacy as part of the curriculum • School nutrition education through videos, computer modules, games or classroom activities • Food quality standards for food and beverage available across the school settings
BE HEALTHY	Breastfeeding and Best Practices for Healthy Eating <ul style="list-style-type: none"> • Information and support on infant and child nutrition • Baby-friendly hospital initiative in health systems and community campaigns • Healthy food environment and school food policies • Healthy eating and food safety (Prevention of childhood obesity)
BE TREATED FAIRLY	Stopping the Stigma/Social Exclusion Strategies <ul style="list-style-type: none"> • Extend the free school meal programs to all children • Ensure schools have free water access for all • Implement measures to stop stigma associated with food poverty in schools • Learning about food poverty and the right to food
BE HEARD	Children and Young People's Involvement in Food Policies and Programmes <ul style="list-style-type: none"> • Monitoring and Inspection of schools and nursery meals • Development of guidance for school education • Development of a national menu and best eating environments for schools.

Figure 14: A Classification of Food-related Policies and Interventions

Source: Clark et al. (2020)

4.4 Summary

This section reviewed two main approaches to food poverty/insecurity and child hunger and provided a snapshot of interventions and responses to child food poverty. The United Nations Convention on the Rights of the Child (UNCRC), which the UN General Assembly adopted in 1989, included a provision that introduced the right of all children to food. In some way, the Convention provided the foundations for developing Sustainable Development Goals, especially Goal 2, which proposes eradicating hunger. However, international concern emerged due to the lack of progress in ending child food insecurity and hunger worldwide and urge put children in the centre of SDGs. Following this call, the WHO-UNICEF–Lancet Commission report provides a framework of action to eradicate food insecurity and child hunger worldwide. This framework of action includes the right to be, the right to be educated, the right to be healthy, the right to be treated fairly, and the right to be heard. Our report provides a snapshot of the most popular implemented services and responses in high-income countries to eradicate hunger categorised on the children's right to food as outlined in this framework.

5 Child Food Poverty in Ireland: Interventions and Responses

This section presents the interventions and responses in Ireland categorised according to the framework of action based on children's rights to food. Section 5.1 outlines the social welfare and marketing of unhealthy food interventions. Section 5.2 introduces different educational initiatives to educate children and parents about the benefits of food healthy choices. Section 5.3 describes breastfeeding and food provision initiatives. Section 5.4 describes initiatives to include all children. Finally, section 5.5 includes initiatives giving opportunities to children to express their views and opinions and increase their participation in policy-making decisions.

5.1 Be Protected: Social Welfare and Marketing of Unhealthy Food

5.1.1 School Meals Programs

The most popular intervention to prevent food poverty among children is providing food in schools or institutional settings. Different programs provide free lunch or breakfast during school hours. Other programs include meals and snacks in daycare and after-school settings, food during holidays/summer months, and schemes that fund fruit, vegetables, and milk for school children. School meals, particularly when free-of-charge or heavily subsidised, can reach children of every socioeconomic status, promote healthy dietary habits and reduce social inequalities in health in the long term (Eustachio Colombo et al., 2020).

In Ireland, the traditional model for schools meals is funding free school meals to children of low income or with special needs through two schemes:

1. The statutory *Urban School Meals Scheme* supports primary schools in urban areas. This programme is operated by local authorities and part-financed by the Department of Social Protection.
2. the non-statutory *School Meals Local Projects Scheme* provides funding directly from the Department of Social Protection to primary schools, secondary schools and local groups and voluntary organisations which operate their school meals projects

Breakfast and lunch clubs are facilitated by the School Completion Programme through the Department of Children, Equality, Disability, Integration and Youth. However, youth and community services are also known for delivering breakfast clubs. Breakfast and lunch clubs provide a healthy meal to start the school day. In the context of food poverty, the running of breakfast and lunch clubs enhance child nutrition and improve school attendance and concentration during class (Smyth et al., 2015). However, not every School Completion Programme includes breakfast and lunch clubs. Breakfast and lunch clubs are more likely to be provided within DEIS schools than in non-DEIS schools (Smyth et al., 2015). While lunch clubs are more likely to be delivered within schools in rural areas, breakfast clubs are more likely to be supplied within urban areas (Smyth et al., 2015). Also, second-level schools are more likely to run breakfast clubs than primary-level schools (Smyth et al., 2015).

As part of the overall School Meals programme, the Department of Employment Affairs and Social Protection launched two meals programmes: the pilot meals programme in Early Learning and Care settings and a hot meals programme in schools. The pilot meals programme in Early Learning and Care operated in a sample of 45 not-for-profit ELC settings (Zappone, 2019). The pilot focused on children participating in the Early Childhood Care and Education (ECCE) Programme. The pilot was trialled for the entire duration of the 2020/21 ECCE Programme year (i.e. 38 weeks from September to June) and is currently subject to an evaluation (Zappone, 2019).

The Hot Meals scheme provides a regular, nutritious hot meal to children in the primary school setting during the school week. The scheme started as a pilot in September 2019, providing hot meals to 37 primary schools and 6,744 children for the 2019/2020 academic year (Houses of the Oireachtas, 2021a). The scheme targeted primary schools without canteen or kitchen facilities on-site and children who were availing of cold lunches only. Following calls for action, the Government extended

the scheme in 2021 to cover additional 35,000 primary school children in 189 schools, including 171 DEIS schools (Department of Social Protection, 2021b). Later, the Government approved including the 81 DEIS schools excluded in the previous selection to benefit 16,000 additional primary school pupils from January 2022 (Department of Social Protection, 2021a).

The School Meals Programme helps fund food to some 1,506 schools and organisations benefiting 230,000 children (Houses of the Oireachtas, 2021a). Unfortunately, this intervention is not available for all children in need. Some schools receive breakfasts, other lunch meals and other after-school snacks or a combination of all three (Darmody, 2021). Despite the expansion of the School Hot Meals Programme, not all children experiencing food poverty attend DEIS schools or live in areas of concentrated socioeconomic disadvantage. In order to ensure no child is excluded, the *National Strategy Group for Hunger Prevention in Schools* has recommended a “strategy of phased universalism, starting with hot meals in schools and breakfast clubs for a) all children in DEIS schools, b) all children in schools in areas of high poverty, and c) over time all schools” (Downes, 2018). The final goal is to establish hot school meals as “a routine, unremarkable part of Irish school life, as they are in many European countries”, such as Finland, France, UK, Lithuania, Slovakia, Spain, Slovenia, Austria and others (Educational Disadvantage Centre, 2020).

Other school food programs in Ireland include the EU School Milk and the Fruit and Vegetable Schemes. The EU School Milk Scheme promotes and encourages milk consumption (about 189ml approximately daily) amongst school children as part of a healthy diet (Houses of the Oireachtas, 2021b). The EU School Fruit and Vegetable Scheme encourages children to eat more fresh fruit and vegetables and promote a change in children’s attitude towards healthy eating (Department of Agriculture Food and the Marine, 2021).

The National Dairy Council (2022) operates the EU School Milk Scheme in Ireland through the *Moo Crew Programme*⁴. Bord Bia (2020) manages the EU School Fruit and Vegetable Scheme through the *Food Dudes Healthy Eating Programme*⁵. The schemes are currently implemented under a six-year EU School Scheme Strategy 2017-2023, which merged the School Fruit and Vegetables Scheme and the School Milk Scheme (Department of Agriculture Food and the Marine, 2021). It is funded annually by the EU Commission with supporting national funding from the Department of Agriculture, Food and the Marine’s budget (Houses of the Oireachtas, 2021b).

School meals and food schemes play an important role in the overall dietary intake on weekdays, but only during school term time. When school meals are unavailable during the school holidays, low-income children and those living in food poverty households face the risk of experiencing food poverty, better known as *holiday hunger*. In response, some governments are funding holiday programs to prevent children from experiencing hunger during school holidays. The US Summer Food Service Program (SFSP), for example, provides free nutritional meals at approved meal sites for school-age children during summer vacation. In Northern Ireland, holiday hunger projects are mainly funded by charities organisations (Lambie-Mumford and Sims, 2018). However, Sinn Féin (2021) has recently proposed a *Tackling Holiday Hunger Bill* to legislate the provision of free school meals through school holiday periods. This bill is currently in the draft stage, but it will significantly impact many children entitled to free school meals and their families in Northern Ireland if accepted.

In Ireland, the funding of the school meals programme is limited to the academic year only. However, in the light of COVID-19, the Government extended the school meal programme through the summer 2021 year period to reduce pandemic impacts in families with children (Department of Social Protection, 2021a). Though the Educational Disadvantage Centre (2020) has already highlighted the importance of addressing the issue of hot meals provision outside of school times, the Government has not committed yet to cover the summer holidays in the longer term.

⁴For further information on Moo Crew Programme, visit <https://www.moocrew.ie>

⁵For further information on Food Dudes Programme, visit <https://www.fooddudes.ie>

5.1.2 Food and Family Policies

Research has found that households with children with at least one child have a higher risk of food insecurity than households with no children (Grimaccia and Naccarato, 2019; Reeves et al., 2021). However, the risk of food insecurity among households with children is lower in countries providing financial support for families than in countries with little or no financial assistance (Reeves et al., 2021).

Several countries have implemented different social protection programmes specifically targeted at families with children (Fernald and Gosliner, 2019; Holley and Mason, 2019; Reeves et al., 2021). Among the most common social protection policies for families to prevent food poverty is in-kind food assistance in cash transfers or vouchers. Those policies can help buffer children and their families from adverse financial and nutritional effects from food insecurity.

In Northern Ireland, the Government has implemented the *Healthy Start Scheme*⁶ that helps pregnant women, parents with children under four years old and families on benefits to buy food and milk. In England and Wales, there is a similar scheme⁷. In Scotland, there is a scheme known as *Best Start Foods*⁸.

The US government has implemented some programmes to help supplement the food budget of social welfare recipients or low-income families with children to buy healthy food. These interventions are Supplemental Nutrition and Assistance Program (SNAP⁹), Supplemental Nutrition Program for Women, Infants and Children (WIC¹⁰) and Child and Adult Care Food Program (CACFP¹¹). SNAP, WIC and CACFP provide in-kind food payments or food vouchers to assist low-income families with children. SNAP helps low-income families and individuals to purchase food. WIC provides grants for supplemental foods, health care referrals, and nutrition education to low-income pregnant, postpartum women, and children up to age five who are at nutritional risk. CACFP provides income to children and adults reimbursements for meals and snacks served at child care centres and family care homes.

There are no programmes to supplement the family food budget or healthy vouchers to buy basic food in Ireland. The only existing intervention in Ireland is the Fund of European Aid to the Most Deprived (FEAD), which supports EU countries in addressing the most deprived people's basic food and material needs, including children in low income (Department of Social Protection, 2019). In 2019, just over 195,000 people received 1,323 tonnes of food. Children aged 15 years or below accounted for 31% (over 69,000) of those who received food assistance in 2019, followed by women, homeless, migrants, older people and people with disabilities (Department of Social Protection, 2019).

FEAD products are distributed through charitable organisations and food banks. Evidence shows that emergency food aid has limited ability to respond to food-insecure people's social and material needs. Caraher and Furey (2018) have identified food banks as "successful failure" because they flourish through Ireland and the UK and do not impact food insecurity. In addition, food bank users are exposed to the shame and stigma of receiving charity when there is enough food in the country. Caraher and Furey (2018) show that charitable food is a short term solution that diverts our attention from the roots of the problem and long term solutions.

Other measures to support families in Ireland include providing for an increase in welfare payments

⁶For further information visit [indirect.gov.uk](https://www.nidirect.gov.uk). Website visited 6 January 2022 at <https://www.nidirect.gov.uk/articles/free-milk-fruit-vegetables-and-vitamins>

⁷For further information visit NHS. Website visited 6 January 2022 at <https://www.healthystart.nhs.uk>

⁸For further information visit [mygov.scot](https://www.mygov.scot). Website visited 6 January 2022 at <https://www.mygov.scot/best-start-grant-best-start-foods>

⁹For further information see USDA, Supplemental Nutrition and Assistance Program. Website visited 5 October 2021 at <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>

¹⁰For further information see USDA, Special Supplemental Nutrition Program for Women, Infants and Children. Website visited 5 October 2021 at <https://www.fns.usda.gov/wic>

¹¹For further information see USDA Child and Adult Care Food Program. Website visited 5 October 2021 at <https://www.fns.usda.gov/cacfp>

and ensuring access to child benefit support, after-school childcare, one-parent family payments and back to school clothing and footwear allowance¹². Those income support policies can help with the expenses generated for children and indirectly to lower the high rates of food insecurity.

Ireland also supports breastfeeding mothers by providing flexible working arrangements. For example, mothers with children younger than six months returning to work are entitled to paid breastfeeding or lactation breaks or reduced working hours until 26 weeks. The Department of Children and Youth Affairs is looking to extend this period from 26 to 104 weeks after the baby's birth to facilitate the combination of breastfeeding and working. Parents are also entitled to 18 weeks of unpaid parental leave.

5.1.3 Marketing and Advertising of Unhealthy Food

Food marketing and advertising may contribute to food insecurity in developed countries by creating demand for specific foods and increasing their price (Gorton et al., 2010) or influencing food choices low in quality that have implications for personal health (Dimitri and Rogus, 2014). Healthy food is usually higher in price than unhealthy food (i.e., high in fat, sugar, and salt), partially explaining the link between obesity and food poverty/insecurity (Dimitri and Rogus, 2014). Though affordability of food might affect food choices, research has identified marketing strategies as a powerful force on food behaviours, preferences and consumption, especially among children (Boyland and Tatlow-Golden, 2017; Cairns et al., 2013; Elliott and Truman, 2019; Smith et al., 2019).

Food marketing predominantly and deliberately promotes unhealthy food to children, such as fast foods, sugar-sweetened beverages, breastmilk substitutes, alcohol, and tobacco (Cairns et al., 2013; Clark et al., 2020). This is because children are highly impressionable due to their developmental vulnerabilities (Clark et al., 2020) and they pressure the household to purchase unhealthy or expensive food (Cairns et al., 2013). Improper marketing also can affect parents. For example, breast milk substitutes marketing can influence the choice and ability of a mother to breastfeed her infant and thus undermine infants' access to adequate food (Clark et al., 2020; Salmon, 2015). Due to the success of inappropriate food marketing and advertising, persuasive marketing strategies have expanded over recent years from traditional television commercials and product packaging to digital marketing, including social media marketing (Jenkin et al., 2014; Sacks and Looi, 2020; Smith et al., 2019; Tatlow-Golden and Garde, 2020). Because of this, food advertising is all around us.

The Irish Department of Health has developed a voluntary code of practice in relation to advertising, promotion and sponsorship of food and drink as part of the national response to the challenge of childhood obesity and unhealthy diets (Department of Health, 2017a). The codes of practice aim to tackle inappropriate marketing of unhealthy food, particularly foods high in fats, sugar or salt (HFSS foods), and encourage healthier food choices in children. In particular, the codes of practice seek to reduce children's exposure to unhealthy food advertising.

The food industry and relevant sectors in Ireland have agreed to implement these voluntary codes. However, they are not obliged to meet their commitments. Unfortunately, as research has demonstrated, industry self-regulation pledging to limit child-targeted advertising to healthier products is ineffective (Huizinga and Kruse, 2016; Kunkel et al., 2015; Norman et al., 2018; Sacks and Looi, 2020; Tatlow-Golden and Garde, 2020). Therefore, the existing global regulatory frameworks are insufficient to avoid the commercial exploitation of children (Huizinga and Kruse, 2016; Tatlow-Golden and Garde, 2020). Based on this evidence, in 2020, a major report on child health and well-being, published by a joint World Health Organisation (WHO)–United Nations Children's Fund (UNICEF)–Lancet Commission, called for a new protocol to the UNCRC to regulate against commercial exploitation of children through inappropriate marketing of products and services (Clark et al., 2020).

In the UK, the New Obesity Strategy recommended banning the advertising of HFSS products

¹²For further information on Social Welfare Schemes and Services, visit <https://www.gov.ie/en/collection/ff767-social-welfare-schemes-and-services/>

shown on TV and online before 9 pm and holding a short consultation on how they introduce a total HFSS advertising restriction online (Department of Health and Social Care, 2020). It is a welcome recommendation considering the influence of advertising on what children eat. Evidence shows that “screen advertising for unhealthy food results in significant increases in dietary intake among children” (Russell et al., 2019)).

In Ireland, significant concern has risen recently on unhealthy food advertising onto less well-regulated online platforms. As a result, Oireachtas committee members have proposed legislating a ban on online advertising for HFSS food aimed at children (Irish Examiner, 2021). If approved, the Online Safety and Media Regulation Bill has the potential to create healthier food environments for children.

Following the WHO-UNICEF-IBFAN Lancet paper, the World Health Organisation (WHO), the United Nations Children’s Fund (UNICEF) and the International Baby Food Action Network (IBFAN) requested action to promote and protect breastfeeding and to eliminate inappropriate marketing practices of baby formula (WHO et al., 2020). The 2020 report highlighted the necessity of each nation to translate the Code of Marketing of Breast Milk Substitutes into national legal measures to protect parents and other caregivers from inappropriate and misleading information. Since the adoption of the Code in 1981 by the World Health Assembly (WHA), only 136 of 194 countries have enacted legal measures with provisions to implement the Code (WHO et al., 2020). However, the extent of its provision has been incorporated into national legislation differently from each country. Some countries have implemented measures substantially (25 countries) or moderately (42 countries) aligned with the Code, others (69 countries) have only included some provisions and others (58 countries) had no legal measures at all (WHO et al., 2020).

Ireland is one of the 69 countries partially implementing via legislation the WHO Code. The evaluation of the WHO Code implementation is based on data collected in 2018. According to the WHO-UNICEF-IBFAN paper, recommendations include:

- adopting into domestic law the provision of the Code in its entirety;
- eliminating the promotion of breast milk substitutes, feeding bottles and teats to the general public and in healthcare facilities (e.g., display any material in health care facilities or hosting events or campaigns from industry);
- banning all gifts or incentives to health care workers and other forms of inappropriate engagement between manufacturers and distributors of breast milk substitutes and health care workers and systems;
- prohibiting information and educational material from the industry. Currently, Ireland provides educational and information materials on the benefits of breastfeeding, the negative effect of bottle-feeding and the proper use of infant formula. However, other areas need to improve, such as the risk of intrinsic contamination of powdered formula and prohibition of proprietary products and pictures or text idealising breast milk substitutes.

Attempts to implement policy to support breastfeeding in Ireland include the establishment of a National Breastfeeding Implementation Group, who developed the *Breastfeeding in a Healthy Ireland–HSE Action Plan 2016-2021* (Department of Health and HSE, 2016) and recommended a guide for staff for working with the WHO Code (HSE, 2021). Concerning the advertising and marketing practices of infant formula in Ireland, the Food Safety Authority of Ireland established a working group that drafted a guidance document to assist the health professional about the checking of marketing materials for compliance (Food Safety Authority of Ireland and Dairy Industry Ireland, 2021).

Unfortunately, the existing policy and support resources for staff are not enough. Parents are not exempt from the dangers of the aggressive marketing of breast milk substitutes. The EU regulations and the Irish law “are not as robust as the International Code of Marketing and its subsequent resolutions, meaning companies can still engage in marketing practices by finding ways around the law” (HSE, 2021, p. 5). Therefore, both EU regulations and Irish law must align entirely with the WHO Code to fully protect parents and children.

5.2 Be Educated: Food and Nutrition Literacy Interventions

Research has identified that children's food and nutrition literacy may help reduce food insecurity in high-income countries (Begley et al., 2019; Doustmohammadian et al., 2020). Food and nutrition literacy is the knowledge and skills to obtain, process, and understand food and nutritional information to make appropriate food and nutrition choices (Begley et al., 2019; Doustmohammadian et al., 2020). Though poor food and nutrition literacy behaviours are unlikely to be a major reason for food insecurity, unhealthy dietary patterns such as the overconsumption of high energy foods, reduced intake of fruit and vegetables, and limited diet diversity may affect personal health.

Evidence shows that educational interventions can potentially influence food behaviours and dietary patterns in children positively (Begley et al., 2019; Doustmohammadian et al., 2020; Vaitkeviciute et al., 2015) and promote health outcomes (Davis et al., 2015). Therefore, schools are an optimal environment to teach children under 18 years old about healthy dietary habits and empower them to make informed choices about food and nutrition. The most popular school-based nutrition education interventions include games, classroom activities, videos, nutrition classes, school gardens, delivered either as part of the school curriculum or through extracurricular activities (WHO, 2021). In addition, social-marketing-based nutrition education in European school-based settings also represents an alternative approach to improve children's nutrition behaviour (Aceves-Martins et al., 2016). Table 1 shows the most popular school-based food and nutrition education policies.

Numerous initiatives already exist in Ireland, but their reach and effectiveness vary. For example, food and nutrition education happens at primary through the Social, Personal and Health Education (SPHE) in the strand *Myself–Taking care of my body* (NCCA, 2022). The primary curriculum explores the importance of food for promoting a healthy life and the need for a balanced diet. At the junior cycle, food nutrition is included primarily in the short course *Food, glorious food*, which teaches children about food, drink and nutrition and making informed food choices for a healthy and balanced diet (NCCA, 2022). Other short courses, *SPHE* and *Keeping well, Looking good and Being great*, also address the issue of healthy eating and staying well (NCCA, 2022).

The EU School Milk and the Fruit and Vegetable Schemes deliver extracurricular educational resources such as activities, recipes, videos, and lesson plans about milk, vegetables, and fruits' health and nutritional benefits. Specifically, the Moo Crew lesson plans are linked to the SPHE strand *Myself–Taking care of my body–Food and nutrition* (National Dairy Council, 2022).

School garden programmes have become popular learning environments in many countries, often driven by healthful eating and environmental sustainability practices. These programmes can influence school-aged children's dietary intake, significantly increasing vegetable consumption (Davis et al., 2015; Langelotto and Gupta, 2012), and related dietary behaviours, such as nutrition knowledge, willingness to taste, attitudes toward and preferences for consuming and preparing a variety of fruit and vegetables (Davis et al., 2015; Kavanaugh, 2017). There is a range of grants from government and community groups to support planning, developing, and implementing farms or gardens to school programs. An example is the US Farm to School Grant Program¹³, which provides annual grants to schools to establish programs promoting locally grown food procurement and utilisation in school meals.

In Ireland, Agri Aware supports school gardens in primary schools through the Incredible Edible Programme¹⁴. Participating schools are sent free grow packs to start their school garden, including seeds and other materials. Currently, 1800 schools national wide participate in this healthy eating initiative. As part of the Government initiative to promote a healthy Ireland, different Irish Government departments and agencies, including the Department of Education and Skills, the Department of Health and Children, the Department of Agriculture, Food and Marine and Bord Bia, currently supports this community-based initiative.

Recently, Agri Aware developed an *Incredible Edibles for Early Years* project to promote nutrition

¹³For further information on Farm to School Grant Program, visit <https://www.fns.usda.gov/cfs/farm-school-grant-program>

¹⁴For further information on Incredible Edibles Programme, visit <https://incredibleedibles.ie>

School-based Food and Nutrition Education	Interventions
Nutrition education in the curriculum	<ul style="list-style-type: none"> ▪ Educational games and classroom activities introduced as part of the curriculum ▪ Health and well-being topics included in the curriculum. ▪ Nutrition education through videos, computer modules, games or activities. ▪ School gardening interventions combined with curriculum components ▪ Curriculum strategies including health/nutrition classes, body image and healthy eating ▪ Fostering linkages between nutrition-related curriculum activities and school catering services
Nutrition education unspecified (i.e. nutrition education mentioned but not that it was incorporated into the curriculum)	<ul style="list-style-type: none"> ▪ Education component for children involving videos, games, curriculum or activities. ▪ Provision of nutrition information/education to children (e.g. in the classroom with or without tasks). ▪ Theatre with inclusion of technology in education (e.g. SMS messages).
School gardens	<ul style="list-style-type: none"> ▪ School gardening interventions and programmes ▪ Multicomponent interventions which combined gardening with cooking classes and nutrition education integrated within the wider curriculum, and promoted the use of garden produce in school catering and promoted community involvement ▪ Wellness projects that included growing gardens
Social Marketing	<ul style="list-style-type: none"> ▪ Social marketing interventions or approaches used to design and implement interventions

Table 1: School-based Food and Nutrition Education Policies

Source: WHO (2021)

and healthy eating within their early years' childcare services and target children between 0-5 years. The pilot programme ran from January to June 2021 and impacted over 2,000 children in 65 services/138 rooms across Co. Kerry. Furthermore, Agri Aware ran the campaign *Incredible Edibles Keep Well Day* in March 2021, as part of the Government Plan for Living with COVID-19 – Resilience and Recovery 2020-2021.

The purpose of the Incredible Edibles project and other school gardens is to grow, sow, cook and eat vegetables and fruits through an engaging learning experience that promote healthy eating. However, food preparation and cooking classes are not possible in most Irish schools due to the lack of school kitchen infrastructure. Therefore, the National Strategy Group for Hunger Prevention in Schools calls for the government to allocate funding to build school kitchens and provide adequate staffing levels across schools nationally (Downes, 2018). The National Strategy Group for Hunger Prevention in Schools argues that school kitchens have multiple pedagogical benefits. First, children can be actively involved in learning to cook meals from scratch. Second, the kitchen represents an experiential learning environment for students to increase their food knowledge and try food from other cultures.

While cooking spaces in schools provide food educational opportunities, spaces for eating can also have similar educational value. Darmody (2021) argues the importance of “scratch-cooking”

canteens as spaces of socialisation and building links to food education. Children taste new flavours while interacting with other children and developing their social skills. Schools meals then can play an essential role in promoting healthy and sustainable food habits. However, considering that about 31% of Irish schools do not have a canteen (Callaghan et al., 2015)), we are missing the opportunity to use schools meals as a tool to teach food education and shaping healthy generation of consumers.

Currently, in Ireland, food education is separated from school meals. In order to achieve more effective food and nutrition literacy interventions that shape a healthy generation of consumers, we need to connect the classroom curriculum with school meals. An integrated approach requires investing in school infrastructure and providing kitchens and canteens spaces.

5.3 Be Healthy: Breastfeeding and Food Environment Policies

Food poverty has detrimental consequences on children's health and well-being. Reducing the risk of food poverty requires better public health activities, including maternal healthcare and child nutrition programmes. As result, the UN Committee has recommended tackling Ireland's low breastfeeding rates to improve and protect children's health.

The National Maternity Strategy 2016-2026 addresses the UN Committee's recommendation on breastfeeding. This Strategy takes several actions, including facilitating breastfeeding campaigns, training healthcare professionals in the importance of breastfeeding, and complying with the WHO Baby Friendly Initiative (BFHI). The strategy also requires all maternity hospitals and maternity units to implement the *10 steps to Successful Breastfeeding* and the *HSE Infant Feeding Policy for Maternity and Neonatal Services*.

Though all developments specified in the Strategy are welcome, it is essential to highlight that mothers who experience food insecurity require specific support for breastfeeding. Evidence shows mothers in food-insecure households find it difficult to sustain exclusive breastfeeding for the recommended periods (Dinour et al., 2020; Orr et al., 2018; Venu et al., 2017). Therefore, to ensure a healthy start in life for disadvantaged children, more effective interventions and policies are needed to support food-insecure families with newborns and encourage breastfeeding.

In this context family interventions described in section 5.1.2 (e.g., food vouchers, welfare payments and flexible working arrangements) provided support to food-insecure mothers. Also School Meal programmes can play an essential role in ensuring that all children can eat healthy and nutritious meals regardless of social and economic background. However, a healthy school food environment must support these programmes to encourage children to make food choices consistent with better diets. Evidence shows that school-food-environment interventions can improve dietary behaviours among school children (Downs and Demmler, 2020; Micha et al., 2018).

School food environment refer to all spaces in and around the school where food is available, purchased or consumed. These spaces include canteens, vending machines, tuck shops, as well as fast-food restaurants and supermarkets in the direct vicinity of schools. Therefore, governments can promote a healthy school food environment in different ways. Interventions include implementing nutrition standards for school food, limiting availability and marketing of unhealthy foods, and making water available to all students. Other strategies include nudging interventions which intent influence school children's behaviour and decision-making through indirect suggestions and positive reinforcement. The behavioural nudging tools include increasing the number of food choices and variety, changing food placement or promoting healthy food through nutrition facts labels or other materials (smiley stickers on packaging and posters, end of shelf labels, encouraging posters) (Metcalf et al., 2020).

In Ireland, the Department of Health has implemented nutrition standards for schools (See Department of Health, 2017b; Department of Health et al., 2019) and explicit nutrition guidelines (See Healthy Ireland, 2020) to combat obesity prevalence among children. However, there are no regulatory measures for food environments around schools in Ireland. A recent study found that fast-food environments around Irish post-primary schools are associated with less fruit and vegetable intake (Kelly et al., 2019). Though there are no existing government policies to restrict fast-food

outlet exposure in Ireland, some local governments in England and US have already implemented bans on fast food premises near schools (Kelly et al., 2019). Therefore, to improve children's food environments and diets, we should consider the introduction of the *No Fry Zone* planning legislation to prohibit the placement of unhealthy food outlets within 400 meters of schools (Harrington et al., 2020).

5.4 Be Treaty Fairly: Stopping the Shame, Stigma and Social Exclusion

Some groups in society face barriers in accessing food or school meals. These groups include children from the Travelling and Roma communities, some migrant nationalities, children with disabilities, and children living in families with constrained incomes and resources. In order to reduce the inequality in the access to food, the Irish government has taken some actions to tackle food poverty among disadvantaged children. For instance, measures under the Roadmap for Social Inclusion 2020-25 focused on addressing child poverty and food poverty. The piloting of the Hot Meals scheme contributed to ensuring access to food to Traveller and Roma children and other disadvantaged children (Department of Social Protection, 2020). In addition, priority for access to Schools Meals Schemes was given to schools that are part of the Department of Education's initiative for disadvantaged schools, *Delivering Equality of Opportunity in Schools* (DEIS) (Department of Education, 2017). The Hot School Meals Programme currently includes about 252 DEIS schools (Department of Social Protection, 2021a; Department of Social Protection, 2021b).

Following the recommendations of developing and delivering services in a culturally appropriate way, the Government has also announced the inclusion of a meal that caters to pupils' religious and cultural dietary requirements as part of the school menu (Department of Social Protection, 2021b). This inclusion is welcome, and future evaluations and research about the school food programs should include the children's views and opinions. The Department of Social Protection conducted one study to understand the experience of being involved in the hot meals project but only from the perspective of parents, teachers, principals and food suppliers (McShane and Joyce, 2020). A more effective evaluation requires capturing the children's experiences as well.

The Irish funding model for school meals has increased funding for schools meals in DEIS schools and disadvantaged areas in recent years but still fails to provide food access to many disadvantaged students across the country. A recommendation related to children's food poverty is to expand meal provision to all students in DEIS schools and disadvantaged areas and cover the whole country. The expansion of school meals to all children has the benefit of reducing inequalities in access and health among children and reducing the stigma or perception that school meals only serve low-income children.

Studies have mentioned stigma and shame as common barriers to children accessing school meals (Frongillo et al., 2021; Jaffe et al., 2014; James, 2012). Evidence shows that children experiencing food insecurity are more likely to experience feeling the shame of others knowing that they were without food (Bernal et al., 2016; Frongillo et al., 2021). Feelings of shame can be intensified by the stigmatization of participation in school programs, which may prevent take up free school meals (Sahota et al., 2014).

Some recommendations have been proposed to reduce shame and stigma experiences associated with receiving food directly. A potential strategy would be to protect the anonymity of children on benefits by adopting anonymized payment for school meals (James, 2012) or using food delivered services to home (Frongillo et al., 2021).

Another strategy is the universal provision of food assistance in schools (Frongillo et al., 2021). However, expanding school meals to all children would reduce stigma and ensure all children are treated equally at school regardless of income. At present, Finland and Sweden are the only countries in the world to provide meals free of charge to all children in primary and lower secondary school, up to the age of 16, regardless of household income (Eustachio Colombo et al., 2020; Sarlio-Lähteenkorva and Manninen, 2010). However, some countries have started to explore the implementation of universal free school meals at least at some ages. England and Scotland serve free school meals

to all school children in their first three or four years in primary schools through the Universal Free School Meals (UFMS). In addition, the Scottish Government recently announced they would extend Universal Infant Free School Meals to all children in primary schools starting from August 2021 (Food Foundation, 2021). Though Northern Ireland is part of the UK, there is no policy to introduce the universal infant free school meals scheme.

Based on the evidence shown, a more robust funding structure for universal school meal provision is needed in Ireland to address social inequalities and reduce the stigma and shame associated with free school meals.

Another recommendation to reduce the shame and stigma associated with school meals is increasing awareness about food poverty/insecurity. Food Foundation (2021) has specifically recommended developing guidance for UK schools on adding food poverty and the right to food to the curriculum as part of food education. One of the biggest challenges we face is the lack of awareness of food insecurity in our country. The lack of awareness also spreads to the programs available to individuals in need.

Finally, another important recommendation is to ensure that all schools have facilities for free for children to drink tap water (Food Foundation, 2021). Also, the payment for bottled water should be banned on school premises (Food Foundation, 2021).

5.5 Be Heard: Inclusion of Children in Decision Making

Since the entry into force of the United Nations Convention on the Rights of the Child, there has been a growing awareness internationally of the necessity to include the voices of children in all matters affecting them. The right protected under Article 12 of the Conventions (UN General Assembly, 1989) states that:

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.
2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

This right recognises children as active citizens, participants, and contributors to decisions affecting their lives and society (Lansdown, 2011). Children have a unique body of knowledge about their lives, needs, and opinions derived from their direct experience (Lansdown, 2011). Policy-makers cannot fully understand child food poverty and make informed and effective decisions on the legislation, policies and programmes designed for children if they do not hear from children about their experiences, views and concerns of food poverty.

The realisation of children's right to food and well-being is only possible for hearing children as individuals and as a group. Therefore, it is necessary to create mechanisms for children and young people to have a say on food policy which affects them. Advances in the children's rights to be heard in Ireland includes the appointment of the first Ombudsman for Children in 2004; the development of a cross-Government National Strategy on Children and Young People's Participation in Decision-making, 2015-2020; and the establishment of a Children and Young People's Participation Hub (Hub na nÓg) in 2017.

A growing movement for the development of Ombudsman for Children has emerged since the adoption of the Convention on the Rights of the Child. The ombudsmen for children or commissioners are independent institutions whose role is to ensure that children's rights are respected and to ensure that children's voices are heard (UNICEF, 1997). The Ombudsman for Children (OCO) in Ireland was established as an independent statutory office under the Ombudsman for Children Act 2002 (OCO, 2020). One of the two core functions of the OCO is to promote the rights and welfare of children up to 18 years old, including through awareness-raising campaigns and educational workshops. The

other function is to investigate complaints made by children or on behalf of children against public bodies, schools and hospitals.

Most children's rights ombudsmen and commissioners in Europe seek to discover children's views and experiences through consultations, surveys, conferences and workshops with children and young people on a wide range of policy, practice and legislative initiatives (Lansdown, 2011). For example, in Ireland, the Ombudsman for Children's Office launched Child Talks in 2018, where young people can talk about different issues (OCO, 2020). Though there are no specific talks about food poverty yet, children have spoken of related problems, including poverty, budgets and homelessness.

The Department of Children, Equality, Disability, Integration and Youth (DCEDIY) also conduct consultations, surveys and dialogues with children and young people on a wide range of policy, practice and legislative initiatives¹⁵. The DCEDIY has published many reports of national consultations, surveys and conversations with children and young people since 2010 (Department of Children Equality Disability Integration and Youth, 2021). However, only two are related to food poverty. The healthy lifestyles consultations in 2015 and 2016 among children aged between 8 and 17 addressed the theme of food choice and healthy eating (Comhairle na nÓg, 2015; Martin et al., 2016). They contributed to developing the Healthy Ireland framework, prepared by the Department of Health (Martin et al., 2016).

While listening to children and young people, it is also necessary to increase their involvement in the leadership monitor and improve their own food. In Scotland, for example, the Government commissioned the Children's Parliament to undertake a consultation with children and young people to inform the review of their School Food regulations (Food Foundation, 2021). The Government's Social Renewal Advisory Board also recommends that pupils should be involved in reviewing school meals (Food Foundation, 2021). Also, Food Foundation has recommended designing and testing school food menus and better eating environments for secondary schools with input from young people that align with school food standards (Food Foundation, 2021).

In Ireland, the Hub na nÓg's advisory groups can potentially address the children's views, experiences and perspectives on food policy that affects them. Still, much remains to be achieved to ensure further involvement of children and young people in food policy.

Also, further research on food poverty should be carried out with young people involved through consultations. For example, the Food Foundation (2021) investigated children's food insecurity in the UK. The process involved consultation with many children and young people, who helped to develop a set of evidence-based recommendations to improve government policies and programmes related to children's food in different settings (Food Foundation, 2021).

5.6 Summary

This section presented the responses, policies and interventions to tackle child food poverty in Ireland based on five children's rights: social protection, education, health, equality and social inclusion.

Social protection has presented the implementation of school meals, family policies and marketing of unhealthy food. The government needs to expand funding for school meals to all children in disadvantaged schools and disadvantaged areas. In addition, there is a need to provide universal school meals in all schools. The Department of Social Protection have implemented several policies to target family income, but none for food supplement. We are lagging behind marketing and advertising, and currently, industry self-regulation does not work.

There are different ways to educate children about healthy food. The Department of Education has implemented food education into the curriculum, but it fails to connect it with school meals. There is a need for kitchens and canteens in schools. Unfortunately, there is no education on food poverty. Information on food poverty is necessary to make us aware of the situation we are living in to help with the stigma and reduce food poverty.

¹⁵For further information visit Hub na nÓg. Young Voices in Decision Making. Website visited 12 January 2022 at <https://hubnanog.ie>

In the area of health, breastfeeding mothers and infants need nutrition support. Guideless for schools meals are important, but they must be supported by food environments policies to encourage better diets.

In terms of equality, policies target disadvantaged people but do not cover the whole country. Food programmes should include all DEIS schools and eventually all schools in the Republic of Ireland. There is a need for awareness campaigns and mechanisms to reduce the stigma and social exclusion associated with food poverty.

Finally, Ireland has developed a mechanism to listen to children voices. Some consultations have already been conducted with children related to food and nutrition, but further involvement of children and young people in food policy is necessary.

Though Ireland has progressed in the last two decades, food poverty is still a worrisome issue. Unfortunately, there is no single program or intervention to achieve food security. An integrated approach is necessary in Ireland.

6 Discussion and Recommendations

Commissioned by the DCU Centre for Religion, Human Values, and International Relations as part of the Economic of Belonging Project, this study attempts to understand food poverty among children. Food poverty has become an urgent policy issue emerging in the last years due to its multidimensional and devastating impacts on children. In order to understand this issue in the Irish context and inform better policies, this report mapped the responses, policies and interventions to tackle child food poverty in Ireland and situated them in the international context.

Food poverty is a multifaced issue. There are many causes of food poverty, and achieving child food security requires meeting basic nutritional requirements in a manner that is the acceptable norm in society. Failing to achieve a healthy diet may have a long-term damaging outcomes on a child's well-being, including physical health, emotional, social and cultural well-being, and cognitive development and educational well-being.

Governments have recognised the children's right to food and committed to reducing food insecurity through the SDG2 agenda. However, the lack of progress in achieving food security at the national and international level in the last few years has urged governments to prioritise children's nutrition and well-being and work on multi-sectoral approaches to ensure an equitable and sustainable future.

The recently adopted European Child Guarantee may have the potential to bring change. The guarantee compels the Member States to prevent and combat social exclusion by guaranteeing the access of children in need to effective and free access to early childhood education and care, education and school-based activities, at least one healthy meal each school day and healthcare and to effective access to healthy nutrition and adequate housing (European Commission et al., 2021). This initiative centres on children and align with the SDGs principle of "leave no one behind" by focusing on disadvantaged children.

As evidence presents, food poverty is prevalent among disadvantaged children, including children living in poor households, homeless children, children with disabilities, children with a migrant background, children with a minority racial and ethnic background and children in precarious family situations (single-parents households). Therefore, the child guarantee recommendations of providing free school meals every weekday for all disadvantaged children and ensuring a healthy start in life can reduce the impact of child food poverty in Ireland. However, to effectively implement the Child Guarantee's recommendations, we must connect school meals with healthy food environments. Also, interventions targeting children's early years must be included to achieve long-term benefits. Therefore, breastfeeding supports are necessary to achieve better outcomes. Success to ensure this comprehensive, integrated approach could have long-term benefits for children themselves, but also society.

6.1 Key Areas and Recommendations

This report mapped the responses, interventions and existing policies in Ireland. Based on children's right to food framework, this study classified different policies and interventions in five categories: the right to be protected, the right to be healthy, the right to be educated, the right to be treated fairly and the right to be heard.

The right to be protected includes social welfare policies, including school meals and other welfare programmes targeted to children and families. In this category, we also revised unhealthy food-related marketing and advertising interventions.

The right to be educated presented nutrition and health education interventions as part of the curriculum or extracurricular. Also, we emphasised the importance of safe schools with well-functioning facilities such as kitchens and canteens and their connection with food and nutrition education.

The right to be healthy focused on children's nutrition. We presented programmes promoting good nutrition, clean drinking water, continued and exclusive breastfeeding. Most importantly, we

stressed the connection between food education interventions and the food environment.

The right to be treated fairly stresses equal access to food and services for disadvantaged children. We presented barriers to food access such as stigma and shame and measures to improve the food access of children in need. Finally, the right to be heard highlight the importance of consultation with children and parents about food poverty.

Based on the analysis of these rights and interventions, our recommendations were classified into three broad key areas: food and health, transforming food environments and monitoring and child involvement.

6.1.1 Food and Health

Food has a significant impact on children health. Therefore, adequate nutrition in infancy and early childhood is necessary for all aspects of children's lives, including child development, mental health, life satisfaction and socio-emotional well-being. Recommendations include:

- **Implement a food voucher scheme to buy food and milk for disadvantaged families with younger children.** The World Health Organization, UNICEF and the HSE have recommended breastfeeding in combination with suitably nutritious and safe complementary foods until children are two years old. Food vouchers for food and milk are essential interventions to support infants and younger children families. This intervention is offered in Northern Ireland but not in Ireland.
- **Extend the pilot meals programme to many ELC settings and on a more permanent basis.** Adequate nutrition is essential in the early years. The Department of Children and Youth has implemented a pilot meal programme in ELC settings. Ensuring sufficient food in younger children in the ECCE Programme, DEASP should permanently expand this programme to all children in childcare services.
- **Increase the offer of schools meals and breakfast clubs to all children in need.** The school hot meals programme and breakfast clubs are currently offered only to some children in need. Recently, the government has prioritised the provision of school hot meals in DEIS schools and schools located in disadvantaged areas. However, not all children in need attend DEIS schools or live in underprivileged areas. To ensure adequate nutrition, DEASP should expand schools meal programmes first to all children in DEIS schools, then all children in schools in areas of high poverty and, over time, all schools.
- **Expand holiday provision programmes on a more permanent basis.** Currently, the school meals programme serve children during the school period, not including holiday or summer months. However, COVID-19 has highlighted the vulnerability of many children in need. Holiday hunger is a real threat highlighted for many organisations and academics. Ensuring all children get the healthy food they need all around the year. Sinn Féin has recently proposed a Holiday Hunger Bill to support children entitled to free schools meals through school holiday periods in Northern Ireland. In Ireland, DEASP extended school meals during lockdown period. However, considering the importance of this programme, we recommend to extend the school meal programme permanently to cover holidays and summer months.

6.1.2 Transforming Food Environments

Breastfeeding and school food provision are important for children's health and well-being. However, as the literature suggests, those interventions should be connected with a healthy food environment to increase effectiveness. Recommendations to improve food environments include:

- **Introduce universal provision of school meals.** Universal school meals include lunches at primary and secondary schools offered in-person and during school hours. Universal means meals are offered to all students in school settings. Evidence from the literature indicates that a universal approach has multiple benefits, including increasing participation in school meals, reducing school meal stigma and improving nutritional security for all pupils.

- **Allocate funding for infrastructure in schools for spaces for cooking and eating.** School meals should be integrated as part of the curriculum to be more effective and promote healthy food choices. Academics and civil society organisations have already identified two spaces: kitchens and canteens. Kitchens are essential for fresh food preparation at school and have cooking classes where pupils can learn about food and the benefits of a healthy diet. Canteens are spaces where pupils can socialise while eating fresh food. Therefore, kitchens and canteens are important pedagogical spaces that reinforce food and nutrition education and shape a healthy generation of consumers.
- **Adding learning about food poverty to the school curriculum as part of the food education.** Food and nutrition education is essential for children learning about food and its health and addressing harmful food habits. However, raising awareness of the impact of food poverty and insecurity among school educators and children is essential to help eradicate hunger. Recognizing the problem can lead to school responses and solutions (and better policies), but overall it may help to challenge the stigma and shame associated with free schools meals. As evidence shows, stigma prevents eligible pupils from accessing school food assistance. Therefore, adding learning about food poverty to the curriculum is a priority to fight food poverty, insecurity, and stigma.
- **Legislating a ban on the marketing advertising of unhealthy food, including breast milk substitutes and HFSS foods and beverages.** Food marketing and advertising strongly influence parents and children's food habits. In order to tackle inappropriate marketing of unhealthy food, including HFSS food and breastmilk substitutes, this report recommends legislating a ban on non-online and online marketing and advertising of unhealthy food. Also, this report recommends the full implementation of the WHO Code of Marketing of Breast Milk Substitutes and integration in Irish law. Finally, in 2018, Ireland launched voluntary codes of practice to reduce children's exposure to inappropriate marketing of unhealthy food, particularly foods high in fats, sugar or salt (HFSS foods). Unfortunately, the voluntary marketing code is insufficient to tackle the problem. Evidence shows that dubious marketing techniques continue targeting children. Therefore mandatory regulations are required to avoid breaches of the Code.

6.1.3 Monitoring and Children Involvement

This study identified the lack of general social and political awareness on the extent of child food poverty in Ireland as one of the main barriers to creating effective policies and child-targeted interventions to tackle diet-related health inequalities in society. Measurement of food poverty is an important step in understanding the scale of the problem, quantifying the people being denied the right to food, and allowing the Government to see action is required. Recommendations include:

- **Improve data collection on children.**
 - *The child should be the unit of analysis, rather than the family.* There is increasing attention paid to the importance of adopting a child-centred approach to data collection on child well-being, food and nutrition. Children's data should be directly collected from the children.
 - *Data on children should cover all children from birth to 17 years inclusive.* The Central Statistics Office has compiled data on food poverty and malnutrition in young children from different sources. However, such data does not cover the same age range and represents all children. For example, SILC defines children as under 17 years old while FIES those under 15 years old. Also, the HBSC sample includes only children between 10 to 17 years.
 - *There is a need for further research with children,* especially qualitative studies that capture children's stories of struggle and hidden barriers to food access. This data can be complemented with data provided by food banks. Crosscare food banks have some caseworkers who follow up with their clients and collect primary data from families in

food poverty. Investing in caseworkers around the country, in partnership with food banks and charity organisations, can be an opportunity to collect better and more reliable data about children in need at a national level.

- **Implement an annual, standard, and methodologically consistent measurement of food poverty in Ireland, accounting for the number of children in food poverty.**
 - *There is a need for an official measurement of food poverty that helps identify children experiencing food poverty, its characteristics and the regions of most concentration.* Currently, the food deprivation index does not report on children or families with children separated from families without children. The Government should implement a scale and questionnaire to measure food insecurity in Ireland which collect data of children and families. Northern Ireland is currently measuring food insecurity through the Family Resources Survey (FRS). The Central Statistics Office could integrate a food insecurity questionnaire through the CSO household surveys in Ireland.
 - *Data collection on child food poverty in Ireland should be standardised to allow cross-country comparisons.* An standardised methodology will identify the severity of the problem in the country and get insights into the characteristics and geographic concentration of the food insecure population. Comparable data is essential to tackle the most affected areas and help tailor better interventions.
 - *Food poverty measurement should be representative of the total population and include children.* Currently, the Irish Government reports figures on food poverty based on food deprivation indicators (the SILC), which are not representative of the total population. Some groups of people such as the homeless and Travellers are usually excluded from those estimations.
 - *Data on food poverty among children should be measured every year to notice changes over time.* Presently, the HBSC provides data on food poverty among Irish school children every four years, making it difficult to understand annual trends. A full picture of a child's well-being up-to-date is essential to inform policy and early interventions.
- **Consult children and parents, particularly those experiencing food poverty and social exclusion, in developing, delivering, and monitoring policies and services to increase food access and encourage better diets.** Children's views and perspectives must be included for many reasons. First, the views of children must be taken into account in matters that affect them, as specified by the United Nations Convention on the Rights of Children. Second, children's perceptions and views often impact behaviours and policies may play a role in influencing those perceptions. Thus, involving children in decision-making and policies has become a commitment of the Irish Government in recent years. The Hub na nÓg's advisory groups are an opportunity for children to contribute to the development of food policies. Examples of encouraging children participation in food policies include reviewing school food regulations and designing and testing school food menus and better eating environments. Children have a unique body of knowledge, perspectives, opinions and experiences about food poverty. Therefore, we require increasing the participation of children to implement effective interventions.

Food poverty is a multidimensional and complex issue. Food and health policy interventions are important to tackle the multiple child well-being outcomes. At the same time, environments and relationships deeply shape those outcomes, thus policies must consider them. Finally, improving the quality of data on child access to food would help monitor, compare and assess progress towards reducing child food poverty and social exclusion. Therefore, addressing the recommendations of the three broad key areas simultaneously is essential for addressing the problem of food poverty among children.

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