

National Health Strategy 2001 Submission by the Children's Rights Alliance

18 May 2001

The Children's Rights Alliance welcomes the opportunity to make this submission in relation to the new National Health Strategy 2001. The Alliance is a coalition of non-governmental organisations concerned with meeting the needs and safeguarding the rights of children in Ireland. Our purpose is to secure the implementation in Ireland of the UN Convention on the Rights of the Child, to which Ireland is a State party.

Article 24 of the UN Convention asserts "the right of the child to the enjoyment of the **highest attainable standard of health possible** and to facilities for the treatment of illness and rehabilitation of health" (emphasis added). This article also recognises children's "right of access to such health services" and calls upon governments to ensure that "no child is deprived" of this right. The Convention also obligates State parties "to ensure to the maximum extent possible the survival and development of the child" (Article 6) and to respect all rights set forth in the Convention "without discrimination of any kind" (Article 2).

In this submission the Alliance focuses on some of the key issues regarding the health and well-being of children and young people in Ireland, with reference to the UN Convention on the Rights of the Child, the *Concluding Observations* of the UN Committee on the Rights of the Child following the examination of the *First National Report of Ireland* in 1998, and the commitments outlined in the recently published National Children's Strategy.

Achieving Equity in Health: Breaking the Link between Health and Financial Status

For all children to receive "the highest attainable standard of health possible", an equal and proportionate distribution of health statuses among children must be achieved without regard to income level, class standing, race, ethnicity, gender or geographic background.

The principal barrier to health equity is the link between health and financial status. A first step to overcoming this barrier would be the elimination of waiting lists for public hospital services for children. Treatment and care, including outpatient services such as speech therapy and orthodontic care, must be provided in a timely fashion. Failure to do so, while making such care readily available to those who can afford to pay for it, represents a violation of the rights of those children denied medical services on financial grounds.

According to the most recently published statistics, 75% of children on waiting lists for public hospital care have been on those lists for more than six months. Waiting lists for outpatient care run much longer, with more than 30,000 children facing delays of up to six years for orthodontic services.

Health care resources and health promotion initiatives must be targeted to those children and young people in communities experiencing the highest levels of ill health. According to the Combat Poverty Agency, "poor people get sicker and die younger than people who are better off." Health planning and health care resource allocation decisions must be based on a commitment to correct this fundamental inequity. The cycle of ill health will not be broken without addressing the health needs of children and young people in poor communities.

Medical card income eligibility guidelines must be increased to extend coverage to more children in households of low income, including those on the national minimum wage.

Medical cards should be provided for all children on a phased basis, initially for all children under the age of five and ultimately for all children and young people under the age of eighteen.

Ensuring Access to Care and Services

Health care services must be available and accessible to all children and young people.

In its *Concluding Observations* report published in 1998, the UN Committee on the Rights of the Child highlighted as a principal subject of concern the disparities with regard to access to health services for children.

In addition to those linked to ability to pay, barriers to access to care and services include the following:

- *Lack of information.* Many people in need of care, including parents, guardians and young people, lack specific information about health care options, eligibility requirements and the health delivery system to make informed decisions regarding care and treatment, or to access the most appropriate care available.
- *Ineffective assertion of the right to health care.* Unaware of their right to receive health care, or unable to insist that appropriate and timely care be provided, many young people with serious health needs fail to advocate effectively on their own behalf.
- *Unavailability of care or unequal geographic allocation of health care resources and facilities.* The distribution of resources within the health care system does not coincide proportionately with the health care needs of children and young people.
- *Disability.* Issues of physical accessibility, service availability and social stigma reduce access to care for those children and young people with physical or mental disabilities.

To ensure adequate access to care, the following steps must be undertaken:

- Information about the availability of care and options for treatment must be accessible and understandable to all.
- The right of children and young people to the best health care attainable must be communicated to staff throughout the health and health-related services and reinforced repeatedly by senior health officials.
- Decisions regarding the geographic allocation of health care resources for children and young people must be driven by need and be made in the context of a transparent and understandable national health care plan.
- When access to care requires travel over considerable distances, assistance should be provided with transportation costs and availability.
- The scheduling of care and treatment services, particularly in sparsely populated areas or under-served communities, must suit the needs of the children and young people being served and address the logistical difficulties they face.

Safeguarding Children's Rights in the Provision of Care

To promote children's rights in the health and health-related services, the Alliance recommends the adoption of a uniform set of guidelines by all health care providers that set forth the standards of care and treatment to which children are entitled. The guidelines should be given wide distribution and should include the following:

- Provide hospital care in facilities suitable and appropriate for children and young people.
- Ensure that nursing care is provided by staff with paediatric training.
- Recognise the right of the child to privacy.
- Respect the right of children to be consulted in matters affecting them.
- Provide suitable professional, therapeutic and recreational play areas and educational facilities for children in hospital.
- Enable children to have a parent or carer with them in hospital.
- Recognise the right of children and young people to age-appropriate information when receiving medical care.

All health care staff, including consultants, must receive training in meeting their obligations with respect to children's rights.

Promoting the Health Care Rights of *All* Children, Without Discrimination

The health and health-related services must be organised and oriented at all levels to address the health needs of a culturally, ethnically and racially diverse Ireland that respects the rights of children and young people, including those with disabilities.

Discrimination, racial stereotyping, language differences, inadequate training of staff and unequal access to services for those with disabilities are among the barriers that must be overcome.

Children with Disabilities

Support services, therapies, assessment and development services must be provided for **all** children with disabilities to enable them to reach their potential. In its *Concluding Observations*, the UN Committee on the Rights of the Child expressed its concern at the lack of a national policy to ensure the rights of children with disabilities and recommended that in light of Article 23 of the Convention, the Government should develop programmes to facilitate their active participation in the community.

Necessary supports and services should be developed and provided in a manner that is sufficiently flexible to ensure that they will be accessible to disabled children, regardless of where they live. At the moment, most support services are urban-based which results in access being difficult for children living in rural areas.

Transport generally is a major issue for children and young people with disabilities. Most public transport is inaccessible to children in wheelchairs and the visually impaired. In order to ensure that all children enjoy easy, dignified and safe transport, resources must be made available to make public transport systems accessible to children with disabilities.

The long waiting lists for assessment of disability require urgent attention. Regional child assessment teams for disability should be established throughout the country in sufficient numbers to eliminate unnecessary delays in assessment.

Individual service plans should be developed for each child with a disability in consultation with the child and his or her parent or guardian. The service plan should be regularly reviewed.

Traveller Children

Children from the Travelling Community experience particular health problems. There is a higher rate of infant mortality among Travellers than in the rest of the population, as well as higher rates of metabolic disorders, congenital problems and a higher incidence of illnesses associated with poor living conditions.

The mobility of the Travelling Community and the high percentage of those forced to live along the roadside or on unofficial sites often means that Travellers experience particular difficulties in availing of health services. Given both the poor health status of the Travelling Community and their unique problems in gaining access to services, it is essential that the particular health needs of Traveller children be addressed comprehensively and as a matter of priority.

The Alliance also urges that the recommendations of the Task Force on the Travelling Community regarding the establishment of Traveller Health Units and the provision of primary care services to Travellers on an outreach basis should be implemented without further delay.

Asylum-seeking Children

Because of their background and the circumstances from which they are in flight, many refugee and asylum-seeking children may experience a wide variety of serious health problems, including those requiring

counselling and psychological treatment. Health care staff working with refugee and asylum-seeking children must receive proper training to ensure that the health needs and health rights of such children are addressed and safeguarded.

According to a recent study undertaken in Dublin, infant mortality rates among refugees far exceed those among the entire population. Pre- and post-natal services must be targeted to address this problem without delay.

Discrimination and Diversity

It must be understood everyone that nothing less than equal treatment of all children and young people, regardless of race, culture or disability, will be accepted or tolerated with respect to the delivery of health care. Such a message must be delivered visibly and repeatedly, and it must be enforced.

Health care staff at all levels should receive training in racial and cultural diversity and in the fundamental right of children to “the highest attainable standard of health possible,” regardless of disability, race, ethnicity or culture.

To ensure that care be available without delay, language barriers often need to be overcome. Signage and health care documents must be available in different languages and access to interpreters must be provided when necessary.

Addressing the Broad Spectrum of Children’s Health Needs

Child Health

The Alliance welcomes the commitment contained in the National Children’s Strategy to provide children from birth to twelve years with appropriate health and personal social services through the Best Health for Children Programme. It recommends that the changes required in current practice in order to realise the vision for child health outlined in this programme should be implemented as soon as possible.

Adolescent Health

In 1998, UN Committee expressed concern at the incidence of teenage suicide and at the lack of adequate programmes addressing adolescent health-related problems, such as drug and alcohol abuse and early pregnancies. The recent, important commitment outlined in the National Children’s Strategy to provide a programme for 12-18 years olds “addressing mental and emotional health, chronic illness, accidents and injuries, children at risk, co-ordination of medical services and progress towards targets outlined in the Primary Childhood Immunisation Programme” should be implemented without delay.

Mental Health

The provision of services for children with behavioural problems and psychiatric disorders needs to be addressed. In 1998, the UN Committee on the Rights of the Child expressed concern at the lack of adequate programmes and services addressing the mental health of children and their families. The Committee encouraged the Government to pursue further efforts to ensure the implementation of integrated mental health programmes and to make available the necessary resources and assistance for these activities.

Commitments in the National Children’s Strategy, including the expansion of family support and community-based early intervention services, and the introduction of more structured programmes for identification, assessment and treatment of children with emotional and behavioural problems, should be implemented as quickly as possible.

Breast-feeding

A review of the National Breastfeeding Policy should be undertaken as provided for in the National Children’s Strategy. In 1998, the UN Committee expressed concern at the low rate of breastfeeding and the lack of awareness of its positive impact on children’s health. The Committee recommended the Government

to implement the World Health Organisation (WHO) Assembly resolution on infant feeding. Implementation of this resolution will promote an increase in the number of breastfeeding mothers.

Children at risk of abuse or neglect

The Alliance welcomes and urges the immediate implementation of the commitments in the National Children's Strategy aimed at protecting children from abuse and exploitation, including the following:

- Measures for the prevention and early identification of neglect, abuse and exploitation of children through the expansion of family support services and the implementation of the National Guidelines for the Protection of Children, *Children First*.
- Treatment and counselling services for children who have suffered abuse.
- A national plan of action to combat the commercial sexual exploitation of children in accordance with the Stockholm Agenda for Action Against the Sexual Exploitation of Children.

Children in Alternative Care

The Alliance recommends that current policy and practice with regard to residential care should be reviewed in light of the requirements of Article 20 of the UN Convention. In addition, resources should be made available to ensure that adequate provision is made for children in need of alternative care, both on a temporary and on a permanent basis. After-care services should be provided to children who have been in residential care.

As provided for in the National Children's Strategy, the foster care system should be expanded and supported and a review of domestic adoption legislation should be undertaken.

Health Promotion

- Ensure the implementation of the recommendations of the National Alcohol Strategy which relate to alcohol consumption by young people, especially those recommendations regarding health education and promotion through schools and youth services, as well as pricing policies, advertising and sponsorship.
- Implement the commitment made in the National Children's Strategy to expand specialist drug treatment services for those under the age of eighteen.
- Ensure the widest possible provision of free school meals services in both primary and post-primary schools, and develop and pilot a whole-school nutrition education programme.
- Consult with children and young people in the development of more effective health promotion strategies.