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# **Right to Health**



Every child has the right to enjoy the highest possible standard of health, to access health and other related services and to facilities for the treatment of illness and rehabilitation of health. Children with disabilities have the right to a full and decent life within the community, and to special care.

Summary of Article 24 of the UN Convention on the Rights of the Child

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**Chapter Grade:**

**C+**

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# 3.1 Primary Care

Section Grade:

# B

## ➔ Government Commitment

### **A Programme for a Partnership Government commits to:**

Extend, in phases, free GP care to all under 18s, subject to negotiation with GPs.

▶ **Progress: Some**

Introduce a dental health package for children under six.

▶ **Progress: Steady**

Extend the entitlement to a medical card for all children in receipt of Domiciliary Care Allowance in Budget 2017.

▶ **Progress: Delivered**

'Primary Care' receives a 'B' grade in *Report Card 2020*, an improvement on the 'C+' grade awarded in *Report Card 2019*. Budget 2020 committed to extending the free GP scheme to include children aged six and seven. The National Oral Health Policy, *Smile agus Sláinte*, was launched in April 2019 and Budget 2020 committed to fund a dental health package for children under six.

Every child has the right to enjoy the highest attainable standard of physical and mental health.<sup>334</sup> Article 24 of the UN Convention on the Rights of the Child places particular emphasis on the development of primary healthcare, which includes access to General Practitioner (GP) care.<sup>335</sup> The UN Committee on the Rights of the Child has stressed that primary care should include the provision of information and services, as well as the prevention of illness and injury.<sup>336</sup> *Better Outcomes, Brighter Futures, The National Policy Framework for Children and Young People 2014–2020* reiterated a commitment, first articulated in the 2012 Future Health Framework, to introduce universal GP services.<sup>337</sup>

334 UN Convention on the Rights of the Child (20 November 1989) 1577 UNTS 3 (UNCRC) Art 24.

335 *ibid* Art 24 (b).

336 UN Committee on the Rights of the Child, 'General Comment No. 15 on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health (Art 24)' (2013) UN Doc CRC/C/GC/15 para 26.

337 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014–2020* (Stationery Office 2014) Commitment G9, 30; Department of Health, *Future Health: A Strategic Framework for Reform of the Health Service 2012–2015* (DOH 2012) ii.

### ► Free GP Care:

In July 2015, entitlement to free GP care was provided for all children under the age of six years; this followed the enactment of the Health (General Practitioner Service) Act 2014 and the negotiation of a new contract with GPs.<sup>338</sup> As of November 2019, 2,407 GPs are participating in the free GP scheme for the under-sixes; this represents approximately 96 per cent of GPs with a GMS contract.<sup>339</sup> Children under six can access GP care without fees through eligibility to either a medical card or a GP visit card. The scheme includes the provision of wellbeing and prevention assessments at age two, and again at five years, as well as an agreed cycle of care for children diagnosed with asthma.<sup>340</sup> Although all children under six are eligible to avail of the free GP scheme without their parents having to undergo a means test, only 93.5 per cent (approximately 357,276 children) in this age group are registered under the scheme.<sup>341</sup> Information needs to be collected as to why a significant percentage of children are not availing of this free service and to establish if there are access issues preventing any particular groups from availing of it.

Budget 2020 committed to expanding the free GP scheme to include children aged six and seven. Legislation will be required for this extension.<sup>342</sup> Negotiations with the Irish Medical Organisation regarding the provision of the service will begin in early 2020.<sup>343</sup> While the extension of free GP care to the cohort of children aged six and seven is very welcome, the reality is that this is the only step towards achieving the Programme for Government target of extending care for all children up to 17 years taken since the Programme was agreed in May 2016.

In 2017, the all-party Oireachtas Committee on the Future of Healthcare in its report, *Sláintecare*,

recommended that Ireland should move towards universal health coverage. In making this proposal, the Oireachtas Committee referred to the 2005 Resolution of the World Health Organization (WHO) endorsing universal health coverage as a central goal for healthcare systems and urging WHO member states to commit to planning for transition to universal coverage for their citizens.<sup>344</sup> The WHO points out that universal health coverage makes healthcare more equitable for individuals and cost-effective for States and at the same time can bring significant long-term health, economic, and political benefits to countries.<sup>345</sup>

A key recommendation in the *Sláintecare* report was that there should be a reorientation of the health system towards primary care, involving a significant expansion of community-based services and their better integration. The Committee proposed free universal access to primary care services, including access to GP care without fees.<sup>346</sup> It recommended extending GP care to an additional 500,000 people each year for five years at an estimated cost of €91 million per year.<sup>347</sup>

In July 2018, the *Sláintecare* Programme Office was established and an Executive Director appointed.<sup>348</sup> In October 2018, the newly-established *Sláintecare* Implementation Advisory Council met for the first time.<sup>349</sup> *The Sláintecare Implementation Strategy*, published in August 2018, outlines 10 key strategic actions including: 'Expand eligibility on a phased basis to move towards universal healthcare and support a shift to community-based care'.<sup>350</sup> The Strategy does not contain any new child-specific measures to increase access to primary care.<sup>351</sup>

338 Minister for Public Expenditure and Reform, Brendan Howlin TD, Address to Dáil Éireann on Expenditure Estimates 2014, 15 October 2013.

339 Communication received by the Children's Rights Alliance from the Department of Health, 13 November 2019.

340 Health Service Executive, 'Form of Agreement with Registered Medical Practitioners for Provision of Services to Children Under 6 Years Old Pursuant to The Health (General Practitioner Service) Act 2014 (Under 6 Year Olds)' (2015) <<https://bit.ly/32cstZk>> accessed 6 February 2020.

341 Communication received by the Children's Rights Alliance from the Department of Health, 13 November 2019. This figure is based on CSO population projections; the actual figure may be different.

342 Communication received by the Children's Rights Alliance from the Department of Health, 29 January 2020.

343 Communication received by the Children's Rights Alliance from the Department of Health, 13 November 2019.

344 WHO, 'Sustainable health financing, universal coverage and social health insurance', WHO Resolution 58.33, 25 May 2005 <<https://bit.ly/2vLyAC>> accessed 11 February 2020.

345 WHO, *Arguing for Universal Health Coverage* (WHO 2013) 10–14.

346 Houses of the Oireachtas, Committee on the Future of Healthcare, *Sláintecare Report* (Houses of the Oireachtas 2017) 24; 60.

347 *ibid* 65.

348 Department of Health, 'An Taoiseach and Minister Harris announce Executive Director of *Sláintecare* Programme Office and Chair of Advisory Council to lead health reform', Press Release, 12 July 2018 <<https://bit.ly/2ugQkHj>> accessed 9 January 2019.

349 Department of Health, 'Inaugural meeting of *Sláintecare* Advisory Council', Press Release, 24 October 2018 <<https://bit.ly/2D2E6YU>> accessed 17 January 2019.

350 Government of Ireland, *Sláintecare Implementation Strategy* (Government of Ireland 2018) 48.

351 The Strategy proposes the design of new models of care in respect of certain groups or cohorts including children, the implementation of a national acute Electronic Health Record system, starting with the new Children's Hospital,

Although the roll-out of universal access to primary healthcare has been slow in progress, a number of developments have increased access to free GP care. In July 2018, following the passage of the Health (General Practitioner Service) Act 2018, all carers in receipt of full or half-rate Carer's Allowance or Carer's Benefit became automatically entitled to free GP care. As a result, an additional 14,000 carers were eligible for this service.<sup>352</sup> This is a welcome measure that helps ease the financial strain on families caring for a person with disabilities. In Budget 2019, the Government announced that, from 1 April 2019, there would be a 10 per cent increase in the weekly income threshold for eligibility for a GP visit card; it was estimated that this change would benefit 100,000 people on low incomes.<sup>353</sup>

The right to health means that all children, without exception, should be able to access appropriate healthcare; the roll-out of free GP care on a universal basis would be an important move towards ensuring that this right is upheld in Ireland. Removing financial barriers to healthcare for children 'has a significant positive impact on child health, and later-life outcomes'.<sup>354</sup> The evidence indicates that where a child's parents 'face the full out-of-pocket cost of GP care' they have fewer GP visits than their peers covered by a medical card, or a GP visit card, or private health insurance with GP cover.<sup>355</sup> Children with GP visit cards or medical cards have a significantly higher number of GP visits per annum than children with 'no cover'; however, it is not possible from the data available to determine whether parents of children without cover are foregoing 'necessary' GP visits due to cost.<sup>356</sup>

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the design and roll out of community-based Electronic Health Records, as well as ongoing reforms in relation to GP care and medical cards for children with disabilities.

352 Department of Health, '14,000 Additional Carers to Receive Free GP Care following the Passing of the Health (General Practitioner Service) Bill', Press Release, 12 July 2018 <<https://bit.ly/2zZgwwF>> 4 November 2018.

353 Department of Health, 'Slaintecare top priority in health budget 2019; investment and improved access to GP services; more help for families and older people with health costs – Health Ministers' Press Release, 9 October 2018.

354 Anne Nolan and Richard Layte, *Understanding Use of General Practitioner Services Among Children in Ireland*, Growing up in Ireland, National Longitudinal Study, Infant Cohort (Stationery Office 2017) 8.

355 *ibid* 7.

356 *ibid* 7.

### ► Dental Health:

*A Programme for a Partnership Government* committed to introducing a dental health package for children under six.

Currently, children's dental health services in the public system are delivered through the HSE Public Dental Service, which has responsibility for providing dental examinations and some targeted treatments for primary school children at second, fourth and sixth class stages and for providing an emergency service for all children up to the age of 16.<sup>357</sup> However, in many areas of the country the service is not operating as intended due to staff shortages, and so, for example, examinations are taking place only at the second and sixth class stages, or even at sixth class only, and there are long delays in accessing services for which a child has been referred.<sup>358</sup>

The National Oral Health Policy, *Smile agus Sláinte*, was launched in April 2019.<sup>359</sup> The policy is intended to align with other national policies, including *Slaintecare* and *First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019–2028*.<sup>360</sup> The timeframe for the delivery of *Smile agus Sláinte* is 2019 to 2026. Consultations during the development of the policy showed that while dental care professionals emphasise the importance of dental care in very early childhood in reality children under the age of six rarely attend a dentist.<sup>361</sup>

The new National Oral Health Policy proposes that eight 'preventive oral healthcare packages' will be provided from birth until a child reaches his or her sixteenth birthday. One package of care will be provided during the age band from birth up to the child's second birthday; three packages of care will be provided during the age band 2–5 years; two packages during the age band 6–11; and two during the age band 12–15 years. No specific provision is made for public dental care for those aged 17 and 18; presumably, they are to come within the

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357 Department of Health, *Smile agus Sláinte, National Oral Health Policy* (DOH 2019) 57.

358 Catherine Shanahan, 'Dental health crisis: Children forced to wait years for treatment' and 'School dental scheme failing children', *Irish Examiner*, 9 December 2019; Leo Stassen, 'Gaps in dental plan will cause damage', *Irish Examiner*, 9 December 2019.

359 Department of Health, *Smile agus Sláinte* (DOH 2019).

360 Houses of the Oireachtas, Joint Committee on Health, 'National Oral Health Policy: Discussion (Resumed)', Presentation by Dr. Dymphna Kavanagh 26 June 2020 (House of Oireachtas 2019) <<https://bit.ly/2V3J287>> accessed 3 February 2020.

361 *ibid*.

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**Children with GP cards  
or medical cards have  
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with no cover'...**

scope of services provided for adults. Under the policy's proposals, the packages of care for children will be delivered by local private dental practices, rather than through the Public Dental Service.

Budget 2020 allocated funding for the provision of dental packages of care for children under six, with the service due to be introduced in September 2020 and provided by contracted dentists.<sup>362</sup> However, some uncertainty as to whether this will happen must arise from the fact that the Irish Dental Association has expressed opposition to the National Oral Health Policy proposal to provide public dental services through contracted private dentists rather than through greater resourcing of the Public Dental Service.<sup>363</sup>

It has been estimated that the annual expenditure needed to provide a primary dental care service, as envisaged under the *National Oral Health Policy*, to all children up to the age of 16 years would be €26.5 million, with expenditure of up to €41.1 million needed to provide more comprehensive services.<sup>364</sup> Given the expenditure required to make real progress in this area, it is clear that there will need to be a strong commitment in annual budgets to continue providing additional resources for much-needed improvements in public dental services for children.

#### ► DCA and Medical Card Entitlement:

Since June 2017, all children who qualify for the Domiciliary Care Allowance (DCA) are eligible for a medical card without having to undergo a means-test; they may retain the medical card up to their sixteenth birthday.<sup>365</sup> A medical card provides entitlement to a range of health services free of charge, including GP visits and hospital care.<sup>366</sup> DCA is a monthly payment for children under 16 with a severe disability who require ongoing care and attention, substantially over and above what is usually needed by a child

of the same age.<sup>367</sup> The granting of a medical card for those in respect of whom the DCA is paid is an important step in realising the right to health and healthcare of children who have exceptional care needs.<sup>368</sup> This measure also has a positive impact on the lives of the families of these children, as it alleviates the burden of high healthcare costs.

The processing time for DCA claims received by the Department of Employment Affairs and Social Protection (DEASP) remained the same in 2019 as it had been in 2018 – that is, an average of 10 to 12 weeks.<sup>369</sup> Up to the end of October, 7,659 new DCA applications had been processed during 2019.<sup>370</sup> On initial assessment, 67 per cent of applications were approved.<sup>371</sup> There were 1,193 appeals finalised by September 2019. In the case of 356 (30 per cent) of these appeals, the initial decision was reversed on further review by a Deciding Officer of the DEASP; of the appeals considered by an Appeals Officer of the DEASP 70 per cent were allowed.<sup>372</sup> During 2019, the average time taken to complete an appeal was 27.7 weeks; where an oral hearing was involved the average time was 31 weeks.<sup>373</sup> This represented an improvement of the situation in 2018. Nevertheless, the high rate of success of appeal raises questions as to why so many ultimately successful applications are rejected at the initial stage; it suggests that improved systems are needed to ensure that the correct decision is made at the first stage of the process. With entitlement to the DCA meaning access not just to the payment itself but to a medical card, it is vitally important that decisions made at the first instance are correct, so that applicants who are, in fact, eligible do not have to experience the delay involved in going through the appeals process.

362 Communication received by the Children's Rights Alliance from the Department of Health, 21 November 2019.

363 Martin Wall, 'No prospect of free dental care for children under 6 from next year, dentists warn', *The Irish Times*, 9 December 2020; Leo Stassen, 'Gaps in dental plan will cause damage', *Irish Examiner*, 9 December 2019.

364 Anne Nolan, *Reforming the Delivery of Public Dental Services in Ireland: Potential Cost Implications* ESRI Research Series No 80 (ESRI 2019) x; 29–32.

365 DEASP, 'Domiciliary Care Allowance' <<https://bit.ly/2wpHif2>> accessed 3 February 2020.

366 Health Service Executive, *Medical Cards* <<http://bit.ly/1UEJI9p>> accessed 6 February 2020.

367 DEASP, 'Domiciliary Care Allowance' <<https://bit.ly/2wpHif2>> accessed 3 February 2020.

368 UN Convention on the Rights of the Child (20 November 1989) 1577 UNTS 3 (UNCRC) Art 24.

369 Minister for Employment Affairs and Social Protection, Regina Doherty TD, 'Social Welfare Benefits Waiting Times', *Dáil Éireann Debate*, 4 December 2019.

370 Communication received by the Children's Rights Alliance from the Social Welfare Appeals Office, 15 November 2019.

371 *ibid.*

372 *ibid.*

373 *ibid.*

## Primary Care

# Immediate Actions for 2020



### **Continue the phased expansion of free GP care for all children under the age of 18.**

Although there is clear cross-party agreement, as reflected in the 2017 *Sláintecare* Report, on the goal of providing universal access to free GP care, progress towards implementing this measure for all children under 18 has been slow. A clear and comprehensive plan with associated timelines for the achievement of this aim should be developed and published.



### **Implement dental care packages for children under six and continue the phased implementation of the National Oral Health Strategy.**

Ensure that the required funding is provided for the implementation of the National Oral Health Strategy.



### **Adequately resource the Department of Employment Affairs and Social Protection to reduce processing times for Domiciliary Care Allowance applications and appeals.**

The DEASP should be adequately resourced to reduce the waiting times for processing applications and appeals in relation to the Domiciliary Care Allowance (DCA). It is essential that, in so far as is possible, initial decisions are correct so that eligible applicants do not have to resort to appeals, with resultant delays in receiving the payment and in obtaining the medical card to which they become entitled on qualifying for DCA.

## 3.2 Mental Health

Section Grade:

D

### ➔ Government Commitment

#### **A Programme for a Partnership Government commits to:**

Conduct an evidence-based expert review of the current status of implementation of *A Vision for Change* in Ireland and of international best practice in the area of mental health within the frame of human rights. The review will advise on building further capacity in Child and Adolescent Mental Health Services (CAMHS) and the introduction of more 24/7 service support and liaison teams in primary and emergency care.

▶ **Progress: Slow**

Establish a National Taskforce on Youth Mental Health to consider how best to introduce and teach resilience, coping mechanisms, greater awareness to children and young people, and how to access support services voluntarily at a young age.

▶ **Progress: Inconsistent**

'Mental Health' receives a 'D' grade in *Report Card 2020*, an increase in last year's grade of 'D-'. The review of *A Vision for Change* has not been published and requires a greater sense of urgency. There has been a slight reduction in the number of children waiting for a first appointment with Child and Adolescent Mental Health Services. There has been progress implementing some of the recommendations of the National Taskforce on Youth Mental Health, including the establishment of a 24/7 contact line and the commencement of work on a new strategy for HSE mental health communications. However, progress on establishing the Pathfinder Project has been slow.

All children have a right to enjoy the highest attainable standard of physical and mental health under Article 24 of the UN Convention on the Rights of the Child. The UN Committee on the Rights of the Child has emphasised the importance of the mental health of children and the need to tackle 'behavioural and social issues that undermine children's mental health, psychosocial wellbeing and emotional development'.<sup>374</sup> In 2016, the UN Committee expressed its concern about access to mental health treatment in Ireland, highlighting the inadequate availability of age-appropriate mental health units, long waiting lists to access mental health supports and the lack of out-of-hours services.<sup>375</sup> The Committee called on

374 UNCR, 'General Comment No. 15 on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health (Art 24)' (2013) UN Doc CRC/C/GC/15 para 38.

375 UNCR, 'Concluding Observations: Ireland' (2016) UN Doc CRC/C/IRL/CO/3-4, para 53 (b).

the State to improve its mental healthcare services for children and adolescents, particularly in the areas of 'inpatient treatment, out-of-hours facilities and facilities for treating eating disorders'.<sup>376</sup>

*Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* includes a commitment to implement *A Vision for Change* (the national policy for mental health services in Ireland) as it relates to children and young people.<sup>377</sup> It also aims to improve equity of access to services and coordination of service supports, with a focus on improving mental health awareness and reducing incidents of self-harm and suicide.<sup>378</sup>

In October 2018, the Joint Oireachtas Committee on the Future of Mental Health Care, established in July 2017,<sup>379</sup> published its final report.<sup>380</sup> It set out a long-term vision for mental healthcare including a focus on timely access to appropriate care 'on a no wrong door basis'<sup>381</sup> which would require officials to signpost individuals who present at the wrong service to the correct service rather than leave them without any assistance.<sup>382</sup> The Committee also highlighted the importance of early intervention in primary and community services, adequate resourcing for acute services available on an immediate basis and the need to target resources for 'at risk' groups including Travellers and young LGBTI+ people.

### ► Review of *A Vision for Change*:

*A Vision for Change*, published in 2006,<sup>383</sup> is the national policy for mental health. It was due to be fully implemented by the end of 2016 but progress has been 'slow and inconsistent'<sup>384</sup> and

parts of the policy remain unimplemented.<sup>385</sup>

The review of *A Vision for Change* commenced in 2016<sup>386</sup> with an expert evidence review of best practice mental health service developments in Ireland and internationally.<sup>387</sup> The Department of Health established an independent Oversight Group to oversee the development of the 'refreshed' mental health policy that reflects the present-day context in Ireland.<sup>388</sup> The revised *Vision for Change* will look not only at service delivery but at the social determinants of mental health and prevention and early intervention.<sup>389</sup> The recommendations of the expert review will inform the revised national policy and will be an outcomes-based framework 'which sets out current and future service priorities within a time-bound implementation plan'.<sup>390</sup>

The Oversight Group consulted with an expert review group comprising members from the statutory, voluntary and community sectors,<sup>391</sup> and it also consulted service users and professionals working in the mental health area.<sup>392</sup> In addition, the Oversight Group considered and incorporated relevant findings of the Youth Mental Health Taskforce report, data received from the consultation process and other relevant youth-related strategies.<sup>393</sup> The Oversight Group was originally due to conclude its work in December 2018,<sup>394</sup> however, it was extended to

376 *ibid.*

377 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (Stationary Office 2014) Commitment 1.8 and 1.9.

378 *ibid.*

379 Department of Health, Minister Daly confirms the establishment of the Joint Committee on the Future of Mental Health Care (Department of Health) <<http://bit.ly/2xa60yn>> accessed 11 February 2020.

380 Joint Committee on the Future of Mental Health Care, *Final Report* (Houses of the Oireachtas, 2018).

381 *ibid.* 6.

382 Communication received by the Children's Rights Alliance from the HSE Mental Health Services, 4 December 2018.

383 Department of Health, *A Vision for Change: Report of The Expert Group on Mental Health Policy* (Stationery Office 2006).

384 Mental Health Commission, 'Implementation of a Vision for Change is slow and inconsistent across the country, according to the Mental Health Commission' (Mental Health Commission, January 2013) <<http://bit.ly/2kR1D3B>> accessed 11 February 2020.

385 For example, commitment 10.2 that child and adolescent mental health services should provide mental health services to all aged 0 to 18 years. For more on the gaps in the implementation of *A Vision for Change* see: Mental Health Reform, *A Vision for Change Nine Years On* (MHR 2015).

386 Joint Oireachtas Committee on the Future of Mental Health Care, *A Vision for Change: Engagement with Department of Health Oversight Group*, 30 May 2018.

387 Kevin Cullen and David McDaid, *Evidence Review to Inform the Parameters for a Refresh of A Vision for Change (AVFC): A wide-angle international review of evidence and developments in mental health policy and practice* (Department of Health 2017) 5.

388 Joint Oireachtas Committee on the Future of Mental Health Care, *A Vision for Change: Engagement with Department of Health Oversight Group*, 30 May 2018.

389 Communication received by the Children's Rights Alliance from the HSE Mental Health Services, 30 January 2020.

390 Joint Oireachtas Committee on the Future of Mental Health Care, *A Vision for Change: Engagement with Department of Health Oversight Group*, 30 May 2018.

391 Communication received by the Children's Rights Alliance from the Department of Health, 30 January 2020.

392 Joint Oireachtas Committee on the Future of Mental Health Care, *A Vision for Change: Engagement with Department of Health Oversight Group*, 30 May 2018.

393 Communication received by the Children's Rights Alliance from the Department of Health, 30 January 2020.

394 Joint Oireachtas Committee on the Future of Mental Health Care, *A Vision for Change: Engagement with*

June 2019 following recommendations from public consultations and the Joint Oireachtas Committee on the Future of Mental Health Care. The Oversight Group report was submitted to the Department of Health for consideration and was discussed at the Government Cabinet Committee for social inclusion and health in December 2019.<sup>395</sup> The policy is expected to be launched in early 2020<sup>396</sup> and the *HSE Service Plan 2020* commits to commence implementation of the policy.<sup>397</sup> It is important that the revised framework has a strong emphasis on the development of child and youth mental health services including improving service coordination and increasing timely access to appropriate mental health supports and services at a primary level.<sup>398</sup>

Child and Adolescent Mental Health Services (CAMHS) is a specialist clinical service that provides assessment and treatment to children and young people up to the age of 18 who are experiencing mental health difficulties.<sup>399</sup> In September 2019 there were 1,876 children waiting for a first appointment with CAMHS, a reduction of 577 on the number in 2018.<sup>400</sup> It is worth noting that this is in the context of CAMHS receiving 13,719 referrals from January to September 2019 where 70 per cent of these referrals were seen within 12 weeks and 95 per cent seen within one year.<sup>401</sup> Staff shortages and recruitment difficulties remain an issue despite a 'significant number' of staff having been recruited.<sup>402</sup> This is due to the international demand for mental health staff and a worldwide shortage.<sup>403</sup>

Currently, the majority of children and young people can only access out-of-hours mental health treatment through hospital emergency departments as most CAMHS do not offer this support. Young service users have highlighted difficulties in accessing CAMHS including long waiting times and differences in availability and consistency of services across the



country.<sup>404</sup> In the development of a revised *Vision for Change*, out-of-hours services for children should be prioritised and strengthened in line with the 2016 recommendation of the UN Committee on the Rights of the Child.<sup>405</sup> In the context of staff shortages, there are challenges in delivering an out-of-hours CAMHS service.<sup>406</sup> The *HSE Service Plan 2019* included a welcome commitment to develop a seven day per week CAMHS service, however, as of the date of publication this commitment remains unfulfilled.<sup>407</sup> The HSE mental health service, working in collaboration with the National Ambulance Service, established the Your Mental Health Information Line in November 2019. The line is open 24/7 and is managed by the National Ambulance Service. It provides information to the public on supports available and other helplines.<sup>408</sup> It is essential that 24/7 support and liaison staff be deployed in sufficient numbers at primary care level and in community

Department of Health Oversight Group, 30 May 2018.

395 Communication received by the Children's Rights Alliance from the Department of Health, 30 January 2020.

396 *ibid.*

397 Health Service Executive, *National Service Plan 2020*, (HSE 2019) 60.

398 Ombudsman for Children, *Take My Hand: Young People's Experiences of Mental Health Services* (OCO 2018) 29.

399 Communication received by the Children's Rights Alliance from the HSE Mental Health Services, 4 December 2018.

400 Communication received by the Children's Rights Alliance from HSE Mental Health Services, 30 January 2020.

401 *ibid.*

402 Communication received by the Children's Rights Alliance from the Department of Health, 22 November 2019.

403 *ibid.*

404 Ombudsman for Children, *Take My Hand: Young People's Experiences of Mental Health Services* (OCO 2018) 40.

405 UNCRC, 'Concluding Observations: Ireland' (2016) UN Doc CRC/C/IRL/CO/3-4, para 53–54.

406 Communication received by the Children's Rights Alliance from the HSE Mental Health Services, 30 January 2020.

407 Health Service Executive, *National Service Plan 2019*, (HSE 2018) 41.

408 Communication received by the Children's Rights Alliance from the HSE Mental Health Services, 30 January 2020.

mental health teams, so that children and young people can more readily access help without having to attend a hospital emergency department.

There are currently 74 CAMHS inpatient beds plus two high dependency beds across four inpatient units in Galway, Cork and Dublin. However, whether all of these beds are operational at any given time depends on the staffing available and the complexity of the needs of patients.<sup>409</sup>

The new National Children's Hospital, due to open in 2023, will have an additional 20 inpatient CAMHS beds and the New Forensic Hospital will have an additional 10 inpatient beds for children.<sup>410</sup>

Of the children requiring inpatient mental healthcare between January and September 2019, 85 per cent were admitted to child and adolescent inpatient units, an increase of 15 per cent on the same period in 2018.<sup>411</sup> Thirty-five children were admitted to adult units: these admissions were due to capacity issues or arose from the clinical needs of the children concerned.<sup>412</sup>

While it is welcome that there has been a reduction in the number of children being admitted to adult inpatient units, children under the age of eighteen should never be inappropriately admitted to an adult unit. Both the UN Committee on the Rights of the Child<sup>413</sup> and the Mental Health Commission<sup>414</sup> have criticised the continued admission of under 18s to adult facilities.<sup>415</sup>

The review of *A Vision for Change* should be published as a matter of urgency to address the significant shortcomings across all levels of mental health service provision for children and young people. The development of a multi-annual

implementation plan and the establishment of an independent monitoring group are essential. The revised policy should also align with commitments in *First 5: A Whole-of-Government Strategy for Babies Young Children and their Families 2019–2028* on early identification of mental health issues.<sup>416</sup>

#### ► National Youth Mental Health Taskforce:

The National Youth Mental Health Taskforce, established in August 2016<sup>417</sup> as a government priority,<sup>418</sup> had a year to complete its work focusing on the mental health needs of children and young people from birth to 25 years.<sup>419</sup> The Taskforce published its report in December 2017.<sup>420</sup> The recommendations are set out under 10 headings, and include amending the Mental Health Act 2001 on consent to mental health treatment for 16 and 17 year olds,<sup>421</sup> improving accessibility and alignment of mental health services through the Pathfinder Project<sup>422</sup> and using digital technologies in the delivery of mental health supports to children and young people.<sup>423</sup> The *HSE National Service Plan 2019* committed to introducing a 24/7 contact line, crisis text line and other digital responses.<sup>424</sup> The 24/7 text service is now being provided by the HSE, in conjunction with SpunOut.ie, and is a welcome development. Telepsychiatry pilots (remote psychiatric consultations) commenced in February 2019 across six sites nationally including in one CAMHS area and will run until the end of 2020.<sup>425</sup> There has also been work undertaken in the

409 Communication received by the Children's Rights Alliance from the Department of Health, 22 November 2019.

410 *ibid.*

411 Communication received by the Children's Rights Alliance from HSE Mental Health Services, 30 January 2020.

412 *ibid.*

413 UNCRC, 'Concluding Observations: Ireland' (2016) UN Doc CRC/C/IRL/CO/3-4, para 53.

414 Mental Health Commission, *Annual Report 2017* (MHC 2018) 7. The Mental Health Commission's Code of Practice (2009) states that the placement of children in adult wards would be phased out by the end of 2011. Mental Health Commission, *Code of Practice Relating to Admission of Children under the Mental Health Act 2001: Addendum* (MHC 2009).

415 UNCRC 'General Comment No. 4 on The Implementation of the Rights of the Child during Adolescence (2016) UN Doc CRC/GC/20 para 29.

416 Government of Ireland, *First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019 – 2028* (DCYA 2018) Objective 6.1.

417 Department of Health, 'Minister McEntee establishes a community-led taskforce to take action to improve the mental health and wellbeing of children and young people in Ireland' (Press Release, 5 August 2016) <<https://bit.ly/2amT3ar>> accessed 18 January 2019.

418 Department of Health, 'National Youth Mental Health Taskforce – Extracts from *A Programme for a Partnership Government* & Taoiseach's 100 day priority commitment' (Department of Health) <<http://bit.ly/2IXjYMX>> accessed 11 February 2020.

419 Department of Health, 'National Taskforce on Youth Mental Health', <<https://bit.ly/2QVnNQ8>> accessed 18 January 2019.

420 National Youth Mental Health Task Force, *National Youth Mental Health Task Force Report 2017* (Department of Health 2017).

421 *ibid.* 9.

422 *ibid.* Recommendation 8. The Youth Mental Health Pathfinder project is an internal process designed to effectively collaborate across departments on an issue that spans more than one department.

423 *ibid.* Recommendation 3.

424 Health Service Executive, *National Service Plan 2019*, (HSE 2018) 41.

425 Communication received by the Children's Rights Alliance from HSE Mental Health Services, 30 January 2020.

area of awareness and training, with a working group being established in March 2019 to develop a new strategy for HSE mental health communications. The working group has completed two reviews focusing on public attitudes to mental health and evidence of effectiveness in public mental health campaigning.<sup>426</sup> A mental health communications framework that will be available to guide all public sector communications on mental health is being prepared and is due to be published in 2020.<sup>427</sup>

A key recommendation of the Taskforce Report was to establish an independent National Youth Mental Health Advocacy and Information Service.<sup>428</sup> Access to such an independent advocacy service for children and young people is particularly important as children under 18 cannot consent to, or refuse, mental health treatment, including admission for inpatient treatment. The pilot advocacy project run in Merlin Park has been extended to Linn Dara CAMHS Service Dublin.<sup>429</sup> The project is currently being evaluated and draft findings were expected in December 2019.<sup>430</sup> Following the completion of the evaluation, the service is expected to be rolled out nationally to all CAMHS services in early 2020.<sup>431</sup>

Two years on from the publication of the report of National Youth Mental Health Taskforce there has been progress in relation to a number of its recommendations. These include the pilot advocacy and information service, the establishment of a 24/7 contact line and the commencement of work on a new strategy for HSE mental health communications. These are very positive steps in the provision of youth mental health treatment. However, there are a number of recommendations where progress has been slow. There is no overall implementation plan for the Taskforce recommendations<sup>432</sup> and there has been no dedicated funding within successive budgets, including Budget 2020.

The Department of Health has initiated work on a Pathfinder Project to examine cross-departmental collaboration on youth mental health<sup>433</sup> which has the potential to achieve a whole-of-government approach and deliver improved access to child-friendly mental health services. The Project has ministerial approval<sup>434</sup> and was due to be established in 2019 but is not yet operational.<sup>435</sup> The project and associated team will require budgetary, governance and legal arrangements to be put in place. The Department of Public Expenditure and Reform is currently working with the Department of Health to see how best these arrangements can be put in place.<sup>436</sup> There is no clear date for when the project is expected to commence.

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426 *ibid.*

427 *ibid.*

428 National Youth Mental Health Taskforce, *National Youth Mental Health Task Force Report 2017* (Department of Health 2017) recommendation 1.4.

429 Communication received by the Children's Rights Alliance from the Department of Health, 25 November 2019.

430 *ibid.*

431 Communication received by the Children's Rights Alliance from the Department of Health, 22 November 2019.

432 *ibid.*

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433 Minister for Education and Skills, Richard Bruton TD, Schools Mental Health Strategies, Dáil Debates, 31 May 2017 [26132/17].

434 Communication received by the Children's Rights Alliance from the Department of Health, 10 January 2019. Section 12 of the Public Service Management Act 1997 will be used to enable a new collaborative model of working across Government.

435 Communication received by the Children's Rights Alliance from the Department of Health, 30 January 2020.

436 Communication received by the Children's Rights Alliance from the Department of Health, 22 November 2019.

# Mental Health

## Immediate Actions for 2020



### **Complete the review of *A Vision for Change* in 2020.**

The review of *A Vision for Change* should be delivered in 2020. Building further Child and Adolescent Community Mental Health Services capacity and adequate provision of 24/7 services to deal with emergency needs should form two core components of the service to be developed following the review. A multi-annual implementation plan is required with the appointment of an independent monitoring group to ensure that the reforms suggested by the review are translated into practice.



### **Ensure that all children under 18 have access to mental health services in a timely manner.**

Achieving this requires ongoing investment in the development of CAMHS. Greater efforts should be made to reduce waiting times for services, which remain unacceptably high.



### **Prioritise the establishment of the Youth Mental Health Pathfinder Project.**

The Pathfinder Project should be established early in 2020 to ensure that it can drive action on youth mental health including recommendations in the Report of the Youth Mental Health Taskforce. The project must be properly funded to achieve the intended outcomes.

## 3.3 Physical Health

Section Grade:

# B+

### → Government Commitment

#### *A Programme for a Partnership Government* commits to:

Commence the Public Health (Alcohol) Bill

▶ **Progress: Steady**

Implement a national obesity plan

▶ **Progress: Limited**

Implement a sexual health strategy

▶ **Progress: Limited**

'Physical Health and Wellbeing' receives a 'B+' grade in *Report Card 2020*, an increase on last year's 'B' grade. The enactment and commencement of the Public Health (Alcohol) Act in 2018 was a significant measure for children with aims to reduce the age at which they start drinking and to reduce alcohol consumption overall. The commencement of the sugar levy and the funding allocation for a hot meals pilot project in DEIS primary schools are positive developments in combatting food poverty and childhood obesity. The review of Relationships and Sexuality Education in schools was also very welcome.

Every child has the right to enjoyment of the highest attainable standard of physical health<sup>437</sup> and the right to an adequate standard of living for their physical, mental, spiritual, moral and social development.<sup>438</sup> This section examines three concrete and measurable commitments in *A Programme for a Partnership Government* which focus on physical health and wellbeing – namely, those relating to alcohol, obesity and sexual health.

#### ▶ **Public Health (Alcohol) Act 2018:**

An estimated 1.34 million people in Ireland drink harmfully and 176,999 are dependent drinkers.<sup>439</sup> Recent Growing Up In Ireland studies found that

437 UN Convention on the Rights of the Child (20 November 1989) 1577 UNTS 3 (UNCRC) Art 24.

438 *ibid* Art 27.

439 Jean Long and Deirdre Mongan, *Alcohol Consumption in Ireland: Analysis of a national alcohol diary survey* (HRB 2014).

89 per cent of 17 and 18 year olds, and 15 per cent of 13 year olds, drink alcohol.<sup>440</sup> The average age at which children have their first drink is 15.9 years. In one study, over three quarters of young people aged between 13 and 17 reported exposure to online marketing for alcohol.<sup>441</sup>

In October 2018, the Public Health (Alcohol) Act was passed with the aims of reducing Ireland's overall average alcohol consumption to the OECD average by 2020;<sup>442</sup> regulating the supply and price of alcohol to reduce alcohol-related harm; and delay the age at which children first drink alcohol.<sup>443</sup> The Act was a key step towards curbing children's early introduction to alcohol and tackling Ireland's high levels of alcohol consumption among children and young people. Its long-awaited passage into law is welcome. Measures to reduce adult consumption are also beneficial for children where parental alcohol consumption has a negative impact. The Act restricts alcohol advertising at events where children are present and at places frequented by children including public transport, sports events or in grounds where the majority of competitors or participants are children. It also prohibits alcohol advertising targeted at children.<sup>444</sup> Other positive measures include the introduction of minimum unit pricing;<sup>445</sup> mandatory health warnings in advertisements;<sup>446</sup> a prohibition on price-based promotions; mandatory health warnings on labels and structural separation.<sup>447</sup>

In November 2019, three sections of the Act came into operation including a prohibition on alcohol advertising in or on public service vehicles, at public transport stops or stations and within 200 metres of a school, early years centre or a local authority playground.<sup>448</sup> A prohibition on alcohol advertising in a cinema except in the case of films with an 18 classification or in a licensed premises in

a cinema and a prohibition on children's clothing which promotes alcohol were also introduced.<sup>449</sup> However, the control of minimum unit pricing,<sup>450</sup> the content of advertising<sup>451</sup> and the introduction of a broadcast watershed for advertising<sup>452</sup> have yet to be commenced. These sections are vital, especially given that proposed legislative amendments to limit this type of marketing simpliciter were not passed,<sup>453</sup> these sections are more vital than ever to assuage concerns that the legislation does not address the issue of alcohol sports sponsorship more generally. Young people can be exposed to alcohol marketing which encourages, normalises and glamorises alcohol consumption.<sup>454</sup> There remains a need to address the digital marketing of alcohol to children and young people<sup>455</sup> and the failure of government to progress the commencement of these sections undermines the impact of the Public Health Alcohol Act.

#### ► National Obesity Plan:

*Better Outcomes, Brighter Futures, The National Policy Framework for Children and Young People 2014-2020* commits to tackling the issue of childhood obesity through a range of legislative, policy and public awareness initiatives.<sup>456</sup> The UN Special Rapporteur on the Right to Food has highlighted five priority actions to combat obesity: regulating the sale of 'junk food'; restricting the advertising of 'junk food'; overhauling agricultural subsidies to make healthier foods cheaper than less healthy alternatives; taxing unhealthy products; and supporting local food production so that consumers have access to healthy, fresh and nutritious food.<sup>457</sup>

440 Growing up In Ireland, Key Findings: Cohort '98 at 20 years old in 2018/19, No. 2 Physical Health <<https://bit.ly/2OIJMAj>> accessed 2 February 2020.

441 Alcohol Action Ireland and the Health Promotion Research Centre NUI Galway, *Alcohol marketing and young people's drinking behaviour in Ireland* (Alcohol Action Ireland 2015) 4.

442 In 2016, alcohol consumption per capita in Ireland was 11.64 litres. The OECD average is 9.1 litres per person over the age of 15.

443 Communication received by the Children's Rights Alliance from the Department of Health, 22 November 2017.

444 Public Health Alcohol Act 2018, section 17 to 19.

445 *ibid* s 11.

446 *ibid* s13.

447 *ibid* s 11.

448 Communication received by the Children's Rights Alliance by the Department of Health, 10 December 2019.

449 *ibid*.

450 Public Health (Alcohol) Act 2018 s 11.

451 *ibid* s 13.

452 *ibid* s 14.

453 Ailbhe Conneely, 'Sinn Fein Amendment to Public Alcohol Bill Opposed by Government' (RTE, 26 September 2018) <<https://bit.ly/2vETOCj>> accessed 3 February 2020.

454 Alcohol Action Ireland and the Health Promotion Research Centre NUI Galway, *Alcohol marketing and young people's drinking behaviour in Ireland* (Alcohol Action Ireland 2015) 2.

455 Seventy-seven per cent of children aged 13 to 17 have reported exposure to online marketing. Alcohol Action Ireland and the Health Promotion Research Centre NUI Galway, *Alcohol marketing and young people's drinking behaviour in Ireland* (Alcohol Action Ireland 2015) 4.

456 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (Department of Children and Youth Affairs 2014) Commitment 1.1.

457 Human Rights Council, 'Report submitted by the Special Rapporteur on the right to food, Olivier De Schutter' (2012) UN Doc A/HRC/19/59, 17-18.

A quarter of children living in Ireland are obese or overweight.<sup>458</sup> Childhood obesity has long-term effects on children's physical and emotional wellbeing.<sup>459</sup> *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016–2025* focuses on prevention of obesity and enabling a greater proportion of the population maintain a healthy weight.<sup>460</sup> A progress report is currently being finalised for presentation to the Obesity Policy Implementation Oversight Group.<sup>461</sup>

In December 2017, the Department of Health published the *Non-Broadcast Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice*.<sup>462</sup> The voluntary nature of the codes mean that companies have no legal obligations in relation to marketing and advertising and there are no restrictions on how they market their products to children. The Department of Health is working to establish a monitoring mechanism for the voluntary codes of practice.<sup>463</sup> The problem with voluntary codes is that they allow for self-regulation which may not sufficiently reduce the advertising of unhealthy foods, nor reduce children's exposure to this advertising.<sup>464</sup> Ireland is currently engaging with other EU countries to potentially establish an initiative to address issues concerning the marketing of unhealthy food to children.<sup>465</sup> The Joint Oireachtas Committee on Children and Youth Affairs recommended the introduction of a statutory code for the advertising and marketing of food and non-alcoholic beverages in the non-broadcast media and called for an independent monitoring body to be established as

a matter of priority to monitor compliance with the effectiveness of the *Voluntary Codes of Practice*.<sup>466</sup>

The Joint Oireachtas Committee on Education and Skills has also recommended that digital marketing aimed at children, by the food and drinks industries, be appropriately regulated to reduce the influence on their eating habits and that advertising on school grounds be banned.<sup>467</sup>

#### ► Sugar Levy:

The levy on sugar-sweetened drinks, committed to in the *Obesity Policy*,<sup>468</sup> commenced on 1 May 2018.<sup>469</sup> The levy introduced a rate of 30 cent on any water or juice based drink with over eight milligrams of sugar per litre and 20 cent on the same drinks with five to eight milligrams of sugar per litre.<sup>470</sup> The purpose of the levy is to help tackle obesity by encouraging a reduction in the consumption of sugar-sweetened drinks.<sup>471</sup> The levy was expected to raise €27 million in 2018 and €40 million in a full year.<sup>472</sup> However, the yield for the Sugar Sweetened Drinks Tax for 2018 was €16.3 million. This was below expectations, which may mean that industry has adapted to the tax by reformulating its products. More detailed evaluation of the effects of the tax will be carried out in 2020.<sup>473</sup> While the introduction of the sugar levy is a public health measure, the Minister for Finance, Paschal Donohoe TD, has indicated that the revenue raised will not be ring-fenced for investment in obesity reducing initiatives.<sup>474</sup> This is disappointing as there are long waiting lists for obesity treatment for children around the country.<sup>475</sup> Ring-fencing revenue from the sugar levy could be used to address issues such as this.

458 Department of Health, *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016–2025* (Stationery Office 2016) 14.

459 *ibid* 30.

460 Minister of State for Health Promotion, Marcella Corcoran Kennedy TD, Written Answers, School Meals Programme, Dáil Debates, 24 January 2017 [2868/17].

461 Communication received by the Children's Rights Alliance from the Department of Health, 6 December 2018.

462 Healthy Ireland, *No-Broadcast Media Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice* (Department of Health 2017). The membership of the Working Group included the Department of Health, IBEC, the Food Safety Authority of Ireland, advertisers, the Health Service Executive, Advertising Standards Authority of Ireland, Department of Agriculture Food and the Marine, Food Drink Ireland, Broadcasting Authority of Ireland, and Safefood.

463 Communication received by the Children's Rights Alliance from the Department of Health, 30 January 2020.

464 Galbraith-Emami, S., and Lobstein, T. 'The impact of initiatives to limit the advertising of food and beverage products to children: a systemic review' (2013) 14 *Obesity Reviews* 960 – 74.

465 Communication received by the Children's Rights Alliance from the Department of Health, 30 January 2020.

466 Joint Oireachtas Committee on Children and Youth Affairs, *Report on Tackling Childhood Obesity* (Houses of the Oireachtas, 2018) 7.

467 *ibid* 16.

468 Department of Health, *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016–2025* (Stationery Office 2016) Action 1.9.

469 Minister for Finance, Paschal Donohoe TD, Written Answers, Tax Code, 8 May 2018 [19737/18].

470 Minister for Finance and Public Expenditure and Reform, Paschal Donoghue TD, Budget Statement 2018, Dáil Éireann Debate, 10 October 2017.

471 Minister for Finance, Paschal Donohoe TD, Written Answers, Tax Yield, 16 May 2018 [21527/18].

472 Minister for Finance, Paschal Donohoe TD, Written Answers, Tax Yield, 10 May 2018 [20534/18].

473 Communication received by the Children's Rights Alliance from the Department of Health, 6 December 2019.

474 Minister for Finance, Paschal Donohoe TD, Written Answers, Tax Code, 22 May 2018 [22028/18].

475 Prof Donal O'Shea 'Ireland's Obesity Epidemic', Irish Independent, Real Health Podcast, 8 August 2019.

### ► Food Poverty:

Clear health inequalities exist between children who live in disadvantaged areas and the general population.<sup>476</sup> *A Healthy Weight for Ireland Strategy* recognises this stark inequality and commits to prioritising vulnerable groups, including ‘families, children, low-income groups and people living in deprived areas.’<sup>477</sup> A needs assessment for resource allocation ‘for preventative and treatment services for children and adults’ was due to take place in the first year of the policy.<sup>478</sup> The HSE will carry out the needs assessment under the aegis of the Obesity Policy Implementation Oversight Group.<sup>479</sup>

Food poverty is one of the driving forces behind higher rates of obesity and ill-health in disadvantaged communities.<sup>480</sup> It is defined as the inability to have an adequate and nutritious diet due to issues of affordability and accessibility.<sup>481</sup> In 2016, almost 10 per cent of the population experienced food poverty.<sup>482</sup> Current rates of social welfare payments and earnings based on the minimum wage make it difficult to follow a healthy diet<sup>483</sup> as nutrient-dense foods such as lean meat, fruit and vegetables are more expensive than energy-dense, cheaper foods.<sup>484</sup> The age of a child also impacts on the cost of food as infants have specific dietary requirements and teenagers require greater quantities of food.<sup>485</sup>



While the short-term impact of food poverty is poor diet and lack of nutrients, the long-term effects can lead to diet-related illnesses, including obesity.<sup>486</sup>

There was a four per cent decrease in the proportion of household take-home income required for a healthy food basket between 2016 and 2018 for both urban and rural families.<sup>487</sup> Factors contributing to this included both a decrease in average food prices over the two-year period and an increase in household incomes including the increase of the minimum wage and the increase in social welfare payments.<sup>488</sup>

The introduction of hot school meals is an important measure for tackling food poverty experienced by children as it means that they will receive at least one nutritious meal a day in a non-stigmatising manner. Building on the expansion of the scheme in 2017 to provide breakfast in 175 non-DEIS schools,<sup>489</sup> an additional €1 million was allocated in Budget 2019 to establish a hot school meals pilot programme for DEIS schools.<sup>490</sup> In August 2019, Minister for Employment Affairs and Social Protection, Regina Doherty TD, announced that 37 primary schools had been selected for the Hot School Meals Pilot Project, an initiative

476 Department of Health, *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016–2025* (Stationery Office 2016) Action 1.8.

477 *ibid.*

478 *ibid.*

479 Communication received by the Children’s Rights Alliance by the Department of Health, 6 December 2018.

480 Irish Heart Foundation, *Investing in children’s future health*, Pre-Budget Submission (IHF July 2015) <<http://bit.ly/2bLAW5v>> accessed 30 January 2017.

481 Caroline Carney and Bertrand Maitre, *Constructing a Food Poverty Indicator for Ireland using the Survey on Income and Living Conditions, Social Inclusion Technical Paper No. 3* (Department of Social Protection 2012) 7.

482 Communication received by the Children’s Rights Alliance by the Department of Employment Affairs and Social Protection, 27 November 2018. The figure is calculate using EU SILC data analysed by the Economic and Social Research Institute.

483 Bernadette MacMahon and Noreen Moloney, *What is the cost of a healthy food basket in the Republic of Ireland in 2016?* (Safefood 2016).

484 Nicole Darmon & Adam Drewnowski, Contribution of food prices and diet cost to socioeconomic disparities in diet quality and health: a systematic review and analysis; *Nutrition Reviews*, 73 (10), 1 October 2015 643-660. David Madden, ‘The Poverty Effects of a ‘Fat Tax’ in Ireland’ (2015) 24 *Health Economics*, 4.

485 Bernadette MacMahon, Gráinne Weld, Robert Thornton and Micheál Collins, *The Cost of a Child: A consensual budget standards study examining the direct cost of a child across childhood* (Vincentian Partnership for Social Justice 2012) 32.

486 Irish Heart Foundation & Social Justice Ireland, *Reducing Obesity and Future Health Costs*, (IHF and SJI 2015) 7.

487 Safe Food, *What is the cost of a healthy food basket in the Republic of Ireland in 2018?*, June 2019.

488 *ibid.*

489 Communication received from the Department of Employment Affairs and Social Protection, 13 November 2017.

490 Minister for Employment Affairs and Social Protection, Regina Doherty TD, Written Answers, School Meals Programme, 6 November 2019.



to provide to primary school children on a pilot basis from September.<sup>491</sup> The 37 schools chosen to participate in the pilot hot school meals programme were selected randomly, having regard to geographical spread, numbers enrolled, range of suppliers and the overall budget available for the pilot. Of the 37 schools, 12 are non-DEIS with the remaining 25 having DEIS status.<sup>492</sup> All schools are required to provide the meals in compliance with the 'Nutrition Standards for School Meals', issued by Healthy Ireland.<sup>493</sup> Schools are required to submit detailed records at the end of each school year. Expenditure on unhealthy food items is deducted from the funding allocation. Where schools do not have kitchen or canteen facilities the meals are prepared off-site. Schools are not permitted to seek any additional contribution from parents for the food.<sup>494</sup> An evaluation of the project will be undertaken in quarter two of 2020 which will include consultation with schools, parents and suppliers participating on the pilot.<sup>495</sup>

491 Communication received by the Children's Rights Alliance from the Department of Employment Affairs and Social Protection, 15 November 2019.

492 *ibid.*

493 *ibid.*

494 Communication received by the Children's Rights Alliance from the Department of Employment Affairs and Social Protection, 24 January 2020.

495 Communication received by the Children's Rights Alliance from the Department of Employment Affairs

*Project Ireland 2040: The National Development Plan* commits to spending €2.5 billion on the refurbishment of the existing school stock over the next 10 years.<sup>496</sup> This presents an opportunity to make funding for the school buildings programme and refurbishment grants contingent upon the inclusion of a school kitchen.

From January 2018, the new Nutrition Standards for the School Meals Programme were applied and all participating schools were required to be fully compliant with the standards from September 2018<sup>497</sup> and were to be monitored through the inspection process from the 2018/2019 academic year.<sup>498</sup> The Standards aim to ensure that schools provide children and young people with 'healthy balanced meals that follow the Healthy Eating Guidelines'.<sup>499</sup> The Department of Health is currently examining how monitoring nutritional standards can be achieved more effectively including drafting specific nutritional

and Social Protection, 15 November 2019.

496 Department of Public Expenditure and Reform, *Project Ireland 20140: The National Development Plan* (DPER 2018) 86.

497 Department of Health, 'New Healthy Eating Standards for School Meals launched' (Department of Health 2017) <<http://bit.ly/2yBXJS9>> accessed 13 February 2020.

498 Minister for Employment Affairs and Social Protection, Regina Doherty TD, Written Answers, School Meals Programme, 30 May 2018 [23982/18].

499 Department of Health, 'New Healthy Eating Standards for School Meals launched' (Department of Health 2017).

standards for the 'hot meals' in consultation with the Department of Health, the HSE and the Food Safety Authority of Ireland.<sup>500</sup> Healthy eating guidelines for children aged between one and five years are currently in development and are expected to be published in the coming months.<sup>501</sup>

The Joint Oireachtas Committee on Children and Youth Affairs has recommended that Government establish clear targets for reducing socio-economic inequalities in childhood obesity, including food poverty, and implement an evaluation framework to monitor progress.<sup>502</sup> The issue of food poverty falls within the remit of several key government departments yet there continues to be a lack of coordination and leadership on the issue. Given the shared responsibility, a single government department should hold primary responsibility for the coordination and centralisation of food poverty measures in Ireland.

### ► Sexual Health Strategy:

All children have the right to the highest attainable standard of health, including sexual health.<sup>503</sup> States have an obligation to take measures to ensure that children and young people have access to education that provides them with a basic knowledge of health in order for them to make informed choices.<sup>504</sup> The education should be age-appropriate and accessible.<sup>505</sup> The UN Committee on the Rights of the Child has specified that sexual health education should be 'based on scientific evidence and human rights standards'<sup>506</sup> and should be 'designed in a manner through which children are able to gain knowledge regarding reproductive health and the prevention of gender-based violence, and adopt responsible sexual behaviour'.<sup>507</sup> In 2016, the UN

Committee expressed concern at the 'lack of access to sexual and reproductive health education' for young people in Ireland and recommended that it should be included as a mandatory part of the school

curriculum as well as the adoption of a sexual and reproductive health policy for young people.<sup>508</sup>

*The National Sexual Health Strategy 2015–2020* aims to improve sexual health and wellbeing and reduce negative sexual health outcomes.<sup>509</sup> The Strategy acknowledges the State's responsibility to ensure that children and young people receive comprehensive sex education and it recognises the need for a 'partnership approach between parents, statutory and non-statutory organisations'.<sup>510</sup> It commits to ensuring that children and young people will have access to 'age-appropriate sources of trustworthy and accurate information and support on relationships and sexual health'<sup>511</sup> as well as to undertaking an evaluation of the State-funded Relationships and Sexuality Education (RSE) programmes.<sup>512</sup> In April 2018, the HSE launched a new website on sexual wellbeing which includes age-appropriate resources for parents of children aged two to 12 years on how to talk to their children about relationships, sexuality and growing up.<sup>513</sup>

Currently, sex and relationship education in schools is conducted as part of the RSE programmes.<sup>514</sup> While the HSE Sexual Health and Crisis Pregnancy Programme has developed materials and programmes (such as [b4udecide.ie](http://b4udecide.ie)),<sup>515</sup> a school's Board of Management can exercise discretion in how their 'school's characteristic spirit will inform the teaching of a programme'<sup>516</sup> and

500 Communication received by the Children's Rights Alliance from the Department of Employment Affairs and Social Protection, 15 November 2019.

501 Communication received by the Children's Rights Alliance from the Department of Health on 30 January 2020.

502 Joint Oireachtas Committee on Children and Young Affairs, *Report on Tackling Childhood Obesity*, (Houses of the Oireachtas, 2018) 4.

503 UN Convention on the Rights of the Child (20 November 1989) 1577 UNTS 3 (UNCRC) Art 24 (1).

504 *ibid* Art 24(2)(e).

505 UNCRC, 'General Comment No. 15 on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health (Art 24)' (2013) UN Doc CRC/C/GC/15 para 58.

506 UNCRC, 'General Comment No. 20 on the Rights of the Child During Adolescence' (2016) UN Doc CRC/C/GC/20 para 61.

507 UNCRC, 'General Comment No. 15 on the Right of the Child to the Enjoyment of the Highest Attainable Standard of Health (Art 24)' (2013) UN Doc CRC/C/GC/15 para 60.

508 UNCRC, 'Concluding Observations: Ireland' (2016) UN Doc CRC/C/IRL/CO/3-4 para 58.

509 Department of Health, *The National Sexual Health Strategy 2015–2020 and Action Plan for 2015–2016* (Department of Health 2015) 17.

510 *ibid* 36.

511 *ibid* action 3.4.

512 *ibid* action 3.8.

513 Communication received by the Children's Rights Alliance from the Department of Health, 6 December 2018. The website [www.sexualwellbeing.ie](http://www.sexualwellbeing.ie) aims to be the trusted source of information on sexual health and wellbeing in Ireland. The website speaks to all people living in Ireland, regardless of their sexual orientation or age/ stage of adult life.

514 Section 4 of the Rules and Programme for Secondary Schools requires schools to have an agreed policy for RSE and a suitable RSE programme in place for all students at both junior and senior cycle. Department of Education and Skills, 'Relationships and Sexuality Education (RSE)' <<https://bit.ly/2Fe9guc>> accessed 18 January 2019.

515 B4udecide 'HSE Crisis Pregnancy Programme' <[B4udecide.ie](http://B4udecide.ie)> accessed 13 February 2010.

516 Department of Education and Skills, 'Relationships and Sexuality

there is no onus to refer to the materials produced by the HSE. In April 2018, the Minister for Education and Skills announced a major review of the RSE Programme by the National Council on Curriculum and Assessment (NCCA), examining both the content of the RSE curriculum and the delivery of the curriculum to students.<sup>517</sup> As part of the review, the NCCA examined the 'experience and reality of RSE as delivered in schools.'<sup>518</sup> The review has encompassed consultation with students, teachers, principals and parents on the planning, teaching and standard of the RSE curriculum, the role of teachers and the appropriate level of support provided by external providers, the amount of time dedicated to the subject and the effectiveness of the continuing professional development opportunities for RSE teachers.<sup>519</sup> The final report was published in December 2019 and highlighted the need to create one curriculum that sets out one curriculum, treating Social, Personal and Health Education (SPHE) and Relationships and Sexuality Education (RSE) as a single subject and incrementally provides a continuity of experience in SPHE/RSE from early childhood education to post-primary.<sup>520</sup> In the report the NCCA committed to develop and publish Interim Guidelines to support the teaching of SPHE/RSE in the shorter term while the curriculum is being redeveloped. These Interim Guidelines will provide guidance on how the current curriculum can be approached in a more holistic way and provide clarity on how topics can be taught in a fully inclusive manner.<sup>521</sup>

The review of the RSE curriculum is timely as a survey published in April 2018 found that young people do not find teachers a useful source of information, with over 90 per cent of young people regarding the internet as their most trusted source of information on healthy sexual relationships.<sup>522</sup> More than 20 per cent of young people found pornography a useful source of information on healthy sexual relationships.<sup>523</sup>

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Education' <<https://bit.ly/2Fe9guc>> accessed 13 February 2020.

517 Department of Education and Skills, 'Minister Bruton starts major update of Relationships and Sexuality Education' (3 April 2018) <<https://bit.ly/2DksbVi>> accessed 3 February 2020. The Minister asked that specific consideration be given to the matters of consent, developments in contraception, healthy positive sexual expression and relationships, safe use of the internet, social media and its effects on relationships and self-esteem and LGBTI+ matters in the course of the review.

518 *ibid.*

519 NCCA, *Report on the Review of Relationships and Sexuality Education (RSE) in Primary and Post-Primary schools* (Department of Education 2019)

520 *ibid.* 79.

521 *ibid.* 80.

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522 Youth Work Ireland, 'Young people turn away from teachers and parents towards the internet for sex education' (*Youth Work Ireland*, 23 April 2018) <<https://bit.ly/2Fe7Rm2>> accessed 3 February 2020.

523 *ibid.*

## Physical Health

### Immediate Actions for 2020



#### **Allocate adequate resources to ensure commencement of the entirety of the Public Health Alcohol Act 2018.**

Given the relatively high levels of alcohol consumption by young people, all remaining sections of the Public Health Alcohol Act 2018 should be commenced without further delay to ensure the Act achieves maximum impact.



#### **Expand the Hot School Meals programme in 2020.**

Complete the evaluation of the Hot School Meals programme as soon as possible with a view to extending the programme in 2020.



#### **Implement the recommendations of the NCCA review of Relationships and Sexuality Education (RSE) in primary and post-primary schools.**

Prioritise the Social, Personal and Health Education (SPHE)/Relationships and Sexuality Education (RSE) in curriculum redevelopment taking account of the recommendations of the NCCA report and create a national strategy for the implementation of the new unified SPHE/RSE programme.



#### **Ring-fence the revenue from the sugar levy to tackle childhood obesity.**

The revenue raised from the sugar levy should be ring-fenced and used to fund childhood obesity programmes and tackle waiting lists for obesity treatment.