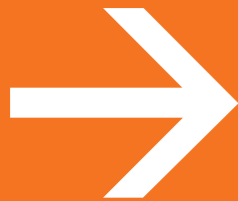


Patronage and Pluralism in Primary Education

Immediate Actions for 2016



CREATE A NATIONAL NETWORK OF SCHOOLS THAT GUARANTEE EQUALITY OF ACCESS TO CHILDREN IRRESPECTIVE OF THEIR RELIGIOUS OR NON-RELIGIOUS BELIEF.

Develop a five-year national plan on access to multi-denominational education and the divestment process, specifying how progress will be made in the 20 remaining areas which have shown clear parental demand for alternative forms of education but where this has not progressed.

AMEND THE EXEMPTION UNDER SECTION 7(3)(C) OF THE EQUAL STATUS ACTS 2000-2012.

Section 7(3)(c), which allows schools of a particular religious ethos to give preference to students of that religious denomination, or refuse admission to students of other or no religion to preserve the school's ethos, should be amended to ensure that no child is discriminated against in accessing publicly-funded education on the basis of their religion.

DEVELOP COMMUNITY DIVERSITY GUIDELINES FOR SCHOOLS INCLUDING PRACTICAL SOLUTIONS FOR OPTING OUT OF FAITH FORMATION CLASSES.

The Department of Education and Skills should develop statutory Community Diversity Guidelines for Schools setting out on how to create a pluralistic environment for children of all faiths and none, in line with the recommendation of the report of the Forum on Patronage and Pluralism in the Primary Sector. The Guidelines should provide practical and child-friendly options to facilitate children to opt-out of faith formation classes including the scheduling of faith formation classes at the start or end of the school-day.

INTRODUCE THE CURRICULUM ON EDUCATION ABOUT RELIGIONS AND BELIEFS (ERB) AND ETHICS.

Following the ongoing consultation, the curriculum on Education about Religions and Beliefs (ERB) and Ethics should be drafted reflecting the recommendations of the Forum for Patronage and Pluralism in the Primary Sector as well as the rights of the child.

3. RIGHT TO HEALTH

Chapter Grade

C+

“

10 years after the publication of Ireland's mental health policy *A Vision for Change* it is very concerning that children referred to mental health services are having to wait for care. Childhood is a key life stage in which the foundation for future mental health and wellbeing is laid. It is important that a range of mental health supports are available to children, wherever they are in the country, so that they can receive appropriate help promptly.”

Shari McDaid, Director, Mental Health Reform

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



3.1

Primary Care**GOVERNMENT COMMITMENT**

The *Programme for Government 2011-2016* commits to introducing Universal Primary Care and removing fees for General Practitioner (GP) care within this Government's term of office.

**Progress: Steady**

> The legislative basis for Universal Primary Care will be established under a Universal Primary Care Act.

**Progress: Not Complete**

> Universal Primary Care will be introduced in phases so that additional doctors, nurses and other primary care professionals can be recruited.

**Progress: Steady****IN THE NEWS****FREE GP CARE FOR CHILDREN UNDER 6**

The Clare Herald, 9 April 2015

Thousands of Clare children aged under 6 are to benefit from free GP care from this summer following an agreement reached between the Department of Health, the HSE and the Irish Medical Organisation (IMO).

The news has been welcomed by Fine Gael Senator for Clare, Tony Mulcahy who said that over 10 thousand children in Clare are eligible for free GP care under the new family friendly measure being introduced by the Government.

"This will have a huge impact on thousands of families across Clare, who will no longer have to stump up €50 every time a child has to see the doctor," he said.

"This is another important step towards universal healthcare and follows the recent agreement on free GP care for over-70s. Both will make a real difference to the lives of the youngest and oldest in our society and delivers on the Government's promise of enhancing primary care," added Senator Mulcahy. [...]

By *Newsdesk*

'Primary Care' receives a 'B-' grade in Report Card 2016, an increase on the 'C' grade awarded in Report Card 2015. This grade reflects the continued introduction on a phased basis of Universal Primary Care with the introduction of free General Practitioner (GP) care for children under the age of six and the commitment to extend the scheme to all children under the age of 12 in 2016. Children and those over 70 are the only groups to have benefited from free GP Care.

This is the final year being analysed in the Report Card series under the *Programme for Government 2011-2016*, while significant steps have been taken to remove fees for GP care for children, it is clear that the Government has not fulfilled its commitment to

introduce a legislative basis for Universal Primary Care. Universal Primary Care is defined as the establishment of a primary care system which is free at the point of use, comprising multi-disciplinary teams in dedicated centres, and with a greater focus on prevention of illness and the care of chronic conditions.²⁰⁹ The Government commitment to introduce Universal Primary Care is a positive step towards vindicating the right of a child to the highest attainable standard of health and healthcare.²¹⁰ As a child's first point of contact with the health system, a well-resourced, responsive and effective primary care service has the potential to prevent the development of conditions that may later require more intensive treatment or hospitalisation, at greater cost to the child and the State. Article 24 of the UN Convention

209 Department of Health, 'Reforming Primary Care' <<http://health.gov.ie/future-health/reforming-primary-care-2/>> accessed 12 January 2016.

210 The right of the child to health is set out in Convention on the Rights of the Child (20 November 1989) 1577 UNTS 3 (UNCRC) Art 24; International Covenant on Economic, Social and Cultural Rights (16 December 1966) 993 UNTS 3 (ICESCR) Art 12.

on the Rights of the Child places particular emphasis on the development of primary health care²¹¹ and through General Comment 15, 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.²¹²

Ireland has the only health system in the European Union that does not offer universal coverage of primary care.²¹³ Instead, it operates a two-tier system which has resulted in long waiting lists to access public healthcare services.²¹⁴ Ireland spends 8.1 per cent of its Gross Domestic Product (GDP) on health.²¹⁵ Despite the Government commitment to introduce Universal Primary Care,²¹⁶ less than 25 per cent of the Health Service Executive's overall budget is allocated to these services.²¹⁷

The introduction of a supplementary budget for health has become standard practice over the past number of years. However, under European Union Fiscal Rules introduced in January 2015²¹⁸ it will no longer be possible to have a supplementary budget to address an overspend in any department. Any overspend in health can only be dealt with by 'savings' from elsewhere, such as cutting back on services or raising more money, for example through increased taxation.²¹⁹ There are concerns that the existing level of service may struggle to be maintained towards the end of 2016 within the current Budget allocation.²²⁰

Free GP Care for Children: In *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020*, the Government reiterated its commitment to introduce universal free GP services,²²¹ first articulated in the 2012 *Future Health Framework*.²²² In 2013, the Government announced the first step towards universal free GP care,²²³ by allocating €37 million to meet the full year cost of free GP care to 420,000 children under the age of six years.²²⁴ Following the enactment of the Health (General Practitioner Service) Act 2014 and the successful negotiations of a GP contract, the scheme for children under six years began in June 2015 and within three weeks 60 per cent of children under six were registered.²²⁵ An updated figure for the number of children who remain unregistered has not been published. As the scheme is a key way of implementing a child's right to access healthcare, the registration figure will need to be tracked to ensure close to 100 per cent registration.

Ireland has the only health system in the European Union that does not offer universal coverage of primary care. Instead, it operates a two-tier system which has resulted in long waiting lists to access public healthcare services.

The Government announced in Budget 2016 that the free GP Care Scheme will be extended to all children under the age of 12. The extension of the GP Care Scheme to the under 12s is expected to commence in late 2016 and will result in approximately 200,000 additional children being eligible to access GP services without fees.

There is a risk that particular marginalised communities may remain outside the scheme. Therefore, measures may need to be taken to promote awareness of the scheme and to remove any barriers to registration.

The new GP contract, negotiated as part of the scheme for under sixes, began a process of re-orientating the focus of GP care toward prevention and health promotion. New elements of the scheme include the provision of assessments of children at age two years and again at age five years. The health assessments are aimed at wellbeing and the prevention of disease. The scheme also includes an agreed cycle of care for children diagnosed with asthma.²²⁶ The expanded scheme is a further positive step towards fulfilling the child's right to access preventive healthcare, in line with EU law²²⁷ and international human rights law.²²⁸

The Government announced in Budget 2016 that the free GP Care Scheme will be extended to all children under the age of 12. The extension of the GP Care Scheme to the under 12s is expected to commence in late 2016²²⁹ and will result in approximately 200,000 additional children being eligible to access GP services without fees.²³⁰

Primary Care Teams and Centres: Community-based, early intervention and preventative healthcare services within a primary care structure are critical so that children can access effective services close to home and when they need them.²³¹ To fulfil the child's right to the highest attainable standard of healthcare, it is essential that primary care teams and primary care centres are in place and fully operational throughout the country. The UN Committee on the Rights of the Child encourages states to 'strive to ensure availability, accessibility, acceptability and quality of essential children's health services for all, without discrimination.'²³²

A key way in which the Government is seeking to fulfil its commitment to introduce universal primary healthcare is through the development of primary care teams²³³ and primary care centres.²³⁴ At the end of 2015, 484 primary care teams, at different stages of development, were in operation across the country.²³⁵ The teams comprise over 3,000 nursing, therapy and support staff and are providing services to almost four million people.²³⁶ As of December 2015, there were 90²³⁷ primary care centres in operation. An additional nine²³⁸ centres are due to become operational in 2016 and a further 38 centres

211 Convention on the Rights of the Child (20 November 1989) 1577 UNTS 3 (UNCRC) Art 24 (b).
212 UNCRC 'General Comment 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.
213 Department of Health, *The Path to Universal Healthcare: White Paper on Universal Health Insurance* (Health Service Executive 2014) 18.
214 *ibid.*
215 Social Justice Ireland, *Budget 2016 Analysis and Critique* (Social Justice Ireland 2015) 18.
216 Government of Ireland, *Programme for Government 2011-2016* (Stationery Office 2011) 32.
217 Almost €3,182 million (This figure includes €765 million allocated for Primary Care and €2,417 million provided under the Primary Care Reimbursement Service heading for the various Primary Care Schemes) out of an overall estimated Health Budget of €12,987 million for 2016. Health Service Executive, *National Service Plan for 2016* (Health Service Executive 2015) 2, 50.
218 For more see: Council of Europe, 'Economic and Financial Affairs' <http://ec.europa.eu/economy_finance/economic_governance/sgp/index_en.htm> accessed 13 January 2016.
219 Minister for Health, Leo Varadkar TD, Parliamentary Questions, Priority Questions, 22 October 2015 [36796/15].
220 Social Justice Ireland, *Budget 2016 Analysis and Critique* (Social Justice Ireland 2015) 18.
221 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) 30.
222 Department of Health, *Future health: a strategic framework for reform of the health service 2012 – 2015*, (Department of Health 2012) 50.
223 Minister for Public Expenditure and Reform, Mr. Brendan Howlin TD, Address to Dáil Éireann on Expenditure Estimates 2014, 15 October 2013.
224 Health Service Executive, *National Service Plan 2014*, (Health Service Executive 2013) 38.
225 Department of Health, '100,000 Children Sign-Up for GP Care in 3 Weeks'(3 July 2015) <<http://health.gov.ie/blog/press-release/gp-care-under-6s/>> accessed 30 November 2015.

226 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) <<http://health.gov.ie/wp-content/uploads/2015/04/Under-6s-Form-of-Agreement-GP-Contract1.pdf>> accessed 30 November 2015, Recital E.
227 European Union Charter of Fundamental Rights (22 October 2012) OJ C 326, Article 35: 'Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.'
228 Convention on the Rights of the Child (20 November 1989) 1577 UNTS 3 (UNCRC) Art 24; UN General Assembly, International Covenant on Economic, Social and Cultural Rights (16 December 1966) 993 UNTS 3 (ICESCR) Art 12.
229 This is subject to contract negotiations with the Irish Medical Organisation and relevant legislative amendment. Communication received by the Children's Rights Alliance from the Department of Health, 18 December 2015.
230 Communication received by the Children's Rights Alliance from the Department of Health, 5 January 2016.
231 Sheila Greene 'Getting the First Steps Right' (*Trinity Research Centre*, 3 December 2015) <<http://health.gov.ie/wp-content/uploads/2011/06/Presentation-by-Sheila-Greene-Children%E2%80%99s-Research-Centre-Trinity-College-Dublin.pdf>> accessed 6 January 2016.
232 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 104.
233 A Primary Care Team (PCT) is a multidisciplinary group of health and social care professionals who work together to deliver local accessible health and social services to a defined population of between 7,000-10,000 people at 'primary' or first point of contact with the health service.
234 Department of Health, 'Reforming Primary Care' <<http://health.gov.ie/future-health/reforming-primary-care-2/>> accessed 12 January 2016.
235 Communication received by the Children's Rights Alliance from the Department of Health, 18 December 2015.
236 *ibid.*
237 *ibid.*
238 *ibid.*

Despite a Programme for Government commitment and much progress in the area of primary care, there continues to be no legislative basis for Universal Primary Care. A legislative basis for primary care is needed to realise children's right to health by ensuring a legal entitlement to access primary care and to place a statutory obligation on the State to provide the services, programmes, human resources and infrastructure.

are under construction or at advanced planning stages.²³⁹ In 2015, the Government committed to provide 80 new primary care centres across the country under *Building on Recovery: Infrastructure and Capital Investment 2016-2021*.²⁴⁰

A system of Universal Health Insurance (UHI) was identified in the *Programme for Government 2011-*

2016 as the preferred model for the introduction of universal healthcare, including universal primary care and a target date for its introduction was set for 2019.²⁴¹ On foot of the findings of a costing exercise published in November 2015, the Government decided not to proceed with the proposed model.²⁴² There is no indication, as of yet, what reform if any will be pursued in lieu of UHI.²⁴³

Legislative Basis for Universal Primary Care:

Despite a *Programme for Government* commitment and much progress in the area of primary care, there continues to be no legislative basis for Universal Primary Care. A legislative basis for primary care is needed to realise children's right to health by ensuring a legal entitlement to access primary care and to place a statutory obligation on the State to provide the services, programmes, human resources and infrastructure.²⁴⁴ In 2006, the UN Committee on the Rights of the Child expressed concern about the lack of guidelines safeguarding access to healthcare. It also stated that Ireland should adopt all-inclusive legislation that addresses the health needs of children.²⁴⁵ It is regrettable that there has been no movement towards the establishment of such a legislative basis.

Primary Care

Immediate Actions for 2016



COMPLETE THE EXTENSION OF FREE GP CARE TO ALL CHILDREN UNDER THE AGE OF 18 YEARS.

The completion of the introduction of free GP care for all children under 18 years should be a priority for the next Government, as a key strategy to vindicate the child's right to access healthcare services.

CONTINUE THE DEVELOPMENT OF PRIMARY CARE TEAMS AND CENTRES.

The development of primary care teams and centres should be continued; a well-staffed and adequately funded primary care system is essential for the child's right to health to be respected, protected and fulfilled.

INTRODUCE A LEGISLATIVE BASIS FOR PRIMARY CARE.

The current Government has not fulfilled its commitment to establish a legislative basis for primary care. It is essential that the next Government acts on the recommendation of the UN Committee on the Rights of the Child and creates a legal right to access primary care.

239 *ibid.*

240 Department of Public Expenditure and Reform, *Building on Recovery: Infrastructure and Capital Investment 2016-2021* (Department of Public Expenditure and Reform 2015) 32.

241 Minister for Communications, Energy and Natural Resources, Alex White TD, Dáil Debates, White Paper on Universal Health Insurance, 17 April 2014.

242 The findings found that the cost incurred in adopting the preferred model of UHI would not be outweighed by the anticipated benefits of improved patient outcomes, lower healthcare prices or lower premiums. M. Wren, S. Connolly, N. Cunningham, *An Examination of the Potential Costs of Universal Health Insurance in Ireland* (ESRI 2015).

243 Department of Health, 'Statement by Minister Varadkar following Cabinet discussion on UHI' (*Merion Street*, 17 November 2015) <http://www.merrionstreet.ie/en/News-Room/Releases/Statement_by_Minister_Varadkar_following_Cabinet_discussion_on_UHI.html#sthash.mjg7qlAV.dpuf> accessed 6 January 2016.

244 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 94-95.

245 UN Committee on the Rights of the Child 'Concluding Observations: Ireland' (2006) UN Doc CRC/C/IRL/CO/2, para 45(a).

3.2

Children's Hospital

GOVERNMENT COMMITMENT

The *Programme for Government 2011-2016* commits that the National Children's Hospital will be built.



Progress: Limited

'Children's Hospital' gets a 'C+' grade in Report Card 2016, up slightly from last year's grade of a 'C'. Progress has been slow due to the design and planning process for capital building projects. 2015 saw the design for the National Children's Hospital unveiled and the planning application lodged with An Bord Pleanála: a decision is expected by March 2016.

This is the final year being analysed in the Report Card series under the Programme for Government 2011-2016 in which a commitment was made to build a National Children's Hospital. With the building of the hospital yet to commenced, this commitment was progressed but remains unfilled.

A world class national children's hospital is essential to vindicating a child's right to the highest attainable standard of health²⁴⁶ and to facilities for the treatment of illness and rehabilitation of health.²⁴⁷ This right requires that children receive 'quality health services' and obliges states to the greatest extent possible, to

provide hospital care with 'functional referral systems linking communities and families at all levels of the health system'.²⁴⁸ A holistic approach to the right to health requires states to protect and respect rights that impact all other aspects of a child's life in the hospital setting, including the right to participate in matters relating to him or her;²⁴⁹ the best interests of the child;²⁵⁰ the right not to be separated from his/her parents;²⁵¹ the right to privacy;²⁵² the right to be protected from harm;²⁵³ the child's right to rest, leisure, play and recreational activities²⁵⁴ and the right to education.²⁵⁵

The development of a new, single, national children's hospital was first recommended in a 2006 McKinsey Report.²⁵⁶ It recommended the amalgamation of acute paediatric services in Dublin into a single site, located alongside a leading adult teaching hospital. *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* commits to implementing 'a new National Model of Paediatric Care and to completing the building of the new National Children's Hospital'.²⁵⁷

246 Convention on the Rights of the Child (20 November 1989) 1577 UNTS 3 (UNCRC) Art 24.1; UN General Assembly, International Covenant on Economic, Social and Cultural Rights (16 December 1966) 993 UNTS 3 (ICESCR) Art 12.1.

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

248 UNCRC 'General Comment 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 25.

249 Convention on the Rights of the Child (20 November 1989) 1577 UNTS 3 (UNCRC) Art 12.

250 *ibid* Art 3.

251 *ibid* Art 9.

252 *ibid* Art 16.

253 *ibid* Art 19.

254 *ibid* Art 31.

255 *ibid* Art 28.

256 Mc Kinsey and Company, *Children's Health First* (Mc Kinsey and Company 2006).

257 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 1.5.

The hospital will be co-located with St. James's Hospital in Dublin with satellite centres, sharing governance and staffing, to be built on the campuses of the Adelaide and Meath Hospital, Tallaght and Connolly Hospital, Blanchardstown.²⁵⁸ The decision to locate the hospital in the St James's campus continues to be the subject of some criticism with differing views as to the site's suitability.²⁵⁹ Some commentators propose that a green-field site at Blanchardstown would be more appropriate.²⁶⁰

The design for the new National Children's Hospital was unveiled in June 2015.²⁶¹ The design includes single en-suite rooms with in-room parent accommodation, hospital schools, play areas, 1,000 underground car parking spaces and a family accommodation facility.²⁶² The planning application for the new hospital and satellite centres was lodged by the National Paediatric Hospital Development Board (NPHDB) in August 2015. A decision is expected on this planning application by March 2016.²⁶³ If a positive decision is received from An Bord Pleanála, construction is expected to begin by April 2016 with an expected completion date of the end of 2019 – 13 years after the initial recommendation.²⁶⁴

Definition of a Child: The National Children's Hospital will accept new patients under the age of 16 years. Existing patients will continue under the hospital's care until they turn 18 years,²⁶⁵ and their transition to adult services will commence early and be completed by the eighteenth birthday, unless specific circumstances exist where clinical outcomes are better under paediatric services.²⁶⁶

Both the Council of Europe Guidelines on Child Friendly Healthcare²⁶⁹ and European Charter for Children in Hospital²⁷⁰ define a child as anyone under the age of 18 years. In addition, child protection measures place specific obligations on staff working with all those under 18 years.

In leading international children's hospitals, including Boston Children's Hospital, US; Children's Hospital of Philadelphia, US; Great Ormond Street Children's Hospital, UK; and Toronto Children's Hospital,

The definition of a child adopted by the hospital as a person under 16 years is not consistent with the definition of a child as a person under the age of 18 under the UN Convention on the Rights of the Child and key Irish statutes.

258 Minister for Health, Leo Varadkar TD, Parliamentary Questions, Written Answers, 16 July 2014 [31766/14].

259 Jack and Jill Foundation, 'NAGP Supports Jack & Jill Foundation In Their Bid To Prevent National Children's Hospital Locating At St James Hospital Site' (15 September 2015) < <https://www.jackandjill.ie/nagp-support-jack-jill-foundation-in-their-bid-to-prevent-national-childrens-hospital-locating-at-st-james-hospital-site/> > accessed 24 November 2015.

260 This "greenfield" position is not supported by the three children's hospitals in Ireland. Communication received by the Children's Rights Alliance from the Children's Hospital Group, 5 January 2016.

261 A 3D walk through of the proposed hospital can be viewed at: National Children's Hospital, 'Design Video' < <http://www.newchildrenshospital.ie/design-vision/video/> > accessed 28 January 2016.

262 Department of Health, 'New Children's Hospital, Summary project Brief for the new children's hospital' (March 2014) < <http://health.gov.ie/wp-content/uploads/2014/03/Project-Brief-for-the-New-Children-Summary-Document-for-Media-Release.docx.pdf> > accessed 24 November 2015, 4.

263 Gary Culliton, 'Oral hearing on National Children's Hospital due' (Irish *Medical Times*, 4 November 2015) < <http://www.imt.ie/news/latest-news/2015/11/oral-hearing-on-national-childrens-hospital-due.html> > accessed 24 November 2015.

264 Communication received by the Children's Rights Alliance from the National Paediatric Hospital Development Board, 5 November 2015.

265 Department of Health, 'New Children's Hospital, Summary project Brief for the new children's hospital' (March 2014) < <http://health.gov.ie/wp-content/uploads/2014/03/Project-Brief-for-the-New-Children-Summary-Document-for-Media-Release.docx.pdf> > accessed 24 November 2015.

266 *ibid*.

267 Convention on the Rights of the Child (20 November 1989) 1577 UNTS 3 (UNCRC) Art 1 states that 'a child means every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier'.

268 Such as the Child Care Act 1991 and the Children Act 2001.

269 Council of Europe, Guidelines on Child Friendly Healthcare (21 September 2011) Article 4.

270 See European Association for Children in Hospital < <http://www.each-for-sick-children.org/> > accessed 28 January 2016.

Canada, adolescents are treated up to the age of 18 and in some cases up to 21 years. In these hospitals there are specialist adolescent consultants and services available. The new national hospital provides an opportunity to address the gap in adolescent focused healthcare by raising the age that children are treated up to the age of 18 years in the new hospital and satellite centres.²⁷¹

Consultation with Children and Young People:

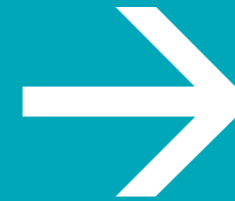
There has been extensive consultation on the design of the new hospital with patient advocacy groups, existing staff and the National Youth Advisory Committee made up of children and young people aged 12 to 19 years. Children will also have an input into how patient services are rolled out in the hospital setting. In November 2015, the Children's Hospital Group commenced a joint initiative with the Ombudsman for Children to hear and take account

of children's and young people's views as service users in relation to the planned delivery of services in the new children's hospital.²⁷² This continued engagement with children and young people is warmly welcomed as a vindication of a child's right to be heard under Article 12 of the UN Convention on the Rights of the Child.²⁷³

There has been extensive consultation on the design of the new hospital with patient advocacy groups, existing staff and the National Youth Advisory Committee made up of children and young people aged 12 to 19 years.

Children's Hospital

Immediate Actions for 2016



ENSURE THE BUILDING OF THE CHILDREN'S HOSPITAL COMMENCES AS A MATTER OF PRIORITY ONCE PLANNING IS GRANTED.

This was an immediate action of Report Cards 2012, 2013, 2014 and 2015 and remains unaddressed. The completion of the hospital must remain a key political priority for the next Government to ensure that there is no further slippage in the timeline.

EXTEND THE SERVICES OF THE HOSPITAL TO ALL THOSE UNDER 18 YEARS.

The hospital must be able to meet the health needs of adolescents aged 16 and 17 years. The cut off age for new patients should be extended to the eve of the young person's 18th birthday, in line with the UN Convention on the Rights of the Child, key Irish statutes and the Council of Europe Guidelines on Child Friendly Healthcare.

271 'Adolescence' is defined by the World Health Organisation as a distinct developmental period in the age group 10-19 years. World Health Organisation, 'Adolescent Health' <http://www.who.int/topics/adolescent_health/en/> accessed 24 November 2015.

272 Communication received by the Children's Rights Alliance from the Ombudsman for Children's Office, 16 December 2015.

273 Convention on the Rights of the Child (20 November 1989) 1577 UNTS 3 (UNCRC) Art 12.

3.3 Mental Health

GOVERNMENT COMMITMENT

The Programme for Government 2011-2016 commits to: ring-fencing €35 million annually from within the health budget to develop community mental health teams and services as outlined in *A Vision for Change*, to ensure early access to more appropriate services for adults and children and improved integration with primary care services.²⁷⁴



Progress: Some

Review the Mental Health Act 2001 in consultation with service users, carers and other stakeholders, informed by human rights standards.



Progress: Complete

Endeavour to end the practice of placing children and adolescents in adult psychiatric wards.



Progress: Unsatisfactory

'Mental Health' receives a 'D' grade in Report Card 2016, an increase from the 'E' grade awarded in Report Card 2015. Following consultation with stakeholders, the Expert Group Review of the Mental Health Act 2001 was published in March 2015 and contains a number of recommendations relating to children and young people. However, the number of children on waiting lists for CAMHS still remains high.

This is the final year being analysed in the Report Card series under the *Programme for Government*

2011-2016, of the three commitments tracked under this section the Government has only completely fulfilled one during its lifetime by publishing the Expert Group Review of the Mental Health Act 2001. The Government has, in four of the past five Budgets, ring-fenced €35 million for the development of community mental health teams. Although there has been a drop in the number of children on waiting lists for CAMHS, the numbers still remain high. In addition, the number of children and young people placed in adult in-patient units remains high.

²⁷⁴ This commitment aligns with another commitment in the *Programme for Government* within the Primary Care section, which states that: 'Ring-fenced funding will be provided to recruit additional psychologists and counsellors to community mental health teams, working closely with primary care teams to ensure early intervention, reduce the stigma associated with mental illness and detect and treat people who are at risk of suicide.'

There is no legislative entitlement to health care or mental health care in Ireland.²⁷⁵ Children have a right to the enjoyment of the highest attainable standard of physical and mental health under Article 24 of the UN Convention on the Rights of the Child and also under Article 12 of the International Covenant on Economic Social and Cultural Rights. Furthermore, Article 27 of the Convention on the Rights of the Child provides that every child has the right to a standard of living adequate for his or her physical, mental, spiritual, moral and social development. The UN Committee on the Rights of the Child has emphasised the serious nature of mental health problems for children and the need to tackle 'behavioural and social issues that undermine children's mental health, psychosocial wellbeing and emotional development'.²⁷⁶

Child and Adolescent Mental Health Service

Teams: The *Programme for Government 2011-2016* committed to ring-fence €35 million annually from within the health budget to develop community mental health teams and services as outlined in *A Vision for Change*, to ensure early access to more appropriate services and improved integration with primary care services. Budget 2016 fulfilled this commitment by allocating €35 million to develop community mental health teams and services. During the lifetime of this Government €35 million was allocated in every Budget except 2014 where only €20 million was allocated.

Of the recommended 129 specialist teams needed for CAMHS to operate effectively,²⁷⁷ only 63 CAMHS teams are currently in operation.²⁷⁸ As of November 2015, the number of clinical staff in post in CAMHS was 505.4 whole time equivalents (WTEs).²⁷⁹ This represents only half of the staffing level recommended in *A Vision for Change*.²⁸⁰

The Programme for Government 2011-2016 committed to ring-fence €35 million annually from within the health budget to develop community mental health teams and services as outlined in *A Vision for Change*, to ensure early access to more appropriate services and improved integration with primary care services.

There are challenges with the recruitment and retention of CAMHS staff,²⁸¹ including staff mobility between regions²⁸² and a challenging work environment.²⁸³ Staffing the full complement of CAMHS teams is vital to ensure children and young people are not put at risk waiting too long for vital supports.

Waiting Lists: The demand for CAMHS has increased significantly in 2015; referrals made to the service from June 2014 to May 2015 show a growth rate of 49.39 per cent. CAMHS have managed the increased demand well with waiting lists for the same period rising by only 5.93 per cent.²⁸⁴ However, the high number of children on waiting lists remains a concern. In September 2015, there were a total of 2,309 children waiting for a first appointment with CAMHS.²⁸⁵ Of these 1,319 children were waiting for longer than three months²⁸⁶ and 214 were waiting over one year.²⁸⁷

In a positive move, in response to the large number of children on waiting lists CAMHS was identified as a Key Service Improvement Project for the Health

²⁷⁵ This lack of clarity hinders the fulfilment of Article 12 of the International Covenant on Economic, Social and Cultural Rights which requires State Parties to 'recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.' International Covenant on Economic, Social and Cultural Rights (16 December 1966) 993 UNTS 3 (ICESCR).

²⁷⁶ 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 38.

²⁷⁷ 129 services were recommended (based on 2011 census data), including 77 CAMHS CMHTs, 15 Adolescent Day Hospital Teams, 15 Hospital Liaison Mental Health Teams, 1 Eating Disorder Mental Health Team, 2 Forensic Mental Health Teams, 4 Substance Misuse Mental Health Teams, 15 Intellectual Disability Mental Health Teams. Health Service Executive, *Fourth Annual Child and Adolescent Mental Health Service Report 2011-2012* (2012) 10.

²⁷⁸ Minister of State for Disability, Equality, Mental Health and Older People, Kathleen Lynch TD, Parliamentary Questions, Written Answers, 15 April 2015 [14649/15].

²⁷⁹ Joint Oireachtas Committee on Health and Children Child, Infant Mental Health: Discussion, 12 November 2015.

²⁸⁰ Health Service Executive, *Fourth Annual Child and Adolescent Mental Health Service Report 2011-2012* (2012) 12.

²⁸¹ Health Service Executive, *September Performance Report* (Health Service Executive 2015) 10.

²⁸² Minister of State for Disability, Equality, Mental Health and Older People, Kathleen Lynch TD, Seanad Debates, Mental Health Services: Statements, 29 April 2015.

²⁸³ *ibid*.

²⁸⁴ Health Service Executive, *May Performance Report* (Health Service Executive 2015) 91.

²⁸⁵ Health Service Executive, *September Performance Report* (Health Service Executive 2015) 10.

²⁸⁶ *ibid* 11.

²⁸⁷ *ibid* 10.

Service Executive (HSE) and a key priority for 2015.²⁸⁸ In June 2015, the HSE published standard operating procedures for both community and in-patient CAMHS.²⁸⁹ The aim of the procedures are to address inconsistencies across services, specifically in relation to waiting times, referral to treatment times, scope of treatment options available, clarity of information available to families and the interface with other agencies both internal and external to the HSE.²⁹⁰ A targeted piece of work began in April 2015 to reduce the number of children on waiting lists for over a year.²⁹¹ By September 2015, this has resulted in a 53 per cent reduction in those waiting for more than a year.²⁹² It is critical that the work being done to reduce waiting lists continues in 2016 to vindicate a child's right to access timely and appropriate 'prevention, health promotion, curative, rehabilitative and palliative services'.²⁹³

Review of the Mental Health Act 2001: The *Programme for Government 2011-2016* commitment to review the Mental Health Act 2001 was fulfilled in 2015, with the publication in March of the *Report of the Expert Group Review of the Mental Health Act 2001*.²⁹⁴ The report was produced in consultation with service users, carers and other stakeholders, and informed by human rights standards.

The Expert Group made a number of recommendations including that the Mental Health Act 2001 be reformed to include a separate section on children under 18 years. It was recommended that this new section would have its own set of guiding principles, including the best interests of the child and the child's right to be heard central to the section.²⁹⁵ The report also recommended that consultation with a child is required at each and every state of diagnosis and treatment,²⁹⁶ which is reflective of the child's right to be heard under Article 12 of the UN Convention on the Rights of the Child.

It is now urgent that the Mental Health Act 2001 be amended in line with the recommendations of the Expert Group Report, in particular those relating to children and young people.

Children in Adult Units: The *Programme for Government* committed to endeavour to end the practice of placing children and adolescents in adult psychiatric wards. The UN Committee on the Rights of the Child states that, where placement in a psychiatric unit is necessary, adolescents should be separated from adults, where appropriate and any decision on their care should be made in accordance with their best interests.²⁹⁷

The HSE *National Service Plan* for 2015 committed to implementing a detailed reporting and monitoring process to measure progress on eliminating admission to adult units for those under 16 years and reducing the admission of those under 17 years.²⁹⁸ In September 2015, there were 74 children in adult in-patient units 93 per cent of whom were 16 or 17

The Programme for Government committed to endeavour to end the practice of placing children and adolescents in adult psychiatric wards. The UN Committee on the Rights of the Child states that, where placement in a psychiatric unit is necessary, adolescents should be separated from adults, where appropriate and any decision on their care should be made in accordance with their best interests.

years of age and 66 per cent were discharged within a week.²⁹⁹ Between January and September 2015, 269 children were admitted to in-patient facilities, 28 per cent of whom were to adult in-patient units.³⁰⁰ Although this is a four per cent decrease on the same period in 2014,³⁰¹ the high numbers remain a concern. All admissions of children under the age of 18 are notified to the Mental Health Commission and to a CAMHS Service Improvement Lead within the Mental Health Division.³⁰²

During this Government's term of office the number of inpatient admissions to adult units has reduced significantly. In 2011 there were 432 admissions of children and adolescents to inpatient units³⁰³ compared to 269 in 2015.³⁰⁴ However, the percentage of children and young people being admitted to adult units still remains high; in 2011 31 per cent of children admitted were to adult inpatient units³⁰⁵ compared to 28 per cent in 2015 (figures from January to September).³⁰⁶ The Mental Health Commission's Code of Practice states that the placement of children in adult wards would be phased out by the end of 2011.³⁰⁷ This voluntary Code of Practice has clearly not been adhered to. The Mental Health Act 2001 does not require that children under 18 years be admitted to age appropriate mental health facilities.³⁰⁸

The Ombudsman for Children in his Annual Report for 2014, reported that he had received a number of complaints in relation to children being inappropriately placed in adult in-patient facilities, particularly children at risk of suicide or self-harm, and that these situations appeared to be due to a lack of suitable emergency child beds.³⁰⁹

During this Government's term of office the number of inpatient admissions has reduced significantly; in 2011 there were 432 admissions of children and adolescents to inpatient units compared to 269 in 2015. However, the percentage of children and young people being admitted to adult units still remains high; in 2011, 31 per cent of children admitted were to adult inpatient units compared to 28 per cent in 2015 (figures from January to September).

288 Health Service Executive, *National Service Plan 2015* (Health Service Executive 2014) 49. 289

289 Health Service Executive, *Child and Adolescent Mental Health Services, Child and Adolescent Mental Health Services Standard Operating Procedure* (Health Service Executive 2015).

290 Minister of State for Disability, Equality, Mental Health and Older People, Kathleen Lynch TD, Parliamentary Questions, Written Answers, 30 September 2014 [35734/14].

291 Communication received by the Children's Rights Alliance from the HSE Mental Health Services, 18 December 2015.

292 Health Service Executive, *September Performance Report* (Health Service Executive 2015) 53.

293 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 2.

294 Department of Health, *Expert Group Review of the Mental Health Act 2001* (Health Service Executive 2015).

295 *ibid* Recommendation 111.

296 *ibid* Recommendation 113.

297 UNCRC 'General Comment No. 4 on Adolescent Health and Development in the Context of the Convention on the Rights of the Child' (2003) UN Doc CRC/GC/2003/4.

298 Health Service Executive, *HSE Mental Health Division Operational Plan for 2015* (Health Service Executive 2014) 21.

299 Communication received by the Children's Rights Alliance from the HSE Mental Health Services, 18 December 2015.

300 Health Service Executive, *September Performance Report* (Health Service Executive 2015) 11.

301 *ibid*.

302 Communication received by the Children's Rights Alliance from the HSE Mental Health Services, 18 December 2015.

303 Health Service Executive, *Fourth Annual Child and Adolescent Mental Health Service Report 2011-2012* (Health Service Executive 2012) 6.

304 Health Service Executive, *September Performance Report* (Health Service Executive 2015) 11.

305 Health Service Executive, *Fourth Annual Child and Adolescent Mental Health Service Report 2011-2012* (Health Service Executive 2012) 6.

306 Health Service Executive, *September Performance Report* (Health Service Executive 2015) 11.

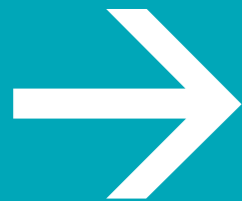
307 Mental Health Commission, *Code of Practice Relating to Admission of Children under the Mental Health Act 2001* (Mental Health Commission 2006).

308 While the primary Act does not prohibit the admission of children and young people to adult in-patient facilities, subsequent rules, codes and guidelines from the Mental Health Commission preclude admission to adult centres.

309 Ombudsman for Children, *Ombudsman for Children Annual Report 2014* (Ombudsman for Children 2015) 31.

Mental Health

Immediate Actions for 2016



ENSURE THAT ALL CHILDREN UNDER 18 HAVE ACCESS TO MENTAL HEALTH SERVICES IN A TIMELY MANNER.

Build upon work done during 2015 to reduce the waiting times for first appointments, in particular those waiting over 12 months. Achieving this requires ongoing investment in the development of Child and Adolescent Community Mental Health teams.

ENSURE THAT ALL CHILDREN UNDER 18 YEARS RECEIVE AGE APPROPRIATE MENTAL HEALTH TREATMENT.

Amend the Mental Health Act 2001 to prohibit the placement of a child under 18 years in an adult in-patient unit, save in exceptional circumstances where it would be in his or her best interests to do so. Invest in the provision of child and adolescent in-patient beds to ensure demand can be met.

IMPLEMENT THE RECOMMENDATIONS ON CHILDREN OF THE EXPERT GROUP REVIEW OF THE MENTAL HEALTH ACT 2001.

Put in place a legal framework to protect and fulfil the child's rights in relation to mental health by implementing the recommendations relating to children contained in the *Report of the Expert Group Review of the Mental Health Act 2001*.

3.4

Alcohol, Smoking and Drugs

GOVERNMENT COMMITMENT

The *Programme for Government 2011-2016* commits to ensuring that every Government department, agency or task force responsible for implementing elements of the National Addiction Strategy will be required to account to the Minister for their budget annually and to demonstrate progress on achieving targets.



Progress: Some

'Alcohol, Smoking and Drugs' gets a 'B' grade in Report Card 2016, an increase from the 'C' awarded in Report Card 2015. 2015 saw the long awaited publication of the Public Health Alcohol Bill 2015, the successful passage of the Public Health (Standardised Packaging of Tobacco) Act 2015 and a commitment to develop a new Drugs Strategy in 2016.

This is the final year being analysed in the Report Card series under the *Programme for Government 2011-2016* in which a commitment was made to implement across all Government departments the National Addiction Strategy.³¹⁰ This Strategy, which was to address alcohol and drug use in a single strategy for the first time, was never developed. The Government's approach has been to continue to address alcohol misuse, smoking and drug-taking under separate policies.³¹¹

Alcohol: Of Ireland's 4.59 million population it is estimated that 1.34 million people drink harmfully and 176,999 are dependent drinkers.³¹² The phenomenon of binge drinking is evident among adolescents in Ireland. A survey, published in December 2015, found that of children aged between 13 and 17 years, 64 per cent had consumed alcohol, 53 per cent had been drunk at least once and 50 per cent reported that they drink every month.³¹³ The UN Committee on the Rights of the Child has expressed concern 'about the high level of alcohol consumption by adolescents' and has called on Ireland to 'strengthen its efforts to address alcohol consumption by children, by, inter alia, developing and implementing a comprehensive strategy which should include awareness-raising, the prohibition of alcohol consumption by children and advertising that targets children'.³¹⁴

³¹⁰ More commonly referred to as the National Substance Misuse Strategy.

³¹¹ The Government's policy on alcohol derives from Department of Health, *Report of the Steering Group on a National Substance Misuse Strategy* (Department of Health 2012). National policy on smoking is guided by Department of Health, *Tobacco Free Ireland* (Department of Health 2013) and the national policy on drugs is guided by Department of Community, Rural and Gaeltacht Affairs, *Interim National Drugs Strategy 2009-2016* (Department of Community, Rural and Gaeltacht Affairs 2009).

³¹² Health Research Board, 'Irish Alcohol Diary 2013' <http://www.hrb.ie/uploads/media/Alcohol_Consumption_in_Ireland_2013_full_infographic.jpg> accessed 27 January 2016.

³¹³ Alcohol Action Ireland and the Health Promotion Research Centre NUI Galway, *Alcohol marketing and young people's drinking behaviour in Ireland* (Alcohol Action 2015) 8.

³¹⁴ UN Committee on the Rights of the Child 'Concluding Observations: Ireland' (2006) UN Doc CRC/C/IRL/CO/2, paras 19 and 9.

In December 2015, the Government published the long awaited Public Health (Alcohol) Bill 2015. The Bill contains a number of positive measures including the introduction of minimum unit pricing;³¹⁵ a prohibition of price-based promotions; mandatory health warnings and calorie labelling on alcohol products. The legislation also proposes to introduce restrictions on the advertising of alcohol including a prohibition on advertising in places frequented by children;³¹⁶ restrictions on advertising in sports grounds for events where the majority of competitors or participants are children or directly on a sports area for all events (for example on the actual pitch, the race track, tennis court etc.).³¹⁷ It is regrettable that the Bill does not take any measures to address the digital marketing of alcohol, particularly in light of a study published in November 2015 that showed 77 per cent of children aged 13 – 17 have reported exposure to online marketing.³¹⁸

The measures contained in the Bill are critical to ensuring that children's rights to health are vindicated. There was not sufficient time to allow for the passage of the Public Health (Alcohol) Bill 2015 before the end of the current Government's term of office. The continued delay in implementing reform to tackle alcohol misuse is a breach of children's rights under Article 24 of the UN Convention on the Rights of the Child, which obliges the State to protect children from alcohol, tobacco and illicit substances. It further places an onus on Government to take measures to reduce the consumption of these substances among children.³¹⁹

Smoking: The health implications of smoking are well documented and undisputed. Research has shown that nicotine is a highly addictive substance and children can become addicted within weeks of experimenting with tobacco.³²⁰ Half of all smokers

who start smoking as children die prematurely from a smoking related disease.³²¹ A December 2015 study found that the rates of childhood smoking have dramatically decreased since 2010. Only 16 per cent of children aged 10 to 17 years reported that they have ever smoked, a 12 per cent drop from the 2010 figure.³²²

National policy on smoking is guided by the 2013 report, *Tobacco Free Ireland: Report of the Tobacco Policy Review Group* which sets a target of 2025 to have a tobacco free Ireland – defined as a prevalence rate of less than 5 per cent. The national policy contains two key themes: protecting children and the de-normalisation of smoking. In March 2015, an implementation plan for Tobacco Free Ireland was published with targets for the policy's 60 recommendations.³²³

The Public Health (Standardised Packaging of Tobacco) Act 2015 was enacted in March 2015. The Act introduces standardised packaging for tobacco products, which will give effect in part to the revised European Tobacco Products Directive that entered into force in May 2014.³²⁴ Under the Act, all forms of branding – trademarks, logos, colours and graphics – will be removed from tobacco products, except

The continued delay in implementing reform to tackle alcohol misuse is a breach of children's rights under Article 24 of the UN Convention on the Rights of the Child.

for the brand and variant name, which would be presented in a uniform typeface for all brands. It is hoped that the measures introduced will deter young people from smoking. It is essential that this legislation is commenced as a matter of urgency.

Protection of Children's Health (Tobacco Smoke in Mechanically Propelled Vehicles) Act 2014 came into effect in 2015.³²⁵ This legislation amends Section 47(1) of the Public Health (Tobacco) Act 2002 by extending the prohibition of smoking in workplaces to 'a mechanically propelled vehicle in which a person under the age of 18 is present' and making the driver of the vehicle responsible.

Drugs: Article 33 of the UN Convention on the Rights of the Child obliges states to 'take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.'

The key policy guiding work in the area of drug misuse is the *Interim National Drugs Strategy 2009-2016*.³²⁶ Work has begun on the development of a new National Drugs Strategy to tackle the harm caused to individuals, families and communities by problem drug use in Ireland, which will cover the period from 1 January 2017 onwards.³²⁷ The new Strategy will provide an integrated policy approach to substance misuse, including a broad public health approach to tobacco and alcohol, as well as other substances which are subject to control or prohibition.³²⁸ It is essential that a specific focus on children and young people is included in the new National Drugs Strategy.

Article 33 of the UN Convention on the Rights of the Child obliges states to 'take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.'

The nature of drug use in Ireland is continually changing. Research points to concern that children and others in the community are engaged in polydrug use which involves the consumption of a number of substances at the same time. Consumption often includes legally available substances, such as alcohol and prescription drugs, including benzodiazepines, antidepressants or prescribed methadone, with illegal psychoactive substances, such as cocaine and heroin.³²⁹ Research published in December 2015, found that 8 per cent of children and young people aged 10 to 17 have reported using cannabis in the last 12 months.³³⁰ There is little publically available data on access for children to drug treatments. Concern has been raised about the lack of adequate drug treatment services for children with a call for the immediate availability of, and access to, detox facilities and methadone services.³³¹

315 The Bill makes it illegal to sell or advertise for sale alcohol at a price below 10c per gram of alcohol.

316 Including schools, early years services, playgrounds and train and bus stations. The Bill also sets out the criteria for advertising in cinemas and publications.

317 For example on the actual pitch, the race track, tennis court etc.

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

319 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 62.

320 Department of Health, *Tobacco Free Ireland* (Department of Health 2013) 53.

321 *ibid* 19.

322 Health Promotion Research Centre, *The Irish Health Behaviour in School-aged Children (HBSC) Study 2014* December 2015 (National University of Ireland, Galway and Department of Health, 2015) 13.

323 Department of Health, 'Tobacco Free Ireland Action Plan' (2015) <<http://health.gov.ie/wp-content/uploads/2015/03/Tobacco-Free-Ireland-Action-Plan.pdf>> accessed 1 December 2015.

324 European Union, Council Directive 2014/40/EU of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products. Ireland has until May 2016 to transpose the Dir

325 Department of Children and Youth Affairs, 'Reilly & Varadkar announce start date for smoking ban in cars where children are present, Law comes into effect on New Year's Day 2016' (17 December 2015) <<http://www.dcy.gov.ie/viewdoc.asp?DocID=3675>> accessed 27 January 2016.

326 Department of Community, Rural and Gaeltacht Affairs, *Interim National Drugs Strategy 2009-2016* (Department of Community, Rural and Gaeltacht Affairs 2009).

327 Damien English TD, Topical Issue Debate Misuse of Drugs, 6 October 2015.

328 Department of Justice, 'Minister Ó Riordáin addresses the first meeting of the National Drugs Strategy Steering Committee' (Merrion Street, 8 December 2015) <http://www.merrionstreet.ie/en/NewsRoom/Releases/Minister_%C3%93_R%C3%ADord%C3%A1in_addresses_the_first_meeting_of_the_National_Drugs_Strategy_Steering_Committee.html> accessed 27 January 2016.

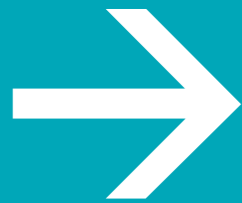
329 CityWide Drugs Crisis Campaign, 'The Drugs Crisis in Ireland: A New Agenda for Action, City Wide Policy Statement' (Drugs and Alcohol.ie, February 2012) <http://www.drugsandalcohol.ie/17145/1/Citywide_the_drugs_crisis_in_ireland_a_new_agenda_for_action.pdf> accessed 13 December 2015.

330 Health Promotion Research Centre, *The Irish Health Behaviour in School-aged Children (HBSC) Study 2014* (National University of Ireland, Galway and Department of Health 2015) 14.

331 Irish Society for the Prevention of Cruelty to Children, *Investing in Childhood: ISPC Childline Pre-2016 Budget Submission* (2015) 7-8.

Alcohol, Smoking and Drugs

Immediate Actions for 2016



ENACT THE PUBLIC HEALTH (ALCOHOL) BILL 2015.

The Public Health (Alcohol) Bill 2015 should be progressed through the Houses of the Oireachtas by the next Government as a matter of priority. Furthermore measures should be taken to address the digital marketing of alcohol.

CONTINUE THE IMPLEMENTATION OF *TOBACCO FREE IRELAND: REPORT OF THE TOBACCO POLICY REVIEW GROUP* AND COMMENCE THE PUBLIC HEALTH (STANDARDISED PACKAGING OF TOBACCO) ACT 2015.

2014 and 2015 were landmark years for the introduction of policies and legislation to deter young people from smoking. It is essential that the Public Health (Standardised Packaging of Tobacco) Act 2015 is commenced as a matter of urgency and that the momentum behind the implementation of *Tobacco Free Ireland* is continued.

ADOPT A SPECIFIC FOCUS ON CHILDREN AND YOUNG PEOPLE WHEN DEVELOPING THE NEW NATIONAL DRUGS STRATEGY.

The Government is urged to adopt a specific focus on children and young people when developing the new National Drugs Strategy to reflect Article 33 of the UN Convention on the Rights of the Child which obliges states to protect children from the illicit drug use and production and trafficking of such substances.

4. RIGHT TO AN ADEQUATE STANDARD OF LIVING

Chapter Grade

E+

“

Every day in our service we witness the lasting impact of poverty on children, including social and emotional problems, early school leaving, unemployment, substance misuse and criminal activity. We have witnessed children steal food because they are hungry. We know children who don't have a proper warm coat in the winter. Increases in welfare and child benefit alone will not help children out of poverty. In our experience in many cases these benefits don't actually reach the child, especially if there is a substance misuse problem at home. Prevention and early intervention work helps to support children and families out of poverty. Departments and agencies must work together in an integrated way to break the child poverty cycle.”

Geraldine O'Driscoll, Centre Manager, Realt Beag, Ballyfermot STAR Child and Family Centre

Right to an Adequate Standard of Living

Every child has the right to a standard of living that is adequate to their development – physical, mental, spiritual, moral and social. While parents and guardians have the primary responsibility to provide for the child's material needs, the State also has the responsibility to assist parents and guardians to alleviate poverty where needed.

Summary of Article 27 of the UN Convention on the Rights of the Child