

# 6. RIGHT TO HEALTH

Chapter Grade

D+

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Children that experience decay in their baby teeth are more likely to have future dental problems. Oral health is an essential component of good health. Therefore government commitment to dental health including a preventive dental health programme will have an impact on the oral health and wellbeing of children.”

**Patricia Gilsenan O’Neill**, Chief Executive, Dental Health Foundation.

## 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*



National Youth Council of Ireland, 'Youth Arts' programme



# IN THE NEWS

## CHILDREN AND TEENS WAITING OVER 12 MONTHS FOR A MENTAL HEALTH APPOINTMENT

**theJournal.ie, 13 May 2016**

A new report into the HSE's performance has shown young people still struggling to access mental health services.

The new report – looking at the first two months of the year – shows 182 teenagers and children in January and 177 in February who had to wait 12 months or more for an appointment. [...]

Summing up how the area is performing, the HSE pointed to the number of vacancies in the service and difficulties in recruiting staff as two areas that still posed problems.

These shortages, it says, make delivering services at community level much tougher. [...]

Mental health funding has been under increased scrutiny in recent months, after former Minister for

Health Leo Varadkar said that money earmarked for the service would be diverted elsewhere.

In the new report, spending in the area is shown to be around €2 million over-budget for the year, coming in at €128.8 million. [...]

In previous years the government has been able to mask difficulties in the health service hitting its budgetary targets with a supplementary budget, but that isn't an option this time around.

The HSE National Service Plan published in December of last year pointed to new EU budgetary rules that prevent this from happening.

*By Michael Sheils McNamee*

## 6.1 Primary Care

### GOVERNMENT COMMITMENT

*A Programme for a Partnership Government* commits to:

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

**Progress: Slow**

- > Introduce a dental health package for the under 6s.

**Progress: Slow**

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

**Progress: Limited**

**'Primary Care' receives a 'D' grade in *Report Card 2017*. The commitment to extend free General Practitioner (GP) care to all children under the age of 18 has stalled pending the completion of the negotiations of a new GP contract. The Dental Health Package will not be introduced until after the publication of the National Oral Health Policy in 2017. Provision was made in Budget 2017 to fund medical cards for children in receipt of Domiciliary Care Allowance; however the legislation required to give effect to this has not been published and there is no clear timeline for when the scheme will be put in place.**

Every child has the right to enjoy the highest attainable standard of physical and mental health.<sup>690</sup> Article 24 of the UN Convention on the Rights of the Child places particular emphasis on the development of primary health care (which includes access to GP care).<sup>691</sup> The UN Committee on the Rights of the Child has also stressed that primary care should include the provision of information and services, as well as the prevention of illness and injury.<sup>692</sup> *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020*, reiterated the commitment to introduce universal GP services,<sup>693</sup> first articulated in the 2012 *Future Health Framework*.<sup>694</sup>

690 A child's right to health is set out in UN Convention on the Rights of the Child (20 November 1989) 1577 UNTS 3 (UNCRC) Art 24.

691 *ibid* Art 24 (b).

692 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 26.

693 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (DCYA 2014) Commitment G9, 30.

694 Department of Health, *Future Health: A Strategic Framework for Reform of the Health Service 2012 – 2015*, (DOH 2012) ii.

**Free GP Care:** In 2013, the Government announced the first step towards universal free GP care, by allocating €37 million to meet the full year cost of free GP care to children under the age of six years.<sup>695</sup> Following the enactment of the Health (General Practitioner Service) Act 2014 and the successful negotiation of a contract for the provision of GP services to children under six, the scheme for children began in July 2015.<sup>696</sup> By January 2017, 363,694 children have access to GP care without fees through medical cards or GP visit cards, representing 84 percent of the eligible population.<sup>697</sup> The programme has been operational for a year and it is unclear why take up rates are not higher than this despite the number of registrations for the scheme being consistent each month.<sup>698</sup> There is concern that children from vulnerable groups including Traveller and Roma children, migrant and undocumented children may experience barriers in accessing their entitlement to free GP care. In particular, the concern relates to the potential difficulty people may face in demonstrating that they are 'ordinarily resident' in Ireland.<sup>699</sup> Children in families with literacy difficulties may also have problems in accessing the scheme.<sup>700</sup>

New elements of the scheme include the provision of wellbeing and prevention assessments of children at the age of two years and again at five years and an agreed cycle of care for children diagnosed with asthma.<sup>701</sup> By January 2017, 29,080 children had been registered for the asthma cycle of care by their GPs.<sup>702</sup> The expanded

scheme is a further positive step towards fulfilling the child's right to access preventive healthcare, in line with EU obligations<sup>703</sup> and international human rights law.<sup>704</sup> There is considerable scope to enhance the prevention provisions to provide care for other high incidence chronic illnesses affecting children and young people such as eczema/skin allergies and food/digestive allergies which alongside asthma account or more than a half of all chronic illnesses among three year olds.<sup>705</sup>

Every child has the right to enjoy the highest attainable standard of physical and mental health. Article 24 of the UN Convention on the Rights of the Child places particular emphasis on the development of primary health care (which includes access to GP care).

The previous Government announced in Budget 2016, the last of its five-year term, that the free GP Care Scheme would be extended to all children under the age of 12.<sup>706</sup> Roll-out of the scheme was expected to commence in 2016 subject to contract negotiations with the Irish Medical Organisation and the passing of the necessary legislation.<sup>707</sup> However, the introduction

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

696 Communication received by the Children's Rights Alliance from the Department of Health, 20 January 2017.

697 By January 2017, 115,928 children under six have medical cards and 247,766 children have a GP visit card. Communication received by the Children's Rights Alliance from the Department of Health, 20 January 2017.

698 Communication received by the Children's Rights Alliance from the Department of Health, 20 January 2017.

699 The application form asks applicants to state whether their child (or children) live, or intend to live, in the Republic of Ireland for at least one year. There is a concern that this requirement may be confused with the requirement to prove 'habitual residence' by satisfying a number of criteria to access social assistance payments. The Habitual Residence Condition applies to all means-tested social welfare payments and Child Benefit. This confusion is likely to be exacerbated by the lack of written guidance from the HSE on how this requirement can be demonstrated.

700 One in six Irish adults is at, or below Level 1 on a five level literacy scale. At this level a person may be unable to understand basic written information. National Adult Literacy Agency, 'Literacy in Ireland' <<https://www.nala.ie/literacy/literacy-in-ireland>> accessed 27 January 2017.

701 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 27 January 2017.

702 Communication received by the Children's Rights Alliance from the Department of Health, 20 January 2017.

703 European Union Charter of Fundamental Rights (22 October 2012) OJ C 326, Art 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.'

704 UN 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.

705 Economic and Social Research Institute, *Growing Up in Ireland: Key Findings: Infant Cohort (at 3 years) No.1 The Health of 3 Year Olds* (ESRI & TCD 2011) 3.

706 Minister for Public Expenditure and Reform, Brendan Howlin TD, Address to Dáil Éireann on Expenditure Estimates 2016, 13 October 2015.

707 Communication received by the Children's Rights Alliance from the Department of Health, 18 December 2015.

of the scheme has been delayed and will form part of the negotiations of a new GP Contract,<sup>708</sup> as will the further roll-out of GP care to further groups of children and young people under the age of 18.<sup>709</sup> The negotiations on the new contract were due to commence by the end of 2016,<sup>710</sup> however they are now expected to begin in early 2017.<sup>711</sup> No timeframe has been given for the completion of the talks.<sup>712</sup> It is essential that there is GP buy-in for the expansion of free GP care for children under 18. The rights of children to access preventative healthcare should be prioritised during these negotiations.



### CHILDREN UNDER 6 GET FREE GP CARE

**Dental Health:** *A Programme for a Partnership Government* committed to introduce a dental health package for children under the age of six to encompass timely access to a comprehensive preventive dental health programme. Currently Health Service Executive (HSE) Dental Clinics provide services for children of school-going age through screenings in primary school at six, nine and 12 years.<sup>713</sup> The introduction of the dental

health package will be informed by the National Oral Health Policy which is currently being developed by the Department of Health and is due to be completed in 2017.<sup>714</sup> Work on the Policy commenced in 2014 and will inform future provision of dental services, including the dental health package for children under six years. It should be ensured that the dental health programme includes oral health promotion and not focus solely on treatment.<sup>715</sup> The introduction of a dental health package is a positive step towards vindicating the right of a child to the highest attainable standard of health and healthcare.<sup>716</sup>

**Medical Cards:** Medical cards issued by the Health Service Executive entitle holders to a range of health services free of charge including doctor visits and hospital care.<sup>717</sup> In Budget 2017 the Government announced the allocation of €10 million to provide a medical card to all children who qualify for the Domiciliary Care Allowance. The Allowance is a monthly payment for children under the age of 16 with a severe disability, who require ongoing care and attention, substantially over and above what is usually required by a child of the same age.<sup>718</sup> All children in receipt of Domiciliary Care Allowance will automatically qualify for the medical card without the need to satisfy any additional criteria and approximately 9,000 extra children are expected to benefit from the measure.<sup>719</sup> The extension of the medical card scheme to all children in receipt of Domiciliary Care Allowance is a positive step in realising the rights of children with disabilities in Ireland who have exceptional care needs.<sup>720</sup> However, the high number of applications for Domiciliary Care Allowance that are refused every year and subsequently allowed on appeal is an issue. In

708 Minister for Health, Simon Harris TD, Written Answers, General Practitioner Services, 12 July 2016 [20909/16].

709 The roll-out of free GP care to under-18s will be considered in the context of the funding available and the capacity of GPs to undertake this additional work. Minister for Health, Simon Harris TD, Written Answers, General Practitioner Contracts, 2 June 2016 [13769/16].

710 Minister for Health, Simon Harris TD, Joint Oireachtas Committee on Health Quarterly Update on Health Issues: Discussion, 10 November 2016.

711 Communication received by the Children's Rights Alliance from the Department of Health, 20 January 2017.

712 Minister for Health, Simon Harris TD, Joint Oireachtas Committee on Health Quarterly Update on Health Issues: Discussion, 10 November 2016.

713 Health Services Executive, 'Dental Services and Treatment' (HSE) <<http://www.hse.ie/eng/services/list/2/dental/>> accessed 7 December 2016.

714 The project, led by the Chief Dental Officer, includes a needs assessment, a review of resources and involves consultation with stakeholders, including dental professionals and the public. Detailed financial analysis will be required in order to establish as accurately as possible the expected costs to the Exchequer in each case. Minister for Health, Simon Harris TD, Written Answers, Water Fluoridation, 27 September 2016 [27049/16].

715 Communication received by the Children's Rights Alliance from the Dental Health Foundation, 16 January 2017.

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

717 Health Service Executive, 'Your Guide to Medical Cards' (HSE) <<http://www.hse.ie/eng/services/list/1/schemes/mc/about/>> accessed 30 January 2017.

718 Department of Social Protection, 'Domiciliary Care Allowance' (DSP) <[http://www.welfare.ie/en/Pages/1078\\_Domiciliary-Care-Allowance.aspx](http://www.welfare.ie/en/Pages/1078_Domiciliary-Care-Allowance.aspx)> accessed 30 January 2017.

719 Minister for Health, Simon Harris TD, Written Answers, Medical Card Eligibility, 15 November 2016 [34460/16].

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

2016, of the 1198 applications that were refused, 90 per cent were subsequently revised by a Deciding Officer, allowed on appeal or partially allowed on appeal.<sup>721</sup> With eligibility for a medical card under the new scheme resting solely on whether a child qualifies for Domiciliary Care Allowance, it is essential that decisions made at the first instance are correct.

The HSE has been asked to commence the planning for the requirements of the scheme and how cards will issue.<sup>722</sup> Legislation will be required in order to give effect to this measure. The Heads of Bill and General Scheme are currently being prepared, however no timeframe has been provided for their publication and expected passage through the Oireachtas.<sup>723</sup>

The high number of applications for Domiciliary Care Allowance that are refused every year and subsequently allowed on appeal is an issue. In 2016, of the 1198 applications that were refused, 90 per cent were subsequently revised by a Deciding Officer.

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721 Minister for Social Protection, Dr Leo Varadkar TD, Written Answers, Social Welfare Schemes Data, 24 January 2017 [3228/17].

722 Communication received by the Children's Rights Alliance from the Department of Health, 20 January 2017.

723 Minister for Health, Simon Harris TD, Written Answers, Medical Card Administration, 7 December 2016 [38969/16].

## Primary Care

# Immediate Actions for 2017



### PRIORITISE AND 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 Government, as a key strategy to vindicate the child's right to access primary healthcare services. Further, measures should be taken to enhance the preventative and health promotion components of the GP contract to extend to other high incidence chronic illnesses.

### ENSURE THE NATIONAL ORAL HEALTH POLICY IS DELIVERED IN 2017.

The completion of the National Oral Health Policy on time should be a priority for the Department of Health. Following this the dental health package, with oral health promotion as a key component, for children under six should be introduced without delay.

### PUBLISH AND EXPEDITE THE ENACTMENT OF LEGISLATION TO GRANT MEDICAL CARDS TO CHILDREN IN RECEIPT OF DOMICILIARY CARE ALLOWANCE IN EARLY 2017.

Government should expedite the publication and passage through the Oireachtas of the legislation required to grant a medical card to all children in receipt of Domiciliary Care Allowance. Further, the Department of Health and the HSE should ensure that the necessary procedures are put in place so eligible children can avail of the medical card in early 2017.

## 6.2

**Mental Health****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: Some**

**'Mental Health' receives a 'D-' grade in *Report Card 2017*. Progress on the review of *A Vision for Change* is slow with no clear timeline in place for completion. While the National Taskforce on Youth Mental Health was established in 2016, it has limited scope to tackle pressing issues including inadequately funded Children and Adolescent Mental Health Services (CAMHS) services and the availability of age-appropriate in-patient mental health services for young people.**

*Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* commits to implement a *Vision for Change* as it relates to children and young people. It also aims to improve equality 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>724</sup>

All 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. 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'.<sup>725</sup>

In 2016, the UN Committee on the Rights of the Child expressed its concern about children and young

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

725 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.

people's access to mental health treatment in Ireland. In particular they highlighted the inadequate availability of age appropriate mental health units, the waiting list for accessing mental health supports and the lack of out-of-hours services.<sup>726</sup> The UN Committee recommended that the State take action to address these issues by 'improving the capacity and quality of its mental health-care services for in-patient treatment, out of hours facilities and facilities for treating eating disorders.'<sup>727</sup> The UN Committee further recommended that the State consider establishing a mental health advocacy service for children that is 'accessible and child-friendly.'<sup>728</sup> As young people can be potentially deprived of their liberty against their will for mental health treatment, it is important that an independent advocacy service for children and young people is established.

In 2016, the UN Committee on the Rights of the Child expressed its concern about children and young people's access to mental health treatment in Ireland. In particular they highlighted the inadequate availability of age appropriate mental health units, the waiting list for accessing mental health supports and the lack of out-of-hours services.

**Review of *A Vision for Change*.** *A Vision for Change* is the national policy for mental health services in Ireland published in 2006.<sup>729</sup> It sets out the framework for building 'accessible, community-based, specialist services for people with mental illness' and proposes a holistic view of mental illness with the adoption of an integrated multidisciplinary approach.<sup>730</sup> *A Vision for Change* was due to be fully implemented by the end of 2016 but progress to date has been 'slow and inconsistent'<sup>731</sup> and parts of the policy remain unimplemented.<sup>732</sup> Many gaps remain in the current system such as mental health in primary care and the lack of development of services for particular groups of children.<sup>733</sup>

The review of *A Vision for Change* has commenced with an expert having been appointed to assess national and international best practice in the development and delivery of mental health services.<sup>734</sup> Notably, there is a commitment that this review will be carried out within a 'human rights framework', however it is unclear what this means. This review will form the basis for the development of a new policy for mental health.<sup>735</sup> It is expected that the new policy will include a multi-annual implementation plan to inform the allocation of resources in future years.<sup>736</sup> There is no clear deadline for when the review will be completed and subsequent policy will be put in place.

Demand for services continues to exceed availability with long waiting lists for CAMHS. Between 2012 and 2015 there was a 25 per cent increase in referrals although the waiting list decreased by 103 cases.<sup>737</sup> In September 2016, there were 2,080 children waiting for a first appointment with CAMHS.<sup>738</sup> Of these 1,182

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

727 *ibid* para 54 (b).

728 *ibid* para 54 (c).

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

730 *ibid* 8.

731 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://www.mhcirl.ie/File/Press\\_Release\\_7th\\_Anniversary\\_AVFC.pdf](http://www.mhcirl.ie/File/Press_Release_7th_Anniversary_AVFC.pdf)> accessed 30 January 2017.

732 Such as the commitment 10.2 that Child and adolescent mental health services should provide mental health services to all aged 0-18 years. For more on the gaps see Mental Health Reform, *A Vision for Change Nine Years On* (MHR 2015).

733 For more see Children's Mental Health Coalition, *Meeting the Mental Health Support Needs of Children and Adolescents: a Children's Mental Health Coalition View* (CMHC 2015).

734 Minister of State for Mental Health and Older People, Helen McEntee TD, Written answers, Mental Health Policy, Tuesday 17 January 2017 [41570/16].

735 Minister of State for Mental Health and Older People, Helen McEntee TD, Dail Debates, Mental Health Services Funding: Motion [Private Members], 15 November 2016.

736 *ibid*.

737 In 2012 there were 10,705 referrals accepted into CAMHS with a waitlist of 2,422. In 2015 there were 13,356 referrals accepted into CAMHS with a waitlist of 2,319. Communication received by the Children's Rights Alliance from the Health Service Executive, 24 January 2017.

738 Health Service Executive, *Performance Report August/September 2016* (HSE 2016) at 56.

children were waiting for longer than three months and 170 were waiting over one year.<sup>739</sup> While work is ongoing to reduce waiting lists to ensure that no one waits over 12 months, there was a 19.7 per cent increase in the number of children waiting more than a year in 2016 due to the lack of availability of primary care based psychological supports and recruitment difficulties in appointing clinical staff.<sup>740</sup> Currently a young person who needs to access out-of-hours mental health treatment can generally only do so through hospital emergency departments. There are reports of young people who have attempted suicide after unacceptable waits in busy emergency departments before being assessed.<sup>741</sup> It is important that the review of *A Vision for Change* will advise on the introduction of 24/7 support and liaison teams in primary and emergency care so that children and young people do not have to access help through the emergency departments of hospitals. The State must prioritise the UN Committee's recommendations to strengthen capacity for out-of-hours facilities.<sup>742</sup> It is critical that the review of *A Vision for Change* be completed as a matter of urgency to address the significant shortcomings in mental health service provision for children and young people. A multi-annual implementation plan and an independent monitoring group should be put in place to oversee improvements to the system.

**National Taskforce on Youth Mental Health:** The Taskforce was established in August 2016<sup>743</sup> as one of the Taoiseach's priority items for the first 100 days

of Government.<sup>744</sup> The Taskforce will work for one year focusing on children and young people aged 0-25 years,<sup>745</sup> to lead changes in the community to 'empower young people to build their own resilience and emotional wellbeing'.<sup>746</sup> The Taskforce is chaired by Minister of State for Mental Health and Older People, Helen McEntee TD and is made up of key stakeholders from public, private, community and voluntary sectors.<sup>747</sup> The Taskforce is expected to design a series of policy interventions to reduce stigma, raise awareness of supports, align services and build capacity at community level.<sup>748</sup> The Taskforce met four times in 2016 and focused on identifying priority issues, barriers and potential ideas for change.<sup>749</sup> Four sub-groups have been set up and the Taskforce is due to meet monthly in 2017.<sup>750</sup>



The Taskforce has a limited scope. Its Terms of Reference do not include pressing issues of the lack of primary care psychology services, inadequately

739 *ibid.*

740 The increases are mainly restricted to a small number of Community Healthcare Organisations. Communication received by the Children's Rights Alliance from the Health Service Executive, 24 January 2017.

741 A Lust for Life, 'We're Calling on the Government to Make Community Mental Health Care Available 24/7' <<http://www.alustforlife.com/the-bigger-picture/were-calling-on-the-government-to-make-community-mental-health-care-available-247>> accessed 30 January 2017.

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

743 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' <<http://health.gov.ie/blog/press-release/minister-mcentee-establishes-a-community-led-taskforce-to-take-action-to-improve-the-mental-health-and-wellbeing-of-children-and-young-people-in-ireland/>> accessed 30 January 2017.

744 Department of Health, 'National Youth Mental Health Taskforce – Extracts from Programme for Partnership Government & Taoiseach's 100 day priority commitment' <<http://health.gov.ie/wp-content/uploads/2016/08/NTYMH-PfG-extract.pdf>> accessed 30 January 2017.

745 Department of Health, 'Minutes of the Second Meeting of the National Taskforce on Youth Mental Health' <<http://health.gov.ie/wp-content/uploads/2016/11/Second-Meeting-Minutes-NTYMH.pdf>> accessed 6 February 2017.

746 Department of Health, 'National Taskforce on Youth Mental Health, FAQs' <<http://health.gov.ie/national-taskforce-on-youth-mental-health/faqs/>> accessed 30 January 2017.

747 The full membership of the Committee can be seen here: Department of Health, 'Meet Your Taskforce' <<http://health.gov.ie/national-taskforce-on-youth-mental-health/meet-your-taskforce/>> accessed 30 January 2017.

748 Department of Health, 'Terms of Reference for the National Taskforce on Youth Mental Health' <<http://health.gov.ie/national-taskforce-on-youth-mental-health/terms-of-reference/>> accessed 30 January 2017.

749 Department of Health, 'Minutes of the National Taskforce on Youth Mental Health' <<http://health.gov.ie/national-taskforce-on-youth-mental-health/minutes/>> accessed 30 January 2017.

750 The sub-groups are 0-12 years, 13-18 years, 19-25 years and 'parents and noticers' group. Department of Health, 'Minutes of the Fourth Meeting of the National Taskforce on Youth Mental Health' <<http://health.gov.ie/national-taskforce-on-youth-mental-health/minutes/>> accessed 26 January 2017.

funded CAMHS services as well as the availability of age-appropriate in-patient mental health services for young people. Children and young people who have complex and enduring mental health diagnoses are at risk of not being considered in the work of the Taskforce when there are serious human rights breaches taking place. In September 2016, 17.1 percent of all admissions of children and young people were to adult units.<sup>751</sup> The UN Committee on the Rights of the Child expressed concern at the ongoing practice of admitting children and young people to adult wards due to inadequate availability of suitable facilities.<sup>752</sup> Where placement in a psychiatric unit is necessary, adolescents should be separated from adults, where appropriate.<sup>753</sup> 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<sup>754</sup> but it is clear that this has not been delivered. The continued admission of children to adult units has been criticised repeatedly as being unsatisfactory by the Mental Health Commission.<sup>755</sup>

A Youth Reference Panel has been established to support and challenge the work of the Taskforce.<sup>756</sup> The first consultation with young people aged 19–25 took place in November 2016 to discuss youth mental health and inform the changes they would like to see the Taskforce deliver.<sup>757</sup> The Taskforce has committed to publish a full report of the consultation.<sup>758</sup> Further consultations should take place to ensure that children and young people of all ages have the opportunity to participate in the process in a meaningful way. Online consultation may ensure that as many children and young people as possible can have their voices heard. The Reference Panel should take special measures to ensure that marginalised and seldom-heard children are consulted as part of this process.

The focus of the Taskforce on reducing stigma, providing greater information on services and community interventions is to be welcomed as a key measure to ensure that children and young people's

right to health is respected. The Committee on the Rights of the Child has emphasised the need to 'promote resilience and healthy development and to protect against mental ill health' and has provided guidance as to how this might be achieved by focusing on 'strong relationships with and support from key adults, positive role models, a suitable standard of living, access to quality secondary education, freedom from violence and discrimination, opportunities for influence and decision-making, mental health awareness, problem-solving and coping skills and safe and healthy local environments.'<sup>759</sup> While the Terms of Reference identify objectives, there is a need for further clarity on the expected deliverables and outputs including how the work of the Taskforce will be implemented and monitored in order to measure the effectiveness of the initiative.

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751 Health Service Executive, *Performance Report August/September 2016* (HSE 2016) 56.

752 UNCRC, 'Concluding Observations: Ireland' (20016) UN Doc CRC/C/IRL/CO/3-4, para 53.

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

754 Mental Health Commission, *Code of Practice Relating to Admission of Children under the Mental Health Act 2001: Addendum* (MHC 2009).

755 Mental Health Commission, *Annual Report 2015* (MHC 2016) 8.

756 The panel is chaired by Niall Breslin and Emma Farrell. An engagement model has been presented and agreed in principle by the Taskforce which encompasses utilising existing feedback, face to face consultation with the different age groups and online engagement. There has also been agreement to establish a clinical oversight group in the HSE.

757 Department of Health, 'Minister Helen McEntee holds first consultation with young people for National Taskforce on Youth Mental Health' <<http://health.gov.ie/blog/press-release/minister-helen-mcentee-holds-first-consultation-with-young-people-for-national-taskforce-on-youth-mental-health/>> accessed 30 January 2017.

758 *ibid.*

759 UNCRC, 'General Comment No. 20 (2016) on the implementation of the rights of the child during adolescence' (2016) UN Doc CRC/C/GC/20 para 17.

## Mental Health

# Immediate Actions for 2017



### COMPLETE THE REVIEW OF *A VISION FOR CHANGE* IN 2017.

The review of *A Vision for Change* should be completed in 2017. The reviewer should ensure that 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 are two core components of the review. The reviewer should consult and engage with service users, key civil society actors and service providers in both the public and the independent sector. There should be a multi-annual implementation plan and the appointment of an independent monitoring group to ensure the review translates into practice.

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

Build upon work done during 2016 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. Efforts should be made to introduce primary care psychology services for children and young people in 2017.

### PROVIDE CLARITY ON THE DELIVERABLES AND OUTPUTS OF THE TASKFORCE.

While the Terms of Reference identify objectives for the Youth Mental Health Taskforce, there is a need for further clarity on the expected deliverables and outputs including how the work of the Taskforce will be implemented and monitored in order to measure the effectiveness of the initiative.

## 6.3

# Physical Health and Wellbeing

## GOVERNMENT COMMITMENT

*A Programme for a Partnership Government* commits to:

- > Enact the Public Health (Alcohol) Bill

**Progress: Limited**

- > Implement a national obesity plan

**Progress: Some**

- > Implement a sexual health strategy

**Progress: Some**

**'Physical Health and Wellbeing' receives a 'C' grade in Report Card 2017. The Public Health (Alcohol) Bill 2015 passed Committee stage in the Seanad in 2016 and is due to return to the Dáil in 2017. A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025 was published in September 2016 in consultation with children and young people. Work on the implementation of the Sexual Health Strategy is progressing with the Action Plan 2015-2016 committed to the evaluation of the implementation of Relationships and Sexuality Education in post primary schools.**

Every child has the right to enjoyment of the highest attainable standard of physical and mental health<sup>760</sup> and the right to an adequate standard of living for their physical, mental, spiritual, moral and social development.<sup>761</sup> This section examines three concrete

and measurable commitments in *A Programme for a Partnership Government* that focus on physical health and wellbeing, namely those related to alcohol, obesity and sexual health.

**Public Health (Alcohol) Bill 2015:** Of Ireland's 4.59 million population it is estimated that 1.34 million people drink harmfully and 176,999 are dependent drinkers.<sup>762</sup> The phenomenon of binge drinking is evident among adolescents in Ireland. A survey, published in December 2015, found that of the young people aged between 13 and 17 years who responded, 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.<sup>763</sup>

In December 2015, the Government published the Public Health (Alcohol) Bill 2015. The Bill contains a

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

761 *ibid* Art 27.

762 Health Research Board, 'Irish Alcohol Diary 2013: Irish Drinking in 2013' (HRB) <[http://www.hrb.ie/uploads/media/Alcohol\\_Consumption\\_in\\_Ireland\\_2013\\_full\\_infographic.jpg](http://www.hrb.ie/uploads/media/Alcohol_Consumption_in_Ireland_2013_full_infographic.jpg)> accessed 27 January 2016.

763 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.

number of positive measures including the introduction of minimum unit pricing;<sup>764</sup> a prohibition of price-based promotions; mandatory health warnings and calorie labelling on alcohol products.<sup>765</sup> The legislation also proposes to introduce restrictions on the advertising of alcohol including a prohibition on advertising in places frequented by children;<sup>766</sup> restrictions on advertising in sports grounds for events where the majority of competitors or participants are children or directly in a sports area for all events.<sup>767</sup> It is regrettable that the Bill does not take any measures to address the digital marketing of alcohol to children and young people, particularly in light of research showing 77 per cent of children aged 13-17 have reported exposure to online marketing.<sup>768</sup> Alcohol companies target their marketing at children and young people in order to encourage, normalise and glamorise alcohol consumption among young people.<sup>769</sup> It is disappointing that the issue of alcohol sports sponsorship was not included in the Bill. Consideration should be given to amending the Bill to include a restriction on the online marketing of alcohol and a ban on alcohol sponsorship of sport.

Of Ireland's 4.59 million population it is estimated that 1.34 million people drink harmfully and 176,999 are dependent drinkers.

The Bill passed second stage in the Seanad in December 2015 and commenced Committee Stage in October 2016 but its completion has been delayed.<sup>770</sup> The Bill is scheduled to return to the Dáil in 2017.<sup>771</sup>

The continued delay in implementing reform to tackle alcohol misuse represents a clear breach of the UN Convention on the Rights of the Child. The Convention obliges the State to protect children from alcohol, tobacco and illicit substances and places an onus on States to take measures to reduce the consumption of these substances among children.<sup>772</sup>

**Obesity Policy:** *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 mix of legislative, policy and public awareness activities.<sup>773</sup> The UN Special Rapporteur on the Right to Food has provided guidance on 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>774</sup>

One in four children living in Ireland is obese or overweight.<sup>775</sup> Childhood obesity has long term effects on children's physical and emotional wellbeing.<sup>776</sup> *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 – 2025* was published in September 2016. In developing the policy consultations were held with children and young people aged eight to 17 years<sup>777</sup> that identified the need for increased physical activity and greater access to healthy foods as some of the main issues for children and young people.<sup>778</sup> The 10 step plan aims to increase the number of people with a healthy weight. The *Obesity Policy* commits to implementing the 2016 *Get Ireland Active! National*

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

765 Public Health (Alcohol) Bill 2015 s11 provides for the labelling of products containing alcohol which will contain a warning to inform the public of the danger of alcohol consumption.

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

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

768 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.

769 *ibid* 2.

770 Communication received by the Children's Rights Alliance from the Department of Health, 21 December 2016.

771 Houses of the Oireachtas, 'Public Health (Alcohol) Bill 2015' <<https://www.oireachtas.ie/viewdoc.asp?fn=/documents/bills28/bills/2015/12015/document1.htm>> accessed 30 January 2017.

772 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.

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

774 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.

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

776 *ibid* 30.

777 Communication received by the Children's Rights Alliance from the Department of Health, 19 December 2016.

778 Department of Children and Youth Affairs, *Healthy Lifestyles: Have your Say*, (Government Publications 2016).

*Physical Activity Plan for Ireland*<sup>779</sup> which is key to tackling childhood obesity alongside the other actions in the Policy.

Concern has been raised regarding the role of the food industry in developing the *Obesity Policy*,<sup>780</sup> particularly in relation to their partner role in the development, implementation and evaluation of a voluntary code of practice for the promotion, marketing and sponsorship of food and beverages.<sup>781</sup> The manner in which food and drinks are promoted and marketed can reduce exposure to unhealthy food.<sup>782</sup> It is essential that the interests of public health are placed above corporate interests and mandatory code of practice is put in place.

The *Obesity Policy* committed to developing proposals for the introduction of a levy on sugar sweetened drinks.<sup>783</sup> The levy was announced in Budget 2017 and will be introduced in April 2018<sup>784</sup> following a public consultation on how to implement it.<sup>785</sup> The purpose of the levy is to encourage a reduction in sugar sweetened drinks, a measure which is supported by 58 percent of the Irish public.<sup>786</sup> Consideration should be given to introducing further taxation measures on other unhealthy foods in line with the commitments in The Obesity Policy which proposes the introduction of 'evidence-based fiscal measures to support healthy eating and lifestyles'.<sup>787</sup> Any income generated by the levy and other taxation measures should be used to invest in measures that will further improve children's health. Consideration should also be given to taking measures to make healthy foods cheaper to purchase.

**Food poverty:** Clear health inequalities exist between children who live in disadvantaged areas and the general population.<sup>788</sup> *A Healthy Weight for Ireland* recognises this stark inequality and commits to prioritise vulnerable groups including 'families, children, low-income groups and people living in deprived areas'.<sup>789</sup> In the first year of the policy, a needs assessment will take place 'of vulnerable groups as the basis of allocation of resources for preventative and treatment services for children and adults'.<sup>790</sup> It is unclear how this will be progressed.



## PEOPLE EXPERIENCE FOOD POVERTY

Food poverty is one of the driving forces behind higher rates of obesity and ill-health in disadvantaged communities.<sup>791</sup> Since 2010, the percentage of people experiencing food poverty in Ireland has risen from 10 to 13.1 per cent.<sup>792</sup> Research has found that the rate of social welfare payments and level of earnings based on the minimum wage in Ireland make it difficult to follow a healthy diet.<sup>793</sup> The risk of low income families experiencing food poverty is related to the age of

779 Department of Health, *Get Ireland Active! National Physical Activity Plan for Ireland*, (Stationery Office 2016).

780 Irish Heart Foundation, 'IHF welcomes obesity plan, warns of 'implementation paralysis'' (22 September 2016) <<http://www.irishheart.ie/iopen24/welcomes-obesity-plan-warns-implementation-paralysis-n-546.html?textsize=0>> accessed 2 February 2017.

781 Department of Health, *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025*, (Stationery Office 2016) Action 3.2.

782 *ibid* 40.

783 *ibid* Action 1.9.

784 Minister for Finance Michael Noonan TD, Budget Statement 2017 (11 October 2016).

785 Department of Finance, 'Sugar Sweetened Drinks Tax, Public Consultation' 11 October 2016 <[http://www.budget.gov.ie/Budgets/2017/Documents/Sugar-Sweetened\\_Drinks\\_Tax\\_Public\\_Consultation\\_final.pdf](http://www.budget.gov.ie/Budgets/2017/Documents/Sugar-Sweetened_Drinks_Tax_Public_Consultation_final.pdf)> accessed 30 January 2017.

786 Irish Heart Foundation, 'Pre-Budget Submission Invest in children's health - Fund and tax proposal September 2016' <[http://www.irishheart.ie/media/pub/advocacy/ihf\\_prebudget\\_submission\\_\\_ssd\\_tax\\_\\_sept\\_2016.pdf](http://www.irishheart.ie/media/pub/advocacy/ihf_prebudget_submission__ssd_tax__sept_2016.pdf)> 34, accessed 30 January 2017.

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

788 *ibid* 50.

789 *ibid*.

790 *ibid* Step 9.

791 Irish Heart Foundation, 'Pre-Budget Submission Investing in children's future health July 2015' <[http://www.irishheart.ie/media/pub/advocacy/final\\_prebudget\\_submission\\_2016\\_\\_childrens\\_future\\_health\\_fund\\_\\_july\\_2015\\_3.pdf](http://www.irishheart.ie/media/pub/advocacy/final_prebudget_submission_2016__childrens_future_health_fund__july_2015_3.pdf)> accessed 30 January 2017.

792 Department of Social Protection, *Social Inclusion Monitor 2014* (Department of Social Protection 2016).

793 B. MacMahon, and G. Weld, *The cost of a minimum essential food basket in the Republic of Ireland: Study for six household types* (Safefood 2015) 63.

their children, with expenditure greatest for infants (who have specific dietary requirements) or teenagers (who need to consume more food).<sup>794</sup> Food poverty is contributing to malnutrition, obesity, and poor concentration in school.<sup>795</sup> The issue of food poverty is multi-faceted and complex and requires a similar multi-faceted approach across four key areas to tackle food poverty:<sup>796</sup> affordability,<sup>797</sup> accessibility,<sup>798</sup> availability<sup>799</sup> and awareness.<sup>800</sup>

The School Meals Programme, funded through the Department of Social Protection, continues to be a positive way of ensuring regular food services for disadvantaged school children. In 2016, over 200,000 children benefitted from this programme at a cost of €4.2 million.<sup>801</sup> An additional €5.7 million has been allocated to the School Meals Programme for 2017.<sup>802</sup> However, unlike in other European countries, Ireland has a poor infrastructure of kitchen facilities in schools.<sup>803</sup> The current programme does not cover the cost of kitchen equipment, facilities or staff costs requiring schools to pay from their core budget or charge students to implement the programme.<sup>804</sup> The School Meals Programme is not universal, an application process is in place and priority is given to schools which are part of the DEIS initiative.<sup>805</sup>

However, the additional funding provided in Budget 2017 is expected to allow for some extension of the scheme to breakfast clubs in non-DEIS schools from September 2017.<sup>806</sup>

**Sexual Health Strategy:** All children have the right to the highest attainable standard of health, including sexual health.<sup>807</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>808</sup> that should be age-appropriate and accessible.<sup>809</sup> The UN Committee on the Rights of the Child has provided specific guidance on the provision of sexual health education which should be 'based on scientific evidence and human rights standards'<sup>810</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>811</sup> In 2016, the UN Committee expressed concern at the 'lack of access to sexual and reproductive health education and emergency contraception' for young people in Ireland. The UN Committee recommended a number of actions including making sexual and reproductive health a mandatory part of the school curriculum and

794 B. MacMahon, G. Weld, R. Thornton and M. 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.

795 Healthy Food for All, *Pre-Budget Submission 2014*, (Healthy Food for All 2013).

796 Healthy Food for All Initiative, 'Food Poverty' <<http://healthyfoodforall.com/food-poverty/>> accessed 30 January 2017.

797 Healthy Food for All Initiative, 'Healthy Food Basket' <<http://healthyfoodforall.com/wp-content/uploads/2013/10/healthy-food-basket-summary-sheet-roi-final.pdf>> accessed 30 January 2017.

798 This is a critical and challenging issue, as even though low income families may know about choosing healthier options, their scope to do so is limited by physical as well as financial constraints. People living in areas with a lack of local shops and supermarkets, or limited transport options can mean they are unable to buy and bring food home.

799 Most particularly for poor families living in disadvantaged areas, the availability of fresh and healthy food options can be an issue. In these areas, families are often reliant on local convenience stores, rather than large supermarkets. Fresh foods have shorter shelf lives, with higher storage costs, and lower profit margins and therefore smaller local shops may not stock a full range of fresh produce.

800 What constitutes 'healthy eating' can be confusing: there is a lot of misinformation about nutrition and healthy eating in the media, which can be difficult to negotiate for even the best informed consumers. For people who never learned the basics of food preparation and cooking – whether in school or at home – and/or have literacy difficulties, the challenge can be particularly acute. Families who are both income and time poor need much more support about how to make healthy, nutritious and economical food choices.

801 Communication received by the Community and Voluntary Pillar from the Department of Social Protection 24 November 2016.

802 *ibid.*

803 Educational Disadvantage Centre, 'National Strategy Hunger Prevention in Schools' <<https://www4.dcu.ie/edc/hunger-prevention-schools.shtml>> accessed 30 January 2017.

804 Communication received by the Children's Rights Alliance from the Irish Heart Foundation, 20 April 2015.

805 Communication received by the Children's Rights Alliance from the Department of Social Protection, 2 December 2015.

806 Communication received by the Community and Voluntary Pillar from the Department of Social Protection 24 November 2016.

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

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

809 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.

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

811 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.

the adoption of a sexual and reproductive health policy for young people.<sup>812</sup>

*The National Sexual Health Strategy 2015 – 2020* published in October 2015 aims to improve sexual health and wellbeing and reduce negative sexual health outcomes.<sup>813</sup> *Report Card 2017* focuses on measuring the child specific commitments in the Strategy which relate to information and education. The Strategy acknowledges the responsibility of the State 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>814</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>815</sup> and to evaluate State-funded Relationships and Sexuality Education (RSE) programmes.<sup>816</sup> The Health Service Executive (HSE) is prioritising sexual health training under the Sexual Health Strategy.<sup>817</sup>

Educating young people on the issue of sexual consent is vital and should be complemented by education on respectful, safe and healthy relationships with awareness to the unacceptability of verbal, emotional and all other forms of relationship abuse.

Currently sex education in schools is conducted as part of the RSE programmes.<sup>818</sup> While guideline programmes and materials have been developed by the HSE Sexual Health and Crisis Pregnancy Programme such as *b4udecide*,<sup>819</sup> a school's Board of Management ultimately determines the content of the programme.<sup>820</sup> This has led to reports of 'patchy' and 'misinformed' sex education in schools.<sup>821</sup> In implementing the sexual health strategy, the current deficits in the content of school-based sex education needs to be addressed while the profile and role of the programmes should be raised.

Education and awareness programmes that are properly designed and implemented should also encompass sexual consent into the already established programmes. Educating young people on the issue of sexual consent is vital and should be complemented by education on respectful, safe and healthy relationships with awareness to the unacceptability of verbal, emotional and all other forms of relationship abuse.<sup>822</sup> A *Study of Students' Experiences of Harassment, Stalking, Violence & Sexual Assault* in 2013 found that 'the largest proportion of victims of unwanted sexual experiences identified the perpetrators as being 'acquaintances'.<sup>823</sup>

Not providing an adequate standard of information and education on sexual health and relationships means children and young people are leaving school without the understanding, awareness and the skills they will need to navigate adult sexual life.<sup>824</sup> In addition, there are many vulnerable children and young people who fall out of the formal school system and consequently do not receive the education that they need on these topics.

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

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

814 *ibid* 36.

815 *ibid* action 3.4.

816 *ibid* action 3.8.

817 Communication received by the Children's Rights Alliance from the Department of Health 23 January 2017.

818 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)' <<http://www.education.ie/en/Schools-Colleges/Information/Post-Primary-School-Policies/Policies/Relationships-and-Sexuality-Education-RSE-.html#sthash.gKpqa92X.dpuf>> accessed 30 January 2017.

819 *B4udecide* 'HSE Crisis Pregnancy Programme' <[b4udecide.ie](http://b4udecide.ie)> accessed 30 January 2017.

820 Department of Education and Skills, 'Relationships and Sexuality Education' <<http://www.education.ie/en/Schools-Colleges/Information/Post-Primary-School-Policies/Policies/Relationships-and-Sexuality-Education-RSE-.html#sthash.gKpqa92X.dpuf>> accessed 30 January 2017.

821 Peter McGuire, 'Sex ed in Ireland: 'It's all disease, risk and crisis pregnancy' *The Irish Times* (Dublin, 18 May 2015).

822 Communication received by the Children's Rights Alliance from the Dublin Rape Crisis Centre, 20 January 2017.

823 Union of Students of Ireland, *Say Something: A Study of Students' Experiences of Harassment, Stalking, Violence & Sexual Assault* (USI 2013) 6.

824 Communication received by the Children's Rights Alliance from the Dublin Rape Crisis Centre, 20 January 2017.

It is welcome that the *The National Sexual Health Strategy* commits to evaluate the implementation of RSE in post primary schools.<sup>825</sup> As part of this review consideration should be given to making sexual health education, based on scientific evidence, a mandatory part of the school curriculum in line with the recommendations of the UN Committee. Young people should be consulted in this evaluation.

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825 Department of Health, *The National Sexual Health Strategy 2015 – 2020 and Action Plan for 2015 – 2016* (DOH 2015) 14.

## Physical Health and Wellbeing

# Immediate Actions for 2017



### ENACT THE PUBLIC HEALTH (ALCOHOL) BILL 2015.

The Public Health (Alcohol) Bill 2015 should be progressed through the Houses of the Oireachtas as a matter of priority. Consideration should be given to amending the Bill to include a restriction on the online marketing of alcohol and a ban on alcohol sponsorship of sport.

### CONDUCT A NEEDS ASSESSMENT OF VULNERABLE GROUPS AS OUTLINED IN A *HEALTHY WEIGHT FOR IRELAND*.

Ensure that the proposed needs assessment of vulnerable groups outlined in *A Healthy Weight for Ireland* including families, children, low-income groups and people living in deprived areas to inform resource allocation for preventative and treatment services is adequately planned and resourced.

### COMPLETE THE REVIEW OF THE IMPLEMENTATION OF RELATIONSHIPS AND SEXUALITY EDUCATION IN POST PRIMARY SCHOOLS.

As part of this review consideration should be given to making sexual health education, based on scientific evidence, a mandatory part of the school curriculum in line with the recommendations of the UN Committee on the Rights of the Child. Young people should be consulted in this evaluation.