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# **Right to Health**



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

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

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### Chapter Grade:

# C



**Mental Health Reform** @MHReform

1,686 under 18's waiting for more than 1 year for public psychological services - unacceptable waiting list lengths, unacceptable waiting time, and need for investment so services are there to meet children and teenagers when they need them #MentalHealth

2 Aug 2018



# 3.1 Primary Care

Section Grade:

# C+

## ➔ Government Commitment

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

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

▶ **Progress: Limited**

Introduce a dental health package for children under six.

▶ **Progress: Slow**

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

▶ **Progress: Complete**

'Primary Care' receives a 'C+' grade in *Report Card 2019*, an improvement on the 'C-' grade awarded last year. The extension of free GP care to 14,000 carers and the €25 increase in the weekly income threshold for free GP visit cards are positive measures. However, there has been no progress on extending free GP care to under 18s and the extension to under 12s has been designated a long-term objective. Furthermore, the National Oral Health Policy has yet to be delivered.

Every child has the right to enjoy the highest attainable standard of physical and mental health.<sup>322</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 General Practitioner (GP) care.<sup>323</sup> The UN Committee on the Rights of the Child has stressed that primary care should include the provision of information and services, as well as the prevention of illness and injury.<sup>324</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>325</sup> first articulated in the 2012 *Future Health Framework*.<sup>326</sup>

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

323 *ibid* Art 24(2)(b).

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

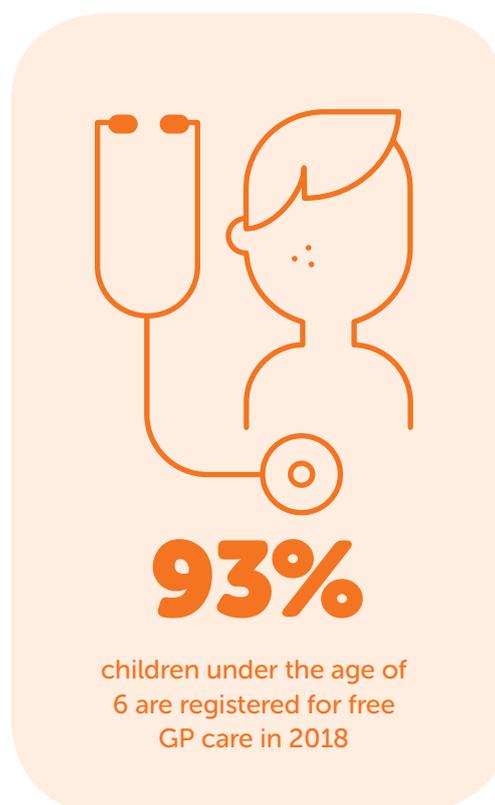
325 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014–2020* (DCYA 2014) Commitment G9, 30.

326 Department of Health, *Future Health: A Strategic Framework*

### ► Free GP Care:

Since July 2015, children under the age of six are entitled to free GP care following the enactment of the Health (General Practitioner Service) Act 2014 and the successful negotiation of a contract with GPs.<sup>327</sup> This was the first step towards introducing universal free GP care.<sup>328</sup> By November 2018, 2,832 GPs had entered an agreement with the Health Service Executive (HSE) to provide the service, and 358,239 children under the age of six (approximately 93 per cent of the eligible population) were registered for it.<sup>329</sup> These children can access GP care without fees through entitlement to either a medical card or a GP visit card. The scheme includes the provision of wellbeing and prevention assessments at age two, and again at five years, as well as an agreed cycle of care for children diagnosed with asthma.<sup>330</sup>

Universal health coverage has significant longer-term health, financial and political benefits, while at the same time making the health care system more equitable for individuals and cost-effective for States.<sup>331</sup> In recognition of this, the 2017 report of the all-party Committee on the Future of Healthcare, *Sláintecare*, recommended the delivery of expanded primary care services by the introduction, among other measures, of universal access to GP care without fees.<sup>332</sup> The Committee recommended extending GP care to an additional 500,000 people each year for five years at an estimated cost of €91 million per year.<sup>333</sup> The next step in the roll-out of free GP care was due to be for children under 12.<sup>334</sup>



However, it appears that this is now a long-term objective<sup>335</sup> rather than a government priority.<sup>336</sup>

In July 2018, the *Sláintecare* Programme Office was established and an Executive Director appointed.<sup>337</sup> In October 2018, the newly established 23 member Advisory Group met for the first time.<sup>338</sup> The *Sláintecare Implementation Strategy*, published in August 2018, outlines 10 key strategic actions including 'expanding eligibility on a phased basis to move towards universal healthcare and support a shift to community based care'.<sup>339</sup> The focus on greater access to universal healthcare is welcome but the Strategy

*for Reform of the Health Service 2012–2015* (DOH 2012) ii.

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

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

329 Communication received by the Children's Rights Alliance from the Department of Health, 15 January 2019.

330 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://bit.ly/2BNByg7>> accessed 17 January 2019.

331 World Health Organisation, *Arguing for universal health coverage* (WHO 2013).

332 Joint Oireachtas Committee on the Future of Healthcare, *Sláintecare, Report of the Oireachtas Committee on the Future of Healthcare* (Houses of the Oireachtas 2017) 60.

333 *ibid* 65.

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

335 Martin Wall & Fiach Kelly, 'Universal Free GP Care to be Significantly Delayed' *The Irish Times* (Dublin, 23 July 2018).

336 Department of Health, *Statement of Strategy 2016–2019* (HSE 2016) 13–14.

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

338 Department of Health, 'Inaugural meeting of Sláintecare Advisory Council' (24 October 2018) <<https://bit.ly/2D2E6YU>> accessed 17 January 2019.

339 Department of Health, *Sláintecare Implementation Strategy* (Department of Health 2018) 48.

does not contain any new child-specific measures to increase access to primary care.<sup>340</sup> The Strategy acknowledges the competing interests between investment in new services and the workforce, and expanding access on a universal basis.<sup>341</sup> It commits to review the current eligibility framework for all services in 2019 and develop a policy proposal and roadmap for achieving universal eligibility in 2020.<sup>342</sup> To deliver this will require significant resources and support for the leadership of *Sláintecare*.

Although the roll-out of universal healthcare has been delayed, the Government has taken a number of welcome measures to increase access to free GP care. In July 2018, eligibility was extended to 14,000 carers following the passage of the Health (General Practitioner Service) Act 2018.<sup>343</sup> This is a welcome measure to help ease the financial strain on families caring for a person with disabilities. In Budget 2019, the Government also announced a €25 increase in the weekly income threshold for GP visit cards which will benefit an estimated 100,000 people on low incomes.<sup>344</sup>

The implementation of *Sláintecare* and the extension of free GP care to children under 18 is contingent upon the renegotiation of a new GP contract meaning that buy-in from GPs is essential. The Irish College of General Practitioners has criticised the proposal to extend free GP to children under 12 without an increase in capacity.<sup>345</sup> However, the introduction of free GP care on a universal basis would be an important early intervention and prevention measure. Removing financial barriers to healthcare for children 'has a significant positive impact on child health, and later-life outcomes'.<sup>346</sup> The evidence

indicates that where a child's parents 'face the full out-of-pocket cost of GP care' they have fewer GP visits than their peers with a medical card, GP visit card or private health insurance with GP cover.<sup>347</sup> Children with GP cards or medical cards have a 'significantly higher number of GP visits per annum than children with 'no cover' although it is not possible to analyse the data to determine whether parents are foregoing 'necessary' GP visits due to cost.<sup>348</sup>

#### ► Dental Health:

*A Programme for a Partnership Government* commits to introduce a dental health package for children under six which will include timely access to a comprehensive preventive dental health programme. Currently, HSE Dental Clinics provide services for children under 16, focusing on a targeted screening and fissure sealant programme for children at age six, nine and 12 years.<sup>349</sup> HSE clinics also provide emergency services to all children under the age of 16.<sup>350</sup> However, reports indicate that the age at which children have their first dental screening varies significantly depending on where the child lives.<sup>351</sup>

The Department of Health is due to finalise the National Oral Health Policy in early 2019.<sup>352</sup> It is welcome that *First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028* has committed to 'introduce a universal dental health package for children under six, supported by a screening/surveillance programme to target key ages and vulnerable groups'.<sup>353</sup> Both the new policy and *First 5* should inform the introduction and roll-out of the dental health package.<sup>354</sup> Work to date on developing

340 The Strategy refers to designing new models of care around certain groups or cohorts including children, implementing the Electronic Health Record starting with in the Children's Hospital and includes ongoing reforms in relation to GP care and medical cards for children with disabilities.

341 Department of Health, *Sláintecare Implementation Strategy* (Department of Health 2018) 48

342 *ibid* 49.

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

344 Minister for Health, Simon Harris TD, Written Answers, Budget 2019, 23 October 2018 [43554/18].

345 Irish College of General Practitioners, 'Professional body for general practitioners makes urgent call for increased investment in primary care to avoid waiting lists for appointments' (ICGP) <<http://bit.ly/2g7EWGw>> accessed 14 September 2017.

346 Anne Nolan and Richard Layte, *Growing up in Ireland: Understanding Use of General Practitioner Services Among Children in Ireland* (DCYA 2017) 8.

347 Anne Nolan and Richard Layte, *Growing up in Ireland: Understanding Use of General Practitioner Services Among Children in Ireland*, (DCYA 2017) 7.

348 *ibid*.

349 Communication received by the Children's Rights Alliance from the Department of Health, 24 November 2017.

350 *ibid*.

351 Helen O'Callaghan 'Nothing to smile about: Children's dental health suffers due to under-resourced public systems', *The Irish Examiner*, 29 January 2018.

352 Communication received by the Children's Rights Alliance from the Department of Health, 23 November 2018.

353 Government of Ireland, *First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028* (Stationary Office 2018) 136.

354 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, Dental Services, 31 May 2017 [26065/17].

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

the Policy has included a needs assessment, consultation with stakeholders and a review of resources.<sup>355</sup> The aim of the policy is to 'develop a model of care that will enable preventive approaches to be prioritised, improve access, and support interventions appropriate to the current needs'.<sup>356</sup> To adequately vindicate the child's right to health,<sup>357</sup> effective actions in relation to oral health promotion as well as adequate access for all children to dental treatment are important. A Policy that is 'evidence driven, patient centred and prevention focused' and ensures equal access to treatment is recommended.<sup>358</sup>

### ► Medical Cards:

HSE medical cards entitle holders to a range of health services free of charge including GP visits and hospital care.<sup>359</sup> Since June 2017, all children who qualify for the Domiciliary Care Allowance (DCA) are eligible for a medical card without having to undergo a means-test and can retain the medical card until their 16th birthday.<sup>360</sup> DCA is a monthly payment for children under 16 with a 'severe disability' who require ongoing care and attention, substantially over and above what is usually needed by a child of the same age.<sup>361</sup> This a positive step in realising the rights of children with disabilities in Ireland who have exceptional care needs<sup>362</sup> as access to a medical card will have a significant impact in improving the health of children with high medical needs. It will also improve the lives of their families by alleviating the burden of high healthcare costs.

The processing of DCA claims has fallen from a high of 18 weeks to 10 weeks in 2018.<sup>363</sup> The Department of Employment Affairs and Social Protection attributes this decrease in delays to the allocation

of additional staff resources and the redesign of the application form in consultation with interest groups to allow for more relevant care needs information to be provided at the initial application stage.<sup>364</sup> In 2017, a total of 10,666 applications were finalised with 8,197 new application received during the year. Of the applications finalised, 64 per cent were allowed at first instance, with 83 per cent ultimately allowed following the completion of customer review requests and formal appeals to the Social Welfare Appeals Office.<sup>365</sup> In November 2018, 1,335 claims for DCA were awaiting a decision.<sup>366</sup>

In 2018, the Social Welfare Appeals Office received a total of 1,432 DCA appeals, a 19 per cent increase on 2017 figures.<sup>367</sup> There was a significant increase in the number of appeals finalised in 2018 (including some carried over from the previous year): 1,572 in 2018 compared with 801 in 2017.<sup>368</sup> A high proportion of DCA appeals continue to be favourable for the appellant with 83 per cent subsequently revised by a deciding officer, or allowed or partially allowed by an appeals officer.<sup>369</sup> Although the average appeal processing times have reduced significantly over the past number of years, in 2018 there was a delay of 32 weeks for a summary decision based on the documentation only, and 36 weeks when an oral hearing was held for DCA appeals.<sup>370</sup> These delays mean that children who are entitled to the payment may have to wait for months to receive it. With eligibility for a medical card under the new scheme resting solely on whether a child qualifies for DCA, it is essential that decisions made at the first instance are correct and are not subject to any unnecessary delays.

355 Minister for Health, Simon Harris TD, Written Answers, Dental Services Provision, 2 May 2017 [19252/17].

356 Minister for Health, Simon Harris TD, Written Answers, Health Care Policy, 10 July 2018 [30849/18].

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

358 Irish Dental Association, *Towards a Vision for Oral Health in Ireland: Task Force Report* (IDA 2018) 4.

359 Health Service Executive, *Your Guide to Medical Cards* (HSE) <<http://bit.ly/1UEJI9p>> accessed 17 October 2017.

360 Department of Employment Affairs and Social Protection, 'DCA medical card scheme' (DEASP) <<http://bit.ly/2CvmKA3>> accessed 5 January 2018.

361 *ibid.*

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

363 Communication received by the Children's Rights Alliance from the Department of Employment Affairs and Social Protection, 31 January 2019.

364 *ibid.*

365 *ibid.*

366 *ibid.* The significant number of applications allowed on review or on appeal is due in many instances to additional information or supporting medical evidence becoming available, which was not provided with the application initially.

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

368 *ibid.*

369 Communications received by the Children's Rights Alliance from the Social Welfare Appeals Office, 15 and 18 January 2019.

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

## Primary Care

# Immediate Actions for 2019



### **Set out a clear timeline for the introduction of free GP care for under 12s and the plan to extend this to under 18s.**

As the Government has stated that the commitment in *A Programme for a Partnership Government* to extend free GP to under 18s is no longer a government priority, a clear plan with associated timelines should be developed and published to achieve this aim.



### **Publish the National Oral Health Policy as a matter of priority in 2019.**

The Policy was due to be published in 2017 but two years on it has not yet been delivered and should be prioritised. The dental health package should be introduced without delay following the publication of the policy.



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

The DEASP should be adequately resourced to reduce the waiting times for processing applications and appeals in relation to DCA. It is essential that initial decisions are correct and prompt so that eligible children will not experience delays in receiving the payment and in obtaining the medical card to which they become entitled on qualifying for DCA.

## 3.2 Mental Health

Section Grade:

**D-**

### ➔ Government Commitment

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

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

#### ▶ **Progress: Some**

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: Delivered**

'Mental Health' receives a 'D-' grade in *Report Card 2019*, a slight decrease on last year's 'D+' grade. The review of *A Vision for Change* is not complete and requires a greater sense of urgency. Many recommendations from the National Taskforce on Youth Mental Health have been partially implemented. Progress on establishing Pathfinder has been slow. HSE commitments to develop a seven day CAMHS service and 24/7 phone, text and digital supports for children and young people are welcome.

All children have a right to enjoy the highest attainable standard of physical and mental health under Article 24 of the UN Convention on the Rights of the Child. The UN Committee on the Rights of the Child has emphasised the importance of the mental health of children and the need to tackle 'behavioural and social issues that undermine children's mental health, psychosocial wellbeing and emotional development'.<sup>371</sup> In 2016, the UN Committee expressed its concern about access to mental health treatment in Ireland, highlighting the inadequate availability of age-appropriate mental health units, long waiting lists to access mental health supports and the lack of out-of-hours services.<sup>372</sup> The Committee called on the State to take action to improve '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>373</sup>

371 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.

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

373 *ibid* para 54 (b).

*Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014 – 2020* includes a commitment to implement *A Vision for Change* (the national policy for mental health services in Ireland) as it relates to children and young people.<sup>374</sup> *Better Outcomes, Brighter Futures* also aims to improve equity of access to services and coordination of service supports, with a focus on improving mental health awareness and reducing incidents of self-harm and suicide.<sup>375</sup>

In October 2018, the Joint Oireachtas Committee (JOC) on the Future of Mental Health Care, established in July 2017,<sup>376</sup> published its final report.<sup>377</sup> It set out the long-term vision for mental healthcare including a focus on timely access to appropriate care 'on a no wrong door basis'<sup>378</sup> to require officials to signpost individuals who present at the wrong service to the correct service rather than leave them without any assistance.<sup>379</sup>

The Committee highlighted the importance of early intervention in primary and community services, adequate resourcing for acute services available on an immediate basis and the need to target resources for 'at risk' groups including Travellers and young LGBTI+ people.<sup>380</sup>

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

*A Vision for Change*, published in 2006,<sup>381</sup> is the national policy for mental health. It was due to be fully implemented by the end of 2016 but progress 'has been slow and ongoing challenges in the effective development of community services remain.'<sup>382</sup>

374 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.

375 *ibid* Commitment 1.8 and 1.9.

376 Department of Health, Minister Daly confirms the establishment of the Joint Committee on the Future of Mental Health Care (Department of Health) <<http://bit.ly/2xa60yn>> accessed 13 October 2017.

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

378 *ibid* 6.

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

380 Joint Committee on the Future of Mental Health Care, *Final Report* (Houses of the Oireachtas, 2018) 6.

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

382 Mental Health Commission, *Strategic Plan 2016-2018 (updated)* (MHC 2017) 10.



The review of *A Vision for Change* commenced in 2016<sup>383</sup> with an expert evidence review of best practice mental health service developments in Ireland and internationally.<sup>384</sup> The Minister for Health established an independent Oversight Group to oversee the development of the 'refreshed' policy for mental services in Ireland that reflect the present day context.<sup>385</sup> The recommendations of the expert review will inform the revised national policy and will be an outcomes based framework 'which sets out current and future service priorities within a time-bound implementation plan'.<sup>386</sup>

The Oversight Group established an expert review group comprising members from the statutory, voluntary and community sectors.<sup>387</sup> The relevant findings of the Youth Mental Health Taskforce report, findings from the consultation process and other

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

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

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

386 *ibid*.

387 Communication received by the Children's Rights Alliance from the Department of Health, 10 January 2019.



relevant youth-related strategies will inform the final report.<sup>388</sup> It is important that the revised framework has a strong emphasis on the development of child and youth mental health services including improving service coordination and increasing timely access to appropriate mental health supports and services at a primary level.<sup>389</sup> The Oversight Group has consulted with service users and professionals working in the mental health area.<sup>390</sup> It was originally due to conclude its work in December 2018,<sup>391</sup> however, the delivery date has been extended to February 2019.<sup>392</sup>

The Community Psychology Service focuses on prevention, assessment, early detection and intervention for children in difficulty.<sup>393</sup> At a primary care level, 7,206 children under the age of 17 were waiting for a community-based psychology appointment in September 2018, a five per cent reduction from

July 2017.<sup>394</sup> The JOC on the Future of Healthcare recommended the extension of counselling,<sup>395</sup> and the development of psychology services in primary care for children and young people.<sup>396</sup> To improve services, the HSE recruited an additional 20 staff grade psychologists to oversee care by the 114 assistant psychologists employed in CAMHS.<sup>397</sup>

The *Sláintecare Implementation Strategy* commits to enhance community mental health services by 2021<sup>398</sup> and notes the allocation of an additional €55 million for mental health services in 2019.<sup>399</sup> It is welcome that a significant proportion of the 2019 investment has been ear-marked to develop mental health services for young people.<sup>400</sup>

388 *ibid.*

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

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

391 *ibid.*

392 Communication received by the Children's Rights Alliance from the Department of Health, 10 January 2019.

393 Health Service Executive, Psychology Service, (*Health Service Executive*) <<https://bit.ly/2sh0Qx3>> accessed 15 November 2018.

394 Minister of State for Mental Health and Older People, Jim Daly TD, HSE Waiting Lists, Dáil Debates, 28 September 2017 [41188/17]. In July 2017, there were 6,811 children under 17 waiting for a community-based psychology appointment; a third had been waiting over a year.

395 Joint Oireachtas Committee on the Future of Healthcare, *Sláintecare, Report of the Oireachtas Committee on the Future of Healthcare* (Houses of the Oireachtas 2017) 47.

396 *ibid.* 8.

397 Health Service Executive, *HSE Performance Profile: April - June 2018* (HSE, 2018) 34.

398 Department of Health, *Sláintecare Implementation Strategy* (Department of Health 2018) 12.

399 *ibid.* 6.

400 Communication received by the Children's Rights Alliance from the Department of Health, 10 January 2019.

In 2015, Ireland had the seventh highest rate of youth suicide (aged 15-19) across 33 countries.<sup>401</sup> This has improved from being second highest in 2011 but has risen again since 2014 when it was 20th in Europe.<sup>402</sup>

CAMHS is a specialist clinical service that provides assessment and treatment to children and young people under 18 who are experiencing mental health difficulties such as anxiety, moderate to severe depression, eating disorders, self-harm and psychosis.<sup>403</sup> In October 2018, 2,250 children were waiting for a first appointment with CAMHS; 79.4 per cent were offered an appointment within three months, while 286 children were waiting for more than a year.<sup>404</sup>

Waiting lists vary throughout the country due to the availability of specialist CAMHS clinicians and difficulties in recruitment.<sup>405</sup> Currently, a young person can only access out-of-hours mental health treatment through hospital emergency departments as CAMHS do not offer this support. Young service users have highlighted difficulties in accessing CAMHS including long waiting times and differences in availability and consistency of services across the country.<sup>406</sup> In the development of a revised *Vision for Change*, out-of-hours services for children should be prioritised and strengthened in line with the 2016 recommendation of the UN Committee on the Rights of the Child.<sup>407</sup> In particular, it is essential that 24/7 support and liaison staff be deployed in sufficient numbers at primary care level and in mental health teams, so that children and young people can more readily access the help they need and without attending a hospital emergency department.

The *HSE Service Plan 2019* includes welcome commitments to develop a seven day per week CAMHS service.<sup>408</sup> A clear implementation plan setting out associated costs and timelines should be developed in 2019. The Service Plan also aims to ensure that older children can access specialist

mental health services or be admitted to and cared for in adolescent-specific settings when admission is required.<sup>409</sup> It is important that adequate funding to deliver these commitments is provided and that savings measures do not impinge on their delivery.

There is a total of 74 public in-patient beds for under 18s but they are not all operational.<sup>410</sup> At the end of November 2018, there were 46 young people in CAMHS inpatient beds nationally.<sup>411</sup> The new Children's Hospital and the New Forensic Hospital are due to increase capacity by an additional 20 beds but they will not open until 2021 and 2020 respectively.<sup>412</sup> A capacity review for all four existing CAMHS inpatient units is underway, however, data protection issues have delayed its completion.<sup>413</sup> In 2017, there were 308 admissions to CAMHS inpatient units and approximately 265 to these age-appropriate units by the end of November 2018.<sup>414</sup> Moreover, there are ongoing difficulties in recruiting and retaining skilled CAMHS staff, in particular consultants and nurses.<sup>415</sup> Both the UN Committee on the Rights of the Child,<sup>416</sup> and the Mental Health Commission,<sup>417</sup> have criticised the continued admission of under 18s to adult facilities. In 2017, 82 children and young people were admitted to 19 adult units compared to 68 in 2016.<sup>418</sup> While it is welcome that the majority of time spent by young people as in-patients (96 per cent of bed days) was spent in an age-appropriate facility,<sup>419</sup> under 18s receiving in-patient care should always be separated from adults where appropriate including on initial admission to hospital.<sup>420</sup>

401 National Office for Suicide Prevention, *Annual Report 2017* (HSE, 2018) 61. Comparison data on suicide in Europe is compiled by Eurostat and 2015 is the most recent year for which data is available.

402 *ibid.*

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

404 *ibid.* 2018.

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

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

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

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

409 *ibid.*

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

411 *ibid.*

412 *ibid.*

413 Health Service Executive, *Performance Profile April-June 2018 Quarterly Report* (HSE 2018) 33.

414 Communication received by the Children's Rights Alliance from the Department of Health, 10 January 2019.

415 Health Service Executive, *Performance Profile April-June 2018 Quarterly Report* (HSE 2018) 33.

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

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

418 Mental Health Commission, *Annual Report 2017* (MHC 2018) 7.

419 Health Service Executive, *Performance Profile April-June 2018 Quarterly Report* (HSE 2018) 33. A 'bed-day' is a day during which a person is confined to a bed and in which the patient stays overnight in a hospital.

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

It is critical that the review of *A Vision for Change* is completed as a matter of urgency to address the significant shortcomings across all levels of mental health service provision for children and young people. The development of a multi-annual implementation plan and the establishment of an independent monitoring group are essential to ensuring continuing improvements in the system. It should also ensure that it aligns with commitments in *First 5: A Whole-of-Government Strategy for Babies Young Children and their Families 2019 – 2028* on early identification of mental health issues.<sup>421</sup>

► **National Youth Mental Health Taskforce:**

The Taskforce, established in August 2016<sup>422</sup> as a government priority,<sup>423</sup> had a year to complete its work focusing on the mental health needs of children and young people aged zero to 25 years.<sup>424</sup> The Taskforce published its report in December 2017.<sup>425</sup> The recommendations are set out under 10 headings, and include amending the Mental Health Act on consent to mental health treatment for under 18s,<sup>426</sup> improving accessibility and alignment of mental health services through the Pathfinder project<sup>427</sup> and using digital technologies in the delivery of mental health supports to children and young people.<sup>428</sup> The *HSE National Service Plan 2019* commits to introduce a 24/7 contact line, crisis text line and other digital responses.<sup>429</sup> However, for the second year in a row the *HSE National Service Plan* refers only to the implementation of the Taskforce recommendations for young people aged 18 to 25 years<sup>430</sup> meaning that measures relating to younger children are not reflected.

The Department of Health has initiated the Pathfinder Project to examine cross-departmental collaboration on youth mental health<sup>431</sup> which has the potential to achieve a whole-of-government approach and deliver improved access to child-friendly mental health services. The Project has received Civil Service Management Board and ministerial approval<sup>432</sup> but is not yet operational due to technical issues.<sup>433</sup> The Pathfinder team is expected to be established in 2019.<sup>434</sup> This action should be prioritised to drive cross-departmental action and delivery of commitments on youth mental health.

A key recommendation of the Taskforce Report is to establish an independent National Youth Mental Health Advocacy and Information Service.<sup>435</sup> Access to such an independent advocacy service for children and young people is particularly important as children under 18 cannot consent to, or refuse, mental health treatment, including admission for in-patient treatment.<sup>436</sup> The in-patient pilot programme to develop a youth mental health advocacy service in Merlin Park in Galway is welcome.<sup>437</sup> A national steering group led the pilot and are due to make recommendations on the development of a national CAMHS advocacy service in 2019.<sup>438</sup>

A year on from the publication of the Taskforce Report progress on the recommendations has been slower than anticipated. While the commitment in *A Programme for a Partnership Government* was to establish the Taskforce to advise on mental health measures for children and young people, a clear implementation plan is necessary to ensure that the commitment will be achieved within the assigned three years.

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

422 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' (Department of Health) <<https://bit.ly/2amT3ar>> accessed 18 January 2019.

423 Department of Health, 'National Youth Mental Health Taskforce – Extracts from Programme for Partnership Government & Taoiseach's 100 day priority commitment' (Department of Health) <<http://bit.ly/2lXjYMX>> accessed 18 January 2019.

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

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

426 *ibid* Recommendation 9.

427 *ibid* Recommendation 8.

428 *ibid* Recommendation 3.

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

430 *ibid*.

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

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

433 Minister of State with Special Responsibility for Mental Health and Older People, Jim Daly TD, Written Answers, Mental Health Services, 10 May 2018 [2059/8/18].

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

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

436 Mental Health Act 2001, s.25.

437 Mental Health Commission, *Child and Adolescent Mental Health Services (CAMHS) – CHO 2 2017 Inspection Report* (MHC 2018) 7.

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

# Mental Health

## Immediate Actions for 2019



### **Complete the review of *A Vision for Change* in 2019.**

The review of *A Vision for Change* should be delivered in 2019. It is important to build further CAMHS capacity and provide adequate 24/7 services to deal with emergency needs in a revised service. A multi-annual implementation plan is required with the appointment of an independent monitoring group to ensure that the reforms suggested by the review are translated into practice.



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

Achieving this requires ongoing investment in the development of Child and Adolescent Community Mental Health teams. Make greater efforts in 2019 to provide primary care psychology services for children and young people.



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

Ensure the Pathfinder Project is established in early 2019 to drive action on youth mental health including actions in the Report of the Youth Mental Health Taskforce relating to all children. It must be properly funded to achieve the intended outcomes.

## 3.3 Physical Health

Section Grade:

**B**

### ➔ Government Commitment

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

Enact the Public Health (Alcohol) Bill

▶ **Progress: Delivered**

Implement a national obesity plan

▶ **Progress: Limited**

Implement a sexual health strategy

▶ **Progress: Some**

'Physical Health' receives a 'B' grade in *Report Card 2019* an improvement on last year's 'C-' grade. The enactment of the Public Health (Alcohol) Act in 2018 is a significant measure for children as it aims to reduce the age at which they start drinking as well as reduce alcohol consumption overall. The commencement of the sugar levy and the funding allocation for a hot meals pilot project in DEIS primary schools are positive developments in combatting childhood obesity and food poverty. The major review of Relationships and Sexuality Education in schools is also very welcome.

Every child has the right to enjoyment of the highest attainable standard of physical and mental health<sup>439</sup> and the right to an adequate standard of living for their physical, mental, spiritual, moral and social development.<sup>440</sup> This section examines three concrete and measurable commitments in *A Programme for a Partnership Government* which focus on physical health – namely, those relating to alcohol, obesity and sexual health.

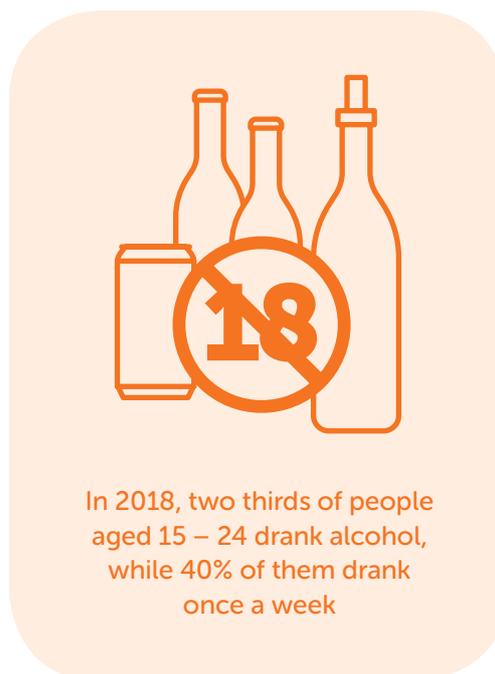
439 UN Convention on the Rights of the Child (20 November 1989) 1577 UNTS 3 (UNCRC) Art 24.

440 *ibid* Art 27.

### ► Public Health (Alcohol) Act 2018:

An estimated 1.34 million people in Ireland drink harmfully and 176,999 are dependent drinkers.<sup>441</sup> The 2018 Healthy Ireland Survey found that two thirds of young people aged between 15 and 24 drink alcohol while 40 per cent of them drink once a week.<sup>442</sup> A culture of binge drinking persists particularly among boys and young men with 67 per cent drinking six or more drinks on a regular occasion while 35 per cent of girls and young women binge drink.<sup>443</sup> Over three quarters of young people aged between 13 and 17 have previously reported exposure to online marketing.<sup>444</sup>

In October 2018, the Public Health (Alcohol) Act was passed with the aim of reducing Ireland's overall average alcohol consumption to the OECD average by 2020;<sup>445</sup> regulating the supply and price of alcohol to reduce alcohol-related harm; and delay the age at which children first drink alcohol.<sup>446</sup> The Act is a key step in tackling Ireland's high levels of alcohol consumption among children and young people and its long awaited passage into law is extremely welcome. Measures to reduce adult consumption are also beneficial for children where parental alcohol consumption has a negative impact. The Act restricts alcohol advertising at certain events and places where children are often present, for example public transport stops near schools<sup>447</sup> including public transport, sports events or in grounds where the majority of competitors or participants are children.<sup>448</sup> It also prohibits alcohol advertising targeted at children in certain circumstances.<sup>449</sup> Other positive measures include the introduction of minimum unit pricing,<sup>450</sup> mandatory health warnings on labels and structural separation in mixed-trade shops.<sup>451</sup>



In 2018, two thirds of people aged 15 – 24 drank alcohol, while 40% of them drank once a week

However, the legislation does not address the issue of alcohol sports sponsorship more generally and young people can be exposed to alcohol marketing which encourages, normalises and glamorises alcohol consumption.<sup>452</sup> There is still a need to address the digital marketing of alcohol to children and young people.<sup>453</sup> A proposed legislative amendment to limit this type of marketing was not passed.<sup>454</sup>

### ► National Obesity Plan:

*Better Outcomes, Brighter Futures, The National Policy Framework for Children and Young People 2014-2020* commits to tackling the issue of childhood obesity through a range of legislative, policy and public awareness initiatives.<sup>455</sup> The UN Special

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

442 Department of Health, *Healthy Ireland Survey 2018 - Summary of Findings* (DoH 2018) 13.

443 *ibid.*

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

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

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

447 Public Health (Alcohol) Act s 14.

448 *ibid* s 14.

449 *ibid* s 17-20.

450 Section 11 of the Act makes it illegal to sell or advertise alcohol at a price below 10c per gram of alcohol.

451 Section 11 also provides that the labelling of products containing alcohol will include a warning to inform

the public of the danger of alcohol consumption.

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

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

454 Ailbhe Conneely, 'Sinn Fein Amendment to Public Alcohol Bill Opposed by Government' (RTE, 26 September 2018) <<https://bit.ly/2Ok1mXO>> accessed 7 November 2018.

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

Rapporteur on the Right to Food has highlighted five priority actions to combat obesity: regulating the sale of 'junk food'; restricting the advertising of 'junk food'; overhauling agricultural subsidies to make healthier foods cheaper than less healthy alternatives; taxing unhealthy products; and supporting local food production so that consumers have access to healthy, fresh and nutritious food.<sup>456</sup>

A quarter of children living in Ireland are obese or overweight.<sup>457</sup> Childhood obesity has long-term effects on children's physical and emotional wellbeing.<sup>458</sup> *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016–2025* focuses on prevention of obesity to increase the number of people in Ireland with a healthy weight.<sup>459</sup> A progress report is currently being prepared for presentation at the next meeting of the Obesity Policy Implementation Oversight Group.<sup>460</sup>

In December 2017, the Department of Health published the *Non-Broadcast Advertising and Marketing of Food and Non-Alcoholic Beverages, including Sponsorship and Retail Product Placement: Voluntary Codes of Practice*.<sup>461</sup> The voluntary nature of the codes mean that companies have no legal obligations in relation to marketing and advertising and there are no restrictions on how they market their products to children. The Minister for Health has not yet appointed a body to monitor compliance and effectiveness of the codes.<sup>462</sup> This means they may have little impact on tackling childhood obesity because they allow for self-regulation and may not sufficiently reduce the advertising of unhealthy foods,

nor reduce children's exposure to this advertising.<sup>463</sup> The Joint Oireachtas Committee on Children and Youth Affairs recommended the introduction of a statutory code for the advertising and marketing of food and non-alcoholic beverages in the context of non-broadcast media and called for the independent monitoring body to be established as a matter of priority to monitor compliance and effectiveness of the *Voluntary Codes of Practice*.<sup>464</sup>

The Joint Oireachtas Committee on Education and Skills has also recommended that digital marketing aimed at children, by the food and drinks industries, be appropriately regulated to reduce the influence on their eating habits and that advertising on school grounds be banned.<sup>465</sup>

#### ► Sugar Levy:

The levy on sugar-sweetened drinks, committed to in the *Obesity Policy*,<sup>466</sup> commenced on 1 May 2018.<sup>467</sup> The levy introduced a rate of 30 cent on any water or juice based drink with over eight milligrams of sugar per litre and 20 cent on the same drinks with five to eight milligrams of sugar per litre.<sup>468</sup> The purpose of the levy is to help tackle obesity by encouraging a reduction in the consumption of sugar-sweetened drinks.<sup>469</sup> The levy is expected to raise €27 million in 2018 and €40 million in a full year.<sup>470</sup> While the introduction of the sugar levy is a public health measure, Minister for Finance, Paschal Donohoe TD has indicated that the revenue raised will not be ring-fenced for investment in obesity reducing initiatives.<sup>471</sup>

456 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.

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

458 *ibid* 30.

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

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

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

462 Minister of State for Health Promotion and the National Drugs Strategy, Catherine Byrne TD, Written Answers, Obesity Strategy, 7 September 2018 [36095/18].

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

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

465 Joint Oireachtas Committee on Education and Skills, *Report on Tackling of Obesity and the Promotion of Healthy Eating in Schools*, (Houses of the Oireachtas, 2018) 16.

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

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

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

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

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

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

### ► Food poverty:

Clear health inequalities exist between children who live in disadvantaged areas and the general population.<sup>472</sup> *A Healthy Weight for Ireland Strategy* recognises this stark inequality and commits to prioritising vulnerable groups, including ‘families, children, low-income groups and people living in deprived areas.’<sup>473</sup> A needs assessment for resource allocation ‘for preventative and treatment services for children and adults’ was due to take place in the first year of the policy.<sup>474</sup> The HSE will carry out the needs assessment under the aegis of the Obesity Policy Implementation Oversight Group.<sup>475</sup>

Food poverty is one of the driving forces behind higher rates of obesity and ill-health in disadvantaged communities.<sup>476</sup> It is defined as the inability to have an adequate and nutritious diet due to issues of affordability and accessibility.<sup>477</sup> In 2016, almost 10 per cent of the population experienced food poverty.<sup>478</sup> Current rates of social welfare payments and earnings based on the minimum wage make it difficult to follow a healthy diet<sup>479</sup> as nutrient-dense foods such as lean meat, fruit and vegetables are more expensive than energy-dense, cheaper foods.<sup>480</sup> The age of a child also impacts on the cost of food as infants have specific dietary requirements and teenagers require greater quantities of food.<sup>481</sup>



While the short-term impact of food poverty is poor diet and lack of nutrients, the long-term effects can lead to diet-related illnesses, including obesity.<sup>482</sup>

The introduction of hot school meals is an important measure for tackling food poverty experienced by children as it means that they will receive at least one nutritious meal a day in a non-stigmatising manner. In 2018, the Department of Employment Affairs and Social Protection spent €54 million on the School Meals Programme benefitting up to 250,000 children.<sup>483</sup> Building on the expansion of the Scheme in 2017 to provide breakfast in 175 non-DEIS schools,<sup>484</sup> an additional €1 million was allocated in Budget 2019 to establish a hot school meals pilot programme for DEIS schools.<sup>485</sup> The pilot, due to commence in the 2019/2020 academic year, will provide hot dinners for up to 7,200 children, with a possibility of extension if it is successful.<sup>486</sup> Up to 36 DEIS primary schools are expected to be selected following a process requesting expressions of interest.<sup>487</sup> The cost of kitchen equipment, facilities or

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

473 *ibid.*

474 *ibid.*

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

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

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

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

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

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

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

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

483 Minister for Employment Affairs and Social Protection, Regina Doherty TD, Written Answers, School Meals Programme, 16 October 2018 [42288/18].

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

485 Minister for Employment Affairs and Social Protection, Regina Doherty TD, Written Answers, School Meals Programme, 16 October 2018 [42288/18].

486 *ibid.*

487 Communication received by the Children’s Rights Alliance by the Department of Employment Affairs

staff costs are not covered meaning that schools have to meet these costs from their core budget or charge students in order to implement the programme. *Project Ireland 2040: The National Development Plan* commits to spending €2.5 billion on the refurbishment of existing school stock over the next 10 years.<sup>488</sup> This presents an opportunity to make funding for the school buildings programme and refurbishment grants contingent upon the inclusion of a school kitchen.

From January 2018, the new Nutrition Standards for the School Meals Programme were applied and all participating schools were required to be fully compliant with the standards from September 2018<sup>489</sup> and will be monitored through the inspection process from the 2018/2019 academic year.<sup>490</sup> The Standards aim to ensure that schools provide children and young people with 'healthy balanced meals that follow the Healthy Eating Guidelines'.<sup>491</sup>

The Joint Oireachtas Committee on Children and Youth Affairs has recommended that Government establish clear targets for reducing socio-economic inequalities in childhood obesity, including food poverty, and implement an evaluation framework to monitor the progress.<sup>492</sup> The issue of food poverty falls within the remit of several key government departments yet there continues to be a lack of coordination and leadership on the issue. Given the shared responsibility, a single government department should hold primary responsibility for the coordination and centralisation of food poverty measures in Ireland.

In a positive development, the Department of Health under the auspices of the National Advisory Group on *Better Outcomes, Brighter Futures* will establish a sub-group on food poverty in 2019.<sup>493</sup> Membership and terms of reference for the group are yet to be

agreed.<sup>494</sup> The aim of the group is to propose measures to reduce food poverty amongst children and young people in Ireland and to establish food poverty measurement mechanisms.<sup>495</sup> This is an important step in addressing the issue of food insecurity and related issues for children and young people because traditionally this issue has fallen between Departments as no one department has the primary responsibility. Therefore, it is very welcome that the Department of Health will take the lead and bring together other government departments and stakeholders.

### Sexual Health Strategy:

All children have the right to the highest attainable standard of health, including sexual health.<sup>496</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>497</sup> The education should be age-appropriate and accessible.<sup>498</sup> The UN Committee on the Rights of the Child has specified that sexual health education should be 'based on scientific evidence and human rights standards'<sup>499</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>500</sup> In 2016, the UN Committee expressed concern at the 'lack of access to sexual and reproductive health education' for young people in Ireland and recommended that it should be included as a mandatory part of the school curriculum as well as the adoption of a sexual and reproductive health policy for young people.<sup>501</sup>

*The National Sexual Health Strategy 2015–2020* aims to improve sexual health and wellbeing and reduce negative sexual health outcomes.<sup>502</sup> The Strategy

and Social Protection, 27 November 2018.

488 Department of Public Expenditure and Reform, *Project Ireland 2040: The National Development Plan* (DPER 2018) 86.

489 Department of Health, 'New Healthy Eating Standards for School Meals launched' (Department of Health 2017) <<http://bit.ly/2yBXJS9>> accessed 5 October 2017.

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

491 Department of Health, 'New Healthy Eating Standards for School Meals launched' (Department of Health 2017) <<http://bit.ly/2yBXJS9>> accessed 5 October 2017.

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

493 Communication received by the Children's Rights Alliance by the Department of Children and Youth Affairs, 21 December 2018.

494 *ibid.*

495 *ibid.*

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

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

498 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.

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

500 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.

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

502 Department of Health, *The National Sexual Health Strategy 2015–2020 and Action Plan for*



**Food poverty is one of the driving forces behind higher rates of obesity and ill-health in disadvantaged communities. It is defined as the inability to have an adequate and nutritious diet due to issues of affordability and accessibility.**

acknowledges the State's responsibility to ensure that children and young people receive comprehensive sex education and it recognises the need for a 'partnership approach between parents, statutory and non-statutory organisations'.<sup>503</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>504</sup> as well as to undertaking an evaluation of the State-funded Relationships and Sexuality Education (RSE) programmes.<sup>505</sup> In April 2018, the HSE launched a new website on sexual wellbeing which includes age-appropriate resources for parents of children aged two to 12 on how to talk to their children about relationships, sexuality and growing up.<sup>506</sup>

Currently, sex and relationship education in schools is conducted as part of the RSE programmes.<sup>507</sup> While the HSE Sexual Health and Crisis Pregnancy Programme has developed materials and programmes (such as [b4uDecide.ie](http://b4uDecide.ie)),<sup>508</sup> a school's Board of Management can exercise discretion in how their 'school's characteristic spirit will inform the teaching of a programme'.<sup>509</sup> In April 2018, the Minister for Education and Skills announced a major review of the RSE Programme by the National Council on Curriculum and Assessment (NCCA) of both the content of the RSE curriculum as well as the delivery of the curriculum to students.<sup>510</sup> As part of the review, the NCCA will also examine

the 'experience and reality of RSE as delivered in schools'.<sup>511</sup> The review will encompass consultation with students, teacher, principals and parents on the planning, teaching and standard of the RSE curriculum, the role of teachers and the appropriate level of support provided by external providers, the amount of time dedicated to the subject and the effectiveness of the continuing professional development opportunities for RSE teachers.<sup>512</sup>

The review of the RSE curriculum is timely as a survey published in April 2018 found that young people do not find teachers a useful source of information, with over 90 per cent of young people regarding the internet as their most trusted source of information on health sexual relationships.<sup>513</sup> More than 20 per cent of young people found pornography a useful source of information on health sexual relationships.<sup>514</sup> The review will also specifically consider consent and contraception which is welcome. The review of the RSE curriculum should consider making inclusive sexual health education, based on scientific evidence, a mandatory part of the school curriculum.

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2015–2016 (Department of Health 2015) 17.

503 *ibid* 36.

504 *ibid* action 3.4.

505 *ibid* action 3.8.

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

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

508 [B4uDecide](http://b4uDecide.ie) 'HSE Crisis Pregnancy Programme' <[B4uDecide.ie](http://b4uDecide.ie)> accessed 30 January 2017.

509 Department of Education and Skills, 'Relationships and Sexuality Education' < <https://bit.ly/2Fe9guc>> accessed 18 January 2019.

510 Department of Education and Skills, 'Minister Bruton starts major update of Relationships and Sexuality Education' (3 April 2018) <<https://bit.ly/2DKsbVi>> accessed 18 January 2019. The DES expects to receive the findings of the review in the second quarter of 2019. The Minister asked that specific consideration be given to the matters of consent, developments in contraception, healthy positive sexual expression and relationships, safe use of the internet, social media and its effects on relationships and self-esteem and LGBTI+ matters in the course of the review.

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511 *ibid*.

512 *ibid*.

513 Youth Work Ireland, 'Young people turn away from teachers and parents towards the internet for sex education' (*Youth Work Ireland*, 23 April 2018) <<https://bit.ly/2Fe7Rm2>> accessed 18 October 2018.

514 *ibid*.

## Physical Health

### Immediate Actions for 2019



#### **Allocate adequate resources to ensure effective implementation of the Public Health Alcohol Act 2018.**

Given the relatively high alcohol consumption by young people, the Health Service Executive should continue to allocate resources to promote awareness and education on alcohol through the 'Ask About Alcohol' website. This could be updated to include a section specifically for young people.



#### **Conduct the needs assessment of vulnerable groups outlined in *Healthy Weight for Ireland*.**

The Action Plan, *Healthy Weight for Ireland*, proposed a needs assessment of vulnerable groups, including families, children, low-income groups and people living in deprived areas which would inform resource allocation for preventative and treatment services. This was an immediate action in *Report Card 2018* and should be completed in 2019 as a priority.



#### **Establish the oversight group to monitor compliance with the *Voluntary Codes of Practice* and consider the introduction of a statutory code for the advertising and marketing of food and non-alcoholic beverages in the context of non-broadcast media.**

The oversight group for the current Voluntary Codes of Practice should be established as a matter of priority to establish current practice. Implement the recommendations of the Joint Oireachtas Committees on Children and Youth Affairs, and Education and Skills, to introduce a legal framework to regulate the advertising of junk food and beverages to children and young people.



#### **Complete the review of the implementation of RSE in post-primary schools.**

The review should consider making sexual health education, based on scientific evidence, a mandatory part of the school curriculum in line with the recommendations of the UN Convention on the Rights of the Child. The review should include consultation with young people.