

3. RIGHT TO HEALTH

Chapter Grade

C-



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We welcome the publication of the #YouthMentalHealth Taskforce report today. It contains a list of Government approved recommendations in a number of important areas.



12 Dec 2017

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



© Barretstown: Rebuilding Lives Affected by Childhood Illness



IN THE NEWS

TAOISEACH AND HEALTH MINISTER LOBBIED TO URGENTLY PROGRESS PUBLIC HEALTH ALCOHOL BILL

Donegal Now, 15 November 2017

Alcohol Health Alliance Ireland is today lobbying the Taoiseach and Health Minister to urgently progress a Public Health Alcohol Bill.

They issued an appeal following developments in London, where the Supreme Court ruled that Minimum Unit Pricing (MUP) of alcoholic drinks is lawful in Scotland.

Rejecting the appeal by drinks industry representatives, the Supreme Court found that MUP is compatible with European Union law.

The Alcohol Health Alliance Ireland claims that Minimum Unit Pricing is targeted at the cheapest drinks consumed by the heaviest drinkers. Its chairman, Professor Frank Murray, said: "We welcome the decision on minimum unit pricing for Scotland today.

"It represents a great victory for the public's health. Minimum unit pricing will save lives, reduce hospital admissions and cut crime.

"It is shameful that so many lives have been lost and harmed over the past 5 years while this decision was challenged by the alcohol industry."

He added: "Ireland is now clear to progress their own plans for minimum unit pricing that are contained within the Public Health Alcohol bill.

"I call on the Taoiseach Leo Varadkar and Minister for Health Simon Harris to urgently progress this legislation, which is overwhelmingly supported by the public and, which can save lives and reduce the pressures on the health services."

The Alcohol Health Alliance was established by Alcohol Action Ireland and the Royal College of Physicians of Ireland (RCPI), and brings together over 50 NGOs, charities and public health advocates and campaigners.

Their mission is to reduce the harm caused by alcohol.

3.1 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 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 2018*, an improvement on the 'D' grade awarded last year. This grade reflects the implementation of an automatic entitlement to a medical card for all children in receipt of Domiciliary Care Allowance. However, there has been little evidence of progress towards the phased extension of free GP care to all children and progress on the dental health package for children under six is slow.

Every child has the right to enjoy the highest attainable standard of physical and mental health.³¹⁴ 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.³¹⁵ 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.³¹⁶ The Sustainable Development Goals, agreed by global leaders in 2015, call for the provision of universal health coverage 'including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all'.³¹⁷ *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young*

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

315 UN Convention on the Rights of the Child (20 November 1989) 1577 UNTS 3 (UNCRC) Art 24(2)(b).

316 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.

317 United Nations, Resolution adopted by the General Assembly, Transforming our world: the 2030 Agenda for Sustainable Development (2015) A/RES/70/1.



CHILDREN UNDER 6 GET FREE GP CARE

People 2014–2020, reiterated the commitment to introduce universal GP services,³¹⁸ first articulated in the 2012 *Future Health Framework*.³¹⁹

Free GP Care: In 2013, the Government allocated €37 million to meet the annual cost of providing free GP care to children under the age of six, as a first step towards introducing universal free GP care.³²⁰ Following the enactment of the Health (General Practitioner Service) Act 2014 and the successful negotiation of a contract with GPs to provide services to children under six, the scheme came into operation in July 2015.³²¹ By November 2017, 95 per cent of GPs had entered an agreement with the Health Service Executive (HSE) to provide the service³²² and 362,380 children under

the age of six (approximately 92 per cent of the eligible population) were registered for the service.³²³ This means these children can access GP care without fees through entitlement to either a medical card or a GP visit card. Universal health coverage has been found to have 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.³²⁴

It is unclear why around eight per cent of children under the age of six are not registered for the service.³²⁵ There are concerns that children from vulnerable groups, including Traveller, Roma, migrant and undocumented children, may experience barriers in accessing their entitlement to free GP care. In particular, people may potentially have difficulty in demonstrating that they are 'ordinarily resident' in Ireland.³²⁶ Parents experiencing literacy difficulties may also have problems in accessing the scheme for their children.³²⁷

Welcome features of the scheme include the provision of wellbeing and prevention assessments of children at the age of two, and again at five years, as well as an agreed cycle of care for children diagnosed with asthma.³²⁸ By November 2017, 34,330 children had been registered with their GP for the asthma cycle of care.³²⁹ The expanded scheme is a further positive step towards fulfilling the child's right to access preventive healthcare, in line with EU legal obligations³³⁰ and international human rights law.³³¹ The Minister for

318 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.

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

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

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

322 Minister for Health, Simon Harris TD, Written Answers, General Practitioner Services, 2 May 2017 [19151/17].

323 Communication received by the Children's Rights Alliance from the Department of Health, 6 December 2017.

324 World Health Organisation, *Arguing for Universal Health Coverage* (WHO 2013).

325 Minister for Health, Simon Harris TD, Written Answers, General Practitioner Services, 2 May 2017 [19151/17].

326 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.

327 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' <<http://bit.ly/111uC9Z>> accessed 17 October 2017.

328 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 October 2017.

329 Communication received by the Children's Rights Alliance from the Department of Health, 6 December 2017.

330 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.'

331 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.

Health, Simon Harris TD, has stated his desire that the new GP contract will have an increased focus on health promotion and disease prevention.³³² There is considerable scope to enhance the preventative care provisions for other high-incidence chronic illnesses affecting children and young people, such as eczema, skin allergies and food allergies, which along with asthma account for more than half of all chronic illnesses among three year olds.³³³

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.³³⁴ The Committee recommended that GP care should be extended to an additional 500,000 people each year for five years; the estimated cost of this would be €91 million.³³⁵

The Coalition Government of 2011 to 2016 announced in Budget 2016 that free GP care would be extended to all children under the age of 12.³³⁶ However, the roll-out of this measure, expected to commence in 2016,³³⁷ has been delayed and will now form part of the negotiations of a new GP contract.³³⁸ Official policy documents state that the introduction of the scheme continues to be a priority for the Government³³⁹ and the HSE,³⁴⁰ as will the further roll-out of GP care to further groups of children and young people under the age of 18.³⁴¹ Minister Harris has indicated his intention to progress the extension of free GP care for children under 12 in 2018; however, this is subject to ongoing negotiations³⁴² regarding an updated GP contract that will allow the health service shift towards an integrated primary care model.³⁴³

The proposal to extend free GP entitlement to children under 12 has been criticised by the Irish College of General Practitioners (ICGP);³⁴⁴ however, it is essential that the rights of children to access preventative healthcare are prioritised during the current GP negotiations. It is also important that there is GP buy-in for the expansion of free GP care for all children under 18; this would extend entitlement to approximately an additional 498,000 children and young people.³⁴⁵

Dental Health: *A Programme for a Partnership Government* commits to introduce a dental health package for children under the age of 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 ages six, nine and 12 years.³⁴⁶ Emergency services are also provided to all children under the age of 16 by the HSE Clinics.³⁴⁷ However, reports indicate that some children have not had their first dental screening under the school screening programme until

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.

332 Minister for Health, Simon Harris TD, Written Answers, General Practitioner Contracts, 21 June 2017 [29222/17].

333 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.

334 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.

335 *ibid* 65.

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

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

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

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

340 HSE, National Service Plan 2017 (HSE 2016) 22.

341 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, Parliamentary Questions, Written Answers, General Practitioner Contracts, 2 June 2016 [13769/16].

342 Communication received by the Children's Rights Alliance from the Department of Health, 6 December 2017.

343 Minister for Health, Simon Harris TD, Written Answers, General Practitioner Contracts, 21 June 2017 [29222/17].

344 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.

345 Communication received by the Children's Rights Alliance from the Department of Health, 6 December 2017.

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

347 *ibid*.

the age of 12.³⁴⁸ In light of this, it is essential that there is adequate follow through on the HSE statement that a 'priority action' for 2017 will be to '[i]mprove access to children's oral health services and improve access to orthodontic services for children'.³⁴⁹

The National Oral Health Policy, in development by the Department of Health since 2014,³⁵⁰ is due to be completed in 2017 and will inform the introduction of the dental health package.³⁵¹ Work to date has included a needs assessment, consultation with stakeholders and a review of resources.³⁵² 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'.³⁵³ 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.³⁵⁴ It is essential that the programme devised include effective actions in relation to oral health promotion, as well as adequate access for all children to dental treatment.

Medical Cards: HSE medical cards entitle holders to a range of health services free of charge including GP visits and hospital care.³⁵⁵ A welcome feature of Budget 2017 was the announcement that the Government intended to provide a medical card to all children who qualify for the Domiciliary Care Allowance (DCA).³⁵⁶

The Allowance 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.³⁵⁷ With the commencement of the relevant sections of the Health (Amendment) Act 2017³⁵⁸ in June 2017, all children in receipt of DCA are eligible for a medical card without having to undergo a means-test³⁵⁹ and can retain the medical card until their sixteenth birthday.³⁶⁰ This is a positive step in realising the rights of children with disabilities in Ireland who have exceptional care needs³⁶¹ as having 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.

There have been significant delays in the processing of DCA claims in recent times with year-on-year increase in applications since 2009.³⁶² Despite the allocation of additional decision-making staff in July 2017, waiting times of up to 17 weeks were recorded in November 2017.³⁶³ The increase in processing times has been attributed to a 2016 High Court decision³⁶⁴ which has placed an onus on departmental medical assessors to provide a more detailed opinion to a deciding officer when considering an application, and for the deciding officer to provide more detailed reasons in the case of a refusal.³⁶⁵

348 RTE News, Children wait up to 12 years for first dental screening, (17 August 2017) <<http://bit.ly/2uKO5hU>> accessed 15 September 2017.

349 Health Service Executive, *National Service Plan 2017* (HSE 2017) 21.

350 Department of Health, 'National Oral Health Policy' (DOH) <<http://bit.ly/2EabdGX>> accessed 15 September 2017.

351 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].

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

353 Minister of State for Communities and the National Drugs Strategy, Catherine Byrne TD, Topical Issue Debate, Dental Services Provision, Dáil Debates, 6 July 2017.

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

355 Health Service Executive, *Your Guide to Medical Cards* (HSE) <<http://bit.ly/1UEJ19p>> accessed 17 October 2017.

356 Minister for Public Expenditure and Reform, Pascal Donoghue TD, Financial Resolutions 2017 – Budget Statement 2017, 10 October 2016.

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

358 Department of Health, 'Ministers Harris and McGrath welcome the opening of registration for medical cards for 10,000 children with disabilities' <<http://bit.ly/2CDhjT1>> accessed 15 September 2017.

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

360 *ibid.*

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

362 *ibid.*

363 Minister of State for Disability, Finian McGrath TD, Written Answers, Domiciliary Care Allowance Applications, 7 November 2017 [45903/17].

364 *M.D. v Minister for Social Protection* [2016] IEHC 70.

365 Minister of State for Disability, Finian McGrath TD, Written Answers, Domiciliary Care Allowance Applications, 4 July 2017 [31423/17].

With the commencement of the relevant sections of the Health (Amendment) Act 2017 in June 2017, all children in receipt of DCA are eligible for a medical card without having to undergo a means-test and can retain the medical card until their sixteenth birthday. This a positive step in realising the rights of children with disabilities in Ireland who have exceptional care needs as having 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 high proportion of DCA applications that are initially refused and subsequently allowed on appeal continues to be an issue. Of the 432 applications that were appealed in the first half of 2017, 44 per cent were subsequently revised by a deciding officer, allowed on appeal or partially allowed on appeal.³⁶⁶ While this is a significant improvement on 2016 where 90 per cent of decisions were revised or overturned on appeal,³⁶⁷ the number of applicants who have to challenge the decision in order to obtain their entitlement remains unacceptably high. The average appeal processing times for January to May 2017 was 24 to 30 weeks³⁶⁸ meaning 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.

366 Minister of State with special responsibility for Disabilities, Finian McGrath TD, Written Answers, Domiciliary Care Allowance Data, 11 September 2017 [37350/17].

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

368 Minister for Employment Affairs and Social Protection, Regina Doherty TD, Written Answers, Social Welfare Appeals Data, 11 July 2017 [32196/17].

Primary Care

Immediate Actions for 2018



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

The completion of the provision of free GP care for all children under 18 should be a priority for the Government, as a key strategy to vindicate the child's right to access primary healthcare services. Furthermore, measures should be taken to enhance the preventative and health promotion components of the GP contract by increasing the number of high-incidence chronic illnesses covered.

DELIVER THE NATIONAL ORAL HEALTH POLICY IN 2018.

The prompt completion of the National Oral Health Policy should be a priority for the Department of Health. Following publication of the Policy, the dental health package for children under six should be introduced without delay.

ADEQUATELY RESOURCE THE DEPARTMENT OF EMPLOYMENT AFFAIRS AND SOCIAL PROTECTION TO REDUCE PROCESSING TIMES FOR DOMICILIARY CARE ALLOWANCE (DCA) APPLICATIONS.

The Department should be adequately resourced to reduce the waiting times for processing applications and appeals in relation to DCA. It is essential that first-instance decisions are correct and are not subject to any unnecessary delays 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**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: Steady**

- > 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: Complete**

'Mental Health' receives a 'D+' grade in *Report Card 2018*, a slight improvement on last year's 'D-' grade. This reflects the publication of the *National Youth Mental Health Task Force Report 2017* and the progression of the review of *A Vision for Change*. In the context of increasing numbers of referrals to the Child and Adolescent Mental Health Services (CAMHS), waiting times for these services remain unacceptably lengthy.

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 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'.³⁶⁹ In 2016, the UN Committee expressed its concern about children and young people's 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.³⁷⁰ The 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'.³⁷¹

369 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.

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

371 *ibid*, para 54 (b).



4 OUT OF 5 PEOPLE WAITING FOR PSYCHOLOGIST APPOINTMENTS ARE UNDER 15

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.³⁷² *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.³⁷³

The prevalence of mental health issues for children and young people in Ireland continues to be a concern. Ireland has the fourth highest incidence of teenage suicide in the European Union, and 22.6 per cent of young people aged between 11 and 15 years report

that they have experienced two or more psychological symptoms more than once a week.³⁷⁴

In 2017, there have been a number of high-profile initiatives to tackle the issue of inadequate mental health services. The Seanad Public Consultation Committee sought the views and experiences of child and adolescent mental health service users, civil society and service providers.³⁷⁵ The Committee's report, published in October 2017, made a number of recommendations in relation to improved access to services, recruitment of staff, and outcome monitoring.³⁷⁶

The Department of Health has initiated a Pathfinder Project to examine cross-departmental collaboration in regard to youth mental health.³⁷⁷ The cross-departmental nature of the project has the potential to achieve a whole-of-government approach to youth mental health and deliver improved access to child-friendly mental health services. The Joint Committee on the Future of Mental Health Care, established in July 2017, will seek to achieve cross-party consensus on the direction of Irish mental health policy and on how to implement a single long-term vision for mental health care.³⁷⁸ The key recommendations emerging from these initiatives must be supported and implemented to create a real change for the better in children and young people's experiences of mental health services.

Review of *A Vision for Change*: *A Vision for Change*, published in 2006,³⁷⁹ 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.³⁸⁰ *A Vision for Change* was due to be fully implemented by the end of 2016 but progress has been 'slow and inconsistent'³⁸¹ and parts of the policy remain unimplemented.³⁸²

372 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.

373 *ibid*, Commitment 1.8 and 1.9.

374 UNICEF, 'Report Card 14, Building The Future: Children And The Sustainable Development Goals In Rich Countries' Irish Infographic guide to Report Card 14' (UNICEF Ireland) <<http://bit.ly/2tWH2xu>> accessed 13 October 2017.

375 Houses of the Oireachtas, 'Seanad Public Consultation Committee to hold hearings on Children's Mental Health Services' <<http://www.oireachtas.ie/parliament/mediazone/pressreleases/2017/name-42809-en.html>> accessed 20 October 2017.

376 Seanad Public Consultation Committee, *Report on Children's Mental Health Services* (Houses of the Oireachtas 2017) 32.

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

378 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.

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

380 *ibid* 8.

381 Mental Health Commission, 'Implementation of a Vision for Change is slow and inconsistent across the country, according to the Mental Health Commission' (Mental Health Commission, January 2013) <<http://bit.ly/2kR1D3B>> accessed 30 January 2017.

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

The review of *A Vision for Change* promised in the Programme for Government has commenced and a report on the 'evidence review' of best practice was published in July 2017³⁸³ encompassing a 'stock-take' examination of mental health service developments in Ireland and internationally.³⁸⁴ A key finding was the need to prioritise mental health as a major societal issue and the importance of primary prevention and promotion of positive mental health.³⁸⁵ The review highlighted the benefits of prioritising perinatal and early years care in mental health and suggested that the updated *A Vision for Change* examine the integration of services³⁸⁶ and specialist perinatal mental health services drawing on examples from New Zealand.³⁸⁷ The review also flagged cyberbullying as a challenge to be addressed in any new policy.³⁸⁸

The findings of the review should form the basis for the development of a new national mental health policy, with a particular emphasis on the development of child and youth mental health services. An independent Oversight Group has been established to oversee the development of the new policy based on the expert review³⁸⁹ and is envisaged to run until late 2018.³⁹⁰ The revised national policy is expected to include a multi-annual implementation plan to inform the allocation of resources in future years;³⁹¹ this would be a welcome development. The priorities of the Oversight Group include primary prevention, early intervention and positive mental health, integration of care and delivery systems between primary and secondary services and development of e-mental health responses.³⁹² The Alliance urges that a stakeholder consultation be

undertaken to ensure that the development of the new national policy is informed by the views of service users, key civil society actors and service providers in both the public and independent sector. It is a matter of concern that there is no clear timeline for the completion of the full review of *A Vision for Change*.

Demand for mental healthcare services continues to exceed availability at all levels and many gaps remain in both the primary care and the specialised Child and Adolescent Mental Health Services (CAMHS) systems.³⁹³ At a primary care level, there were 6,811 children under the age of 17 waiting for a community-based psychology appointment at the end of July 2017; a third had been waiting over a year.³⁹⁴ Children aged five to 17 make up 80 per cent of people waiting for an appointment nationwide.³⁹⁵ The Joint Oireachtas Committee on the Future of Healthcare recommended the extension of counselling,³⁹⁶ and the development of psychology services in primary care for children and young people.³⁹⁷ To improve services, the Health

Demand for mental healthcare services continues to exceed availability at all levels and many gaps remain in both the primary care and the specialised Child and Adolescent Mental Health Services (CAMHS) systems.

383 Department of Health, 'Minister Daly welcomes the publication of the report of the Evidence Review of A Vision for Change and appointment of Chair of Oversight Group' <<http://bit.ly/2BFVmj8>> accessed 20 October 2017.

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 *ibid* 8.

386 Including mental health, maternity, GP and public health nursing services.

387 Kevin Cullen and David McDaid, *Evidence Review to Inform the Parameters for a Refresh of A Vision for Change (AVFC) A wide-angle international review of evidence and developments in mental health policy and practice* (Department of Health 2017) 8.

388 *ibid*.

389 Department of Health, 'Minister Daly welcomes the publication of the report of the Evidence Review of A Vision for Change and appointment of Chair of Oversight Group' (Department of Health) <<http://bit.ly/2BFOt1l>> accessed 13 October 2017. The Group will be chaired by Hugh Kane, former Chief Executive of the Mental Health Commission.

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

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

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

393 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).

394 Minister of State for Mental Health and Older People, Jim Daly TD, HSE Waiting Lists, Dáil Debates, 28 September 2017 [41188/17].

395 Minister of State for Mental Health and Older People, Jim Daly TD, Other Questions, Psychological Assessments Waiting Times, Dáil Debates, 28 September 2017 [40960/17].

396 Joint Oireachtas Committee on the Future of Healthcare, *Sláintecare, Report of the Oireachtas Committee on the Future of Healthcare* (Houses of the Oireachtas 2017) 7.

397 *ibid* 9.

Service Executive (HSE) is running a recruitment drive for an additional 22 psychologist posts and 114 assistant psychologists.³⁹⁸ The ongoing efforts to establish primary care counselling for children and young people under 18³⁹⁹ are welcome but achieving real progress in relation to this should be considered a matter of urgency.

Waiting times for specialised CAMHS continued to lengthen in 2017, in a context where the overall number of referrals is increasing; referrals in 2017 were 11.3 per cent higher than in 2016.⁴⁰⁰ In June 2017, there were 2,767 children waiting for a first appointment⁴⁰¹ with 60 per cent waiting for longer than three months and 12 per cent waiting over a year.⁴⁰² These figures represent an eight and two per cent increase respectively as compared to 2016.⁴⁰³ Currently, a young person who needs to access out-of-hours mental health treatment can generally do so only through hospital emergency departments. Testimonies presented to the Seanad Public Consultation Committee illustrate the difficulties experienced by young people and their parents in gaining access to out-of-hours care; one witness reported that following attempted suicide, one child had to be admitted to an emergency department and wait a further two weeks for an appointment with CAMHS.⁴⁰⁴ It is important that, in the development of a revised national mental health policy, priority is given to implementing the recommendation of the UN Committee that out-of-hours services for children be strengthened.⁴⁰⁵ 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 not have to go to a hospital emergency department.

The lack of age-appropriate in-patient beds for children and young people who need hospital care remains a key concern: for the country as a whole there are only 72 public in-patient beds for young people under the age of 18.⁴⁰⁶ Moreover, services are negatively impacted by the ongoing difficulties in recruiting and retaining skilled CAMHS staff, in particular consultants and nurses.⁴⁰⁷ The Linn Dara unit in Dublin closed half of its 24 beds in June 2017 due to problems in recruiting and retaining staff.⁴⁰⁸ While the unit is again operating at full capacity,⁴⁰⁹ the lack of stability in this crucial service for vulnerable children and young people is unacceptable. Both the UN Committee on the Rights of the Child,⁴¹⁰ and the Mental Health Commission,⁴¹¹ have criticised the continued admission of young people under 18 to adult facilities.⁴¹² In June 2017, 31.6 per cent of all admissions of children and young people were to adult units.⁴¹³ While it is very welcome that the majority of time spent by young people as in-patients – 98.6 per cent of bed days⁴¹⁴ – was, in fact, spent in an age-appropriate facility, children and young people receiving in-patient care should be separated from adults including on initial admission to hospital.⁴¹⁵

398 Minister of State for Mental Health and Older People, Jim Daly TD, Other Questions, Psychological Assessments Waiting Times, Dáil Debates, 28 September 2017 [40960/17].

399 Minister of State for Mental Health and Older People, Jim Daly TD, Mental Health Service Expenditure, Dáil Debates, 28 September 2017 [41063/17].

400 In June 2016 there were 2,486 referrals to CAMHS and in June 2017 there were 2,767.

401 Health Service Executive, *Performance Profile April–June 2017 Quarterly Report* (HSE 2017) 22.

402 *ibid.*

403 Health Service Executive, *Performance Report May/June 2016* (HSE 2016) 56.

404 Seanad Public Consultation Committee, *Report on Children's Mental Health Services* (Houses of the Oireachtas 2017) 28.

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

406 The public in-patient beds are as follows: 20 in Merlin Park, Galway; 20 in Eist Linn, Cork; 24 in Linn Dara, Dublin, and 8 in St Joseph's, Dublin. Communication received by the Children's Rights Alliance from the Health Service Executive, 4 December 2017.

407 Health Service Executive, *Performance Profile, April–June 2017, Quarterly Report* (HSE 2017) 22.

408 Minister of State for Mental Health and Older People, Jim Daly TD, Mental Health Service Provision, Dáil Debates, 3 October 2017 [41914/17].

409 Communication received by the Children's Rights Alliance from the Health Service Executive, 4 December 2017.

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

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

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

413 Health Service Executive, *June 2017 Management Data Report* (HSE 2017) 107.

414 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.

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

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 putting in place of a multi-annual implementation plan and the establishment of an independent monitoring group are essential to ensuring continuing improvements in the system.

National Youth Mental Health Task Force: The Task Force, established in August 2016⁴¹⁶ as a priority commitment under the Programme for Government,⁴¹⁷ was given one year to complete its work focusing on children and young people aged zero to 25 years.⁴¹⁸ It was asked to design a series of policy interventions to reduce stigma in relation to mental ill-health, raise awareness of supports, align services and build capacity at community level.⁴¹⁹ The Report of the Task Force was published in December 2017,⁴²⁰ its recommendations are set out under ten headings and include: amending the Mental Health Act in relation to consent to mental health treatment for those under the age of eighteen,⁴²¹ improving accessibility and alignment of mental health services through the Pathfinder project⁴²² and, using digital technologies in the delivery of mental health supports to children and young people.⁴²³

A key recommendation of the Task Force Report is that an independent National Youth Mental Health Advocacy and Information Service be established.⁴²⁴ Access to such an independent advocacy service for children and young people is particularly important as children under the age of 18 cannot consent to, or refuse, mental health treatment, including being

admitted for in-patient treatment. A National Youth Mental Health Advocacy Service would mean that children and families would have someone to support them, advocate on their behalf, and serve as a link with mental health professionals and other services. A clear timeline for the establishment of this crucial service should be established as a matter of priority.

It is welcome that the *HSE National Service Plan for 2017* committed to implement 'agreed actions arising from the work of the National Youth Mental Health Taskforce'.⁴²⁵ The 2018 *HSE National Service Plan*, published in December 2017, states that youth mental health is a 'key issue' and will be 'a focus for 2018'.⁴²⁶ Notably, in the HSE's annual priorities, it states that it will '[i]mplement agreed actions arising from the work of the National Youth Mental Health Task Force for those aged 18 to 25 years'.⁴²⁷ However, it is essential that the recommendations of the Task Force are implemented across all age groups and not just those for over 18s.

It is welcome that the *HSE National Service Plan for 2017* committed to implement 'agreed actions arising from the work of the National Youth Mental Health Taskforce'. The 2018 *HSE National Service Plan*, published in December 2017, states that youth mental health is a 'key issue' and will be 'a focus for 2018'.

416 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) <<http://bit.ly/2amT3ar>> accessed 17 October 2017.

417 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 17 October 2017.

418 Department of Health, 'Minutes of the Second Meeting of the National Taskforce on Youth Mental Health' (Department of Health) <<http://health.gov.ie/wp-content/uploads/2016/11/Second-Meeting-Minutes-NTYMH.pdf>> accessed 17 October 2017.

419 Department of Health, 'Terms of Reference for the National Taskforce on Youth Mental Health' (Department of Health) <<http://health.gov.ie/national-taskforce-on-youth-mental-health/terms-of-reference/>> accessed 17 October 2017.

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

421 *ibid*, Recommendation 9.

422 *ibid*, Recommendation 8.

423 *ibid*, Recommendation 3.

424 *ibid*, Recommendation 1.

425 Health Service Executive, *HSE National Service Plan 2017* (HSE 2016) 26.

426 Health Service Executive, *HSE National Service Plan 2018* (HSE 2017) 36.

427 *ibid* 37.

Mental Health

Immediate Actions for 2018



COMPLETE THE REVIEW OF *A VISION FOR CHANGE* IN 2018.

The review of *A Vision for Change* should be completed in 2018. Building further capacity in Child and Adolescent Mental Health Services and ensuring there is adequate provision of 24/7 services to deal with emergency needs should form two core components of the service to be developed following the review. Stakeholder consultation is essential and must involve 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 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. Greater efforts should be made during 2018 to provide primary care psychology services for children and young people.

ADEQUATELY RESOURCE AND MONITOR THE ACTIONS ARISING OUT OF THE RECOMMENDATIONS OF THE REPORT OF THE NATIONAL YOUTH MENTAL HEALTH TASK FORCE.

Actions under the 10 key areas identified in the Report of the Youth Mental Health Task Force must be properly funded to achieve the intended outcomes. The priority given to implementing actions of the Taskforce for those aged 18 to 25 years in the *HSE National Service Plan* for 2018 should be revisited and priority should be given to implementing the recommendations for all children and young people.

3.3

Physical Health and Wellbeing

GOVERNMENT COMMITMENT

A Programme for a Partnership Government commits to:

- > Enact the Public Health (Alcohol) Bill.



Progress: Some

- > Implement a national obesity plan.



Progress: Steady

- > Implement a sexual health strategy.



Progress: Limited

Physical Health and Wellbeing' receives a 'C-' grade in *Report Card 2018*. This grade, which is slightly lower than last year's, reflects the introduction of the levy on sugar-sweetened drinks and an increase in the Budget allocation for the School Meals Programme. It also reflects the fact that while the Public Health (Alcohol) Bill is stated to be a government priority, it has not yet been enacted. The commitments in the Sexual Health Strategy relating to children and young people remain unimplemented.

Every child has the right to enjoyment of the highest attainable standard of physical and mental health⁴²⁸ and the right to an adequate standard of living for their physical, mental, spiritual, moral and social

development.⁴²⁹ This section examines three concrete and measurable commitments in *A Programme for a Partnership Government* which focus on physical health and wellbeing, namely, those relating to alcohol, obesity and sexual health.

Public Health (Alcohol) Bill 2015: It is estimated that 1.34 million people in Ireland drink harmfully and 176,999 are dependent drinkers.⁴³⁰ There is a worrying culture of binge drinking among teenagers in Ireland. A survey of young people aged between 13 and 17 years found that 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.⁴³¹ Of the young people surveyed, 77 per cent reported exposure to online marketing.⁴³²

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

429 *ibid* Art 27.

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

431 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) 8.

432 *ibid* 4.

In December 2015, the Government published the Public Health (Alcohol) Bill. The Department of Health has stated that the aim of the Bill is to reduce Ireland's alcohol consumption to the OECD average of 9.1 litres per person over the age of 15 by 2020,⁴³³ regulate the supply and price of alcohol to reduce alcohol-related harm and delay the age at which children first drink alcohol.⁴³⁴ The Bill targets four key areas: price, marketing, structural separation and health information. It contains a number of positive measures, including the introduction of minimum unit pricing,⁴³⁵ a prohibition of price-based promotions, mandatory health warnings, and, calorie labelling on alcohol products.⁴³⁶ The draft legislation proposes restrictions on the advertising of alcohol products, including a prohibition on advertising in places frequented by children⁴³⁷ including public transport and in sports grounds for events where the majority of competitors or participants are children, or directly in a sports area for all events.⁴³⁸ The legislation does not address the issue of alcohol sports sponsorship more generally. Alcohol companies target their marketing at children and young people in order to encourage, normalise and glamorise alcohol consumption among young people⁴³⁹ but the Bill does not contain any measures to address the digital marketing of alcohol to children and young people.⁴⁴⁰

It is welcome that the Taoiseach, Leo Varadkar TD, has identified the enactment of the Public Health (Alcohol) Bill as a priority action.⁴⁴¹ The Bill passed Report and

Final Stages in the Seanad in December 2017 and is expected to be enacted in 2018.⁴⁴² Extensive lobbying has been carried out by the drinks industry to weaken key aspects of the Bill;⁴⁴³ in particular, representatives of the industry and some government backbenchers have targeted aspects of the Bill relating to the structural separation of alcohol in shops.⁴⁴⁴ Given that 31 per cent of all alcohol sales are impulse purchases,⁴⁴⁵ the significant weakening of important provisions for structural separation at the Bill's Report and Final Stages in the Seanad is disappointing.⁴⁴⁶

The continued delay in implementing reform to tackle alcohol misuse is an infringement of the UN Convention on the Rights of the Child which obliges the State to protect children from alcohol, tobacco and illicit substances and places an onus on the State to take measures to reduce the consumption of these substances among children.⁴⁴⁷ In order to fully protect children's rights, the important provisions of the Bill relating to minimum unit pricing and advertising must be retained as the Bill passes through its final stages in the Oireachtas.

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.⁴⁴⁸

433 In 2016, alcohol consumption per capita in Ireland was 11.64 litres. For information on the measures proposed in the Alcohol Bill, see: Alcohol Action Ireland, 'What is the Public Health Alcohol Bill' <<http://alcoholireland.ie/what-is-the-public-health-alcohol-bill/>> accessed 2 November 2017.

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

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

436 Section 11 of the Public Health (Alcohol) Bill 2015 provides that the labelling of products containing alcohol will include a warning to inform the public of the danger of alcohol consumption.

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

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

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

440 This is regrettable particularly in light of research showing 77 per cent of children aged 13 to 17 have reported exposure to online marketing. *ibid* 4.

441 Leo Varadkar TD, Taoiseach, Nominations of Members of the Government, Dáil Éireann, 14 June 2017.

442 Minister for Health, Simon Harris TD, Public Health (Alcohol) Bill 2017: Report and Final Stages, Dáil Debates, 15 December 2017.

443 Marie O'Halloran, 'Government alcohol Bill is up against strong lobbying', *Irish Times* 21 October 2016.

444 Public Health (Alcohol) Bill 2015 s22. Structural separation will require stores to stock alcohol either in a separate area of the store, or in a closed storage unit or cabinet which contains only alcohol products.

445 Barry Roche, 'De-normalisation' of alcohol purchases targeted by health body, *The Irish Times*, 18 September 2017.

446 Amendments to the Bill in the Seanad provided for an extended lead-in time for the provisions relating to structural separation, a reduction in the height of a barrier for shops with a separated area for alcohol products, amendments to the requirements to store alcohol products in wholly opaque storage units and the introduction of a third option for smaller retailers. Minister for Health, Simon Harris TD, Public Health (Alcohol) Bill 2017: Report and Final Stages, Seanad Debates, 15 December 2017.

447 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.

448 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.

The UN Special Rapporteur on the Right to Food has highlighted five priority actions to combat obesity: regulating the sale of 'junk food'; restricting the advertising of 'junk food'; overhauling agricultural subsidies to make healthier foods cheaper than less healthy alternatives; taxing unhealthy products and; supporting local food production so that consumers have access to healthy, fresh and nutritious food.⁴⁴⁹

One child in four living in Ireland is obese or overweight.⁴⁵⁰ Childhood obesity has long-term effects on children's physical and emotional wellbeing.⁴⁵¹ *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016–2025* was published in 2016 with a primary focus on prevention of obesity to increase the number of people in Ireland with a healthy weight.⁴⁵² A progress report to the Implementation Oversight Group was due in October 2017 but it is unclear if it will be made publicly available.⁴⁵³ The Obesity Policy commits to implementing the 2016 *Get Ireland Active! National Physical Activity Plan for Ireland*⁴⁵⁴ which is key to tackling childhood obesity alongside the other actions in the Policy. In September 2017, the HSE established a National Clinical Lead for Obesity, one of the key actions under *A Healthy Weight for Ireland*.⁴⁵⁵ However, the lack of dedicated funding for the strategy remains a concern.

The influence of the food industry in developing the Obesity Policy is an issue of concern,⁴⁵⁶ the industry was allowed to play a 'partnership' role in

the development, implementation and evaluation of a code of practice in relation to the promotion, marketing and sponsorship of food and beverages.⁴⁵⁷ The code, due to be published before the end of 2017, will be voluntary rather than mandatory in nature⁴⁵⁸ so it will not place any legal obligations or restrictions on companies despite the recognition that the manner in which food and drinks are promoted and marketed can influence exposure to unhealthy food.⁴⁵⁹ The World Health Organisation has recommended that States adopt a system of statutory regulation of food marketing, backed up by significant monetary fines.⁴⁶⁰ In developing policy to address the problem of obesity and unhealthy eating in Ireland, it is essential that the interests of public health are placed above corporate interests and that a mandatory code of practice in regard to the promotion and marketing of food products is put in place.

Sugar Levy: The levy on sugar-sweetened drinks, committed to in the Obesity Policy,⁴⁶¹ will be introduced in April 2018 at a rate of 30 cent on any drink with over eight milligrams of sugar per litre and 20 cent on any drink with five to eight milligrams of sugar per litre.⁴⁶² The purpose of the levy is to encourage a reduction in sugar-sweetened drinks, a measure which is supported by 58 per cent of the Irish public.⁴⁶³ Further taxation measures should be considered in relation to other unhealthy food items in line with the Obesity Policy which proposes the introduction of 'evidence-based fiscal measures to support healthy eating and

449 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.

450 Department of Health, *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016–2025* (Stationery Office 2016) 14.
451 *ibid* 30.

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

453 Minister of State for Health Promotion and the National Drugs Strategy, Catherine Byrne TD, Written Answers, Obesity Strategy, Dáil Debates, 28 September 2017 [41087/17].

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

455 Department of Health, 'Ministers Harris and Byrne welcome the appointment of new National Clinical Lead for Obesity' <<http://bit.ly/2F9M6Fm>> accessed 17 October 2017.

456 Irish Heart Foundation, 'Irish Heart Foundation (IHF) welcomes the Government's new obesity policy and action plan 'A Healthy Weight for Ireland', but warns that any further "implementation paralysis" in tackling the problem would have devastating consequences for the future health of our children'(IHF, September 2016) <<http://bit.ly/2CryFmC>> accessed 2 February 2017.

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

458 Minister of State for Health Promotion, Marcella Corcoran Kennedy TD, Written Answers, Obesity Strategy, Dáil Debates, 16 May 2017 [22814/17].

459 Department of Health, *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016–2025* (Stationery Office 2016) 40.

460 World Health Organisation, *Tackling food marketing to children in a digital world: trans-disciplinary perspectives* (WHO Europe 2016) 27.

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

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

463 Irish Heart Foundation, *Invest in children's health - Fund and tax proposal*, Pre-Budget Submission (IHF September 2016) <<http://bit.ly/2d1J2Ox>> 34, accessed 30 January 2017.



lifestyles'.⁴⁶⁴ Any income generated by the levy and other taxation measures should be ring-fenced and used to invest in initiatives that will further improve children's health. In addition, measures to reduce the cost of healthy foods should be considered.

Food Poverty: Clear health inequalities exist between children who live in disadvantaged areas and the general population.⁴⁶⁵ *A Healthy Weight for Ireland*

recognises this stark inequality and commits to prioritising vulnerable groups, including 'families, children, low-income groups and people living in deprived areas'.⁴⁶⁶ A needs assessment 'of vulnerable groups as the basis of allocation of resources for preventative and treatment services for children and adults' was due to take place in the first year of the policy.⁴⁶⁷

Food poverty is one of the driving forces behind higher rates of obesity and ill-health in disadvantaged communities.⁴⁶⁸ Since 2010, the percentage of people experiencing food poverty in Ireland has risen from 10 to 13.1 per cent⁴⁶⁹ and almost one child in five under the age of 15 lives with an adult who is food insecure.⁴⁷⁰ Research has found that rates of social welfare payments and earnings based on the minimum wage in Ireland make it difficult to follow a healthy diet.⁴⁷¹ The risk of low-income families experiencing food poverty is related to the age of their children, with expenditure greatest for infants (who have specific dietary requirements) and teenagers (who need to consume more food).⁴⁷² Food poverty is contributing to malnutrition, obesity, and poor concentration in school.⁴⁷³ To address the complex issue of food poverty, a multi-faceted approach is required across four key areas:⁴⁷⁴ affordability,⁴⁷⁵ accessibility,⁴⁷⁶ availability⁴⁷⁷ and awareness.⁴⁷⁸

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

465 *ibid* 50.

466 *ibid*.

467 *ibid* Step 9.

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

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

470 UNICEF, 'Report Card 14, Building The Future: Children And The Sustainable Development Goals In Rich Countries' Irish Infographic guide to Report Card 14 (UNICEF Ireland) <<https://www.unicef.ie/stories/unicef-launches-report-card-14-child-well-wealthier-nations/>> accessed 13 October 2017.

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

472 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.

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

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

475 Healthy Food for All Initiative, 'Healthy Food Basket' <<http://bit.ly/2CqWWsJ>> accessed 30 January 2017.

476 This is a critical and challenging issue: low-income families may have limited scope to choose healthier food options, not just because of financial constraints, but because they may live in areas which lack local shops and supermarkets and/or have limited transport options which gives rise to difficulties in accessing shops and bringing food home.

477 For families living on low incomes in disadvantaged areas, fresh and healthy food options may be limited or even unavailable. In these areas, families may not have access to a large supermarket and so are reliant on local convenience stores. 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.

478 It is essential that accurate and accessible information is made widely available by agencies responsible for advancing public health – given especially that food advertising may be strongly promoting less healthy food choices and that media stories about food and nutrition are sometimes misleading and/or contradictory. Families on low incomes, who may have difficulties in being able to purchase healthy food for reasons of cost and physical access, and who in addition may suffer from educational disadvantage, need to be given specific consideration in the development and implementation of programmes of information and advice on health eating.

The School Meals Programme, funded through the Department of Employment Affairs and Social Protection, continues to be a positive way of ensuring regular food services for disadvantaged school children. The Programme is not universal; an application process is in place and priority is given to schools which are part of the Delivering Equality of Opportunity in Schools (DEIS) programme.⁴⁷⁹ However, a positive development in 2017 was that the scheme was extended to provide breakfasts in 175 non-DEIS schools.⁴⁸⁰

In 2017, expenditure on the School Meals Programme amounted to €47.5 million and up to 250,000 children benefitted from the service.⁴⁸¹ An increase in the Budget 2018 allocation for the Programme means that €54 million will be spent on school meals in 2018, including €1.7 million allocated for 80 newly-designated DEIS schools.⁴⁸² From September 2018, an additional 18,400 children will benefit from the Programme.⁴⁸³ However, unlike other European countries, Ireland has a poor infrastructure of kitchen facilities in schools.⁴⁸⁴ The current programme does not cover the cost of kitchen equipment, facilities or staff costs, which means that schools have to meet these costs from their core budget or charge students in order to implement the programme.

In September 2017, the Minister for Health, the Minister for Education and Skills and the Minister for Employment Affairs and Social Protection launched new Nutrition Standards for the School Meals Programme.⁴⁸⁵ The Standards aim to ensure that schools provide children and young people with 'healthy balanced meals that follow the Healthy Eating Guidelines'⁴⁸⁶ and will be used by the Department

of Employment Affairs and Social Protection in administering the School Meals Scheme. Both the inspection programme and the individual service level agreements for each school will reference the Standards⁴⁸⁷ which will be implemented from September 2018.⁴⁸⁸

Sexual Health Strategy: All children have the right to the highest attainable standard of health, including sexual health.⁴⁸⁹ 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.⁴⁹⁰ The education should be age-appropriate and accessible.⁴⁹¹ The UN Committee on the Rights of the Child has set out specific guidance on the provision of sexual health education, stating that this should be 'based on scientific evidence and human rights standards'.⁴⁹² Such education, the Committee says, 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'.⁴⁹³ In 2016, the UN Committee

The UN Committee on the Rights of the Child has set out specific guidance on the provision of sexual health education, stating that this should be 'based on scientific evidence and human rights standards'.

479 Communication received by the Children's Rights Alliance from the Department of Employment Affairs and Social Protection, 2 December 2015.

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

481 *ibid.*

482 Government of Ireland, Budget 2018, *Expenditure Report, Part II: Expenditure Allocations 2018–20* (Stationery Office 2017) 82.

483 Department of Employment Affairs and Social Protection, Budget 2018 – Welfare.ie <<http://bit.ly/2EhGXts>> accessed 4 January 2018.

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

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

486 *ibid.*

487 *ibid.*

488 Communication received by the Children's Rights Alliance from the Department of Employment Affairs and Social Protection, 13 November 2017.

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

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

491 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.

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

493 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.

expressed concern at the 'lack of access to sexual and reproductive health education and emergency contraception' for young people in Ireland. It recommended that sexual and reproductive health be made a mandatory part of the school curriculum and that a sexual and reproductive health policy for young people be adopted.⁴⁹⁴

The National Sexual Health Strategy 2015–2020, issued by the Department of Health, aims to improve sexual health and wellbeing and reduce negative sexual health outcomes.⁴⁹⁵ *Report Card 2018* focuses on 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'.⁴⁹⁶ 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'⁴⁹⁷ as well as to undertaking an evaluation of the State-funded Relationships and Sexuality Education (RSE) programmes.⁴⁹⁸ The Health Service Executive (HSE) is prioritising sexual health training under the Sexual Health Strategy.⁴⁹⁹

Currently, sex and relationship education in schools is conducted as part of the RSE programmes.⁵⁰⁰ While the HSE Sexual Health and Crisis Pregnancy Programme has developed materials and programmes (such as b4udecide.ie),⁵⁰¹ a school's Board of Management ultimately determines the content of the programme.⁵⁰² This has led to reports of 'patchy' and 'misinformed' sex education in schools.⁵⁰³

In the absence of adequate information and education on sexual health and relationships, children and young people are leaving school without the understanding, awareness and the skills they will need to navigate adult sexual life.⁵⁰⁴ In addition, there are many vulnerable children and young people who leave school early and consequently do not receive the education that they need on these topics. To implement the Sexual Health Strategy, the current deficits in school-based sex education need 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 incorporate the issue of sexual consent. Educating young people on this issue is vital and should be complemented by education on respectful, safe and healthy relationships, including developing awareness of the unacceptability of verbal, emotional and all other forms of relationship abuse.⁵⁰⁵ A 2013 Study of Students' Experiences of Harassment, Stalking, Violence and Sexual Assault found that 'the largest proportion of victims of unwanted sexual experiences identified the perpetrators as being 'acquaintances'.⁵⁰⁶

It is welcome that the *The National Sexual Health Strategy* commits to an evaluation of the implementation of RSE in post-primary schools.⁵⁰⁷ 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 Committee.⁵⁰⁸ Young people should be consulted as part of this evaluation and in the design of any proposed new programme.

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

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

496 *ibid* 36.

497 *ibid* action 3.4.

498 *ibid* action 3.8.

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

500 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://bit.ly/2Fe9guc>> accessed 30 January 2017.

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

502 Department of Education and Skills, 'Relationships and Sexuality Education' <<http://bit.ly/2Fe9guc>> accessed 30 January 2017.

503 Peter McGuire, 'Sex ed in Ireland: 'It's all disease, risk and crisis pregnancy' *The Irish Times*, 18 May 2015; Ellen Coyle, 'Catholic group gave sex advice in 400 schools' *The Times (Ireland Edition)*, 2 December 2017.

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

505 *ibid*.

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

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

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

Physical Health and Wellbeing

Immediate Actions for 2018



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. The Bill should be amended 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 *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 assessment must be adequately planned and resourced and should be completed in 2018.

COMPLETE THE REVIEW OF THE IMPLEMENTATION OF RSE 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.⁵⁰⁹ The review should include consultation with young people.

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