



“The evidence regarding the need to tackle alcohol-related harm is overwhelming and reports have been mounting for years now without anything happening in terms of a national strategy, so it’s very encouraging to finally see this Government take decisive action to tackle what is a major public health issue.”

Suzanne Costello, CEO Alcohol Action Ireland

Chapter 3:

Right to Health

Grade D+



Massive turn-out expected for march to save mental health unit

By Ciarán Tierney



A key four day period in the campaign to save a brand new €2.8 million acute mental health unit in Ballinasloe begins today when hundreds of people are expected to join a protest march through the town.

In The News

Four days later, on the day the Dáil resumes after its summer break, a delegation from the East Galway town will meet a group of politicians in Dublin – including Labour’s Minister of State for Health Kathleen Lynch – to make the case for keeping the unit open. The Health Service Authority (West) decision to close the brand new 22-bed unit has caused uproar throughout East Galway and Roscommon since it was announced six weeks ago. Doctors, mental health care professionals, sports and social clubs, and the families of service users have joined a vocal campaign group which has vowed to keep the unit at St Brigid’s Hospital open. The protest march on Sunday has been organised by the East Galway Mental Health Action Group, which sprung up after over 500 people attended an emotional meeting in the town two weeks ago.

This week, the Psychiatric Nurses Association (PNA) said the plans to remove the 22 acute beds from St Brigid’s without putting community health teams in place as an “abuse” of the national Vision for Change strategy for mental health services.

“Vision for Change is not so much that you need to remove beds more that the needs for beds is removed, while the HSE West is using Vision as a means of cutting beds without having the community supports in place to meet the demand for services,” said PNA National Secretary Noel Giblin. Mr Giblin said the reality of the situation in Galway and Roscommon was that 32 acute beds were being taken out of the system, while there were no acute mental health teams in place who could treat patients in their own homes.

Those attending the protest will assemble at the Ballinasloe Library car park at 12.30pm, before marching through Society Street, Main Street, and New Road, before finishing in St Michael’s Square, where a number of speakers will address the protestors.

Connacht Tribune, 15 September 2013

3 | Right to Health

Overall
Grade **D+**

The Right to Health

Every child has the right to life and development, to enjoy of 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 UNCRC

Health is awarded an overall 'D+' grade this year, the same grade as last year, to reflect the lack of progress and the continued failure to address many of the immediate actions recommended in previous report cards. The move to introduce free GP care for children aged five and under is welcomed and recognised in the 'C' grade awarded to primary care. However, the failure to put in place the primary care teams, coupled with the removal of discretionary medical cards from children with high level health needs, means that we cannot award it a higher grade. Concerns about the treatment of children and adolescents with mental health needs as well as further delays in the planning and construction of the Children's Hospital have also contributed to this disappointing grade.

In its 2006 *Concluding Observations*, the UN Committee on the Rights of the Child welcomed the development of a Primary Care Strategy, but noted the lack of a comprehensive legal framework, as well as the absence of statutory guidelines safeguarding the quality of, and access to health care services, particularly for children in vulnerable situations.²¹⁰ The Committee also raised concerns about the ongoing practice of treating children with mental health issues in adult in-patient units and the failure to address harmful levels of alcohol consumption by adolescents.²¹¹

In health, as in all aspects of childhood, the early years are vital. To truly improve children's right to health, especially among the most vulnerable, Government must invest early. The publication of *Healthy Ireland: A framework for improved health and wellbeing 2013-2015* is welcome. A single document bringing together Government's focus and objectives relating to the overall population's health is much needed and overdue. The recognition that health is a personal, social and economic good and that our nation's health is our most powerful resource is encouraging. The focus on addressing critical health challenges including obesity, alcohol and drug use, smoking and mental health in an integrated, collaborative way provides a positive future outlook. However, as with all policy documents, implementation is key. To be successful, the Framework must show that it can drive strategic direction in child health policy which, to date, has been missing. It must also align with the forthcoming National Children and Young People's Policy Framework, expected in early 2014. Next year's Report Card will assess whether necessary steps were taken to deliver on the Framework's promises.

Though *Healthy Ireland: A framework for improved health and wellbeing 2013-2015* provides a high-level strategy for addressing obesity in Ireland, there is still no political commitment or strategy to address the childhood obesity epidemic.²¹² This is a serious oversight and will have devastating, long-term implications for children's health. Addressing this issue must be a core element of the forthcoming National Children and Young People's Policy Framework, particularly given the cross-departmental and multi-agency response required to truly solve this problem. The prevalence of eating disorders among children, and the lack of strategy to tackle this problem, coupled with concern at childhood obesity and malnutrition as symptoms of food poverty are further issues of concern.

210 For a discussion on this issue see U. Kilkelly (2008) *Children's Rights in Ireland: Law, Policy and Practice*, Dublin: Tottel Publishing.

211 United Nations Committee on the Rights of the Child (2006) *Concluding Observations: Ireland* (CRC/C/IRL/CO/2 paragraphs 50 and 51).

212 Paul Cullen 'Children showing heart risk factors', *The Irish Times*, 17 January 2013.

3.1 Primary Care

Grade C

Government Commitment

Progress

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

- the legislative basis for Universal Primary Care will be established under a Universal Primary Care Act.
- Universal Primary Care will be introduced in phases so that additional doctors, nurses and other primary care professionals can be recruited.

Limited progress

What's happening?

Budget 2014 saw the announcement of free GP care for children aged five and under. Progress on primary care is slow and information is opaque.

Primary Care Teams: The Government pledged to create 530 Primary Care Teams by the end of 2011.²¹³ This target was revised down to 489 by the end of 2012 following a realignment of team boundaries and the amalgamation of certain teams.²¹⁴ This has been further revised to 485 operational teams in the HSE's 2014 *National Service Plan*. At the end of December 2013, 419 Primary Care Teams,²¹⁵ at different levels of development, were in operation across the country.²¹⁶ Although some new teams were established in 2013, some of the existing teams no longer qualify for inclusion in the overall total as GPs no longer participate in these teams. This has resulted in an overall decrease of six teams compared with the December 2012 figure.²¹⁷ The *HSE National Service Plan 2014* states that the primary care budget for 2014 will be €725 million, an increase of €231.3 million from 2013.²¹⁸

Primary Care Centres: A list of 35 Primary Care Centre sites was published in November 2012. In 2013, the Department of Health announced its intention to progress 29 of the 35 Primary Care Centre sites: 19 under Public Private Partnership (PPP) agreements, seven through operational leases and three through direct build or refurbishment projects. Building and refurbishment work is underway at 15 locations with six sites under construction and planning permission has been sought for a further 22 sites.²¹⁹ The *HSE National Service Plan 2014* commits to opening 21 primary care centres over 2014 and early 2015.²²⁰ Excluding these, the HSE is constructing a further 12 primary care centres. The Primary Care Centre PPP Project

213 Health Service Executive, http://www.hse.ie/eng/services/Find_a_Service/Primary/ [accessed 19 December 2012].

214 Health Service Executive (2012) *Update on Comptroller and Auditor General Report Chapter on Primary Care Teams for PCA Meeting*, Dublin: Health Service Executive, p. 7.

215 These teams hold multi-disciplinary clinical team meetings involving GPs and HSE staff.

216 Alex White TD, Minister of State for Primary Care, Parliamentary Questions: Written Answers, 20 November 2013 [49717/13].

217 Communication received by the Children's Right Alliance from the Department of Health, 27 January 2014.

218 Health Service Executive (2013) *National Service Plan 2014*, Dublin: Health Service Executive, p. 35.

219 Minister of State for Primary Care Alex White TD Parliamentary Questions, Written Answers, 20 November 2013 [49717/13].

220 Health Service Executive (2013) *National Service Plan 2014*, Dublin: Health Service Executive, p.35.

will be offered to the market as one project; 14 planning applications have been lodged with a further two to follow shortly.²²¹

Free GP Care: In May 2013, the Attorney General advised that the introduction of free GP care to people with certain chronic illnesses would be open to legal challenge, leading to the abandonment of this plan.²²² Despite this, the Taoiseach in May 2013 stated that the Government remained 'fully committed to delivering free GP care in its first term of office.'²²³ At a speech to the MacGill summer school in August 2013, the Minister for Health, James Reilly TD, revealed a remodelled strategy proposing the phased introduction of free GP care for all according to age group starting with young children.²²⁴ The Department of Health's *Future Health: A Strategic Framework for Reform of the Health Service 2012 – 2015*,²²⁵ refers to the ultimate goal of a universal healthcare system but acknowledges that 'reforms will be introduced in a step by step manner'. In Budget 2014, €37 million was allocated to provide free GP care for children aged five years and below amounting to approximately 420,000 children,²²⁶ an additional quarter of a million children on top of existing card holders.²²⁷ This was hailed by the Government as the first step towards universal free GP care.²²⁸ It is expected that this measure alongside the current level of medical card and GP visit card holders will result in almost half the population having free GP care at point of access.²²⁹ The medical card scheme is primarily a means-tested scheme. A review of the eligibility of current medical card holders (or medical card probity) to ensure that the medical card holder's entitlement is in line with the legislation governing the scheme was also announced in Budget 2014. Initially it was expected to result in €113 million in savings for the Department of Health but this has subsequently been revised down to €23 million.²³⁰

Frontline Staff: In July 2012, the Minister for Health, James Reilly TD, announced the recruitment of 272 key frontline health staff to address variation across the HSE's 17 integrated service areas including the ratios of health care professionals to population and bringing staffing towards the national average across service areas. This included 17 Clinical Nurse Specialists to support the Integrated Care Diabetes Programme and 255 other Primary Care Team staff. While €20 million was set aside to fund these posts they were not filled in 2012 as planned and funding was redirected by the HSE.²³¹

In early 2013, the HSE commenced recruitment of the 17 Clinical Diabetes Nurse Specialists. At the end of December 2013, 11 posts had been filled; five posts had been accepted by candidates (awaiting Garda clearance); and a supplementary recruitment campaign is in progress for one post.²³²

In March 2013, approval was granted to commence recruitment for 251 posts within Primary Care Teams: 70 public health nurses; 37 registered general nurses; 51 occupational therapists; 46 physiotherapists and 47 speech and language therapists. In August 2013, a further 13.5 Primary Care posts (two public health nurses, 3.5 registered general nurses, 1.5 occupational therapists, 1.5 physiotherapists and five speech and language therapists) were approved.²³³ The recruitment process is ongoing in relation to the 264.5 Primary Care Team posts. The position at the end of December 2013 was that 160 posts had been filled or start dates agreed.²³⁴

221 Communication received by the Children's Right Alliance from the Department of Health on 27 January 2014.

222 Paul Cullen, 'GP card plan for long-term illness to be dropped' *The Irish Times*, 8 May 2013. The Programme for Government commits: 'Access to primary care without fees will be extended in the first year to claimants of free drugs under the Long-Term Illness scheme at a cost of €17 million. Access to primary care without fees will be extended in the second year to claimants of free drugs under the High-Tech Drugs scheme at a cost of €15 million. Access to subsidised care will be extended to all in the next phase. Access to care without fees will be extended to all in the final phase.'

223 Gerry Moriarty 'Kenny insists Government will deliver on free GP care' *The Irish Times*, 9 May 2013.

224 Paul Cullen 'Reilly plans free GP care for the under-fives' *The Irish Times*, 6 August 2013

225 Department of Health (2012) *Future health: a strategic framework for reform of the health service 2012 – 2015*, Dublin: Department of Health.

226 Health Service Executive (2013) *National Service Plan 2014*, Dublin: Health Service Executive, p.38.

227 Communication received by the Children's Right Alliance from the Department of Health on 27 January 2014.

228 Minister for Public Expenditure and Reform, Mr. Brendan Howlin TD, *Address to Dáil Éireann on Expenditure Estimates 2014*, Tuesday 15th October 2013.

229 Information received by the Children's Rights Alliance from the Department of Health on 6 December 2013

230 Health Service Executive (2013) *National Service Plan 2013*, Dublin: Health Service Executive, p.17.

231 Communication received by the Children's Rights Alliance from the Department of Health on 27 January 2014.

232 Ibid.

233 Ibid.

234 Ibid.

Healthy Ireland: A framework for improved health and wellbeing 2013-2015 was published in March 2013.²³⁵ The framework is intended to improve the health and wellbeing of the population of Ireland over the coming generation. It is based around four central goals: increasing the proportion of people who are healthy at all stages of life; reducing health inequalities; protecting the public from threats to health and wellbeing and creating an environment where every individual and sector of society can play a part in achieving a healthy Ireland. These overarching goals are accompanied by 64 actions that drive cross-sectoral and collaborative working. The Cabinet Committee on Social Policy, chaired by An Taoiseach, is responsible for the Framework's implementation. The Department of Health is working with a number of other departments and statutory agencies, including the HSE, on the implementation of the Framework.²³⁶ The development of a three year health service implementation plan for the Framework is a priority for 2014.²³⁷

National Healthcare Charter for Children: The HSE is currently in the process of developing a National Healthcare Charter for Children in consultation with children, parents and healthcare workers. The Charter aims to ensure that children receive quality healthcare which is both appropriate to their needs and circumstances. The Charter is based primarily on: *You and Your Health Service Ireland*; the UN Convention on the Rights of the Child; and the Charter of the European Association for Children in Hospital. The Charter supports the implementation of the National Policy on Children's Participation in Decision-Making.²³⁸ This Charter is expected to be published in 2014.

Comment

Primary care gets a 'C' grade in *Report Card 2014*, an increase from last year's 'D' grade. This improved performance reflects the announcement of free GP care for all children aged five and under and the introduction of the *Healthy Ireland* framework. However, concerns still remain at the delay in the delivery of the primary care sites promised as well as long waiting lists for treatment and the removal of medical cards from some children with high level medical needs.

Article 24 of the UN Convention on the Rights of the Child calls on States to provide necessary health care to all children. It places particular emphasis on the development of primary health care.²³⁹ The UN Committee on the Rights of the Child in its *Concluding Observations* on Ireland in 2006 acknowledged that it was concerned about the lack of guidelines safeguarding access to healthcare. It also stated that Ireland should 'ensure that availability and quality of health care services are maintained throughout the country by providing targeted resources and by establishing statutory guidelines for the quality of these services'.²⁴⁰

Primary care is the most basic building block of a successful health service that responds to children's needs.²⁴¹ As a child's first point of contact with the health system, a well-resourced, responsive and effective primary care service has the potential to prevent the development of conditions that may later require more intensive treatment or hospitalisation, at greater cost to the child and the State. The UN Committee on the Rights of the Child has emphasised that primary care services should be accessible by self-referral and have a strong focus on working with communities and individuals to improve their health and social wellbeing.²⁴²

235 Department of Health (2013) *Healthy Ireland: A framework for improved health and wellbeing 2013-2015*, Dublin: Department of Health.

236 Communication received by the Children's Rights Alliance from the Department of Health on 27 January 2014.

237 Health Service Executive (2013) *National Service Plan 2014*, Dublin: Health Service Executive, p.5.

238 The Ombudsman for Children has also published a separate but complementary document on children's rights in a healthcare setting. OCO, 'Development of national policy on Child Friendly healthcare and Inter-sectoral alliances all key to children's rights in Ireland', 20 November 2013 [press release] <http://www.oco.ie/whats-new/media/press-releases/development-of-national-policy-on-child-friendly-healthcare-and-inter-sectoral-alliances-all-key-to-childrens-rights-in-health.html> [accessed 16 December 2013].

239 UN Convention on the Rights of the Child, A/RES/44/25 (20 November 1989), Article 24 (b).

240 UN Committee on the Rights of the Child (2006), *Concluding Observations: Ireland*, CRC/C/IRL/CO/2, para 45(b).

241 Sheila Greene (2011) '*Getting the First Steps Right*', Presentation at the Department of Health and Children Consultation, Dublin: Trinity Research Centre.

242 Ibid.

Free GP Care: The introduction of free GP care for children aged five and under is a positive first step by the Government in fulfilling its Programme for Government commitment to introduce universal health care. This development will greatly benefit children's right to access healthcare and supports an early intervention approach to health in line with General Comment No. 15 of the Committee on the Rights of the Child,²⁴³ which calls for 'universal coverage of quality primary health services'.²⁴⁴ The World Health Organisation has identified that the aim of 'universal health coverage is to ensure that everyone can use the health services they need without risk of financial ruin or impoverishment'.²⁴⁵ Furthermore, the UN General Assembly unanimously passed a draft resolution supporting universal healthcare in December 2012.²⁴⁶ The implementation of free GP care will require primary legislation and the necessary administrative arrangements will be put in place during the course of 2014.²⁴⁷ Proposals based on a range of options for introducing the free GP care for children under six will be brought to Government for its consideration to ensure the introduction of universal GP care on a phased basis.²⁴⁸ There must be equality of access and care for all children especially those who may be less likely to link in with the same GP on a regular basis: for example Traveller or Roma children. A system that ensures that all children under six living in Ireland can avail of free GP care needs to be tailored to meet the needs of particular groups of children so that no child is excluded from the scheme because they are not included on the Child Benefit register or because they do not have their own Personal Public Services (PPS) Number.²⁴⁹

While the introduction of free GP care is a welcome development, it is critical that this is not introduced at the expense of children with high level special needs and chronic illnesses. There have been a number of high profile media reports about the withdrawal of discretionary medical cards from children with very complex medical needs.²⁵⁰ Under the Health Act 1970 (as amended), depending on a person's financial circumstances and whether he or she would face undue hardship, a person can qualify for a medical card when he or she cannot afford GP, medical or surgical treatment for him or herself and any dependents. This is not related to any specific category of illness. This has resulted in protests at Crumlin Children's Hospital²⁵¹ and at various other locations around the country.²⁵² The Government maintains that there has not been any change in the policy of issuing discretionary medical cards to persons with serious illnesses.²⁵³ However, figures from the HSE show the total number of cards provided on the basis of severe medical needs rather than income had reduced from 63,126 last year to 53,884 by August 2013.²⁵⁴

Frontline Staff: The 272 frontline staff promised (but not delivered) in 2012²⁵⁵ were re-announced – and reduced to 264.5 posts – in 2013,²⁵⁶ with no mention that this was the delayed delivery of last year's promises and not new resources. By December 2013, 160 staff members had been recruited.²⁵⁷ Similarly, the change in the numbers of staff reported in the *HSE Service Plan* make it difficult to track progress year-on-year. In addition, there is no explanation as to what an 'operational' team is. The number of staff required per head of population, their professional profile, the range of services provided and the geographical make up of a designated primary care site is basic information that should be easily accessible to the public. Creating confusion with jargon and skewed statistics is unacceptable.

243 UN Committee on the Rights of the Child (2013) *General Comment No. 15: the right of the child to the enjoyment of the highest attainable standard of health* CRC/C/GC/15.

244 Ibid, para. 73.

245 World Health Organisation (2013) *The World Health Report 2013: Research for Universal Health Coverage*, Geneva: World Health Organisation.

246 UN General Assembly Resolution A/RES/67/81. Global health and foreign policy. Sixty-seventh session. Agenda item 123, 2012, http://www.un.org/ga/search/view_doc.asp?symbol=A/67/L.36&referer=http://www.un.org/en/ga/info/draft/index.shtml&Lang=E [accessed 6 February 2014].

247 Communication received by the Children's Rights Alliance from the Department of Health, 6 December 2013

248 Ibid.

249 Some children under six will not be included on the Child Benefit register as their parents will not qualify for the payment due to the application of the Habitual Residence Condition, a condition attached to all means-tested social welfare payments and Child Benefit. Also some children may not have a PPS number if their parents are undocumented.

250 Paul Cullen 'Calls for Medical Cards for Very Sick Children', *The Irish Times*, 22 October 2013

251 Christopher McKinley 'Hospital Vigil held in Protest at Removal of Medical Cards', *The Irish Times*, 27 October 2013.

252 Deirdre O'Reilly 'Don't take our Medical Cards', *The Evening Echo*, 11 November 2013.

253 Taoiseach Enda Kenny TD, Leaders Questions, 20 November 2013.

254 Deirdre O'Reilly 'Don't take our Medical Cards', *The Evening Echo* 11 November 2013.

255 Department of Health, 'Recruitment of New Staff for Primary Care', [press release], 17 July 2012, <http://www.dohc.ie/press/releases/2012/20120717c.html> [accessed 9 December 2012].

256 Communication received by the Children's Rights Alliance from the Department of Health, 27 January 2014.

257 Minister of State for Primary Care, Alex White TD, Parliamentary Questions: Written Answers, 20 November 2013 [49717/13].

Delays: During 2013, children still faced long waiting lists to access basic services,²⁵⁸ with geographical variation in HSE service provision proving problematic.²⁵⁹ The waiting lists in the country's two main children's hospitals show that 15,762 children are waiting for treatment at Our Lady's Hospital in Crumlin and 15,310 children are on the waiting lists at Temple Street Hospital. Over 8,000 of these children are waiting over a year and 1,150 children have been waiting up to three years for a heart specialist.²⁶⁰

There have been reports of almost 2,000 children who have problems with basic functions (such as walking) having to wait for over a year to see a specialist, more than 500 of whom have serious conditions such as autism.²⁶¹ There are also significant delays of over three years for children requiring food allergy testing.²⁶² Similarly young people are waiting for up to three years to access orthodontic care.²⁶³ The *HSE National Service Plan 2014* commits to reducing the waiting times for orthodontic treatment and has set a performance indicator that 90% of referrals will be assessed within one year.²⁶⁴ The plan also prioritises a reduction in patient waiting times for assessment and interventions but does not include specific targets.²⁶⁵

Delays in accessing health services like these can have devastating life-long consequences, affecting a child's right to health and education, as well as his or her social development and emotional wellbeing.²⁶⁶ The geographical variations are particularly worrying as the level of healthcare a child receives should not be dependent on the part of the country in which the child lives.

National Healthcare Charter for Children: The ongoing work on the National Healthcare Charter for Children by the HSE is welcome. The consultations with children, parents and healthcare workers are important to ensure that the final Charter is inclusive of the views of the different stakeholders. It is essential that this Charter provides a rights-based approach to dealing with children in the healthcare setting.

The Charter should protect the core principles of dignity, children's participation and consider the best interests of the child. A 2013 study on child-friendly healthcare, published by the Ombudsman for Children highlighted that children who come into contact with the healthcare system need to have their rights protected so they not only receive the healthcare treatment they need, but also that their broader needs as children are also met.²⁶⁷

“The geographical variations are particularly worrying as the level of healthcare a child receives should not be dependent on the part of the country in which the child lives.”

258 Carl O'Brien 'Failing our Children', *The Irish Times*, 12 October 2013.

259 Judith Crosbie 'Almost 2,500 Children Waiting Over a Year to See Specialists', *The Irish Times*, 8 October 2013.

260 N. Hunter, 'Sick Kids Wait Years to See Consultants', *Irish Health*, <http://www.irishhealth.com/article.html?id=22984> [accessed 16 December 2013].

261 Carl O'Brien, 'Failing our Children', *The Irish Times*, 12 October 2013.

262 Evelyn Ring 'Children Face 3 year delay for food allergy tests', *The Irish Examiner*, 17 June 2013.

263 Evelyn Ring '1,500 Teens Wait up to 3 years for Dental Care', *The Irish Examiner*, 22 April 2013.

264 Health Service Executive, (2013) *National Service Plan 2014*, Dublin: Health Service Executive, p.37.

265 Ibid.

266 Irish Association of Speech and Language Therapists, Service Provision and Recommendations for Change, <http://www.iaslt.ie/docs/public/exec/IASLT%20SSLI%20Position%20Paper%20Oct%202007.pdf> [accessed 25 January 2013], p. 8; and Fiona Gartland, 'Almost 24,000 children on hospital waiting lists', *The Irish Times*, 3 January 2012.

267 U. Kilkelly and E. Sweeney [2013] *Child Friendly Healthcare*, Dublin: Ombudsman for Children Office, p.14.

Immediate Actions for 2014

Ring-fence multi-annual funding for the delivery of the promised Primary Care teams

This has been an immediate action since *Report Card 2009* and remains unaddressed. To ensure this vital service is funded on a multi-annual basis, a new allocated sub-head should be introduced under the HSE vote (number 39) entitled 'Primary Care'. Spending under this sub-head should be detailed annually in the HSE Service Plans.

Enact the primary legislation necessary for the introduction of free GP care for children aged five and under

In order for the commitment to provide free GP care to children aged five and under to be realised, primary legislation is required. It is essential that this is followed through in early 2014 in order to ensure the scheme can be commenced without delay.

Clarify the Government's policy on the issuing of discretionary medical cards to children with chronic illness

The government needs to clarify the criteria for a child with a severe disability or chronic illness to receive a discretionary medical card.

3.2 Mental Health

Grade E

Government Commitment	Progress
The <i>Programme for Government</i> commits to ring-fencing €35 million annually from within the health budget to develop community mental health teams and services as outlined in <i>A Vision for Change</i> , to ensure early access to more appropriate services for adults and children and improved integration with primary care services. ²⁶⁸	Unsatisfactory
Review the Mental Health Act 2001 in consultation with service users, carers and other stakeholders, informed by human rights standards.	Delayed
Endeavour to end the practice of placing children and adolescents in adult psychiatric wards.	Unsatisfactory

What's happening?

Budget 2014 provided for €20 million of the committed €35 million development funding. Recruitment promised in 2012 and 2013 has yet to be completed. The number of children on waiting lists for appointments has increased. In 2013, 68 children were admitted to adult psychiatric units. Inspection reports for adolescent in-patient units have indicated serious failures in providing appropriate standards of care.

Research published in 2013 by the Royal College of Surgeons in Ireland found that by the age of 13 almost one in three young people will have experienced some form of mental health difficulty and over half will have experienced some mental ill-health by the age of 24.²⁶⁹

Budget 2014 allocated €20 million to be used primarily for the development of community mental health teams including child and adolescent mental health teams, 43% less than the €35 million committed to in the *Programme for Government*.²⁷⁰

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

269 Mary Cannon, Helen Coughlan et al (2013) *The Mental Health of Young People in Ireland: A Report of the Psychiatric Epidemiology Research across the Lifespan (PERL) Group*, Dublin: Royal College of Surgeons Ireland, p.37.

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

In Budgets 2012 and 2013, funding was allocated for the recruitment of a total of 894 posts for mental health teams, (417 in 2012 and 477 in 2013). By November 2013, 378 of the 414 posts for 2012²⁷¹ and 412 of the 477 posts for 2013 were filled or in the final stages of the recruitment process.²⁷² Of the €35 million provided for mental health in 2013, €3.6 million of this was allocated to child and adolescent mental health services.²⁷³

The *HSE National Service Plan 2013* committed to two targets: that 70% of child or adolescent referrals will be offered a first appointment and seen within three months and that no child or adolescent will wait over 12 months for a first appointment.²⁷⁴ Between October 2012 and 30 September 2013, 9,616 new cases were seen by community CAMHS teams compared with 8,671 for the previous 12 months, an increase of 11%. In the same period, there were 12,022 referrals accepted by CAMHS teams, which is a 21% increase on the previous 12 months.²⁷⁵ Over this period 50% of all new cases were seen within one month of referral and 71% within three months. Whereas 9% of new cases had waited between three and six months, 5% had waited between six and 12 months and 4% had waited more than one year to be seen, whilst 11% did not attend their first appointment. A total of 2,541 children and adolescents were waiting to be seen at the end of September 2013. This represented an increase of 485 (24%) from the total number waiting at the end of September 2012 (2,056). Forty-three (72%) community CAMHS teams had a waiting list of less than 50 cases and 17 (28%) teams had a waiting list of greater than 50 cases.²⁷⁶ The number of children and adolescents waiting greater than 12 months for an appointment increased from 272 in September 2012 to 413 in September 2013.²⁷⁷ The HSE has admitted that current funding is considerably strained, given rising demands on its services for children and adolescents.²⁷⁸ The *HSE National Service Plan 2014* has committed to a target of 75% of child or adolescent referrals to be offered a first appointment or be seen within three months. No target has been set for the number of children waiting over 12 months for a first appointment. The *National Service Plan 2014* also commits to developing an implementation plan for the last three years of *A Vision for Change* during the course of 2014.²⁷⁹

CAMHS: A Vision for Change recommended the establishment of 107 specialist Child and Adolescent Mental Health Services (CAMHS) teams.²⁸⁰ By the end of September 2013, there were 60 community CAMHS teams in operation, 13% less than the target of 69 set out in the *HSE National Service Plan 2013*.²⁸¹ In addition, there were three child and adolescent day hospital teams and three paediatric hospital liaison mental health teams, consistent with targets set out in the *HSE National Service Plan 2013*.²⁸² Of the 477 mental health posts allocated in 2013, 80 were for CAMHS teams and the remainder were general posts.²⁸³ By the end of November 2013, 412 (86%) of the general posts had been completed or were in the recruitment process but no details are available on the number of persons specifically recruited for the CAMHS teams.

In 2012, the Interim Report of the Steering Group on the Review of the Mental Health Act 2001 was published.²⁸⁴ The report stressed the need for a rights-based approach, including a greater allowance for consent and participation of children in their own mental healthcare and treatment, a proposition supported by Minister for State for Disability, Equality and Mental Health, Kathleen Lynch TD.²⁸⁵ The final findings of the group were due to be published in

271 Kathleen Lynch TD, Minister of State for Disability, Equality, Mental Health and Older People, Parliamentary Questions: Written Answers, 22 October 2013 [44619/13].

272 Kathleen Lynch TD, Minister of State for Disability, Equality, Mental Health and Older People Seanad Éireann Private Members Motion, 3 December 2013.

273 Health Service Executive (2012) *HSE National Service Plan 2013*, Dublin: Health Service Executive p.23.

274 Ibid.

275 Communication received by the Children's Rights Alliance from the Children and Adolescent Mental Health Service on 6 February 2014.

276 Ibid.

277 Health Service Executive (2013) *Health Service Data Management Report September 2013*, Dublin: Health Service Executive, p.78.

278 Judith Crosbie, 'Mental health of young at risk over cuts, HSE warns', *The Irish Times* [online], 3 January 2013, <http://www.irishtimes.com/newspaper/frontpage/2013/0103/1224328379516.html#UOVCjYeIP8> [accessed 3 January 2013].

279 Health Service Executive (2013) *National Service Plan 2014*, Dublin: Health Service Executive, p.48.

280 Department of Health (2006), *A Vision for Change*, Dublin: Stationery Office (revised as per Census 2011). Health Service Executive (2012), *Fourth Annual Child and Adolescent Mental Health Service Report 2011-2012*, Dublin: Health Service Executive, p. 9.

281 Health Service Executive (2013), *Health Service Data Management Report September 2013*, Dublin: Health Service Executive, p.76.

282 Ibid.

283 Health Service Executive (2013) *Health Service National Performance Assurance Report August 2013*, Dublin: Health Service Executive, p. 54.

284 Department of Health (2012) *Interim Report of the Steering Group on the Review of the Mental Health Act 2001*, Dublin: Department of Health.

285 Pamela Duncan, 'Enhance patient autonomy, advises report', *The Irish Times* [online], 22 June 2012, <http://www.irishtimes.com/newspaper/ireland/2012/0622/1224318456479.html> [accessed 2 January 2012].

2013²⁸⁶ but have been delayed pending the enactment of the Assisted Decision-Making (Capacity) Bill which was published in July 2013.

Assessment, Consultation and Therapeutic Service (ACTS): By November 2013, the national specialist multi-disciplinary team for children in special care and detention was operating in three Special Care units, but had not yet rolled out its clinical services to children in detention schools.²⁸⁷ In 2013, there was approval for the recruitment of 22 new posts.²⁸⁸

Bullying and Well-Being: In January 2013, the *Action Plan on Bullying: Report of the Anti-Bullying Working Group to the Minister for Education and Skills* was published.²⁸⁹ In addition to looking at bullying generally, the report examines homophobic, sexual, racist and cyber bullying, as well as bullying related to disability or special educational needs. The Plan sets out 12 actions to help prevent and tackle bullying in primary and post-primary schools. Funding of €500,000 was allocated for actions arising from the plan.²⁹⁰ In September 2013, new *National Procedures on Anti Bullying* were launched to be adopted and implemented by all schools. The procedures aim to give direction and guidance to school authorities and school personnel in preventing and tackling school-based bullying behaviour amongst its pupils. These procedures will replace guidelines issued to schools in 1993 and include specific requirements in relation to the use of prevention and education strategies and the consistent investigation, follow up and recording of bullying behaviour.²⁹¹ In autumn 2013, a total of €60,000 was allocated to the delivery of anti-bullying training for parents, to be delivered jointly by the National Parents' Council Primary and the National Parents' Council Post-Primary.²⁹² Also in 2013, the *Well-Being in Post-Primary Schools: Guidelines for Mental Health Promotion and Suicide Prevention* was published. The guidelines were developed by the Department of Education and Skills and the Department of Health, with the assistance of the HSE, the National Office for Suicide Prevention and the National Educational Psychological Service (NEPS) and are intended to be a practical tool for post-primary schools in promoting mental health and wellbeing in an integrated way and also provide evidence-based advice on how to support young people who may be at risk of suicidal behaviour.²⁹³ Furthermore, one of the key principles for the new Junior Cycle is the promotion of mental wellbeing.²⁹⁴

Adolescent In-Patients: In December 2013, the interim six bed unit in St Loman's Hospital Ground in Palmerstown was scheduled to be opened, increasing the number of adolescent in-patient beds to 66 out of the promised 108. Of these 66 beds only 44 are operational with the remaining 22 due to become operational in 2014.²⁹⁵ In the period January to September 2013, there was a total of 306 admissions of children and adolescents under the age of 18 years: 238 (78%) were admitted to child units and 68 (22%) to adult units. Of the 68 children admitted to adult units a total of 21 (31%) were subsequently transferred to a child unit. Seventeen (81%) of those cases were transferred to Health Service Executive funded units and four (19%) to a private unit.²⁹⁶

286 Kathleen Lynch TD, Minister of State for Disability, Equality, Mental Health and Older People, Parliamentary Questions: Written Answers, 18 September 2013 [38117/13].

287 Frances Fitzgerald TD, Minister for Children and Youth Affairs, Parliamentary Questions: Written Answers, 20 November 2013 [41818/13].

288 The service is led by a management team consisting of the national manager and two heads of discipline. There have been 20 clinicians recruited. The majority are based in Dublin with two regional teams (of four clinicians) in Cork and Limerick. Recruitment is ongoing in three posts and two posts, which were vacated in 2013, are awaiting approval for replacement. Communication received by the Children's Rights Alliance from the Child and Family Agency on 13 January 2014.

289 Department of Education and Skills (2013) *Action Plan on Bullying: Report of the Anti-Bullying Working Group to the Minister for Education and Skills*, Dublin: Department of Education and Skills.

290 Niall Murray, '€500,000 action plan to tackle bullying', *Irish Examiner* [online], 8 December 2012, <http://www.irishexaminer.com/ireland/500000-action-plan-to-tackle-bullying-216350.html> [accessed 3 January 2013].

291 Communication received by the Children's Rights Alliance from the Department of Education and Skills on 14 January 2014.

292 Ibid.

293 Ibid.

294 National Council for Curriculum Assessment *A Framework for Junior Cycle* <http://www.juniorcycle.ie/getmedia/28c6b9d2-b714-4c9e-b23b-41916c7bf98e/NCCA-Junior-Cycle-Leaflet.aspx> [accessed 12 February 2014].

295 Labour Party, 'Working Together: An update on Minister Kathleen Lynch's Programme of Work 2013', http://issuu.com/labour/docs/ministerial_report_from_kathleen_ly/?e=1335761/5983539 [accessed 9 January 2014].

296 Communication received by the Children's Rights Alliance from the Children and Adolescent Mental Health Service on 6 February 2014.

These figures surpass the HSE's target of less than 50 admissions of young people to adult facilities admissions for the whole of 2013;²⁹⁷ while in the corresponding period in 2012 there were 75 admissions, these accounted for only 25% of all admissions.²⁹⁸ Of the 68 admissions in 2013, five were children aged less than 16 years; 27 were children aged 16 years; and 36 were children aged 17 years. This compares to 2013 targets of having no children aged less than 16 years; 15 children aged 16 years; and 35 children aged 17 years admitted to an adult inpatient mental health facility.²⁹⁹ The HSE *National Service Plan 2014* commits to a target that 75% of admissions of children to Child and Adolescent Acute Inpatient Units will be to age appropriate units in 2014 (this figure excludes admissions to private units).³⁰⁰

A Vision for Change recommended that four in-patient child and adolescent mental health units be provided nationally. Units in Galway and Cork were delivered in 2010³⁰¹ and the adolescent in-patient services at St. Vincent's Hospital, Fairview, Dublin, was completed in 2012.³⁰² In January 2014, construction work commenced on the new 24-bed unit Linn Dara unit in the grounds of Cherry Orchard Hospital, which will replace the Interim Linn Dara unit in Palmerstown. On completion in 2015, the eight-bed younger adolescent unit, together with the new six-bed older adolescent unit, will transfer to the new facility.³⁰³ In May 2012, a number of CAMHS teams moved into the new Cherry Orchard facility and the new adolescent day hospital opened in September 2013.³⁰⁴

Three inspection reports for approved adolescent in-patient units have so far been published in 2013.³⁰⁵ The inspections have indicated serious failures in providing appropriate standards of care.

The unit at Merlin Park was found to be using seclusion at a rate and for a duration considered 'excessive',³⁰⁶ and significant errors in the administration of medication were also identified. The unit at Linn Dara was described by inspectors as 'not suitable' as a child and adolescent in-patient unit.³⁰⁷ When inspectors visited the adolescent in-patient unit at St Vincent's Hospital Fairview in May 2013, only eight out of the 12 beds were in use, yet there were 11 adolescents on the waiting list.³⁰⁸

In May 2013, the HSE published its *National Consent Policy*.³⁰⁹ The policy outlines the role of parents and legal guardians in terms of child and adolescent consent to medical treatment and issues relating to confidentiality. It also deals with the refusal of health or social care by minors including those aged between 16 and 18 years, or parents and legal guardians on the part of the child. The *National Consent Policy* reaffirms that the age of consent for treating a mental health disorder is 18.³¹⁰

297 Health Service Executive (2013) *Health Service Executive Operational Plan 2013: Implementing the National Service Plan*, Dublin: Health Service Executive, p.55.

298 Health Service Executive (2012) *Supplementary Report National Service Plan 2012*, Dublin: Health Service Executive, pp. 30-31.

299 Health Service Executive (2013) *Health Service Data Management Report September 2013*, Dublin: Health Service Executive, p.76.

300 Health Service Executive (2013) *National Service Plan 2014*, Dublin: Health Service Executive, Dublin: Health Service Executive, p.49

301 Merlin Park in Galway and Eist Linn in Cork were opened in December 2010, each with 20-bed capacity.

302 Health Service Executive (2013) *National Service Plan 2014*, Dublin: Health Service Executive, p.49.

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

304 Communication received by the Children's Rights Alliance from the Children and Adolescent Mental Health Service on 6 February 2014.

305 Mental Health Commission (2013), www.mhcirl.ie/Inspectorate_of_Mental_Health_Services/AC_IRs/ [accessed 2 December 2013].

306 Mental Health Commission (2013). *Report of the Inspector of Mental Health Services 2013, Merlin Park, 26 February 2013*, http://www.mhcirl.ie/File/IRs/CAMHS_Merlin_IR_2013.pdf [accessed 2 December 2013].

307 Ibid.

308 Mental Health Commission (2013). *Report of the Inspector of Mental Health Services 2013, Adolescent In-patient Unit at St Vincent's Hospital Fairview*, Dublin: Mental Health Commission, p.58.

309 Health Service Executive (2013) *National Consent Policy*, Dublin: Health Service Executive.

310 Ibid.

Comment

Mental health gets an **'E'** grade in *Report Card 2014*, a fall from last year's 'D'. This poor performance reflects the failure of the Government to ring-fence the previously promised €35 million in Budget 2014. It is also based on the continued placement of children in adult psychiatric units and the serious failures in providing adequate standards of care in in-patient adolescent facilities as highlighted by the Mental Health Commission in its inspection reports.

The UN Committee on the Rights of the Child *General Comment No. 4 on adolescent health* notes the obligations on States to ensure the availability of mental health services that are of appropriate quality and sensitive to adolescents' concerns and the implementation of preventative and mental health promotion measures for adolescents.³¹¹ This General Comment should be reviewed and considered by the Department of Health and the HSE in the future development of mental health services for children and adolescents.

The 2013 *Being Young and Irish* report – the result of a national consultation facilitated by President of Ireland Michael D. Higgins – found mental health emerged as a key theme and participants called for 'a better mental health system for young people'.³¹² The 2012 report *Life as a Child and Young Person in Ireland* found that bullying and peer pressure are among the worst eight things about being a child in Ireland, along with the economy, finances and crime.³¹³ The *My World Survey*, published in 2012, found that nearly 10% of adolescents and 20% of young adults reported significant personal problems they felt needed professional help but did not seek it.³¹⁴ These findings illustrate the continued importance of an effective, accessible and targeted mental health service for children and young people.

In November 2012, the HSE issued *Access Protocols for 16 and 17 year olds to Mental Health Services*. The protocol provides that, from 1 January 2013, CAMHS will accept referrals of all new cases of children up to their 17th birthday, and from 1 January 2014, or earlier where feasible, up to their 18th birthday.³¹⁵ Between October 2012 and the end of September 2013, of the 9,616 new cases seen, 1,551 (16%) were 16 years of age and over. This was an increase of 446 (40%) compared with the previous year.³¹⁶

The HSE *National Service Plan 2014* commits to continuing the implementation of the *Access Protocols for 16 and 17 year olds*.³¹⁷ This is a welcome development, intended to end the unacceptable situation whereby some CAMHS teams remain unable to take on new referrals of 16- and 17-year-olds, due to a lack of resources.³¹⁸ This gap in care must be resolved as a matter of priority; the target date set is 1 January 2014.³¹⁹

On admission to hospital for mental health treatment, children are categorised as either 'voluntary' or 'involuntary' patients. The term 'voluntary' is a misnomer, as by law those under 18 years cannot consent to enter or leave hospital and it is their parent or guardian who has the legal entitlement to provide consent on behalf of their child.³²⁰ In addition, 'voluntary' patients do not have the same level of automatic protections and safeguards as those afforded to 'involuntary' patients.³²¹ The Law Reform Commission examination of this issue found that 'children are being made to fit within the parameters of a law that was drafted with adults in mind.'³²² In addition to this, there is an unclear relationship between the 2001 Mental Health Act, which defines a child as under 18 years old and the Non-Fatal Offences against

311 UN Committee on the Rights of the Child (2003), *General Comment No. 4: Adolescent Health*, CRC/GC/2003/4.

312 Office of the President, *Being Young and Irish: A report on President Michael D. Higgins consultation 'Being young and Irish'* with young people between May and November 2012, http://www.dit.ie/cser/media/ditcser/documents/Take%20Charge%20of%20Change_%20Being%20Young%20and%20Irish%202012%20Full%20Report%5B1%5D.pdf [accessed 9 January 2014].

313 Department of Children and Youth Affairs (2012) *Life as a Child and Young Person in Ireland*, Dublin: Department of Children and Youth Affairs, p. 30.

314 University College Dublin and Headstrong (2012) *Emerging Themes from My World Survey*, Dublin: University College Dublin and Headstrong.

315 Minister of State for Disability, Equality, Mental Health and Older People Kathleen Lynch TD, Parliamentary Questions: Written Answers, 27 March 2012, [51940/12].

316 Communication received by the Children's Rights Alliance from the Children and Adolescent Mental Health Service on 6 February 2014.

317 Health Service Executive (2013) *National Service Plan 2014*, Dublin: Health Service Executive, p.48

318 Communication received by the Children's Rights Alliance from the Health Service Executive in January 2013.

319 Health Service Executive (2013) *Health Service Data Management Report September 2013*, Dublin: Health Service Executive, p.76.

320 A parallel concern is that children on care orders have to be admitted under Section 25 of the Mental Health Act if they wish to voluntarily enter a mental health hospital. This practice has been criticised as stigmatising children in care. See Health Service Executive (2013) *National Consent Policy* for further detail on children and consent.

321 Evelyn Ring, 'Children's consent on treatment urged' *Irish Examiner* [online], 27 June 2012, <http://www.irishexaminer.com/ireland/childrens-consent-on-treatment-urged-198795.html> [accessed 6 February 2014]; Pamela Duncan, 'Enhance patient autonomy, advises report' *The Irish Times* [online], 22 June 2012, <http://www.irishtimes.com/newspaper/ireland/2012/0622/1224318456479.html> [accessed 15 September 2013].

322 Law Reform Commission (2011), *Children and the Law: Medical Treatment*, Dublin: Law Reform Commission.

the Person Act 1997, which states that persons over 16 years can give consent for surgical, medical and dental procedures. This creates confusion as to the capacity of 16- and 17-year-olds admitted under the 2011 Act to make mental healthcare decisions, and whether they can consent to treatment without the consent of a parent or legal guardian.³²³

Adult Units: The UN Committee on the Rights of the Child says that, where placement in a psychiatric unit is necessary, adolescents should be separated from adults, where appropriate; and any decision on their care should be made in accordance with the best interests of the child.³²⁴ Placing children in such units, as a consequence of the shortage of age-appropriate mental health facilities, is therefore a clear violation of their rights. This practice also exposes children to situations that pose a risk to their physical and psychological wellbeing and thus contravenes the child's right to protection from abuse and neglect (Article 19).³²⁵ The practice of placing children in adult units must end urgently but in the interim the remaining 48 beds promised must be made available to children who need this support.

The Children's Mental Health Coalition has called for the 2001 Act to be amended to specifically provide that no child under 18 years be admitted to an adult in-patient unit, save in exceptional circumstances where it would be in his or her best interests to do so.³²⁶ The Mental Health Commission's *Code of Practice* sought to phase-out the placement of children in inappropriate settings, including adult units, between July 2009 and the end of 2011, except in 'exceptional circumstances'.³²⁷ The most recent HSE report indicates that in September 2013, five children under the age of 16; 27 sixteen-year-olds; and 36 seventeen-year-olds had been admitted to adult in-patient wards.³²⁸ Clearly, given the admission of these children to adult units in the first nine months of 2013, the non-legally binding Code has not been successful. The use of existing capacity needs to be examined. Two independent adolescent units hold an additional 26 beds but have unfilled capacity on an annual basis, while children are still inappropriately being placed in adult units.³²⁹

Children in Care and Detention: Someone to Care, a 2013 report by the Children's Mental Health Coalition, examines the mental health needs of children with experience of the care and youth justice systems.³³⁰ The Coalition estimates the present system costs €63,000 for each child in care or detention and calls for preventative measures to avoid the 'escalation of a care or youth justice case' as this 'is likely to save money'.³³¹ In recommending alternatives, it emphasises the need for systemic change and robust supports for children's psychological wellbeing as well as good inter-agency and multi-disciplinary planning and service provision.³³² The report also called for a coherent policy statement and national strategy to address the mental health and emotional needs of children and young people in detention or the care of the State, involving all relevant government departments and agencies. A review of current practice and procedure, as well as consultation with young people, should inform the development of such a strategy.

The increased focus on well-being and positive mental health in schools through the newly reformed Junior Cycle and *Guidelines for Mental Health and Suicide Prevention* for post primary schools is a positive development. This focus represents a welcome shift from the model of crisis intervention to a more holistic and preventative approach to promote young people's positive mental health. Community mental health projects, such as the Headstrong Jigsaw projects,³³³ are already operating in local communities and provide examples of good practice in mental health promotion and support.

323 Health Service Executive (2013) *National Consent Policy*, Dublin: Health Service Executive, p. 60.

324 UN Committee on the Rights of the Child (2003) *General Comment No. 4: Adolescent Health*, CRC/GC/2003/4.

325 UN Convention on the Rights of the Child, A/RES/44/25 (20 November 1989).

326 Children's Mental Health Coalition, Submission to the Department of Health on the Review of the Mental Health Act 2001, http://childrensrights.ie/sites/default/files/submissions_reports/files/CMHC-SubDeptHealthReviewMentalHealthAct2001_071011.pdf [accessed 6 February 2014]

327 It is expected that children and adolescents who live a considerable distance from the approved centres for children will fall under the 'exceptional circumstances' category and will continue to be treated in local approved centres for adults in order to remain close to family support.

328 Health Service Executive (2013) *Health Service Data Management Report September 2013*, Dublin: Health Service Executive, p.76.

329 Twelve beds exist at St John of God's, Dublin and fourteen at St Patrick's University Hospital, Dublin.

330 R. McElvaney et al (2013) *Someone to Care: the mental health needs of children and young people with experience of the care and youth justice systems*, Dublin: Children's Mental Health Coalition.

331 Ibid p.20. This figure is made up of the annual cost of providing homes for children in care: €233.2 million, annual cost of detention: €61.3 million (min), cost of providing mental health services: €11.1 million. Total annual cost of these three elements is €300 million, which is €63,000 per child.

332 Ibid., p.21.

333 See <http://www.jigsaw.ie/> for further details [accessed 20 January 2014].

Immediate Actions for 2014

Reverse the €15 million reduction in development funding for mental health services

The €15 million reduction in Mental Health funding in Budget 2014 should be reversed with immediate effect and the commitment to ring-fence €35 million annually should be restored. An allocated sub-head for 'Mental Health' should be introduced under the HSE vote (number 39) in the national budget. The specific allocation within mental health can then be provided in the HSE's annual Service Plan, and the child and youth proportion accounted for in the annual *Child and Adolescent Mental Health Services Report*.

Ensure all children under 18 years receive age-appropriate and timely mental health services and treatment

The practice of treating children in adult mental health facilities must be ended as a matter of urgency and the HSE's *Access Protocols for 16 and 17 year olds to Mental Health Services* must be complied with. Achieving this requires the appropriate provision of in-patient beds and ongoing investment in the development of Child and Adolescent Community Mental Health teams, including the staffing of the promised 150 posts.

Put in place a legislative framework to fulfil the rights of children and adolescents with mental health difficulties

The Mental Health Act 2001 should be amended to address issues affecting children, including the anomaly regarding a young person's ability to consent to psychiatric treatment, in line with the principles and provisions of the UN Convention on the Rights of the Child.³³⁴

Develop a National Strategy to address the mental health needs of young people in care and detention

As recommended in the *Children in care and detention: Someone to Care* report, a review should be undertaken to inform the development of a national strategy to address the mental health needs of young people in care and detention and inform policy and practice in this area.

Complete recruitment of a specialist therapeutic team for children in special care and detention

The mental health needs of children in care and within the youth justice system are well documented.³³⁵ The Assessment, Consultation and Therapeutic Service (ACTS) must ensure that a placement in either a Special Care Unit or a Children Detention School is therapeutic rather than merely containment. The potential of ACTS and CAMHS to work together to meet the needs of all children and young people in the care and youth justice systems should be explored.

³³⁴ The updated Act should provide a guarantee that an assessment of the child's best interests (Article 3) is informed by the views of the child; the child's evolving capacities (Article 5) are respected as a legislative principle; and the child has access to information and participates in decision making in relation to their mental health (Article 12).

³³⁵ Dr. J.M Hayes and Dr. G. O'Reilly (2007) *Emotional Intelligence, Mental Health and Juvenile Delinquency*, Cork; Juvenile Health Matters and R. McElvaney et al (2013) *Someone to Care: the mental health needs of children and young people with experience of the care and youth justice systems*, Dublin: Children's Mental Health Coalition.

3.3 Alcohol and Drugs

Grade D+

Government Commitment

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

Progress

Very slow

What's happening?

The National Addiction Strategy was not published in 2013. There is no Government policy on tackling alcohol misuse; no Government decision has been made on recommendations of the Steering Group on the alcohol section of the National Substance Misuse Strategy. The *Tobacco Free Ireland Report* was published in October 2013.

In September 2013, Minister of State at the Department of Health Alex White TD said that the *National Addiction Strategy* – more commonly referred to as the *National Substance Misuse Strategy* addressing alcohol and drug use in a single strategy would be presented to Cabinet in October 2013.³³⁶ This Strategy is long overdue. In the interim alcohol and drugs policy continue to be addressed in separate documents. The drugs section of the Strategy, an *Interim National Drugs Strategy 2009-2016*, was published in 2009.³³⁷

In 2013, allocations attributed to drugs programmes across all Departments and agencies amounted to approximately €241 million in 2013.³³⁸

Budget 2014 increased excise duty on cigarettes by 10 cent per pack of 20 with a pro-rata increase for other tobacco products. Also announced was an increase in the one-off charge on retailers who wish to register to sell tobacco products. This increase will be in line with the *Tobacco Free Ireland* policy approved by the Government in July 2013, the legislation for this has yet to be set and the fee has yet to be agreed.³³⁹ In 2013, the Government approved measures to begin the process of introducing standardised cigarette packaging.³⁴⁰ An interdepartmental steering group has been set up to inform the drafting of the heads of a bill to regulate the retail packaging of tobacco products in Ireland.³⁴¹ The *HSE National Service Plan 2014* has committed to producing an implementation plan for the recommendations contained in the *Report on a Tobacco Free Ireland* during the course of 2014.³⁴²

336 Seán McCárthaigh, 'Cabinet to sign off on delayed alcohol strategy' *The Irish Examiner*, 20 February 2013.

337 The 2011 Progress Report can be found at: Department of Health, National Drugs Strategy 2009-16: Implementation of Actions: Progress Report End 2011, http://www.dohc.ie/other_health_issues/national_drugs_strategy/NDS2009-2016.pdf?direct=1 [accessed 2 January 2013].

338 Communication received by the Children's Rights Alliance from the Department of Health on 8 December 2013.

339 Communication received by the Children's Rights Alliance from the Department of Health on 28 January 2014.

340 Minister for Health James Reilly TD, Parliamentary Questions, Written Answers, 7 November 2013 [47625/13].

341 Minister for Health James Reilly TD, Parliamentary Questions, Written Answers, 24 October 2013 [45559/13].

342 Health Service Executive (2013) *National Service Plan 2014*, Dublin: Health Service Executive, p. 41.

Alcohol: A Steering Group was established in 2009³⁴³ to develop proposals on the alcohol section of the *National Substance Misuse Strategy*.³⁴⁴ The Group's report was eventually published in February 2012 as the *Steering Group Report on a National Substance Misuse Strategy*.³⁴⁵ The Report makes 45 recommendations: 15 of these are in relation to supply control, seven are in relation to prevention, 20 are in relation to treatment and rehabilitation and three are in relation to research; they include proposals on the minimum pricing for alcohol; a ban on all outdoor advertising, and phasing out sponsorship of sports events by 2016. A range of agencies has been assigned primary responsibility for the different recommendations.³⁴⁶ The *HSE National Service Plan 2014* has committed to prioritise and implement the health service related actions contained in the report of the steering group during the course of 2014.³⁴⁷ A National Coordinating Committee for Drug and Alcohol Task Forces will replace the Drugs Advisory Group from January 2014.³⁴⁸ The purpose of this body will be to ensure that there is more effective coordination between statutory bodies and the community and voluntary sector in delivering on the objectives of the National Drugs Strategy.³⁴⁹

The report also recommended the establishment of a National Coordinating Committee for Drug and Alcohol Task Forces and a review of the national structures under which they operate.

In October 2013, the Cabinet approved a number of measures to be included in a Public Health (Alcohol) Bill, including the limitation of advertising of alcohol on minimum pricing for alcohol and the restricting of outdoor advertising of alcohol.³⁵⁰ It is reported that the Bill will also increase the powers of Environmental Officers to tackle underage drinking.³⁵¹ Work is ongoing on developing a framework for the necessary legislation.³⁵² A health impact assessment has been commissioned in conjunction with Northern Ireland as part of the process of developing a legislative basis for minimum unit pricing. The health impact assessment will study the impact of different minimum prices on a range of areas such as health, crime and likely economic impact.³⁵³

In July 2013, the Joint Committee on Transport and Communications published its report *Sponsorship of Sports by the Alcohol Drinks Industry*. Based on hearing evidence from the medical profession, sporting organisations, the drinks industry and advocacy groups, the Committee stated that it 'does not believe that the link between sponsorship and consumption has been proved' and that 'before any prohibition could be contemplated [...] other identifiable streams of funding, which could adequately replace that provided by the alcohol drinks industry, would have to be identified.'³⁵⁴ In October 2013, the Government decided that the existing voluntary code that governs sports sponsorship will be placed on a statutory footing.³⁵⁵ A working group was set up to examine the regulation of sports sponsorship. The working group is chaired by the Department of the Taoiseach and is comprised of a number of departments. The group held its first meeting in December 2013 and it is due to report back within twelve months.³⁵⁶

343 Originally the Steering Group was jointly chaired by the Department of Health and Children and the Department of Community, Rural and Gaeltacht Affairs (which later became the Department of Community, Equality and Gaeltacht Affairs) and its membership included representatives from the Departments of Arts, Sport and Tourism, Environment, Heritage and Local Government, Justice and Equality, and Education and Skills. Chairmanship was then taken over by Dr. Tony Holohan.

344 The Steering Group's terms of reference include undertaking a review of evidence and best practice, identifying effective policies and actions to tackle alcohol-related harm, and deciding on appropriate structures and frameworks for implementation of the Strategy. Department of Health, Steering Group to develop proposals for a National Substance Misuse Strategy, http://www.dohc.ie/consultations/closed/substance_misuse_strategy/terms.pdf?direct=1 [accessed 22 December 2011].

345 Department of Health Steering Group, Report on a National Substance Misuse Strategy, <http://healthupdate.gov.ie/wp-content/uploads/2012/02/Steering-Group-Report-on-a-National-Substance-Misuse-Strategy-7-Feb-11.pdf> [accessed 5 December 2012].

346 Royal College of Physicians of Ireland (2013) *RCPI Policy Group on Alcohol: Reducing Alcohol Health Harm*, Dublin: RCPI.

347 Health Service Executive (2013) *National Service Plan 2014*, Dublin: Health Service Executive, p.37

348 Communication received by the Children's Rights Alliance from the Department of Health on 7 January 2014.

349 Communication received by the Children's Rights Alliance from the Department of Health on 7 January 2014.

350 Department of Health and Children, 'Ministers Fitzgerald, Reilly and White announce measures to deal with alcohol misuse', 24 October 2013 [press release] <http://www.merriestreet.ie/index.php/2013/10/ministers-fitzgerald-reilly-and-white-announce-measures-to-deal-with-alcohol-misuse/>.

351 Cormac Murphy 'Revealed: How the Government Plans to tackle Alcohol Abuse' *The Irish Independent* 24 October 2013.

352 Minister of State for Primary Care Alex White TD Parliamentary Questions, Written Answers, 12 November 2013 [47870/13].

353 Communication received by the Children's Rights Alliance from the Department of Health on 15 January 2014.

354 Joint Oireachtas Committee on Transport and Communications, Sponsorship of Sports by the Alcohol Drinks Industry <http://www.oireachtas.ie/parliament/media/committees/transportandcommunications/JCTC-Report-on-Sponsorship-of-Sports-by-the-Alcohol-Industry-July-2013.pdf> [accessed 12 February 2014].

355 'Ministers Fitzgerald, Reilly and White announce measures to deal with alcohol misuse', 24 October 2013 [press release] <http://www.merriestreet.ie/index.php/2013/10/ministers-fitzgerald-reilly-and-white-announce-measures-to-deal-with-alcohol-misuse/> [accessed 10 February 2014].

356 Communication received by the Children's Rights Alliance from the Department of Health Alcohol Control Unit, on 29 January 2014.

Smoking: In May 2012, a number of senators³⁵⁷ introduced a private member's Bill to provide a ban on the smoking of tobacco in vehicles when any child under 18 years is present. The Department of Health is now working with the Office of the Attorney General to draft the necessary amendments to the Protection of Children's Health from Tobacco Smoke Bill 2012 to provide for the enactment of this legislation.³⁵⁸

In October 2013, the report *Tobacco Free Ireland* was published by the Department of Health.³⁵⁹ The report sets a target of 2025 to have a tobacco free Ireland or in other words to have a prevalence rate of smokers at less than 5%. There are two key themes in the report: protecting children and the de-normalisation of smoking.³⁶⁰

Comment

Alcohol and Drugs gets a 'D+' grade in *Report Card 2014*. This slightly improved performance reflects the initial steps taken towards creating a Tobacco Free Ireland and some positive movement in relation to alcohol. However, this has not yet translated into concrete actions that will protect children and young people from the devastating impact of substance misuse. Much more must be achieved to improve the grade in next year's *Report Card*.

Publication of a National Substance Misuse Strategy, addressing both alcohol and drug misuse, is long overdue. Despite the hundreds of recommendations contained in these reports (the two Reports of the Strategic Taskforce on Alcohol alone – 2002 and 2004 – made 100), and the UN Committee on the Rights of the Child 2006 recommendations,³⁶¹ positive policy change has been minimal; and the trend is not changing: two important reports were published in 2012, with little positive policy follow up.³⁶²

Alcohol: The World Health Organization states that alcohol consumption is now considered to be a significant risk factor for global health.³⁶³ In Ireland, alcohol-related crime and the impact on the health service of alcohol-induced problems cost the Irish taxpayer €3.7 billion annually.³⁶⁴ Family breakdown, neglect, abuse, financial struggle and stress are just some of the effects that alcohol can have on children's lives.³⁶⁵ The UN Committee on the Rights of the Child recommends the development of a strategy to raise awareness of the problems of children misusing alcohol and to prohibit the advertising of alcohol that targets children.³⁶⁶

Marketing shapes children's attitudes to alcohol from a very early age³⁶⁷ and leads them to start drinking at a younger age, and to drinking more.³⁶⁸ Of concern is the changing and increased nature of the availability of alcohol marketing, including through social media. Evidence demonstrates that the top three key actions that have a positive effect on alcohol-related harm are: alcohol pricing; the availability of alcohol; and the marketing of alcoholic beverages.³⁶⁹ The Children's Rights Alliance, alongside the Irish Medical Organisation, has long supported a total ban on alcohol advertising.³⁷⁰ The Joint Oireachtas Committee on Transport and Communications only examined the issue of alcohol advertising in relation to the sponsorship of sporting events by alcohol companies and not from a health perspective as this was not within its remit. The Committee heard from sporting organisations, representatives from the drinks industry as well as groups who put forward some evidence of a link between alcohol advertising and drinking at an early age – both Alcohol Action Ireland

357 Independent Senators John Crown and Jillian Van Turnhout and Fianna Fáil Senator, Mark Daly.

358 Minister for Health James Reilly TD, Parliamentary Questions, Written Answers, 19 June 2013. [29627/13].

359 Department of Health and Children (2013) *Tobacco Free Ireland*, Dublin: DOHC.

360 Ibid.

361 UN Committee on the Rights of the Child (2006) *Concluding Observations: Ireland*, CRC/C/IRL/CO/2, paragraph 51.

362 Department of Health Steering Group (2012), *Report on a National Substance Misuse Strategy*, <http://healthupdate.gov.ie/wp-content/uploads/2012/02/Steering-Group-Report-on-a-National-Substance-Misuse-Strategy-7-Feb-11.pdf> [accessed 5 December 2012] and Joint Oireachtas Committee on Transport and Communications (2013) *Sponsorship of Sports by the Alcohol Drinks Industry*

363 World Health Organization, WHO Expert Committee on Problems Related to Alcohol Consumption (2007), *Second report. WHO technical report series 944*. Geneva: World Health Organization, p. 1.

364 Health Service Executive (2013) *National Service Plan 2014*, Dublin: Health Service Executive, p. 2.

365 For a detailed analysis of this issue, see: The Children's Society (2010), *Swept Under the Carpet: Children Affected by Parental Alcohol Misuse*, London: Alcohol Concern.

366 UN Committee on the Rights of the Child (2006), *Concluding Observations: Ireland*, CRC/C/IRL/CO/2, paragraph 49.

367 Ann Hope (2009), *Get 'em Young: Mapping Young People's Exposure to Alcohol Marketing in Ireland*, Dublin: National Youth Council of Ireland.

368 Alcohol Action Ireland, *Marketing alcohol - children under the influence*, <http://alcoholireland.ie/alcohol-policy/marketing-alcohol-children-under-the-influence/> [accessed 4 December 2012]. See also Peter Anderson et al (2009), 'Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies', *Alcohol and Alcoholism*, 44: pp. 229-43.

369 World Health Organisation (2009) *Handbook for action to reduce alcohol-related harm*, p. 13.

370 'IMO supports calls for total ban on alcohol advertising' *The Irish Times* [online], 9 September 2009, <http://www.irishtimes.com/newspaper/health/2009/0915/1224254543757.html> [accessed 1 December 2012].

and the College of Psychiatrists of Ireland called for an outright ban on alcohol advertising of sporting events.³⁷¹ However, the Committee stated that while a ban on alcohol advertising might be a 'very worthwhile aspiration', it was not realistic in the 'current economic climate' as sporting organisations 'would suffer inordinately if legislation for such a prohibition was introduced'. Ultimately, the majority of the Committee members 'held the view that the link between sponsorship and the misuse of alcohol in society had not been established' and believed that a legislative ban was not warranted at this time.³⁷²

The Children's Rights Alliance welcomes the health impact assessment and the intention of developing a legislative basis for minimum unit pricing. Setting a minimum unit price for alcohol is recognised as being one of the most effective methods of reducing alcohol related harm and is one of the key recommendations contained in the 2012 Steering Group Report on the National Substance Misuse Strategy.³⁷³

The phenomenon of binge drinking is evident in Irish childhoods.³⁷⁴ Not only does alcohol have an immediate impact on children's health in the form of accidents, public safety and violence, it also affects long-term health development and mental health. The Irish Association of Suicidology lists substance abuse as a risk factor for youth suicide,³⁷⁵ and the UN Committee has expressed concern about the link between substance abuse and Ireland's suicide rate.³⁷⁶ World Health Organisation 2012 research shows that the adolescent brain is particularly susceptible to alcohol, and the older a young person is before they begin to drink the less likely it is that alcohol-related problems will emerge in adult life.³⁷⁷

The 2012 *Report of the Independent Child Death Review Group*, found that parental alcohol and drugs misuse was a factor in a number of the cases,³⁷⁸ contributing to children being exposed to poor parenting, neglect, abuse and psychological harm.³⁷⁹ Alcohol in the home was a prevalent issue in one third (37) of the 112 unnatural deaths reviewed, in some cases the children themselves went on to misuse alcohol and drugs.³⁸⁰ The 2013 HSE *Review of Practice and Audit of the Management of Cases of Neglect* found that parental alcohol misuse was a factor in 62% of families in the overall sample; and states that 'family dysfunction was often associated to chronic alcohol and drug misuse'.³⁸¹ In 18.6% of all child care applications contained in the *Interim Report of the Child Care Law Reporting Project*, the reason for the state seeking an order of the Court was due to parental alcohol or drug misuse.³⁸² The reforms in service delivery and the establishment of the Child and Family Agency provide an important opportunity to focus on risk factors such as parental substance misuse.³⁸³

371 Alcohol Action Ireland, 'Submission to the Joint Committee on Transport and Communications on Alcohol Sponsorship of Sports', June 2013, <http://alcoholireland.ie/wp-content/uploads/2013/06/Submission-to-the-Joint-Committee-on-Transport-and-Communications-on-Alcohol-Sponsorship-of-Sports.pdf> [accessed 12 February 2014].

372 Joint Oireachtas Committee on Transport and Communications, Sponsorship of Sports by the Alcohol Drinks Industry <http://www.oireachtas.ie/parliament/media/committees/transportandcommunications/JCTC-Report-on-Sponsorship-of-Sports-by-the-Alcohol-Industry-July-2013.pdf> [accessed 12 February 2014]

373 Alcohol Action Ireland, <http://alcoholireland.ie/campaigns/minimum-pricing/> [accessed 17 January 2014].

374 Health Research Board (2012), Alcohol: Public Knowledge, Attitudes and Behaviours, http://www.hrb.ie/uploads/tx_hrbpublications/Alcohol_-_Public_Knowledge_Attitudes_and_Behaviours_Report.pdf [accessed 8 January 2013]; ESPAD, The 2011 ESPAD Report: Substance Use Among Students in 36 European Countries, http://www.espad.org/Uploads/ESPAD_reports/2011/The_2011_ESPAD_Report_FULL_2012_10_29.pdf [accessed 8 January 2013].

375 The Irish Association of Suicidology, Risk Factors - Youth Suicide, http://www.ias.ie/index.php?option=com_content&view=article&id=38%3Arisk-factors-youth&catid=7&Itemid=18 [accessed 4 December 2012].

376 UN Committee on the Rights of the Child (2006) *Concluding Observations: Ireland*, CRC/C/IRL/CO/2, paragraph 50.

377 World Health Organization (2012) *Alcohol in the European Union, Consumption, Harm and Policy Approaches*, Denmark: WHO Regional Office for Europe, p. 6. See also M. Bellis, et al (2009) Teenage drinking, alcohol availability and pricing: a cross-sectional study of risk and protective factors for alcohol-related harms in school children, *BMC Public Health*, 9(1), 380.

378 Dr. G. Shannon & N. Gibbons (2012) *Report of the Independent Child and Death Review: Executive Summary*. Dublin: Department of Children and Youth Affairs, p. 6 and p. 23. The report details 196 children who died between the years 2000 and 2010 who were in the care of the state at the time of their death, young adults who were in aftercare and other children who were not in care but were known to the HSE.

379 Ibid., pp. 22-23.

380 Alcohol Action Ireland called on the Government to produce a report similar to the *Hidden Harm Report* published in Northern Ireland, which focuses specifically on the needs of children. Health and Social Care Board and Public Health Agency, Hidden Harm Action Plan: Responding to the needs of children born to and living with parental alcohol and drug misuse in Northern Ireland, <http://alcoholireland.ie/wp-content/uploads/2011/04/northern-ireland-hidden-harm-action-plan-public-health-agency-and-the-health-and-social-care-board-october-2009.pdf> [accessed 10 February 2014].

381 Health Service Executive (2013) *Review of Practice and Audit of the Management of Cases of Neglect*, Dublin: Health Service Executive.

382 Dr C. Coulter Child Care Law Reporting Project Interim Report, Dublin: Child Care Law Reporting Project, p.38 <http://www.childlawproject.ie/wp-content/uploads/2013/11/correctedinterimreport.pdf> [accessed 18 December 2013].

383 An assessment of HSE child care datasets indicate that the primary reason for 14% of children being taken into state care was "a family member abusing drugs/alcohol". Department of Children and Youth Affairs (2012), Statement by Minister Frances Fitzgerald: Early intervention and family support services, <http://www.dcy.gov.ie/viewdoc.asp?Docid=1820&CatID=12&mn=8&StartDate=1+January+2012> [accessed 10 February 2014].

Drugs: Recent studies of adolescent drug users have shown that attitudes towards drug taking are becoming more liberal.³⁸⁴ Polydrug use is commonplace and those who drink alcohol and use other drugs place themselves at greater risk.³⁸⁵ In addition, there is a growing availability of illicit drugs online. This normalisation of drug use is seen within urban and rural society alike,³⁸⁶ and is attributed to easier access to drugs and a wider range of substances on offer.³⁸⁷ Between 2005 and 2010, there were 2,295 cases of under-18s who used a drug treatment centre for the first time, a more than 50% increase in demand over this five-year period.³⁸⁸ The Citywide Campaign has highlighted the emerging problem of drug dealers and gangs employing teenagers to carry out illegal activities on their behalf, such as dealing drugs and collecting money. In recent years, a number of teenagers have been killed or children have witnessed their parents being killed in suspected gang and/or drug-related violence.³⁸⁹ This phenomenon is deeply concerning. The UN Convention on the Rights of the Child has affirmed that States must introduce legislative, administrative, social and educational measures to protect children from illicit drug use and to prevent them becoming used in the illicit production and trafficking of such substances (Article 33).

Youth Work: Nine per cent of child respondents to a Department of Children and Youth Affairs' consultation in 2012 stated they were unhappy with the level of anti-social behaviour in their communities, including illicit drug use, misuse of alcohol, smoking and crime.³⁹⁰ Drug- and alcohol-free spaces for young people to socialise in locally can provide structured or informal support, from preventive measures, brief interventions and referrals to other services, as appropriate.³⁹¹ Funding in this area is hard to decipher; Budget 2014 allocated an extra €1 million to youth programmes but at the same time reductions of €2million were made across various other youth programmes.³⁹² In December 2013, the Minister for Children and Youth Affairs, Frances Fitzgerald TD, announced the allocation of €1.5 million in capital funding for the provision of 30 new Youth Cafés.³⁹³ The severe budget cuts to the youth work sector must be examined to fully understand their impact.

Smoking: The *Report on a Tobacco Free Ireland* highlighted that almost all smokers start smoking regularly before they are 18.³⁹⁴ Of concern is that fact that 12% of children report that they smoke.³⁹⁵ Research has shown that nicotine is a highly addictive substance and children can become addicted within weeks of experimenting with tobacco.³⁹⁶ Half of all smokers who start smoking as children die prematurely from a smoking related disease.³⁹⁷ Between €1 and €2 billion of the annual health budget is spent on treating tobacco related disease.³⁹⁸ The effects on passive smoking on children are well documented, and the Protection of Children's Health from Tobacco Smoke Bill 2012 is welcome.³⁹⁹ The initial steps taken to introduce a Tobacco Free Ireland are also a positive development.

384 Marie Claire van Hout (2009), Drug and alcohol use among rural Irish adolescents: a brief exploratory study, *Drugs and Alcohol Today*, 9 (1). pp. 20-26.

385 Polydrug use is the consumption of a number of different substances at the same time. These substances can include alcohol, cannabis, cocaine, heroin, methadone, 'legal highs' and prescription drugs.

386 Marie Claire van Hout (2009), Youth alcohol and drug use in rural Ireland: parents' views, *Rural and Remote Health*, 9: 1171.

387 CityWide Drugs Crisis Campaign (2012), *The Drugs Crisis in Ireland: A New Agenda for Action*, http://www.citywide.ie/download/pdf/the_drugs_crisis_in_ireland_a_new_agenda_for_action.pdf, p. 12 [accessed 10 February 2014].

388 K. Murphy et al (2013) Substance use in young persons in Ireland: a systematic review in *Addictive Behaviors* vol. 38 pp. 2392-2401.

389 Conor Lally, 'Gardai identify two men linked to murder of Tallaght teenager', *The Irish Times* [online], 10 February 2012, <http://www.irishtimes.com/newspaper/ireland/2012/0210/1224311576260.html> [accessed 2 January 2013]; 'Gardai to speak to child who saw father shot dead in Dublin', *RTE News* [online], 26 September 2012, <http://www.rte.ie/news/2012/0925/declan-oreilly-dublin.html> [accessed 3 January 2013].

390 Department of Children and Youth Affairs' (2012) *Life as a child and young person in Ireland: Report of a National Consultation*, Dublin: Government Publications.

391 Youth Cafés are only effective in this regard if they provide tailored services; simply being there and being open late is not, on its own, sufficient to address adolescent substance misuse. T. Byrne et al (2006), *Free Time and Leisure Needs of Young People living in Disadvantaged Communities*, Dublin: Children's Research Centre, Trinity College, p. 61.

392 Department of Public Expenditure and Reform (2013), *Expenditure Report 2014: October 2013*, Dublin: the Stationery Office, p.55.

393 Department of Children and Youth Affairs, 'Minister Fitzgerald announces €1.3 million in Capital Funding for 30 new Youth Cafés' [Press release] <http://www.dcy.gov.ie/viewdoc.asp?DocID=3051> [accessed 16 December 2013].

394 Department of Health and Children (2013), *Tobacco Free Ireland*, Dublin: Department of Health and Children, p.53.

395 C. Kelly, A. Gavin, M. Molcho and S. Nic Gabhainn (February 2012) *The Irish Health Behaviour in School-aged Children Study 2010* Health Promotion Research Centre, National University of Ireland, Galway.

396 Department of Health and Children (2013), *Tobacco Free Ireland*, Dublin: Department of Health and Children, p.53.

397 Ibid.

398 Health Service Executive (2013) *National Service Plan 2014*, Dublin: Health Service Executive, p. 2.

399 *Protection of Children's Health from Tobacco Smoke Bill 2012, Second Stage, Seanad Debate, 9 May 2012, Vol. 215 No. 5.*

Immediate Actions for 2014

Urgently adopt a national strategy to tackle alcohol misuse and ensure it is coherent with the Interim National Drugs Strategy 2009-2016

There should be a clear focus on the impact of alcohol and drugs on children, including reducing children's access to alcohol and drugs; curbing the widespread availability of cheap alcohol;⁴⁰⁰ restricting the promotion of alcohol; raising awareness of the potential harmful effects of alcohol and drugs and developing youth appropriate addiction treatment services.⁴⁰¹ It must also address harmful parental drinking and its impact on children. The Strategy must be accompanied by a clear plan, with targets, timeframes and accountability structures.

The working group set up to look at the regulation of sports sponsorship should revisit the proposal to introduce a legislative ban to protect children from alcohol marketing in line with the *National Substance Misuse Strategy*

The proposal to introduce a legislative ban on alcohol marketing was an immediate action of *Report Cards 2013, 2012 and 2011* and remains unaddressed. The report of the working group due later in 2014 presents another opportunity to examine this issue.

Sustain investment in alcohol and drug free space for young people

Adequate provision of alcohol- and drug-free spaces for young people in their communities is key to ensuring we create an alternative to the 'pub culture'.

Protect children from smoking

Enact the *Protection of Children's Health from Tobacco Smoke Bill 2012* without delay. Also put in place the legislation to standardise cigarette packaging. Priority should be given to working towards *A Tobacco Free Ireland 2025* goals.

400 The price of alcohol in off-licences has fallen dramatically in recent years; it now costs more than 50% less to drink at home than it did in 1996. Conor Pope, 'Is alcohol too cheap?' *The Irish Times*, 18 October 2010.

401 Department for Health and Children (2004), *Strategic Taskforce on Alcohol: Second Report*, Dublin: Stationery Office, pp. 23–4.

3.4 Children's Hospital

Grade C+

Government Commitment

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

Progress

Further delayed

What's happening?

Governance of the National Children's Hospital has been reorganised. The Government aims to secure planning by December 2014. Meanwhile, children are being treated in below-standard facilities.

The new National Children's Hospital is intended to be the core component of an integrated healthcare system, by amalgamating acute paediatric services in Dublin into a single hospital, located alongside a leading adult teaching hospital. An independent review of the project to build the National Children's Hospital on the site of the Mater Hospital, Dublin, commissioned by the Minister for Health, James Reilly TD, in May 2011, found in favour of this site. However, in February 2012, An Bord Pleanála turned down planning permission by reason of its height and scale. In November 2012, St. James's Hospital was announced as the new site location.

From January to August 2013, a transitional board of officials from the Department of Health and the HSE was responsible for steering the children's hospital project. The Board established a shared services group to identify the facilities that can be shared between the new children's hospital and the adult hospital; published a contract notice for the procurement of a new design team; commenced pre-application planning discussions and began a review of the configuration of satellite urgent care centres, which is central to finalising the scale of the new facilities required at the St. James's campus and informing the design.⁴⁰²

In August 2013, the Minister for Health, James Reilly TD, announced the establishment of two new Boards: the Children's Hospital Group Board and the National Paediatric Hospital Development Board. The Group Board is the end-user and client for the building project and will oversee the operational integration of the three hospitals in advance of the move to the new hospital.⁴⁰³ The Development Board is responsible for the design, planning, building and equipping of the new children's hospital, in other words the "building board".

Dr. Jim Browne was appointed as Chair of the Children's Hospital Group Board. He, along with nine board members,⁴⁰⁴ will be responsible for overseeing the operational integration of the three hospitals – Our Lady's Children's Hospital Crumlin, Children's University Hospital

402 Department of Health, 'Minister Reilly announces children's hospital board appointments', 2 August 2013 [press release], <http://www.dohc.ie/press/releases/2013/20130802.html> [accessed 18 September 2013].

403 It will also deal with any matters relating to the operational transfer to the new hospital in due course, and to philanthropy.

404 Members of the Board are: Dr. Jim Browne (Chairman), Mr. John Hennessy (representing the Chair of Our Lady's Hospital in Crumlin), Mr. Michael Scanlan (Chair, Tallaght Hospital Board), Mr. Sean Sheehan (Chair of the Board of the Children's University Hospital), Dr. Jim Shmerling (CEO Children's Hospital Colorado), Ms Catherine Guy (Partner, Byrne, Wallace Solicitors), Ms. Caithriona Redmond (General Manager, Microsoft Ireland), Dr. John Jenkins CBE (Queen's University & retired paediatrician), Ms. Nicola Byrne (Founder and CEO 11890 and Stenics Media) and Ms. Marian Quinn (CEO of Childhood Development Initiative, Tallaght). Department of Health, 'Minister Reilly announces children's hospital board appointments' 2 August 2013 [press release], <http://www.dohc.ie/press/releases/2013/20130802.html> [accessed 18 September 2013].

Temple Street and the paediatric service at Tallaght Hospital – in advance of the move to the new children’s hospital. The Group Board will also play a key role in ensuring that the hospital is optimally designed and completed as quickly as possible. In September 2013, Eilish Hardiman was appointed as CEO of the Children’s Hospital Group and will work with the Board and the hospitals in delivering these priorities.

The National Paediatric Hospital Development Board will be restructured through legislation to reflect its sole focus on the building project. In advance of this re-structuring, in August 2013, the Minister appointed a Board of 12 members, chaired by Tom Costello.⁴⁰⁵ This restructuring reflects a change in approach towards the development of the hospital.⁴⁰⁶ The design team, due to be appointed in October 2013, will now be selected in spring 2014, which is expected to create a delay in the planning application and process. A Programme Director for the project was appointed in November 2013.⁴⁰⁷ However, the Department of Health has stated that the delay can be recouped at the tender stage. It is expected that construction will begin in spring 2015 and that the hospital will begin service in 2018.⁴⁰⁸

The Government’s Capital Development Plan pledges funding (though it does not state how much) for the development of the new National Children’s Hospital.⁴⁰⁹ The cost of this large-scale project will be generated from an upfront payment of €200 million arising from the sale of the National Lottery, complemented by Exchequer funding from the capital budget. The Minister for Health, James Reilly TD, had indicated that the hospital will cost an additional sum of between €120 million and €140 million,⁴¹⁰ with a final figure of €478 million as a ‘tight’ estimate.⁴¹¹ A new figure of up to €600 million was mooted in 2013.⁴¹² Approximately €39 million was spent on preparing to develop the children’s hospital at the Mater Hospital. Of that, €13 million can be reused on the St. James’s Hospital site but €26 million will not be recovered.⁴¹³

In May 2013, the Minister for Health, James Reilly TD, announced plans to move the National Maternity Hospital from Holles Street to the St. Vincent’s University Hospital Campus at Elm Park.⁴¹⁴ This came on foot of a recommendation made in the *Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area Report* that Dublin maternity hospitals should be located alongside adult acute services.⁴¹⁵ The Government has approved €150 million for the project; however the final cost is not yet known. Accommodation at the new hospital will include a High Dependency Unit (HDU), a Neo-Natal Intensive Care Unit (NICU) and a Special Care Baby Unit (SCBU). Ante- and post-natal care will be provided in mostly single, en-suite rooms. Birthing accommodation will include operating theatres, birthing rooms (including for multiple births) and a midwife-led birthing unit.⁴¹⁶

405 This Board replaces the interim Board, which included officials from the Department of Health and the HSE who are now stepping down as planned to make way for these new appointments. The Board members are: Mr. Tom Costello (Chairman), Mr. Tim Bouchier Hayes (Partner, McCann Fitzgerald), Ms. Anne Butler (Chartered Engineer), Mr. John Cole CBE (architect), Professor Ian Hann (Professor of Paediatric Haematology and Oncology and Associate Medical Director of Great Ormond St Children’s Hospital), Mr. Karl Kent (architect), Mr. John Martin (Planner), Ms. Regina Moran (CEO Fujitsu Ireland), Mr. Paul Quinn (Department of Public Expenditure and Reform), Ms. Marguerite Sayers (ESB), Mr. Ian Carter (HSE National Director of Acute Hospitals), Mr. Brian Fitzgerald (CEO, St. James’s Hospital).

406 Christina Finn, ‘Delay in Appointing national Children’s Hospital Design team but Construction Begins in 2015’, *The Journal* 28 November 2013, <http://www.thejournal.ie/national-childrens-hospital-board-1197144-Nov2013/> [accessed 16 December 2013].

407 Minister welcomes selection of programme director for the new children’s hospital project, [press release] 28 November 2013, <http://healthupdate.gov.ie/news-room/new-children%E2%80%99s-hospital.html> [accessed 16 December 2013].

408 Christina Finn, ‘Delay in Appointing national Children’s Hospital Design team but Construction Begins in 2015’, *The Journal*, 28 November 2013, <http://www.thejournal.ie/national-childrens-hospital-board-1197144-Nov2013/> [accessed 16 December 2013].

409 Department of Public Expenditure and Reform (2011), *Infrastructure and Capital Development 2012-2016: Medium Term Exchequer Framework*, Dublin: Stationery Office.

410 Martin Wall, ‘New children’s hospital not to open in Coalition’s lifetime, says Minister’, *Irish Times*, 6 November 2012.

411 Paul Cullen, ‘Reilly declines to say how much new hospital will cost’, *Irish Times*, 7 November 2012.

412 Paul Cullen, ‘Children’s hospital delayed until at least 2019’ *The Irish Times*, 16 May 2013.

413 Martin Wall, ‘Planning risks a major factor in choice of St. James’s for hospital’ *Irish Times*, 7 November 2012.

414 Department of Health, ‘Minister for Health Announces Relocation of the National Maternity Hospital’ [press release] 27 May 2013, Dublin: Department of Health, <http://www.dohc.ie/press/releases/2013/20130527.html> [accessed 17 January 2014].

415 KPMG (2008) *Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area Report*, Dublin: KPMG.

416 Department of Health, Minister for Health Announces Relocation of the National Maternity Hospital, Holles Street, Dublin, [press release] 27 May 2013 <http://www.dohc.ie/press/releases/2013/20130527.html> [accessed 17 January 2014].

Comment

Children's Hospital gets a 'C+' grade in *Report Card 2014*, a rise from last year's 'D' grade. This performance on the *Programme for Government* commitment reflects the establishment of the Children's Hospital Group Board and the National Paediatric Hospital Development Board as well as the announcement and committed funding for a new national maternity hospital. However, continued delays in the delivery of the National Children's Hospital with further delays in obtaining planning permission and in the appointment of the design team are regrettable.

The UN Convention on the Rights of the Child must underpin all work undertaken in the field of children's health. This is not limited to the achievement of the 'highest attainable standard of health' but crucially to 'facilities for the treatment of illness and rehabilitation of health' (Article 24), as well as all other aspects of a child's life in the hospital setting, including the right of the child to participate in matters relating to them (Article 12); the best interests of the child (Article 3); the child's right not to be separated from his/her parents (Article 9); the child's right to rest, leisure, play and recreational activities (Article 31); and the right to education (Article 28).⁴¹⁷ The UN Committee on the Rights of the Child has said that, in the event of hospitalisation, the child should be given the maximum possible opportunity to enjoy all his or her rights as recognised under the Convention, including the rights to education and to access recreational activities.⁴¹⁸ These rights are far from being realised in healthcare settings at present.

The speed at which the hospital project is progressing is unacceptable. A new, single national children's hospital was recommended in a 2006 report,⁴¹⁹ since then its location has been subject to ongoing debate and review. The change of site in 2012 delayed the process by at least two-and-a-half years and incurred a cost of €26 million.⁴²⁰ The current completion date is estimated at 2018, 12 years after the initial recommendation.⁴²¹ Meanwhile, the two main children's hospitals in Ireland (Our Lady's Hospital for Sick Children in Crumlin, Dublin and the Children's University Hospital, Temple Street, Dublin) struggle to provide quality care in facilities that fall well below today's standards and are in poor structural condition.⁴²² As an immediate measure, investment must be made to these existing hospitals to ensure they can still provide the necessary level of care to sick children, many of whom spend significant periods of their childhoods in hospital.

Hospital Design and Experience: The design of the new children's hospital must have the best interests of the child as its underpinning principle. There was extensive consultation with children and families in the designing of the Mater site.⁴²³ It is vital that ongoing consultation is undertaken in relation to the new St. James's Hospital site to ensure that the new location is world-class, innovative and child-centred in design. All aspects of the hospital – from the basic design, to medical procedures and day-to-day practice and running of the hospital – must centre upon the needs of the child, and must ensure that, for a child, their environment will never cause distress or fear; instead, it should facilitate calm and a sense of homeliness, and be accessible and navigable for all children. The hospital must facilitate parents and children to stay together, especially when children are very ill. It is important, too, that hospital services and design are sympathetic to the changing needs of children as they grow older; for example, teenagers' desire for privacy should be recognised and respected.

Age Issues: The National Children's Hospital should provide facilities and treatment for all children up to 18 years,⁴²⁴ consistent with the definition of a child under the UN Convention on the Rights of the Child⁴²⁵ and with the provisions in legislation affecting children such as the Child Care Act, 1991 and the Children Act, 2001. Children's hospitals currently impose a cut-off age of 16 years, with some flexibility for those already in the system. The new children's hospital provides an opportunity to address the well-documented gap in adolescent health services in existing children's hospitals.

417 UN Convention on the Rights of the Child, A/RES/44/25 (20 November 1989).

418 UN Committee on the Rights of the Child (2003), *General comment No. 4: Adolescent Health*, CRC/GC/2003/4.

419 See *The New National Children's Hospital*, Children's Health First McKinsey Report (2006), <http://www.newchildrenshospital.ie>, [accessed 12 February 2014]

420 Paul Cullen, 'Reilly declines to say how much new hospital will cost', *Irish Times*, 7 November 2012.

421 Frank McDonald, 'Massive project will not be completed before 2018' *Irish Times*, 7 November 2012.

422 Department of Public Expenditure and Reform (2011) *Infrastructure and Capital Development 2012-2016: Medium Term Exchequer Framework*, Dublin: Stationery Office.

423 Consultations were undertaken in 2009 in relation to the design and experience of the new National Children's Hospital. For further details see: Ireland's New Children's Hospital, 'Children's Consultation', http://www.newchildrenshospital.ie/index.cfm/page/_for_parents [accessed 6 January 2012].

424 Beyond this, some flexibility is required in the case of certain young people over 18 years, for example those with intellectual disabilities.

425 Article 1 of the UN Convention on the Rights of the Child states that "a child means every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier".

Begin and expedite the process of building the new National Children's Hospital

This was an immediate action of *Report Cards 2013* and *2012* and remains unaddressed. The St. James' Hospital site in Dublin has now been confirmed as the location for the National Children's Hospital. The hospital's design and ethos must uphold the rights of children. It is vital that ongoing consultation is undertaken in relation to the new St. James' Hospital site to ensure that the new location is world-class, innovative and child-centred in design. This should build on the consultation completed to date. Plans must translate into action during 2014. The amended design must be completed in 2014 and planning permission must be secured. A completion date any later than 2018 simply cannot be accepted.