

Submission to the Office of the High Commissioner for Human Rights on the right of the child to the enjoyment of the highest attainable standard of health, 28 September 2012.

The realisation of children and young people's right to health

The office of the Northern Ireland Commissioner for Children and Young People (NICCY) was created in accordance with 'The Commissioner for Children and Young People (Northern Ireland) Order' (2003) to safeguard and promote the rights and best interests of children and young people in Northern Ireland. As a signatory to the United Nations Convention on the Rights of the Child (UNCRC) the UK State party, which includes the UK Government and devolved administrations, has agreed to uphold the rights of children and young people based on the Convention, including the article 24 right to health. This paper reflects the submission NICCY provided to the Committee on the Rights of the Child on 6 January 2012 regarding the right to health.

Northern Ireland is a jurisdiction of the UK where devolved political institutions hold responsibility for many areas relating to children's health. There is compelling evidence that Northern Ireland has particular health needs in comparison with other parts of the UK, for example, there is a higher incidence of disability, increased levels of mental health disorders and higher rate of persistent child poverty.¹ As the jurisdiction continues to transition from conflict it is important to recognise the impact of this, which includes ongoing exposure to community tension and violence, on children's health. There has also been historic underinvestment in public services in Northern Ireland including significantly lower expenditure on children and families within health and social services.²

Article 24 of the UNCRC is underpinned by a holistic understanding of health which encompasses physical, mental and social wellbeing and is concerned with both material and socioeconomic conditions that influence children's health.³ An integrated perspective to health should reflect a commitment to affording children not only the right of access to primary and secondary healthcare for treatment and rehabilitation but more holistically access to the key determinants of health. In promoting a life course understanding of health, the UNCRC also requires that healthcare provision reflects the different stages of a child's development. In Northern Ireland the absence of a comprehensive early years strategy and gaps in services for adolescents point to weaknesses in provision which can impede children's right to health.

¹ NICCY (2008) Children's Rights: Rhetoric or Reality, A Review of Children's Rights in Northern Ireland 2007/08, (Belfast: NICCY).

² NICCY, DFP, OFMDFM (2007) An Analysis of Public Expenditure on Children in Northern Ireland, (Belfast: NICCY).

³ UNICEF (2007) Implementation Handbook for the UNCRC, (Geneva: UNICEF).



The ethos of the progressive realisation of the UNCRC must also be central to the right to health, with States parties taking action to ensure that where progress has been made, this is consolidated and strengthened. Across the UK, there is considerable concern about the exposure of children to austerity measures and government must meet its obligation to ensure resources are available to the maximum extent to realise children's rights.⁴ For example, in Northern Ireland there has been no commitment to protect funding for children's social care within the health budget.

The guiding principles of the UNCRC in relation to article 24

The indivisibility and interdependence of rights within and across the UNCRC is one of its great strengths and children's right to health pervades all elements of the UNCRC. For instance, rights to protection from violence and neglect, to an adequate standard of living and special protection rights for vulnerable groups and those with complex needs all relate directly to children's material, physical and emotional health and wellbeing.

It is vital that the four articles which represent the guiding principles of the UNCRC are fully integrated into government action to promote children's right to health. For example, articles 2 and 6 in setting out commitments to non discrimination and to life, survival and development should ensure that where there is inequality, as seen in the substantially poorer child mortality rates for children from the Traveller community in Northern Ireland, effective action is taken to remedy this.⁵ In relation to health inequalities experienced by children with disabilities, NICCY has called for measures to address this including a regional strategy for disabled children and well resourced community provision to reduce inappropriate residential placements.

In turn, articles 3 and 12 enshrine the principles of the best interests of the child and ensuring their voice is heard in all matters concerning them. We have repeatedly stated that children and young people, such as those receiving mental health services and separated children subject to immigration processes should have access to forms of advocacy appropriate to their needs. For instance, regarding separated children this should include access to a legal advocate or guardian.

In further considering article 12, participants in a NICCY review of children's rights raised concerns that health professionals often failed to effectively engage children in decisions about their health.⁶ It is important that the

⁴ UK Children's Commissioner's (2011) Midterm Report to the UK State Party on the UNCRC, (Belfast: NICCY).

⁵ ECNI (2007) Statement on Key Inequalities in NI, (Belfast: ECNI).

⁶ NICCY (2008) Children's Rights: Rhetoric or Reality, A Review of Children's Rights in Northern Ireland 2007/08, (Belfast: NICCY).



promotion of article 24 reflects the UNCRC ethos of evolving capacity and addresses issues such as, providing information and education to children, understanding children's capacity to make decisions and give consent and ensuring access to complaints mechanisms. Further to this, the right to be heard, in recognising that children are active subjects, must extend to their participation in the development of provision and services, including current reviews of health and social care by the Northern Ireland government.

The normative content of article 24

As noted, a holistic understanding of health and wellbeing requires approaches that address health inequalities and invest in health promotion to minimise illness and harm to children and to foster positive outcomes. In considering persistent inequalities in health, there are many ways in which this impacts on children's health. For example, child poverty in Northern Ireland is associated with lower rates of breastfeeding and immunisation, greater risk of obesity and increased levels of suicide.⁷ It is also important that government ensures UNCRC obligations are met to a standard which is in accordance with the country's stage of development. For instance, the UK State party should take account of how it has been assessed by UNICEF as low ranking in regard to child wellbeing and equality when compared to other OECD nations and must take action to remedy this.⁸

In considering the availability, accessibility, quality and effectiveness of healthcare services we would raise a number of concerns. For instance, while one in five children in Northern Ireland will experience significant mental health problems and there has been a substantial increase in youth suicide, gaps in provision for adolescents remain.⁹ Examples of this include addiction treatment, support for children who have experienced abuse or display sexually harmful behaviour, secure therapeutic care and forensic psychiatry. This lack of provision can lead to lengthy delays in treatment or to care being provided in adult settings or other parts of the UK.

NICCY would also note particular concerns regarding provision for young people as they transition from children's to adult services and recently published a review highlighting weaknesses in current transition arrangements for young people with learning disabilities.¹⁰ These examples call into question the quality and effectiveness of provision for children in the context of a healthcare system which, for some, is characterised by an absence of specialist

⁷ Ibid.

⁸ UNICEF (2010) A League Table of Inequality in Child Wellbeing in the World's Rich Countries, (Italy: UNICEF).

⁹ Bamford, D. (2006) The Review of Mental Health and Learning Disability (Northern Ireland), A Vision of a Comprehensive Child and Adolescent Mental Health Service, (Belfast: DHSSPS).

¹⁰ Lundy L. et al (2012) A Review of Transitions to Adult Services for Young People with Learning Disabilities, (Belfast: NICCY).



provision and delays in accessing support. These failures deny children meaningful access to article 24 and often contribute to, or escalate, their experiences of poor health.

Priority concerns for the implementation of article 24

It is important to acknowledge that all action by government to enhance children's enjoyment of the highest attainable standard of health is to be welcomed. However, government must take particular care to improve the realisation of the right to health of those who experience the poorest health and wellbeing outcomes. For instance, in considering child mortality rates, while these have decreased overall, differential rates for Traveller children in particular but also for those living in deprived areas remains a concern.¹¹ NICCY has recently called on the Northern Ireland government to meet its commitment to review information relating to all child deaths so that this is comprehensively assessed.

In seeking to remedy persistent barriers to children's enjoyment of the right to health, government must address the underlying factors and target interventions at those most at risk of experiencing health inequalities. As outlined earlier, NICCY has particular concerns about barriers to the right to health for particular groups of children who represent the most vulnerable children in our society and those with complex needs or who are in difficult circumstances. This includes children who are 'looked after' by the state, children with disabilities, migrant and separated children, including those who may be subject to trafficking and/or immigration control and children in contact with the criminal justice system. In one example of the challenges to implementing article 24, a recent review of Northern Ireland's Young Offenders Centre stated it was not suitable for young people under 18 years and did not adequately meet their physical or mental health needs.¹²

Prioritising prevention and early intervention to safeguard children's health and wellbeing across all stages of their life in accordance with their particular needs or vulnerabilities will minimise the impact of poor health and adverse experiences not just for individuals and families, but more widely for society as a whole. This approach should be integrated into all aspects of healthcare whether in relation to the early diagnosis of disability or chronic disease in infancy, the provision of therapeutic services for adolescents at the onset of mental health problems or in ensuring specialist support is available to groups such as children in care.

¹¹ DHSSPS (2009) Health and Social Care Inequalities Monitoring System, Third Update Bulletin, (Belfast: DHSSPS).

¹² CJINI, HMIP and RQIA (2011) Hydebank Wood Young Offenders Centre, Unannounced Follow-up Inspection, (Belfast: CJINI).



Measures for the implementation of article 24

While considerable effort has been made at a strategic level to progress children's health and wellbeing, NICCY remains concerned that this must be reinforced with effective implementation in order to meaningfully impact on children's access to their right to health. A NICCY commissioned report identified a range of barriers to government delivery of children's rights and recommended a number of measures to improve this including: mainstreaming children's rights, ensuring coordinated and joined up government, making children visible in budgets, and child impact assessing policy and budgetary decisions.¹³ Committing to these actions would demonstrate government's determination to realise children's right to health and improve the poor health outcomes experienced by many children in Northern Ireland.

In addition to this, a comprehensive strategy for children's health should be developed. Work which is being established by government in this area should be underpinned by a child rights ethos which also directs the commissioning and delivery of healthcare services. The principles of available, accessible, high quality and effective provision should be integrated into all healthcare services and the strategy and associated action plans should include concrete and time bound actions and be appropriately resourced. This must be accompanied by the development of regional standards and clinical pathways across Northern Ireland to remove current inconsistencies in the treatment of children. This should, for example, establish standards regarding the care pathways of children with rare diseases and the accommodation of children on adult acute and psychiatric hospital wards.

The development of measures to monitor the implementation of the right to health, such as tracking the strategy, should be undertaken on a multiagency basis, be informed by a robust evidence base and maintain a focus on improving outcomes in children's health and wellbeing. The promotion of child rights impact assessment as an implementation tool to be used in policy and service planning, monitoring and evaluation would further support States parties in embedding children's right to health in their work. In turn, there must be a clear line of accountability from local health and social care provision and delivery to government departments and ministers. This range of measures, underpinned by the principles of the UNCRC, should ensure that children in Northern Ireland are able to enjoy their right to the highest attainable standard of health.

¹³ Byrne B. And Lundy L. (2011) Barriers to Effective Government Delivery for Children in Northern Ireland, (Belfast: NICCY).

