

Advice on the Department of Health Draft Budget EQIA 2023-24

30 June 2023

Introduction

The Commissioner for Children and Young People (NICCY) was established 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 (NI). Under Articles 7(2) and (3) of this legislation, NICCY has a mandate to keep under review the adequacy and effectiveness of law, practice and services relating to the rights and best interests of children and young people by relevant authorities. Under Article 7(4), NICCY has a statutory duty to advise any relevant authority on matters concerning the rights or best interests of children and young persons. The Commissioner's remit includes children and young people up to 18 years, or 21 years, if the young person has a disability or experience of being in the care of social services. In carrying out their functions, the Commissioner's paramount consideration is the rights of the child or young person, having particular regard to their wishes and feelings. The Commissioner is also to have regard to all relevant provisions of the United Nations Convention on the Rights of the Child (UNCRC).

NICCY is extremely concerned at the cuts to the Northern Ireland budget and how these may affect the services and provision for children and young people. We recognise the extremely difficult position of Permanent Secretaries having to administer these budget cuts, and have already written to the Northern Ireland Affairs Committee,¹ and to the Secretary of State to highlight a range of concerns. We have also held relevant meetings to address concerns on the impact of these on children's rights and access to services.

It is important to note that these cuts come on the back of the worst cost of living crisis in 45 years, the absence of an Assembly and Executive Ministers, challenges associated with Brexit and the ongoing impact of Covid, all of which have had an extremely detrimental impact on, and delivery for, children and young people in Northern Ireland, and their families. We are therefore very mindful, as the statutory body providing advice to

¹ [NICCY-advice-paper-NIAC-Inquiry-21-April-2023.pdf](#)

government on children's rights and best interests, of our responsibility to advise on these budget decisions, and to monitor their impact on children and young people.

In the conclusion of our report on the statutory response to the Covid emergency, 'A New and Better Normal',² we wrote:

'It is the case that, when a public emergency occurs, the degree to which the processes in implementing children's rights are effective and embedded in government policies and service delivery processes, will determine the degree to which children's rights are prioritised during the emergency response. (...) We must learn the lesson that, alongside the vital actions required to support recovery, there must be a focus on embedding a child rights culture within the fundamental workings of government and its agencies.' (p151)

In recognition of this, NICCY has worked with colleagues across Europe to develop the ENOC statement on undertaking Child Rights Impact Assessments (CRIAs) recognising their vital role in ensuring children's rights are fully considered in government decision-making.³ NICCY has met with key staff from each government department to deliver capacity building workshops, has developed Northern Ireland specific CRIA templates and guidance, in addition to an online training module NICCY has developed to support government officials to undertake CRIAs.⁴

Given the potential impact of the cuts to the 2023-24 budget, it is essential that all departments and agencies undertake CRIAs, in addition to EQIAs, to ensure that they have given due consideration as to how they will affect children and young people. This was emphasised very recently at the UNCRC Committee's periodic examination of the UK State Party's implementation of the UNCRC on 19 May 2023, where concerns about the impact of budget cuts on vital children's services in Northern Ireland were raised more than once and assurances sought from government representatives that CRIAs would be carried out on budget decisions. (NICCY had also provided an additional paper in advance to the Committee on NI's Budget Cuts). Subsequently the Committee issued its

² <https://www.niccy.org/a-new-and-better-normal-children-and-young-peoples-experiences-of-the-covid-19-pandemic/>

³ <https://www.niccy.org/wp-content/uploads/media/3766/fv-enoc-position-statement-on-cria.pdf>

⁴ <https://www.niccy.org/what-we-do/training/cria/>

Concluding Observations and Recommendations on 2 June 2023 calling on the UK State Party to:

“Withdraw the 2023/24 budget for Northern Ireland and fully consider the Equality and human rights implications of a new budget, taking all possible Steps to mitigate any adverse impact on children’s rights before issuing a Revised budget.”

**UN Committee on the Rights of the Child
02 June 2023**

Comments on the EQIA of the draft DoH Budget

The context for this EQIA is our crumbling health system. The immense year-on-year growth in demand for services, seemingly endless waiting list pressures, a service structure unable to cope with either and a failure to pursue and invest in health reform is committing us to higher and higher budget demands, systemic collapse and increasing healthy inequalities.⁵ So, as we all look round at both withering frontline services **and** an absolute absence of investment that would lead to future savings, there seems never a more apposite statement than *‘budgets are indeed moral documents with numbers attached’*.⁶

The UNCRC takes a holistic approach to health in that the underlying determinants of health are recognised, and rights relate to the whole continuum of health from prevention and health promotion to intervention and rehabilitation (UN 2013, paragraph 2).⁷ Article 24 of the UNCRC is particularly relevant in the context of health, building on and developing the rights to life, survival and development to the maximum extent possible, set out in Article 6. Articles 23 and 25 are also relevant to a child’s right to healthcare. Article 23 specifically refers to children with a disability and the need to ensure that they have effective access to services, including health care and rehabilitative services. In particular, 23(3) recognises the right of a child with a disability to ‘effective access to and receipt of education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.’ Article 25 sets out the role of State Parties where a child has

⁵ [Austerity is a choice, and it looks like a bad one | ScopeNI \(nicva.org\)](#)

⁶ This quote has been attributed to both Martin Luther King Jr and Jim Wallis

⁷ [Convention on the Rights of the Child | OHCHR](#)

been admitted to a hospital for treatment and their right to a periodic review.

We welcome that the DoH has undertaken an EQIA on its draft budget and we appreciate that the Department is projecting a funding gap in the Resource Budget of some £732 million with this document assessing the impact of £360 million savings and efficiencies on inequalities leaving a funding gap of £372 million. In addition, after funding flagships, committed projects and annual running costs, including leases, there is also just £35.9 million left to meet the £110.6 million of inescapable capital pressures.

We acknowledge that the Department's work to date indicates that implementing further cost reductions beyond the level indicated in this document will certainly have a significant detrimental impact on services to citizens and we would share the Department's concern that should the additional savings measures highlighted fail to yield the level of savings indicated, further cuts to services will be required including further cuts to support services provided by the Community and Voluntary sector, in addition to the £1.8 million already announced.

We welcome that the Mothers' and Children's flagship project providing a new Regional Children's Hospital is secured as well as the new Maternity Hospital. We also welcome the securing of the development of new Children's homes at Glenmona and the expansion of placement options for children in care and care-experienced children and young people. While reference to the Children's Services Co-operation Act is noted and welcome, we are concerned about the caveat expressed that *"in the current financial environment, if a children's authority (as defined by the Children's Services Co-operation Act (Northern Ireland) 2015) was to require DoH or any of its ALBs to co-operate with that authority in the exercise of any of their children's functions defined in s.2 (4) as "any function which may contribute to the wellbeing of children and young persons", this may have considerable financial implications for the delivery of services in the HSC."* Actively seeking opportunities for 'pooling' resources to effectively deliver services to improve the outcomes for children and young people becomes even more critical in a financially constrained context.

We would wish to receive further details on the proposed budget savings and in particular the impact on children and young people with regard to:

- Reduction of Family Health Service Spending;

- Reduction of funding for Waiting List Initiatives; and
- Reduction of funding for Departmental Core Grant Schemes.

The impact on children and young people of these budget decisions is only specifically mentioned under ‘Age’ with regard to the £1.8 million cuts announced to the core funding of sixty-two community and voluntary sector organisations. This includes, for example, the Women’s Aid Federation losing £147,000. A ‘reduction of funding for waiting list initiatives’ is clearly of great concern but without further details it is hard for us to comment on whether there might be an impact on children and young people’s rights. NICCY has conducted extensive work on children and young people’s access to mental health services and support.⁸ It has long been the case that Northern Ireland has some of the longest health waiting times of all regions in the UK and that children are being greatly impacted by this, but the extent of the waits and which child health services are most impacted have been less clear. In October 2021, NICCY published *More Than A Number – A Rights-Based Review of Child Health Waiting Lists*. This Review was conducted in recognition of the need for much greater transparency and focus on the extent of waiting lists across child health services and clarity on the steps being taken to address this growing problem. We are therefore very concerned that the proposed cut will very much exacerbate this situation. Similarly, there are no details in relation to the budget reduction in Family Health Services which will clearly impact on children and young people.

There is also no recognition of intersectionality and children and young people’s intersecting identities. For example, the EQIA states that “at this time there is no evidence to indicate that the Budget allocation would negatively impact ‘Racial Group’ as a Section 75 category.” And yet we know that children and young people from the Irish Traveller and Black, Minority and Ethnic communities have poorer health outcomes.⁹ Or for example, there is no mention of young people under the ‘Disability’ category where again we know that young people with disabilities face greater challenges accessing health services.¹⁰ Whilst under the ‘Dependant’ category there is mention that the reduction in core demand led services may have a negative differential impact on people with dependants there is no reference made to children and young people in their own right. We also note that the poverty rate for adults with dependent children (18%) is 50% higher than for adults without

⁸ [Mental Health Review - Still Waiting - Niccy](#)

⁹ [RacialEquality_PolicySummary2014.pdf \(equalityni.org\)](#)

¹⁰ [Learning Disability Data & Northern Ireland \(ulster.ac.uk\)](#)

dependent children (12%).¹¹ We note the acknowledgement that the Department's decision not to offer pay awards for the majority of its staff will have a differential impact on women compared to men as the majority of the Health and Social Care sector workforce is female but would recommend there is reference made to the proven links between women's poverty and child poverty.¹²

Finally, we would challenge the conclusion that "while many of our savings measures will have some impact on services they are not anticipated to have differential impacts on S75 groups" as the starting point is not equal therefore savings measures will always have differential impacts if different population groups are at different starting points. The recognition of pre-existing inequalities is vital in understanding the impact of these budget decisions as well as the cumulative impact of a failure to transform our health services over the last number of years.

Children and Young People Strategy 2020 - 2030

As set out in the EQIA, the Department's stated mission is to improve the health and social well-being of the people of Northern Ireland and the Department has a statutory responsibility to promote an integrated system of health and social care designed to secure improvement in the physical and mental health of people in Northern Ireland, the prevention, diagnosis and treatment of illness, and the social wellbeing of the people in Northern Ireland. NICCY has identified 36 programmes and strategies supported by DoH, largely drawn from the Delivery Plan for the Children and Young People Strategy 2020-2030, although this list is likely to be incomplete and possibly dated. These programmes are of differing scale and scope but to effectively engage in a discussion in relation to the current or potential budget proposals and their impact on children and young people, it is important that information is provided on the proposals for the programmes listed. It is vital that any decisions are made with full understanding of their likely impact, and we believe, they must also be informed by carrying out a child rights impact assessment (CRIA) as per our earlier letter to the Permanent Secretary.

¹¹ Ibid.

¹² [cover.indd \(wbg.org.uk\)](#)

Programmes on which further information is required

A. Physical and Mental Health and Wellbeing

1. Care, services and support to asylum seeking and refugee children and young people.
2. Work programme in delivering on the draft Framework for Children with Disabilities to recalibrate community services, thereby reducing the need for inpatient care and the rate of delayed discharge.
3. The implementation of the obesity prevention strategy, A Fitter Future for All (AFFTA) and the implementation of ongoing programmes of work.
4. The implementation of the commitments to action in the joint Health and Education Strategy: 'A Life Deserved. "Caring" for Children and Young People in Northern Ireland.
5. The structured education programme on healthy literacy with a focus on pharmacy services and the safe and effective use of medicines for primary age school children.
6. The work stream under the strategic Child Health Partnership Programme Board including rebuilding elective paediatric lists and maximising capacity to tackle the lengthy waiting times including the development of regional lists. The implementation of the two paediatric services strategies, a Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community (2016-2026) and a Strategy for Children's Palliative and End-of-Life Care 2016-2026 through the Regional Child Health Partnership.
7. The Trauma Informed project which aims to strengthen the culture of inter-professional working practice, with a particular focus on Adverse Childhood Experiences, by supporting professionals to train together as well as embedding commonality in prevention and early intervention approaches. Under this Project, a number of strands of work will be taken forward, including a prevalence study and the development of training to improve awareness of Adverse Childhood Experiences.
8. Under Action 2.1 within Protect Life 2 Suicide & Self harm Prevention Strategy the development and delivery of public education programmes: to increase awareness of the signs and symptoms of emotional distress and of the appropriate response; to reduce

stigma around mental illness; and to encourage help-seeking behaviour.

9. The delivery of the Executive's new Substance Use Strategy *Preventing Harm and Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use in 2021' and begin the process of implementation of the agreed actions.

10. The development of a Children's Oral Health Improvement Strategy.

11. The updating of the Healthy Child, Healthy Future Programme.

12. The delivery of the Family Nurse Partnership Programme.

13. The development of a new Maternity Strategy for Northern Ireland.

14. The development of a co-produced longer term autism strategy for the period 2023 - 2028.

15. The implementation of the Managed Care Network to provide better outcomes for Child and Adolescent Mental Health Services patients. The improvement of the Child and Adolescent Mental Health Services dataset including integration with the ongoing Encompass Project.

16. The delivery of the Knowing Our Identity Service – a regional transgender service for under 18s provided by the Belfast HSC Trust.

17. The review and improvement of the Gender Identity Service led by the Health and Social Care Board with DoH representation.

18. The NI Regional Young Carers Service.

19. The programme of work following Eileen McEaney MBE's report into child death review which made 10 recommendations, the most major of which was that child death reviews are removed from the domain of safeguarding and placed instead within the realm of public health.

20. Progressing the outstanding actions from the Still Waiting Action Plan including

increasing capacity of CAMHS and the implementation of the Mental Health Strategy with regards priorities relating to children and young people.

B. Social Care & Safeguarding

21. The implementation of the Children's Social Care Services Strategic Reform programme with ten work streams. This includes drawing together disparate strands of reform work in this area already underway, including the Regional Care and Justice Campus Programme and workforce-related reform.

22. The expansion of the 'ACORN' shared multi-disciplinary therapeutic service across both Lakewood Regional Secure Care Centre and Woodlands Juvenile Justice Centre, led by a permanently appointed Consultant Psychologist Service Lead.

23. The Northern Ireland Framework for Integrated Therapeutic Care (NIFITC) currently being introduced for all looked after and adopted children as well as those in the Juvenile Justice Centre including the implementation arrangements for the introduction of the NIFITC into both secure facilities and the joint training in the new framework.

24. The Independent Guardian Service.

25. The Female Genital Mutilation programme of work.

26. The implementation of the Independent Review of Children's Social Care Services agreed recommendations.

27. The Adoption and Children Act Implementation Work Plan. This includes the proposed transitional arrangements; the support available to looked after children who are preparing to leave care and young people who have left care, until they reach the age of 25; and the Guardians Ad Litem (GaLs) – who are appointed to represent the interests of children in specified proceedings - known as the Children's Court Guardians.

C. Family Support Programmes

28. The implementation of the cross-department Family and Parenting Support Strategy.

29. The implementation of an Inter-Departmental Private Family Law Early Resolution Action Plan.

30. The range of projects developed under the Early Intervention Transformation Programme (EITP):

- Getting Ready for Baby
- Getting Ready for Toddler

31. The Early Intervention Support Services (EISS) focusing on the delivery of an integrated regional model of early intervention for these families aligned to Family Support Hubs.

32. Increasing social work staff capacity to assess the needs of vulnerable families by putting "Building Better Futures", a new social work assessment and intervention model, into practice.

33. Early Intervention Child Care (THRIVE) programme which involves the recruitment and training of a small number of exceptional child-minders to deliver ring-fenced day care provision to families involved with social services. The Early Intervention Child Minders will be able to dedicate considerable time and skill to supporting the emotional and social development of these vulnerable young children, currently involved in either Child Protection, Child in Need or LAC statutory processes.

D. Safety and Stability

34. The continued promotion and the implementation of the 'Cooperating to Safeguard Children and Young People in Northern Ireland' child protection policy statement for Northern Ireland. It outlines how communities, organisation and individuals must work both individually and in partnership to ensure children and young people are safeguarded as effectively as possible.

35. The implementation of the Online Safety Strategy and accompanying Action Plan.

36. The implementation of the 'Signs of Safety' approach to children's social work practice that seeks to focus on strengths within families. It seeks to empower families to build on those strengths and work with children's services to agree arrangements for safeguarding children.

These strategies and programmes represent the government's commitment to improving the physical and mental health of children and young people in Northern Ireland, the prevention, diagnosis and treatment of illness, and the social wellbeing of all young people. It is vital that there is an overview at departmental level with regard to the cumulative and collective impact of the reduction or potential reduction of services and programmes. It is also critical that such an overview exists across departments as it is clear that without such an oversight, one department's spending cuts (E.g. the Department for Infrastructure's proposals to reduce the gritting of roads) will have an adverse impact on another department's budget (e.g. the Department of Health through a potential increase in the number of accidents).

Cuts to Voluntary and Community Sector budgets

The Department of Health has a key role in funding the Voluntary and Community Sector to deliver critical services to children and families, and generally these services are targeted at the most disadvantaged and vulnerable. These services are often delivered on very limited budgets, depending on the commitment of staff and organisations to obtain resources from charitable sources as well as government.

More than sixty community and voluntary sector organisations have already been informed that their funding is being reduced or terminated. The way that this sector has been treated undermines any sense of partnership working and does not demonstrate appropriate value of the important role of the sector in providing a wide range of the most critical services to some of our most disadvantaged communities, families and children. Departments generally must understand that the uncertainty in funding is already having an impact on retention of staff and the delivery of services, and cutting funding will decimate the vital VCS infrastructure - in some cases irreversibly or in such a way that it will not be able to be restored should funding become available in the future.

Children's Budgeting

We acknowledge that the current budget process is particularly abnormal, and we understand that the budget allocations delivered by the Secretary of State, are not only highly restrictive but put undue pressure on Officials to make decisions they should not have to make. The abnormality of this budget cycle also means that planning procedures that occur during a typical budget process have not taken place. Without the fulfilment of these procedures, the equality screening and impact assessment consultation comes too

late in the process and is inadequate for full consideration of the impact of these spending decisions on children and young people. The use of CRIs and a wider approach to Children's Budgeting would require government departments to analyse the different impacts of a budget on children and young people, starting as early in the budget cycle as possible. The aim of children's budgeting is to ensure that the distribution of resources improves the outcomes for children and young people and over time, a child's rights perspective should become embedded at all stages of the budget process with an understanding of intersecting identities.

The current annual budget process reinforces short-termism and works against transformative activities to address root causes such as poverty and inequality, with the result that these are treated as the context for interventions rather than issues to be solved by better policy.¹³ In budgeting for outcomes, goals are achieved not just by patching up or intervening, but also by preventing harm occurring in the first place and creating a context in which children and families flourish.¹⁴

Child rights budgeting is a current international human rights policy priority. It has been the focus of a day of general discussion and resolution of the United Nations Human Rights Council and a recommendation of the European Commission. The Committee on the Rights of the Child has consistently recommended that States Parties develop child budgets as a key aspect of implementation of the United Nations Convention on the Rights of the Child ('UNCRC'). More recently, the Committee has developed a General Comment on Public Budgeting for the Realization of Children's Rights (Art. 4).¹⁵ This provides further guidance to governments and other non-state actors as to how to manage public expenditure for children to realise the rights of all children. A core focus of all the human rights guidance on children's budgeting is the participation of children in all stages of budgetary planning and decision-making.

In a comprehensive review of global practice in children's budgeting ¹⁶, children believed that governments should include the views of children from diverse ages and backgrounds and localities, as well as the organisations that worked with them and on their behalf. Children argued that these should reach out to those with disabilities and those who do not

¹³ [BeingBold-Report-Gecko-v3.pdf](#) p.40

¹⁴ [BeingBold-Report-Gecko-v3.pdf](#) p.5

¹⁵ [General comment No. 19 \(2016\) on public budgeting for the realization of children's rights \(art. 4\) | OHCHR](#)

¹⁶ [child-participatory-budgeting-report-with_sweden_logo_id_5010.pdf](#)

speak the majority language. Children recommended that governments should follow up on the proposals made by children during budgeting discussions, whether that is through government consultations or through more formal mechanisms for children submitting their proposals (e.g. youth parliaments discussing municipal spending), and offer feedback to the children about why decisions were taken to implement (or not) the children's recommendations. They emphasised that adults should involve children in monitoring the impact of spending.¹⁷

There are a number of favourable conditions required for effective child rights budgeting:

- Political will and commitment;
- Strategy;
- Administrative architecture;
- Children and young people disaggregated data; and
- Understanding at all levels.

The wellbeing of society improves most when society chooses to invest in its children and children's budgeting is a key instrument in ensuring this happens. Currently the budget process in Northern Ireland is only compliant with one of the ten OECD's principles of good budgeting governance.¹⁸

We need to be bolder and visionary with regards our budgeting process in Northern Ireland and we need to ensure that it is rights based with children and their families involved across the entire budget process via a creative, inclusive mix of methods that welcomes the experiences and views of children and families with particular effort made to elevate the voices of those who are often marginalised.¹⁹ Such an approach would also significantly enhance the EQIA process.

Conclusion and recommendations

NICCY recognises the very difficult position Departments led by Permanent Secretaries are in, attempting to implement these severe budget cuts in the absence of Ministers. We welcome that DoH has undertaken an EQIA on its draft budget. However, there is very

¹⁷ [child-participatory-budgeting-report-with_sweden_logo_id_5010.pdf](#) p.3

¹⁸ [NIAO Report NI Budget Process Report Combo 4 WEB.pdf \(niauditoffice.gov.uk\)](#), p.10

¹⁹ [BeingBold-Report-Gecko-v3.pdf](#) p.6

limited information presented on how the budget decisions might impact children and young people.

In this EQIA, children and young people are only considered in relation to the reduction in the core grant scheme and under the category 'People with or without dependents' in relation to the reduction in core demand led services which may have a negative differential impact on people with dependants. The potential impact on children and young people's rights in the list of savings measures not yet taken is much starker.

In this submission we have outlined 36 programmes and strategies funded to date through the DoH budget. There is no indication in the EQIA that these will be cut or reduced other than in the core grant scheme, reduction of family health service spending and funding for waiting list initiatives. These decisions will be taken by DoH as well as its ALBs, with adverse impact on similar groups of disadvantaged and vulnerable children and young people. It is vital that any decisions are made with full understanding of their likely impact, and so we believe, they must also be informed by carrying out a child rights impact assessment (CRIA) as stated earlier (and per letter to the Permanent Secretary). If we are to protect children from the most devastating impacts of these cuts, we must learn the lessons from the Covid pandemic, and 'focus on embedding a child rights culture within the fundamental workings of government and its agencies.' In the longer term, this means developing a children's budgeting process.

Recommendations

1. The EQIA should be revised, fully considering the specific impact of the budget decisions on children with regard to the:

- **Reduction of Family Health Service Spending;**
- **Reduction of funding for Waiting List Initiatives; and**
- **Reduction of funding for Departmental Core Grant Schemes**

It should also recognise intersectionality i.e. children's and young people's intersecting identities.

2. A CRIA should be carried out on the draft DoH budget, and this should include information on each programme delivered for/to children, including the 36

programmes listed in NICCY's submission both in terms of budget proposals and likely impacts. Cuts should not be imposed where they will have an adverse impact on children and young people.

3. In the long term a children's budgeting approach should be built into the NI Executive Budgeting process.

Appendix – UNCRC Committee’s Concluding Observations on the Combined Sixth and Seventh Reports on the United Kingdom of Great Britain and Northern Ireland

The UNCRC’s recent Concluding Observations on the combined sixth and seventh reports of the United Kingdom of Great Britain and Northern Ireland concerning health and health services include:²⁰

41. Recalling its general comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, the Committee recommends that the State party:

(a) Strengthen measures aimed at ensuring the availability of quality, child sensitive and age-appropriate paediatric primary and specialist health care services to all children, and ensure that children’s perspectives are included in the development and implementation of all health services, health and social care commissioning, and policy and practice reviews;

(b) Develop a strategy to address health inequalities, including the underlying causes, and in particular in respect of children in disadvantaged situations including children with disabilities, children belonging to ethnic minorities, socioeconomically disadvantaged children, children living in rural areas and transgender children;

(c) Expand health services available to asylum-seeking and migrant children, children without a regular residence status and children in the Overseas Territories to ensure their access to affordable health and mental health services, including by providing interpretation services and repealing regulations of the National Health Service that prevent such children from accessing health services due to their parents’ immigration or financial status;

(d) Urgently address the long waiting times faced by transgender and genderquestioning children in accessing specialized health services, improve the quality of such services, and ensure that their views are taken into account in all decisions affecting their treatment;

(e) Strengthen measures to address child malnutrition, food insecurity and growing trends in overweight and obesity, including by:

²⁰ [Experts of the Committee on the Rights of the Child Note Progress in Addressing the Age of Marriage in the United Kingdom, Ask about High Poverty Rates among Families with Children with Disabilities and the Proposed Illegal Migration Bill | OHCHR](#)

- (i) ensuring all children's access to nutritious foods and reducing their reliance on food banks, regardless of their or their parents' migration status;
- (ii) expanding the free school meals programme to all children in disadvantaged situations, including children whose parents receive Universal Credit;
- (iii) addressing the root causes of food insecurity including poverty;
- (iv) providing nutrition services in schools and communities; and
- (v) promoting healthy lifestyles and physical activity;

The Committee also made a comprehensive range of Concluding Observations concerning mental health, including:

42. The Committee is deeply concerned about the long waiting lists for children seeking mental health services and the large number of children with mental health issues, learning disabilities and autism placed in detention and adult psychiatric wards under the Mental Health Act 1983.

43. The Committee recommends that the State party:

- (i) Explicitly prohibits the detention or placement in adult psychiatric units or police stations of children with mental health issues, learning disabilities and autism;
- (ii) Guarantees children's right to be heard in decisions regarding their mental health care, to access therapeutic mental health services and to receive support from Independent Mental Health Advocates;
- (iii) Establishes standards for determining the duration of inpatient mental health care and for appropriate follow-up, with a view to preventing unnecessary and prolonged stays in inpatient mental health care.

(c) Develop or strengthen strategies, with sufficient resources, for ensuring the availability of community-based therapeutic mental health services and programmes for children of all ages, and for providing comprehensive mental health promotion, screening for mental health issues and early intervention services in schools;

(d) Urgently address the long waiting times for accessing mental health services, without stigma, including in the Overseas Territories; and ensure that the number of qualified medical professionals, including child psychologists and psychiatrists, is sufficient to meet children's mental health needs in a timely manner and close to where they live;

(e) Develop adequately funded mental health services that are tailored to the specific needs of lesbian, gay, bisexual, transgender and intersex children, migrant children, children with disabilities and “young carers”, including through sufficient investments in specialist services;

(f) Address the overrepresentation of children belonging to minority groups, children with autism and children with learning disabilities in inpatient mental health care;

(g) Strengthen measures to address the underlying causes of poor mental health, eating disorders and other self-harming behaviours among children, and invest in preventive measures.

Adolescent health 44. The Committee recommends that the State party:

(a) Ensure access for adolescent girls to age-appropriate family planning services, affordable contraceptives and safe abortion and post-abortion care services, particularly in Northern Ireland and the Overseas Territories, with a view to ensuring that no adolescent girl has to travel to other jurisdictions of the State party to access reproductive health care;

(b) Integrate comprehensive, age-appropriate and evidence-based education on sexual and reproductive health into mandatory school curricula at all levels of education and into teacher training, and ensure that it includes education on sexual diversity, sexual and reproductive health rights, responsible sexual behaviour and violence prevention, without the possibility for faith-based schools or parents to opt out of such education;

(c) Strengthen measures to provide adolescents with information on preventing substance abuse, including of tobacco and alcohol, and to ensure the early identification and adequate referral of adolescents requiring treatment;

(d) Ensure the availability of accessible, community-based drug dependence treatment services for adolescents, and ensure their complementarity with mental health services as relevant.