

Consultation on a draft strategy for children

17 Feb 2005

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Consultation on a Draft Strategy for Children and Young People in Northern Ireland

Response from the Institute of Public Health in Ireland

Introduction

The Institute of Public Health welcomes the Consultation on a Draft Strategy for Children and Young People in Northern Ireland. We believe that in addition to the human rights to which we are all entitled, children and young people constitute, in many instances, a vulnerable group within society and therefore special effort is needed to ensure that they are able to maximise their potential and live healthy, fulfilling lives. In our response to the Consultation Document we will focus on how inequality impacts on children's lives and how, as a consequence ways in which to combat inequalities need to be at the heart of a strategy for children. We will also highlight the potential for strengthening the strategy by increased cooperation with similar initiatives in the Republic of Ireland.

In brief, we believe the following points need to be taken into account:

- Poverty is the biggest threat to children's welfare and life chances. Reducing the number of children living in poverty should therefore form a central part of the strategy.
- Indicators should be developed to measure levels and outcome of child poverty, and we would recommend that these should be developed in close collaboration with the NCO in the Republic of Ireland who has considerable expertise in this field.
- There is a wide range of socio-economic determinants of the health, and this should be reflected in the actions identified to improve children's health. Promoting healthy choice among children is not enough to ensure that they fulfil their health potential.
- It is inappropriate that the Consultation Document places a strong emphasis on the responsibilities of children in the context of their rights.

- The Strategic Objectives should be revisited to ensure that they are realistic and that they can achieve the desired strategic outcomes.
- Appropriate indicators that measure the quality and not merely the quantity of actions should be developed. For example, an indicator of meaningful involvement of children in policy making is surely the quality of and not simply the quantity of such involvement.
- To ensure that the strategy is delivered, each Government Department should be responsible and accountable for the implementation of the part of the strategy that relates to them and the actions identified should form part of the relevant departments' core work plan.
- The fact that there is no core funding allocated from Government gives the impression that the strategy is not viewed by Government as a priority. We regret this and would urge the Government to make a clear financial commitment to the investment in our children that this strategy represents.

The Institute of Public Health in Ireland

The Institute of Public Health in Ireland aims to improve health in Ireland, North and South by working to combat health inequalities and influence public policies in favour of health. The Institute applies a holistic model of health which emphasises a wide range of social determinants, including economic, environmental, social and biological factors, as well as the health and social services. The Institute's work is based on the premise that improving health and reducing health inequalities can only be achieved through addressing these broader determinants of health.

Poverty: the key threat to the welfare of children

In our view, the biggest threat to children's welfare and life chances is poverty. Currently, nearly one in three children in Northern Ireland live in poverty. We know that poverty impacts on health, educational achievements, employment opportunities and on social status, which in turn have strong impact on self-esteem and levels of confidence. Reducing the number of children living in poverty should therefore form a central part of any strategy that seeks to improve the lives of children, and we welcome the fact that the consultation document identifies poverty as one of its central issues.

Work to combat child poverty would benefit from conducting health impact assessment on social welfare, taxation and employment policy. A specific focus on the situation of lone-parent families is also critical to the elimination of child poverty. Ongoing monitoring and appraisal of services-in-

kind (including, but not limited to free school meals) to ease financial pressure on low-income families with children may also serve as indicators.

Poverty and inequalities in health

One outcome of poverty and an area where the Institute of Public Health has particular expertise is inequalities in health. Mortality and morbidity rates are closely linked with socio-economic status, and there is a clear gradient in health status with those of lowest such status carrying a disproportionate burden of ill health (Balanda and Wilde, 2001; 2004). This point is crucial to a strategy for children because health status in early years is one of the determinants of ill health, educational achievements and employability later in life. Indeed, the topics identified by young people and adults as part of the consultation (see p.15) are all key issues that contribute to inequalities in health. The links between these issues and socio-economic status has been demonstrated. Moreover, it has been established that inequality reduces social capital and is damaging to social relationships. High levels of inequality therefore reduce the quality of the social environment, and, as the Consultation Document acknowledges, the social environment is central to the development of children and their personal and social growth.

The relationship between the Strategy and the Convention of the Rights of the Child

The Consultation Document states that the Strategy will be committed to the principles of the Convention of the Rights of the Child set out by the United Nations. The UK subscribed to the Convention in 1991, yet the Convention's standards cannot be enforced in UK courts. The Strategy will "help Northern Ireland move closer in line with the principles and aspirations laid down in the Convention" (p. 7). The CRC Committee recommended in 2002 that the CRC principles should form the framework for national strategies for children and criticised the UK for failing to do so. The Strategy should clarify whether or to what extent it sees itself as an implementation of the CRC.

The link between rights and responsibilities

In many instances rights are linked to responsibilities. This does not, however, in our view apply to fundamental human rights. We also believe that children's rights should be inalienable and not contingent on their execution of responsibilities. It is therefore inappropriate that the Consultation Document places a strong emphasis on the responsibilities of children in the context of their rights (p 3; 1.2.4; 2.1.2; and several of the strategic outcomes). On the contrary, these rights should enable them to become active and full participants in society.

Further opportunities for synergy

Chapter 3 of the Consultation Document outlines a wide range of initiatives that are of relevance to

a strategy for children. There is a number of other initiatives and strategies that should be included to complete this picture. The scope for synergy between these strategies (in addition to those mentioned in the Consultation Document) and the strategy for children should be fully utilised.

The Investing for Health Public Health strategy and the emergent 20 year Regional Health Strategy provide frameworks for health care provision as well as preventative services which seek to reduce health inequalities. The Mental Health Strategy for Northern Ireland has, among other initiatives specific actions towards preventing suicide which is a particularly devastating outcome of the mental health problems among young people. The Institute of Public Health recently completed an evidence briefing of suicide prevention among young people (Crowley et al. 2004), and we would recommend that the conclusions from this report are taken into account. The recently launched Fuel Poverty Strategy identify children as a vulnerable group that need particular attention. Furthermore, there are cross-cutting programmes not mentioned that should be taken into consideration. These include the four Health Action Zones, Sure Start initiatives, and Healthy Living Centres, many of which take a holistic view of the needs of children and their families.

It is vital to ensure that all our children receive high quality education that will maximise their opportunities later in life. We believe that it is important to include citizenship issues in the curriculum as the Consultation Document suggests, but we are concerned that the current low levels of literacy and numeracy is not adequately addressed, and that the potential for synergy with strategies for improving literacy and numeracy are not fully developed. Moreover, we would like to see a strong emphasis on Early Years education, as the evidence show clear correlation between receiving high standard education early in life and people's ability to overcome many of the effects of living in poverty. Nutrition in early years is known to significantly impact on health status in childhood and later life, and it would seem natural that the proposed strategy would form strong links with the current Breastfeeding Strategy for Northern Ireland.

The Vision and Values

We welcome the Vision for the Strategy set out in the Consultation Document (p.28). We would, however, recommend that the support that children should receive from government should specifically mention accessibility and availability of services.

We agree that the values identified (p.28-29) are appropriate. We would recommend that it should be included in bullet point 7 that children are entitled to be respected by adults. We would also recommend that the strategy includes the logical extension of bullet point 7 and 8, which is that

children should have the same rights as adults and that legislation should be brought in to prevent children being hit/smacked.

The operational principles seem appropriate, but, as mentioned above, the relationship between the strategy and CRC needs some clarification. In relation to Community Enhancing, it is essential that consideration is given to the resource implications of the “empowerment of communities to take responsibility”.

Question 4 asks how the principles can be monitored. We do not think it is possible to monitor a principle, but it is essential that the programmes and projects that derive are closely monitored to ensure that they are in keeping with the principles, the values and the overall vision.

A Rights based approach

We agree that the best approach for the strategy is one which keeps the rights of children at heart. The acknowledgement that such an approach needs to take into account the knowledge base of child development and of the importance of children’s social relationships is most welcome.

The first bullet point in 5.3 reads “the rounded, joint-up nature of children and young people’s lives”. We would recommend that this sentence is re-phrased, as it alludes to the possibility that anyone’s life could be not ‘joint-up’. Likewise, in 5.3.2 it is stated that young people are “active participants and contributors to their own lives”. Again this phrase is unfortunate as it opens up the possibility for people not to be contributors to their own life.

Figure 5.1 is somewhat confusing, and it should be made clear what it seeks to add to the previous discussion. There seem to be some confusion about what are features of social organisation and what are cultural features. We agree that both dimensions are contributing factors, but for the model to be helpful the different levels of abstraction should be kept separate.

The Strategic Outcomes and Objectives

We welcome the organisation of the strategy with clear strategic outcomes and associated objectives and indicators. We do think, however, that the strategy would show stronger commitment to the children of Northern Ireland if specific and measurable targets had been set. The Investing for Health strategy has been applauded for including specific targets, and these have been found to provide a useful focus for the implementation of the strategy and for monitoring progress.

Some of the strategic objectives are very wide, and would require major change to our culture and legislation (e.g. p. 41). It is good that the strategy is ambitious, but at the same time it needs to be realistic to ensure that action derives from it.

In relation to a range of the associated indicators, the quantitative measures identified may not, in fact measure the success of the actions. For example, it is not the number of children but the impact of children's involvement in policy making that makes such involvement meaningful (p. 45). Likewise, the number of children accessing information says little about the extent to which children act on such information. The quality and not quantity of action should be the indicators of its success.

We are concerned that in some cases the strategic objectives are unlikely to produce the strategic outcomes. For example, with reference to Provision: Built and natural environment (p. 48), children's opportunity to be involved in creating safer, pleasant and more sustainable environment will not ensure that "All children and young people in Northern Ireland will live, work, travel and play in a safe, clean, bright and sustainable environment". Apart from being over-ambitious, this objective places considerable responsibility on children for ensuring that the environments we all inhabit are made clean and sustainable. This is not appropriate.

The same is the case with regard to Provision: Physical, mental and emotional well-being (p. 60-61). The emphasis here is placed upon the health choices made by children to ensure that they reach their health potential. Promoting healthy choices among children is clearly not enough to ensure that they are healthy. There are a wide range of socio-economic and cultural elements that have huge impact on the health of children. For example, obesity, as one emergent threat to children's health, provides an example of the complex pathways to health, including provision of school meals, financial and physical access to healthy food, availability of safe and adequate facilities for play and sport to mention but a few.

In sum, we would recommend that the strategic objectives are revisited to ensure that they are realistic and that they can achieve the desired strategic outcomes. Moreover, appropriate indicators that measure the quality as well as the quantity of actions are needed. In 2000 the government in the Republic of Ireland developed a National Children's Strategy. The National Children's Office (NCO) was established to oversee the implementation of the strategy. The NCO has developed a number of Child Well-Being Indicators based on an extensive review of international literature and consultation with stakeholders. We would recommend that information sharing in relation to these indicators would be of benefit to both strategies.

Monitoring

In measuring child poverty, appropriate recognition needs to be given not just to reductions in the number of children below an adopted poverty line, but to reductions in the extent to which those children are below it, and for what length of time. With regard to the consultation question on strategic indicators in relation to child poverty, these must encompass measures of poverty in conjunction with measurements of the consequences of poverty such as educational attainment, health, social inclusion. Health inequalities in relation to mortality (birth outcomes, infant mortality and childhood accidents) and illness (infectious diseases/ respiratory illness and vaccination rates) should also be included in the measurement of the consequences of child poverty. Specific targets relating to the reduction of inequalities in the occurrence of low birth weight babies have already been set in the Republic of Ireland as part of the National Anti-Poverty Strategy (Institute of Public Health in Ireland, 2001).

There is a clear need for high quality data on children and young people in Northern Ireland. The longitudinal study of children in Northern Ireland will, when data becomes available add considerable value to the strategy's existing commitment to the development of research on children's lives. A National Longitudinal Study of Children is to be initiated in the Republic of Ireland as part of the implementation of the National Children's Strategy. The development of an all-island system of longitudinal data collection would seem a logical and cost effective way of proceeding.

Delivery

It is essential that there are clear structures for the implementation of any strategy, and we welcome the setting up of a cross-departmental group that will, at a senior level, oversee the implementation of the strategy. It is also good that each department will contribute to an over-arching action plan. We would strongly recommend that each department would be responsible and accountable for the implementation for the part of this plan that related to them and that the actions identified should form part of the relevant departments' core work plan.

The ultimate responsibility for the strategy is with the NIO Minister of State. It would be helpful if the Strategy document would clarify where responsibility would lay with a return to devolution through the Local Assembly, and whether Northern Ireland would follow England in establishing a dedicated Minister of Children, and whether it would be considered to establish an equivalent to the NCO.

Resources

It may be unrealistic to seek to implement a comprehensive strategy that will significantly improve

the situation of children in Northern Ireland without sufficient resources. The current plan for resourcing the strategy is through competitive departmental bids or through funds like the Young People's Fund. If responsibility for the strategy is not incorporated into the core business of relevant departments, it is difficult to see how departments will prioritise bidding for money towards the strategy in competition with bids that would meet their core objectives.

The fact that there is no core funding allocated from Government gives the impression that the strategy is not viewed by Government as a priority. We regret this and would urge the Government to make a clear financial commitment to the investment in our children that this strategy could represent.

Conclusion

The Institute of Public Health welcomes the Consultation on a Draft Strategy for Children and Young People in Northern Ireland. We would recommend that further attention is given to the effects of inequality in children's lives. Socio-economic inequality leads to inequality in levels of confidence and stress, health outcomes and educational achievements. The extent of child poverty, its consequences and ways in which to combat it should form a core part of the strategy. Emphasis on Early Years education is key. Indicators should be developed to measure levels and outcome of child poverty, and we would recommend that these should be developed in close collaboration with NCO in the Republic of Ireland who has considerable expertise in this field. Since the National Strategy for Children in the Republic of Ireland was launched in 2000, considerable experience and expertise has been developed in terms of recognising children's needs, developing indicators for measuring the headway made in meeting these needs, and in ongoing consultation with children and young people. This provides a unique opportunity to share learning and work for a better future for all of Ireland's children.

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