

# **Department of Health and Children**

## **Progress Report on Programme for Government 2007-2012**

### **Promoting Good Health**

**A range of measures aimed at promoting good health are included covering the areas of obesity, alcohol, smoking and breastfeeding.**

The Department of Health and Children continues to work with a number of Government Departments and agencies to promote healthy lifestyles, viz, the Department of Education on the SPHE programme and other health initiatives, the Department of Justice, Equality and Law Reform on alcohol related harms, the Department of Communications, Energy and Natural Resources on food advertising codes, the Departments of Transport and Environment, Heritage and Local Government on enhancing the built and transport environments respectively to encourage increased physical activity among the population and also the Irish Sports Council on promoting physical activity. It is planned to channel inter-sectoral work through the Senior Officials Group on Social Inclusion.

Bilingual health warnings will be introduced on tobacco products from 1 October 2008. The Department of Health and Children is also preparing to commence further provisions of the Public Health (Tobacco) Acts 2002 and 2004 with effect from July 2009. These provisions include the removal of all point of sale advertising of tobacco products and a requirement for tobacco products to be out of view of the customer. The aim of these measures is to further de-normalise tobacco and to protect children from the dangers of tobacco consumption. It is proposed to introduce legislation to provide for combined text and photo warnings on tobacco products and a consultation around the timescales for their introduction has taken place.

The Office of Tobacco Control is to carry out and publish a comprehensive review of anti-smoking programmes targeted at young people by all Departments and Agencies.

Strengthened Codes on Advertising and Sponsorship negotiated between the Department of Health and Children and representatives from the Irish Alcohol Industry and the Irish Advertising Industry will shortly come into operation. The Codes aim to reduce the exposure of young people to alcohol advertising and marketing.

A Working Group to examine the extent of alcohol sponsorships and the terms and length of existing contracts is to be established.

The Department of Health and Children and the Department of Education and Science have been involved in developing healthy eating guidelines for schools.

Guidelines for pre-schools and primary schools are already developed and appropriate healthy eating training by community dieticians with pre-school and primary school staff is currently underway. Post-primary school guidelines will be launched later this year.

The "Little Steps Go A Long Way" campaign, which was launched in June 2008, is an all island campaign led by the HSE, Safefood and the Health Promotion Agency of Northern Ireland. It aims to raise awareness of the growing problem of obesity and how to address it.

The North-South Ministerial Conference has agreed to the establishment of an all-island obesity action forum for a three year period. The forum will comprise a range of stakeholders including government departments, government agencies, health bodies and professional bodies and stakeholders with a remit in physical activity.

An all-island Obesity Conference is to be held in Northern Ireland in November. It is being organised by the HSE and Health Promotion Agency (NI).

The National Nutrition Policy which will be published later this year, is a key element in the implementation of the Obesity Task Force Report. While the policy will address the whole of the population, its key target will be to promote healthy eating and help reduce food poverty among young people. The policy's aims include the provision of healthy foods that will be available, affordable and accessible for young people.

### **Promote greater regulation of complementary health**

The Report of the National Working Group on the Regulation of Complementary Therapists in 2006 made recommendations on strengthening the regulatory environment for complementary therapists including voluntary self-regulation for the majority of therapists and statutory regulation for Acupuncturists, Traditional Chinese Medicine (TCM) practitioners and Herbal practitioners.

To support the development of robust voluntary self-regulation, the Report of the National Working Group outlined guidance for professional associations and provided examples of codes of ethics and good practice, including grievance and disciplinary procedures. In addition, the Department of Health and Children has organised for representatives of different therapies to come together to undertake a process of harmonisation and development with regard to common basic standards of practice, education and training. This process also provides a forum for greater cohesion within each therapy.

An information guide for the public has been produced offering guidance for members of the public when choosing to see a complementary therapist.

## **Co-existence of complementary and conventional medicine**

The report of the National Working Group to the Minister in 2006 recommended the establishment of a forum for dialogue between the complementary and conventional medical sectors. This will be considered in due course by the Department.

## **HSE Fluoridation Study**

Arising from the work of the Expert Body on Fluorides and Health and the motion agreed unanimously by the Joint Oireachtas Committee on Health & Children, the HSE will carry out a national study of total fluoride intake in the population.

The Expert Body on Fluorides and Health has awarded a contract to UCC to carry out a baseline study to monitor the specific effects of the July 2007 changes in the level of fluoride in water supplies in Ireland. (The Regulations reduced the level of fluoride in public water supplies to between 0.6 parts per million (ppm) and 0.8 ppm). This baseline study, which will be carried out with the assistance of the HSE, will facilitate the undertaking of the study which is referred to in the Programme for Government.

## **Personal Health Check**

The Department of Health and Children is at present examining a range of issues which arise in relation to this issue, in the context of international best practice, our own national health policy and the many competing priorities for health service development.

## **Putting Patients First**

**We will bring forward and implement recommendations of the Commission on Patient Safety.**

The Report of the Commission on Patient Safety and Quality Assurance (the "Madden" Report) was published in August 2008. The recommendations are to be considered by Government in the near future.

**We will also continue to ensure all new health legislation makes provision for whistleblowers where applicable**

It is intended to commence Part 14 of the Health Act 2007 - Protected Disclosures - later this year when all the administrative arrangements to give effect to this part of the Act have been put in place.

**We will examine implementing an advisory charter of patients' rights similar to the European charter of patient rights.**

**We will progressively introduce patient guarantees of what people can expect from their health service.**

**We will initiate a periodic review of legislation to improve patient safety.**

The three commitments above will be considered in the context of the implementation of the recommendations contained in the wide ranging Madden Report on Patient Safety and Quality Assurance.

## **Primary Health Care**

### **GP Out-of-Hours Services**

**Extend the GP out-of-hours service nationwide to ensure that patients can be seen within one hour of their call. This will give access to on duty GP care 24 hours a day.**

GP out-of-hours services now provide coverage in at least part of each county. 80% of the population have access to such services and the services dealt with over 800,000 calls in 2007.

The geographic areas to be covered by GP co-operatives, and any expansion of same, will be considered having regard to the strategic, financial and other issues involved, including the willingness of GPs in a particular area to join a co-operative arrangement. Participation by GPs in an out-of-hours co-operative is voluntary.

The commitment to, and implications of, a “within one hour” service will be considered in due course.

### **Medical Cards/GP Visit Cards**

**Index the income thresholds for medical cards to increases in the average industrial wage; double the income eligibility limit for parents of children under 6 years and treble them for parents of children under the age of 18 with an intellectual disability; allow people with disabilities to work without losing key essential medical card cover after 3 years (*this last commitment is under Disability: Enterprise, Trade and Employment in the Programme*).**

The number of persons with a medical card increased from 1,243,466 on 1<sup>st</sup> June, 2007 to 1,306,470 on 1<sup>st</sup> June, 2008, an increase of 63,004 in twelve months. The number of persons with a GP visit card increased from 68,208 on 1<sup>st</sup> June 2007 to 80,035 on 1<sup>st</sup> June 2008, an increase of 11,827.

Assessment for a medical card is now based on a person’s and, where relevant, his/her spouse’s income after tax and PRSI, and takes account of reasonable expenses incurred in respect of rent or mortgage payments, childcare and travel to work. Persons whose weekly incomes are derived solely from Department of Social and Family Affairs payments or HSE payments, even if these exceed the stated threshold, qualify for a medical card.

The Department of Health and Children is currently reviewing all legislation relating to eligibility for health and personal social services with a view to making the system as fair and transparent as possible. As part of this exercise, a review of the eligibility criteria for medical cards in the context of financial, medical and social need is being undertaken. When that review is completed, it is intended to consider how best to progress the commitments in the Programme for Government in relation to medical card eligibility.

### **Improve supports for GPs in remote/disadvantaged communities**

This commitment will fall to be considered in the context of the roll out of the Primary Care Strategy and any new GMS GP contract

### **Develop primary care teams in socially deprived areas**

The development of the infrastructure to facilitate the delivery of primary care services will be advanced by the HSE in a number of ways and will include using existing facilities, building new facilities or leasing from the private sector.

### **500 Primary Care Teams (PCTs) by 2011**

The development of Primary Care Teams is a priority. At this stage, the main focus is on the reorganisation of existing services and staff into primary care teams and networks. This requires changes in work practices and reporting relationships, with an emphasis on joint working by various health professionals. It also requires significant work in mapping and profiling of areas.

Some 500 GPs are involved in the development of the teams, with a further 700 projected to become involved.

### **Hospitals/Acute Care**

#### **Ensure greater equity in access and care, under NDP, expand the range, quality and capacity of hospitals; introduce key reforms in work practices, increase the number of single rooms**

The new consultants contract, includes important measures to ensure greater equity for public patients. The HSE has been asked to examine the provision of additional single occupancy rooms in acute hospitals.

### **Hospital Beds**

#### **Increase the number of public beds by 1,500; implement current co-location programme and carry out an independent review following its completion**

The current co-location programme is expected to result in approximately 1,000 beds in public hospitals, which are currently being used by private patients, becoming available for use by public patients through the transfer of private practice to the new co-located hospitals. In addition, under the National Development Plan a further 500 public acute beds are at various stages of planning. In due course, the necessary arrangements will be made to commission an independent review of the co-location policy.

### **Waiting Times**

**Develop the Patient Treatment Register (PTR) to cover all in-patient and out-patient referrals. Implement a proactive system to give a written offer of treatment to every person who is waiting 3 months; Orthodontic cases to be referred to NTPF by creating an ‘Orthodontic Fund’; ensure access to occupational or speech & language therapy services for any child under five years waiting more than 3 months, through the NTPF**

### **National Treatment Purchase Fund’s Patient Treatment Register (PTR)**

The PTR is an online database of information on in-patient and day-case operations for public patients.

The PTR now covers 41 hospitals compared to June 2007 when 36 hospitals were reporting to it.

The PTR facilitates patients, GPs and hospitals. In addition, it enables the NTPF to contact patients who have been waiting for at least three months in order to offer them treatment. The PTR provides a comprehensive picture of waiting lists nationally. Through it, the NTPF has determined that the median waiting times for the most common procedures are now 2 to 4 months for adults and 2 to 5 months for children

The NTPF has been operating an out-patient appointment programme, on a pilot basis, since September 2005. In the first two and a half years of the programme, the NTPF contacted 49,000 people to offer them appointments. By the end of 2007, a total of 10,672 patients had received appointments through the scheme.

In 2007, of 20,630 persons offered appointments:-

- 10,569 accepted the offer (51%)
- 5,331 were removed from the waiting list (26%)
- 2,018 declined the offer (10%).

The NTPF aims to arrange a further 13,500 appointments by the end of 2008.

Commitments in relation to orthodontic treatment, occupational therapy and speech and language therapy will be considered in the context of the health reform programme.

## **Consultants**

### **Significant increase in the number of appointments on the basis of implementation of reformed work practices**

Following the successful conclusion of protracted negotiations with the consultants' representative bodies on new contractual arrangements for medical consultants, new contracts have been agreed and have now been offered to serving medical consultants.

Under the new contractual arrangements, consultants will work a 37 hour week; an extended working day from 8am to 8 pm, Monday to Friday; and have a scheduled attendance of up to five hours where required on Saturdays, Sundays and Public Holidays. Consultants will also work in teams rather than as individuals, thereby facilitating speedier access to hospital services and a more timely discharge of patients. The new arrangements provide for the appointment of Clinical Directors who will provide clinical leadership and have a pivotal role in monitoring compliance with the ratio of public to private practice.

Since the talks concluded 127 consultant posts have been advertised. The intention is to progressively increase the number of consultants with an appropriate corresponding reduction in NCHDs so that over time the health system moves to a consultant delivered service.

### **Accident & Emergency/Local Injury Clinics**

#### **Increase the number of A&E consultants available around-the-clock; develop chest pain and respiratory clinics; establish a network of local injury clinics**

The new Consultant Contract provides for greater flexibility in the rostering of Consultants in Emergency Medicine and the consequent availability of consultant-provided services in line with clinical need. The new Contract includes provision for an extended working day to 12 hours Monday to Friday (8 am to 8 pm), provision for rostering on-site at weekends and public holidays and by agreement, more flexible arrangements, including 24/7 rostering.

Chest pain assessment and respiratory services are provided at existing Emergency Departments. In addition, in some hospitals there already exist dedicated chest pain assessment units e.g. the Mater Hospital, Connolly Hospital, Cork University Hospital and South Infirmary. Dedicated respiratory clinics are, for example, conducted at the Mater Hospital and Connolly Hospital.

Dedicated minor injury clinics are being developed and expanded at a range of locations around the country on an on-going basis and further minor injury clinics will be progressed in the context of the overall development of the health services.

## Hygiene/Infection Control

**Setting and enforcement of standards by HIQA in relation to HCAs; significantly reduce HCAs and take into account in refurbishing and building hospitals; establish a financial incentive to reward hygiene excellence in hospitals; carry out regular hygiene audits; introduce measures to reduce antibiotic prescribing.**

The Health Information and Quality Authority (HIQA), is due to finalise its *Infection Prevention and Control Standards* by the end of the year. The HSE will then produce a further Action Plan around these standards.

However, the HSE has already taken action to implement improvements in this area. The availability of isolation facilities is an important factor in the overall solution to the issue of reducing incidence of infection. The existing policy is that designated private beds should be used where isolation facilities are required for patients who contract HCAs and this policy has been adopted by the HSE. New environmental building guidelines are being developed by the HSE to inform infection control policy in all new builds and refurbishments.

HIQA undertook a comprehensive review of hygiene in 51 HSE funded acute hospitals in 2007. Hospitals generally performed well on hygiene in the service delivery area and most hospitals achieved either extensive or exceptional compliance with hygiene standards. However, the review also identified the need for better governance. HIQA is following up on this review with individual hospitals to ensure that deficits identified during the review process are rectified. The Authority will be undertaking further national reviews on an on-going basis.

Over the next three to five years, the HSE aims to reduce HCAs by 20%, MRSA infections by 30% and antibiotic consumption by 20%. Achievement of these targets will benefit all patients who are at risk. These targets will be achieved through the development of national and local level action plans to reduce the potential for spread of infections between persons in healthcare settings, and, in addition, will focus on reducing antibiotic use in Ireland. Work has already been advanced on producing and promoting guidelines on antibiotic prescribing in hospitals and it is planned that this will be extended, in due course, to community and primary care settings.

At a European level, the European Antimicrobial resistance Surveillance System (EARSS) was established in 1999 in response to the growing threat of antimicrobial resistance in Europe. As of final quarter of 2007, 44 Irish laboratories serving 65 acute hospitals (public and private) participate in EARSS representing 100% coverage of the Irish population. In quarter 4 of 2007, 29% of *Staphylococcus Aureus* isolates were Methicillin resistant compared to 40% in quarter 3 of 2007 and the overall figure last year averaged 38.5% compared to approximately 42% in the previous four years. Quarter 1 of this year the recorded level was 38.5%.

## **Cancer**

### **Make full range of cancer services accessible; implement national cancer strategy, establish managed Cancer Control Networks; prioritise the development of hospice services; significantly invest in diagnostic equipment and facilities**

In September 2007, the Government endorsed the establishment by the HSE of a National Cancer Control Programme (NCCP) to manage, organise and deliver a national programme for the entire population, in line with the *National Cancer Control Strategy* approved by Government in June 2006. A National Director for Cancer Control was appointed in November 2007 to lead and manage the programme. The decisions of the HSE to designate four managed cancer control networks and eight cancer centres will be implemented on a managed and phased basis. The HSE plans to have completed 50% of the transition of services to cancer centres by end 2008 and 80-90% by end 2009. (See also note on 'Palliative Care').

### **Progress a national network of radiation oncology services over the next five years**

The Department of Health and Children is working closely with the HSE to progress the delivery of the National Plan for Radiation Oncology. The HSE has confirmed that it will have in place radiation oncology capacity to meet the needs of the population by 2010. After 2010 the HSE will continue to increase capacity to ensure that these needs continue to be met. Under Phase 1 of the plan additional capacity is being provided at St. Luke's, Beaumont and St James's. Phase 2 will be provided through public private partnerships and will consist of a national network comprising of sufficient linear accelerators to fully meet the needs of the population.

### **Breastcheck service will complete its national roll-out this year**

BreastCheck commenced national roll-out in October 2007. The Minister for Health and Children formally opened the static clinical units for the Southern and Western regions in December 2007.

### **Availability of cervical cancer vaccine as a universal public health entitlement as recommended by experts**

### **The Personal Health Check will include referral of men for early screening for prostate and other cancers as recommended by experts**

Based on current evidence, the National Cancer Control Strategy has not recommended the introduction of a population based screening programme for prostate cancer. The Department of Health and Children and the NCSS will keep emerging international evidence under review in this regard. The NCSS is preparing advice on the introduction of a national colorectal cancer programme. The NCSS has requested the Health Information and Quality Authority to conduct a Health Technology Assessment on a colorectal screening programme.

## **Availability of cervical cancer vaccine as a universal public health entitlement as recommended by experts**

CervicalCheck - the national cervical screening programme commenced on 1 September 2008. CervicalCheck is a quality assured national population based screening programme. It has the potential to significantly reduce deaths from cervical cancer. Free smear tests will be provided every three years to women aged 25 to 44 and every 5 years for women aged 45 to 60 years. It is expected that 300,000 women will avail of CervicalCheck in the first full year.

In August 2008, the HSE was requested by the Department of Health and Children to examine operational and procurement issues relating to the introduction of the HPV vaccination programme for 12 year old girls on a basis that would achieve maximum cost effectiveness and appropriate national uptake rates. A response has recently been received from the HSE and it is being examined by the Department of Health and Children.

## **Accountability**

**Continue to incentivise hospitals through measures such as casemix; to ensure regional balance and public accountability, ensure that an annual report of activity is prepared, published and widely distributed within each region**

The National Casemix Programme continues to redirect funding from less efficient hospitals to more efficient hospitals. Each year the programme is broadened in order that more funding is "Peer Group Performance" related. This process continued in 2007 when over 1.7 million patients in 36 hospitals, involving over €4.2 billion, were included within the programme.

## **Mental Health Services**

**Fully implement 'Vision for Change'; ringfence funds from the sale of existing mental hospitals; provision of services by multi-disciplinary Community Mental Health Teams; increase post-graduate training places for clinical psychologists; provide alternatives to in-patient psychiatric care for young people with special education needs**

An Implementation Plan for '*A Vision for Change*' was finalised and approved by the HSE in February 2008. The plan outlines the key priorities to be progressed in 2008 and 2009, which include: Catchment Area Definition and Clarification, Modernisation of Mental Health Infrastructure, Community Based Mental Health Teams, Child and Adolescent Mental Health Services, Mental Health Services for People with Intellectual Disability and Mental Health Information Systems. The HSE has indicated that a more comprehensive plan with a longer term focus will now be prepared.

The Office for Disability and Mental Health was established in January 2008 and brings together responsibility for a range of different policy areas and State

services which directly impact on the lives of people with a disability and people with mental health problems. In relation to mental health services the new Office will bring a greater impetus to the implementation of *A Vision for Change* working in partnership with the HSE and other stakeholders to achieve delivery of agreed targets.

### **Ringfence funds from the sale of existing mental hospitals**

The HSE is continuing to progress the closure of psychiatric hospitals in accordance with the recommendations in '*A Vision for Change*'. Work is advanced nationally on the process of replacing the remaining psychiatric hospitals with a range of modern mental health services. Closure plans for existing psychiatric hospitals will be put in place by the end of 2008. This will include plans to reinvest the proceeds of the sale of surplus lands in developing modern community-based facilities. Some psychiatric hospitals have already been closed with patients transferring to alternative community services.

### **Community Mental Health Teams**

Expanding the development of multidisciplinary community based mental health teams and completing existing teams within existing resources is a priority. The HSE is also undertaking a research project funded by the Mental Health Commission in partnership with the University of Limerick on Community Mental Health Teams, their composition and the determinants of their effectiveness.

### **Post-graduate training places for clinical psychologists**

In 2003, the total number of training places for clinical psychologists available nationally was 54. Since then, the number of places for clinical psychologists in training has doubled to 110 training places. It is hoped to increase the number to 150 over time.

### **Suicide**

**Implement the recommendations of 'Reach Out'; adopt a target of reducing the rate of suicide by 20% by 2012; develop initiatives to target those most at risk, raise awareness and reduce stigma; improve services; increase the range of supports for families and communities affected; collate accurate data and fund research**

An interim target for a 10% reduction in suicide by 2010 was agreed with the National Office for Suicide Prevention (NOSP) in 2007; a target of 5% reduction in repeated self harm by 2010 (and a further 5% by 2016) was also agreed.

In October 2007, the NOSP's Mental Health Awareness Campaign '*Your Mental Health*' was launched. The main aim of this campaign is to influence public attitudes to mental health; it is specifically designed to alter negative

attitudes and to promote positive attitudes and a greater understanding of mental health. In December 2007, the National Disability Authority launched an advertising campaign '*Challenging Attitudes to Mental Health*', which is designed to challenge negative perceptions about people with mental health problems.

In July 2007, the HSE launched two '*You are not Alone*' publications - Directory of Bereavement Support Services and Help and Advice on Coping with the Death of Someone Close.

### **Community and Continuing Care**

**Ensure the availability of real alternatives to hospital for lengthy convalescence; increase funding to NTPF for long-term care, step-down beds and rehabilitation services.**

The development of a rehabilitation strategy is currently under consideration by the Department of Health and Children.

Under the proposed Fair Deal scheme, the NTPF will have responsibility for agreeing prices for long-term residential care with private nursing home owners.

### **Maximising Independence**

**To support older people to stay in their own homes for as long as possible; to support family carers to continue their caring role; to help local and voluntary organisations to establish and run community based care services**

A range of long-term care services are being provided, in line with the Government's commitment under *Towards 2016*, in the following areas: home care packages, home help services, meals on wheels services, respite care services, day care services and sheltered housing.

Significant extra services have been provided in recent years to increase the community support services for older people. This has involved increases in the number of Home Care Supports, Home Help hours and Day/Respite places. These services are designed to help older people to continue to live in their own homes. The policy is to build up sufficient home and community based care so that less than one in twenty people over 65 will need residential care.

The funding model to support the development of an infrastructure of long-term care services must be financially sustainable. Preliminary analysis of future funding models has commenced and will be progressed.

### **To strengthen and develop stroke rehabilitation services**

In the last two years the Health Service Executive (HSE), and the voluntary sector funded by the HSE, have taken specific actions to improve services for stroke victims. Services for stroke victims will be a key component of the forthcoming report of the Cardiovascular Health Policy Group.

## **Nursing Homes**

### **To provide for ten new 50 bed Community Nursing Units in the next five years**

An Assessment of Need for Residential Care for Older People which was carried out by the HSE in 2006 identified a need for additional long term residential care places. A detailed set of proposals have been finalised by the HSE and will be considered in the light of available funding. The public fast-track initiative provides for 860 new public long stay beds. This process commenced in 2007 and will continue throughout 2008 and 2009.

### **To expand the system of inspection to ensure more comprehensive and regular inspections. All inspection reports to be available to residents and their families and published**

Government policy is to develop and improve health services in all regions of the country and to ensure quality and patient safety. The present standards for nursing homes are set out in the 1993 Care and Welfare Regulations. The HSE inspects private nursing homes by reference to these standards, and on the following basis:

inspections are carried out on an on-going basis;

there is a national standardised approach to nursing home inspections across the country;

all inspections are unannounced and nursing homes are now inspected at least twice a year; and

since July 2006 the inspection reports have been made available on the HSE's website.

In January 2007 the Minister for Health & Children published a new set of draft national standards for all nursing homes – public, private and voluntary. As the Health Act, 2007 provides that the enhanced inspection function will be taken over by the Health Information and Quality Authority (HIQA), the draft standards were formally referred to HIQA for consultation and finalisation.

HIQA completed its work early in 2008 and a Regulatory Impact Analysis is being undertaken in advance of the making of Regulations.

### **To implement a standard framework for admission to and payment for nursing home facilities. To take the financial burden for the residential care of their elderly parents from families. To implement the Fair Deal for nursing home care costs from the start of 2008.**

The new nursing home support scheme- *A Fair Deal*- will provide a single standard system for admission to and payment for nursing home facilities. It

will also make long-term residential care affordable for all who need it. The draft Bill providing for the scheme has been published.

The HSE is establishing a national standard care needs assessment process which will allow access to services and support under the scheme. The Department of Health and Children, HSE and NTPF are liaising regularly in relation to the implementation of the scheme.

### **Palliative Care**

**To ensure that the needs of all people who require palliative care are met in all settings: at home, in the community or in a hospice; to remove the regional disparities in the provision and funding of palliative care, and to work with the voluntary organisations, particularly the Irish Hospice Foundation, to improve services**

The Department of Health and Children recognises the significant contribution made by the Irish Hospice Foundation and the various community organisations to providing palliative care and it will continue to work with these bodies to further improve services.

Arising from the recommendations of the 2001 report of the National Advisory Committee on Palliative Care, development committees have been set up in each of the HSE regions to determine palliative care priorities. At a national level, the HSE will prioritise proposals in such a way as to ensure that the regional inequities are progressively removed. The Department of Health and Children is already working with the HSE towards this goal.

The HSE will develop a national capital and revenue palliative care plan for the period 2009-2013. It will submit its draft plan to the Department of Health and Children later this year.

In relation to palliative care for children, the Department of Health and Children set up a working group in April 2007 to develop a draft children's palliative care policy. This report is expected by the end of the year.

### **Overall Structural Reform**

**To carry out a review in relation to how effectively the HSE is operating and to ensure that team work and communication are working to the fullest extent.**

A revised HSE management structure was announced in May 2008. It is designed to maximise operational effectiveness, facilitate integrated service delivery for the benefit of patients and optimise the use of resources. It will enable a single national strategic approach with local area responsibility for delivery and will support clinical engagement at all levels. National strategies will remain at national level.

## **Nurses**

### **To further develop the nursing profession; keep the benchmarking process open to nurses.**

The commitment to keep the benchmarking process open to nurses/midwives has been honoured.

Having completed an extensive public consultation process it is anticipated that the new Nurses & Midwives Bill will be enacted in 2009.

In addition to increasing the number of nurses to 38,000 WTEs the development of Advanced Nurse Practitioners (114 posts) and Clinical Nurse Specialist posts (approx 2000) continues.

Management and unions are currently progressing the introduction of the 37.5 hour week for nurses, on a cost neutral basis, without diminution of services to patients. To date, the reduced working week has been introduced in sites covering 20,708 nurse/midwives (approximately 55% of the total).

The relevant legislative and regulatory framework to allow for nurse/midwife prescribing and x-ray ordering has been put in place. Nurses and midwives are now being trained on expanding their practice in this area.

The National Implementation Body recommended that the Commission on Nursing Hours produce an independent assessment of how a 35 hr week can be implemented for nurses/midwives. The Commission will report by end 2008.

A compensation scheme for nurses working in the Mental Health Services who are injured as a result of a serious assault by a patient has been agreed with the relevant Nursing Unions.

## **Doctors**

### **To implement the restructuring of medical education; implement the Fottrell Report; examine the compulsory retirement age of 65 for GMS contract holders; continue to provide more frontline staff as needed on a case-by case basis**

The Buttimer and Fottrell Reports on postgraduate and undergraduate medical education and training form the basis for reform of medical education and training from undergraduate through to postgraduate level, leading to a more patient-focused, accountable outcome.

New national structures have been established to oversee and integrate implementation and future policy. The HSE has also established internal governance structures to drive implementation. The HSE is in the process of recruiting additional academic clinician posts (50% funded by HSE and 50% funded by the Department of Education and Science).

On foot of a Government decision on the reform of medical education and training based on the Fottrell and Buttimer Reports, Irish/EU medical student intake is to increase from 305 to 725 by 2010. The number of EU undergraduate places will be increased to 485 replacing 180 existing non-EU places over a four year period - an additional 70 EU undergraduate medical school places were provided in 2006 and a further 40 EU places were provided in 2007. An additional 35 EU undergraduate medical school places will be provided in 2008 and 2009.

A new graduate entry programme has been introduced which will provide an additional 240 EU medical school places per annum, on the basis of 60 per year over a 4 year period. The first 60 graduate entry places were provided in 2007 (30 at University of Limerick, 30 at RCSI). An additional 60 graduate entry places are being provided in 2008, with new courses due to commence in UCD, UCC and NUIG.

### **Other Health Professionals**

**Ensure that we increase the supply of professionals needed to develop new services for persons with disabilities and to improve and sustain our primary healthcare and hospital services**

Work on a national workforce planning strategy is well advanced.

Effective workforce planning has been supported by research conducted by FÁS in 2005 of the labour market in health care. This identified current and future shortages of healthcare skills up to 2015. FÁS has agreed to undertake a more detailed analysis of eleven professions with the HSE and this work will be completed by the end of 2008. Health sector analysis has now been included in the work programme of the Expert Group on Future Skill Needs.

### **Health Insurance**

**Continue risk equalisation; take measures to support a competitive market; continue to support community rating**

The Voluntary Health Insurance (Amendment) Act, enacted on 15th April 2008 provides the Voluntary Health Insurance Board (VHI) with a corporate structure to enable it apply for an authorisation (licence) by the end of 2008 to carry on insurance business from the Financial Regulator. The relevant parts of the Act were commenced on 5<sup>th</sup> June 2008. At present, VHI has a derogation under the EU Non-Life Insurance Directives from the authorisation requirement applicable to its competitors.

On 16 July the Supreme Court quashed the decision of the Minister and the relevant statutory instruments which introduced the risk equalisation scheme. The implications of the decision for the regulatory framework are being examined. The Minister expects to bring proposals to Government later this year.

## **North South Co-operation**

The issues covered by the Good Friday and St Andrews Agreements are being taken forward through the North South Ministerial Council.

Since the restoration of the Executive in Northern Ireland in May 2007, both Health Departments have agreed to undertake a Feasibility Study on the potential for future cooperation. A Project Board representative of the Department of Health, Social Services and Public Safety, the Department of Health and Children, the HSE and Cooperation And Working Together (CAWT) has been established to oversee the Study. The Study will consider joint cooperation in health across an extensive range of health services and it is expected that a final report will be submitted to the two Ministers by the end of 2008.

## **Relevant Commitments Under Other Headings**

### **Special Education**

#### **Train more speech and language and occupational therapists;**

The HSE will assign more resources to these services and will ensure that there is greater coordination between the education and health services in supporting children with special needs

### **National Strategy for Older People**

**Develop a new National Positive Ageing Strategy, to include consideration of appointment of an Ombudsman for Older People; designate a Minister of State for Older People who will be a member of the Cabinet Committee on Social Inclusion.**

A Minister of State at the Department of Health and Children with specific responsibility for older people has been appointed. The Minister also has responsibilities within the Departments of Social and Family Affairs and Environment, Heritage and Local Government. The Office for Older People was established in January 2008. The Office will develop a Positive Ageing Strategy and the question of appointing an Ombudsman for Older People can be considered in that context.

### **Disability (Department of Health and Children)**

**Commence independent assessment of need for all children with disabilities under 5 years of age by June 2007;**

Part 2 of the Disability Act commenced for children aged under five years with effect from 1 June 2007. Under the Act, people with disabilities are entitled to an independent assessment of health and education needs. A system of complaints and appeals has also been established. National standards for the

Independent Assessment of Need were adopted by HIQA and published in May 2007.

**Build on this by providing a legal right to independent assessment of needs for all persons with disabilities;**

The statutory provisions of Part 2 will be commenced in respect of children aged 5 – 18 in tandem with the implementation of the EPSEN Act 2004, with these statutory requirements being extended to adults as soon as possible.

**Implement appropriate standards in service delivery;**

The Department of Health and Children and the National Disability Authority have developed draft National Standards for Disability Services, which have been forwarded to HIQA for consideration by its Standards Advisory Group on Designated Centres for People with Disabilities. The new draft standards have been published and circulated by HIQA to stakeholders for consultation.

**Improve data and information gathering;**

The report of the audit of the National Intellectual Disability Database will be published later this year. The report will assess the level of accuracy of the data currently held. In addition, Section 13 of the Disability Act 2005 imposes significant requirements on the HSE to keep and maintain detailed records in relation to the independent assessment of need under the Act

**In addition to extending the National Rehabilitation Hospital, increase the existing rehabilitation bed capacity**

A key Government initiative in the area of rehabilitation is the commitment by the Department of Health and Children and the HSE to develop a national strategy for the provision of medical rehabilitation services which will be completed in the coming months.

The Programme for Government committed to increasing the existing rehabilitation capacity in addition to redeveloping the National Rehabilitation Hospital. The appropriate strategy for service provision including this proposed extension of facilities is currently under consideration.

The HSE has prepared plans to develop a satellite unit of the National Rehabilitation Hospital attached to Beaumont Hospital, linking the rehabilitation expertise of NRH with the neurological services in Beaumont. This new proposed unit will provide acute medical rehabilitation services and early rehabilitation for those suffering from brain injury who access the National Neurosciences Unit at Beaumont Hospital and who currently have to access services at the National Rehabilitation Hospital. Plans are also being advanced to develop rehabilitation services on the campus of Merlin Park Hospital in Galway.

## **Justice (Drugs)**

### **Open Two Cocaine Specific Treatment Centres**

The HSE has re-oriented its addiction services to address the needs arising from the changing patterns of drug use in the population e.g. evidence shows that most cocaine users are poly drug misusers and need to be treated for poly drug misuse and not solely for cocaine use. The HSE is also involved in developing community based stand-alone stimulant intervention services which includes additional training for its staff on issues such as cocaine and it is re-engineering existing addiction services to meet emerging needs. Evidence also indicates that many approaches already in use in general addiction services work well with cocaine users. The commitment in the Programme for Government is being considered against this background.

### **Implementation of the Recommendations of the Working Group on Drug Rehabilitation (including Detox.beds)**

The planning and development of a minimum of 25 detoxification residential beds recommended in the Drugs Rehabilitation report will be addressed by the HSE in conjunction with the recommendation contained in the HSE Report of the Working Group on Residential Treatment and Rehabilitation Services.

### **Homelessness**

In the period 2000 to 2007, €171m in revenue funding has been allocated to the HSE towards the provision of health services to homeless adults. Over 2,000 individual beds and 180 family units in 145 NGO projects have been provided with this funding. Primary care services such as dental, GP, nursing, chiropody, alcohol detoxification and counselling services have been provided in hostels and day centres. Outreach teams and dedicated multi-disciplinary mental health teams have also been established.

### **Justice (Rape, Sexual Assault and Sexual Exploitation)**

#### **Mandate the HSE to ensure that sexual assault treatment centres are established in all regions, with on-call staffing**

The 'National Review of Sexual Assault Treatment Services' is being implemented.

### **Provision of Telemedicine Facilities**

The HSE, intends to set up a Telemedicine project board to encourage developments in this area. The HSE is also investigating how Telecare can be used to remotely monitor patients with a range of chronic conditions, thus reducing the need to travel for check ups

## **Children**

**Briefing on all commitments in the Programme for Government in relation to children, as prepared by the Office of the Minister for Children, is provided in the Appendix to this document.**

**September 2008**

**Appendix A**

**PROGRAMME FOR GOVERNMENT 2007 - 2012  
BRIEFING ON ALL COMMITMENTS IN RELATION TO CHILDREN**

**October 2008**

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## TACKLING DISADVANTAGE & IMPROVING LITERACY AND NUMERACY SKILLS

**Complete the roll-out of the DEIS Action Plan to ensure a comprehensive package of targeted supports for schoolchildren in the most disadvantaged areas. This will include rolling out successful services such as school completion and home school community liaison to all schools involved in the new School Support Programme under DEIS. (p.45)**

- DEIS (Delivering Equality of Opportunity in Schools), the action plan for educational inclusion, is being rolled out on a phased basis over the period 2005-2010, and addresses the educational needs of children and young people from disadvantaged communities, from pre-school through second level education (3 to 18).
- The new plan adopts a multi-faceted and more integrated approach. This is the first time that an integrated educational inclusion strategy has been developed for 3 – 18 year olds in this country.
- Under the School Completion Programme (SCP) children at risk of early school leaving are targeted for a variety of extra supports, educational and non-educational, during and outside of school time, all aimed at encouraging them to stay in school. The Programme predates the introduction of DEIS and covers both primary and post-primary level, focusing on young people between the ages of 4 and 18 years.
- The Home School Community Liaison Scheme (HSCL) helps to get parents involved in their children's education, which is a crucial component of convincing young people of the value of education. The Scheme is a major mainstream preventative strategy targeted at pupils at risk of not reaching their potential in the educational system because of background characteristics which tend to adversely affect pupil attainment and school retention. The Scheme was established in 1990, extended in 1991 and has been further extended in 2005 as part of DEIS. Under DEIS, HSCL services have been extended to all urban/town primary and second level schools participating in DEIS that did not have the service. A review of clustering arrangements has been undertaken in 2008 of all schools participating in HSCL services to ensure that the level of service is commensurate with both the size of the school and its relative level of disadvantage.
- The Centre for Early Childhood Development and Education was set up in 2002 for a fixed term period of 3 years only. It was sanctioned for a further 3 year period in 2005. In 2006, the CECDE delivered Síolta, the National Framework for Early Childhood. In developing the Quality Framework and ensuring its acceptance throughout the childcare sector irrespective of setting, the CECDE brought together disparate voices and philosophies on early childhood education. In tandem with Síolta, the NCCA have been working on curricular guidelines for early childhood education which are scheduled for publication in 2008. Both Síolta and the Curricular Guidelines will address the quality issues in early childhood education. The new National Childcare Training Strategy will complete this quality framework

- Sanction for the Centre ended in 2008 but the closure of the CECDE does not mean the cessation of work in the area of early childhood education policy. It is envisaged that 2 former CECDE staff will be contracted to work within the Department of Education and Science and within the Office of the Minister for Children and Youth Affairs to ensure that the expertise built up within the CECDE can be effectively utilised.
- The National Childcare Strategy 2006-2010 includes a commitment to develop a National Childcare Training Strategy in order to co-ordinate the provision of quality training to meet the needs of the childcare sector and deliver the additional childcare places promised under the National Childcare Investment Programme 2006-2010 (NCIP). The Department of Education and Science, through the Office of the Minister for Children and Youth Affairs (OMCYA), is in the process of developing the National Training Strategy. An inter-Departmental group has been set up and will be supported by a number of representative sub-groups from across the sector. The preparatory work in drafting the strategy has been done, including a nationwide survey of qualifications in the sector. The results of this survey will be published shortly.
- A research project has been commissioned on the Future Skills need of the sector which is to be completed by the end of Q3 2008. A consultative paper is being drawn up and a consultative process is planned for Q3/Q4 2008.

**Prioritise funding under the National Childcare Investment Programme to provide pre-school places for children who will be attending schools identified under DEIS as serving the most disadvantaged communities. (p.45)**

- The National Childcare Investment Programme 2006-2010 (NCIP) was introduced in January 2006, with a total allocation of €575 million of which €358 million is for capital expenditure and €217 million is for current expenditure. The capital allocation is being used to provide grant funding to childcare providers in both the community not-for-profit and private sectors. The current allocation includes a provision of €154.2 million for the Community Childcare Subvention Scheme 2008-2010 (CCSS) which supports community based childcare providers with a focus on disadvantage to enable them to provide reduced childcare fees to qualifying parents.

**Ensure that all children are tested in literacy and numeracy at two stages during their primary school education. (p.45)**

- One of the high-level goals under the new National Development Plan 2007-2013, and the recently published National Action Plan for Social Inclusion, 2007 - 2016, is to reduce the proportion of pupils with serious literacy difficulties in primary schools serving the most disadvantaged communities from the current level of 27 – 30% to less than 15% by 2016.
- To achieve this goal, significant resources to address literacy and numeracy difficulties in schools serving disadvantaged communities are being provided through DEIS, the action plan for educational inclusion. These measures include a maximum class size of 20:1 in junior classes and 24:1 in senior classes in the 190 urban/town primary schools serving the most disadvantaged

**Prioritise early intervention to improve literacy and numeracy skills in disadvantaged areas, with special intensive reading and maths programmes for children who are having difficulties and a focus on family literacy. (p.45)**

- Additional literacy and numeracy tutors are being recruited to provide in-school support and guidance to all teachers in these schools. In addition, training in “Reading Recovery”, “First Steps” and “Maths Recovery” are being made available to all urban/town primary schools. The Junior Certificate School Programme’s Demonstration Library Project is also being extended on a phased basis to second-level schools with the highest concentrations of disadvantage. Additional resources will also be made available for intensive professional development programmes for principals and teachers in DEIS schools. A new Family Literacy Project is also being implemented. Finally, the Schools Development Planning service will support schools in developing their plans and policies for teaching literacy and numeracy and in setting measurable targets for the reduction of serious literacy and numeracy difficulties.

**Provide increased funding for school libraries and greatly improve the level of support provided for book loan schemes. (p.45)**

- The Junior Certificate School Programme’s Demonstration Library Project is being extended on a phased basis to second-level schools with the highest level of disadvantage.

**Recruit extra staff to the Educational Welfare Board and the National Educational Psychological Service, both of which will prioritise disadvantaged schools. (p.45)**

- The National Educational Psychological Service (NEPS) is a service funded by the Department of Education and Science. NEPS psychologists work with both primary and post-primary schools and are concerned with learning, behaviour, social and emotional development. Each psychologist is assigned to a group of schools
- The National Educational Welfare Board (NEWB) is an important part of the campaign to keep students at school and will provide a comprehensive framework for promoting regular school attendance and tackling the problems of absenteeism and early school leaving.
- “Towards 2016” includes provision for an additional 100 posts in total for the NEWB and the NEPS by 2009. Under Phase 1 of this agreement, sanction was given to the NEWB for an additional 15 full time posts which now brings the staff complement to 109. As of mid-September 2008, 13 of these additional posts have been filled.

- The Education Welfare Act provides for the National Education Welfare Board to establish guidelines that will govern the development of a code of behaviour in schools. These Guidelines “Developing a Code of Behaviour” were published in May 2008 and apply to all schools covered by the Act but are not on a statutory basis.

## CONSTITUTIONAL AMENDMENT

**We believe the fundamental law of our land should fully reflect our commitment to value and protect childhood. That is why we have proposed the inclusion in our Constitution of a new dedicated Article on Children. Under its provisions the State will acknowledge and affirm the natural and imprescriptible rights of all children. Nothing in our proposed article will undermine the role of parents. However, it will ensure that the best interests of the child are put centre stage in the adoption and care systems and in all custody disputes. Specifically, it will put an end to the tragic position that forbids children in long-term care or the children of a marriage from being adopted by loving parents.**

**The new Article will also greatly strengthen the protection we afford children by permitting the carefully regulated exchange of information about suspected child abusers and by allowing the Oireachtas to introduce legislation which would make it impossible for those who take sexual advantage of children to claim the defense of honest mistake about the age of their victims.**

**We will establish an all-party Committee to examine the proposed constitutional amendment with a view to deepening consensus on this matter. (p.48)**

**Our constitutional amendment will give children in long-term foster care a second chance by allowing for them to be adopted by their foster families if it is in their best interests. (p.50)**

- The Twenty-Eighth Amendment of the Constitution Bill, 2007 was published on 19 February
- The June 2007 Programme for Government includes a commitment to establish an all-party Committee to examine the proposed constitutional amendment with a view to further deepening consensus on this matter.
- The Joint Committee on the Constitutional Amendment on Children (JCCAC) was established by resolution of both Houses of the Oireachtas in November 2007. The Committee met for the first time on 6 December 2007 under the Chair of Deputy Mary O'Rourke. Following an extension to its time schedule, due to the complexity of the issues under consideration, and the volume of submissions received, the Committee is due to report by end November 2008.
- The JCCAC submitted an interim report to the Oireachtas on 11 September 2008 which recommended the introduction of legislation to give legal authority for the collection and exchange of information concerning the risk or the occurrence of endangerment, sexual exploitation or sexual abuse of children.

**We will continue through legislation to implement the Convention on the Rights of the Child through our laws, and ensure the remaining sections of the Children's Act are implemented in full, without delay. (p.48)**

- The overarching framework for delivery of the UN Convention on the Rights of the Child is the National Children's Strategy (NCS) 2000-2010. This is a ten year action plan for children which sets out objectives in all areas of children's lives. The continuing effective implementation of the NCS is the

- All remaining provisions of the Children Act 2001 were commenced in July 2007. The implementation of the Act is in the main the responsibility of the Department of Justice, Equality and Law Reform. The Children Act, 2001 brings about major reform in the law relating to juvenile justice and vulnerable children in need of care and protection. The Irish Youth Justice Service (IYJS) has now taken over statutory responsibility for the youth detention schools from the Department of Education and Science. The OMCYA facilitates discussions between the IYJS, the HSE and the Garda Síochána in relation to developing a collaborative approach to the co-ordinated implementation of the Children Act 2001 and the delivery of children's services.
- The OMCYA is preparing legislation to allow for a statutory High Court scheme, in relation to children in court cases where special care orders are under consideration. Government approval has been given to the preparation of a Bill and drafting is well advanced. Special Care involves the detention of a non-offending child for his or her own welfare and protection in a Special Care Unit with educational and therapeutic supports as a last resort for a limited period.

## CHILDCARE

### **Increase the rate of the Early Childcare Supplement and Child Benefit. (p.48)**

- An additional allocation was made in the 2008 Vote for the Early Childcare Supplement (ECS) to provide for the 10% increase in the quarterly payment, introduced in January 2008, in line with the commitment in the Programme for Government. The revised quarterly payment amounts to €275 or €1,100 in a full year. The 2008 allocation is €480 million. With effect from January 2009 the payment will be made on a monthly basis in arrears.

### **Ensure that every child has access to a pre-school place by 2012. (p.48)**

- Capital grant funding under the National Childcare Investment Programme 2006-2010 (NCIP) to date, is on course to achieve the programme's targets of 50,000 additional childcare places, of which 5,000 are to be for school age childcare and 10,000 are to be pre-school places for 3 to 4 year olds with an educational focus. Capital grant aid approved to date is expected to result in the creation of almost 30,000 new childcare places. The Programme has already reached its target in relation to school-age and pre-school places. Almost 40,000 new childcare places, largely in the pre-school age cohort, were created under the previous childcare investment programme, the EU co-funded Equal Opportunities Childcare Programme 2000-2006 (EOCP) which had an allocation of €35 million in 2000-2007. Approximately 22,000 of these places were in the community sector and 18,000 were in the private sector. Given a cohort of some 70,000 children in the pre-school year age group, the provision of universal access to pre-school places by 2012 would be dependent on both community and private sector provision.

### **Create an extra 50,000 new childcare places by 2010 through the investment of €1.3 billion provided for in the NDP. (p.48)**

- The National Childcare Investment Programme 2006-2010 (NCIP) was introduced in January 2006, with a total allocation of €75 million of which €58 million is for capital expenditure and €17 million is for current expenditure. As referred to above, capital grant funding, which is available to both private sector and community-based childcare providers, is on course to achieve the programme's targets of 50,000 additional childcare places. The NCIP also includes provision for current funding during 2008-2010 of €54.2 million for the Community Childcare Subvention Scheme 2008-2010 (CCSS) which supports community-based childcare services to enable them to provide reduced childcare fees to disadvantaged parents. Additional current funding is included to support the childcare infrastructure of City and County Childcare Committees, a number of National Voluntary Childcare Organisations and a range of quality initiatives including supports for Childminders.

**Continue to support community childcare facilities through capital and staffing grants, and provide funding on a multi-annual basis to allow for more effective planning. (p.48)**

- Under the EU co-funded Equal Opportunities Childcare Programme 2000-2006 (EOCP), community-based childcare services could avail of staffing support grants to enable them to provide reduced childcare fees to disadvantaged parents. With the closure of the EOCP in December 2007, the Community Childcare Subvention Scheme (CCSS) 2008-2010 was introduced in January 2008 to continue to support community-based services and to enable them to operate reduced childcare fees for disadvantaged parents. The new scheme has been accompanied by a significant increase in funding with an allocation of €154.2 million over 2008-2010 compared with expenditure of €37 million in 2007. The CCSS was informed by the outcome of the Value for Money Review of the EOCP which was completed in June 2007 and approved by the Government in July 2007. The administrative arrangements applicable under the CCSS ensure that grant aid to community services is used to subvent qualifying parents at the appropriate rate. Three subvention rates apply based on existing means-tested schemes/entitlements e.g. receipt of a social welfare payment of Family Income Support. In addition to new services entering the CCSS during 2008, most of the almost 800 services supported under the EOCP scheme have opted to enter the CCSS. Because the CCSS is based on actual childcare places and services, clear data and the ability to assist consideration of any future policy initiatives in the areas of pre-school provision will be now be in place.

**Ensure a supply of affordable childcare premises by requiring housing developers to make a monetary contribution or provide a site to local authorities for childcare facilities, the location and type of which will be decided in consultation with the County Childcare Committees. We will also require local authorities to provide childcare facilities as part of their social housing plans, subject to an examination of existing supply. (p.48)**

- The OMCYA will continue to liaise with the Department of the Environment, Heritage and Local Government and with the City and County Childcare Committees to promote a more strategic approach to local planning and implementation of the Planning Guidelines.

**Continue to provide tax relief and capital grants for investment in childcare facilities. (p.48)**

- The operation of capital grant schemes under the NCIP is outlined above.
- Capital allowances are currently available for expenditure incurred on childcare facilities which meet the required standards for such facilities as provided in the Childcare Act 1991 and the Child Care (Pre-School Services) Regulations 2006. Capital expenditure incurred on the construction, extension or refurbishment of a building or part of a building used as childcare facility qualifies, as well as to expenditure on the conversion of an existing building or part of a building for use as a childcare facility. Accelerated capital allowances at a rate of 100% are available in the first year or may also be written off over

**Where possible, and where there is evidence of need, provide childcare facilities on the same site as or adjacent to primary schools. (p.48)**

- A specific target of creating 5,000 additional school age childcare places is provided for under the NCIP and funding allocated to date indicates that this target will be met. These Capital grants are available for facilities using school sites and facilities and these are strongly encouraged by the City and County Childcare Committees.

**Prioritise expansion of pre-school facilities for children with intellectual disabilities. (p.48)**

- One of the main objectives of the Centre for Early Childhood Development and Education (CECDE) is “to develop targeted interventions on a pilot basis for children who are educationally disadvantaged and children with special needs”. Five research projects have been completed in 2005 and have been launched and disseminated in 2006. CECDE have published their updated audit of research (initially 2003) which includes research developments up to the end of 2006, in the area of Early Childhood care and education.
- The Department of Education and Science provides some pre-school provision for children with special educational needs through the visiting teacher service and, more recently, through the expansion of the home tuition scheme to provide funding for home programmes for pre-school children on the autistic spectrum. In addition, the Department of Education and Science funds 24 early intervention classes for children with autism – these classes are attached to mainstream schools.
- There is no comprehensive nationwide pre-school service for any disability category. Part 2 of the Disability Act 2005 commenced on 1 June 2007 for the under 5 year old age group. This entitles children within this age cohort to an assessment of need and also a statement of service. Where an assessment officer (HSE) identifies the need for the provision of an education service to the child, in the case of a child enrolled in a school, the assessment officer shall refer the matter to the principal of that school for the purposes of an assessment under section 3 of the EPSEN Act and in any other case to the NCSE for the purposes of an assessment under section 4 of the EPSEN Act. As sections 3 and 4 have not yet commenced, schools will continue to support pupils with special educational needs in line with current policies. For pre-school children, the NCSE will advise of current services and assist the parents in planning for the child’s enrolment in formal schooling.
- It is not envisaged that a formal network of pre-schools for children with disabilities will be established. It was envisaged that support would be provided, as necessary, to the parents and child with special educational needs, through a proposed network of Early Educational Specialists. Proposals have been developed by the Department of Education and Science for the recruitment of a number of Early Education Specialists. **These proposals have not been sanctioned by the Department of Finance.**

**Implement the National Childcare Training Strategy and work with providers to support the delivery of quality early education. We will continue to provide tax incentives to childminders to encourage registration and support the development of networking and training opportunities. (p.48)**

- The National Childcare Strategy 2006-2010 includes a commitment to develop a National Childcare Training Strategy in order to co-ordinate the provision of quality training to meet the growing needs of the childcare sector and deliver the additional childcare places promised under the NCIP. The Department of Education and Science, in collaboration with the OMCYA, is in the process of developing the National Training Strategy. An inter-Departmental group was set up in March 2007 to draft the training strategy. Its work is supported by a sectoral standards sub-group drawn from the awarding bodies. The preparatory work in drafting the strategy has been done, including a nationwide survey of qualifications held in the sector. The results of this survey will be published shortly.
- A research project has recently been commissioned on the Future Skills need of the sector. Different demand scenarios will be developed depending on:
  - Demographic outlook
  - Female participation rate in the workforce
  - Part time work patterns
  - Creche/home care ratio
  - Government investment in and long term commitments to the sector.

The research project will be completed by the end of Q3 2008. A consultative paper is being drawn up and a consultative process is planned for Q3/Q4 2008. *Towards 2016* promises to deliver 17,000 trained childcare places by 2010. OMCYA will work with FÁS, the VECs, the NVCOs and CECDE to develop an appropriate and effective training programme to achieve this outcome.

- The NCIP continues to recognise Childminders as an important part of the childcare sector, with an estimated 70% or more of children cared for in this way. Under the NCIP, the Childminders development grant initiated under the EOCP has been increased to a maximum grant of €1,000 with a number of other improvements to the scheme. This is a capital grant, available to Childminders through the City and County Childcare Committees, to purchase toys and equipment or minor household adaptations. It is accompanied by a Quality Awareness Programme which provides training and networking supports. In addition, a National Voluntary Notification system is in place for Childminders minding up to 3 children in their own home, who are exempt from the requirement under the Childcare (Pre-School Services) Regulations to notify their services to the HSE. Childminders are also supported by a tax exemption for income from childminding which was introduced in 2006 and increased in 2007 to €15,000 p.a. In addition, Childminders can apply for a capital grant of up to €5,000 per existing childcare place to assist with the cost of essential repairs and refurbishments associated with the service.

## **GIVING PARENTS MORE TIME WITH THEIR CHILDREN**

**Increase paid maternity leave by five weeks and make all leave after the first 26 weeks available to either parent.**

**Work with the social partners to promote the greater availability of family-friendly work practices.**

**Examine the possibility of introducing paternity benefit.**

**Examine the possibility of shared parental leave.**

**(p.48)**

- These commitments are the responsibility of the Departments of Justice, Equality and Law Reform, Enterprise Trade and Employment, Social and Family Affairs and Finance.

## A NEW SYSTEM OF SCHOOL AGE CHILDCARE

**We will further invest in and support the roll-out of affordable school-age childcare, whereby children will be given access to a range of after-school and holiday time activities, with a major focus on sports and the arts. (p.49)**

**Provide services in schools or in other suitable premises, and will operate until 6 p.m. and on a full-day basis during school holidays. (p.49)**

- The NCIP provides capital grant funding to develop childcare services including services which cater for school age children, that is services which care for children in out of school hours. This would normally consist of breakfast clubs, after school provision and childcare during school holidays. Community school aged childcare facilities with a focus on disadvantage also receive supports under the CCSS.
- While it is not clear what is envisaged under the commitments given in regard to the development of a new system of school age childcare, it would appear that they envisage a central role for schools, where they would be open until 6 pm and in holiday periods, and the provision of a programme of activities which would include sports and the arts. While this would clearly be of benefit to school age children and their parents, it should be regarded as an additional policy initiative which might be developed in addition to the NCIP and under the aegis of the Department of Education and Science. The commitments underline the fact that consideration is required of the many areas of overlap between the OMCYA's existing role in regard to childcare provision and the emerging role of the Department of Education and Science in regard to early years learning.

## HEALTH AND WELL-BEING

**We will continue to support community groups, and other appropriate family support structures to promote better parenting. (p.49)**

- “*The Agenda for Children’s Services*”, which was launched in December 2007 reflects the fundamental change now underway in how Government policy in relation to children is formulated and delivered. It requires services to have a family support focus with early intervention as a key objective.
- The HSE is developing a child welfare policy to give effect to the principals of the Agenda for Children’s Services, in conjunction with the Office of the Minister for Children and Youth Affairs who are on the steering committee.
- Family support programmes are provided by services such as the Community Mothers, Family Support Workers, Teen Parents Support Projects, and Springboard Projects. Since 2003 funding for family support services has increased significantly by 79%.

**Promote preventative medicine and early detection through medical checks in schools, including checks for allergies and asthma.**

**Develop a national sexual health strategy and update the sex education programme in schools, and involve community health professionals in the delivery of the programme.**

**Promote mental health through school visits and information programmes by the community mental health assessment teams.**

**Promote healthy eating and exercise programmes; we will implement the recommendations of the National Taskforce on Obesity and include dieticians in primary care teams.**

**(p.49)**

These commitments are the responsibility of the Department of Health and Children.

## TACKLING CHILDHOOD DISADVANTAGE

**We will increase the rate of the Early Childhood Supplement and Child Benefit, while building on the Qualified Child Allowance. (p.49)**

- An additional allocation has been made in the 2008 Vote for the Early Childcare Supplement (ECS) to provide for the 10% increase in the quarterly payment which was introduced in January 2008 in line with the commitment in the Programme for Government. The revised quarterly payment amounts to €275 or €1,100 in a full year. The 2008 allocation is €480 million. With effect from January 2009 the payment will be made on a monthly basis in arrears.
- The commitment in relation to Child Benefit is the responsibility of the Department of Social and Family Affairs.

**We will accelerate the establishment of Children's Services Committees in each county so that all the statutory agencies work together in a strategic way and use resources more efficiently for the benefit of children. (p.49)**

- Under Towards 2016, the **National Children's Strategy Implementation Group (NCSIG)**, was established at the end of 2006. The NCSIG approved the establishment of four pilot multi-agency **Children's Services Committees (CSCs)** in the following areas: Donegal County Council, South Dublin County Council, Dublin City Council and Limerick City Council. These pilot CSCs have been established and are charged with progressing the implementation of strategic plans and policy documents already devised in relation to children's services in Ireland.
- An 8 Step Framework was developed to support a work programme for the CSCs in the start-up stage. Technical assistance to support the change management process was commissioned by the OMCYA/NCSIG and is ongoing. Collaborative work programmes are currently being developed for each CSC. Three draft plans were presented to the NCSIG in September and the final work programme is due for completion late October.
- The key challenges emerging for each CSC related to the change management process involved in working across agencies with varying geographical boundaries and national/local structural arrangements, the need for protocols for interagency planning, co-ordination and joint delivery of services as well as data sharing. The development of a resource pack to support future expansion will be developed arising from the work to date.

**We will build on the experience of ground-breaking initiatives for disadvantaged children, such as those undertaken with Atlantic Philanthropies under the Early Intervention and Prevention Programme by applying the lessons learnt from these projects, in a targeted way, to economically and socially disadvantaged communities across the country. (p.49)**

- The **Prevention and Early Intervention Programme for Children (PEIPC)** was established as a co-funded programme between the Government and The Atlantic Philanthropies (AP). The programme will run for 5 year period and has

- The purpose of the Programme is to examine innovative measures for improving outcomes for children in an integrated way, based on evidence of need in the community and an evidence based approach to what works.
- The three sites selected in Ballymun, Tallaght West and Northside (Darndale, Belcamp and Moatview) have now almost completed the final stages of service design. The models of intervention devised are based on international best practice and are focused on preventing poor outcomes for individual children and their families and cycles of deprivation in disadvantaged communities.
- Services are being implemented on a phased basis. Full services have commenced in two of the sites. The third will commence some activities in September and the remainder in early 2009. Rigorous evaluation of each activity and phase of the individual projects is a built-in feature of the work. Evaluation of one of the sites is underway as part of the delivery programme. Commissioning of technical assistance for the evaluation is advanced in both of the other sites.

**We will increase coordination between state agencies that provide help for families at risk. (p.45)**

**We will bring together statutory and voluntary agencies in a collaborative approach to the delivery of services with the engagement of the communities. (p.49)**

The **National Children’s Strategy Implementation Group (NCSIG)** and four multi-agency **Children’s Services Committees (CSCs)** will include, as part of their work, the development of greater collaboration between State agencies themselves as well as non-statutory service providers. A key role is to guide and oversee the development of children’s services and to assess and respond to the challenges of interagency working in practice at local level.

## RECREATION AND PLAY

**We will invest in playgrounds around the country under the National Play Policy so that every child in every community has reasonable access to at least one modern playground. (p.50)**

**We will ensure that residential areas are geared more towards the need of children and incorporate sufficient space to safely play, socialise, walk and cycle. (p.50)**

### **Play**

- In March 2004, Ready, Steady, Play, the National Play Policy, focused on young people of primary school age, was launched by the Government. The purpose of the policy was to create more and better public play facilities for children and thereby improve their quality of life. Under the 2004, 2005 and 2006 playground schemes, the Department of the Environment, Heritage and Local Government grant aided local authorities in respect of 161 playgrounds. This funding has led to the development of playgrounds in every local authority area in the country with specialised schemes for building play facilities in both urban and rural disadvantaged areas. To date, in all, over €28 million has been expended on improving play infrastructure across a number of schemes. This has resulted in an increase from less than 200, to over 500 playgrounds throughout the country.

### **Recreation**

- The **National Recreation Policy** for Young People was launched on 10<sup>th</sup> September, 2007. The policy provides a strategic framework for the promotion of positive recreational opportunities aimed principally at young people aged 12 to 18. The policy adopts an evidence-based approach and makes proposals to address issues which emerged from a public consultation process which was undertaken by the OMCYA and was also informed through the findings of independent research commissioned by the OMCYA. In particular, this included places for young people to hang out with their friends, such as youth cafés.
- The policy includes seven core objectives with a series of corresponding actions for priority implementation by various Government Departments and Agencies who will have a crucial role to play in their delivery within the overall framework of the national policy.
- In October 2007, the OMCYA wrote to all relevant departments and agencies with responsibilities arising from the policy informing them of their obligations under the policy and requesting that they reflect in their business plans and strategy statements a commitment to delivering on the relevant elements of the Recreation Policy. Between January and April 2008, the OMCYA completed the first round of meetings with the relevant Departments and Agencies in relation to their responsibilities under the Strategy. A general review, assessing progress to date, with a view to identifying the next steps to be taken, will be commenced before the end of the year.
- Between 2004 and 2007 an OMCYA commissioned/funded National Play Resource Centre provided advice, assistance, guidelines, resource material and information on best practice to local authorities in relation to play and the development of playgrounds. The OMCYA is currently considering options for the future role of the National Play Resource Centre (NPRC) to include an

**We will put in place a fund for the provision of a countrywide network of youth cafes where young people can meet in a safe, legal and healthy environment. (p.50)**

- The provision of more recreational facilities was identified as the single biggest need in regard to recreation for young people in the public consultation. In particular, this included places for young people to hang out with their friends, such as youth cafés. The policy proposes the development of youth cafés as a key new initiative. Youth cafés have been developing on an ad hoc basis, supplemented by a variety of lead agencies, including the HSE, Local Authorities and the Crises Pregnancy Agency. Capital and current costs associated with the development of youth cafés have been estimated. At this stage, the focus is to bring better coherence to the approach taken to date, while retaining the strong inter-agency element and identifying appropriate models for the future development of youth cafés. Since September 2007, the OMCYA has undertaken a small survey of some of the existing cafés looking at mission/objectives, management and organisation, service levels and the role of young people. In addition, the advice of the National Children's Advisory Council (NCAC) was requested on the development of a youth café model and the Council recently submitted its report to the Minister for Children and Youth Affairs for his consideration. This work was aimed at ensuring the development of an effective framework for the roll out of properly targeted and co-ordinated model or models of youth cafés which meet the needs identified by young people themselves.

During 2007, it was agreed that funding would be allocated from Dormant Accounts to develop a national programme. How best to disburse any such funding, funding criteria and which lead agency should hold such a fund and how to ensure any funding which might be made available augments, without displacing, existing inter-agency resources has been the subject of discussion at official and Ministerial level in recent months. The Minister is currently examining the NCAC report on Youth Cafés which was received in August. It is anticipated that final proposals for the youth café programme will be advanced shortly.

## CHILD PROTECTION

**The proposed amendment to the Constitution will further strengthen our ability to protect our children by allowing the Oireachtas to legislate for the exchange of information about suspected child abusers. It will also allow for the creation of offences of absolute or strict liability so that those who sexually abuse our children will no longer be able to claim mistake about their victims' age as a defence in court. (p.50)**

- Please refer to earlier note on amendments to the Constitution.
- The Barr judgement (primarily concerning HSE powers and duties and exchange of information re. child abuse), the recommendations of the Ferns Report and legislative changes in Northern Ireland have highlighted the lack of legislative provision in regard to the exchange of soft information in enhancing child protection. The Joint Oireachtas Committee on the Constitutional Amendment (JCCAC) has been considering the issue of whether a constitutional amendment is necessary to underpin legislative provision in this area. The JCCAC submitted an interim report to the Oireachtas on 11 September 2008 which recommended the introduction of legislation to give legal authority for the collection and exchange of information concerning the risk or the occurrence of endangerment, sexual exploitation or sexual abuse of children. Absolute and strict liability is also one of the issues being considered by the JCCAC which is due to report by end November 2008.
- This commitment will also require significant action by the Department of Justice, Equality and Law Reform.

**We will provide extra resources to the Garda vetting service. (p.50)**

- This commitment is primarily the responsibility of the Department of Justice, Equality and Law Reform.
- HSE has been working with Garda Central Vetting Unit (GCVU) to streamline procedures for vetting those working in health services in respect of children and vulnerable adults. The streamlined system commenced on 1<sup>st</sup> January 2006 and has greatly improved turnaround times. The Garda Central Vetting Unit provides its vetting service for each sector requiring vetting via a sectoral 'central point of contact', the task of which is to process vetting applications centrally for that sector.
- The OMCYA is represented on the multi-agency Implementation Group that is overseeing the roll out of Garda vetting nationally. The Working Group has agreed that the IPPA, the NCNA and Barnardos will act the central points of contact for the Garda Vetting Scheme in respect of employees in the childcare sector. The OMCYA is working with the Garda Vetting Unit and these agencies to have vetting operational for this area as soon as possible.
- The OMCYA is also represented on a new cross-border working group on vetting and barring issues. This group will consider vetting and barring arrangements in each jurisdiction with a view to strengthening these arrangements and exploring the potential for the alignment of legislation in the area.

**We will develop an all-Ireland approach to child protection. We will put in place the necessary structures and systems to increase cooperation on vetting and the exchange of all relevant information about those who work or seek to work with children and vulnerable adults. (p.50)**

- In relation to the area of exchange of information concerning allegations and concerns about child protection the former Minister of Children asked his officials to research the development of a common North South joined up policy and approach to dealing with the whole range of soft information, including the recommendations of the Ferns report in this regard. This approach was signalled in the legislative proposals published at the time of the launch of the current Bill on the Referendum.

**We will require all primary schools to implement the Stay Safe programme. (p.50)**

- This commitment is the responsibility of the Department of Education and Science.

## YOUTH JUSTICE

**Fund the implementation of a range of new community sanctions which came into force last March as an alternative to detention and which will be operated by the Probation Service. These community sanctions will include sanctions against the parents of offending youths. (p.50)**

- The Irish Youth Justice Service (IYJS) is working with the Probation Service to ensure the range of community sanctions, which were introduced on 1 March, 2007 are rolled out to ensure these options are available for the Courts in dealing with young people who offend. An investment of €104m has been earmarked under the National Development Plan 2007-2013 for the implementation of the new community sanctions.
- The Courts have commenced use of these new sanctions which were introduced at District Court level by way of amended court rules on 27<sup>th</sup> July 2007.
- The main priority of the Irish Youth Justice Service (IYJS) is the implementation of the National Youth Justice Strategy 2008-2010, which was launched on 27 March 2008. This strategy provides a partnership approach among agencies working in the sector and lays strong foundations for the continued development of a successful youth justice system focused on reducing offending and improving outcomes for both young people and our community. The National Youth Justice Oversight Group, containing senior representatives of key stakeholders involved, was established in March 2008 and will monitor and drive the implementation of the strategy. The strategy has been drafted on the basis that Departments and agencies will meet commitments within existing resources.

**We will double the number of Garda Youth Diversion Projects and fund the development of other programmes for children who offend. (p.50)**

- Garda Youth Diversion Projects are nationwide, community-based, multi-agency crime prevention initiatives which seek to divert young people from becoming involved in anti-social and/or criminal behaviour. A significant increase in the number of projects was achieved in 2007, with the addition of 29 new projects. There are currently 100 GYDPs located nationwide. The commitment in the Agreed Programme for Government is to double the number of projects to 168 within the lifetime of this Government. This is more ambitious than the National Development Plan objective of reaching 130 projects in the lifetime of the plan on the basis of expenditure of €120 million. Any increase in the number of projects in 2008 and 2009 will depend on the funding allocation in the 2009 Estimates.

**We will invest in the provision of appropriate detention facilities for youth offenders. (p.50)**

- In March 2008, the Government approved proposals to build a new national detention facility to cater for all children up to 18 years who are ordered to be detained by the courts. The facility will be developed on a single site at the existing Oberstown Campus near Lusk, Co. Dublin. A project manager was appointed by the Irish Youth Justice Service in May, 2008. The procurement process for the design team to develop the campus has commenced.

- A programme of refurbishment work is currently taking place across each of the four detention schools to improve the current facilities, until such time as the larger development programme has been completed.
- Under the National Development Plan, €145 million was allocated for capital works in the detention area.