



Children's  
Rights Alliance  
for England

---

# HEALTH

---

---

STATE OF CHILDREN'S  
RIGHTS IN ENGLAND

---

2014

# HEALTH

ARTICLE 24 - All children have a right to the highest attainable standard of health, and to health care services that help them to attain this. States Parties shall, in particular, take measures to:

- a). Reduce infant and child mortality
- b). Combat disease and malnutrition
- c). Ensure appropriate prenatal and postnatal care for mothers
- d). Ensure everyone has health education and information, and understands the advantages of breastfeeding, basic hygiene and sanitation, and the prevention of accidents
- e). Develop preventive health care, guidance for parents, and family planning education and services

---

STATE OF CHILDREN'S  
RIGHTS IN ENGLAND

---

2014

## What does the Convention say?

Under Article 24 of the UN Convention on the Rights of the Child (UNCRC), all children have the right to be as healthy as they can be and to access health services. Public authorities should take action to reduce child deaths, combat disease and malnutrition, and provide support to women during their pregnancy and following the birth of their child. The government should educate the public on child health, preventive healthcare, and provide family planning education and services. Public authorities should use the maximum available resources to fulfil children's right to health under Article 4 of the UNCRC.

As well as providing a comprehensive primary healthcare system, the government should focus on the underlying determinants of children's health, including their mental health.<sup>1</sup> Services should be provided as close as possible to where children and their families live. When inpatient treatment is necessary, it must be provided in the best interests of the child. Health care itself must be shaped by evidence-based standards and best practice. The UN Committee on the Rights of the Child makes clear that the realisation of the right to health is indispensable for the enjoyment of all the other rights in the UNCRC.

In 2008, the UN Committee on the Rights of the Child highlighted its concern about a number of areas relating to children's health in the UK. Among these, it recommended that the UK Government:

- Tackle inequalities in access to health services
- Encourage breastfeeding and promote baby-friendly hospitals
- Provide sexual health services for children and young people
- Provide additional resources and support for children with mental health problems
- Provide mental health and counselling services, and ensure they are accessible and sensitive to the needs of children and young people
- Provide children with accurate and objective information on substance misuse, as well as substance misuse services to help those trying to stop using them

There are four general principles, which underpin each of the specific rights outlined in the rest of the Convention:

- Article 2 - children should not be discriminated against in the enjoyment of their rights
- Article 3 - the child's best interests should take precedence in every decision and action taken relating to a child
- Article 6 - children have a right to life and develop to their full potential
- Article 12 - children have a right to express their views and have them given due weight

## Context

The state of children's health, and the extent to which the health system is responsive to children's needs and views, have been under scrutiny in the UK in recent years. A series of reports including those by Kennedy and Marmot have noted the low importance given to children's health in the NHS<sup>2</sup> highlighting concerns about the impact inequality has on children and their families that can only be tackled by giving the highest priority to their health and wellbeing.<sup>3</sup>

The NHS in England has undergone radical reform over the past four years. In preparation for these changes, the Secretary of State for Health established the Children and Young People's Health Outcomes Forum (CYPHOF) to advise him on how to improve children's health.<sup>4</sup> In response to the Forum's recommendations, the Department of Health, Department for Education, Royal Colleges, Association of Directors of Children's Services, Healthwatch, Public Health England and the NHS Confederation published a joint Pledge on child health,<sup>5</sup> committing themselves to improving the health outcomes of children and young people in England so that they become among the best in the world. The Forum monitors how well this commitment is taken forward.<sup>6</sup>

1 UN Committee on the Rights of the Child (2013) General comment no.15 on the right of the child to the enjoyment of the highest attainable standard of health  
2 Kennedy, I (2010) Getting it right for children and young people: overcoming cultural barriers in the NHS so as to meet their needs. para 3.5. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216282/dh\\_119446.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216282/dh_119446.pdf)  
3 Marmot, Sir M (2010) Fair society, healthy lives. p.16, and p.94. <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>  
4 Children and Young People's Health Outcomes Forum (2012) Report of the Children and Young People's Health Outcomes Forum. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216852/CYP-report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216852/CYP-report.pdf)  
5 Department of Health and others (2013) Better health outcomes for children and young people: our pledge. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/207391/better\\_health\\_outcomes\\_children\\_young\\_people\\_pledge.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207391/better_health_outcomes_children_young_people_pledge.pdf)  
6 Children and Young People's Health Outcomes Forum (2014) Children and young people's health outcomes annual report. <https://www.gov.uk/government/publications/improving-children-and-young-peoples-health>

## What progress have we made?

There is no definitive list of indicators which determines whether or not children enjoy their rights. This section presents indicators which have been used to illustrate particular rights issues facing children in England, and is based on a combination of official statistics, published research and additional material gathered through Freedom of Information requests. In addition, it summarises significant laws or policies which affect children's human rights.

### Caring for pregnant women

The UN Committee on the Rights of the Child requires governments to make sure there are sufficient hospitals, clinics, health practitioners, and equipment to provide health care to all children, pregnant women and mothers within the state.

Despite increased national investment in training new midwives, there are reports that maternity services in England are struggling to cope.

- In 2012, 694,241 babies were born in England - the highest number since 1971.<sup>7</sup> The Royal College of Midwives estimates the number of midwives working in the NHS in that year was only suitable for 565,245 births, meaning a shortfall of 4,800 midwives<sup>8</sup>
- There are more complex pregnancies, with more women over 40 having babies, and an increase in maternal obesity - both of which require more midwife time
- Nearly a fifth of spending on maternity services is for clinical negligence cover<sup>9</sup>
- Most maternity care is funded through a payment-by-results model, and many services are running at a loss<sup>10</sup>

*In 2012, 694,241 babies were born in England - the highest number recorded. The Royal College of Midwives estimates the number of midwives working in the NHS in that year was only suitable for 565,245 births, meaning a shortfall of 2,300 midwives.*

### Infant nutrition

Children have a right to adequate nutrition.<sup>11</sup> Children need enough food with the right balance of nutrients in order to grow up healthy and develop to their full potential. A lack of nutrients is an immediate problem for children, affecting their health and mortality in the short term. It also affects long-term outcomes, such as educational achievement.<sup>12</sup>

The UN Committee on the Rights of the Child recommends that the UK government encourage breastfeeding and promote baby-friendly hospitals, which support mothers in breastfeeding. Breastfeeding has huge benefits for children. Breast milk provides all of the nutrients, vitamins and minerals an infant needs, and carries antibodies that help combat disease. Breastfeeding also lowers the risk of health problems such as obesity, high cholesterol, high blood pressure, diabetes, asthma, and leukaemia. Breastfeeding can strengthen the emotional bond between mother and child, which can have a positive impact on the child for life - in terms of the child's behaviour, speech, sense of wellbeing and security.<sup>13</sup> The World Health Organisation (WHO) recommends that all infants are breastfed exclusively for six months, and as part of a programme of complementary feeding for two years or more.

Public bodies can play an important role in encouraging breastfeeding. Many mothers need help, advice and support to breastfeed - especially for their first baby. Baby-friendly hospitals are those which are accredited as having met a set of standards, intended to offer an optimal level of care for infant feeding and mother/baby bonding. England has the lowest proportion of baby-friendly hospitals in the UK. Only 1% of mothers in the UK continue to breastfeed exclusively at six months.<sup>14</sup> The rate of breastfeeding decreases with increasing social disadvantage.<sup>15</sup>

7 ONS (2013) Birth summary tables, England and Wales 2012. <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-314475>

8 Royal College of Midwives (2013) State of maternity services report 2013. <https://www.rcm.org.uk/sites/default/files/State%20of%20Maternity%20Services%20report%202013.pdf>

9 Public Accounts Committee (2014) Maternity services in England. Fortieth report of session 2013-14. <https://www.rcm.org.uk/sites/default/files/State%20of%20Maternity%20Services%20report%202013.pdf>

10 Ibid.

11 The World Health Organisation (WHO) states that 'nutrition is a crucial, universally recognised component of the child's right to the enjoyment of the highest attainable standard of health'. World Health Organisation (WHO) and Unicef (2003) Global strategy for infant and young child feeding. [http://www.unicef.org.uk/Documents/Baby\\_Friendly/Guidance/Global\\_Strategy\\_for\\_infant\\_and\\_young\\_child\\_feeding.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/Global_Strategy_for_infant_and_young_child_feeding.pdf).

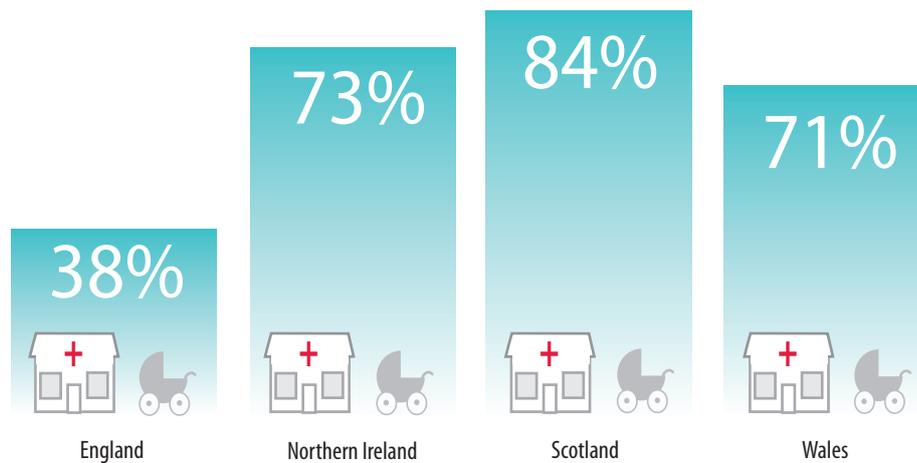
12 UNICEF (2013) The right ingredients: the need to invest in child nutrition

13 Entwistle FM (2013) The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards. UNICEF UK. [http://www.unicef.org.uk/Documents/Baby\\_Friendly\\_Research/baby\\_friendly\\_evidence\\_rationale.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly_Research/baby_friendly_evidence_rationale.pdf)

14 ONS (2012) Infant feeding survey - UK, 2010. <http://www.hscic.gov.uk/catalogue/PUB08694/Infant-Feeding-Survey-2010-Consolidated-Report.pdf>

15 Health and Social Care Information Centre (2012) Infant Feeding Survey

## BIRTHS IN BABY-FRIENDLY HOSPITALS<sup>16</sup>



BREAST FEEDING RATES <sup>17</sup>	2008-09	2012-13
After delivery	71.7%	73.9%
After 6-8 weeks	44.5%	47.2%

## Smoking during pregnancy

Smoking in pregnancy increases the risk of low birth weight, which is the strongest risk factor for infant mortality. It also increases the child's risk of developing a range of congenital disorders and respiratory infections, having learning difficulties, or becoming overweight or obese.<sup>18</sup> The Department of Health's Tobacco Control Plan<sup>19</sup> has a target to reduce smoking levels in pregnant women to 11% by 2015. The proportion of women smoking at the time of delivery has reduced. Smoking is, though, more prevalent among women from lower socio-economic groups than others.

MATERNAL AND INFANT HEALTH	2008-09	2013-14
Women who smoke at time of delivery <sup>20 21</sup>	14.6%	12%

INFANT HEALTH	2008-09	2012-13
Low birth weight of term babies (is less than 2500 grams) <sup>22 23</sup>	7.2%	7%

16 Unicef UK (2014) Baby friendly statistics 2014. <http://www.unicef.org.uk/BabyFriendly/About-Baby-Friendly/Awards/Baby-Friendly-statistics-2014/>  
 17 NHS England (2014) Breastfeeding 2013/14 tables. <http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2014/03/12-Week-Risk-Assessment-1314Q4.pdf>  
 18 Action on Smoking and Health (2013) ASH factsheet: smoking and reproduction. [http://ash.org.uk/files/documents/ASH\\_112.pdf](http://ash.org.uk/files/documents/ASH_112.pdf)  
 19 Department of Health (2011) Healthy lives, healthy people: a tobacco control plan for England. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213757/dh\\_124960.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213757/dh_124960.pdf)  
 20 Child Health Profiles <http://www.chimat.org.uk/profiles>  
 21 HSCIC (2014) Statistics on women's smoking status at time of delivery: England. Quarter 4: April 2013 to March 2014. Final report. <http://www.hscic.gov.uk/catalogue/PUB14258/stat-wome-smok-time-deli-eng-q4-13-14-rep.pdf>  
 22 ONS (2013) Characteristics of birth1, England and Wales 2012. <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-320855>  
 23 ONS (2010) Report: infant and perinatal mortality by health areas in England and Wales, 2008. <http://www.ons.gov.uk/ons/rel/vsob1/child-mortality-statistics--childhood--infant-and-perinatal/2008/index.html>

## Child deaths

Like smoking, breastfeeding and low birth weight, there is a clear correlation between infant and child deaths, poverty and disadvantage. Despite improvements since 2007, the UK is still ranked bottom out of 20 European countries in a league table of the number of deaths of children under five.<sup>24</sup> In 2013, the President of the Royal College of Paediatrics and Child Health said that the child death rates in the UK represented 'a major crisis'.<sup>25</sup>

Infant mortality covers children up to one year. The majority of these deaths involve pre-term babies and low birth weight babies. Injuries and poisoning is the most common cause of death for children between one and 15. Unintentional injury deaths in the UK are most often related to transport. Intentional injury deaths include self-harm and assault, and become more common as children get older; in fact, the rates of intentional injury deaths among 10 to 18 year-olds have remained broadly the same for three decades.<sup>26</sup>

In its General Comment on child health,<sup>27</sup> the UN Committee on the Rights of the Child recommends that governments implement strategies and measures to reduce the incidence of drowning, burns and other accidents, as well as protecting children from violence.

CHILD MORTALITY <sup>28 29</sup>	2008	2012
Infant deaths per 1,000 live births	4.6	4.0
Child deaths - children 1 to 14 per 100,000 population	12	11

HOSPITAL ADMISSIONS <sup>30</sup>	2010-11	2012-13
Accidental/deliberate injuries in children 0 to 4 per 10,000 population	143.2	134.7
Unintentional/deliberate injuries in children 5-17 years per 10,000 population	116.3	103.8

## Healthy lifestyles

In wealthy countries, like the UK, public health interventions rarely deal with access to clean water and sanitation - they try to promote healthy lifestyles and address the positive or negative impact of a person's lifestyle has on their current and future health. Children have a right to information about how to lead healthy lives, which is key to enabling them to make informed choices. The lifestyle choices available to children and their parents are, of course, very much influenced by their means and circumstances.

24 Wang, H and others (2014) Global, regional and national levels of neonatal, infant and under-5 mortality during 1990 - 2013: a systematic analysis for the Global Burden of Disease Study 2013. Lancet, 22 July 2014, pp.957-979. <http://www.thelancet.com/themed/global-burden-of-disease>

25 Roberts, Y and Campbell, D (13 July 2013) British child death rates are 'a major crisis', says paediatricians' leader. The Observer

26 Wolfe, I and others (2014) Why children die: death in infants, children and young people in the UK. Part A. p.13 London: Royal College of Paediatrics and Child Health; National Children's Bureau. [http://www.ncb.org.uk/media/1130496/rcpch\\_ncb\\_may\\_2014\\_-\\_why\\_children\\_die\\_part\\_a.pdf](http://www.ncb.org.uk/media/1130496/rcpch_ncb_may_2014_-_why_children_die_part_a.pdf)

27 UN Committee on the Rights of the Child (2013) General comment no.15 on the right of the child to the enjoyment of the highest attainable standard of health

28 ONS (2010) Childhood, infant and perinatal mortality in England and Wales, 2008. <http://www.ons.gov.uk/ons/rel/vsob1/child-mortality-statistics--childhood--infant-and-perinatal/2008/index.html>

29 ONS (2014) Childhood, Infant and Perinatal Mortality in England and Wales, 2012. <http://www.ons.gov.uk/ons/rel/vsob1/child-mortality-statistics--childhood--infant-and-perinatal/2012/index.html>

30 Public Health England (2012) Injury profiles

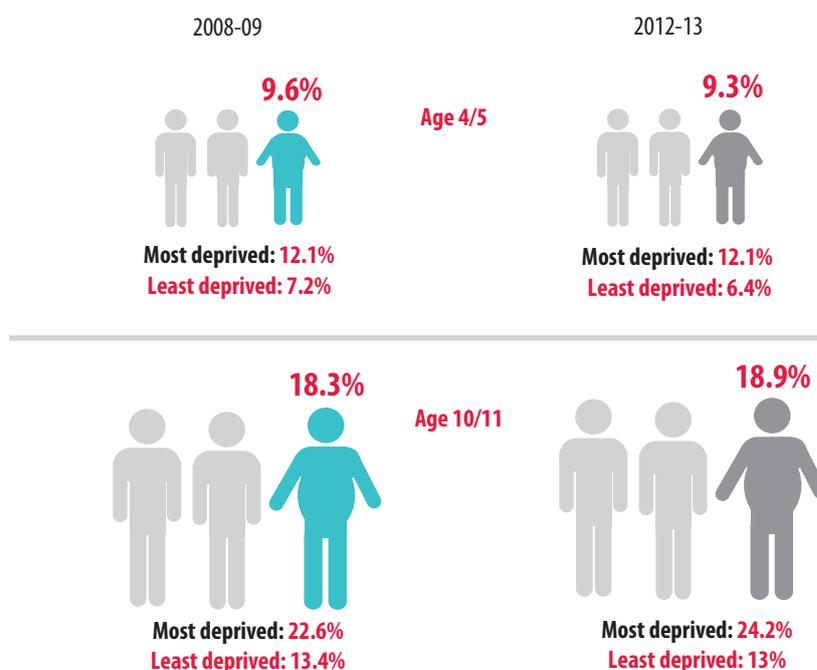
## Obesity, diet, and physical activity

Childhood obesity is a major public health challenge - some say the most urgent public health challenge in the UK today.<sup>31</sup> An unhealthy diet and sedentary lifestyle can lead to a child becoming overweight or obese, as well as make a child prone to illness, and listless and inattentive in class. Weight, diet and activity levels are strongly related to socio-economic status - children from poorer families eat fewer fresh fruit and vegetables, take less exercise, and have a higher chance of being overweight or obese.<sup>32</sup>

In 2011, the government published a call to action on obesity for both children and adults, aiming to set off a downward trend in the level of excess weight in the population by 2020.<sup>33</sup> The Chief Medical Officer (CMO) published guidelines on physical activity for different age groups, including babies.<sup>34</sup> The Government's Public Responsibility Deal asked members of the food and drinks industry to sign up to a pledge to produce and promote healthy foods.

The most recent figures indicate that obesity levels have gone down very slightly among younger children, but are still rising for children aged 10 to 11. Levels of physical activity have decreased for both boys and girls since 2008-09. The proportion of children eating five or more fruit and vegetables daily - a proxy indicator of a healthy diet - has fallen slightly since 2008-09. This may improve with the introduction of universal Free School Meals for young children from September 2014,<sup>35</sup> and revised school food standards from January 2015.<sup>36</sup>

### CHILDHOOD OBESITY <sup>37 38</sup>



*Weight, diet and activity levels are strongly related to socio-economic status - children from poorer families eat fewer fresh fruit and vegetables, take less exercise, and have a higher chance of being overweight or obese.*

- 31 Haslam, D (2013) State of the nation's waistline: obesity in the UK. Analysis and expectations. <http://www.nationalobesityforum.org.uk/media/PDFs/StateOfTheNationsWaistlineObesityintheUKAnalysisandExpectations.pdf>
- 32 Health and Social Care Information Centre (2014) Statistics on obesity, physical activity and diet. <http://www.hscic.gov.uk/catalogue/PUB13648/Obes-phys-acti-diet-eng-2014-rep.pdf>
- 33 HM Government (2011a) Healthy lives, healthy people: a call to action on obesity in England. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213720/dh\\_130487.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213720/dh_130487.pdf)
- 34 Chief Medical Officer (2011) UK physical activity guidelines. <https://www.gov.uk/government/publications/uk-physical-activity-guidelines>
- 35 DfE (2014) Universal infant free school meals: departmental advice for local authorities, maintained schools, academies and free schools. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/359774/Universal\\_infant\\_free\\_school\\_meals\\_departmental\\_advice\\_30092014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359774/Universal_infant_free_school_meals_departmental_advice_30092014.pdf)
- 36 School Food Trust. Revised school food standards website. <http://www.childrensfoodtrust.org.uk/schools/the-standards/revi-sed-standards>
- 37 NHS Information Centre (2009) National child measurement programme England, 2008/9 school year. <http://www.hscic.gov.uk/catalogue/PUB00776/nati-chil-meas-prog-eng-2009-2010-rep.pdf>
- 38 NHS Information Centre (2013) National child measurement programme England, 20012/13 school year.

## DIET AND NUTRITION <sup>39</sup>

5-15 YEAR-OLDS EATING 5 OR MORE  
FRUIT AND VEGETABLE PORTIONS PER DAY

2008



2011



PHYSICAL ACTIVITY BY CHILDREN AGED 5-15 <sup>40</sup>	2008-09	2012-13
At least 1 hour of moderate to vigorous intensity physical activity a day	28% boys 19% girls	21% boys 16% girls

Levels of activity decrease as children got older, and were lowest for those in lower income groups

## Smoking, alcohol and drugs

The numbers of children smoking, drinking alcohol and taking drugs have fallen considerably since 2008.

In 2007, the ban on smoking in enclosed public spaces in England came into force. It is illegal to sell tobacco products to anyone under the age of 18, and the government is bringing forward regulations to make private vehicles carrying children smoke-free<sup>41</sup> in order to tackle continuing health concerns about the effects of second-hand smoke on children.<sup>42</sup>

Although fewer children are trying alcohol, the amount consumed by those who do drink is increasing.<sup>43</sup> It is illegal to sell alcohol to under-18s in England.

Health surveys indicate that young people believe it is okay to try smoking (31%) and drinking (53%) - though not being drunk. Fewer approve of experimenting with drugs, and even that depends on which drug, with cannabis gaining a higher approval rating than sniffing glue or taking cocaine.<sup>44</sup>

SMOKING, ALCOHOL AND DRUG USE - 11-15 YEAR-OLDS <sup>45,46</sup>	2008	2013
Tried smoking	32%	22%
Used drugs	22%	16%
Drunk alcohol at least once	52%	39%

39 NatCen (2012) Health survey for England, 2011. <http://www.hscic.gov.uk/searchcatalogue?productid=10152&q=title%3a%22Health+Survey+for+England%22&ort=Relevance&size=10&page=1#top>

40 NatCen (2013) Health survey for England 2012. <http://www.hscic.gov.uk/article/2021/Website-Search?productid=13887&q=health+survey+for+england&sort=Relevance&size=10&page=1&area=both#top>

41 Department of Health (2014) Smoking in private vehicles carrying children - consultation on proposed regulations to be made under the Children and Families Act 2014. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/329885/Smoking\\_in\\_cars\\_carrying\\_children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/329885/Smoking_in_cars_carrying_children.pdf)

42 Action on Smoking and Health (2014) Secondhand smoke: the impact on children. [http://www.ash.org.uk/files/documents/ASH\\_596.pdf](http://www.ash.org.uk/files/documents/ASH_596.pdf)

43 Alcohol Concern (2011) Young people and alcohol. Factsheet. <http://www.alcoholconcern.org.uk/assets/files/Publications/Young%20People%20%20factsheet%20Dec-2010.pdf>

44 Fuller, E and Hawkins, V (2014) Smoking, drinking and drug use among young people in England, 2013. NatCen for the Health & Social Care Information Centre. <http://www.hscic.gov.uk/catalogue/PUB14579/smok-drin-drug-young-peop-eng-2013-rep.pdf>

45 NatCen (2009) Smoking, drinking and drug use among young people in England in 2008. <http://www.hscic.gov.uk/pubs/sdd08fullreport>

46 NatCen (2014) Smoking, drinking and drug use among young people in England in 2013. <http://www.hscic.gov.uk/article/2021/Website-Search?productid=15144&q=Smoking%2c+drinking+and+drug+use+among+young+people+in+England+in+2013&sort=Relevance&size=10&page=1&area=both#top>

## Sexual health

In 2008, the UN Committee on the Rights of the Child recommended that the government should provide sexual health services for children, which are able to meet their specific needs, including information and education on contraception and family planning, the dangers of early pregnancy, the prevention of HIV/AIDS and the prevention and treatment of other sexually transmitted diseases.<sup>47</sup>

In the most recent sexual attitudes survey in Britain, 31% of 16 to 24 year-old men, and 29% of 16 to 24 year-old women reported having sexual intercourse before the age of 16.<sup>48</sup>

Early pregnancies happen for a number of reasons - *'lack of knowledge, lack of confidence to resist pressure, poor access to advice and support, low aspirations'*<sup>49</sup> - and most teenage pregnancies are unplanned. Around half end in an abortion. Teenage pregnancy can contribute to negative long-term outcomes for young mothers and their children.<sup>50</sup> The children of young mothers (who are still children themselves), are more likely to have poorer health outcomes, poorer educational outcomes, and to live in poverty. Their mothers may experience health problems linked to an early pregnancy, and are more vulnerable to postnatal depression and other mental health problems, more likely to have to finish their education early, and to experience poverty.

The number of teenage conceptions has fallen to its lowest level since records began in 1969, though the number of births to young mothers remains high when compared with other European nations.<sup>51</sup> There are regional variations across England for both, with conception rates higher in more deprived areas.

SEXUAL HEALTH <sup>52</sup>	2007-09	2012-13
Teenage conceptions per 1,000 15 to 17 year-olds	40.5	27.7
Teenage conceptions per 1,000 in those aged under 16	7.8	5.6

BIRTH STATISTICS <sup>53</sup>	2008	2012
Live births to mothers under 18 in England and Wales	12,603	9,192

## Child and adolescent mental health service (CAMHS)

Child and adolescent mental health is a major area of concern for the UN Committee on the Rights of the Child. Mental health problems amongst children are on the increase in many parts of the world. Under the UNCRC, governments should invest in public health and primary care approaches to detect and treat mental health problems early, and must provide adequate treatment and rehabilitation facilities.<sup>54</sup>

- 47 UN Committee on the Rights of the Child (2003) General comment no.4 on adolescent health and development in the context of the Convention on the Rights of the Child
- 48 National Survey of Sexual Attitudes and Lifestyle (2014) Sexual attitudes and lifestyles in Britain: highlights from Natsal 3. <http://www.natsal.ac.uk/media/823663/natsal%20infographic.pdf>
- 49 DCMS and Department of Health (2010) Teenage pregnancy strategy: beyond 2010, p.4. [https://www.education.gov.uk/consultations/downloadableDocs/4287\\_Teenage%20pregnancy%20strategy\\_aw8.pdf](https://www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf)
- 50 Swann, C, Bowe, K, McCormick, G. and Kosmin, M (2003) Teenage pregnancy and parenthood: a review of reviews. NHS Health Development Agency
- 51 ONS (2014) Conceptions in England and Wales, 2012. [http://www.ons.gov.uk/ons/dcp171778\\_353922.pdf](http://www.ons.gov.uk/ons/dcp171778_353922.pdf)
- 52 ONS (2010) Conception statistics England and Wales, 2008. <http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics--england-and-wales/2008/index.html>
- 53 ONS (2014) Conception statistics England and Wales, 2012. <http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics--england-and-wales/2012/index.html>
- 54 ONS (2010) Birth statistics England and Wales, 2008. <http://www.ons.gov.uk/ons/rel/vsob1/birth-summary-tables--england-and-wales/2008-final/index.html>
- 55 ONS (2013) Births in England and Wales, 2013. <http://www.ons.gov.uk/ons/rel/vsob1/birth-summary-tables--england-and-wales/2013/stb-births-in-england-and-wales-2013.html>
- 54 UN Committee on the Rights of the Child (2013) General comment no.15 on the right of the child to the enjoyment of the highest attainable standard of health

It is estimated that one in 10 children between five and 16 suffer from a diagnosable mental health condition<sup>55</sup> - though this prevalence study is 10 years out of date. The Department of Health is planning to commission a new prevalence study.

The Children and Young People's Improving Access to Psychological (or "talking") Therapies (CYPIAT) programme began in 2011, and by 2018<sup>56</sup> aims to work with all existing CAMHS partnerships to provide evidence-based training, develop outcome monitoring, and involve children and young people in shaping local services.<sup>57</sup> However, this is happening at a time when investment in CAMHS is being hit.

There is a growing amount of evidence to indicate that there is insufficient community-level investment in child and adolescent mental health services.

***In June 2014, Young Minds released findings from Freedom of Information requests which showed that 77% of CCGs had frozen or cut their CAMHS budgets for 2014-15, and 55% of local authorities had frozen, cut or made below-inflation increases<sup>58</sup> - a finding and conclusion supported by the Local Government Association.<sup>59</sup>***

Since April 2013, there has been a split in the commissioning of children's mental health services, with community-level (tiers 1 to 3) services commissioned by GP-led Clinical Commissioning Groups (CCGs), sometimes with local authorities. The Health Committee has found that some local authorities do not consider CAMHS early intervention services as "core business"<sup>60</sup>. In 2013-14, two-thirds of the Joint Strategic Needs Assessments upon which CCGs base their planning and commissioning decisions failed to include a section on children and young people's mental health needs. Those that did try to assess the level of need were dependant on inadequate and out-of-date data,<sup>61</sup> illustrating the importance of commissioning new prevalence research. Schools and academies can commission their own mental health services.

See the chapter on Education for information about CAMHS services in school.

## Spotlight: What children want from mental health services

In her 2012 report on child health,<sup>62</sup> the Chief Medical Officer (CMO) for England said that children want:

- Mental health to be a greater priority
- More health promotion campaigns and teaching about mental health in schools
- Counselling to be available in schools
- Age-appropriate, accessible and non-stigmatising services that are open at times suited to them and in places they are free to go
- To be able to self-refer and drop-in to services when they want to
- Clean inpatient facilities where interesting activities are available, as well as on-site education, and appropriate support on discharge
- Alternatives to medication, and greater access to talking therapies
- Staff who are approachable, available and who listen and take their concerns seriously - before they are in crisis

Following consultations with 5,600 children and young people aged 11 to 25, Young Minds<sup>63</sup> reports that the five big issues affecting them are:

Bullying	Stress at school	Sexual pressures
No work	Lack of access to help	

55 Green, H and others (2005) Mental health of children and young people in Great Britain 2004. <http://www.hscic.gov.uk/pubs/mentalhealth04>

56 Department of Health (2014) Closing the gap: priorities for essential change in mental health. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/281250/Closing\\_the\\_gap\\_V2\\_-\\_17\\_Feb\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf)

57 Children and Young People's Improving Access to Psychological Therapies website. <http://www.cypiapt.org/children-and-young-peoples-project.php?accesscheck=%2Findex.php>

58 Leaman, C (2014) Devastating cuts to leading to children's mental health crisis. 21 June 2014. Young Minds Press release. [http://www.youngminds.org.uk/news/2094\\_devastating\\_cuts\\_leading\\_to\\_childrens\\_mental\\_health\\_crisis](http://www.youngminds.org.uk/news/2094_devastating_cuts_leading_to_childrens_mental_health_crisis)

59 Local Government Association (2014) Children's mental health services in need of reform. 13 August 2014. LGA Press release. [http://www.local.gov.uk/media-releases/-/journal\\_content/56/10180/6437032/NEWS](http://www.local.gov.uk/media-releases/-/journal_content/56/10180/6437032/NEWS)

60 Health Committee (2014) Children's and adolescents' mental health and CAMHS. Third report of session 2014-15, para. 51. <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf>

61 Oliva, L and Lavis, P (2013) Overlooked and forgotten: a review of how well children and young people's mental health is being prioritised in the current commissioning landscape. Children and Young People's Mental Health Coalition. [http://www.cypmhc.org.uk/media/common/uploads/Overlooked\\_and\\_forgotten.pdf](http://www.cypmhc.org.uk/media/common/uploads/Overlooked_and_forgotten.pdf)

62 Davies, S (2012) Annual report of the Chief Medical Officer. Our children deserve better: prevention pays. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/255237/2901304\\_CMO\\_complete\\_low\\_res\\_accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255237/2901304_CMO_complete_low_res_accessible.pdf)

63 [http://www.youngminds.org.uk/assets/0001/5757/YM\\_Vs\\_Party\\_Conference\\_Report.pdf](http://www.youngminds.org.uk/assets/0001/5757/YM_Vs_Party_Conference_Report.pdf)

They want schools to help them more through compulsory Personal, Social and Health Education (PSHE) and Sex and Relationship Education (SRE); through providing safe spaces to talk about these things; through helping young people build their emotional strength; through being better able to identify and understand mental health issues and providing access to counselling; and by ensuring that everyone who works with children is trained in spotting the signs that they may be struggling and in need of help.

The Health Committee heard from young people and their parents about how they have to battle to get access to CAMHS, with only the most severely affected young people getting appointments.<sup>64</sup> In 2012-13, maximum waiting times for specialist CAMHS tier 3 services averaged 15 weeks.<sup>65</sup> This delay in receiving a service may lead to the child having a mental health crisis and requiring inpatient treatment.

There is a national shortage of inpatient beds for child and adolescent mental health patients. The Health Committee heard evidence of children undergoing a mental health crisis having to wait at home, in a paediatric ward, in an adult psychiatric ward, or even a police cell for a bed to become available.<sup>66</sup> Inpatient (tier 4) treatment is commissioned by NHS England. The Mental Health Act 2007 clearly states that young people should not be admitted to accommodation that is not "age appropriate" - a duty which came into force in 2010. Children are still being admitted to adult wards, where they may be treated by staff who are not trained in child and adolescent mental health, and may be denied their right to education. In 2012-13, the average length of stay as a CAMHS patient was 116 days.<sup>67</sup>

There are significant variations in the location of adolescent units, and in particular units that will take under-13s. This can mean the young person is placed far from home.

CHILD AND ADOLESCENT MENTAL HEALTH (CAMHS) <sup>68 69</sup>	2009-10	2012-13
Number of children admitted to adult wards	88 - 5 of whom were under 16	236 - 29 of whom were under 16
Number of children who spent time on adult wards	80 - 5 of whom were under 16	219 - 23 of whom were under 16

Children undergoing a mental health crisis are often picked up and detained by the police under s.136 of the Mental Health Act 1983. They should be assessed in a place of safety, but a shortage of these means children are being assessed in police cells. In 2012-13, 580 children and young people under the age of 18 were detained under s.136, 45% of whom were taken to police custody.<sup>70</sup> The Care Quality Commission has found that too many places of safety turn away children: in the first four months of 2014, 16% of providers of health-based places of safety in England said that there was no local provision for 16 and 17 year-olds, and 26% of providers reported that there was no provision for children under 16.<sup>71</sup>

64 Health Committee (2014) Children's and adolescents' mental health and CAMHS. Third report of session 2014-15, para. 110. <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf>

65 NHS Benchmarking Network (2013) CAMHS Benchmarking report December 2013

66 Health Committee (2014) Children's and adolescents' mental health and CAMHS. Third report of session 2014-15, para. 158. <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf>

67 CAMHS Tier 4 Steering Group (2014) Child and adolescent mental health services (CAMHS) Tier 4 report. NHS England. <http://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf>

68 Care Quality Commission (2010) Mental Health Act annual report 2009/10. Figure 6. [http://www.cqc.org.uk/sites/default/files/documents/cqc\\_monitoring\\_the\\_use\\_of\\_the\\_mental\\_health\\_act\\_in\\_200910\\_main\\_report\\_tagged.pdf](http://www.cqc.org.uk/sites/default/files/documents/cqc_monitoring_the_use_of_the_mental_health_act_in_200910_main_report_tagged.pdf)

69 HSCIC (2014) Monthly Mental Health Minimum Data Set (MHMDS) Reports, England - Final November 2013, Key facts. <http://www.hscic.gov.uk/catalogue/PUB14125>

70 Care Quality Commission (2014) New map of health-based places of safety for people experiencing a mental health crisis reveals restrictions in access for young people. 16 April 2014, CQC Press release

71 Care Quality Commission (2014) A safer place to be: findings from our survey of health-based places of safety for people detained under s.136 of the Mental Health Act, p. 22. <http://www.cqc.org.uk/content/safer-place-be>

## Substance misuse treatment

Article 33 of the UNCRC requires governments to protect children from drug use. The UN Committee on the Rights of the Child has said the UK should provide children with accurate and objective information on substance misuse and adequate substance misuse services. The nature of addiction is very different for young people: children who require specialist substance misuse treatment need help, such as counselling either on their own or with family members, to address the reasons why they are using as well as the kinds of behaviours their usage leads to.

Overall numbers accessing specialist substance misuse services have fallen since 2008-09, and the numbers recorded as successfully completing their treatment have increased. Alcohol, solvent and drug use are associated with deprivation. In 2012-13, 19% of children accessing specialist substance misuse services were in alternative education provision and 19% were not in education, employment or training (NEET).<sup>72</sup> Seventeen percent were BME, and 66% were male. The youngest patients accessing specialist substance misuse services were under 12, though 77% were between 15 and 17.

SUBSTANCE MISUSE <sup>73 74</sup>	2008-09	2012-13
Numbers accessing specialist services for drug/alcohol treatment	24,053	20,032
Percentage successfully completing treatment	65%	79%

## Children's involvement in shaping health services

All health organisations must listen to children and use what they say to improve children's health outcomes.

In March 2014, NHS England launched its new youth forum<sup>75</sup> - 20 children and young people aged 11 to 18, supported by the British Youth Council (BYC), to canvass the views of children from across the country. In their first year, they will be looking at:

- Ways to improve communications between young people and clinicians
- Improving awareness of mental health issues for young people
- De-stigmatising and improving sexual health services for young people

Under Freedom of Information law, CRAE wrote to all 211 Clinical Commissioning Groups (CCGs) in England to ask what mechanisms they have in place for consulting and involving children in the development and commissioning of local health services - 152, or 72% of CCGs, responded.

The majority of CCGs work with their local authorities to consult with children about local health issues:

- 56 mention working with local authority youth councils or youth groups
- Only 33 CCGs mention working with Healthwatch, which is responsible for representing the views of people who use health services
- 27 access information through pupil surveys or school visits, and 11 work with colleges
- Seven work with Young Inspectors to assess the quality of local health services
- Seven consult with young carers groups in partnership with the local authority

72 Li, S and Lewis, C (2013) Young people's statistics from the National Drug Treatment Monitoring System (NDTMS): 1 April 2012 to 31 March 2013. Public Health England. [http://www.nta.nhs.uk/uploads/annualypstatistics2012-13-final\[0\].pdf](http://www.nta.nhs.uk/uploads/annualypstatistics2012-13-final[0].pdf)

73 National Treatment Agency (2010) Substance misuse among young people in England: the data for 2008-9

74 Public Health England (2014) Substance misuse among young people in England, 2012-13. <http://www.england.nhs.uk/ourwork/patients/public-voice/yth-for/>

75 <http://www.england.nhs.uk/ourwork/patients/public-voice/yth-for/>

A significant number mentioned working with parent/carer groups and third sector organisations to obtain children's views of health services, although it was unclear whether this was instead of or in addition to talking to children themselves.

The main focus of consultations with children to date have been: the special educational needs and disability (SEND) reforms; child and adolescent mental health services; the health of looked after children; and national-led health issues including reviews of continence services, urgent care/A&E, wheelchair services and maternity services.

## Recommendations

- The government's child poverty strategy should focus more on reducing health inequalities
- Increase the number of midwives to ensure the safety of both mother and child
- Increase the number of hospitals, health visitors and children's centres that have or are working towards Unicef Baby Friendly Initiative accreditation
- Ofsted's inspection framework for early years settings, schools and colleges should include consideration of the extent to which these settings provide an environment that promotes children and young people's social and emotional wellbeing
- Early identification of mental health difficulties should be established as a core capacity of all health, social care and education professionals who work with children and young people
- The Department of Health should set out an action plan for improving child and adolescent mental health services encompassing all levels of provision (Tier 1 to Tier 4) with a clear focus on prevention and early intervention, backed by additional resource
- Make SRE and PSHE a statutory entitlement for all pupils in state-funded schools
- Provide and promote safe outdoor play spaces for children
- Invest in community level CAMHS
- Ensure that all children and young people are assessed and treated in age-appropriate settings
- Involve children and young people in consultations about health services at institutional, local authority, Clinical Commissioning Group and national level
- Provide children's rights and participation training to all staff to ensure effective engagement with children and young people so that their views are sought and acted upon

CRAE believes that human rights are a powerful tool in making life better for children. We're one charity working with over 100 organisational and individual members to promote children's rights, making us one of the biggest children's rights coalitions in the world. Our vision is a country that values and upholds every child's human rights.

We fight for children's rights by listening to what children say, carrying out research to understand what children are going through, and using the law to challenge those who violate children's rights. We campaign for the people in power to change things for children. And we empower children and those who care about children to push for the changes that they want to see.

**CRAE has produced an annual State of Children's Rights in England report since 2003. This report is one chapter from the full report State of Children's Rights in England 2014.**

**ISBN: 978-1-898961-41-3**



Children's  
Rights Alliance  
for England

Telephone: 020 7278 8222  
Email: [info@crae.org.uk](mailto:info@crae.org.uk)  
[www.crae.org.uk](http://www.crae.org.uk)

30 Angel Gate  
326 City Road  
London, EC1V 2PT