Why children die: death in infants, children and young people in the UK Part E

February 2015

A POLICY RESPONSE FOR NORTHERN IRELAND TO THE REPORT 'WHY CHILDREN DIE: DEATH IN INFANTS, CHILDREN AND YOUNG PEOPLE IN THE UK – PART A'

ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH
NATIONAL CHILDREN'S BUREAU NORTHERN IRELAND

Why children die: death in infants, children, and young people in the UK
Part E

A policy response for Northern Ireland to the report *Why children die: death in infants, children and young people in the UK – Part A*

Royal College of Paediatrics and Child Health

National Children's Bureau Northern Ireland

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Foreword

It is heartening that the Office of the First Minister and Deputy First Minister's *Our Children and Young People – Our Pledge ten year strategy (2006-2016)*[1] sets out a number of high level outcomes for children and young people in Northern Ireland, the first of which is that all children and young people are healthy. Yet despite many positives, overall child mortality rates in the UK continue to be higher than those in many comparable countries across Europe, including Greece, Portugal, Spain and indeed Ireland. It is estimated that compared to the best performing country, Sweden, there are almost 5 excess child deaths a day in the UK[2].

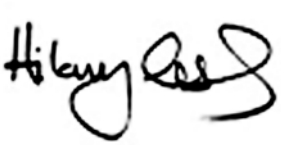
The Royal College of Paediatrics and Child Health (RCPCH) and the National Children's Bureau (NCB) 2014 report, *Why children die: death in infants, children and young people in the UK,* shows how reducing poverty and inequality are crucial steps towards tackling preventable child deaths. Child poverty statistics for Northern Ireland make for worrying reading. It is a grave injustice that 22% of our children live in poverty[3], and the resulting impact on health outcomes is all too clear.

This Northern Ireland policy response contains recommendations for reducing child mortality. It focuses on strengthening the public health and health service response for children, young people and their families, and calls for action from government, commissioners, policy makers, health advocates and practitioners to create the circumstances in which all children can thrive and lead a healthy life. We firmly believe that government departments must work together to ensure that all children benefit from a multi-agency, multi-layered, action based health and social care system.

With the majority of child deaths occurring in the under-1 age group, there is work to be done in reducing risk factors, including taking steps to support women to have healthy pregnancies. And with observable rises in the rates of self-harm and suicide in Northern Ireland, we must continue efforts to build resilience, reduce harm and offer high quality interventions and services for those children and young people who are in desperate need of support.

The newly released Donaldson Report, *The right time, the right place*[4]*,* provides a timely review of the current health and social care system in Northern Ireland, and identifies a number of challenges, including rising demand and a pressurised workforce. Despite these challenges, we must resolutely defend the rights of our children to live a full and healthy life. Investment in children not only benefits this generation, but also future generations and the long term health of the nation.

There is a wealth of positive work ongoing across Northern Ireland but we cannot be complacent. The RCPCH and NCB NI are pleased to continue their collaboration in producing this Northern Ireland response. But it is only by working with others, and with political will, that health outcomes for our children and young people will rival the best and we can make real inroads into reducing preventable child deaths. Children have the right to play, learn and grow in a safe and secure Northern Ireland; our job as leaders is to create the best possible circumstance for them to do this.



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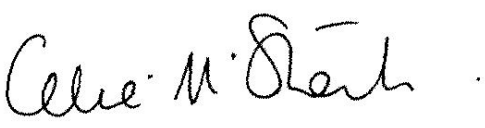

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Introduction

In 2014, the RCPCH and the NCB released the report *Why children die: death in infants, children and young people in the UK – Part A (Why children die).* The report highlights the complexity of issues which surround mortality during childhood and demonstrates how a child's chance of survival is impacted not only by the health services they receive but by the socioeconomic conditions which may predispose them to negative health outcomes.

In 2012 there were 184 deaths of children aged between 0 and 19 years in Northern Ireland. The largest proportion of these deaths occurred in infants under one year of age (49%) and the second occurred in young people 15 to 19 years of age (29%)[5]. While mortality rates have declined in recent years, these rates are higher than those found in other Western European countries.

Why children die highlights the stark link between poverty, inequality and children's chances of survival. In Northern Ireland, 22% of children are reported to live in poverty[3]. It is therefore essential that a Child Poverty Strategy for Northern Ireland is implemented with urgency. Government departments must work together to closely monitor children's outcomes across a range of health, social, educational and economic indicators and support multi-agency approaches to reducing child poverty[6].

Why children die also argues, however, that much can be done to reduce mortality during childhood through strengthening health systems, and through improving health care and public health services for children, young people and their families. This policy response therefore expands on the key themes explored in the report with the aim of optimising conditions for children to thrive and survive in Northern Ireland.

Health advocates, professionals and policy makers have a duty to act urgently to improve the life chances of our children. This paper acknowledges the role of the Northern Ireland Executive, relevant government departments and agencies, including the Department of Health, Social Services and Public Safety (DHSSPS), Health and Social Care Board (HSCB), Public Health Agency (PHA), Health and Social Care Trusts, as well as the voluntary, community and academic sectors, in taking steps to reduce the number of child deaths in Northern Ireland.

Health systems and organisations

Tailoring the health system to the needs of infants, children and young people

Why children die highlights how the way we deliver health care services to infants, children and young people in the UK, funding systems, and the emphasis on primary care can all impact on risk of premature death during childhood. There is a need for ongoing research into models of healthcare to identify opportunities for improvement in how care is initiated, delivered and coordinated. The recent review led by Sir Liam Donaldson, *The right time, the right place*[4], provides an opportunity to consider how best to design health services to meet the needs of children and young people in Northern Ireland.

Critical to improving services is ensuring that services which have first contact with children and young people are equipped with the knowledge, skills and support to adequately assess for early signs of illness, enabling children and young people to be appropriately managed and/or referred[2]. Additionally, there must be a focus on prevention and early intervention, and greater collaboration across government departments, themes which are increasingly central to the emerging policy agenda in Northern Ireland, as well as across the UK.

There is a need for additional and sustained cross departmental approaches to tackle poverty and social exclusion and improve children and young people's health and wellbeing. The Northern Ireland Executive *Programme for Government*, through the *Delivering Social Change Framework*[7] is an important platform for strengthening outcomes for all children and young people, and will be taken forward via projects such as the recently launched *Early Intervention Transformation Programme (EITP)* which takes a cross-departmental approach to prevention and early intervention, aiming to strengthen both universal and targeted support for parents at as early a stage as possible[7].

Additionally, *Healthy Child, Healthy Future*[8] provides a framework of universal care provision for all families from pregnancy through to 19 years of age, taking a whole-child, integrated approach. The DHSSPS, through their *Making Life Better: a whole system framework for Public Health* also recognises the critical role that parenting and family support play in a child's healthy physical, social and emotional development, ensuring reporting structures are in place to monitor progress against key strategies[9].

Recommendation 1

The Northern Ireland Executive, Office of the First and Deputy First Minister and associated government departments, having committed to working in partnership through the *Programme for Government* and the *Delivering Social Change Framework*[7], should ensure that the individual needs of children and young people are at the centre of decision making, and maximise capacity for timely identification of ill health by appropriately skilled professionals through:

- first and foremost taking a prevention and early intervention approach to commissioning of services
- prioritising the development of flexible, multi-disciplinary approaches for delivering health, social care and education services to all children and young people
- improving the interfaces children and young people encounter as they progress through primary, secondary and tertiary services
- ensuring all young people are adequately supported to transition from child and youth services to adult care

In line with Article 12 of the United Nations Convention on the Rights of the Child[10], children and young people should be facilitated to participate in all issues affecting them, ensuring their voice is heard.

Capturing data, monitoring outcomes and strengthening research

Why children die provides a broad overview of the causes of child death in the UK; however it acknowledges that further research is needed to better understand risk and protective factors for survival during infancy and childhood, as well as interventions to tackle these. Central to this is the need for a greater understanding of childhood mortality, in turn providing vital insight into ways in which deaths might be prevented in the future[11].

In Northern Ireland the *Procedure for the Reporting and Follow up of Serious Adverse Incidents* ensures the investigation of any death of a child in receipt of Health and Social Care Services (up to their eighteenth birthday). This includes hospital and community services, a Looked After Child or a child whose name is on the Child Protection Register[12]. Establishment of a Child Death Overview Panel, as already in place in other parts of the UK, would ensure that a multi-agency investigation augments this procedure by identifying the modifiable factors associated with death, alongside any wider public health or safety concerns arising from a particular death or pattern of deaths in Northern Ireland. This would inform regional learning, training and service provision, and support development of policy aimed at reducing the number of preventable deaths in Northern Ireland. It is essential that any new processes work alongside existing processes, streamlining and reducing duplication where possible.

Recommendation 2

The DHSSPS should enact the legislation in Northern Ireland to allow the creation of a Child Deaths Overview Panel managed by the Safeguarding Board for Northern Ireland (SBNI).

Once legislated for, the SBNI should continue its work to establish the proposed Child Deaths Overview Panel, ensuring lessons are learned from the deaths of all children in Northern Ireland and that these lessons can effectively influence policy and practice, with data to be shared with partners in Wales, England and Scotland to maximise impact of information gathered.

Recommendation 3

Government departments across Northern Ireland should take a consistent approach to impact measurement, for example through the use of an Outcomes Based Accountability approach[7] to ensure that investment is actually making a difference to the lives of all children and young people.

Recommendation 4

Research and development programmes in Northern Ireland should support multidisciplinary and multiagency child health and well-being research to strengthen the evidence-base for child mortality, with a particular focus on better understanding the causes of neonatal deaths.

Healthcare and public health

Maximising health and wellbeing during pregnancy and infancy

Why children die shows that the majority of deaths during childhood occur in the first year of a child's life. The report also notes that infant mortality rates in Northern Ireland tend to be higher than in other parts of the UK, however, given the smaller number of births and deaths it is difficult to draw any definitive conclusions about this difference; further research and investigation is required through initiatives such as Northern Ireland Maternal and Child Health (NIMACH)[13].

Preterm birth and low birthweight are important risk factors which disproportionally affect the most disadvantaged in society[14]. In 2010, similar to figures across the UK, 5.7% of live births in Northern Ireland were of a low birthweight (less than 2500 grams) and 7.2% were preterm (less than 36 weeks gestation)[14].

The *Strategy for Maternity Care in Northern Ireland* recognises the impact of wider health determinants and health behaviours in giving every baby the best start in life, including the importance of smoking cessation during pregnancy[15]. Smoking is a well-established risk factor for adverse perinatal outcomes, associated with impaired foetal growth and development which can lead to an increase in the risk of low birth weight, preterm birth, intrauterine growth restriction, and some congenital anomalies[14]. In 2012, 16% of mothers in Northern Ireland smoked during pregnancy (as recorded at the time of booking appointment). This figure is higher for younger mothers (37% for mothers under 20) and for mothers who live in areas of deprivation (29%)[16].

The DHSSPS *Ten-year tobacco control strategy for Northern Ireland 2012* sets an aim to reduce the proportion of pregnant women who smoke to 9% by 2020[17]. Strategies outlined in *Smoking cessation in pregnancy: a call to action* will be important in achieving this goal. This includes routine carbon monoxide screening and the provision of stop smoking services that have sufficient expertise available to meet the needs of all pregnant smokers[18]. There is also a need for services to be informed by more robust statistics on smoking habits throughout pregnancy.

Maternal age is also a risk factor for child mortality, with both early and late childbearing associated with higher than average rates of preterm birth, growth restriction, perinatal mortality and congenital abnormalities[14]. The 2013 Child Health Review UK overview of child deaths showed a persistent effect of young maternal age on risk of death throughout childhood in the UK[19]. Although there has been a sustained decrease in the rate of births to teenage mothers in Northern Ireland[20], efforts must continue to enable all young people to be adequately equipped with the knowledge, skills and resources to make informed choices in relation to their sexual and reproductive health.

Breastfeeding has an important protective role, and for infants born preterm has been associated with a reduction in potentially life threatening conditions such as infection and inflammation of the bowel tissue[21]. Despite breastfeeding rates having doubled in Northern Ireland over the past twenty years, Northern Ireland has the lowest rates of breastfeeding in the UK, with initial breastfeeding rates in 2010 of 64%, compared with 83% in England, 74% in Scotland, 71% in Wales[22]. Again, this figure is lower for young mothers and mothers living in areas of deprivation.

It is therefore encouraging to see increased effort through *Breastfeeding - a great start: a strategy for Northern Ireland 2013-2023*[23], including a commitment towards ensuring all maternity and community healthcare services adopt the UNICEF Baby Friendly Initiative[24].

Sudden Unexplained Deaths in Infancy, including Sudden Infant Death Syndrome (SIDS), continues to be a priority in Northern Ireland. The DHSSPS provide guidance for parents on reducing the risk of SIDS[25] and the National Institute for Health and Care Excellence has recently updated guidance around co-sleeping[26]. This information should be widely disseminated to families, particularly families where multiple risk factors are present.

Recommendation 5

The DHSSPS, HSCB, PHA, Health and Social Care Trusts and the Royal Colleges should continue to progress implementation of the recommendations outlined in *Smoking cessation in pregnancy: a call to action*[18]. There should be particular focus on implementation of carbon monoxide screening in to routine pregnancy care, alongside sustained and intensive reinforcement of smoking cessation public health messages as recommended in key DHSSPS/PHA documents.

The DHSSPS and the PHA should continue to work towards targets, as set out in the *Ten year tobacco control strategy for Northern Ireland*[17], to reduce smoking rates across all stages of pregnancy and early parenthood. Routine reporting mechanisms are essential to measure progress against targets.

Recommendation 6

The Department of Education (DE) should continue to monitor and support consistent delivery of Relationships and Sexuality Education, working with Education and Library Boards, Council for the Curriculum, Examinations and Assessments and the Curriculum Advisory Support Services to ensure that teaching staff are fully equipped to deliver the curriculum, ensuring all children and young people have appropriate knowledge and skills to make informed decisions in relation to their reproductive health. Through this and wider health and social well-being improvement programmes, young people should also be taught about the importance of healthy behaviours during pregnancy.

Recommendation 7

The Public Health Agency should monitor teenage pregnancy rates on an annual basis and conduct a review of measures being taken in areas with high rates of teenage pregnancy to reduce these rates, mapping the sufficiency of sexual health services and education programmes, and targeting resources to areas of identified need.

Recommendation 8

The PHA, DHSSPS, HSCB and Health and Social Care Trusts should continue to implement *Breastfeeding - a great start*[23] in partnership with other key government departments, and representatives of local government, with particular focus on:

- encouraging commissioners and healthcare providers to ensure that all maternity services obtain UNICEF UK Baby Friendly Initiative accreditation by 2016
- supporting universities who currently deliver midwifery, health visiting and public health nursing education to achieve UNICEF UK Baby Friendly Initiative University Standards accreditation
- providing consistent, targeted breast feeding support and education, in particular for young mothers and those living in areas of higher deprivation
- working directly with local communities to identify barriers to breastfeeding and develop measures to overcome these
- ensuring Neonatal Units recruit or train existing staff to deliver consistent, specialist breastfeeding advice and support

Recommendation 9

All those responsible for the commissioning of services for children from birth to five years and their families, must prioritise long term investment in both universal and targeted maternal and child health services. This should include:

- reviewing existing universal services (including maternity and health visiting services and parental education) for all new parents, ensuring equitable access to services across the region
- gaining a better understanding of local need, including better use of child health data to inform service provision
- continuing the expansion of the Family Nurse Partnership across Northern Ireland
- increasing recognition of the importance of Infant Mental Health in both public health information and in workforce development (as recommended by the PHA Infant Mental Health Framework)
- improving connectivity between health and early years education services, including review at age three (as per *Healthy Child: Healthy Future*[8] recommendation)

Recommendation 10

The DHSSPS, PHA, HSCB and Health and Social Care Trusts should develop a wide-reaching awareness campaign to support the continued promotion of evidence-based safe sleeping messages, raising awareness of the potential risks of co-sleeping and considering the additional needs of more vulnerable families where multiple risk factors may be present, e.g. parental smoking.

Reducing deaths from injuries and poisoning

Why children die highlights how a large proportion of preventable deaths during childhood and adolescence across the UK occur in the context of children and young people's interactions with their external environment. Transport accidents, drowning and intentional injuries are common causes of death during childhood, therefore improving safety on our roads, continual strengthening of safeguarding systems, and optimising safety in the home environment are vital.

Injury is the most frequent cause of death after the first year of life in the UK. In Northern Ireland, the injury mortality rate for boys has historically been much higher than across the rest of the UK. Between 2006 and 2010, the injury mortality rate (per 100,000 population) for boys was 11.53 in England, compared to 20.85 in Northern Ireland[19]. Reducing deaths in Northern Ireland to a rate similar to England would have resulted in 77 fewer child deaths in this age group during the period 2006 to 2010[19].

In 2013, there were 73 children (0-15 years) and 176 young people (16-24 years) killed or seriously injured in road traffic collisions in Northern Ireland[27]. Child pedestrians have been identified as particularly vulnerable road users, exposed to high risk of death and serious injury if a collision occurs. Higher incidences of death and serious injury have also been found amongst young drivers (16-24) and those within rural and deprived areas[27]. The targets set out in *Northern Ireland's Road Safety Strategy to 2020*[27] to reduce the number of children and young people killed or seriously injured by 55% by 2020 are therefore welcome, along with subsequent commitments to minimise the number of fatal road collisions through initiatives such as the lowering of speed limits in built-up areas, particularly areas in close proximity to schools; strengthening graduated licensing schemes in line with international best practice[28] and continuing to roll out educational road safety programmes.

Many other injuries and poisonings during childhood are preventable, and parents and carers need to be supported to make safety a priority, ensuring they are equipped with the knowledge, skills and resources for creating safe environments. The DHSSPS is due to launch a *Home Accident Prevention Strategy (2015-2025)*[29] in 2015; this strategy is expected to make clear recommendations that will require cross-departmental action.

Blind cord injuries are an ongoing concern; the Chief Medical Officer (CMO) for Northern Ireland is leading a group on behalf of the four UK CMOs to look at ways to reduce blind cord/chain injuries and deaths. Recommendations from this group are expected to feed into the forthcoming implementation plan to deliver the *Home Accident Prevention Strategy*[29]. Farm safety has also been identified as a particular area for focus in Northern Ireland, with five children under 11 years of age having died due to farm related accidents between 2004 and 2013[30].

Recommendation 11

Health and Social Care Trusts should make maximum use of existing family support services, health visiting and school nursing services, and safety equipment schemes to educate and equip parents to keep their children safe, focusing on home accident prevention, with consideration given to any recommendations in the forthcoming *Home Accident Prevention Strategy*[29]. The PHA, and Health and Social Care Trusts should play a role in ensuring that good practice already happening across Northern Ireland is disseminated across the region to provide a consistent approach.

Recommendation 12

Working in partnership, the Department of the Environment, Department for Regional Development, DE and the Police Service of Northern Ireland (PSNI), should continue to work towards implementing the actions set out in *Northern Ireland's Road Safety Strategy to 2020*[27] with a focus on:

- Introducing a new system of Graduated Driver Licensing (GDL), progressing with urgency the Northern Ireland Road Traffic (Amendment) Bill.
- Ensuring that road safety is included as early as possible in the planning process including for urban regeneration projects.
- Undertaking a review of Road Safety Education services and resources to ensure that they appropriately address today's road safety issues.
- The wider introduction of enforceable 20mph speed limits in residential areas and other urban areas where there is a significant presence of vulnerable road users, progressing with urgency the Road Traffic (speed limits) Bill which proposes the reduction to 20mph of national speed limit in built-up areas, in particular in areas close to schools (as per current pilot).

Promoting mental health and reducing risk-taking behaviours

Why children die shows adolescence to be the second riskiest time for death under 19 years of age in the UK, with many of these deaths a result of suicide, self-harm or assault. Between 2010 and 2013 there were 69 deaths due to suicide registered[i] in Northern Ireland for children and young people aged between 15 and 19 years. Of these, 54 were males (78%) and 15 were females (22%)[31].

There is already much work ongoing across Northern Ireland to promote positive mental health in children and young people. The DE provides funding for statutory school counselling in post primary schools across Northern Ireland. There is currently no equivalent counselling service in primary schools.

[i] It should be noted that these are 'registered' death by suicide, where the coroner has decided there is 'evidence beyond reasonable doubt' of the deceased's intentions. The actual figure may in fact be higher.

A range of resources are available for children and young people, including the *iMatter* 'pupils emotional health and wellbeing' programme which covers a wide range of topics such as peer pressure, body image, sexual identity and self-esteem[32]; it should be noted that use of these resources is at the discretion of the school. DE also funds the Northern Ireland Anti-Bullying Forum to support schools in the development of effective anti-bullying policy and practice[33]. While these and other programmes and services, such as those delivered by community groups, churches and sporting organisations, provide crucial support for children and young people, more must be done.

Another important step in promoting the mental health and wellbeing of children and young people is to understand the scale of the problem. Ongoing monitoring of children and young people's mental health enables potential gaps in the service system to be identified, risk and protective factors to be better understood, and ensures government and policy makers invest in programmes and services (from prevention through to specialist care) that will maximise mental health and wellbeing.

The 2006 *Bamford Review of Mental Health and Learning Disability (the Bamford Review)* recommended that a study of the mental health needs of children in Northern Ireland be commissioned[34]. This was reiterated in a 2011 research review which acknowledged that the reliance on prevalence data from other UK nations may be misleading as it does not take into account the Northern Ireland context, including the legacy of the Troubles and the nature of service provision. The report recommended that a prevalence study, specific to Northern Ireland and which supports international comparison, be developed[35].

Additionally, professionals who work with children and young people must be confident and competent in recognising the early signs of mental health difficulties, maximising potential for timely intervention, and be equipped with skills for creating environments that promote mental health and wellbeing.

The suicide rate for children and young people under 18 years of age in Northern Ireland has been increasing steadily over the last ten years, with rates in the most deprived areas of the country having more than tripled, and rates in urban areas consistently higher than rural areas[36]. The Northern Ireland *Protect life: Suicide Prevention Strategy* highlights the potential for 'clustering' of suicides; the PHA are leading on Community Response Plans across areas of higher risk, where local community, voluntary and statutory organisations are encouraged to work together to identify linked suicides and respond to prevent further deaths[37].

In addition to this, there must be a continued focus on ensuring adequate mental health service provision for children and young people. Access to Child and Adolescent Mental Health Services (CAMHS) can be extremely difficult and often children and young people with acute mental health concerns are admitted to paediatric or adult wards as there is no CAMHS bed available. CAMHS services need to be better resourced and made easier to access particularly in the acute setting. The existing CAMHS service needs to have an acute out-of-hours provision to facilitate timely and appropriate treatment for these vulnerable children and young people. This includes looked after children or those identified as at risk, children involved in youth justice, children who have been excluded from school and children with a history of self-harm. The system must be designed to ensure that the most vulnerable children and young people, who can be harder to reach, are provided with appropriate services and supports.

Drug and alcohol use has been identified as an important risk factor for suicide in children and young people. The *2014 Annual Report into Suicide and Homicide by people with mental illnesses in Northern Ireland* found that amongst young mental health patients who died, high rates of drug (70%) and alcohol (70%) misuse were identified[38]. It is therefore vital that young people have access to high quality drug and alcohol services when required. All children and young people must also have access to drug and alcohol education, which is based on the best available evidence and delivered by appropriately trained staff. Government departments and local authorities must also work together to take further action on restricting access by children and young people to alcohol and other drugs.

Recommendation 13

The DE and the Education and Library Boards, in partnership with the DHSSPS, should ensure that high quality, comprehensive and evidence-based health and social well-being improvement programmes are implemented consistently to agreed standards across all primary and post primary schools, and that these programmes foster social and emotional health and wellbeing, through building resilience, and specifically tackling issues around social inclusion, bullying, drug and alcohol use, and mental health.

In addition, the Education and Training Inspectorate (ETI) inspection framework for early years settings, schools and colleges should ensure consideration of the extent to which these settings provide an environment that promotes children and young people's social and emotional wellbeing.

Recommendation 14

A regular survey should be commissioned by the DHSSPS to identify the prevalence of mental health problems among children and young people across Northern Ireland. The DHSSPS, HSCB and PHA should ensure that this forms the basis of commissioning of emotional and mental health services across the country; this will also enable international comparisons to be made.

Recommendation 15

Basic training in infant, child and youth mental health should be established as a core capacity of all health, social care and education professionals who work with children and young people, to ensure potential issues are identified at the earliest opportunity and referrals to preventative services made. This could be achieved through the promotion and evaluation of evidence-based resources such as the *MindEd E-portal*[39].

Recommendation 16

The DHSSPS should progress with urgency the draft *Protect Life: Positive mental health and suicide prevention strategy*[37], and engage with stakeholders to ensure that key recommendations and impact measurements are implemented.

Recommendation 17

The DHSSPS, HSCB, PHA and Health and Social Care Trusts must work together towards regional, consistent delivery of appropriate child and adolescent mental health services encompassing all levels of provision (Steps 1 to 5). A clear focus on prevention and early intervention is needed, backed by additional resource and clear referral pathways, ensuring there is parity of esteem for children and young people, particularly for those most at risk of mental health difficulties (e.g. looked-after children, children involved in youth justice, children in kinship care, children who have been excluded from school, or those identified as being at risk).

Recommendation 18

The HSCB and PHA should ensure rigorous adherence to evidence based interventions as recommended in NICE Guidelines and through the continued implementation of the Regional Psychological Therapies Strategy.

Recommendation 19

The DHSSPS, PHA and HSCB should review existing provision of substance use services, ensuring that children and young people have access to adequate locally based early intervention services in addition to specialist provision, with the necessary investment secured to support this.

Recommendation 20

The Northern Ireland Executive, relevant government departments and the PSNI should take further steps to restrict access to alcohol by children and young people, including continued progress on the introduction of a minimum price per unit, regulation of marketing and availability, and action on under-age sales. In addition, there must be a focus on empowering young people to make safe and informed choices relating to alcohol and other mood-altering substances.

Reducing healthcare amenable deaths

Why children die identifies the importance of high-quality healthcare for children in the community and in acute settings. Children, young people and their families must be confident that health issues will be identified early, that they will receive the safest possible care from skilled professionals, and that they are supported appropriately to manage any ongoing conditions. Existing initiatives such as the *Strategy for Maternity Care in Northern Ireland: 2012-2018* will be vital for improving outcomes during the perinatal period[15].

Health plans are important tools for managing a range of medical conditions, such as asthma and epilepsy. The National Review of Asthma Deaths recommends that all people with asthma have a

personal asthma action plan, and that parents and children, and those who care for or teach them, are educated about its management[40]. Additionally, a review of the healthcare received in cases of mortality and prolonged seizures in children and young people with epilepsies, identifies the importance of comprehensive management plans to ensure the coordinated care between parents, schools and other carers to enable timely and appropriate responses to acute episodes of ill health[41].

It is therefore vitally important that educational settings are well equipped to support all children and young people with medical conditions. The introduction of *The Children and Families Act 2014* ensures that schools in England have a duty to support students with medical conditions[42]. This includes statutory requirements for the development of individual healthcare plans, and support and training for staff[43]. It is therefore timely that existing guidance in Northern Ireland, *Supporting Pupils with Medication Needs*[44], be reviewed and that consideration be given to whether a similar legislative duty be introduced to maximise the safety of children with medical needs in schools.

The *Northern Ireland Serious Adverse Incidents Procedure* is in place to ensure that all adverse events in hospitals which may have contributed to the premature death of an infant, child or young person are identified, reported and investigated, with the findings widely disseminated to inform service improvement[12]. The Donaldson Review, *The right time, the right place*[4] has identified some areas for strengthening these processes to ensure sustained reduction in risk. It is important to note that adverse events are rarely the fault of a single person. Review processes should remain focused on the importance of an organisational culture of learning, supportive professional leadership structures and recognition of human factors in all such events.

Recommendation 21

The HSCB, Health and Social Care Trusts and relevant professional associations should ensure that all frontline health professionals involved in the acute assessment of infants, children and young people utilise resources such as the *Spotting the sick child*[45] web resource and complete relevant professional development so they are competent and confident to recognise a sick child.

Recommendation 22

Health and Social Care Trusts should ensure that clinical teams looking after children and young people with known medical conditions make maximum use of tools to support improved communication and clarity around ongoing management, for example the use of epilepsy passports or asthma management plans where appropriate.

Recommendation 23

The DE in collaboration with DHSSPS and the HSCB should undertake a review of existing guidance and procedures in Northern Ireland schools relating to students with medical conditions and following this, consider the introduction of a legislative duty to support pupils with medical conditions in schools.

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