

RESPONSE FROM



Consultation Response

A Healthier Future A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005 – 2025

Department of Health, Social Services
and Public Safety

MARCH 2005

Introduction to CARE

CARE is a mainstream Christian movement and charity with approximately 100,000 supporters UK-wide, and 2,500 in Northern Ireland. CARE campaigns, provides resources, undertakes caring work and helps bring Christian insight and experience to matters of public policy, education and practical caring initiatives.

CARE's Public Policy Department acts as a think tank on a number of family issues, as well as issues of medical ethics and sexuality. We are a point of reference and information on these issues for our supporters, who we keep informed about developments in policy and law through our regular publications.

CARE incorporates more than 160 crisis centres offering support and advice and information to those with unplanned pregnancies; foster families to adults with learning disabilities and the radical care of young people on remand. In addition to its social caring and educational programmes in the UK, CARE also undertakes research and lobbying on associated issues. CARE's concern is for the wellbeing of all in society, but particularly for the most vulnerable and needy

CARE welcomes the opportunity to respond to *A Healthier Future*. We have directed our comments to focus on and address specific proposals within the document.

General Comments

1. CARE welcomes the Department of Health, Social Services and Public Safety's (DHSSPS) referral to the World Health Organisation (WHO) definition of health, as stated in their Constitution, which is as follows: "*Health is a state of complete physical, mental and social well-being, not simply the absence of disease or infirmity*".

CARE welcomes this approach to "health", which positively facilitates a holistic approach to all-round good health.

2. CARE welcomes the recognition within the vision that:

“One of the best ways we can improve the health and wellbeing of the population is by improving the health and wellbeing of children and their parents.”

CARE would strongly welcome a commitment from the Department, which recognises that it is beneficial for children and young people, who are under-age, to be free from drug, nicotine and alcohol use and sexual activity.

3. CARE welcomes the department’s commitment to provide children and young people with the “information necessary to make informed decisions about their personal behaviour”.

4. CARE commends the strategy for correctly identifying the link between poor health and social deprivation and exclusion.

INVESTING FOR HEALTH AND WELLBEING

‘Inappropriate or Unsafe Behaviour’

5. CARE welcomes the commitment to tackling issues of “inappropriate or unsafe behaviour” **(1.7)**

In addressing inappropriate or unsafe behaviour, CARE notes with concern the omission of under-age sexual activity, particularly in light of the fact that our rate of teenage pregnancy is one of the highest in Europe and also in view of the fact that Sexually Transmitted Infections are on the increase.

We welcomed reference in the Draft Sexual Health and Promotion Strategy and Action Plan, October 2003, to the damage, both physical and emotional, that can be caused by early sexual activity that takes place outside of appropriate and healthy contexts.

With regard to the findings of the Young People’s Behaviour and Attitudes Survey, which revealed that in

terms of sexual behaviour of children aged 11-16 years of age, 11% reported they had sexual experiences, including sexual intercourse, with the majority being 14 years of age at first sexual intercourse, we believe that the dangers of under-age sex need to be addressed.¹

Responsibility for protection and care of vulnerable

6. CARE believes that in being “more aware of the needs of the vulnerable people” in our society, and accepting “collective responsibility for their protection and care” **(1.16)**, we must include within this the child in utero. In accordance with the UN Convention on the Rights of the Child, the needs of the unborn child are recognised:

“the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth.”

7. Governments around the world are beginning to acknowledge the importance of the pre-birth period to the health and well-being of children after birth. There is significant evidence to suggest that poor prenatal conditions can seriously impair the development of the unborn child and subsequently his or her health and well-being throughout childhood and beyond. The development of heart disease, hypertension, diabetes and obesity in adults may be linked to foetal growth and birth weight, and research suggests that a baby born at full term and weighing over 2.5kg is more likely to grow steadily and suffer less illness.²
8. Recent findings published by the BMA show that smoking during pregnancy is the largest preventable cause of foetal and infant ill health and death.³
9. In seeking to promote the health and wellbeing of ALL members of our society in Northern Ireland, CARE believes that no group should be excluded from the remit of the

¹ Young People’s Behaviour and Attitude Survey. Central Survey Unit of the Northern Ireland Statistics and Research Agency. January, 2002

² Health promotion effectiveness reviews Summary bulletin 11 – 1998 ISBN 0 7521 1178 7 NHS Health Development Agency www.hda-online.or.uk

³ ‘Smoking and reproductive life- The impact of smoking on sexual, reproductive and child health’, BMA, 2004.

vision, including the child in utero.

Healthier Choices

10. CARE strongly agrees with point **1.17** of the vision, in particular that “everyone must be helped to make healthier choices and to take greater responsibility for maintaining their own health and wellbeing.” However, the strategy ought to consider how people can be advised on the dangers of making unhealthy choices.
11. We believe that there needs to be greater emphasis on the importance of responsibilities in relation to sexual activity. CARE would welcome a positive approach by the Department on supporting young people in delaying first sexual activity and refraining from casual sex, recognising the importance of secure relational contexts for healthy sexual activity (e.g. marriage).

LOOKING AHEAD: A CHANGING WORLD

Demographics and Lifestyle

12. CARE commends the Department for correctly identifying the negative impact of divorce and separation on the health and wellbeing of children and young people in Northern Ireland **(2.23)**.
13. We believe that society has a strong interest in the stability, cohesiveness and financial security of the family, and the benefits of marriage must be understood, supported and protected by policy-makers, opinion formers and the media.⁴
14. In view of the negative impact that family breakdown is having on the health and well being of society in Northern Ireland, CARE urges the Department of Health, Social Services and Public Safety (DHSSPS) to develop policies, which seek to uphold and support marriage and the family.

⁴ The Merits of Marriage, CARE Public Policy Department, 1998.

OUR VISION FOR THE FUTURE

15. We commend the vision for focusing the Department's services on "supporting, protecting and promoting the quality of life of those least able to protect themselves" **(3.2)**.
16. However, we note with concern the absence of the unborn child within the inclusive list of those most vulnerable in our society (see points 6- 9).

Responsive Integrated Services

17. CARE welcomes the commitment to treat those with a terminal illness with the "utmost dignity and respect, working to ease their pain and anxiety" **(3.10)**. CARE would strongly welcome a commitment within that to oppose the legalisation of euthanasia in all circumstances.
18. CARE has made submissions to both the Assisted Dying for the Terminally Ill and Mental Capacity Bill and would be opposed to the introduction of assisted suicide or euthanasia. The introduction of such laws would threaten legal and clinical safeguards for vulnerable patients such as the terminally ill, mentally incapacitated and disabled.

Children and Young People

18. CARE strongly welcomes the development of a family and parenting strategy, which will promote the vital role and responsibility of parents, and at the same time, positively support and affirm them in this role **(5.93)**.
19. CARE has a long history of responding and contributing to the development of public policy on children and young people, and in our recent submission to the Strategy for Children and Young People, we noted with concern the failure of the strategy to fully recognise the vital responsibility and function of parents.
20. In terms of health service provision for children and young people, we welcome the provision and development of "age appropriate services", where "care would be provided in an appropriate location and in an environment that is safe and well suited to the age and stage of development of the child or young people" **(5.101)**.

21. CARE believes that such a development must take into account the inappropriate provision of sexual health services to under 16s, within or near school campuses, without the knowledge of their parents. We believe that it is the primary right and responsibility of parents to determine the content of their children's sex and relationship education.



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