

1. What is your name

Royal College of Paediatrics and Child Health (RCPCH).

2. Are you responding as:

Other – Royal Medical College

3. If you are responding on behalf of an organisation can you tell us who?

Royal College of Paediatrics and Child Health (RCPCH) - the membership body for paediatricians in the UK and around the world. With more than 22,000 members in the UK and internationally, we play a major role in postgraduate medical education, professional standards, research, and policy.

4. Do you think the priority themes and objectives represent the most important issues for CYP?

RCPCH supports the six main Strategic Objectives of NICCY's Corporate Strategy 23-27.

As a Royal Medical College representing paediatricians, we welcome that improving health and wellbeing, along with related determinants are identified as priority themes under Objective 2. We would offer commentary on five of the Objectives and associated themes detailed in the consultation document from the perspective of physical, mental and emotional health and the determinants of health and wellbeing generally which are core to the holistic 'whole child' approach to policy affecting infants, children and young people.

The voice of children and young people is at the heart of everything we do at the RCPCH and we are guided by the UNCRC. In particular, Article 12, Article 23, Article 24, Article 28 and Article 31 are core to our policy work.

4.1 Objective 1: Incorporation

4.1.1 – Incorporation of UNCRC into Law

RCPCH supports the theme around incorporation of the UNCRC into NI domestic law as it would legally protect children's rights and give way to the basic principle of accountability for breach of rights. The re-introduction of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill passed reconsideration stage on 7 December 2023 showing a real commitment to providing protection of, and redress for, breach of children's rights in Scotland. Northern Ireland as a region should seek the same protections through embedding children's rights in terms of accountability for public services, enabling compatibility and remedies as this would go much further than due regard and optional CRIAs pertaining to UNCRC.

4.1.2: Holding Government to account

The Statement of Child Rights (SOCRNI) is an extremely useful mechanism in understanding how we engage with and meet the obligations of the UNCRC. The observations and recommendations of the

Committee on the UNCRC provides independent, undeniable evidence which shines a light on the failings to meet children's rights. The third iteration published in 2022 painted a worrying picture regarding access while identifying that children and young people are the highest users of public services. The planned SOCRNI for 2025 will further hold government to account and NICCY's diligent discharge of this publication is key.

4.1.3: Monitoring the work of Government and public bodies

In discharging the role of monitoring the adequacy and effectiveness of services delivered by government for children and young people to effect real and meaningful change to address ongoing systematic failures, the RCPCH would encourage intensive review and monitoring of the delivery of the current and future iterations of the Strategy for Paediatric Care in Hospitals and the Community under via review of More than a Number report (MTAN).

The Child Health Partnership (CHP), as the regional network of clinical and managerial leads from HSC Trusts, PHA and SPPG work hard to ensure services are coordinated and delivered in the most effective way possible in the current landscape. The *Building better, delivering together framework* notes that issues implementing the paediatric strategies to date are well recognised, including the budgetary position, the COVID-19 response and other unscheduled pressures but cites 'a clear desire across the service to continue to work together to improve children's health'. It goes on to state that the CHP Programme Board is a key step in achieving that aim and is the best vehicle for driving and overseeing the required progress. The Department has agreed enhanced governance arrangements for the CHP, which aim to strengthen and promote accountability for children's healthcare services across the HSC and support the CHP in leading the rebuild and delivery of children's hospital and community services under the current paediatric strategies including a Programme Board which includes Departmental representation and a Trust Director as regional Chair.¹

Nonetheless, more could be done to ensure all Paediatric Clinical Leads from sites delivering care and paediatric sub-specialty leads including tertiary care, who are also our educational supervisors and trainers, are adequately networked and empowered to share information and operate across Trust boundaries more seamlessly. A steering group to support policy development and coordination to include independent standards advisers and NICCY to ensure the rights of children remain key to service planning and delivery should be deployed. This approach, congruent with NICCY's recommendation of 'a policy lead for child health' in MTAN would support the current clinical, commissioning and public health configuration. For example, in addition to the Managed Clinical Networks and partnerships that exist in Scotland, there is a dedicated Senior Medical Advisor for Paediatrics to Scottish Government. NICCY should keep under review the Strategy for Paediatric Care in Hospitals and the Community and the delivery mechanism, viz, the CHP under this priority theme.

Full networking between the CHP and maternity / neonatal services and networks is paramount, as is linkage with Allied Health professionals, and the CYP Strategy Team at the Department of Education and the Voluntary and Community Sector to move toward a 'whole child' approach to health and wellbeing. Treating children as a distinct population with paediatrics being a fundamental part of this rather than a sub-specialty within secondary care would be an ideal, with working models of interface cooperation between primary care and paediatrics being upscaled and prioritised too. The developing ICS, due to be rolled out region-wide by Spring 2024 is a golden opportunity to realise this vision. This would reflect the observations and recommendations of the Hewitt Review of ICSs in England pertaining to giving every child the best start in life, from pregnancy

¹ Department of Health NI (2023) available at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-annual-report-accounts22-23.pdf>

through to late adolescence.² In the same thread, the Health and Care Act 2022 stipulates that ICBs under the ICSs in England must have an executive lead for children.³ NICCY should keep under review the implementation of the ICS and associated AIPBs as they aim to deliver for the child population of their respective areas / Trust regions to ensure rights are protected and championed.

Linked to this is NICCY's recommendation for the appointment of a Deputy Chief Medical Officer or equivalent for the purposes of accountability and strategic direction for an extended CHP and policy steering group. The RCPCH also assert that the recommendation for a full review of the child health system should be undertaken to ensure that HSC reform is based on an up-to-date understanding of need across the system and takes account of existing plans and strategies is reiterated in the next MTAN review, as without this, real and meaningful system improvement will be difficult. The overarching 10-year blueprint for transforming HSC in NI, *Health and Wellbeing 2026 - Delivering Together* is nearing the end of its term and commissioning, service delivery and configuration as it relates to children's health services is still unclear.

Similarly, MTAN identified lack of clarity on overarching spend on child health services calling for the establishment of a transparent budgeting process that shows clear budgeting lines for public spending on children's health services which meets the five child rights principles for public budgeting i.e., effectiveness, efficiency, equity, transparency and sustainability. Again, the RCPCH acknowledges the instability and current deficit in terms of public finances, with potential changes to the Barnett formula toward a needs-based approach to public services being considered. Without an understanding of holistic or disaggregated spend it remains difficult to monitor the success or quality of the delivery of public services or the fairness or proportionality of the apportionment of funding. We believe NICCY should continue to advocate for clarity around spend on children's services delivered or commissioned by public bodies.

Emergency Departments are at the coal face of a plethora of child presentations from young people in mental health distress to injuries sometimes the product of abuse to critically ill infants and children. The urgent and emergency care review⁴ identified, that under 5s are one of the highest user groups of EDs and children and young people 0-19 years make up 26% of all ED attendances who are most likely group to attend EDs inappropriately, but the Department did not go further in terms of planning for children at that time. We welcome the Departmental response under the No More Siloes Agenda,⁵ but presentations remain high and pathways undeveloped.

The current publishing of data relating to ED attendances isn't disaggregated by age and the detail on those presentations referred by GPs is extremely limited. The biggest indicator of ED attendances currently available is that of the Royal Belfast Hospital for Sick Children.⁶ Not only should EDs aim to achieve the Intercollegiate Standards for children and young people in emergency care settings⁷ but a clear understanding of why EDs are used by children and young people should form part of the multifaceted approach to monitoring public services pertaining to health. Empowering Paediatric

² The Hewitt Review: An independent review of integrated care systems, (April 2023), available at: <https://assets.publishing.service.gov.uk/media/642b07d87de82b00123134fa/the-hewitt-review.pdf>

³ <https://www.england.nhs.uk/long-read/executive-lead-roles-within-integrated-care-boards/>

⁴ Department of Health NI (2020) Review of urgent and emergency care services in Northern Ireland, available at: https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-review-team-report_2.PDF

⁵ Department of Health NI (October 2022) Review of Urgent and Emergency Care Consultation Findings Report available at: <https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-review-uec-departmental-response.pdf>

⁶ Department of Health NI, Emergency Care Statistics, available at: <https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/emergency-care-statistics>

⁷ RCPCH Intercollegiate Standards for CYP in Emergency Care Settings, available at: <https://www.rcpch.ac.uk/resources/facing-future-standards-children-young-people-emergency-care-settings>

Emergency Medicine clinicians to support the standardisation of care in EDs, collecting data to inform reconfiguration and commission as well as using contacts for multiple other purposes such as advise to parents and carers are all methods of ensuring a child centred approach to policy making based on rights.

The RCPCH publishes a data library relating to admissions, waiting times and 'paediatrician per head' which is exceptionally limited for Northern Ireland in terms of disaggregation and no detail publicly available at all on numbers of paediatricians.⁸ It is difficult to monitor the performance of Executive Departments responsible for child policy without adequate data. NICCY should continue to advocate for significantly enhanced data collection and utilisation to build, benchmark and utilise to create a picture of need to deliver upon. NICCY commits to monitoring the CYP Strategy 2020-30 and CSC Act (2015), again, political and financial barriers notwithstanding, discharging sections of the CSC Act are not possible due to dissolution, yet giving way to many of the provisions are viz. Sections 2 and 4 could be. However, some indicators relating to the Outcomes of the CYP Strategy 2020-30 are inadequate and seem satellite to the various other strategies relating to children's health and wellbeing. NICCY is right to focus on the delivery and measurement of these policy mechanisms for children and encourage a focus on linking related policy and budget pooling.

4.2 Objective 2: Rights

4.2.1 Tackling child poverty

The impact of poverty is well known, particularly as it relates to health inequality.⁹ The highest level of urgency must be given to this priority theme, particularly through the development and monitoring of the regional Anti-poverty Strategy planned for NI and in the interim until this is developed. RCPCH members state that the experience of inter-generational inequalities often underpins the major population differences observed in health, education, employment, justice, housing.

A range of organisations have highlighted the myriad of cuts adding to the burden of poverty. Recent statistics from The End Child Poverty Coalition show that more than 45,000 children in Northern Ireland are affected by the 2-child benefit cap. Monitoring policy and making recommendations akin to those deployed in Scotland such as the Child Payment should be prioritised by NICCY. RCPCH believe that poverty is insidious in that it essentially destroys a child's future. It determines the food, or lack of, a child eats, the quality of air they breathe and even a child's life expectancy. Poverty is also costly for wider society, both in the short-term and the long-term. Health inequalities leave our health services with high bills and long waiting lists.

The SOCRNI 2022 provided clear evidence between eligibility of free school meals and a range of other societal and health inequalities and remains an indicator of need across the childhood life course. Linked to this, is the policy within the current budgetary deficit to not provide access to free school meals during school holidays. As a College of Paediatricians we view nutrition as the bedrock of health, in response to the recent Welsh Government decision to discontinue free school meal provision during holidays periods, members acknowledged seeing the impact of hunger and malnutrition stating that it is not unusual for them to care for children who don't have enough to eat or who don't have access to a substantial meal outside of what is provided in school. Good nutrition is at the heart of health, wellbeing and development for children and young people. Without it,

⁸ RCPCH Data Library <https://www.rcpch.ac.uk/resources/paediatric-workforce-information-evidence-library>

⁹ RCPCH Poverty and Health Inequality policy, available at: <https://www.rcpch.ac.uk/key-topics/child-health-inequalities-poverty>

children's health outcomes worsen, and with that, so do their life chances.¹⁰ We would encourage NICCY to champion the reinstatement of the holiday hunger policy from a rights perspective under this priority theme.

4.2.2 Improving health and wellbeing

The RCPCH welcomes the commitment to keep under review the MTAN and Still Waiting Reports. The NI Audit Office highlighted the number of children waiting for initial outpatient appointments and hospital admission both increased by 45% between 2017 and 2022 from 26,696 to 38,628 and from 7,178 to 10,371 respectively, with more waiting more than a year for an outpatient appointment and a sizeable number of children in NI were having to wait four or five years for routine surgical procedures. It also noted requirements needed to improve the deteriorating picture in NI including building a HSC workforce capable of reducing current waiting times and intervening on the stalling of the role of primary care in delivering elective treatment.¹¹ Notwithstanding multi-year budgeting issues and instability, NICCY should keep under review the actions and planning of the Department of Health as it relates to the rights of children and young people in this regard. The RCPCH have continuously called for a review of the whole child health workforce.¹² At September 2023, Outpatient waiting times sat at 22,325 which is wholly unacceptable.¹³ The detail provided at section 4.1.3 of this response also apply to this priority theme.

Monitoring progress against the 'Still Waiting' report being taken forward withing the overarching Mental Health Strategy and associated Funding Plan is fundamental in the current landscape. Rates of anxiety and depression are around 25% higher in the child and youth population in comparison to other UK nations¹⁴ and in 2020 it was approximated that almost 19% of young people aged 11-19 years met the threshold for psychotic-like experiences. Early intervention, prevention in the community alongside clinical CAMHs is key given the well cited statistic that approximately half of mental health conditions in adults start before the age of 14 and 75% before the age of 24. At 30 June 2023, there were 2,251 total waits for a CAMHS assessment in NI, of which 1,205 were waiting for more than nine weeks.¹⁵ Additionally in the most recent YPBAS (2022) 51% of respondents were concerned about their mental health to at least some extent.¹⁶ The RCPCH are developing a Mental Health Policy Position Statement detailing the role of paediatricians within the mental health landscape and will highlight with NICCY to support this priority theme.

All of NICCY's commitments detailed in this section of the consultation document are necessary and again, we would note the opportunity that the ICS provides for a coherent, joined up approach to preventing, reducing and treating mental health issues in conjunction with the Voluntary and Community Sector. Again, notwithstanding the budgetary deficit, the Mental Health Strategy Funding Plan must be prioritised at the earliest opportunity. RCPCH members state that children and young people are NI's best hope for a better future but are suffering most egregiously due to the

¹⁰ RCPCH available at: <https://www.rcpch.ac.uk/news-events/news/rcpch-wales-responds-welsh-governments-decision-not-extend-school-meals-during>

¹¹ NI Audit Office (2023) Tackling Waiting Lists available at: [NI Audit Office Report - Tackling Waiting Lists.pdf](#)

¹² RCPCH [Child health workforce – RCPCH – State of Child Health](#)

¹³ Department of Health NI; Outpatient Waiting Time Statistics, available at: <https://datavis.nisra.gov.uk/health/ni-outpatient-waiting-times-sep-23.html>

¹⁴ HSC Board (2020) Youth Wellbeing Prevalence Survey available at:

¹⁵ [Publication of "CAMHS Waiting Time Statistics for Northern Ireland \(June 2023\)" | Department of Health \(health-ni.gov.uk\)](#)

¹⁶ Department of Health NI (2023) Young persons behaviour and attitudes survey 2022 - mental health and wellbeing, available at: [Young persons behaviour and attitudes survey 2022 - mental health and wellbeing | Department of Health \(health-ni.gov.uk\)](#)

impact of departmental cuts. Moreover, RCPCH members have highlighted the inability to support those children presenting in distress at EDs in NI also acknowledged in *Still Waiting*.

Prevention and early intervention policies require monitoring and direction in terms of rights and NICCY should ensure policies around public and child population level health are not taken forward in isolation, healthy weight for example is measured in the CYP Strategy 2020-30 and will be focused on in the successor *Strategy to A Fitter Future for All*, however, indicators and strategies pertaining to oral health and vaccination uptake are not, we welcome the current consultation on Childrens Oral Health Improvement Plans¹⁷ and the collection of data via the PHA on the childhood vaccination programme, but note that the availability of JCVI recommended RSV vaccines for example are not currently available.¹⁸ All of these issues make up the cornerstone of health and wellbeing and relate to UNCRC Article 24. Indeed, collectively, the Academy of Royal Medical Colleges highlighted their concern around inadequate priority toward the prevention of ill-health in childhood.¹⁹ NICCY should ensure advice around coordination and prioritisation of prevention and treatment of these issues.

Inextricably linked to whole child health and wellbeing approach and is the demand for SEN assessment/provision which is highlighted frequently by RCPCH members. NICCY Reports *Neither Seen Nor Heard* and *Too Little, Too Late* are key documents and as detailed in the SOCRNI 2022 under educational inequality and other key right's priorities, NICCY rightly iterated key priorities around redirecting the focus to early years, including review of Sure Start staffing, expanding Early Years SEN Inclusion Service and championing Emotional Health and Wellbeing. The prevalence of neurodiversity in NI is well known and demand was recently acknowledged in the Ray Jones Review in terms of autism and other neurological disabilities such as ADHD and growing need for assessments and services. NICCY should focus on overarching strategies such as the developing joint Department of Health and Department of Education Emotional Health and Wellbeing Framework.

4.2.3 Strengthening safeguarding provisions

In terms of Child Death Overview Process (CDOP), it remains extremely concerning that no such coordinated process exists regionally for NI. While we welcomed and were involved with the Department of Health commissioned independent review, NI remains the only region of the UK without a coordinated process. This remains unacceptable due to the inability to adequately benchmark, recognise trends or support the reduction of preventable deaths. For example, in 2023, the National Child Mortality Database (NCMD) covering England and Wales identified that the death rate for infants in the most deprived neighbourhoods increased from 5.4 per 1,000 infant population in 2022 to 5.9 in 2023, which is more than twice that of infants in least deprived neighbourhoods, which was 2.2 per 1,000 infant population and a decrease from 2.4 per 1,000 in 2022. NCMD thematic reviews in 2021 identified suicidal behaviour among children had become a public health priority noting that suicide had risen for at least a decade, in contrast to the more fluctuating pattern in adults. Nonfatal self-harm had also increased and spread to younger adolescents.²⁰ As soon as reasonably practicable, legislative change should be advised as a matter of urgency by NICCY to

¹⁷ Department of Health NI Children and Older Personal Oral Health Improvement Plans, available at: <https://www.health-ni.gov.uk/consultations/childrens-and-older-persons-oral-health-improvement-plans-consultation>

¹⁸ RCPCH (2023) How can we prevent deadly disease outbreaks, available at: <https://www.rcpch.ac.uk/news-events/news/how-can-we-prevent-risk-deadly-disease-outbreaks>

¹⁹ Academy of Royal Medical Colleges (September 2023) Securing our healthy future Prevention is better than cure, available at: https://www.aomrc.org.uk/wpcontent/uploads/2023/09/Securing_our_healthy_future_0923.pdf

²⁰ National Child Mortality Database (2021) Thematic Reviews, available at: <https://www.ncmd.info/wp-content/uploads/2021/11/NCMD-Suicide-in-Children-and-Young-People-Report.pdf>

ensure robust CDOP for NI in-line with similar procedures in the rest of the UK to learn from and prevent child deaths.²¹

The RCPCH are responsible for child protection service standards, including audit and setting the roles and competencies for doctors concerning child protection.²² NICCY should continue to promote the adequate operation of the safeguarding panels within the Safeguarding Board NI with requisite membership prioritised including named safeguarding doctors and nurses.

The consultation document notes under societal context the recent Independent Review into Children's Social Care which identified many recommendations and options, the Review rightly notes that a proposed ALB for children cannot be taken forward in isolation. As an organisation where child protection plays a role in everything we do, and is about protecting individual children identified as suffering, or likely to suffer, significant harm as a result of abuse or neglect as well the broader purpose of safeguarding and ensuring children grow up in a safe environment, the RCPCH highlight the need for requisite linkage between health, social care and child protection as well as with the broader systems of education and the Voluntary and Community Sector. A model which ensures the core requirements of data-sharing, multi-disciplinary working and a wraparound approach to supporting children must be at the fore.

4.2.4 Asylum seeking & refugee children / newcomer children

The RCPCH lobbied significantly on the Illegal Immigration Act 2023 and remain deeply concerned that the new law will have direct consequences for some of the most vulnerable children in our society. While outside of the remit of devolution, biological age assessment testing will form a part of the assessment process for a child or young person's asylum claim not only do paediatricians feel that this is not a sufficiently accurate measure on which to base an asylum decision, children will have to 'consent' to x-ray imaging, exposing them to radiation risks for a non-medical purpose. Proposals to use MRI imaging may trigger a trauma response relating to their journey to the UK, causing significant harm to their mental health.

In advising the NI Executive Departments, NICCY should ensure that children can access their rights for any duration of detention for immigration purposes. NICCY should ensure that initial health assessments are prioritised as these are essential in identifying both urgent and long-term health needs of children arriving in the UK. Any delay to such an assessment has the potential to lead to serious health decline in this population of children and young people.²³

We welcome this as a priority for the next 3 years and hope that NICCY will engage with the Human Rights Commission on compatibility for children in this jurisdiction.

Linked to section 4.2.4, due regard should be paid to ensuring that paediatricians can fulfil the guidance prepared by the RCPCH in the management and treatment of unaccompanied asylum-seeking children.²⁴

²¹ National Child Mortality Database <https://www.ncmd.info/> and Health Improvement Scotland [National Hub for Reviewing and Learning from the Deaths of Children and Young People \(healthcareimprovementscotland.org\)](https://www.healthcareimprovementscotland.org/)

²² RCPCH <https://www.rcpch.ac.uk/key-topics/child-protection>

²³ RCPCH News (20 July 2023) [Paediatricians concerned as Illegal Migration Bill receives Royal Assent | RCPCH](#)

²⁴ RCPCH, Refugee and asylum seeking children and young people - guidance for paediatricians, available at: <https://www.rcpch.ac.uk/resources/refugee-asylum-seeking-children-young-people-guidance-paediatricians>

4.2.5 Children’s rights and the environment

The RCPCH has identified the climate crisis as one of the single greatest threats to humanity, acknowledging that children are uniquely susceptible to its effects, moreover, the impact of the climate emergency is not felt equally, with disadvantaged children disproportionately affected. The RCPCH call for child health to be a central theme in all climate change policy decisions. All children have the right to clean air, safe water, sanitation, affordable and nutritious food, and shelter. Yet many do not have access to these critical health determinants. We consider the climate crisis to be a child rights crisis, and governments should mobilise and allocate the maximum available resources to protect those rights and include a child rights risk assessment as part of all climate policy decisions.²⁵ NICCY’s prioritisation of this theme is welcomed, particularly around promoting children’s rights in terms of judicial decision making and we encourage the further acknowledgment of the linkage between inequality and climate change as well as encouraging enhanced effort to not only meet targets set out in the NI Climate Act, but work harder toward net zero.

4.3 Objective 3 – Advocate

The RCPCH in Scotland are members of the Together Scottish Alliance for Children’s Rights which sits on a number of governmental and non-government advisory groups to ensure children's rights, as outlined in the UNCRC, are considered in decision-making. With over 500 members it ensures the UNCRC and the rights of children are at the fore of not only duty bearers as detailed in the Convention, but at as many levels of policy formulation and delivery as possible. Many alliances exist advocating for acknowledgment of rights within health and the social determinants of health, an influential forum such as Together could be considered useful in prioritising the incorporation agenda.

Scottish Government have also published non-statutory Guidance²⁶ which provides information and resources to support public authorities and other organisations to implement a children’s human rights approach. It may also assist public authorities to meet their current duties under the Children and Young People (Scotland) Act 2014 and to prepare for their duties under section 6 of the United Nations Convention on the Rights of the Child (Incorporation)(Scotland) Bill, which would place a duty on public authorities not to act incompatibly with the ‘UNCRC requirements’ as defined by section 1 of the Bill. We know NICCY work hard to encourage CRIAs within Executive department policy making, this guidance goes further.

4.4 Objective 4 – Knowledge

4.4.1 Enhancing visibility & accessibility

The RCPCH would encourage the Commissioners’ office to call for the existing services to collect data that is relevant and sensitive to CYP outcomes more holistically and that this is held in a central repository that can be a resource as well as an agent for change.

RCPCH members state that there is a case to be made for seeking out more new knowledge with regard to children and creating access to knowledge that CYP and their carers need to navigate normal life in NI over and above NI Direct. It should be a curated and managed resource that is open 24/7, be designed in cooperation with CYP, in multiple formats and languages, is broadly generalised

²⁵ RCPCH, Position Statement on the Impact of Climate Change, available at: [The impact of climate change on global child health - position statement | RCPCH](#)

²⁶ Scottish Government (2024) available at: <https://www.gov.scot/publications/guidance-taking-childrens-human-rights-approach/>

but has links to specialist, vetted resources and can be capable to 2-way information exchange. Members believe that children and young people should have the right to access information and data in a way that they can understand and use for their own benefit. The right to ensure that information about them is shared securely & appropriately with those that they need to help them, so that they do not have to repeat themselves multiple times is extremely important.

4.5 Objective 5 – Participation

The RCPCH are committed to Article 12. RCPCH &Us is the engagement and advocacy arm of our College. Children and young people are central to our work, driving everything we do. They make a difference by working with us and our community of members to shape policy and advocacy, inform education, training and practice, and develop quality improvement programmes. The children and young people involved in turn develop skills for life, enabling them to make a lasting difference.²⁷ RCPCH members have registered concern on the lack of democratic representation for children and young people, notwithstanding the current political landscape. Therefore we are in full support of creating opportunities for children and young people to have a direct say in decisions affecting them, including supporting them to campaign on issues affecting children in NI.

For queries relating to this response, please contact Anna McDaid, Head of Policy and Public Affairs anna.mcdaid@rcpch.ac.uk.

²⁷ RCPCH &Us available at: <https://www.rcpch.ac.uk/about-us/our-team/children-young-people-engagement-team>