



**ombudsman
do leanaí
for children**

Department of Children, Equality, Disability, Integration and Youth:

Consultation on the Inclusion Health Framework

Submission by the Ombudsman for Children's Office

January 2025

Contents

Introduction	3
Children’s Rights	3
Access to Healthcare Services for Children	4
1. Children Experiencing Homelessness.....	4
2. Children in Direct Provision	6
3. Traveller Children.....	7
4. Roma Children	8
5. LGBTI+ Children	9
6. Children with Disabilities.....	11
Data Collection on Child Health	13
Children's Perspectives on Healthcare Challenges	14

Introduction

The Ombudsman for Children's Office (OCO) is an independent statutory body, which was established in 2004 under the Ombudsman for Children Act 2002, as amended (2002 Act). One of the OCO's core statutory functions under the 2002 Act is to promote the rights and welfare of children up to the age of 18 years. The OCO has prepared this submission pursuant to Sections 7(1)(a) of the 2002 Act, which provides for the Ombudsman for Children to advise on the development and coordination of policy relating to children, and Section 7(4) of the 2002 Act, which provides for the Ombudsman for Children on any matter relating to the rights and welfare of children.

The OCO welcomes the development of the new Inclusion Health Framework and the stated intention to advance health outcomes for marginalised and vulnerable groups, including children. We also acknowledge the many positive developments in recent years that have sought to improve health inclusion and access to services, such as the [National Strategic Plan to Improve the Health of People Experiencing Homelessness in Ireland](#) and the [National Traveller Health Action Plan](#).

In preparing this submission, the OCO has been mindful of the wide-ranging experience and expertise of the many stakeholders, including those with lived experience, who may contribute to this consultation. Accordingly, the purpose of our submission is to highlight some of the issues we believe should be considered in developing the Framework, to ensure that the health rights and needs of children, particularly those facing social exclusion, are fully recognised and addressed.

Children's Rights

By ratifying the United Nations Convention on the Rights of the Child (UNCRC) in 1992, Ireland committed to upholding the rights of all children within its jurisdiction. This commitment involves not only respecting but also protecting and fulfilling these rights. The UNCRC is underpinned by four general principles that are essential for the realisation of children's rights:

- Article 2 asserts that all children must enjoy their rights without discrimination, regardless of their circumstances or those of their parents or guardians.
- Article 3 mandates that the best interests of the child be a primary consideration in all actions affecting them.
- Article 6 acknowledges the child's right to life, survival, and development, requiring states to provide conditions that enable the child to develop to their fullest potential across all aspects of life.
- Article 12 guarantees children the right to express their views freely on matters affecting them, with these views being given due weight in accordance with the child's age and maturity.

These principles are crucial in guiding policies and frameworks designed to safeguard children's health, particularly within the context of inclusion and equity. The Health Service Executive's (HSE) Inclusion Health Framework offers a significant opportunity to address health disparities affecting marginalised children and to ensure equitable access to healthcare services. In line with Article 24 of

the UNCRC, it is vital that the health needs of children are prioritised within this framework, with a specific focus on eliminating barriers to healthcare access, particularly for children from vulnerable or minority backgrounds, including those with disabilities.

In its most recent concluding observations, the Committee on the Rights of the Child highlighted the urgent need to improve health outcomes for children from minority and disadvantaged groups. It called for action to combat discrimination and improve access to healthcare, housing, and education for children such as those from the Traveller and Roma communities, children of African descent, LGBTI+ children, and those seeking asylum, as well as refugees and migrant children.¹

Access to Healthcare Services for Children

In Ireland, children from marginalised backgrounds, including those experiencing homelessness, from Traveller and Roma communities, or whose families are migrants or seeking international protection, often face significant barriers to accessing essential healthcare. Many of these children do not have regular access to primary healthcare providers, preventive health services, or developmental screenings, which are critical during formative years. An inclusive health approach must prioritise making these services readily available and accessible, recognising the compounded challenges these groups face, such as geographical, economic, and cultural barriers.

1. Children Experiencing Homelessness

In Ireland, homelessness and housing instability pose serious risks to children's well-being, undermining their right to health as defined in Article 24 of the UNCRC.² As the number of families experiencing homelessness continues to rise,³ children are disproportionately affected, facing heightened risks to their physical and mental well-being.⁴ These children often experience a lack of stable housing, which leads to poor access to healthcare, inadequate nutrition, and exposure to environmental hazards.⁵ Studies have shown that homeless children are more likely to suffer from chronic health conditions such as asthma, dental problems, and skin infections, which are worsened by living in temporary, overcrowded accommodations or on the streets.⁶ Furthermore, the psychological toll of homelessness is significant, with children experiencing higher rates of anxiety, depression, and developmental delays due to the instability of their living conditions.⁷ The lack of social support, combined with limited access to healthcare, exacerbates these health issues, creating a cycle of disadvantage that is difficult to break. In addition, the ongoing housing crisis in Ireland,

¹ Committee on the Rights of the Child, 2023, *Concluding observations on the combined fifth and sixth periodic reports of Ireland*, United Nations, Geneva. <https://documents.un.org/doc/undoc/gen/g23/023/75/pdf/g2302375.pdf> paras. 14–15

² UN General Assembly, 1989, *Convention on the Rights of the Child*, Article 24, United Nations, New York. Article 24

³ Holland, K. 3 January 2025. [Number of homeless people passes 15,000 for first time since records began](#). *The Irish Times*.

⁴ Ingram, C., Buggy, C., Elabbasy, D. *et al.* Homelessness and health-related outcomes in the Republic of Ireland: a systematic review, meta-analysis and evidence map. *J Public Health (Berl.)* 32, 1855–1876 (2024). <https://doi.org/10.1007/s10389-023-01934-0>

⁵ Ravikumar D, Vaughan E, Kelly C. Diet Quality, Health, and Wellbeing within the Irish Homeless Sector: A Qualitative Exploration. *Int J Environ Res Public Health*. 2022 Nov 30;19(23):15976.

⁶ Simon Community, 2010. *Health and Homelessness: Health Snapshot Study of People Using Simon Services and Projects in Ireland*. Simon Community, Dublin. https://www.drugsandalcohol.ie/14750/1/Health_and_homelessness_Simon_2010.pdf

⁷ Ayano G, Belete A, Duko B, Tsegay L, Dachew BA (2021) Systematic review and meta-analysis of the prevalence of depressive symptoms, dysthymia and major depressive disorders among homeless people. *BMJ Open* 11(2):e040061. <https://doi.org/10.1136/bmjopen-2020-040061>

which sees record numbers of families and children without stable homes, further entrenches these health disparities.⁸ It is essential that health policies address the unique needs of homeless children to prevent long-term detrimental effects on their health and well-being.

We welcome the ongoing efforts of the HSE in addressing the health needs of persons impacted by homelessness. Its efforts to support the health of homeless children, such as the Homeless Hospital Discharge pilot programme and collaboration with various government departments, are commendable steps in addressing the health needs of vulnerable populations.⁹ Further, the [National Strategic Plan to Improve the Health of People Experiencing Homelessness in Ireland \(2024-2027\)](#)¹⁰ includes an essential focus on enhancing healthcare access for children and families at risk of homelessness, including those from diverse backgrounds and with specific needs.¹¹ Additionally, its promotion of vaccinations for homeless children is an important measure to prevent further health disparities.¹² However, more can be done to ensure that these initiatives are not only accessible but also tailored to the unique and evolving needs of children experiencing homelessness. A greater emphasis on preventative healthcare, early intervention, and long-term support could help mitigate the health risks associated with homelessness, ensuring that no child falls through the cracks due to systemic barriers or gaps in service provision.¹³

To address the health needs of homeless children in Ireland, the OCO recommends:

- **Prioritise preventative healthcare through early intervention and long-term support to reduce health risks.**
- **Adapt existing programmes to address the unique vulnerabilities of children experiencing homelessness.**
- **Increase vaccination rates among homeless children to prevent avoidable health disparities.**
- **Remove barriers to healthcare and provide consistent support for children in emergency or transitional housing.**
- **Foster coordinated efforts across government departments and agencies to close systemic gaps and safeguard children's well-being.**

⁸ Curran, I. and Horgan-Jones, J., 2024. Ireland's housing crisis 'on a different level' with population growing at nearly four people for every new home built. *The Irish Times*, 15 August.

<https://www.irishtimes.com/business/economy/2024/08/15/housing-irelands-population-is-growing-at-nearly-four-people-for-every-new-home-built/>

⁹ Ibid, pg. 5

¹⁰Health Service Executive (HSE), 2024. *The HSE National Strategic Plan to Improve the Health of People Experiencing Homelessness in Ireland (2024-2027)*. Health Service Executive, Dublin. https://about.hse.ie/api/v2/download-file/file_based_publications/National_Strategic_Plan_Health_of_People_Experiencing_Homelessne_KHI4PUN.pdf/

¹¹ Ibid, pg. 10

¹² Tominc, B. L., Francis, K. L., Sawyer, S. M., Heerde, J. A., O'Neill, J., & Henning, D. (2023). *Immunization Coverage in Young People Experiencing Homelessness and the Impact of a Nurse-led Program*. *Journal of primary care & community health*, 14, 21501319231204581.

¹³ Faculty of Public Health Medicine, RCPI, Faculty of Paediatrics, RCPI. (2019) *The impact of homelessness and inadequate housing on children's health*. Dublin: RCPI.

2. Children in Direct Provision

Direct Provision in Ireland significantly harms children's health and well-being due to overcrowded living conditions, poor sanitation, and inadequate healthcare.¹⁴ These factors increase the risk of illness and contribute to mental health issues, including trauma and anxiety, worsened by a lack of mental health support.¹⁵ This system infringes on children's rights under the UNCRC, including the right to health, mental health, education, play, and protection from harm.¹⁶ Mental health is the most severe and overlooked issue, with no formalised programmes or consistent access to professionals. The overcrowded, privacy-lacking environment, made worse by Covid-19, has further exacerbated mental health risks, including increased suicidal ideation.¹⁷ While the government recently revised its plans to phase out Direct Provision,¹⁸ the system continues to harm residents, particularly children, and underscores the need for urgent reform, with a focus on improving mental health services and creating more supportive living environments.

The HSE supports those in Direct Provision by providing medical cards for free healthcare and offering integration programmes. However, more needs to be done for children in these settings. The HSE's Inclusion Health Framework should prioritise mental health support for children, offering regular, trauma-informed care as part of vulnerability assessments. It should also address the physical health risks of overcrowded conditions, ensuring access to GP registration, check-ups, vaccinations, and dental care.¹⁹ Additionally, the framework should provide safe spaces for play and creative expression, and ensure outreach mental health services are available.²⁰ Collaboration with the Department of Children, Equality, Disability, Integration, and Youth (DCEDIY) is essential to improve living conditions, reduce overcrowding, and ensure access to healthcare.²¹ Finally, independent monitoring and evaluation of all Direct Provision services, including emergency centres, should be implemented to address critical gaps in care.²² By strengthening these areas, the Inclusion Health Framework can better meet the health and well-being needs of children in Direct Provision.

To address the health of children in Direct Provision, the OCO recommends:

- **Implement trauma-informed care as part of vulnerability assessments.**
- **Ensure access to GP registration, check-ups, vaccinations, and dental care.**
- **Provide safe spaces for play and creative expression to support children's development.**
- **Ensure outreach mental health services are consistently available.**
- **Collaborate with the DCEDIY to improve living conditions and reduce overcrowding.**
- **Introduce independent monitoring and evaluation of all Direct Provision services, including emergency centres.**

¹⁴ Mindo, 2021. Direct provision's enduring health impact. *The Medical Independent*, 31 August. Available at: <https://www.medicalindependent.ie/in-the-news/news-features/direct-provisions-enduring-health-impact/>

¹⁵ Doras (2020). [Mental Health & Direct Provision: Recommendations for Addressing Urgent Concerns](#).

¹⁶ UN General Assembly, 1989, *Convention on the Rights of the Child*, New York. Articles 19, 24, 28, 29, 31, and 37

¹⁷ Doras (2020)

¹⁸ McManus, J. (2024, April 4). [Government has quietly shelved its plan to end direct provision](#). *The Irish Times*.

¹⁹ Social Justice Ireland (2019). Direct provision is inhuman, degrading, and increasingly unfit for purpose. Available at: <https://www.socialjustice.ie/content/policy-issues/direct-provision-inhuman-degrading-and-increasingly-unfit-purpose>

²⁰ Ombudsman for Children's Office (2023) Safety & Welfare of Children in Direct Provision. pg. 24

<https://www.oco.ie/app/uploads/2023/10/OCO-Special-Report-on-Safety-and-Welfare-of-Children-in-Direct-Provision.pdf>

²¹ Children's Rights Alliance (2020) [Submission to the Department of Children, Equality, Disability, Integration and Youth on the White Paper on Direct Provision](#). pg.13

²² Ombudsman for Children's Office (2023) Safety & Welfare of Children in Direct Provision. pg. 4

3. Traveller Children

Traveller children in Ireland face significant barriers to their right to health, as outlined in Article 24 of the UNCRC.²³ These barriers include limited access to culturally appropriate healthcare, high levels of mental health challenges, and pervasive discrimination.²⁴ Healthcare services often fail to address the specific needs of Traveller children, leading to underutilisation and poorer health outcomes. Structural issues, such as inadequate housing, educational inequities, and socioeconomic exclusion, exacerbate these disparities, contributing to higher rates of physical and mental health problems.²⁵ These factors place Traveller children at greater risk of long-term health challenges, making it crucial to address the systemic issues that hinder their well-being.²⁶

We welcome the National Traveller Health Action Plan as a vital step toward addressing the deep-rooted health inequalities faced by the Traveller community.²⁷ The plan's focus on the social determinants of health—such as unemployment, homelessness, discrimination, and education—is crucial, and its commitment to a human rights-based approach ensures that Travellers' access to mainstream health services will be improved. However, for the action plan to succeed, several critical actions must be taken. The €1.3 million allocated to launch the plan was a positive start, but it is insufficient to address the scale of the health disparities; a more realistic and sustained budget is needed.²⁸ The HSE's Inclusion Health Framework must ensure that the implementation of the plan is adequately resourced and monitored, with clear targets and timelines. Cultural awareness training for service providers is also essential to build trust within the Traveller community and ensure fair treatment.²⁹ Additionally, the plan requires active, ongoing commitment to ensure that the actions are carried through, particularly in addressing discrimination within health services, and to provide the necessary support for Traveller Primary Health Care Projects to continue their vital work.³⁰ Only with strong political will, sustained funding, and active implementation can this plan have a lasting impact on the health outcomes of the Traveller community.

To address the health inequalities faced by Traveller children in Ireland, the OCO recommends:

- **Resource and monitor the National Traveller Health Action Plan with clear targets.**
- **Provide cultural awareness training for healthcare providers to ensure fair treatment.**

²³ UN General Assembly, 1989, *Convention on the Rights of the Child*, Article 24, United Nations, New York. Article 24

²⁴ All Ireland Traveller Health Study Team (2010). All Ireland Traveller Health Study Summary of Findings. September 2010. School of Public Health, Physiotherapy and Population Science, University College Dublin. Available at: https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf

²⁵ Ombudsman for Children's Office (OCO). *No End in Site – An investigation into the living conditions of children living on a local authority halting site*. Available at: <https://www.oco.ie/library/no-end-in-site-an-investigation-into-the-living-conditions-of-children-on-a-local-authority-halting-site/>

²⁶ Villani, J., Kuosmanen, T., McDonagh, M., & Barry, M. M. (2023). *Traveller mental wellness continuum: A qualitative peer research study of Travellers' views*. Galway: Health Promotion Research Centre, University of Galway.

²⁷ Health Service Executive, Department of Health. (2022). National Traveller Health Action Plan (2022-2027): Working together to improve the health experiences and outcomes for Travellers. Dublin. Available at: <https://www.hse.ie/eng/services/publications/socialinclusion/national-traveller-health-action-plan-2022-2027.pdf>

²⁸ <https://www.oireachtas.ie/en/debates/question/2024-01-17/1696/>

²⁹ Quinlan, N. (8 January 2023). A new plan to improve Traveller health. Medical Independent. Available at: <https://www.medicalindependent.ie/in-the-news/news-features/a-new-plan-to-improve-traveller-health/>

³⁰ Pavee Point (2024) *National Traveller and Roma Inclusion Strategy II (NTRIS II) (2024- 2028)* p.5

- **Address discrimination within health services to improve access and outcomes.**
- **Support Traveller Primary Health Care Projects to continue to improve community health.**

4. Roma Children

Roma children in Ireland face significant health inequities, exacerbated by discrimination, poverty, and limited access to healthcare.³¹ Despite their right to the highest attainable standard of health under Article 24 of the UNCRC, Roma children experience higher rates of infectious diseases, malnutrition, chronic illnesses, and mental health challenges.³² Socio-economic barriers, cultural mistrust, and gaps in immunisation further contribute to these disparities. To address these disparities, improvements are needed in housing, social conditions, and culturally responsive healthcare. Enhanced data collection, Roma involvement in service planning, and efforts to reduce health inequities are crucial to ensuring the well-being of Roma children in Ireland.

While the NTRIS II made significant strides, such as committing to a dedicated Roma Health Action Plan and adopting a social determinants approach to health,³³ urgent issues remain for Roma children in Ireland. The HSE's new Inclusion Health Framework should aim to address the stark health inequalities they face by creating culturally sensitive, accessible healthcare that builds trust within Roma communities. To reduce language barriers, the framework should regulate Roma health advocates and interpreters in primary care and hospital settings, drawing on successful models like the Tallaght Roma Integration Project, which used cultural mediators and interpreters to facilitate communication.³⁴ Given that language and literacy challenges often result in limited understanding of health information, the framework should also develop plain-language health materials and tailored outreach campaigns for Roma communities. Maternal and child health should be prioritised, as studies indicate that Roma women frequently delay healthcare until childbirth, while Roma children are at a greater risk of malnutrition, poor oral health, low immunisation, and preventable chronic illnesses.³⁵ Preventative care campaigns should target common vaccination myths and health literacy gaps.³⁶ Improved data collection on Roma health needs and service use is also

³¹ O'Sullivan, A., Rooney, D., O'Gorman, C.S. et al. Irish Roma: a literature review. *Ir J Med Sci* 192, 713–720 (2023).

<https://doi.org/10.1007/s11845-022-03054-2>. Available at: <https://link.springer.com/article/10.1007/s11845-022-03054-2>

³² Roma Health Report. (2014) Health status of the Roma population. Data collection in the Member States of the European Union. https://ec.europa.eu/health/system/files/2016-11/2014_roma_health_report_en_0.pdf.

³³ Health Service Executive, Department of Health. (2022). National Traveller Health Action Plan (2022-2027): Working together to improve the health experiences and outcomes for Travellers. Dublin. Available at: <https://www.hse.ie/eng/services/publications/socialinclusion/national-traveller-health-action-plan-2022-2027.pdf>

³⁴ Jacob D, Kirwan G (2016) Tallaght Roma Integration Project. Working for inclusion in health care through a community development model. Available at: http://www.tara.tcd.ie/bitstream/handle/2262/75826/TallaghtRomaIntegrationProject_WorkingForInclusionThroughACommunityDevelopmentModel_2016.pdf?sequence=1&isAllowed=y.

³⁵ Pavee Point. (2012). Roma Communities in Ireland and Child Protection Considerations. Available at: <https://www.paveepoint.ie/wp-content/uploads/2023/12/Roma-Communities-in-Ireland-and-Child-Protection-Considerations-Final-Report.pdf>

³⁶ Cronin, A., & Ibrahim, N. (2022). [A scoping review of literature exploring factors affecting vaccine uptake within Roma communities across Europe](#). *Expert Review of Vaccines*, 21(10), 1429–1442.

essential for informing targeted interventions.³⁷ By including Roma voices in health policymaking and addressing language and accessibility barriers, the framework can foster trust, increase service uptake, and protect Roma children's right to healthcare.

To address the health inequities faced by Roma children in Ireland, the OCO recommends:

- **Develop the Roma Health Action Plan, focusing on accessible healthcare.**
- **Regulate Roma health advocates and interpreters in healthcare settings.**
- **Create plain-language health materials and tailored outreach campaigns.**
- **Prioritise maternal and child health to address preventable chronic illnesses.**
- **Launch preventative care campaigns to improve health education.**
- **Enhance data collection on Roma health needs and service use.**
- **Actively involve Roma voices in health policymaking to build trust.**

5. LGBTI+ Children

The HSE's Inclusion Health Framework should prioritise creating accessible, multidisciplinary transgender healthcare services for youth in Ireland, addressing long standing gaps despite commitments from the 2017 [LGBTI+ National Youth Strategy](#) and the [National LGBTI+ Inclusion Strategy](#).³⁸ Since 2004, concerns have been raised in Ireland about the absence of gender identity services for children. The LGBTI+ National Youth Strategy acknowledged the need to overhaul transgender healthcare, committing to resource allocation for the HSE's model of care and creating a clear transition pathway from child to adult services. These goals are echoed in the Inclusion Strategy. However, despite these commitments, OCO consultations with children indicate ongoing challenges in accessing transgender healthcare: children report disrespect of their preferred names and pronouns, frustration with service accessibility, and the absence of healthcare options for those under 18.³⁹ In 2023, the UN Committee on the Rights of the Child urged Ireland to improve healthcare access for transgender children, including training for medical professionals and increasing the number of specialists.⁴⁰ Progress remains slow, with the HSE's updated model of care expected to take two years, leaving children without essential services in the interim.⁴¹

It is also critical to address the mental health challenges faced by LGBTI+ children in Ireland. Current data paints a concerning picture, with a 2021 BelongTo survey revealing that 97% of LGBTI+ children experience anxiety, stress, or depression, and 63% report suicidal ideation.⁴² Such disparities violate fundamental UNCRC rights, including the rights to health, wellbeing and education in an

³⁷ Committee on the Rights of the Child, Concluding Observations on the Combined Fifth and Sixth Periodic Reports of Ireland, UN Document CRC/C/IRL/CO/5-6, 2023. <https://documents.un.org/doc/undoc/gen/g23/023/75/pdf/g2302375.pdf> p.3

³⁸ <https://www.oco.ie/app/uploads/2024/07/OCO-Submission-LGBTI-Inclusion-Strategy-Consultation.pdf> p7

³⁹ Ombudsman for Children's Office (2022), [Pieces of Us: A Children's Report to the UN Committee on the Rights of the Child](#), pp. 81-82.

⁴⁰ UN Committee on the Rights of the Child (2023), Concluding observations on the combined fifth and sixth periodic reports of Ireland, CRC/C/IRL/CO/5-6, para. 15(b).

⁴¹ Houses of the Oireachtas, Dáil Éireann debate, [Gender Recognition \[19592/24\]](#), 1 May 2024.

⁴² BelongTo, [Mental Health Crisis for LGBTI+ Young People as New Figures Show 97% are Struggling with Anxiety, Stress or Depression](#), 15 June 2021.

environment free from discrimination (Arts 24, 28 and 29). Efforts to address these challenges were initiated under the Youth Strategy⁴³ and the Inclusion Strategy, and initiatives such as the HSE National Office for Suicide Prevention's funding of LGBTI+ awareness training demonstrate progress in enhancing cultural competence within mental health services.⁴⁴ Despite these efforts, significant gaps remain. Intersectional discrimination remains a pressing issue, particularly for marginalised groups such as LGBTI+ Travellers, Roma, and those seeking international protection. Emotional isolation, trauma, and fear exacerbate poor mental health outcomes for these children,⁴⁵ despite commitments to implement intercultural and integration projects under the Inclusion Strategy.⁴⁶

Likewise, legislative proposals to ban conversion practices, which contribute to self-hatred, shame, and severe mental health impacts, have faced continual delays despite commitments in the Programme for Government and earlier strategies.⁴⁷ LGBTI+ children have expressed feelings of isolation and barriers to accessing mental health support, especially in rural areas. Both the Committee on the Rights of the Child⁴⁸ and the Committee on Economic, Social and Cultural Rights⁴⁹ emphasise the importance of strengthening school-based mental health services and ensuring accessible, high-quality care for underserved groups.

Intersex children also face unaddressed healthcare challenges. Commitments under the Inclusion Strategy⁵⁰ to prevent unnecessary surgeries and improve data on intersex conditions have stalled. Similarly, the Youth Strategy's⁵¹ goal of establishing a working group on intersex healthcare has seen little progress.⁵² International bodies, including the UN Committee on the Rights of the Child, have urged Ireland to prohibit unnecessary medical interventions on intersex children without informed consent, provide holistic care,⁵³ investigate past incidents,⁵⁴ and ensure flexible birth registration laws.⁵⁵ These gaps in policy and practice highlight the need for Ireland to fulfil its commitments to protect and support intersex children.

⁴³ Department of Children and Youth Affairs (2018), [LGBTI+ National Youth Strategy 2018-2020](#), p. 28

⁴⁴ Government of Ireland (2019), [National LGBTI+ Inclusion Strategy 2019-2021](#), Action 14.3, p. 22.

⁴⁵ Ibid, Action 13.1, p. 21.

⁴⁶ LGBT Ireland (2024), [Progress Made. Renewed Efforts Required: A Shadow Report of Ireland's First National LGBTI+ Inclusion Strategy](#), p. 56.

⁴⁷ See for example: Houses of the Oireachtas, [Prohibition of Conversion Therapies Bill 2018](#); Department of Children, Equality, Disability, Integration and Youth, [Minister O'Gorman announces the publication of the report 'An Exploration of Conversion Therapy Practices in Ireland'](#), 17 February 2023; Department of the Taoiseach (2020), [Programme for Government: Our Shared Future](#), p. 77.

⁴⁸ UN Committee on the Rights of the Child (2023), [Concluding observations on the combined fifth and sixth periodic reports of Ireland](#), CRC/C/IRL/CO/5-6, para. 32(a)(ii).

⁴⁹ UN Committee on Economic, Social and Cultural Rights (2024), [Concluding Observations on the fourth periodic report of Ireland](#), para. 48 and 49

⁵⁰ Government of Ireland (2019), [National LGBTI+ Inclusion Strategy 2019-2021](#), p. 14 and p. 24.

⁵¹ Department of Children and Youth Affairs (2018), [LGBTI+ National Youth Strategy 2018-2020](#), p. 29

⁵² LGBT Ireland (2024), [Progress Made. Renewed Efforts Required: A Shadow Report of Ireland's First National LGBTI+ Inclusion Strategy](#), p. 76.

⁵³ UN Committee on the Rights of the Child (2016), [Concluding observations on the combined third and fourth periodic reports of Ireland](#), CRC/C/IRL/CO/3-4, para. 40(a); Council of Europe Parliamentary Assembly, [Resolution 2191 \(2017\) Promoting the human rights of and eliminating discrimination against intersex people](#), para. 7.1.3 and para. 7.2.1; UN Committee on the Rights of the Child (2023), [Concluding observations on the combined fifth and sixth periodic reports of Ireland](#), CRC/C/IRL/CO/5-6, para. 30(g).

⁵⁴ UN Committee on the Rights of the Child (2016), [Concluding observations on the combined third and fourth periodic reports of Ireland](#), CRC/C/IRL/CO/3-4, para. 40(b).

⁵⁵ Council of Europe Parliamentary Assembly, [Resolution 2191 \(2017\) Promoting the human rights of and eliminating discrimination against intersex people](#), para. 7.3.1.

Thus, while Ireland has made commitments to improve healthcare and mental health services for LGBTI+ children, significant delays and barriers persist. The Inclusion Health Framework must meet the specific needs of transgender, LGBTI+, and intersex children, ensuring their rights to health, well-being, and protection from discrimination are fully realised.

The OCO recommends:

- **Establishing health services and supports for transgender children:**
 - **Allocate adequate resources for a multidisciplinary, individualised approach.**
 - **Provide child-sensitive training for healthcare professionals.**
 - **Ensure the development of services incorporates the views of children, including transgender children, in line with Article 12 of the UNCRC.**

- **Focusing on the mental health needs of LGBTI+ children:**
 - **Create safe spaces and culturally competent care.**
 - **Provide 24/7 crisis support.**
 - **Implement anti-bullying initiatives with an emphasis on LGBTI+ inclusion.**
 - **Empower children through awareness campaigns, accessible resources, and peer support networks.**
 - **Ensure long-term funding for targeted initiatives and integrate LGBTI+ needs into national and regional mental health policies.**

- **Committing to protect intersex children:**
 - **Prevent unnecessary and irreversible surgical procedures.**
 - **Develop professional guidelines for supporting intersex children.**
 - **Align actions with international human rights standards.**

6. Children with Disabilities

Disabled children in Ireland face significant health disparities due to barriers like physical inaccessibility, lack of specialised care, and poor coordination between healthcare services.⁵⁶ These challenges lead to delays in diagnosis and treatment, worsening health outcomes and interfering with their right to the highest attainable standard of health under the UNCRC.⁵⁷ Children with disabilities also experience higher rates of health problems, depression, and socio-emotional difficulties.⁵⁸ Limited access to specialised care, therapies, and support services, compounded by

⁵⁶ Smyth, E., & Russell, H. (2024). Trends in Disability Prevalence Among Young People: Insights from the Growing Up in Ireland Study. ESRI. <https://www.esri.ie/system/files/publications/RS192.pdf>

⁵⁷ Bergin, A., Devlin, A., Garcia Rodriguez, A., McGuinness, S., Privalko, I., Russell, H., and Whelan, A. (2021). Measuring childhood disability and AIM programme provision in Ireland, ESRI Research Series 127, Dublin: ESRI, <https://doi.org/10.26504/rs127>

⁵⁸ Central Statistics Office (CSO). (2019). Irish Health Survey 2019 - Persons with Disabilities. Dublin: Central Statistics Office. <https://www.cso.ie/en/releasesandpublications/ep/p-ihsd/irishhealthsurvey2019-personswithdisabilities/healthstatus/>

socioeconomic factors, exacerbates these inequities.⁵⁹ To address these gaps, targeted policies are needed to ensure timely, comprehensive, and integrated healthcare services, guaranteeing that disabled children receive the care they are entitled to.

We welcome the HSE's Roadmap for Service Improvement, particularly its emphasis on ensuring access to interdisciplinary teams for children with disabilities, improving service delivery, and enhancing communication with families.⁶⁰ The focus on integrated care, reducing waiting lists, and addressing workforce challenges is a positive step toward providing more, timely and coordinated, support for children with complex needs. In the development of the Inclusion Health Framework, we recommend that the HSE take several key actions to protect and promote the rights of children with disabilities. First, it is essential to ensure policies are fully aligned with the UNCRC and the UN Convention on the Rights of Persons with Disabilities (UNCRPD), ensuring children with disabilities are not excluded from health policies.⁶¹ The collection and publication of disaggregated data on disability is also crucial to help the HSE understand the specific health needs of children with disabilities and allocate resources effectively.⁶² Additionally, the framework should prioritise the provision of adequate support services to enable children with disabilities to grow up in family environments, including ensuring access to essential services like respite care and support for children with challenging behaviours.⁶³ We also recommend that the HSE address the significant delays in assessments and services, as well as the ongoing issue of children remaining in hospital beyond medical need, due to a lack of community-based services. The expansion of respite provision, while positive, must be adequately resourced, and the State should address the unregulated nature of home sharing placements.⁶⁴ Finally, multi-annual budgeting for disability services is crucial for sustainable long-term planning.⁶⁵ These actions will ensure the Inclusion Health Framework supports the health and rights of disabled children in Ireland.

To address the health disparities faced by children with disabilities, the OCO recommends:

- **Ensure health policies align with the UNCRC and UNCRPD.**
- **Collect disaggregated data on disability to address the health needs of disabled children.**
- **Reduce delays in assessments and services.**
- **Adequately resource respite care and support services.**
- **Address the issue of children being hospitalised without medical need.**
- **Regulate home-sharing placements.**

⁵⁹Bergin, A., Devlin, A., Garcia Rodriguez, A., McGuinness, S., Privalko, I., Russell, H., and Whelan, A. (2021). Measuring childhood disability and AIM programme provision in Ireland, ESRI Research Series 127, <https://doi.org/10.26504/rs127>

⁶⁰Health Service Executive. (2023). Roadmap for Service Improvement 2023 – 2026: Disability Services for Children and Young People. Dublin: Health Service Executive. <https://www.hse.ie/eng/services/list/4/disability/progressing-disability/pds-programme/roadmap-for-service-improvement-2023-2026.pdf>

⁶¹ Ombudsman for Children's Office. (2022). Report of the Ombudsman for Children's Office to the UN Committee on the Rights of the Child pursuant to the combined fifth and sixth reports submitted by Ireland under the simplified reporting procedure. Available at: <https://www.oco.ie/app/uploads/2022/09/Report-of-the-Ombudsman-for-Childrens-Office-to-the-UN-Committee-on-the-Rights-of-the-Child.pdf> p.37

⁶² Ibid, p.38

⁶³ Ibid

⁶⁴ Health Service Executive. (2016). Home Sharing in Intellectual Disability Services in Ireland: Report of the National Expert Group. Dublin: Health Service Executive. Available at: <https://www.hse.ie/eng/services/publications/disability/reportonhomesharing.pdf>

⁶⁵ Ombudsman for Children's Office. (2024). Tomorrow Starts with Us – Priorities for Children in the 34th Dáil Term: Key Asks from the Ombudsman for Children's Office. Available at: <https://www.oco.ie/app/uploads/2024/10/OCO-Priorities-for-Children-in-the-34th-Dail-Term.pdf> p.6

- **Implement multi-annual budgeting for disability services.**
- **Improve coordination and communication between healthcare providers and families.**

Data Collection on Child Health

For the HSE's Inclusion Health Framework to effectively address health inequities, robust data collection systems must be established to monitor the health outcomes of children in marginalised groups, including Travellers, Roma, children experiencing homelessness, and those in the international protection system. Disaggregated data, broken down by age, sex, disability, ethnicity, and other relevant factors, is essential for identifying and addressing service gaps that disproportionately affect these children.⁶⁶ Tracking key health metrics, such as immunisation rates, developmental screenings, and access to mental health supports, would allow the framework to respond to the unique needs of these groups. This data-driven approach would guide targeted interventions, ensuring that resources are allocated effectively to improve health outcomes where they are most needed.

The Committee on the Rights of the Child, in its recent concluding observations on Ireland, emphasised the importance of comprehensive and systematic data collection to address disparities and improve outcomes for marginalised children.⁶⁷ It recommended that Ireland collect and analyse both qualitative and quantitative data across all areas of children's rights under the Convention, disaggregated by factors such as socioeconomic background, ethnic origin, and disability. The Committee specifically urged Ireland to strengthen data systems for children in disadvantaged situations, including those with disabilities, in alternative care, experiencing homelessness, without regular residence status, or from migrant and Roma communities.

By aligning the Inclusion Health Framework with these international recommendations, the HSE can ensure that its policies are informed by robust evidence. This will enable more targeted and effective actions to improve healthcare access and outcomes for marginalised children across Ireland.

The OCO recommends the following actions to improve data collection on child health:

- **Establish robust systems to collect disaggregated data.**
- **Track key health metrics to better understand the needs of vulnerable groups.**
- **Align data collection with Committee on the Rights of the Child recommendations.**
- **Use the collected data to guide targeted interventions and allocate resources effectively.**

⁶⁶ Ombudsman for Children's Office. (2022). Report of the Ombudsman for Children's Office to the UN Committee on the Rights of the Child pursuant to the combined fifth and sixth reports submitted by Ireland under the simplified reporting procedure. Available at: <https://www.oco.ie/app/uploads/2022/09/Report-of-the-Ombudsman-for-Childrens-Office-to-the-UN-Committee-on-the-Rights-of-the-Child.pdf> p.12

⁶⁷ Committee on the Rights of the Child, Concluding Observations on the Combined Fifth and Sixth Periodic Reports of Ireland, UN Document CRC/C/IRL/CO/5-6, 2023. <https://documents.un.org/doc/undoc/gen/g23/023/75/pdf/g2302375.pdf> p.3

Children's Perspectives on Healthcare Challenges

Including the voices of marginalised children in the development of the Inclusion Health Framework is critical for creating a truly inclusive healthcare system. As these children often face unique barriers to accessing healthcare and experiencing optimal health outcomes, their firsthand experiences and perspectives can provide invaluable insights into the challenges they encounter. Actively involving marginalised children in the development process can ensure that the framework addresses their specific needs and empowers them to fully participate in the healthcare system.

For children in Direct Provision, the OCO report *Direct Division* captures their accounts of how living in these centres affects their health and wellbeing:⁶⁸

"Some people complain about the food here but my Mum says to be happy and enjoy it because in my country we may not have food."

"I feel weird about it. When people ask where I live, I feel nervous. When people ask why I am here, I feel more nervous and scared..."

"I would prefer homes to be normal, rather than living in hostels and being exposed that you're an asylum seeker."

Children living in halting sites provide similarly compelling accounts in the OCO report *No End in Site*, with testimonies that describe the impact of their living environments on their health:⁶⁹

"Walking up to school you see all the rats... they would be running up and down the walls of the trailer."

"We don't get no sleep because of the cold. We would be turning and twisting all night."

"It's all mud and all and then you fall and cut ourselves all the time and our friends can't go and visit us."

For children in family hubs, the OCO report *No Place Like Home* gathers their reflections on the challenges of accessing healthcare while living in temporary accommodation:⁷⁰

"Some days I didn't even want to wake up because I didn't want to face this day ... I am tired in school. Some days I would just sit there and not even smile."

"Sometimes we would be doing Irish and the teacher would ask me to say where I live but I am not able to answer that because I live in a hotel, not a house or anything. I just hate living in here ... [cries] It's just really hard living in here."

⁶⁸ Ombudsman for Children's Office (2020) *Direct Division: Children's views and experiences of living in Direct Provision*. Dublin, <https://www.oco.ie/directdivision/direct-division-report/>

⁶⁹ Ombudsman for Children's Office (2021) *No End in Site: An investigation into the living conditions of children living on a local authority halting site*. Dublin <https://www.oco.ie/app/uploads/2021/05/No-End-in-Site-FINAL-..pdf>

⁷⁰ Ombudsman for Children's Office (2019) *No Place Like Home: Children's views and experiences of living in Family Hubs*. Dublin <https://www.oco.ie/app/uploads/2019/04/No-Place-Like-Home.pdf>

These accounts underscore the importance of amplifying children's voices in shaping healthcare policies and practices. Their lived experiences provide valuable insights into the barriers they face and the changes needed to create a more equitable and inclusive healthcare system.