

**Department of Children and Youth Affairs Statement of Strategy 2020-2022
Deep End Ireland Submission.**

20th September 2019

Deep End Ireland

We are a group of GPs who practice in disadvantaged areas across the country (www.deepend.ie), with many of us having done so for over 15 years. GPs who work in the areas we do have a particular interest in the health and well-being of children and their families given the higher prevalence of health and social care problems affecting our patient populations. We are aware of the life long and inter-generational effects of adverse childhood experiences and the potential to alleviate these effects with effective early intervention, when available. We see every day the inverse care law in action, which means we sometimes have less time to devote to consultations with children and families in deprived areas by virtue of the complexity and depth of challenges of our whole patient populations. The flat distribution of funding means that the only way GPs in disadvantaged areas can meet increased needs is to have shorter consultation times which is particularly problematic when dealing with complex health and social care issues in children. Ultimately, we believe strongly that children and families in areas of deprivation should have more resources devoted to their healthcare and support than those in other areas.

The facts:

- In Ireland, at 9 years of age, 13% of children in poorest households have a chronic health condition compared to 9% in the wealthiest households
- 19% of boys and 18% of girls from professional households are overweight/obese compared to 29% of boys and 38% of girls from semi- and unskilled social-class households
- Cumulative poverty exposure has a dose response relationship with poor health outcomes especially mental health outcomes
- Families transitioning into poverty leads to a 50% higher risk of behavioural and emotional difficulties in children
- Our group of Deep End Ireland GPs report either a complete lack of health services in their communities, or very significant delays for assessment, usually at least 12 months (despite the 3 month statutory requirement) and further delays for treatment (for example 2 years for child psychology)
- Social spending on children, particularly in the early years of life, improves population health across the lifespan. Early intervention works

Potential impact of enhanced GP care for Vulnerable Children and their families

Due to their location and point of first contact, GPs and practice nurses are uniquely positioned to be able to detect and respond to concerns on the health and well-being of children. They also develop knowledge and trust of families and the community context over time. They can identify problems at an earlier stage, and GPs could intervene to support children and families if they had more effective and accessible supports. The current experience for GPs working in deprived communities is that we are lacking timely access to such vital supports. Even when there are serious concerns about a child's well-being, it can be difficult to engage with Tusla, due to pressures on the Social Care system and lack of senior experienced frontline staff.

In Dublin 15, for example, there are two excellent family therapy services that are ideally placed for early intervention in vulnerable families where children are struggling. Both these services are currently closed to primary care referrals and reserved only for cases involved with Tusla. The only other service for a child under 12 with mental health difficulties (apart from CAMHs, who almost never accept referrals) is child psychology, whose current waiting time is two years. As a result many families either receive no intervention at all (leading later to huge problems – physical and mental health issues, addiction problems and often engagement with the criminal justice system) or end up being referred to Tusla and requiring much more intensive inputs.

Deep End Ireland Recommendations:

- Invest, particularly in the early years, according to need
- Address the Inverse Care Law when planning and funding health and related social care services for children - distribute resources according to need, not population numbers. Expansion of services based on age alone exacerbates health inequalities as it perpetuates the Inverse Care Law
- Enable GPs, particularly in disadvantaged communities to coordinate early intervention when children and their families show signs of distress
- Develop a model of care where referred children and families in distress are triaged by a multi disciplinary team and organized into appropriate referral pathways

References

The GP role in working with vulnerable families

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