



National Youth Council of Ireland

Health Position Paper

Comhairle Náisiúnta na nÓg

National Youth Council of Ireland

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



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Summary of Recommendations

Health Inequalities:

Practice Development

- NYCI will continue to support and deliver key strategic initiatives such as the Specialist Certificate in Youth Health Promotion and other Health Promotion Trainings where workers are made aware of health inequalities and examine their role in advocating on behalf of young people to address these inequalities.
- NYCI will continue to support and deliver initiatives such as the Health Quality Mark to assist organisations in developing a holistic organisation-wide approach to health promotion and the health and well-being of young people and to ensure that services and programmes delivered meet recognised quality standards and are in line with best practice.

Advocacy and Policy

- NYCI recommends that Government double the income thresholds not just for parents/families with children under 6, but for all families with children between 7 and 17. This will facilitate many families with children under 18 on low and limited incomes to obtain a medical card.
- NYCI recommends that Government and the HSE support young people with literacy difficulties to apply for Medical Cards.

Mental Health

Advocacy and Policy:

- NYCI recommends that Government protect implementation of the Reach Out Strategy from cutbacks.
- NYCI recommends that Government provide sufficient funding to the NOSP to continue to provide ASIST training at 2009 levels across the country.
- NYCI recommends that a clear implementation plan for *Vision for Change* to be put in action with transparent annualised implementation targets and ongoing measurement of progress.
- NYCI recommends that the Health Service Executive establish a National Mental Health Service Directorate. The Expert Group who formulated the *Vision for Change* policy highlighted the absence of a single management structure for mental health service provision as a major factor in the continuing marked disparity in services between various catchment areas, which has prevented the development of cohesive regional and national mental health services.
- NYCI recommends that increased funding should be provided to the NOSP in order to increase suicide prevention services, resources and awareness measures such as the “Your Mental Health Campaign” targeted at young people.

Practice and Development

- As part of the NYCI Training Programme we will continue to deliver multi-sectoral training initiatives such as “Good Habits of Mind”; the NYCI Anti-Bullying resource; and self-esteem trainings such as “Building Self esteem”

Bullying

Practice Development:

- NYCI will continue to deliver training around the “Let’s Beat Bullying” Resource.
- NYCI will continue to highlight the ever evolving and complex nature of bullying with member organisations and assist them to develop policy that assist them to address this issue.
- NYCI will continue to support youth organisations and youth workers to develop organisation policy and structures to respond effectively to the issue of bullying within their organisation including acceptable use policies of IT equipment.

Alcohol

Advocacy

- NYCI recommends the full implementation of the Report of the Strategic Taskforce on Alcohol 2005.
- NYCI recommends the introduction of a statutory code for regulation of advertising and marketing to restrict alcohol promotion targeted at young people under the age of 18.
- NYCI recommends that Government implement their commitment to phase out drinks industry marketing and sponsorship of major sporting and cultural events.
- NYCI recommends the enactment of legislation to prohibit below cost selling of alcohol and use the taxation system to promote non alcoholic and low alcohol drinks.
- NYCI recommends that Government reduces the number of outlets where alcohol can be sold and introduces test purchasing.
- NYCI recommends that Government commence section 9 of the 2008 Intoxicating Liquor Act to provide for the structural separation of alcohol from ordinary products in mixed trading outlets (supermarkets, convenience stores and petrol stations)

Practice Development

- NYCI will support the development of organisational policies on drugs and alcohol
- NYCI will support organisations to implement policy positions through the development of educational programmes and good practice guidelines for the management of drug and alcohol situations in youth work settings
- NYCI will develop and promote specific issue-based trainings and supports for youth organisations.

Physical Health

Advocacy and Policy

- NYCI recommends that the Government implement the recommendations of the National Taskforce on Obesity 2005.
- NYCI recommends that the Department of Health and Children publish annualised implementation targets and ongoing measurements of progress on the Report of the National Taskforce on Obesity 2005
- NYCI recommends that the Broadcasting Authority of Ireland adopts strong and effective statutory codes as provided for in the Broadcasting Act 2009 in consultation with key stakeholders such as youth organisations, children’s organisations and public health bodies and advocates.
- NYCI recommends the implementation of the National Recreation Policy for Young People and the National Play Policy.

Practice Development

- NYCI will disseminate the Healthy Eating Resource developed by NYCI and the Irish Heart Foundation.
- NYCI will support the development and delivery of training around the NYCI resource to up-skill youth workers and organisations.

Sexuality

Practice Development

- NYCI will continue to raise awareness of resources such as “Sense and Sexuality” and support organizations and youth workers in their use
- NYCI will continue to provide training in areas such as Sexual Health and Delay
- NYCI will continue to maintain our partnership with the Crisis Pregnancy Agency and other lead agencies to ensure that information produced is relevant to the youth sector.

Spirituality

Practice Development

- NYCI will continue to support the NYCI working group on Spirituality and any proposals which are made.

Section 1

Introduction

The National Youth Council of Ireland (NYCI) is the representative body for voluntary youth organisations in Ireland. NYCI functions to represent the interests of young people and youth organisations. NYCI's role is recognised in legislation (Youth Work Act) and as a Social Partner. NYCI aims through its member organisations and its representative role to empower young people to participate in society as fulfilled confident individuals. The work of the Youth Council is based on principles of equality, social justice and equal participation for all. In achieving these aims the NYCI seeks the emergence of a society in which young people are valued citizens who can make a meaningful contribution to their community.

Background

NYCI has undertaken considerable work in the field of health and health promotion in both the policy and practice context.

Through its National Youth Health Programme, NYCI has sought to develop the capacity of the sector and organisations to advocate on issues that affect young people and develop evidenced based resources and trainings to support that work. We have also contributed to and sought to influence public policy in the area of youth health through our engagement with the political system, through social partnership and through the media.

Our approach to the issue has been wide in scope, including;

- Building the capacity of youth organisations and youth-serving agencies to promote and inform healthy lifestyle behaviour
- Developing specific issue based health promotion interventions supported by resource production and trainings
- Advocating for the adoption and implementation of evidenced-based policies and actions which would promote healthier lifestyle choices and behaviour amongst young people.
- Influencing national policy in the main arenas dealing with young people's health
- Engaging in public debate on relevant health issues through the media and other channels.

In carrying out this work, NYCI has contributed to a wide range of key Government bodies addressing the health issues of young people and promoting healthy alternatives; including with the Social Partnership Process; the National Office for Suicide Prevention; and the National Heart Foundation. The Council is also represented on the National Economic & Social Forum and the End Child Poverty Coalition. In addition, NYCI has developed a number of important initiatives through strategic partnerships with key national agencies such as the HSE, Irish Heart Foundation, National Office for Suicide Prevention, the Crisis Pregnancy Agency, etc to develop appropriate health promoting activities for youth organisations; youth workers; and the young people they work with.

Context

Defining Health

Many definitions of health have emerged over the years and any definition can in fact be quite subjective and based on our own experience. However in informing our position, two key definitions are central to the question “What is Health”?

The initial WHO definition of health in 1946 was as follows “*a state of complete physical, mental and social well-being and not just the absence of disease or infirmity...*”

This definition though has come under criticism over the years for being aspirational and idealists and therefore the subsequent WHO revision of 1986 is the one most widely used today

“Health is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs; and on the other hand, to change or cope with an environment. A resource for life, not an object for living; it is a positive concept emphasizing social and personal resources as well as physical capabilities”

The Dimensions of Health

Ewles and Simnett (2004) provide a holistic picture of the complex and varied dimensions of health. The dimensions are listed as Physical, Mental, Social, Sexual, Spiritual, and Emotional, and these are viewed in a range of context from Social through Societal to Environmental. This realization of the varying influences is particularly important when considering health promotion with young people; and a commitment to addressing all of the dimensions is essential in ensuring an effective approach to health and well-being. Health Promotion in a youth work setting works on all of these dimensions.

The UN Convention on the Rights of the Child defines the guiding principles that underpin NYCI’s work with particular emphasis on the guiding principles of non-discrimination and best interest; and key survival and development rights which include the right to food, education and a healthy lifestyle, and access to primary healthcare.

The Ottawa Charter published in 1986 suggested that health promotion happens at five key levels

- Developing Personal Skills
- Creating Supportive Environments
- Strengthening community action/mobilization
- Developing public policy
- Re-orienting the health services

The Charter stresses the importance of maintaining a holistic approach covering advocacy, mediation, education, organizational development, policy and research, and professional development to ensure that effective outcomes are achieved. Building on the work of the Ottawa Charter, the **National Health Promotion Strategy (2005)** outlines the need for a settings approach to health promotion where “*In a settings approach, efforts are concentrated on working to make the setting itself a healthier place for people to work, live and play*”

NYCI believes that youth organisations are well placed as a setting for health promotion due to their unique relationship with young people generated by the process of voluntary participation; and they have a specific role in relation to each of the five cornerstones of the Ottawa Charter.

The Bangkok Charter (WHO 2005) follows on this work and again identifies a number of strategies which all sectors and settings should progress in promoting their health work as follows

- Advocate for health based on human rights and solidarity:
- Invest in sustainable policies, actions and infrastructures to address the determinants of health:
- Build Capacity for policy development, leadership, health promotion practice, knowledge transfer and research, and health literacy:
- Regulate and legislate to ensure a high level of protection from harm and enable equal opportunity for health and well-being for all people:
- Work in partnership and build alliances with public, private, non-governmental and international organizations and civil society to create sustainable actions

Other key policy documents such as **The National Drugs Strategy (Interim 2009-2016)**, **The Report of the Strategic Task Force on Alcohol (2004)**, **The Report of the National Task Force on Obesity (2005)**, **National Play and Recreational Policy 2007** and **“Reach Out” The National Strategy for Action on Suicide Prevention (2005-2014)** contribute to and inform the work of NYCI in these key areas.

NYCI’s own **Strategic Plan 2008-2012** further contextualizes this work by defining strategic objectives in both Policy and Advocacy; and Practice Development areas of work as follows.

Advocacy priorities

- Health Inequalities
- Mental Health
- Accessible Health Care
- Reduction of Alcohol Related Harm
- Promoting Physical Health

Practice Development priorities

- Mental Health
- Drugs and Alcohol
- Physical Health
- Sexual Health
- Spiritual Health
- Organization Capacity Support
- Professional Development and Support of Youth Workers and Youth Organisations.

It can therefore be clearly seen that successful delivery of the health agenda requires a combination and integration of our policy/advocacy and practice development work.

Section 2

Practice Development

NYCI through the National Youth Health Programme (NYHP) has sought to develop the capacity of the sector and organisations to advocate on issues that affect young people and develop evidenced based resources and trainings to support that work.

Definition

Youth Health Promotion and the work of the NYHP are rooted in the principles of youth work and health promotion. The definition most commonly used for youth work is taken from the Youth Work Act (2001) which provides a legal framework for the provision of youth work programmes and services. It defines it as “*A planned programme of education designed for the purpose of aiding and enhancing the personal and social development of young person’s through their voluntary participation, and which is (a) complementary to their formal, academic or vocational education and training; and (b) provided primarily by voluntary youth work organisations*”, while Health Promotion can be defined as “*the process of enabling people to increase control over and to improve their health*” (WHO 1986).

Application of the Ottawa Charter in a Youth Work Context

The Health Promotion Strategy (2005) listed the youth setting as an ideal place for health promotion. Youth organisations play vital roles satisfying the five levels of the Ottawa Charter, with their unique relationships with young people generated by the process of voluntary participation. Youth Organisations contribute to;

- The *development of personal skills* for young individuals through engagement on a broad range of programmes and activities, for example health education and health information which have a positive influence on the development of self esteem, self efficacy and life skills of young people.
- The *creation of supportive environments* which provides young people and staff with opportunities to discuss and explore health issues, thus supporting health education and ‘making the healthier choice the easier choice’.
- The *Strengthening of communities* through the development of partnerships and alliances with other organisations and sectors in their community, for example working in partnership with the tidy town’s initiative.
- The *development of Healthy Public Policy*, through working internally on health related policies and demonstrating evidence based practice, for example a substance use policy.
- *Reorienting the Health Services* through advocating for the development and provision of health services that can respond to the health needs of young people, for example youth organisations have a role in creating awareness and advocating for the provision of an adolescent-friendly health service.

NYHP approaches to Health Promotion

Health Quality Mark

The NYCI has developed the Health Quality Mark (HQ Mark), a health promotion initiative with a view to enhancing best practice and a high standard of quality in all aspects of health promotion in youth organizations. The HQ Mark takes the form of an award structure at three levels and is usually undertaken by organizations which have recently put a member of staff through the specialist certificate. The criteria, fifteen in total, focus on organizational policy; best practice; and a holistic implementation of health promotion across an organisation. Currently there are some 37 participants undertaking in this process. An evaluation of the Health Quality Mark was conducted by the National University of Ireland, Galway in 2006 with young people and staff from Health Promoting Organisations. Overall the research found the Quality mark had positive impacts. Young People noted the Health Quality Mark created opportunities to discuss health related topics; it gave them a sense of pride and achievement. Staff noted positive impacts including training opportunities and involvement in health related planning while organizations noted positive impacts including advantages when applying for grants and helping staff work together.

Specialist certificate in Health Promotion

This certificate accredited by NUI Galway is a one year course of learning focusing on health promotion policy and practice. Participants attend 15 days over 5 modules and it is seen as the first step in developing an organization approach.

Training

This is the core of NYCI's support for organisations and youth workers and addresses issues identified in all areas of youth health and health promotion. An outline of the training programmes offered by the NYHP follows:

General Training Courses

Defusing Anger when working with Young People

This is a one-day introductory course. It is designed to enable participants to develop the knowledge and skills to manage anger and conflict situations when working with young people.

Challenging Encounters

A two-day course designed to introduce participants to the theory and skills required to engage young people at points of difficulty and to assist young people to learn from such events for the future.

Health Promotion in a Youth Setting

This is two day course is designed to introduce participants to the concepts of health education and health promotion and explore the role of youth organizations as settings for health promotion.

Developing Peer Education Programmes

This one day course is designed to enable participants to reflect on the principles and practice of Peer education in a youth setting. It will consider the use of peer educations in relation to a variety of health topics, E.g. Sexual Health, Mental Health, Drugs and Alcohol.

Young Men's Health

This one day course aims to enable youth workers to engage young men in Health education programmes.

Mental Health

ASIST (Applied Suicide Intervention Skills Training)

This two-day intensive, interactive workshop enables participants develop their skills through simulations and role-playing in order to become more ready, willing and able to help persons at risk of suicide.

Building Self-Esteem

This course explores issues of self-esteem and health behaviours in adolescence. It looks at the nature of adolescence and assists in identifying the importance of self-esteem as a foundation for healthier lifestyles among young people.

Mental Health and Young People

Mental Health and Young people is based on the “*Good Habits of Mind*” support pack which aims to examine how the issue of mental health impacts on young people. It also offers participants an opportunity to explore issues of good practice in relation to promoting mental health with Young people.

Let's Beat Bullying – An organisational approach for the Youth Work sector

This is a two-day training course addressing the issue of bullying. The course will focus on bullying in its widest sense including cyber bullying. This course will also enable participants to examine a “whole” organisational response to the issue of bullying.

Sexual Health

Good Practice in Sexual Health Promotion

This is a two-day course which will explore issues in relation to sexual health and sexual health promotion for young people. It will also examine the role of workers and organisations in this regard and consider the development of policy and good practice. Participants will receive a copy of the Sense and Sexuality Resource pack and the TRUST pack (Talking Relationships Understanding Sexuality Teaching Resource)*

b4udecide – Delay Training

This is a two-day training course offered in conjunction with the Crisis Pregnancy agencies, *b4udecide* campaign. This training and accompanying resource will explore the concept of delaying early sex among young people.

Substance Use

A Creative Approach to Drugs and Alcohol Work

This two day training will provide participants with a refreshing and reenergised approach to working with young people around drugs and alcohol. Participants will receive a copy of *Putting the Pieces Together* resource for trainers developed by the Western Regional Drugs Task Force.

Physical Health

HEAL (Healthy Eating Active Living) in conjunction with Irish Heart Foundation.

Policy and Advocacy

As the representative body for young organisations, NYCI has sought to influence, shape and contribute to public policy on youth health. This has primarily been achieved through our engagement with the political and public administration system, through social partnership, through youth health research projects and public advocacy in the media.

Political System

NYCI meets with political party spokespersons on health and continues to raise youth health issues like mental health, health inequalities and alcohol misuse on an ongoing basis.

Meetings with Oireachtas Committees

NYCI contributes to debates and discussions on youth health issues being held by the Oireachtas committee on Health and Children and other relevant committees.

Pre-Budget Submissions

NYCI has always highlighted the necessity of funding on youth health issues, such medical card eligibility for children and funding to implement the suicide prevention strategy, “Reach Out”.

Other Submissions

NYCI seeks to influence Government policy through submissions to reviews of policy by relevant departments and agencies. We contributed to the recent review of medical card eligibility which was initiated by the Department of Health and Children. We also contributed to the review of the NESF concerning mental health services for children and young people.

Social Partnership

NYCI has participated in five national agreements and youth health issues have always been a priority. We have also participated in social partnership linkage groups led by the Department of Health and Children to focus on implementation of commitments and actions agreed.

Participation in Working and Advisory Groups

NYCI seeks to progress its policy and advocacy agenda through engaging with and contributing to relevant working and advisory groups. NYCI is a member of the Advisory Group of the National Office for Suicide Prevention. We are also members of the Consultative Panel on the Codes on Alcohol Marketing, Communications and Sponsorship and were recently involved in a report looking at alcohol marketing and sponsorship of major sporting events.

Research

NYCI has sought to raise youth health issues through the generation of our own research and by participation in the work of others. In 2009 we produced a report “Get ‘Em Young” on the experience of young people concerning alcohol advertising and marketing. Our national survey of young people aged 18-25 focused on a number of youth health issues, such as obesity, mental health and access to medical services.

Media

As part of an overall strategy to influence policy NYCI raises youth health related issues in the media through press releases or by responding to developments as they emerge.

Section 3

Health Inequalities

The Determinants of Health

Figure 1 **Determinants of Health**



Health determinants are the key social, economic, environmental and cultural factors which influence health choice and lifestyle behaviour. Figure 1 shows clearly the socio-economic, cultural, and environmental factors, the social and community networks, and the age, sex and hereditary factors that have an influence on the individual's health as outlined by Dalgen and Whitehead (1991).

To effectively address health inequalities, it is imperative that all social policies relating to other determinants of poor health such as education, housing, income support, environment, nutrition, transport etc, consider the health implications of the policy and practice. Many social policies impact and play a contributing factor on one's socio-economic status. This is perhaps best demonstrated when one considers the repercussions of food poverty on an individual's life chances, opportunities, lifestyle and health behaviors. In addition, key practice initiatives that support organisations and workers in raising awareness of health inequalities must be continued and supported.

Medical Cards

One of the main principles of health promotion is the reduction of health inequalities and yet the most significant factor affecting health and the promotion of health is one's socio-economic status. This inequity is reflected in the long waiting lists for public hospital care and in the uncovered costs of primary health care for the vast majority of Irish children and young people. The National Action Plan for Social Inclusion notes that access to quality health services is a prerequisite for participation in society. The main policy instrument for providing access to primary healthcare services for low-income groups is the medical card, which provides free access to GP services and free provision of prescription drugs. Ensuring comprehensive entitlement to a medical card for low-income groups is therefore a key policy objective.

Current Uptake

In June 2009 1,398,686 had a full medical card and 90,037 had a GP only medical card. According to the Department of Health and Children there are approximately 1,095,000 children and young people under 18 in the State of which 305,000 who are covered under the medical card scheme. While this is an increase on the numbers who qualified for a medical card from recent years, this is primarily because of higher unemployment and increased levels of poverty rather than an easing in the qualification criteria.

Combat Poverty research has found that a substantial number of low-income people do not have a medical card. It is estimated that 220,000 people (30.4 per cent) who are at-risk-of-poverty and 64,000 people (21.7 per cent) in consistent poverty do not have a medical card. Their analysis also found that 44,500 children at-risk-of-poverty does not have a medical card, while 15,000 children in consistent poverty do not have a medical card. This high level of non-take-up, even among the very poorest households, indicates a weakness in the design and/or administration of the medical card scheme. Furthermore, the child thresholds are the equivalent of 20 per cent of the adult figure. This is considerably less than the minimum income support target for children of 33 - 35 per cent of the adult welfare rate. There is some evidence that the take-up of medical cards varies by region and even locality, which suggests differences in the administration of the scheme by local officials in the Health Services Executive.

In a recent survey conducted by NYCI, just over 30% of young people stated that they had not been to the doctor in the last year while, of those who had been, 55% had been only between 1 and 3 times (Table 2.37 and Figure 2.21).

Table 2.37 Number of Visits to Doctor¹

How often have you been to the Doctor in the last year?		
	Count	%
None	310	30.6
1-3 times	559	55.2
4-6 times	97	9.6
7 or more times	46	4.5
Total	1012	100.0

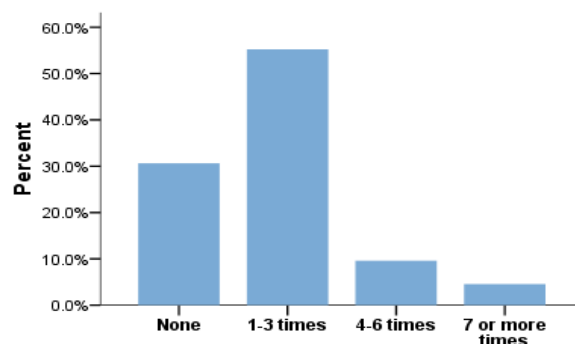


Figure 2.21 Number of Visits to Doctor

Of particular concern is the finding from the survey which revealed that almost 20% of respondents interviewed stated that they had not attended the Doctor when ill, due to the

financial costs.² Another study by Bonnybrook Youthreach³ found that 98% of young people who had ongoing and unaddressed health problems “*had neither the knowledge nor the skills required to complete the process*”. Therefore these young people, although many of them were likely to be eligible for a medical card lacked the necessary literacy skills to obtain one.

We welcome the commitment in the Programme for Government to double the income threshold for a full medical card for parents with children under 6. However this measure fails to address the needs of families with children between the ages of 7-17. This measure may also leave parents and families who require significant health services in difficult circumstances when their children are over the 6 years age limit. Therefore we recommend that the Government double the income thresholds not just for parents/families with children under 6, but for all families with children between 7 and 17. We believe this targeted measure would go a long way to addressing the current difficulties many families with children face in accessing healthcare in Ireland.

Recommendations:

Practice Development

- NYCI will continue to support and deliver key strategic initiatives such as the Specialist Certificate in Youth Health Promotion and other Health Promotion Trainings where workers are made aware of health inequalities and examine their role in advocating on behalf of young people to address these inequalities.
- NYCI will continue to support and deliver initiatives such as the Health Quality Mark to assist organisations in developing a holistic organisation-wide approach to health promotion and the health and well-being of young people and to ensure that services and programmes delivered meet recognised quality standards and are in line with best practice.

Advocacy and Policy

- NYCI recommends that Government double the income thresholds not just for parents/families with children under 6, but for all families with children between 7 and 17. This will facilitate many families with children under 18 on low and limited incomes to obtain a medical card.
- NYCI recommends that Government and the HSE support young people with literacy difficulties to apply for Medical Cards.

³ Bonnybrook Youthreach, Health Needs Analysis, Matthews, R.

Health Status of Young People

In the context of a discussion on the Health Status of Young people it is vital that we strike a balance when presenting the facts. The health status of young people has improved considerably over the last number of years with the improved standards in education and health care. Frequently, sensational headlines are used to depict the health behaviours of young people which may not reflect the overall picture. This may contribute to the unfair myth that exists in the public domain that all young people are unhealthy. However, it is important to keep in mind that during this period of development risky health behaviours may be considered *normal* by young people. Furthermore for the vast majority of this group they will develop the capacity and understanding to manage these behaviours positively into adulthood.

While we recognise the developments that have been made in the past number of years there remains significant health inequalities in the youth population. Therefore it is vital the NYCI continues to advocate on behalf of young people around these issues and supports youth organisations to address these issues in their work.

Mental Health

Mental health problems affect one in four of the Irish population at some point in their lives. Exposure to numerous risk factors during childhood increases the chances of developing a mental illness while conversely growing up with numerous protective factors lowers this chance. Growing up with family conflict, poor family management parental mental disorders, poor nutrition, poor educational opportunities with greater chances of unemployment increases the risk of a mental illness occurring later in life. However, conversely, a strong family attachment with positive social connections to school and community limit the risk of mental illness occurring. It also increases the chances of educational achievement, employment and positive relationships with others.

Mental illness can manifest itself in many ways during adolescence: high rates of self harm are common while suicide is one of the greatest causes of death in young people. In respect of young people, the prevalence of mental health problems is concerning. Over 200,000 children have a mental or behavioural problem at any one time and around 20,000 will have a disabling disorder according to the Irish Association of Suicidology.

Suicide and Self Harm

Suicidal behaviour remains a major public health problem in Ireland. Risk factors for suicide are numerous and complex but depression remains a major factor as well as alcohol and drug abuse. Of most concern however, is the fact that Ireland has the seventh highest rate of youth suicide in the EU (14 – 24 years olds). Suicide is also a concern for young people themselves as highlighted by the discussion at Dail na nOg 2009.

A recent survey of young people aged between 18 and 25, conducted by NYCI found that 23% were ‘*concerned*’ or ‘*very concerned*’ about their own mental health. However, as is well accepted, mental health is not just about the presence or absence of mental illness, but is about the broader issues of mental health and well-being at both personal and social levels, based on solid foundations, which include prevention, promotion and appropriate intervention strategies at

all levels of society including schools, family, employment, communities, health and socio-economic settings. NYCI is currently a significant leader in the process of developing and delivering resources and supports in relation to both prevention and promotion through “Good habits of mind”, self esteem training and anti-bullying training

Specialised Adolescent Mental Health Services

Given the extent of mental health amongst young people, particularly in adolescence, it is alarming that there is such poor provision of specialised adolescent mental health services in Ireland. The mental health service for 16 – 18 year olds is provided under the Adult Psychiatric Framework. There is no capacity in the child and adolescent psychiatric services to provide for children aged 16 or 17. This framework is unsatisfactory to meet the specific needs of young people.

Current Mental Health Policy and Practice

The two most recent Government reports in the area of mental health and suicide prevention are *The Reach Out Strategy -The National Strategy for Action on Suicide Prevention* (2005-2014). In January 2006, the Report of the Expert Group on Mental Health Policy ‘*A Vision for Change*’ was launched to replace the policy set out in ‘*Planning for the Future*’ published in 1984. Also, new mental health legislation, the Mental Health Act 2001 which was enacted in 2006, has brought Irish mental health legislation into line with Ireland’s obligations under the European Convention on Human Rights. The Disability Act 2005 also aims to improve service provision for people with mental health problems as defined under the Act.

The Reach Out Strategy - The National Strategy for Action on Suicide Prevention (2005-2014) Child and Adolescent Mental Health Services calls for a multi-sectoral approach to suicidal behaviour in order to foster cooperation between health, education, community, voluntary and private sector agencies. The implementation of the actions in the Reach Out Strategy can only be achieved through collective action and commitment from Government. The National Office for Suicide prevention is facing a number of challenges in terms of continuing action in the face of cutbacks and low levels of funding. Although the NOSP received €1m in funding in the 2009 Budget, 12.5% was cut from the allocation made the National Office for Suicide Prevention to the voluntary organizations involved in suicide prevention and suicide bereavement. Economic strain and personal financial crises have been well documented as precipitating events in individual deaths by suicide. Increasing unemployment leads to an increase in the suicide rate. Unemployment has a profound effect on a person, especially the young. There is now, more than ever a real urgency to provide appropriate support to young people. The youth sector is playing a role with many youth leaders and workers undertaking the two day ASIST training programme. This two-day intensive, interactive workshop enables participants develop their skills through simulations and role-playing in order to become more ready, willing and able to help persons at risk of suicide.

‘*A Vision for Change*’, proposes the development of a balanced and integrated modern mental health service responsive to the disparate needs of those with mental health problems, whether home-based, community, in-patient, forensic or indeed the promotion of positive mental health practices. The Report also highlighted the fact that mental health issues impact on huge areas of Irish life, and ranges across the life span from the very young to those in the older age group.

However, while policy is reflecting the change in service provision, the share of the health budget for mental health services has declined year on year to about half, in proportionate terms, the level it was in the early 1980s. Mental health funding has been cut from 12% of the overall health budget in the mid 1980s to 6.6% in 2009. Considerable concern has been raised by many groups regarding these funding cuts to secure and ensure the development of better care and a supportive service into the future. NYCI is particularly concerned about the implications of these funding cuts and as a result the inability the HSE to implement policy recommendations for the improvement of treatment and care practices for young people but also in the promotion of positive mental health amongst young people in Ireland.

Out of hours social work service

In relation to a response to mental health issues, the Monageer Inquiry report (2009) calls for the provision of a national out-of-hours social work service to ensure an appropriate response to serious child protection and welfare concerns. This is something that has been of concern to youth organisations on an ongoing basis and this also links to mental health concerns in relation to young people and their families.

Recommendations

Advocacy and Policy:

- NYCI recommends that Government protect implementation of the Reach Out Strategy from cutbacks.
- NYCI recommends that Government provide sufficient funding to the NOSP to continue to provide ASIST training at 2009 levels across the country.
- NYCI recommends that a clear implementation plan for *Vision for Change* to be put in action with transparent annualised implementation targets and ongoing measurement of progress.
- NYCI recommends that the Health Service Executive establish a National Mental Health Service Directorate. The Expert Group who formulated the *Vision for Change* policy highlighted the absence of a single management structure for mental health service provision as a major factor in the continuing marked disparity in services between various catchment areas, which has prevented the development of cohesive regional and national mental health services.
- NYCI recommends that increased funding should be provided to the NOSP in order to increase suicide prevention services, resources and awareness measures such as the “Your Mental Health Campaign” targeted at young people.

Practice and Development

- As part of the NYCI Training Programme we will continue to deliver multi-sectoral training initiatives such as “Good Habits of Mind”; the NYCI Anti-Bullying resource; and self-esteem trainings such as “Building Self esteem”

Bullying

Much research has been conducted in the area of bullying and young people in recent years. Recent studies carried out by Trinity College Research and Resource Centre showed that one in four girls and one in three boys in primary level education had been bullied within the last 3 months. The same study also showed that 26% of children admitted that they had taken part in bullying other children at school.

More worrying of late is the increase in cyber bullying which can have a greater impact on young people because it occurs in one's personal space, and is often harsher and far reaching. Examples of cyber bullying may include sending mean and threatening emails, text messages, instant messages, posting inappropriate pictures and breaking into ones private account. A study carried out in 2008 by the Anti Bullying Centre in Trinity which interviewed 2,790 young people found that girls were more likely to fall victim to cyber bullying than boys, with one in five female respondents claiming to have been cyber bullied. In addition the study also found that those who were targeted by cyber bullies rarely reported it to an adult at school with just 6 % doing so with one in ten students felt cyber bullying was "just part of life".

Furthermore, research carried out by the Child Protection Programme at NYCI indicated a growing concern amongst youth workers and youth organisations in relation to incidents of bullying within the youth sector. The youth sector, however, has significant advantages over other sectors in coming to terms with issues such as bullying. The trusting nature of relationships between youth workers and young people means that the sector is ideally placed to respond to the issue of bullying. Additionally, the expanded nature of youth work has resulted in increased professionalism in the implementation of our work and in the approaches used with young people. Certain types of unacceptable conduct, which in the past may have been dismissed as harmless incidents are not now tolerated.

NYCI's resource "Let's Beat Bullying" addresses many of the factors that influence bullying, and provides youth workers with a key support in preventing, in the first instance, and dealing with incidents of bullying and unacceptable behaviour in a youth work sector. Additionally, it is important to monitor developments in both national and institutional policy to ensure that we inform best practice across the board in relation to bullying of young people.

Recommendations:

Practice Development:

- NYCI will continue to deliver training around the "Let's Beat Bullying" Resource.
- NYCI will continue to highlight the ever evolving and complex nature of bullying with member organisations and assist organisations to develop policies that support them to address this issue.
- NYCI will continue to support youth organisations and youth workers to develop organisation policy and structures to respond effectively to the issue of bullying within their organisation including acceptable use polices of IT equipment.

Substance Use

Alcohol Related Harm

NYCI is primarily concerned about the levels of alcohol misuse among children and young people under 18 years and the high levels of alcohol related harm. Over a 10 year period (1991 – 2001), alcohol consumption per capita increased by 41% in Ireland - the highest rate of increase in Europe. The vast majority of alcohol related harm occurs among the adult population. The incidences of death from alcohol abuse/dependency increased by a factor of four, cirrhosis doubled and alcohol poisoning almost doubled. Since 1996, public order offences increased by 247%, assaults by 82% and drink driving offences by 125%. One in four attending the hospital emergency room are presenting with alcohol related problems.

The past 10 to 15 years have seen an upsurge of commitment at international level to addressing the alcohol issue. Ireland is a signatory to a number of crucial documents setting out strategy, policy and action plans to tackle the drink question such as the WHO European Charter on Alcohol, 1995, the WHO European Alcohol Action Plan, 2000 - 2005, and the WHO Declaration on Young People and Alcohol, 2001. At a national level, Ireland has commissioned a series of reports (Commission on Liquor Licensing, 2003, the Strategic Taskforce on Alcohol Report, 2004) and highlighted Alcohol Misuse as a Special Initiative under Sustaining Progress 2003 - 2005). More recently the Government has incorporated alcohol as part of the broader National Substance Misuse Strategy and set up a group of which NYCI is a member to develop measures and action to tackle alcohol misuse as part of that overall strategy. However Government policy is not joined up and the decision by the Government to reduce excise in the 2010 Budget contradicts the stated policy to reduce consumption and protect vulnerable groups such as young people.

Alcohol Consumption amongst Young People

A 2006 study⁴ revealed that drinking amongst young people is prevalence throughout Irish society and spans all socio economic groups. The report revealed that a number of alarming figures in relation to the extent to which young people drink:

- 26% of children of all ages had a drink in the past month.
- Up to 51% of 15-17 year old girls had a drink in the past month
- Up to 15% of 12-14 year old boys had a drink in the past month
- 32% of children admitted to being “really drunk”
- Up to 37% of boys 15-17 admitted to being drunk in the last month
- Up to 41% of girls 15-17 admitted to being drunk in the last month
- Up to 12% of girls 12-14 admitted to being drunk in the last month

Impact of alcohol related harm on young people

Risky drinking can pose immediate dangers to the health and safety of young people such as accidents and fights, unprotected sex, impact on educational achievement, affect personal and

family relations, lead to crime/difficulties with the Gardai, etc However research⁵ is also showing the long term impact of early, frequent and heavy drinking by young people. Over the last decade has also shown that alcohol affects an adolescent brain differently from an adult brain. In adolescence the brain goes through rapid development and ‘wiring’ changes and alcohol use can cause alternations in the structure and function of the developing brain. Alcohol can damage two key areas, the prefrontal cortex responsible for self-regulation, judgment, reasoning, problem solving and impulse control and the hippocampus which is involved in learning and memory. Damage from alcohol use during adolescence can be long term and irreversible. Therefore, it is important to delay the age of onset of drinking by young people, as recommended by the WHO.

Policy Solutions

Young people are often unfairly depicted as the perpetrators of alcohol misuse rather than the victims. Such a portrayal fails to consider that alcohol misuse is prevalent throughout Irish society and does not discriminate against age. There are a number of key policy solutions to address the alcohol problem. The following measures are grounded in a strong evidence base and if implemented, would contribute to reducing the prevalence of alcohol related harm:

The Contribution of Youth Work

The youth work sector has an important role to play in empowering a young person with the personal and social skills to become confident individuals capable of making informed decisions. It is important to acknowledge the valuable contribution education in the youth work setting makes to informing children and young people about alcohol and drug use and the risks associated with risky lifestyle behaviour. In many circumstances this education provides the recipients with the coping skills to be able to respond to whatever situations life presents. Many youth work programmes offer young people/youth workers working with young people training on health promotion on a range of health issues to encourage a healthy lifestyle.

Education has a role to play in addressing the prevention and reduction of alcohol-related harm; however, it is important to recognise that education on its own is not effective in reducing alcohol related harm. A recent study commissioned by the EU Health and Alcohol Forum⁶ concluded that “*education should be a minor part of a broader strategy*”. Education should not be a lead strategy but rather part of board policy mix of evidenced based effective measures to make an impact on reducing the rate of alcohol consumption throughout society. The education provided in the youth work setting is very important but only if it’s accompanied with a multi-faceted strategy to promote awareness of risky drinking and alcohol related harm and to change behaviour. The Youth Sector has developed a Code of Ethics to guide and advice youth workers on how to respond to the issue of young people and drinking in an appropriate manner – see (attached Code of Ethics).

⁶ Synthesis report on the effectiveness of alcohol education in schools in the European Union, Institute of Social Marketing and University of Stirling, September 2009.

Regulation of advertising and marketing

Marketing has an impact on behaviour in relation to the type of drinks and food children and young people consume¹. Sophisticated longitudinal studies in U.S have suggested a causal link between alcohol marketing and youth drinking (Ellickson et al, 2004; Stacy et al, 2004; Snyder et al, 2006). A recent systematic review of the evidence base concluded that “alcohol advertising and promotion increases the likelihood that adolescents will start to use alcohol, and to drink more if they are already using alcohol” (Anderson et al).

The earlier children start to drink, and the more they drink at a young age, the more likely they are to suffer alcohol related harm, now and in the future. Alcohol marketing plays a significant role in young people’s decision to drink and in how they drink. Conclusions of a comprehensive review of the research was that there *is increasingly compelling evidence that alcohol marketing is having an effect on young people’s drinking*. Exposure of young people to alcohol advertising changes their beliefs and expectations about drinking and increases the likelihood of heavier drinking. Young people are particularly drawn to elements of music, characters, story and humour. Websites for promoting alcohol have also elements attractive to young people such as the possibility to play games and competitions, download sound/music items and photo-galleries. Alcohol sports sponsorship links masculinity, alcohol and sport and embeds alcohol products into the everyday life of the consumer. It reaches the target audience – young males who are the keenest sports fans and heaviest drinkers.

Our study “Get ‘Em Young” demonstrated that children and young people in Ireland are exposed to a high and pervasive level of alcohol advertising and marketing through sixteen different channels. NYCI believes that the current “voluntary code” on alcohol advertising and marketing is weak, ineffective and lacks credibility. We believe that the current code should be replaced by an independently developed and monitored statutory code. NYCI also believes that the Government should move to implement their commitment to phase out the marketing and sponsorship of major sporting and cultural activities by alcohol companies.

Price

The evidence confirms that increase in price greatly reduces alcohol consumption and in turn alcohol related harm. Furthermore young people are particularly price sensitive. NYCI was opposed to the abolition of the 1987 Groceries Order in 2006 with respect to alcohol which had prohibited below cost selling and the 2010 Budget which reduced excise on alcohol by 20%. Alcohol is not an ordinary commodity, subject to the normal rules of commerce. This principle should be recognised in legislation by ensuring that alcohol is subject to greater controls in terms of monitoring of sales and service practices of licensed premises. The Government must act immediately to legislate to prevent below cost selling of alcohol. We also believe that Government should implement commitments in the Programme for Government to “*use the taxation system to promote low alcohol or alcohol-free products*”.

Reducing Availability

Evidence suggests increased availability will increase alcohol related harm. One of the most effective ways of influencing a reduction in individual alcohol consumption and effectively reduce alcohol related harm is to regulate and reduce the physical availability of alcohol through minimum age, restricting the number of outlets and time of sales. Ireland already has an adequate

supply of licensed premises to meet demand, except in a very small number of areas. In fact the number of off-licences where alcohol can be purchased has trebled in 7 years to 2009⁷ We believe that easy access to alcohol in supermarkets, convenience stores and petrol stations is contributing significantly to alcohol consumption, misuse and alcohol related harm among children and young people under 18. We believe that Government should reduce the current number of outlets where alcohol can be sold. We welcome the provision for test purchasing of alcohol by young people in the 2008 Liquor Licensing Act 2008, however this provision has not yet been commenced by the Minister which is disappointing.

Structural Separation

In 2008 the Government enacted legislation which would ensure the “structural separation” of alcohol products from other products in mixed trading outlets. While the Act was passed the Government have chosen not to commence this part of the legislation. Instead they have chosen to defer this important measure in return for the implementation of a voluntary code devised by the retailers themselves. The first report on implementation claimed wide compliance, however it would appear they only plan to monitor the code once a year. We are concerned that even if the codes are breached, no sanctions or penalties can be applied. We are therefore calling on the Government to enact and commence section 9 as originally planned in line with recommendations of the independent alcohol advisory group established by the Department of Justice, Equality and Law Reform in early 2008.

The Strategic Taskforce on Alcohol Report and National Drugs Strategy 2009-2016

The Strategic Taskforce on Alcohol Report (STFA) Report provides a clear and comprehensive review of alcohol misuse and how to address it and this needs to be adequately resourced to ensure its full implementation.¹ NYCI fully endorses the recommendations of the STFA and we believe that proposals outside these recommendations should be closely examined to ensure they fit with the coherent and multi-faceted approach taken in the Task Force reports. We also welcome the inclusion of alcohol as part of the National Substance Misuse Strategy 2009-2016. We plan to contribute to that through our membership of the steering group for a National Misuse Strategy. However it is vital that we now see clear and concrete plans developed to tackle alcohol related harms as part of that combined strategy.

Recommendations

Advocacy and Policy

- NYCI recommends the full implementation of the Report of the Strategic Taskforce on Alcohol 2005.
- NYCI recommends the introduction of a statutory code for regulation of advertising and marketing to restrict alcohol promotion targeted at young people under the age of 18.
- NYCI recommends that Government implement their commitment to phase out drinks industry marketing and sponsorship of major sporting and cultural events.
- NYCI recommends the enactment of legislation to prohibit below cost selling of alcohol and use the taxation system to promote non alcoholic and low alcohol drinks.

⁷ Irish Independent, 11th February 2009

- NYCI recommends that Government reduces the number of outlets where alcohol can be sold and introduces test purchasing.
- NYCI recommends that Government commence section 9 of the 2008 Intoxicating Liquor Act to provide for the structural separation of alcohol from ordinary products in mixed trading outlets (supermarkets, convenience stores and petrol stations)

Practice Development

- NYCI will support the development of organisational policies on drugs and alcohol
- NYCI will support organisations to implement policy positions through the development of educational programmes and good practice guidelines for the management of drug and alcohol situations in youth work settings
- NYCI will develop and promote specific issue-based trainings and supports for youth organisations

Physical Health

The period from childhood to adulthood is a key transition in an individual's life. It is a time when young people shape their own individual identity and personality as well as undergoing major changes to their physical appearance. Changes that occur during adolescence make young people more conscious of their physical appearance and thus the focus on body shapes and sizes in the media can create further pressure for an individual to look a certain way or shape. Together with these changes and pressures on how young people spend their free time will have a major impact on their development, socialization and future life. The importance of leisure time activities is highlighted by the World Health Organisation who views participation in various activities as giving opportunities to young people for self expression and achievement.

Impact of Obesity

The World Health Organisation has described the rapid increase in the numbers of people who are either overweight or obese as a 'global epidemic.' Obesity is associated with social, economic and biological determinants such as the physical environment, working conditions, income and social status, educational attainment, ethnicity, biological and genetic make-up, health child development, personal health practices and skills, and social support networks. The impact of being overweight and particularly obesity on young people include physical disorders such as high blood pressure, diabetes; and social and mental problems such as low self-esteem, stigmatisation and bullying by peers and others, negative body image and depression. Numerous surveys have revealed a prejudice emerging against obese people in the workplace, in schools, by medical and healthcare personnel and in the media. This stigma is prevalent amongst children and young people and has implications for the mental and emotional health of young people who are either overweight or obese.

The Report of the National Taskforce on Obesity (2005) identified the rising levels of obesity amongst young people in Ireland as a major concern, and observed that a multifaceted approach, through the education sector, in the workplace and in the community is necessary in order to protect future generations from premature death, ill-health, psychological problems and associated economic demand on state services. Recent data on Irish children and teenagers

confirms that one in five children aged 5 – 12 years and one in five teenagers aged 13 - 17 are overweight or obese thereby increasing their risk of being overweight or obese in adulthood (IUNA, 2005; ESRI, 2005).

Play and Recreation Policy

The increase of sedentary lifestyles and a decline in demanding physical work has contributed to increases in people becoming overweight or obese. We welcome the publication of the national policies on play and recreation in the last number of years. However we need to move from policy to action to facilitate children and young people to engage in play and recreational activities which contribute to well-being, personal and social development and of course physical health. In particular NYCI supports the objective outlined in this policy which recommends maximizing the range of recreational opportunities available for young people who are marginalised, disadvantaged or who have a disability. (*see Chapter 7 Play and Reaction Policy*).

Marketing of Energy Dense Foods

Evidence suggests that attractive image marketing of “fast-foods” have a significant influence on children’s food choices and as a result contribute to the problem of childhood obesity. As with alcohol, there needs to be restrictions on marketing and advertising. Television advertisements consume much of the advertising spend of the food marketing in Ireland. 84% of all food advertisements in Ireland targeted at children is for foods high in fat, sugar, salt or a combination of one or more of these. Marketing is also using other channels to target children such as schools, and the internet. The World Health Assembly has proposed that the WHO develops a set of recommendations on the marketing of foods and non-alcoholic beverages to children.

Since January 2005 Ireland has operated a code on broadcast advertising to children. While the Children’s Advertising Code of the Broadcasting Commission of Ireland (BCI) has moved towards providing some restrictions on advertising to children the BCI code continues to expose children to marketing of foods high in fat, sugar and salt, doesn’t take into account the cumulative effect of advertising on children and does not limit the volume or frequency of the food advertisements broadcast per segment or per day.

We welcome Section 42 (4) of the Broadcasting Act 2009 which provides for a statutory code to protect children and young people from junk food advertising. We would urge the new Broadcasting Authority of Ireland to move swiftly to produce codes which are strong and effective in consultation with youth organisations, children’s organisations and public health bodies and advocates. It is vital that we protect children and young people from aggressive and misleading junk food advertising.

Other Interventions

The Report of the National Taskforce on Obesity made over 80 policy recommendations ranging from the need for providing supports for parents in educating their family about health eating, address the restricting the impact of the media, ensuring healthy food policies for pre-schools, schools and hospital are in place, as well as ensuring the adoption of a collaborative and cross-departmental approach to the problem.

Youth work and specifically programmes with a strong health promotion dimension can play an integral role in providing information about how to live a healthier lifestyle through better nutrition and diet and through greater physical activity, and support youth workers and parents to provide information and support to young people.

The National Taskforce on Obesity promotes a social change strategy to give people meaningful choice. The report also acknowledges the right of individual's to choose how to live and the right to make informed lifestyle choices. Notwithstanding these rights, it is important to highlight that Government has a role to play in ensuring the health inequalities which impact on one's lifestyle choices are addressed to support individuals to live healthier lives. For instance, ensuring that healthy food types are affordable, and/or providing incentives for people to live healthier lives.

The key to health promotion is empowerment and enabling people to make informed choices and act to reduce the impact of the many social and environmental determinants negatively impacting one's body weight and health.

Recommendations

Advocacy and Policy

- NYCI recommends that the Government implement the recommendations of the National Taskforce on Obesity 2005.
- NYCI recommends that the Department of Health and Children publish annualised implementation targets and ongoing measurements of progress on the Report of the National Taskforce on Obesity 2005
- NYCI recommends that the Broadcasting Authority of Ireland adopts strong and effective statutory codes as provided for in the Broadcasting Act 2009 in consultation with key stakeholders such as youth organisations, children's organisations and public health bodies and advocates.
- NYCI recommends the implementation of the National Recreation Policy for Young People and the National Play Policy.

Practice Development

- NYCI will disseminate the Healthy Eating Resource developed by NYCI and the Irish Heart Foundation.
- NYCI will support the development and delivery of training around the NYCI resource to up-skill youth workers and organisations

Sexual Health

The World Health Organization (WHO) defines sexual health as *"the state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction and infirmity. Sexual health requires a positive, respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."*

A report published from the Health Promotion Surveillance Centre (HPSC) in 2006 shows a worrying increase in STI's between the ten year period of 1995 – 2005 in Ireland, (3,365 to 9,892). This report found that adolescents accounted for 11.2% of this while 65% was the 20 to 29 age group (HPSC, 2005). Ano-genital warts, Chlamydia trachomatis and nonspecific urethritis accounted for 89% of all STI's in Ireland in 2006. Also of note the HPSC commented on the reporting of STIs in Ireland. At present little reporting of cases exists from GPs, family planning clinics and student health services. Furthermore the current system where data is collected according to the basis of clinical services and not on area of residence could have an impact on the figures. Chlamydia like other STI's is often asymptomatic and thus may go undetected for considerable time allowing it to spread rapidly amongst populations. The consequences of contracting an STI may include infertility, ectopic pregnancies, pelvic inflammatory disease and psychological stress. The need for prevention and early interventions in adolescence is obvious, with a wide range of initiatives needed to tackle this problem. These figures also highlight the need for adolescent-friendly sexual health services enabling young people greater access to clinical services and information.

NYCI have through the work of both the Gender Equality Programme and the National Youth Health programme maintained this commitment to providing organizations and workers with the required information and tools to assist young people in making the correct choices with regard to both sexual activity and in dealing with their own sexuality. Sense and Sexuality, developed in 2005 is a resource of information and work-shops aimed at enabling youth workers to work with young people on issues of sexual health. A training developed in conjunction with this resource is included in the training brochure.

NYCI has also developed and support a strategic partnership relationship with the Crisis Pregnancy Agency and are currently working on a campaign and resource to encourage young people in delaying the onset of sexual activity until they are ready. The campaign and resource entitled "Delay" will be delivered through both the school and youth sectors and will complement NYCI existing "Delay" training.

There is also significant policy work and awareness raising to be carried out. A significant feed-back from the Minister of Children's consultation on the "Age of Consent" actually focused on the availability of sexual health information for young people and in providing support and training for teachers to deliver this information.

NYCI will continue to provide relevant resources and support to organisations and workers; identifying new initiatives and opportunities as needs arise.

Recommendations:

Practice Development

- NYCI will continue to raise awareness of resources such as “Sense and Sexuality” and support organizations and youth workers in their use
- NYCI will continue to provide training in areas such as Sexual Health and Delay
- NYCI will continue to maintain our partnership with the Crisis Pregnancy Agency and other lead agencies to ensure that information produced is relevant to the youth sector.

Spiritual Health

The World Health Organisation defines health promotion and the creation of an environment of well-being for young people in a structure of six key dimensions, of which the spiritual dimensions is an integral part. All of these dimensions need to be addressed to provide and support a holistic approach to youth health promotion. It is therefore essential that work on spirituality and spiritual health form part of an organisation's approach to youth health.

Ewles and Simnett (2004), in further defining the dimensions of health describe Spirituality and the Spiritual dimension as *“not only including religious beliefs; but also other personal beliefs; principles of behaviour; and ways of being at peace with oneself”*

Young People participating at the Minister for Youth Affairs' Youth Conference in 2005 identified spirituality in a non-religious context as a key issue for them. NYCI's member organisations working either in a faith context or from a faith perspective have identified the need for NYCI to lead on a spirituality initiative. In Ireland, the various Churches were heavily involved in the development of youth services, but with the decline of direct involvement of Priests in youth work since the 1970s, there has been an increasing expectation that the spiritual content of work with young people would be separated from general youth work.

To many workers, this is a difficult situation to accept, as the support of spiritual development within young people is core to the youth work ethos and therefore central to an organisation's work and programmes irrespective if the organisation is faith-based or not. (Yust et al) in their work *“Nurturing Child and Adolescent Spirituality”* (2006) note several assumptions which are useful in giving a broad understanding. They are:

- Spirituality is an intrinsic part of humanness
- Spirituality is related to but not defined by religion and faith
- Spirituality involves growth and change
- Spirituality must be an actively nurtured domain of life
- Spirituality is embedded in relationships and community
- Spirituality is expressed in ethical behaviour
- Spirituality necessitates interdisciplinary study

Even with reference work of this nature, it is still difficult to define spirituality in the non-formal education or youth work sectors, and this has been a key factor in the work of the current subgroup. It will be important that as this happens, the youth work sector is sufficiently prepared to be able to inform and advise any initiatives that ensure that spirituality and spiritual development has a legitimate place in youth work practice.

Recommendation:

Practice Development

- NYCI will continue to support the NYCI working group on Spirituality and any proposals that are developed.