Office of the Minister for Children and Youth Affairs
Oifig an Aire Leanaí agus Gnóthaí Óige

DEPARTMENT OF HEALTH AND CHILDREN
AN ROINN SLÁINTE AGUS LEANAÍ

State of the Nation's Children




Ireland 2008

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Office of the Minister for Children and Youth Affairs

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FOREWORD

As Minister for Children and Youth Affairs, it is my great pleasure to launch the report *State of the Nation's Children: Ireland 2008.* This is the second in a biennial series of reports prepared by the Office of the Minister for Children and Youth Affairs, in association with the Central Statistics Office and the Health Promotion Research Centre of the National University of Ireland, Galway. It fulfils a commitment made in the National Children's Strategy to publish key indicators of children's well-being on a regular basis.

As with the first report in 2006, readers will find an accessible compendium of indicators illustrative of childhood in Ireland today, using data drawn from the most recent and most reliable administrative, survey and Census sources.

This 2008 report presents key indicators on important aspects of children's lives, including outcomes on their education, health and social, emotional and behavioural well-being; their relationships with their parents and their friends; and the services available to and accessed by them. The report also presents data on contextual indicators, describing changes in the demographic characteristics of the population, as well as in children's family settings and living arrangements.

Information is updated and, while maintaining comparability with the 2006 report, incorporates several improvements. Most notably, improvements have been made to strengthen some indicators and to close critical data gaps, particularly in the middle childhood period. In addition, the indicators reporting on educational attainment, which were included as a special feature of the 2006 report, are now incorporated as regular indicators in this and future reports.

The *State of the Nation's Children: Ireland 2008* report is an important resource for all those who seek to understand the experience of childhood in Ireland. As such, it will help us in our task of making Ireland a better place for children.

Barry Andrews, TD
Minister for Children and Youth Affairs
December 2008

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We are also very grateful to all the people who provided feedback on individual indicators.

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ACRONYMS USED

BCG	Bacillus Calmette-Guerin vaccine
BMI	Body Mass Index
CPI	Consumer Price Index
CSO	Central Statistics Office
DTaP3	Diphtheria, Tetanus and Pertussis vaccine
D3	Diphtheria and Tetanus vaccine
ERC	Education Research Centre
ESPAD	European School Survey Project on Alcohol and Other Drugs
ESRI	Economic and Social Research Institute
EU	European Union
EU25 average	Average result for 25 EU Member States
EU27 average	Average result for 27 EU Member States
Eurostat	Statistical Office of the European Communities
EU-SILC	EU Survey on Income and Living Conditions
GCSE	General Certificate of Secondary Education
GDP	Gross Domestic Product
GNP	Gross National Product
GNI	Gross National Income
GRO	General Register's Office
HiB3	Haemophilus Influenzae Type B vaccine
HBSC	Health Behaviour in School-aged Children Survey
HFA-DB	European Health for All Database
HIPE	Hospital In-Patient Enquiry System
HPSC	Health Protection Surveillance Centre
HRB	Health Research Board
HSE	Health Service Executive
ICD-9-CM	Clinical modification of the 9th Revision of the International Classification of Diseases
ICD-10	World Health Organization's International Classification of Diseases category
ICD-10-AM	Australian modification of ICD-10
LAAHN	Local Authority Assessment of Housing Need
MenC3	Meningococcal Type C disease vaccine
MMR	Measles, Mumps and Rubella vaccine
NCVA	National Council for Vocational Awards
NESF	National Economic and Social Forum
NEWB	National Educational Welfare Board
NHS	National Health Service
NIDD	National Intellectual Disability Database

NPIRS	National Psychiatric In-Patient Reporting System
NPRS	National Perinatal Reporting System
NPSDD	National Physical and Sensory Disability Database
NTPF	National Treatment Purchase Fund
NUIG	National University of Ireland, Galway
NUTS	Nomenclature of Territorial Units for Statistics
OECD	Organization for Economic Co-operation and Development
OMC	Office of the Minister for Children
OMCYA	Office of the Minister for Children and Youth Affairs
PHN	Public Health Nurse
Polio3	Poliomyelitis vaccine
PISA	Programme for International Student Assessment Survey
PPSN	Personal Public Service Number
PTR	Patient Treatment Register
P3	Pertussis vaccine
T3	Tetanus vaccine
QNHS	Quarterly National Household Survey
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization

SUMMARY OF MAIN FINDINGS

Notes:

- Percentage differences are presented for descriptive purposes only and may not reflect a statistically significant finding.
- Technical notes are provided in the main *State of the Nation's Children* report for each indicator presented. These technical notes should be referred to when interpreting the data since they provide details about the data source and identify key limitations arising.

SOCIO-DEMOGRAPHICS					
Indicator	**Measure**	**Description**	**Comparisons**	**Data Source**	**Year**
Child population	The number of children under 18.	According to Population Estimates 2007, there were 1,056,947 children under the age of 18 in Ireland. This represents an increase of 20,913 since Census 2006.	Ireland has a higher percentage of children under 18 than any other EU Member State. 24.4% of the population in Ireland are under 18 years. This compares with an EU27 average of 19.4%.	Census of the Population; Population Estimates (CSO)	2007
Infant mortality	The number of deaths among infants.	According to Vital Statistics 2006, the death rate of infants (under 1 year) has dropped from 56 per 10,000 infants in 2002 to 39 per 10,000 infants in 2006.	Luxembourg has the lowest infant death rate (25 per 10,000 infants) and Romania has the highest infant death rate (139 per 10,000 infants).	Vital Statistics (CSO); Eurostat	2006
Child mortality	The proportion of deaths among children under 18.	According to Vital Statistics 2006, child mortality rates have fallen from 5.1 deaths per 10,000 children in 2002 to 3.8 deaths per 10,000 children in 2006.	The death rates are consistently higher for boys than for girls. In 2006, the death rate for boys was 4.4 per 10,000 compared to the death rate for girls of 3.1 per 10,000.	Vital Statistics (CSO); Eurostat	2006
Ethnicity	The percentage of children by ethnicity or cultural background.	According to Census 2006, 93.2% of children usually resident in the State are defined as having a 'White' background.	78.9% of those children with a 'White' background live in households that are owner-occupied. This falls to 46.8% of children from an 'Asian or Asian Irish' background and to 18.1% of those with a 'Black or Black Irish' background.	Census of the Population (CSO)	2006
Non-Irish national children	The number of non-Irish national children.	According to Census 2006, there were 62,800 non-Irish national children in Ireland. 28.3% of these children were living in Dublin.	The number of non-Irish national children has increased by 57.6%, from 39,838 in 2002 to 62,800 in 2006. Polish was the second most common nationality (8.2% of the total) after British and Northern Irish (31.9%).	Census of the Population (CSO)	2006
Family structure	The number and percentage of children under 18 who live in family household units with only one parent or primary care-giver resident.	According to Census 2006, 17.8% of children live with a lone parent or guardian.	One in 3 children (33.7%) in lone-parent families is resident in Dublin.	Census of the Population (CSO)	2006

continued

SOCIO-DEMOGRAPHICS *continued*					
Indicator	**Measure**	**Description**	**Comparisons**	**Data Source**	**Year**
Parental education level	The percentage of children under 18 whose mother has attained (a) primary, (b) lower secondary, (c) upper secondary or (d) third-level education.	According to Census 2006, 6.3% of children live in families where the mother has either no formal education or primary education only, while 30.6% of children live in families where the mother has a third-level degree or higher educational qualification.	A higher percentage of mothers with children aged 0-4 (38.7%) had a third-level degree or higher educational qualification when compared with mothers with children aged 15-17 (22.8%).	Census of the Population (CSO)	2006
Traveller children	The number of Traveller children.	According to Census 2006, there were 10,929 Traveller children in Ireland. This accounts for 1.1% of the total child population and 48.7% of the total Traveller population.	More Traveller children lived in Dublin and Galway than in any other county. The counties with the highest proportion of Travellers compared to the total population were Longford (3.2%) and Galway (2.8%).	Census of the Population (CSO)	2006
Separated children seeking asylum	The number of separated children seeking asylum.	In 2006, there were 569 separated children seeking asylum. Approximately one in 3 (34.6%) separated children seeking asylum were less than 10 years of age.	57.6% of separated children seeking asylum were re-united with their families.	Childcare Interim Dataset (HSE)	2006

CHILDREN'S RELATIONSHIPS					
Indicator	**Measure**	**Description**	**Comparisons**	**Data Source**	**Year**
Relationship with mothers	The percentage of children aged 9-17 who report that they find it easy to talk with their mother when something is really bothering them.	In 2006, 78.0% of children reported that they find it easy to talk with their mother when something is really bothering them.	Using the ages of 11, 13 and 15 only to draw international comparisons with the 40 countries and regions that used this HBSC item, 79.5% of Irish children reported that they found it easy to talk with their mother when something was really bothering them. This is lower than the HBSC average of 81.5% and ranks Irish children 26th.	HBSC Survey	2006
Relationship with fathers	The percentage of children aged 9-17 who report that they find it easy to talk with their father when something is really bothering them.	In 2006, 59.8% of children reported that they find it easy to talk with their father when something is really bothering them.	Using the ages of 11, 13 and 15 only to draw international comparisons with the 40 countries and regions that used this HBSC item, 62.9% of Irish children reported that they found it easy to talk with their father when something was really bothering them. This is higher than the HBSC average of 61.7% and ranks Irish children 18th.	HBSC Survey	2006
Talking to parents	The percentage of children aged 15 who report that their parents spend time just talking with them more than once a week.	In 2006, 64.7% of children reported that their parents spend time just talking with them more than once a week.	Girls (73.4%) were more likely than boys (55.6%) to report that their parents spend time just talking with them more than once a week.	PISA Survey	2006

continued

CHILDREN'S RELATIONSHIPS *continued*					
Indicator	**Measure**	**Description**	**Comparisons**	**Data Source**	**Year**
Parental involvement in schooling	The percentage of children aged 15 who report that their parents discuss with them how well they are doing at school more than once a week.	In 2006, 48% of children reported that their parents discuss with them how well they are doing at school more than once a week.	Girls (51.6%) were somewhat more likely than boys (44.1%) to report that their parents discussed their progress at school with them more than once a week.	PISA Survey	2006
Eating a main meal together	The percentage of children aged 15 who report that their parents eat a main meal with them around a table more than once a week.	In 2006, 74.5% of children reported that their parents eat a main meal with them around a table more than once a week.	Children from the highest (78.2%) and medium (75.2%) social class categories were most likely to report that their parents eat a main meal with them around a table more than once a week, compared to children from the lowest social class category (70.7%).	PISA Survey	2006
Friendships	The percentage of children aged 9-17 who report to have 3 or more friends of the same gender.	In 2006, 89.5% of children reported to have 3 or more friends of the same gender.	Using the ages of 11, 13 and 15 only to draw international comparisons with the 41 countries and regions that used this HBSC item, 86.4% of Irish children reported having 3 or more friends of the same gender. This is higher than the HBSC average of 79% and ranks Irish children 7th.	HBSC Survey	2006
Pets and animals	The percentage of children aged 9-17 who report having a pet of their own or a pet in their family.	In 2006, 73.8% of children reported having a pet of their own or a pet in their family.	Children in the Mid-West region are more likely (80.2%) to report having a pet of their own or a pet in their family, while children in the Dublin region are least likely (62.8%) to report this.	HBSC Survey	2006
Bullying	The percentage of children aged 9-17 who report to have been bullied at school.	In 2006, 24.5% of children reported to have been bullied at school in the last couple of months.	Using the ages of 11, 13 and 15 only to draw international comparisons with the 39 countries and regions that used this HBSC item, 25.9% of Irish children reported to have been bullied at school in the last couple of months. This is lower than the HBSC average of 32% and ranks Irish children 26th.	HBSC Survey	2006

CHILDREN'S OUTCOMES: EDUCATION					
Indicator	**Measure**	**Description**	**Comparisons**	**Data Source**	**Year**
Enrolment in early childhood care and education	The percentage of children under 13 in various early childhood care and education arrangements.	In 2005, the main type of childcare arrangement was by parent/guardian for pre-school children (59.7%) and primary school children (78.5%).	There has been no update of the Quarterly National Household Survey module since the previous *State of the Nation's Children* report (2006).	Quarterly National Household Survey (QHNS)	2005
Attendance at school	The percentage of children who are absent from school for 20 days or more in the school year.	In 2005, 10.0% of primary school students were absent for 20 days or more in the school year. The percentage of primary school students with this level of absenteeism was, on average, lower in rural schools (7.8%) than in urban schools (14.9%). 18.8% of post-primary school students were absent for 20 days or more in the school year. The percentage of post-primary students with this level of absenteeism was lowest in secondary schools (15.1%) and highest in vocational schools (24.9%).	There has been no update of the National Educational Welfare Board statistics since the previous *State of the Nation's Children* report (2006).	National Educational Welfare Board (NEWB) statistics	2005
Transfer to second-level education	The percentage of children leaving national school, by destination.	In 2006, 95.5% of children leaving national school were known to have progressed to another form of schooling, either at first or second level.	Boys are more likely than girls to leave national school and not attend any other school.	Department of Education and Science statistics	2006
Reading literacy	The mean scores of children aged 15 based on the OECD-PISA Reading Literacy Scale.	In 2006, children in Ireland achieved a mean score of 517.3 on the Reading Literacy Scale. This was higher than the OECD country mean of 492. Girls in Ireland achieved a higher mean score (534.0) than boys (500.2).	Irish children ranked 5th out of 29 OECD countries that took part in the PISA Survey. Children in higher social classes achieved higher mean scores than children in lower social classes.	PISA Survey	2006
Mathematics	The mean scores of children aged 15 based on the OECD-PISA Mathematics Literacy Scale.	In 2006, children in Ireland achieved a mean score of 501.5 on the Mathematics Literacy Scale. This was similar to the OECD country mean of 498. Boys in Ireland achieved a higher mean score (507.3) than girls (495.8).	Irish children ranked 16th out of 30 OECD countries that took part in the PISA Survey. Children in higher social classes achieved higher mean scores than children in lower social classes.	PISA Survey	2006
Science	The mean scores of children aged 15 based on the OECD-PISA Combined Scientific Literacy Scale.	In 2006, children in Ireland achieved a mean score of 508.3 on the Scientific Literacy Scale. This was marginally higher than the OECD country mean of 500.	Irish children ranked 14th out of 30 OECD countries that took part in the PISA Survey. Children in higher social classes achieved higher mean scores than children in lower social classes.	PISA Survey	2006

CHILDREN'S OUTCOMES: HEALTH					
Indicator	**Measure**	**Description**	**Comparisons**	**Data Source**	**Year**
Low birth weight	The percentage of babies born weighing less than 2,500 grams (live and still births).	In 2005, 5.3% of babies were born at low birth weight (weighing less than 2,500 grams).	On average, 7.3% of babies in the EU27 are born at low birth weight. This figure takes account of live births only. Using live births only, in 2005, 5.7% of Irish babies were born at low birth weight.	National Perinatal Reporting System (NPRS)	2005
Breastfeeding practice	The percentage of newborn babies who are (a) exclusively breastfed and (b) partially breastfed on discharge from hospital.	In 2005, the breastfeeding rate on discharge from hospital was 47.5%. 43.5% of babies were exclusively breastfed, while 3.7% were fed using a combination of bottle and breastfeeding.	A higher percentage of mothers in higher professional groups (70.9%) breastfed their babies. Although Ireland still compares unfavourably with other EU Member States, there has been an increase in the breastfeeding rate since 2001, when it was 41.3%, to 47.5% in 2005.	National Perinatal Reporting System (NPRS)	2005
Chronic health and hospitalisation	The principal conditions resulting in hospitalisation among children.	In 2007, there were 144,703 hospital discharges among children aged 0-17.	Of the 2007 hospital discharges: ▪ 21.7% (31,412) were aged less than 1 year; 29.5% (42,618) were in the age group 1-4; 19.5% (28,177) were in the age group 5-9; 15.8% (22,816) were in the age group 10-14; and 13.6% (19,680) were in the age group 15-17. ▪ 42.1% (60,977) in total were accounted for by diseases of the respiratory (13.7%) and digestive systems (8.9%); injury and poisoning (10.4%); and certain infectious and parasitic diseases (9.1%). The total number of hospital discharges among children aged 0-17 increased by 8,733 between 2003 and 2007.	Hospital In-Patient Enquiry (HIPE) System (ESRI)	2007
Intellectual disability	The number and percentage of children under 18 registered as having an intellectual disability.	In 2007, the number of children under 18 registered as having an intellectual disability was 7,802.	36.8% of children registered as having an intellectual disability were identified as having a mild disability; 27.4% as having a moderate disability; 9.5% as having a severe disability; and 1.9% as having a profound disability. 13.7% (1,071) of children registered as having an intellectual disability were aged 0-4; 31.6% (2,468) were aged 5-9; 32.3% (2,519) were aged 10-14; and 22.4% (1,744) were aged 15-17.	National Intellectual Disability Database (NIDD) (approx. 95% national coverage)	2007

continued

CHILDREN'S OUTCOMES: HEALTH *continued*					
Indicator	**Measure**	**Description**	**Comparisons**	**Data Source**	**Year**
Physical and/ or sensory disability	The number and percentage of children under 18 registered as having a physical and/or sensory disability.	In 2007, the number of children registered as having a physical and/or sensory disability was 8,373.	62.3% (5,213) of children under 18 registered as having a physical and/or sensory disability were boys and 37.7% (3,160) were girls. 8.3% (697) of children under 18 registered as having a physical and/or sensory disability were aged 0-4; 36.8% (3,081) were aged 5-9; 38.1% (3,189) were aged 10-14; and 16.8% (1,406) were aged 15-17.	National Physical and Sensory Disability Database (NPSDD) (approx. 65% national coverage)	2007
Abuse and neglect	The number of children who had an initial assessment for child welfare and protection concerns.	In 2006, the number of children who, following a report to the Social Work Department in the Health Service Executive (HSE), had an initial assessment for a child welfare and protection concern was 12,520. This equates to an overall rate of 120.8 children per 10,000.	The highest number of reported cases that went to initial assessment for child welfare and protection concerns was for welfare cases (6,221) and the lowest number was for cases of emotional abuse (1,100).	Childcare Interim Dataset (HSE)	2006

CHILDREN'S OUTCOMES: SOCIAL, EMOTIONAL AND BEHAVIOURAL					
Indicator	**Measure**	**Description**	**Comparisons**	**Data Source**	**Year**
Participation in making the school rules	The percentage of children aged 9-17 who report students at their school participate in making the school rules.	In 2006, 22.5% of children reported that students at their school participate in making the school rules.	Using the ages of 11, 13 and 15 only to draw international comparisons with the 7 countries and regions that used this HBSC item, 24.9% of Irish children reported that students at their school participate in making the school rules. This is lower than the HBSC average of 33.8% and ranks Irish children 7th (last).	HBSC Survey	2006
Reading as a leisure activity	The percentage of children aged 15 who report that reading is one of their favourite hobbies.	In 2006, 42.6% of children reported that reading was one of their favourite hobbies.	Girls (52%) were more likely than boys (32.7%) to report that reading was one of their favourite hobbies.	PISA Survey	2006
Daily smoking	The percentage of children aged 9-17 who report smoking cigarettes every day.	In 2006, 8.5% of children reported smoking cigarettes every day. This was higher among older children (15.6% of 15-17 year-olds).	Using the ages of 11, 13 and 15 only to draw international comparisons with the 40 countries and regions that used this HBSC item, 6.5% of Irish children reported smoking cigarettes every day. This is higher than the HBSC average of 5.8% and ranks Irish children 17th.	HBSC Survey	2006

continued

CHILDREN'S OUTCOMES: SOCIAL, EMOTIONAL AND BEHAVIOURAL *continued*					
Indicator	**Measure**	**Description**	**Comparisons**	**Data Source**	**Year**
Weekly smoking	The percentage of children aged 9-17 who report smoking cigarettes every week.	In 2006, 11.7% of children reported smoking cigarettes every week. This was higher among older children (20.1% of 15-17 year-olds).	Using the ages of 11, 13 and 15 only to draw international comparisons with the 40 countries and regions that used this HBSC item, 9.2% of Irish children reported smoking cigarettes every week. This is higher than the HBSC average of 8.1% and ranks Irish children 17th.	HBSC Survey	2006
Alcohol use	The percentage of children aged 10-17 who report to have been drunk at least once in the last 30 days.	In 2006, 20.4% of children reported that they had been drunk at least once in the last 30 days.	Using the age of 15 only to draw international comparisons with the 9 countries and regions that used this HBSC item, 29.0% of Irish children reported that they had been drunk at least once in the last 30 days. This is higher than the HBSC average of 21.7% and ranks Irish children 2nd highest.	HBSC Survey	2006
Drug use	The proportion of children aged 10-17 who report having taken cannabis at least once in their lifetime.	In 2006, 15.7% of children aged 10-17 reported that they had used cannabis at least once in their lifetime.	Using the age of 15 only to draw international comparisons with the 39 countries and regions that used this HBSC item, 23.5% of Irish children reported that they had used cannabis at least once in their lifetime. This is higher than the HBSC average of 18% and ranks Irish children 12th.	HBSC Survey	2006
Sexual health and behaviour	The number of births to girls aged 15-17.	In 2006, the number of babies born to girls aged under 18 was 577 (this number includes a small number of births to girls aged 10-14).	There has been a constant decrease from 2002, when the number of babies born to girls under 18 was 779.	Vital Statistics; Population Estimates (CSO)	2006
Self-esteem	The percentage of children aged 9-17 who report feeling happy 'always' or 'very often' with the way they are.	In 2006, 58.2% of children reported feeling happy 'always' or 'very often' with the way they are.	The percentage of children who reported that they feel happy 'always' or 'very often' with the way they are was higher among boys (62.9%, compared to 53.1% of girls) and younger children (74.8% of 9-year-olds, compared to 49.3% of 15-17 year-olds).	HBSC Survey	2006
Self-reported happiness	The percentage of children aged 9-17 who report being happy with their lives at present.	In 2006, 90.8% of children reported that they were happy with their lives at present.	The percentage of children who reported being happy with their lives at present was higher among younger children (95% of 9-year-olds, compared to 88.5% of 15-17 year-olds).	HBSC Survey	2006
Youth suicide	The number and rate per 100,000 of suicide among children aged 10-17.	In 2006, there were 14 suicides among children under the age of 18. Youth suicide accounted for 14.7% of all deaths in the 10-17 age group.	The suicide rate for boys aged 10-17 was 11 per 100,000. This was over twice the rate for girls (5 per 100,000).	Vital Statistics (CSO)	2006

continued

CHILDREN'S OUTCOMES: SOCIAL, EMOTIONAL AND BEHAVIOURAL *continued*					
Indicator	**Measure**	**Description**	**Comparisons**	**Data Source**	**Year**
Physical activity	The percentage of children aged 9-17 who report being physically active for at least 60 minutes per day on more than 2 days per week.	In 2006, 90.4% of children reported that they were physically active for at least 60 minutes per day on more than 2 days per week.	Boys (93.6%) were more likely than girls (87%) to report that they were physically active for at least 60 minutes per day on more than 2 days per week. Using the ages of 11, 13 and 15 only to draw international comparisons with the 41 countries and regions that used this HBSC item, 92.6% of Irish children reported that they were physically active for at least 60 minutes per day on more than 2 days per week. This is higher than the HBSC average of 87.3% and ranks Irish children 3rd.	HBSC Survey	2006
Physical activity	The percentage of children aged 9-17 who report being physically active for at least 60 minutes per day on more than 4 days per week.	In 2006, 54.8% of children reported that they were physically active for at least 60 minutes per day on more than 4 days per week.	Boys (63.4%) were more likely than girls (45.9%) to report that they were physically active for at least 60 minutes per day on more than 4 days per week. Using the ages of 11, 13 and 15 only to draw international comparisons with the 41 countries and regions that used this HBSC item, 59.2% of Irish children reported that they were physically active for at least 60 minutes per day on more than 4 days per week. This is higher than the HBSC average of 42.6% and ranks Irish children 1st.	HBSC Survey	2006
Youth homelessness	The number and rate per 100,000 children who appeared to the Health Service Executive (HSE) to be homeless.	In 2006, the total number of children who appeared to the HSE to be homeless was 449. This equates to an overall rate of youth homelessness of 43.3 children per 100,000.	32.1% (144) of children who appeared to the HSE to be homeless were in HSE South; 30.3% (136) were in HSE Dublin North-East; 24.1% (108) were in HSE Dublin Mid-Leinster; and the remaining 13.6% (61) were in HSE West. 55% (247) of children who appeared to the HSE to be homeless were aged 16-17; 27.8% (125) were aged 14-15; 8% (36) were aged 12-13; and the remaining 9.1% (41) were less than 12 years-old.	Childcare Interim Dataset (HSE)	2006

continued

CHILDREN'S OUTCOMES: SOCIAL, EMOTIONAL AND BEHAVIOURAL *continued*					
Indicator	**Measure**	**Description**	**Comparisons**	**Data Source**	**Year**
Nutritional habits	The percentage of children aged 9-17 who report eating breakfast on 5 or more days per week.	In 2006, 76% of children reported eating breakfast on 5 or more days per week.	Boys (79.1%) were more likely than girls (72.9%) to report eating breakfast on 5 or more days per week. Using the ages of 11, 13 and 15 only to draw international comparisons with the 39 countries and regions that used this HBSC item, 78.2% of Irish children reported eating breakfast on 5 or more days per week. This is higher than the HBSC average of 72.2% and ranks Irish children 14th.	HBSC Survey	2006

FORMAL AND INFORMAL SUPPORTS					
Indicator	**Measure**	**Description**	**Comparisons**	**Data Source**	**Year**
Public expenditure on education for children and young people	Public expenditure on education.	Public expenditure on education in Ireland decreased from 5.3% of GDP in 1996 to 4.8% of GDP in 2005. In terms of GNI, this represented a slight decrease, from a level of 5.8% in 1996 to 5.6% in 2005.	Real non-capital public expenditure per student in Ireland increased by 105% for first-level and by 86% for second-level over the period 1997-2006 when measured in constant 2006 prices.	Department of Education and Science; Eurostat	2005
Consistent poverty	The percentage of children living in households with a household income below the national 60% median, equivalised using the national equivalence scale, and experiencing basic deprivation.	In 2006, 10.3% of children under 18 experienced consistent poverty.	The consistent poverty rate of children under 18 living in households comprising a single adult with children was 33.9%.	EU Survey on Income and Living Conditions (EU-SILC)	2006
'At risk of poverty'	The percentage of children living in households with a household income below the national 60% median, equivalised using the national equivalence scale.	In 2006, 22.3% of children under 18 were considered to be 'at risk of poverty'.	The percentage of children under 18 at risk of poverty in Ireland (22%) was higher than the EU25 average (19%).	EU Survey on Income and Living Conditions (EU-SILC)	2006
Availability of housing for families with children	The number of children in families on a local authority housing waiting list.	22,335 households with children were identified as being in need of social housing in the 2005 assessment of housing needs. 61.4% of family households in need of social housing were households with one child, while 5.7% of households included 4 or more children.	There has been no update of the Triennial Assessment of Housing Need since the previous *State of the Nation's Children* report (2006).	Triennial Assessment of Housing Needs	2005

continued

FORMAL AND INFORMAL SUPPORTS *continued*					
Indicator	**Measure**	**Description**	**Comparisons**	**Data Source**	**Year**
Perceived safety in the community	The percentage of children aged 9-17 who report feeling safe in the area where they live.	In 2006, 90.4% of children reported that they felt safe in the area where they live.	Using the ages of 11, 13 and 15 only to draw international comparisons with the 8 countries and regions that used this HBSC item, 91.2% of Irish children reported that they felt safe in the area where they live. This is higher than the HBSC average of 89.5% and ranks Irish children 3rd.	HBSC Survey	2006
Environment and places	The percentage of children aged 9-17 who report there are good places in their area to spend their free time.	In 2006, 42.2% of children reported that there were good places in their area to spend their free time.	Boys (45.4%) were more likely than girls (39%) to report that there were good places in their area to spend their free time. Using the ages of 11, 13 and 15 only to draw international comparisons with the 7 countries and regions that used this HBSC item, 45.7% of Irish children reported that there were good places in their area to spend their free time. This is lower than the HBSC average of 64.3% and ranks Irish children 7th (last).	HBSC Survey	2006
Referrals to the Garda Juvenile Diversion Programme	The number of children referred to the Garda Juvenile Diversion Programme.	In 2007, a total of 21,861 children aged 10-17 were referred to the Garda Juvenile Diversion Programme. There were 27,767 referrals in total. (Some of these children were referred more than once.)	18.9% of children referred to the Garda Juvenile Diversion Programme were female. Alcohol-related offences were the single highest cause of referrals to the Garda Juvenile Diversion Programme, representing 19.9% of all referrals.	An Garda Síochána	2007
Antenatal care	The distribution of timing of first antenatal visit by trimester for all women delivering live or stillborn babies.	In 2005, 72.3% of women presented for antenatal care in the 1st trimester, 19.9% in the 2nd trimester and 3.9% in the 3rd trimester.	Antenatal visits in the 1st trimester are lowest among the lower socio-economic groups, such as the 'unemployed' (59.5%). Women who are primarily engaged in 'home duties' also have one of the lowest proportions of antenatal visits in the 1st trimester (65.5%).	National Perinatal Reporting System (NPRS)	2005
Childhood immunisation	The percentage uptake of D3/P3/T3/HiB3/Polio3 and Meningococcal C3 vaccinations at (a) 12 months and (b) 24 months of age; and the percentage uptake of MMR1 vaccinations at 24 months of age.	In 2007, the overall level of uptake of immunisation was about 87% for children aged 12 months and 92% for children aged 24 months.	Immunisation rates have increased consistently year on year. However, Ireland continues to have one of the lowest immunisation rates in the EU.	Immunisation Uptake Statistics (Health Protection Surveillance Centre, HSE)	2007

continued

FORMAL AND INFORMAL SUPPORTS *continued*					
Indicator	**Measure**	**Description**	**Comparisons**	**Data Source**	**Year**
Accessibility of basic health services for children	The number of children on hospital waiting lists.	In April 2008, 2,537 children were known to be on a hospital waiting list for treatment. 39% of the 2,537 children awaiting treatment were on the hospital list for 3-6 months; 42% for 6-12 months; and 19% for 1 year or more.	Of the 2,537 children who were known to be on a hospital waiting list awaiting treatment, 85% were awaiting surgical treatment and 15% were awaiting medical treatment.	Patient Treatment Register (PTR) (information from 43 hospitals nationwide, compared to 19 hospitals in 2006)	2008
Children and young people in care	The number of children who are in the care of the Health Service Executive (HSE).	In 2006, the number of children in the care of the HSE was 5,247. This equates to an overall rate of 50.6 children per 10,000.	87.6% of all children in the care of the HSE lived in foster family homes. 21.7% of children were in care for less than one year.	Childcare Interim Dataset (HSE)	2006
Mental health referrals	The number of admissions to psychiatric hospitals among children.	In 2006, there were 398 admissions to hospital for psychiatric care among children.	The number of admissions to psychiatric hospitals was higher for boys (54.8%) than for girls (45.2%). Children aged 15-17 accounted for 83.7% of admissions to psychiatric hospitals.	National Psychiatric In-Patient Reporting System (NPIRS) (Health Research Board)	2006
Screening for growth and development	The percentage of mothers of newborn children visited by a Public Health Nurse within 48 hours of discharge from hospital.	In 2007, 72.1% of infants were visited by a Public Health Nurse (PHN) within 48 hours of discharge from hospital.	The percentage of newborn babies visited by a PHN within 48 hours of discharge from hospital varied across HSE Regions, ranging from 57.5% in HSE Dublin North-East to 85% in HSE West.	National Health Services Performance Indicators (HSE)	2007

INTRODUCTION

This is Ireland's second *State of the Nation's Children* report. The aim of the report is to:

- chart the well-being of children in Ireland;
- track changes over time;
- benchmark progress in Ireland relative to other countries;
- highlight policy issues arising.

OUTLINE OF REPORT

This *State of the Nation's Children* report is presented in four sections, as follows:

- **Part 1: Socio-demographics:** This section provides information on the child population, child mortality, non-Irish national children, family structure, parental educational level and Traveller children. It also includes a new indicator on children's ethnicity. Data are largely drawn from Vital Statistics, the Census of Population and Population Estimates.

- **Part 2: Children's relationships:** This section provides information on children's relationships with their parents and peers, including levels of reported bullying and children's friendships. Data are drawn from the Health Behaviour in School-aged Children (HBSC) surveys and the Programme for International Student Assessment (PISA) surveys.

- **Part 3: Children's outcomes:** This section provides information on children's health outcomes, educational outcomes, and social, emotional and behavioural outcomes, including, for example, use of tobacco, alcohol and drugs, teenage pregnancy, chronic health conditions, educational attainment and reported levels of happiness. Data are drawn from the Health Behaviour in School-aged Children (HBSC) surveys, the National Intellectual Disability Database, the National Physical and Sensory Disability Database and the National Perinatal Reporting System, among others.

- **Part 4: Formal and informal supports:** This section provides information on a range of supports, including school, housing, antenatal care, immunisation and levels of economic security, including consistent poverty and 'at risk of poverty'. Data are drawn from the European Union Survey of Income and Living Conditions (EU-SILC), Health Behaviour in School-aged Children (HBSC) surveys, National Perinatal Reporting System, Vital Statistics and the Programme for International Student Assessment (PISA) surveys, among others.

NEW DEVELOPMENTS

Data developments to support indicators

Since the publication of the last *State of the Nation's Children* report, work has taken place to create data to construct 4 indicators from the National Set of Child Well-Being Indicators (Hanafin and Brooks, 2005) for which there was no available data for the 2006 report. Progress on this work is set out below.

Indicator	Progress to date
Pets and animals	The Health Behaviour in School-aged Children (HBSC) Survey has piloted, tested and collected information on pets and animals. Data on pets and animal ownership among children are reported on in this *State of the Nation's Children* report.
Nutritional outcomes	The Department of Health and Children and the Health Service Executive have commissioned the Surveillance of Obesity in Irish School Children. This is a WHO-led project and, as part of a pan-European initiative, will allow for intercountry comparisons within the WHO European Region. Its objective is to measure (i) weight, height, body mass index (BMI), waist and hip circumference; and (ii) prevalence of underweight, healthy weight, overweight and obesity levels, as well as mean BMI of primary school children. Data on nutritional outcomes, specifically BMI, will be available in the next *State of the Nation's Children* report.
Quality of early childhood care and education	The OMCYA has worked with the Central Statistics Office to identify a question for inclusion in the next Childcare Module of the European Consumer Household Panel Survey. Data on the quality of early childhood care and education will be available in the next *State of the Nation's Children* report.
Values and respect	The OMCYA is working with the Health Promotion Research Centre, National University of Ireland, Galway, to identify a question for inclusion in the next Health Behaviour in School-aged Children (HBSC) Survey.

New indicator on ethnicity

This *State of the Nation's Children* report includes a new indicator on ethnicity, which draws on data from the Census of the Population 2006.

Proxy indicators on alcohol and drug use

Since the data from the European Schools Project on Alcohol and Drugs (ESPAD) has not yet been published, proxy indicators on alcohol and drug use have been selected for use in this *State of the Nation's Children* report. These indicators, which are drawn on data from the HBSC Survey, are presented below.

Alcohol use	**From:** The percentage of children aged 15 who report to have had 5 or more alcoholic drinks in a row at least once in the last 30 days (ESPAD). **To:** The percentage of children aged 10-17 who report to have been drunk at least once in the last 30 days (HBSC).
Drug use	**From:** The percentage of children aged 15 who report having used any illicit drugs in their lifetime (ESPAD). **To:** The percentage of children aged 10-17 who report having taken cannabis at least once in their lifetime (HBSC).

New data on middle childhood

Since the publication of the last *State of the Nation's Children* report, work has taken place to improve data on the middle childhood period.

The Health Behaviour in School-aged Children (HBSC) Survey is a WHO cross-national study of children's health behaviours, attitudes, perceptions and the contexts of children's health (including family life, school, relationships with peers and the local community). The Irish HBSC Survey has been funded every 4 years by the Department of Health and Children and is led by the Health Promotion Research Centre, National University of Ireland, Galway. In general, data are collected from children aged 11-17. Additional funding, however, was provided in the 2006 Irish survey to collect data from children aged 9 upwards with a view to enhancing the information available about the middle childhood period. These data are presented in this *State of the Nation's Children* report.

Understandings about the middle childhood period will be greatly augmented by the National Longitudinal Study of Children in Ireland currently underway, entitled *Growing Up in Ireland.* This study commenced in May 2007 and will take place over a 7-year period. It will follow the progress and monitor the development of 18,000 children in two groups – a 9-month-old infant cohort of 10,000 and a 9-year-old cohort of 8,000 children – yielding important information about each significant transition throughout their young lives (*for further details, see* www.growingup.ie). Over the course of the 7 years, two data sweeps with each group will be undertaken: the first data sweep of the 9-year-old cohort has been completed and work is about to commence on the collection of data for the 9-month-old infant cohort.

The main aim of the study is to paint a full picture of how children in Ireland are developing in the current social, economic and cultural environment. This information will be used to assist in policy formation and in the provision of services that will ensure all children will have the best possible start in life. The study is funded by the Department of Health and Children through

the OMCYA, in association with the Department of Social and Family Affairs and the Central Statistics Office. The OMCYA is overseeing and managing the study, which is being carried out by a consortium of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin.

Updates not available

In this *State of the Nation's Children* report, it has been possible to provide updated data for the majority of indicators. However, in some cases, no updates were available *(see below)*. Instead, the latest data for these indicators, previously published, are included in this report:

- **Availability of housing for families with children:** The number of children in families on a local authority housing waiting list.
- **Enrolment in early childhood care and education:** The percentage of children under 13 in various early childhood care and education arrangements.
- **Attendance at school:** The percentage of children who are absent from school for 20 days or more in the school year.
- **Screening for growth and development:** The percentage uptake of developmental screening at 7-9 months.

IMPROVING INFORMATION

National Data Strategy on Children's Lives

There is recognition that additional development of information, knowledge and understanding of children's lives is required, particularly for setting out a strategic approach. Within the recent social partnership agreement *Towards 2016* (Department of the Taoiseach, 2006), there is an explicit commitment to the development of a National Data Strategy on Children's Lives and this is being led by the OMCYA. Other Government departments are also in the process of developing data strategies for their own departments, many of which will include information on children. Some have already done so, for example, the Department of Education and Science published its *Data Strategy 2008-2010* earlier this year.

The aim of the National Data Strategy on Children's Lives will be to set out an overarching strategic roadmap for the identification, collection, compilation and dissemination of data, which will facilitate the utilisation of good quality, easily accessible, internationally comparable information about children in Ireland and ultimately improve the lives of all children in Ireland. A multi-phase approach is being adopted to the development of the National Data Strategy on Children's Lives and includes the following components:

- background review of the literature on key issues (in association with the Health Promotion Research Centre, NUIG);
- description and analysis of current data available on children's lives in Ireland;
- identification of data gaps to meet current and future data needs;

- in-depth examination of data usage in practice (in association with the Health Promotion Research Centre, NUIG);
- consultation with key stakeholders, including children and young people.

The National Data Strategy will also incorporate elements of the OMCYA-led knowledge management strategy, which will identify practical actions for HSE front-line practitioners and managers to take in order to better access and use information and knowledge around the area of child welfare and protection.

Research and information database

The website www.childrensdatabase.ie was created by the OMCYA to provide access to research and information on children for policy-makers, Government departments, academics, voluntary organisations and the general public. The website comprises:

- Irish Government policy documents;
- annotated websites, including a collection of databases, specialist libraries, Irish, European and international resources, including, for example, e-journals, data sources, libraries and information gateways, Policy Documents Database and National, European and International Children's Observatories, Documentation Centres and Research Dissemination Units.

This *State of the Nation's Children* report will be made available in an accessible format on the website www.childrensdatabase.ie.

HealthStat and HealthAtlas

Other recent and ongoing developments within the Health Service Executive (HSE) will also make a substantial contribution to improving information about children's lives. Two of the most significant developments are HealthStat and HealthAtlas. HealthStat is an integrated statistical system that draws from a comprehensive pool of internal and external data within the HSE. Although its overall purpose is to support continuous improvements in the HSE services, so that the right care is delivered by the right people at the right time and in the right place, undoubtedly information arising from it will assist in deepening our understanding of children's lives.

This is also the case with HealthAtlas, which exploits the potential of integrating geographical information system technologies, health datasets (e.g. Vital Statistics, Hospital In-Patient Enquiry, National Perinatal Reporting System) and statistical computations in a web-enabled and open source environment. This will provide role-based access to 'health mapping' across the sector in support of service planning, epidemiology, emergency responding and research. Seed funding for this development was provided by the Health Research Board and the Health Protection Surveillance Centre of the HSE.

CONCLUSIONS

This *State of the Nation's Children* report presents an update on the well-being of children in Ireland since 2006 and is based on the National Set of Child Well-Being Indicators. Some limitations set out in the 2006 report have been addressed and progress has been made on, for example, reporting on the indicators drawn from the HBSC Survey to provide a better understanding of the middle childhood period. Similarly, it has been possible to present data here on one previously unavailable indicator, i.e. pets and animals. A small number of other indicators (nutritional outcomes; quality of early childhood care and education; and values and respect) are being developed for the next *State of the Nation's Children* report.

A number of important developments on improving data on children's lives have taken place over the last few years, including the National Longitudinal Study of Children, *Growing Up in Ireland*; the research and information database, www.childrensdatabase.ie; HealthStat and HealthAtlas. It is accepted, however, that a more strategic approach to the development of good information on children's lives is necessary. A commitment to developing a National Data Strategy on Children's Lives was given in *Towards 2016* and this is now underway, being led by the OMCYA.

References

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Department of the Taoiseach (2006) *Towards 2016: Ten-year Framework Social Partnership Agreement 2006-2015.* Dublin: The Stationery Office.

Growing up in Ireland: National Longitudinal Study of Children. Available at: www.growingup.ie

Hanafin, S. and Brooks, A.M. (2005) *Report on the development of a National Set of Child Well-being Indicators*, National Children's Office. Dublin: The Stationery Office.

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PART 1:
SOCIO-DEMOGRAPHICS

CHILD POPULATION

Knowing the number of children at present and the number of children there are likely to be in the future is critical to effective social planning.[1]

Measure

The number of children under 18.

Key findings

- In 2007, there were 1,056,947 children under 18 years of age living in Ireland *(see Table 1)*. Of these, 541,503 were boys and 515,444 were girls.
- In 2007, the percentage of children under 18 accounted for almost one-quarter (24.4%) of the total population of Ireland.

Table 1: Population of Ireland aged under 18 years (2007)

Age	Boys	Girls	Total	Cumulative Total
<1 year	33,707	31,788	65,495	65,495
1 year	32,167	30,236	62,403	127,898
2 years	31,702	29,506	61,208	189,106
3 years	31,771	30,118	61,889	250,995
4 years	31,152	30,172	61,324	312,319
5 years	30,600	29,764	60,364	372,683
6 years	30,371	29,125	59,496	432,179
7 years	30,343	28,482	58,825	491,004
8 years	30,272	29,126	59,398	550,402
9 years	29,733	28,100	57,833	608,235
10 years	29,146	28,078	57,224	665,459
11 years	28,225	26,675	54,900	720,359
12 years	27,840	26,222	54,062	774,421
13 years	27,540	26,187	53,727	828,148
14 years	28,567	27,085	55,652	883,800
15 years	29,041	28,242	57,283	941,083
16 years	30,265	28,575	58,840	999,923
17 years	29,061	27,963	57,024	1,056,947
Total population – under 18	**541,503**	**515,444**	**1,056,947**	
Total population – all ages	**2,171,120**	**2,167,906**	**4,339,026**	

Source: Population Projections, CSO

[1] OMC (2006) *State of the Nation's Children: Ireland 2006*, Office of the Minister for Children. Dublin: The Stationery Office. Available at: www.childrensdatabase.ie OR www.omc.gov.ie.

- The percentage of children aged under 18 has decreased over the past 26 years, from 36.2% in 1981 to 24.4% in 2007 *(see Table 2)*.
- The number of children under 18 has also decreased over this time period, from 1,246,443 in 1981 to 1,056,947 in 2007, but has been rising since 2002.
- In 2007, boys under 18 accounted for 24.9% of all males in the population and girls under 18 accounted for 23.8% of all females in the population.

Table 2: Population of Ireland aged under 18, by gender (selected years 1981-2007)

Year	Boys	% of all males	Girls	% of all females	Total	% of all ages
1981	638,768	36.9	607,675	35.5	1,246,443	36.2
1986	630,985	35.7	599,165	33.8	1,230,150	34.7
1991	587,655	33.5	557,738	31.5	1,145,393	32.5
1996	550,389	30.6	521,583	28.6	1,071,972	29.6
2002	519,483	26.7	493,548	25.0	1,013,031	25.9
2006	530,973	25.0	505,061	23.8	1,036,034	24.4
2007	541,503	24.9	515,444	23.8	1,056,947	24.4

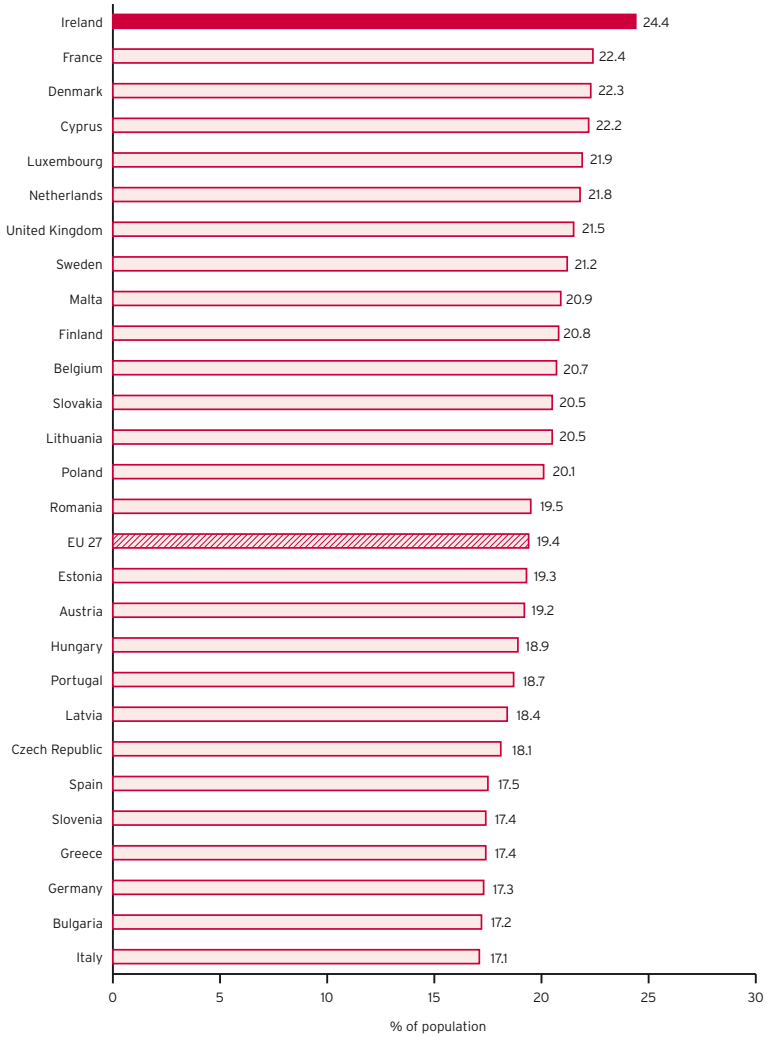
Source: Census of the Population and Population Estimates, CSO

- In 2007, Ireland had a higher proportion of children under 18 years of age (24.4%) than any other EU Member State *(see Table 3 and Figure 1)*.

Table 3: Percentage of population under 18 years in EU27 (selected years 1997-2007)			
Country	**1997**	**2002**	**2007**
Austria	21.2	20.2	19.2
Belgium	21.5	21.0	20.7
Bulgaria	21.5	19.0	17.2
Cyprus	29.1	26.2	22.2
Czech Republic	22.3	19.8	18.1
Denmark	21.1	21.9	22.3
Estonia	24.3	21.8	19.3
EU27	**21.9**	**20.6**	**19.4**
Finland	22.7	21.7	20.8
France	23.6	22.9	22.4
Germany	19.4	18.7	17.3
Greece	20.9	18.4	17.4
Hungary	22.0	20.2	18.9
Ireland	**29.1**	**26.0**	**24.4**
Italy	17.9	17.3	17.1
Latvia	24.1	21.4	18.4
Lithuania	25.6	23.8	20.5
Luxembourg	21.9	22.3	21.9
Malta	26.3	23.5	20.9
Netherlands	22.0	22.2	21.8
Poland	27.0	23.5	20.1
Portugal	21.5	19.5	18.7
Romania	24.6	22.3	19.5
Slovakia	26.8	23.6	20.5
Slovenia	22.0	19.3	17.4
Spain	20.3	18.0	17.5
Sweden	22.2	21.8	21.2
United Kingdom	23.1	22.5	21.5

Source: Eurostat

Figure 1: Percentage of population under 18 years in EU27, by country (2007)



Source: Eurostat

Technical notes

Population estimates are based on the de facto population present on Census night in any area, including visitors present at that time as well as those in residence. Usual residents who are temporarily absent from the area are excluded from the Census count.

CHILD MORTALITY

A key target of the United Nations Convention on the Rights of the Child, as stated in Article 24, is that States Parties should aim to 'diminish infant and child mortality'.[2]

Measure

The proportion of deaths among children under 18.

Key findings

- The death rate of children aged under 18 years in Ireland was 5.1 deaths per 10,000 in 2002 *(see Table 4).* This rate had declined to 3.8 deaths per 10,000 in 2006.

Table 4: Death rates (per 10,000) of children under 18, by gender (2002-2006)

	2002	2003	2004	2005	2006
Boys	5.6	5.8	5.1	4.2	4.4
Girls	4.5	3.9	3.9	4.0	3.1
Total	**5.1**	**4.9**	**4.5**	**4.1**	**3.8**

Source: Vital Statistics, CSO

Differences by gender and age

- Death rates are consistently higher for boys than for girls. In 2006, the death rate for boys was 4.4 per 10,000 compared to the death rate for girls of 3.1 per 10,000 *(see Table 4)*.
- The majority of deaths of children occur in the period of infancy (aged less than one year). Infant deaths accounted for 238 of the total of 395 deaths of children under 18 in 2006 *(see Table 5)*. This represented a death rate of 39 per 10,000 children aged less than one year, compared to an overall rate of 3.8 per 10,000 children under 18.
- The number of deaths of children in the age groups 1-4 and 15-17 were the highest after deaths in infancy.
- There has been a substantial decrease in infant mortality rates over the past 5 years. In 2002, the rate was 56 per 10,000; by 2006, it was 39 per 10,000.
- Overall, there has been a decrease in mortality rates among children aged 1-17 in the 5-year period 2002-2006.

[2] UN (1989) *Convention on the Rights of the Child.* Geneva: United Nations Office of the High Commissioner for Human Rights. Available at: www.unhchr.ch/html/menu3/b/k2crc.htm

Table 5: Number and rate (per 10,000) of deaths of children, by age (2002-2006)										
	2002		2003		2004		2005		2006	
Age	**No.**	**Rate**	**No.**	**Rate**	**No.**	**Rate**	**No.**	**Rate**	**No.**	**Rate**
<1 year	305	56.0	326	53.9	287	46.6	236	38.7	238	39.0
1-4 years	59	2.6	49	2.2	46	2.0	52	2.2	33	1.4
5-9 years	28	1.1	29	1.1	40	1.5	26	0.9	29	1.0
10-14 years	50	1.8	42	1.5	33	1.2	38	1.4	36	1.3
15-17 years	74	4.0	50	2.7	56	3.2	65	3.8	59	3.4
Total	**516**	**5.1**	**496**	**4.9**	**462**	**4.5**	**417**	**4.1**	**395**	**3.8**

Source: Vital Statistics, CSO

Differences by cause

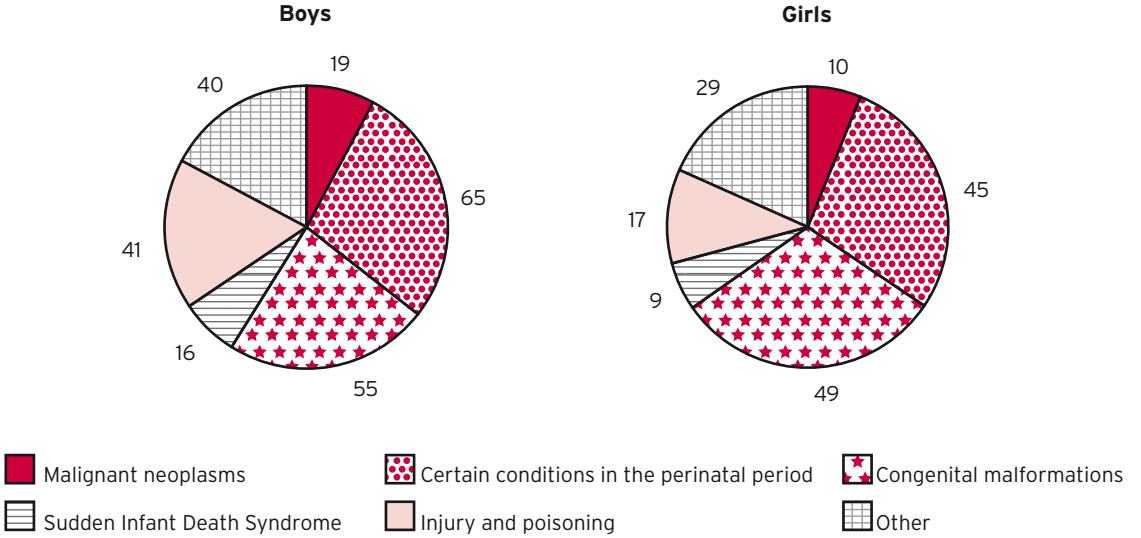
- The largest single cause of deaths of children under 18 in 2006 were deaths attributable to certain conditions in the perinatal period and congenital malformations, followed by injury and poisoning *(see Table 6)*. In contrast, other conditions such as cancers are more prevalent among the causes of deaths of adults.

Table 6: Number of deaths of children under 18, by age and main cause of death (2006)						
Main cause	**<1 year**	**1-4 years**	**5-9 years**	**10-14 years**	**15-17 years**	**<18 years**
Malignant neoplasm	0	3	11	9	6	29
Certain conditions in the perinatal period	108	1	1	0	0	110
Congenital malformations	87	8	3	3	3	104
Sudden Infant Death Syndrome	25	0	0	0	0	25
Injury and poisoning	0	5	8	15	30	58
Other	18	16	6	9	20	69
Total	**238**	**33**	**29**	**36**	**59**	**395**

Source: Vital Statistics, CSO

- More boys than girls died in each category according to cause of death *(see Figure 2).* This was particularly notable in the category 'injury and poisoning', where more than twice as many deaths were recorded for boys than for girls (41 compared with 17).

Figure 2: Number of children under 18, by gender and main cause of death (2006)



International differences

- In 2006, the infant mortality rate in Ireland was 3.7 per 1,000 live births *(see Table 7)*.
- Among the EU27, Romania reported the highest infant mortality rate (13.9 per 1,000 live births), followed by Bulgaria (9.7 per 1,000 live births), while Luxembourg reported the lowest infant mortality rate (2.5 per 1,000 live births), followed by Sweden and Finland (each 2.8 per 1,000 live births).

Table 7: Infant mortality rate (per 1,000 live births) in EU27 (selected years 1986-2006)			
EU Member State	**1986**	**1996**	**2006**
Austria	10.3	5.1	3.6
Belgium	9.6	5.0	4.0
Bulgaria	14.7	15.6	9.7
Cyprus	14.4	9.4	3.1
Czech Republic	12.3	6.0	3.3
Denmark	8.2	5.6	3.8
Estonia	15.9	10.5	4.4
EU27	**n/a**	**7.3**	**n/a**
Finland	5.8	4.0	2.8
France	n/a	5.0	3.8
Germany	8.7	5.0	3.8
Greece	12.2	7.2	3.7
Hungary	19.0	10.9	5.7
Ireland	**8.9**	**6.0**	**3.7**
Italy	10.2	6.2	n/a
Latvia	12.8	15.9	7.6
Lithuania	11.6	10.1	6.8
Luxembourg	7.9	4.9	2.5
Malta	10.1	10.5	3.6
Netherlands	7.7	5.7	4.4
Poland	21.3	12.2	6.0
Portugal	15.9	6.9	3.3
Romania	23.2	22.3	13.9
Slovakia	15.0	10.2	6.6
Slovenia	11.9	4.7	3.4
Spain	9.2	5.5	3.8
Sweden	5.9	4.0	2.8
United Kingdom	9.5	6.1	n/a

Source: Eurostat n/a = data not available

- With a small number of exceptions, the mortality rate per 10,000 children in selected countries across the EU27 is higher for boys than for girls *(see Table 8)*.
- Mortality rates are also substantially higher in the 0-4 age group than for any other age group. The data show that in 2005 Romania had the highest mortality rate for boys in the 0-4 age group (40.9 per 10,000) and Luxembourg had the lowest mortality rate (5.6 per 10,000).

Table 8: Rate (per 10,000) of deaths of children across selected countries in EU27, by gender and age (2005)

	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
EU Member State	**0-4 years**	**0-4 years**	**5-9 years**	**5-9 years**	**10-14 years**	**10-14 years**	**15-19 years**	**15-19 years**
Austria	10.2	9.6	1.5	1.1	1.4	0.9	7.1	2.6
Belgium	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Bulgaria	30.1	22.6	3.2	2.6	3.6	2.5	5.1	3.6
Cyprus	11.4	13.6	4.2	4.4	2.5	3.0	8.6	3.2
Czech Republic	10.1	7.5	1.4	1.1	1.9	1.8	5.6	2.7
Denmark	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Estonia	15.7	15.3	3.5	2.4	1.8	1.6	8.6	3.5
EU27	**13.1**	**10.7**	**1.5**	**1.2**	**1.7**	**1.2**	**5.6**	**2.4**
Finland	9.2	7.2	1.7	1.3	1.0	1.1	4.7	2.6
France	10.4	8.3	1.2	0.9	1.3	1.0	5.5	2.2
Germany	10.1	8.1	1.2	1.0	1.3	1.1	4.3	1.9
Greece	9.7	9.1	1.6	1.3	1.7	1.2	6.0	2.0
Hungary	17.4	13.0	1.8	1.4	1.4	1.1	5.2	2.8
Ireland	**9.1**	**10.5**	**1.1**	**0.8**	**1.2**	**1.4**	**6.4**	**2.5**
Italy	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Latvia	20.6	19.2	4.3	2.2	4.5	2.2	8.9	3.4
Lithuania	19.9	14.1	4.6	1.7	3.2	1.5	11.6	4.1
Luxembourg	5.6	6.8	0.7	2.1	0.7	n/a	2.2	1.5
Malta	13.7	12.4	n/a	3.5	2.2	0.8	4.8	1.4
Netherlands	11.9	10.6	1.2	0.6	1.3	1.2	3.4	1.7
Poland	16.5	13.9	1.6	1.6	2.1	1.3	6.9	2.5
Portugal	9.2	8.2	2.2	1.4	1.9	1.2	7.2	2.6
Romania	40.9	31.9	3.7	2.8	3.7	2.7	7.4	4.3
Slovakia	19.8	15.8	2.7	1.5	1.5	0.7	5.5	2.7
Slovenia	11.3	10.1	0.6	1.3	1.5	1.4	6.0	1.3
Spain	10.9	8.5	1.2	1.1	1.6	1.0	5.7	2.1
Sweden	7.0	6.4	1.4	0.7	1.2	0.8	3.6	1.6
United Kingdom	13.8	11.5	1.2	1.3	1.8	1.1	5.3	2.4

Source: Eurostat n/a = data not available

Technical notes

Deaths are coded according to the 9th Revision of the International Statistical Classification of Diseases, Injuries and Causes of Death. Stillborn babies are excluded from infant mortality figures, which refer to deaths of children aged less than one year. The mortality figures refer to crude death rates and are classified by year of registration.

ETHNICITY

Children from different races and ethnicities can show lower levels of well-being in a number of areas, including health, mortality, school performance and achievement, and access to family and community resources.[3]

Measure

The percentage of children by ethnicity or cultural background.

Key findings

- In 2006, there were 908,308 children aged under 18 (88.1% of the total) whose ethnic status was defined as 'White: Irish' *(see Table 9)*. Another 10,894 were defined as 'White: Irish Traveller' and 41,514 as 'Any other White background'. Another 19,445 children under 18 (1.9% of the total) were defined as 'Black or Black Irish' and 10,919 (1.1% of the total) as 'Asian or Asian Irish'.

Table 9: Percentage of children under 18, by age and ethnic or cultural background (2006)

Ethnic or cultural background	0-4 years	5-9 years	10-14 years	15-17 years	Total %	Total population under 18	% Population under 18
White: Irish	27.8	27.9	27.1	17.2	100.0	908,308	88.1
White: Irish Traveller	30.3	27.7	27.1	14.9	100.0	10,894	1.1
Any other White background	29.1	29.2	27.0	14.7	100.0	41,514	4.0
Black or Black Irish	52.5	27.0	13.7	6.7	100.0	19,445	1.9
Asian or Asian Irish	41.8	27.8	20.4	10.0	100.0	10,919	1.1
Other, including mixed background	36.7	28.8	22.3	12.2	100.0	14,128	1.4
Not stated	50.0	25.1	17.2	7.7	100.0	25,624	2.5
Total	**29.2**	**27.9**	**26.4**	**16.5**	**100.0**	**1,030,832**	**100.0**

Source: Census of the Population, CSO

- 91.7% of children under 18 with a White background were born in the State *(see Table 10)*. This compared with 59% for children who have a Black or Black Irish ethnicity and 46% for children with an Asian or Asian Irish background.

[3] Federal Interagency Forum on Child and Family Statistics (2002) *America's Children: Key National Indicators of Well-Being.* Washington, DC: Federal Interagency Forum on Child and Family Statistics.

Table 10 : Percentage of children under 18, by birthplace and ethnic or cultural background (2006)								
Ethnic or cultural group	**Ireland (Republic)**	**UK**	**EU**	**Africa**	**Asia**	**Other countries (including 'not stated')**	**Total %**	**Total population under 18**
White	91.7	5.0	1.4	0.2	0.1	1.7	100.0	960,716
Black or Black Irish	59.0	1.6	1.2	35.8	1.1	1.3	100.0	19,445
Asian or Asian Irish	46.0	2.5	0.6	0.8	48.8	1.3	100.0	10,919
Other, including mixed background	46.9	15.5	8.2	3.3	8.3	17.8	100.0	14,128
Not stated	87.4	3.4	3.6	1.6	1.2	2.8	100.0	25,624
Total	**89.9**	**5.0**	**1.6**	**0.9**	**0.8**	**1.9**	**100.0**	**1,030,832**

Source: Census of the Population, CSO

- In 2006, 78.9% of those children with a White background lived in households that were owner-occupied *(see Table 11)*. This compared with 46.8% of children from an Asian or Asian Irish background and to 18.1% of those with a Black or Black Irish background.

Table 11: Percentage of children under 18, by nature of occupancy and ethnic or cultural background (2006)					
Ethnic or cultural group	**Owner-occupied**	**Rented accommodation**	**Not stated**	**Total %**	**Total**
White	78.9	18.5	2.5	100.0	960,716
Black or Black Irish	18.1	68.2	13.6	100.0	19,445
Asian or Asian Irish	46.8	45.9	7.2	100.0	10,919
Other, including mixed background	48.3	45.2	6.5	100.0	14,128
Not stated	45.1	36.0	18.9	100.0	25,624
Total	**76.2**	**20.5**	**3.3**	**100.0**	**1,030,832**

Source: Census of the Population, CSO

Technical notes

Figures refer to all people usually resident within the State on Census night in 2006 and present in private and communal establishments. The identification of children according to their ethnic or cultural background is based on responses to Question 14 of the 2006 Census of Population. The question asked people to choose one of the following options defining their ethnic or cultural identity:

(A) White:	Irish
	Irish Traveller
	Any other White background
(B) Black or Black Irish:	African
	Any other Black background
(C) Asian or Asian Irish:	Chinese
	Any other Asian background
(D) Other, including mixed background	(write in description)

NON-IRISH NATIONAL CHILDREN

Children of different races and ethnicities experience difficulties integrating into schools[4] and communities[5].

Measure

The number of non-Irish national children.

Key findings

- In 2006, 62,800 children under 18 years of age were non-Irish nationals, representing 6.1% of the total child population of Ireland *(see Table 12)*.

Table 12: Non-Irish national children, by gender and age (2006)

	Boys		Girls		Total	
Age	**No.**	**%**	**No.**	**%**	**No.**	**%**
0-4 years	6,726	4.4	6,570	4.5	13,296	4.4
5-9 years	10,341	7.0	9,831	7.0	20,172	7.0
10-14 years	9,607	6.9	9,425	7.1	19,032	7.0
15-17 years	5,161	5.9	5,139	6.2	10,300	6.0
Total	**31,835**	**6.0**	**30,965**	**6.2**	**62,800**	**6.1**

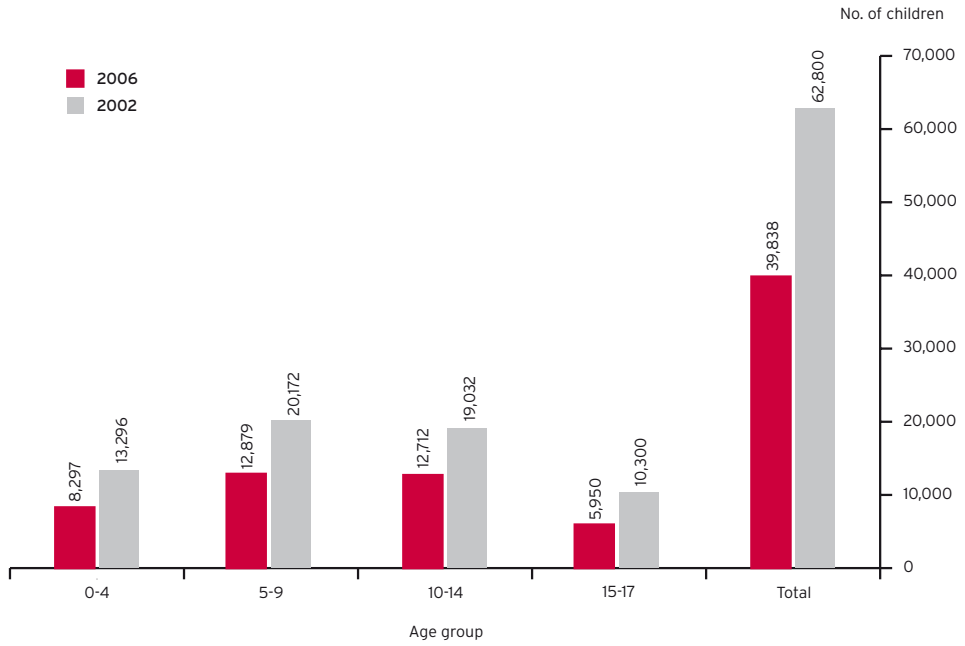
Source: Census of the Population, CSO

4 Keogh, A.F. and Whyte, J. (2003) *Getting On: The Experiences and Aspirations of Immigrant Students in Second-level Schools linked to Trinity Access Programmes*. Dublin: Children's Research Centre, Trinity College Dublin.

5 Guerin, P. (2003) *Building Solidarity across Communities*. Dublin, South West Inner City Network.

- The number of non-Irish national children has increased by 57.6%, from 39,838 in 2002 to 62,800 in 2006 *(see Figure 3)*.

Figure 3: Number of non-Irish national children, by age (2002 and 2006)



Source: Census of the Population, CSO

- In 2006, nearly 30% (17,751) of non-Irish national children lived in Dublin and a further 10% (6,284) in Cork *(see Table 13)*.

Table 13: Number of non-Irish national children, by county (2006)

County	Total children	Non-Irish national children	Non-Irish national children as % of all children
Carlow	12,697	752	5.9
Cavan	17,071	1,096	6.4
Clare	28,547	1,858	6.5
Cork	115,778	6,284	5.4
Donegal	40,006	2,195	5.5
Dublin	259,029	17,751	6.9
Galway	54,913	3,763	6.9
Kerry	32,813	2,390	7.3
Kildare	50,475	3,028	6.0
Kilkenny	22,557	996	4.4
Laois	18,058	1,043	5.8
Leitrim	7,109	571	8.0
Limerick	43,191	1,996	4.6
Longford	8,933	638	7.1
Louth	29,165	1,786	6.1
Mayo	30,880	2,083	6.7
Meath	44,590	2,521	5.7
Monaghan	14,441	961	6.7
Offaly	18,986	935	4.9
Roscommon	14,510	1,077	7.4
Sligo	14,509	797	5.5
Tipperary	37,918	2,065	5.4
Waterford	26,776	1,476	5.5
Westmeath	20,842	1,360	6.5
Wexford	34,765	1,744	5.0
Wicklow	32,363	1,634	5.0
State	**1,030,832**	**62,800**	**6.1**

Source: Census of the Population, CSO

- In 2006, nearly one-third (31.9%) of non-Irish national children reported their nationality as British or Northern Irish *(see Table 14)*. Polish was the next most common nationality (8.2% of the total). The only other national minorities with more than 5% of the total number of non-Irish national children were Nigerians, Americans and Lithuanians.

Table 14: Number of non-Irish national children, by nationality (2006)		
Nationality	**No.**	**%**
Australia	677	1.1
France	666	1.1
Germany	1,024	1.6
India	1,232	2.0
Latvia	1,459	2.3
Lithuania	3,179	5.1
Nigeria	4,687	7.5
Other	14,466	23.0
Pakistan	1,101	1.8
Philippines	1,731	2.8
Poland	5,171	8.2
Romania	1,297	2.1
Russia	783	1.2
South Africa	1,186	1.9
United Kingdom	20,010	31.9
USA	4,131	6.6
Total	**62,800**	**100.0**

Source: Census of the Population, CSO

Technical notes

The definition of children includes all people under 18 years of age when the data was collected. Figures refer to all people usually resident within the State on Census night in 2006 and present in private and communal establishments. Those with dual Irish, not stated, or dual Irish-Other nationality have been excluded from the figures in the tables and graphs.

FAMILY STRUCTURE

Single-parent families tend to have much lower incomes than two-parent families.[6]

Measure

The number of children under 18 who live in family household units with only one parent or primary care-giver resident.

Key findings

- In 2006, 183,744 children under 18 years of age lived with a lone parent or guardian *(see Table 15)*. This amounted to 17.8% of all children living in the country.

Table 15: Number and percentage of children under 18 living with lone parent, by gender and age (2006)

Age	Boys		Girls		Total	
	No.	%	No.	%	No.	%
0-4 years	25,902	16.8	24,750	16.8	50,652	16.8
5-9 years	25,177	17.0	23,773	17.0	48,950	17.0
10-14 years	16,157	11.6	15,575	11.7	31,732	11.6
15-17 years	26,884	30.8	25,526	30.8	52,410	30.8
Total	**94,120**	**17.8**	**89,624**	**17.8**	**183,744**	**17.8**

Source: Census of the Population, CSO

- In 2006, one in 3 children (33.7%) in lone-parent families were resident in the Dublin area and one in 10 (10.1%) in Cork *(see Table 16)*.
- Dublin was the county with the highest percentage of children living in lone-parent households, while Leitrim, Longford and Roscommon had the lowest percentage.

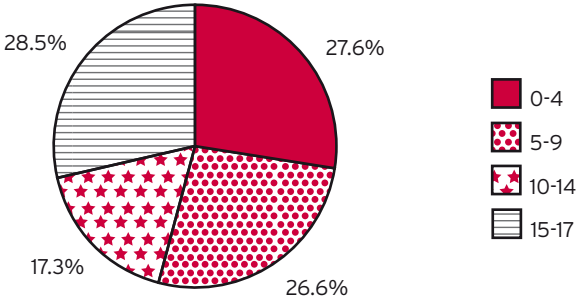
6 Layte, R., Maître, B., Nolan, B. and Whelan, C.T. (2006) *Day In, Day Out: Understanding the Dynamics of Child Poverty*. Dublin: Combat Poverty Agency.

Table 16: Number and percentage of children under 18 living with lone parent, by county (2006)			
County	**No.**	**% within county**	**% within State**
Carlow	2,248	17.7	1.2
Cavan	1,988	11.6	1.1
Clare	3,933	13.8	2.1
Cork	18,639	16.1	10.1
Donegal	6,858	17.1	3.7
Dublin	61,903	23.9	33.7
Galway	7,909	14.4	4.3
Kerry	5,076	15.5	2.8
Kildare	7,830	15.5	4.3
Kilkenny	3,077	13.6	1.7
Laois	2,453	13.6	1.3
Leitrim	810	11.4	0.4
Limerick	8,188	19.0	4.5
Longford	1,664	18.6	0.9
Louth	5,915	20.3	3.2
Mayo	3,902	12.6	2.1
Meath	5,403	12.1	2.9
Monaghan	1,885	13.1	1.0
Offaly	2,892	15.2	1.6
Roscommon	1,679	11.6	0.9
Sligo	2,157	14.9	1.2
Tipperary	6,263	16.5	3.4
Waterford	5,378	20.1	2.9
Westmeath	3,477	16.7	1.9
Wexford	6,332	18.2	3.4
Wicklow	5,885	18.2	3.2
State	**183,744**	**17.8**	**100.0**

Source: Census of the Population, CSO

- In 2006, 27.6% (50,652) of children in lone-parent families were aged 0-4; 26.6% (48,950) were aged 5-9; 17.3% (31,732) were aged 10-14; and the remaining 28.5% (52,410) were aged 15-17 *(see Figure 4)*.

Figure 4: Percentage of children under 18 living with lone parent (2006)



Source: Census of the Population, CSO

Technical notes

Figures are based on place of usual residence rather than de facto presence on Census night.

PARENTAL EDUCATION LEVEL

Higher levels of parent educational attainment are strongly associated with positive outcomes for children.[7]

Measure

The percentage of children under 18 whose mother has attained (a) primary, (b) lower secondary, (c) upper secondary or (d) third-level education.

Key findings

- In 2006, 30.6% of children under 18 lived in families where the mother had a third-level degree or higher educational attainment *(see Table 17)*. This percentage varied from 38.7% for households with children aged 0-4 to 22.8% for households with children aged 15-17 years.
- 52.8% of children under 18 lived in families where the highest level of educational attainment by mothers was a lower secondary or upper secondary education.
- Only 6.3% of children lived in families where the mother had either no formal education or primary education only.

Table 17: Percentage of children under 18, by age and educational attainment of mother (2006)

Highest level of education attained	0-4 years	5-9 years	10-14 years	15-17 years	Total <18 years
Primary (including no formal education)	3.7	5.0	7.6	10.9	6.3
Lower secondary	14.6	20.1	24.5	27.2	20.8
Upper secondary	31.0	33.4	32.7	30.3	32.0
Third-level (Degree or higher)	38.7	31.2	26.0	22.8	30.6
Not stated/not available	12.1	10.3	9.2	8.8	10.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total by age group	**293,305**	**282,015**	**267,133**	**165,411**	**1,007,864**

Source: Census of the Population, CSO

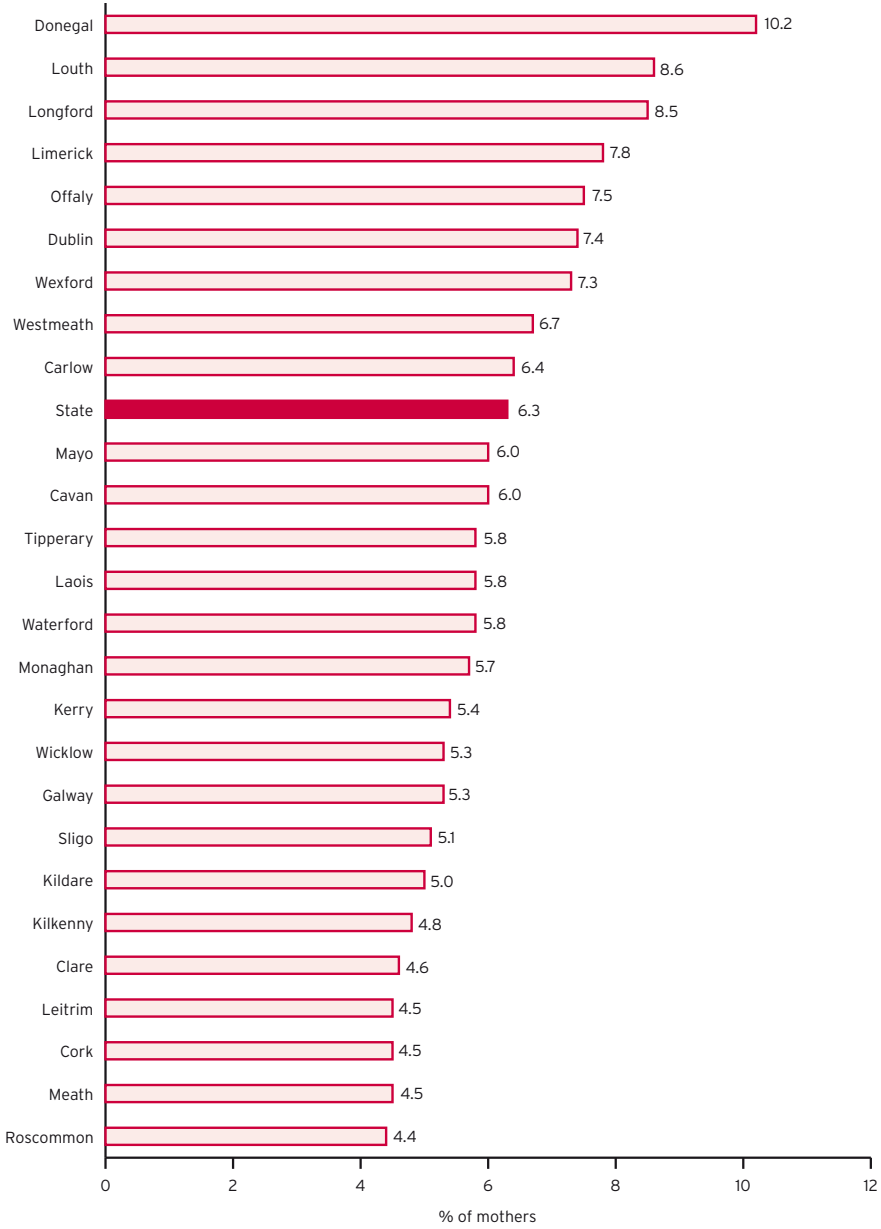
- Regional differences are apparent *(see Table 18 and Figure 5)*. In 2006, in Donegal, for example, 10.2% of children lived in families where the mother had either no formal education or primary education only, compared with 4.4% of children in Roscommon.

7 OMC (2006) *State of the Nation's Children: Ireland 2006*, Office of the Minister for Children. Dublin: The Stationery Office. Available at: www.childrensdatabase.ie OR www.omc.gov.ie

Table 18: Number of children under 18, by county and educational attainment of mother (2006)						
County	**Primary (including no formal education)**	**Lower secondary**	**Upper secondary**	**Third-level (Degree or higher)**	**Not stated/ not available**	**Total**
Carlow	785	2,739	3,899	3,414	1,496	12,333
Cavan	999	3,711	5,679	4,873	1,508	16,770
Clare	1,271	4,925	9,558	9,356	2,733	27,843
Cork	5,151	23,002	38,083	37,445	9,961	113,642
Donegal	4,038	10,438	11,082	10,644	3,317	39,519
Dublin	18,723	51,513	70,289	77,319	33,608	251,452
Galway	2,847	8,727	17,814	18,793	5,617	53,798
Kerry	1,748	6,825	10,511	9,970	3,071	32,125
Kildare	2,462	9,362	16,534	16,022	4,962	49,342
Kilkenny	1,071	4,487	7,759	7,190	1,603	22,110
Laois	1,027	3,653	6,419	4,776	1,825	17,700
Leitrim	318	1,383	2,592	2,223	486	7,002
Limerick	3,273	9,235	13,227	12,522	3,889	42,146
Longford	743	1,693	2,999	2,299	1,025	8,759
Louth	2,447	6,997	7,990	7,917	3,242	28,593
Mayo	1,816	5,937	11,693	8,596	2,369	30,411
Meath	1,979	8,964	15,024	14,079	3,828	43,874
Monaghan	813	3,549	4,616	3,985	1,178	14,141
Offaly	1,393	4,407	6,351	4,655	1,777	18,583
Roscommon	626	2,642	5,602	4,359	1,068	14,297
Sligo	723	2,465	4,781	5,007	1,234	14,210
Tipperary	2,156	8,150	13,232	10,185	3,404	37,127
Waterford	1,506	5,711	8,480	7,684	2,657	26,038
Westmeath	1,355	4,271	6,646	5,743	2,312	20,327
Wexford	2,498	8,692	11,683	8,606	2,545	34,024
Wicklow	1,695	6,297	9,813	10,839	3,054	31,698
State	**63,463**	**209,775**	**322,356**	**308,501**	**103,769**	**1,007,864**

Source: Census of the Population, CSO

Figure 5: Percentage of children under 18 whose mothers have no formal education or primary education only, by county (2006)



Source: Census of the Population, CSO

Technical notes

Data in this indicator refer to the highest educational attainment of the mother rather than the head of household. Where no mother is present, the highest educational attainment of the father is used instead. The figures are based on responses to Question 23 of the 2006 Census, which distinguishes between the following main categories:

1. No formal education or just primary education.
2. Lower secondary education: Junior, Intermediate/Group Certificate, 'O' levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent.
3. Upper secondary: Leaving Certificate, 'A' levels, NCVA Level 1 Certificate or equivalent, Technical or Vocational qualification, both Upper Secondary and Technical or Vocational qualification.
4. Third-level: Non-degree, primary degree, professional qualification (of Degree status at least), both a Degree and a Professional qualification, post-graduate Certificate or Diploma, post-graduate Degree (Masters) or Doctorate (PhD).

The data are also based on the concept of usual residence rather than the de facto residence of household on Census night.

TRAVELLER CHILDREN

Travellers are particularly disadvantaged in terms of health status and access to health services. They suffer poor health, which compares unfavourably with the settled community.[8]

Measure

The number of Traveller children.

Key findings

- In 2006, there were 22,435 Travellers living in Ireland. Of these, 48.7% (10,929) were under 18 years of age *(see Table 19)*.

Table 19: Number of Travellers, by gender and age (2006)

Age	Boys	Girls	Total
0-4 years	1,697	1,615	3,312
5-9 years	1,551	1,478	3,029
10-14 years	1,504	1,456	2,960
15-17 years	791	837	1,628
Total Traveller population – under 18	**5,543**	**5,386**	**10,929**
Total Traveller population – all ages	**11,028**	**11,407**	**22,435**

Source: Census of the Population, CSO

Differences by gender and age

- In 2006, Traveller children accounted for 1.1% of children in the 0-4, 5-9 and 10-14 age groups living in Ireland; and 0.9% of the 15-17 age group.

Differences by geographic location

- In 2006, more Traveller children lived in Dublin and Galway than in any other county. The counties with the highest proportion of Travellers compared to the total population were Longford (3.2%) and Galway (2.8%) *(see Table 20)*.

8 Department of Health and Children (2002) *Traveller Health Strategy*. Dublin: The Stationery Office.

Table 20: Number of Travellers aged under 18, by county (2006)			
County	**No. of Travellers**	**Total population of county**	**% Travellers within county**
Carlow	119	12,668	0.9
Cavan	93	17,127	0.5
Clare	351	28,565	1.2
Cork	628	116,241	0.5
Donegal	171	40,288	0.4
Dublin	2,532	261,101	1.0
Galway	1,572	55,306	2.8
Kerry	285	33,036	0.9
Kildare	234	50,337	0.5
Kilkenny	200	22,882	0.9
Laois	248	18,013	1.4
Leitrim	99	7,133	1.4
Limerick	631	43,507	1.5
Longford	283	8,930	3.2
Louth	177	29,233	0.6
Mayo	504	30,969	1.6
Meath	354	44,621	0.8
Monaghan	86	14,455	0.6
Offaly	330	19,169	1.7
Roscommon	156	14,503	1.1
Sligo	180	14,610	1.2
Tipperary	462	37,931	1.2
Waterford	205	27,009	0.8
Westmeath	299	21,124	1.4
Wexford	507	34,851	1.5
Wicklow	223	32,425	0.7
State	**10,929**	**1,036,034**	**1.1**

Source: Census of the Population, CSO

Technical notes

Figures refer to all people usually resident within the State on Census night in 2006 and present in private and communal establishments.

Travellers are identified as those answering the tick box 'Irish Traveller' to Question 14 of the 2006 Census, which asks 'What is your ethnic or cultural background?'. Data are based on de facto population on Census night rather than the usual residence concept.

SEPARATED CHILDREN SEEKING ASYLUM

A number of areas can influence the well-being of separated children seeking asylum since they do not have parental or family support in their day-to-day lives.[9] In addition, they may experience difficulties around language, culture, religion, social norms and oppression.[10]

Measure

The number of separated children seeking asylum.

Key findings

- In 2006, the number of separated children seeking asylum was 569 *(see Table 21)*.
- 90.9% (517) of separated children seeking asylum were in the HSE Dublin Mid-Leinster area.

Table 21: Number of separated children seeking asylum, by HSE Region (2006)

HSE Region	Total
Dublin Mid-Leinster	517
Dublin North-East	9
West	17
South	26
State	**569**

Source: Childcare Interim Dataset, HSE

Differences by gender and age

- In 2006, of the 569 separated children seeking asylum, 276 were boys and 293 were girls *(see Table 22)*.
- Approximately one in 3 separated children seeking asylum (34.6%) were less than 10 years of age.

9 OMC (2006) *State of the Nation's Children: Ireland 2006*, Office of the Minister for Children. Dublin: The Stationery Office. Available at: www.childrensdatabase.ie OR www.omc.gov.ie

10 Thomas, S. and Byford, S. (2003) 'Research with unaccompanied children seeking asylum', *British Medical Journal*, Vol. 327, pp. 1400-02.

Table 22: Number of separated children seeking asylum, by gender, age and HSE Region (2006)										
HSE Region	**Dublin Mid-Leinster**		**Dublin North-East**		**West**		**South**		**State**	
Age	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**
<1 year	1	1	0	0	0	0	0	1	1	2
1 year	1	0	0	0	0	0	0	1	1	1
2 years	1	3	0	0	0	0	0	0	1	3
3 years	5	7	0	0	0	0	0	0	5	7
4 years	5	9	0	0	0	0	0	0	5	9
5 years	10	22	0	0	0	0	0	0	10	22
6 years	12	12	0	0	0	0	1	0	13	12
7 years	10	12	0	0	0	0	2	1	12	13
8 years	12	14	0	0	0	0	0	0	12	14
9 years	12	10	0	0	0	0	0	1	12	11
10 years	13	15	1	1	0	0	1	0	15	16
11 years	19	8	1	0	0	1	1	0	21	9
12 years	13	12	2	0	0	0	1	1	16	13
13 years	11	12	0	0	1	0	0	0	12	12
14 years	13	14	0	0	1	0	0	1	14	15
15 years	20	30	0	0	0	1	3	0	23	31
16 years	49	62	1	0	1	1	0	3	51	66
17 years	31	31	2	1	11	0	6	2	50	34
18 years	2	3	0	0	0	0	0	0	2	3
State, by gender	**240**	**277**	**7**	**2**	**14**	**3**	**15**	**11**	**276**	**293**
State	**517**		**9**		**17**		**26**		**569**	

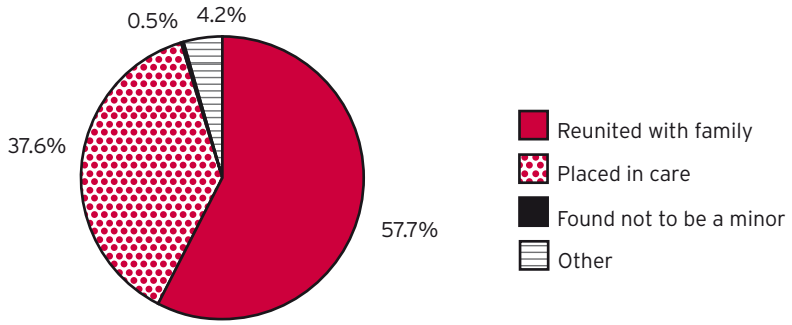
Source: Childcare Interim Dataset, HSE

- In 2006, 57.7% (328) of the separated children seeking asylum were reunited with their families; 37.6% (214) were placed in the care of the HSE; and 0.5% (3) were found not to be minors *(see Table 23 and Figure 6)*. The outcomes for the remaining 4.2% (24) were not classified.

Table 23: Outcomes for separated children seeking asylum, by gender and HSE Region (2006)										
HSE Region	**Dublin Mid-Leinster**		**Dublin North-East**		**West**		**South**		**Total**	
Outcome	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**
Reunited with family	134	161	7	2	11	0	8	5	160	168
Placed in care	98	109	0	0	2	3	0	2	100	114
Found not to be a minor	1	2	0	0	0	0	0	0	1	2
Other	7	5	0	0	1	0	7	4	15	9
State, by gender	**240**	**277**	**7**	**2**	**14**	**3**	**15**	**11**	**276**	**293**
Total	**517**		**9**		**17**		**26**		**569**	

Source: Childcare Interim Dataset, HSE

Figure 6: Outcomes for separated children seeking asylum (2006)



Source: Childcare Interim Dataset, HSE

Technical notes

Data for the Childcare Interim Dataset are collected by the Health Service Executive.

PART 2: CHILDREN'S RELATIONSHIPS

covering

Relationship with parents

and

Relationship with peers

RELATIONSHIP WITH PARENTS

RELATIONSHIP WITH PARENTS

The relationships between parents and children are of great importance to the life of the child. Poor parent-child relationships are associated with delinquent behaviour[11], depression[12] and psychosomatic symptoms[13].

Relationship with mothers

Measure

The percentage of children aged 9-17 who report that they find it easy to talk to their mother when something is really bothering them.

Key findings

- In 2006, 78% of children aged 9-17 reported that they find it easy to talk to their mother when something is really bothering them *(see Table 24).*

Differences by gender, age and social class

- The percentage of children who reported that they found it easy to talk to their mother when something was really bothering them was found to be relatively stable across gender and social class *(see Table 24)*.
- The percentage of children who reported that they found it easy to talk to their mother when something was really bothering them was higher among younger children – 87.5% of 9-year-olds and 88.4% of 10-11 year-olds, compared to 70.8% of 15-17 year-olds.

Table 24: Percentage of children who report that they find it easy to talk to their mother when something is really bothering them, by gender, age and social class (2002 and 2006)

	2002			2006		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Total	**75.5**	**79.1**	**77.6**	**77.5**	**78.4**	**78.0**
Age						
9 years	–	–	–	87.5	87.5	87.5
10-11 years	85.4	87.8	86.7	88.0	88.7	88.4
12-14 years	76.6	81.9	79.6	79.8	82.2	81.0
15-17 years	68.9	72.5	71.1	72.1	69.4	70.8
Social class						
SC 1-2	74.0	77.7	76.2	78.6	77.7	78.2
SC 3-4	76.4	80.0	78.5	78.3	79.3	78.8
SC 5-6	79.5	80.6	80.1	78.6	79.4	79.0

Source: HBSC Survey

11 Bogard, L. (2005) 'Affluent Adolescents, Depression and Drug Use: The role of adults in their lives', *Adolescence,* Vol. 40, No. 158, pp. 281-306.

12 Young, J.F., Berenson, K., Cohen, P. and Garcia, J. (2005) 'The Role of Parent and Peer Support in predicting Adolescent Depression: A Longitudinal Community Study', *Journal of Research on Adolescence*, Vol. 15, No. 4, pp. 407-23.

13 Murberg, T.A. and Bru, E. (2004) 'School-related Stress and Psychosomatic Symptoms among Norwegian Adolescents', *School Psychology International*, Vol. 25, No. 3, pp. 317-22.

Differences by geographic area

- Children in the South-East region are more likely (79.2%) to report that they find it easy to talk to their mother when something is really bothering them, while children in the Mid-West region are least likely (75.3%) to do so *(see Table 25)*.

Table 25: Percentage of children who report that they find it easy to talk to their mother when something is really bothering them, by NUTS Region (2006)

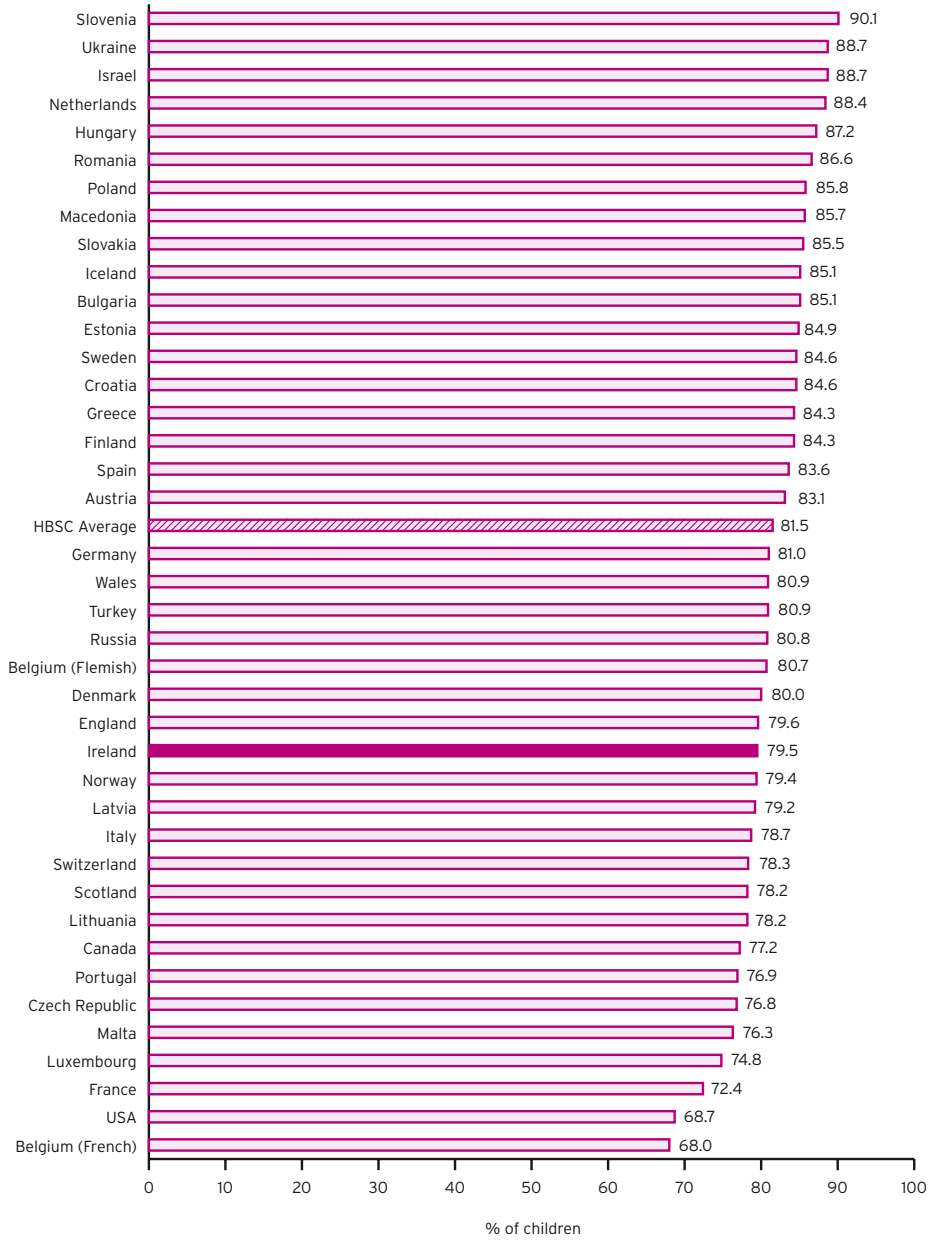
	2006
Border	78.1
Midlands	77.9
West	76.6
Dublin	78.7
Mid-East	77.7
Mid-West	75.3
South-East	79.2
South-West	78.6
Overall	**78.0**

Source: HBSC Survey

International comparisons

- From the 2006 HBSC Survey, using the ages of 11, 13 and 15 only to draw international comparisons, 79.5% of Irish children reported that they found it easy to talk to their mother when something was really bothering them *(see Figure 7)*. This is lower than the HBSC average of 81.5%.
- Among all 40 countries and regions that used this HBSC item, the lowest percentage for this indicator was found among Belgian (French) children (68.0%) and the highest among Slovenian children (90.1%). Overall, Irish children ranked 26th.
- Among the 35 countries and regions that used this HBSC item in 2002, Irish children ranked 27th (79.4%).

Figure 7: Percentage of children who report that they find it easy to talk to their mother when something is really bothering them, by country (2006)



Source: HBSC Survey

Relationship with fathers

Measure

The percentage of children aged 9-17 who report that they find it easy to talk to their father when something is really bothering them.

Key findings

- In 2006, 59.8% of children aged 9-17 reported that they found it easy to talk to their father when something was really bothering them *(see Table 26)*.

Differences by gender, age and social class

- In 2006, the percentage of children reporting that they found it easy to talk to their father when something was really bothering them was higher among boys and younger children *(see Table 26)*:
  - 67.1% of boys, compared to 52.1% of girls;
  - 78.4% of 9-year-olds, compared to 51.1% of 15-17 year-olds.

Table 26: Percentage of children who report that they find it easy to talk to their father when something is really bothering them, by gender, age and social class (2002 and 2006)

	2002			2006		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Total	**64.0**	**50.4**	**56.2**	**67.1**	**52.1**	**59.8**
Age						
9 years	-	-	-	79.3	77.5	78.4
10-11 years	79.7	64.4	71.3	80.0	66.1	72.2
12-14 years	66.1	51.4	57.8	72.0	54.7	63.7
15-17 years	53.2	43.7	47.5	58.5	42.9	51.1
Social class						
SC 1-2	63.2	51.4	56.1	68.0	54.4	61.4
SC 3-4	64.7	50.9	56.8	68.4	51.6	60.1
SC 5-6	65.3	49.0	56.4	66.3	52.8	59.3

Source: HBSC Survey

Differences by geographic area

- Children in the South-East region are more likely (61.4%) to report that they find it easy to talk to their father when something is really bothering them, while children in the Mid-West region are least likely (57.3%) to do so *(see Table 27)*.

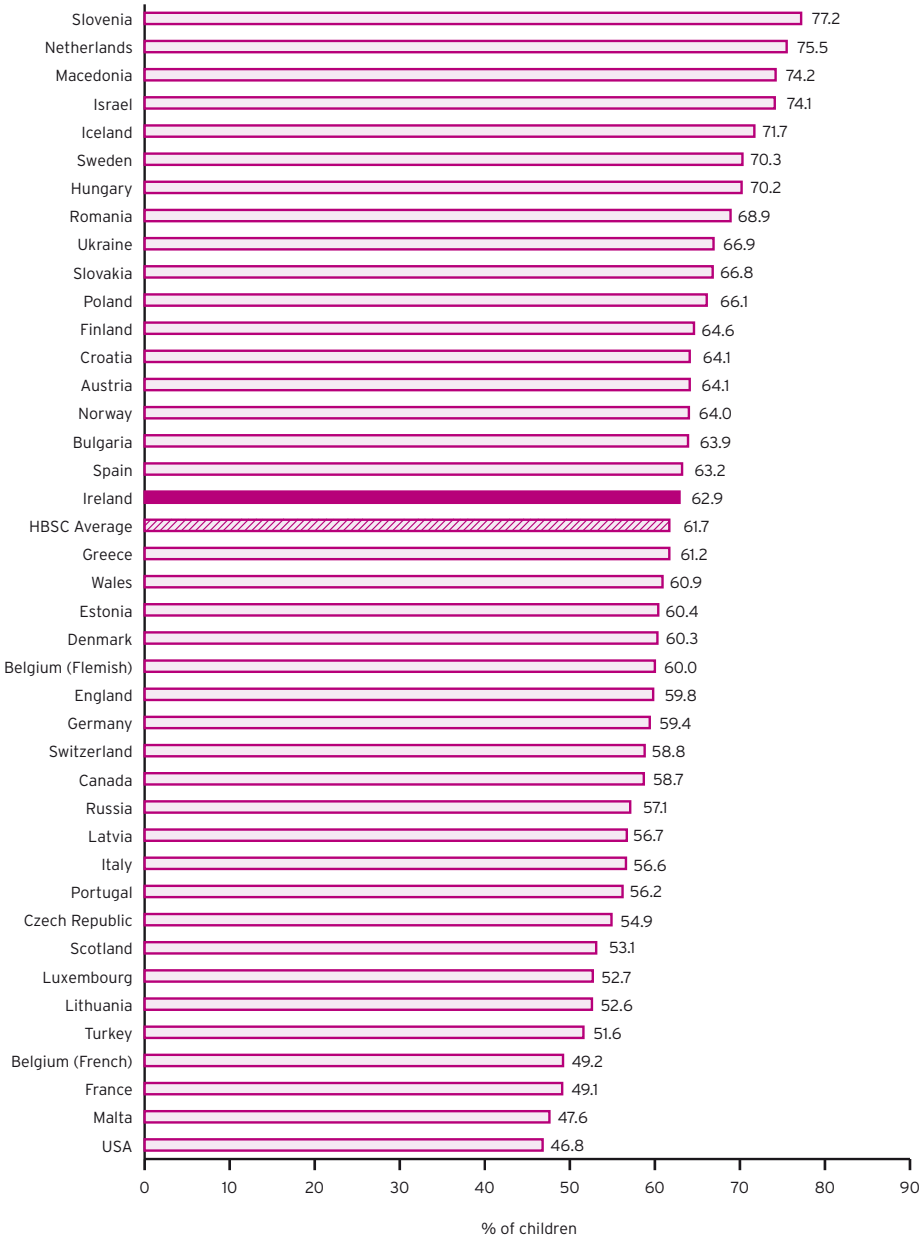
Table 27: Percentage of children who report that they find it easy to talk to their father when something is really bothering them, by NUTS Region (2006)	
	2006
Border	59.0
Midlands	57.9
West	59.4
Dublin	60.5
Mid-East	58.9
Mid-West	57.3
South-East	61.4
South-West	58.9
Overall	**59.8**

Source: HBSC Survey

International comparisons

- From the 2006 HBSC Survey, using the ages of 11, 13 and 15 only to draw international comparisons, 62.9% of Irish children reported that they found it easy to talk to their father when something was really bothering them *(see Figure 8)*. This is higher than the HBSC average of 61.7%.
- Among all 40 countries and regions that used this HBSC item, the lowest percentage for this indicator was found among children from the USA (46.8%) and highest among children from Slovenia (77.2%). Overall, Irish children ranked 18th.
- Among the 35 countries and regions that used this HBSC item in 2002, Irish children ranked 24th (58.7%).

Figure 8: Percentage of children who report that they find it easy to talk to their father when something is really bothering them, by country (2006)



Source: HBSC Survey

Technical notes

All data presented are drawn from self-report, self-completion questionnaires completed by children in schools. Thus, they are subject to potential biases in relation to self-presentation and memory. These measures may suffer from social desirability bias.

Percentage differences are presented for descriptive purposes only and may not reflect a statistically significant finding.

Social class (SC) is classified into one of the following groups (introduced in 1996 by the CSO), defined on the basis of occupation:

- SC I: Professional
- SC 2: Managerial
- SC 3: Non-manual
- SC 4: Skilled manual
- SC 5: Semi-skilled
- SC 6: Unskilled

NUTS is an acronym for the EU Nomenclature of Territorial Units for Statistics. This classification was legally established by EU Regulation No. 1059/2003 on 29 May 2003. In Ireland, NUTS is classified hierarchically as Level 1 – Ireland; Level 2 – Regions; and Level 3 – Regional Authorities. The 8 Regional Authorities in Ireland (NUTS 3 regions) were established under the Local Government Act, 1991 *(see Appendix 2)*.

Talking to parents

Warmth in the parent-child relationship is related to positive outcomes for children.[14]

Measure

The percentage of children aged 15 who report that their parents spend time just talking with them several times a week.

Key findings

- In 2006, 64.7% of 15-year-olds reported that their parents spend time just talking with them several times a week *(see Table 28)*.
- Marginally fewer 15-year-olds in 2000 (61.6%) than in 2006 (64.7%) reported that their parents spent time just talking with them several times a week.

Differences by gender and social class

- In 2006, girls were more likely than boys to report that their parents spend time just talking with them several times a week – 73.4% of girls compared to 55.6% of boys *(see Table 28)*. A similar gender difference was observed in 2000.
- In 2006, there was little difference on this indicator according to social class, with approximately two-thirds of children from all social class categories reporting that their parents spend time just talking with them several times a week. Results for 2000 also showed social class membership was not associated with spending time just talking with parents several times a week.

Table 28: Percentage of children aged 15 who report that their parents spend time just talking with them several times a week, by gender and social class (2000 and 2006)

	2000	2006
Total	**61.6**	**64.7**
Gender		
Boys	52.8	55.6
Girls	70.3	73.4
Social class		
High SES	62.3	66.6
Medium SES	61.9	64.6
Low SES	60.4	63.0

Source: PISA Survey

14 OMC (2006) *State of the Nation's Children: Ireland 2006*, Office of the Minister for Children. Dublin: The Stationery Office. Available at: www.childrensdatabase.ie OR www.omc.gov.ie

Technical notes

These data are drawn from the PISA Surveys in 2000 and 2006. All data presented are drawn from self-report, self-completion questionnaires completed by children in schools. Thus, they may be subject to bias in relation to self-presentation and memory. These measures may suffer from social desirability bias.

This item was only asked in Ireland for the PISA Survey in 2006 and accordingly there are no international data.

Parental involvement in schooling

Students with parents who are involved in their school tend to have fewer behavioural problems and better academic performance, and are more likely to complete post-primary school than students whose parents are not involved in their school.[15]

Measure

The percentage of children aged 15 who report that their parents discuss with them how well they are doing at school more than once a week.

Key findings

- In 2006, 48% of children aged 15 reported that their parents discuss with them how well they are doing at school more than once a week *(see Table 29)*.
- There is no difference between 2000 and 2006 in the percentages of 15-year-olds reporting that their parents discuss with them how well they are doing at school more than once a week.

Differences by gender and social class

- In 2006, girls (51.6%) were somewhat more likely than boys (44.1%) to report that their parents discussed their progress at school with them more than once a week *(see Table 29)*. Data on gender were similar to those obtained in 2000.
- 50% of children in both the highest and medium social class categories reported that their parents discussed their progress at school with them more than once a week, compared to 43.5% of children in the lowest social class category. In 2000, children from the highest social class category were most likely to report that their parents discussed their progress at school with them more than once a week (51.3%), followed by children in the medium and lowest social class categories (46.7% and 45.1% respectively).

15 Henderson, A.T. and Berla, N. (1994) *A New Generation of Evidence: The family is critical to student achievement.* Washington, DC: National Committee for Citizens in Education.

Table 29: Percentage of children aged 15 who report that their parents discuss with them how well they are doing at school more than once a week, by gender and social class (2000 and 2006)		
	2000	**2006**
Total	**47.9**	**48.0**
Gender		
Boys	45.7	44.1
Girls	50.0	51.6
Social class		
High SES	51.3	50.0
Medium SES	46.7	50.0
Low SES	45.1	43.5

Source: PISA Survey

Technical notes

These data are drawn from the PISA Surveys in 2000 and 2006. All data presented are drawn from self-report, self-completion questionnaires completed by children in schools. Thus, they may be subject to bias in relation to self-presentation and memory. These measures may suffer from social desirability bias.

This item was only asked in Ireland for the PISA Survey in 2006 and accordingly there are no international data.

Eating a main meal together

Family meals can be important components in maintaining close family connections.[16]

Measure

The percentage of children aged 15 who report that their parents eat a main meal with them around a table more than once a week.

Key findings

- In 2006, 74.5% of children aged 15 reported that their parents eat a main meal with them around a table more than once a week *(see Table 30)*. This is marginally lower than the corresponding percentage in 2000 (77.1%).

Differences by gender and social class

- In 2006, the percentage of 15-year-old children reporting that their parents eat a main meal with them around a table more than once a week was similar for boys and girls – 73.7% and 75.3% respectively *(see Table 30)*. The difference between boys and girls on this measure was also small in 2000.
- In 2006, children from the highest and medium social class categories were most likely to report that their parents eat a main meal with them around a table more than once a week (78.2% and 75.2% respectively), compared to children from the lowest social class category (70.7%). In 2000, the pattern was broadly similar, with children from the lowest social class category being least likely to report that their parents eat a main meal with them around a table more than once a week (73.5%).

Table 30: Percentage of children aged 15 who report that their parents eat a main meal with them around a table more than once a week, by gender and social class (2000 and 2006)

	2000	2006
Total	**77.1**	**74.5**
Gender		
Boys	77.6	73.7
Girls	76.5	75.3
Social class		
High SES	78.5	78.2
Medium SES	78.6	75.2
Low SES	73.5	70.7

Source: PISA Survey

16 Neumark-Sztainer, D. and Story, M. (2005) 'A Perspective on Family Meals: Do they matter?', *Nutrition Today*, Vol. 40, No. 6, pp 261-66.

Technical notes

These data are drawn from the PISA Survey from 2000 and 2006. All data presented are drawn from self-report, self-completion questionnaires completed by children in schools. Thus, they may be subject to bias in relation to self-presentation and memory. These measures may suffer from social desirability bias.

This item was only asked in Ireland for the PISA Survey in 2006 and accordingly there are no international data.

RELATIONSHIP WITH PEERS

RELATIONSHIP WITH PEERS

Peer relationships can help satisfy different types of social needs[17], can help develop skills (such as empathy, communication, cooperation and the management and resolution of conflicts[18, 19]) and can provide a supportive context in which self-exploration, emotional growth and moral development can occur[20].

Friendships

Measure

The percentage of children aged 9-17 who report to have 3 or more friends of the same gender.

Key findings

- In 2006, 89.5% of children aged 9-17 reported that they had 3 or more friends of the same gender *(see Table 31)*.

Differences by gender, age and social class

- In 2006, the percentage of children who reported having 3 or more friends of the same gender is relatively stable across gender and social class *(see Table 31)* and has increased slightly since 2002.
- In 2006, a higher percentage of 9-year-old children reported having 3 or more friends of the same gender (94.2%). Data for this age group are not available for 2002.

17 Baumister, R. and Leary, M.R. (1995) 'The Need to Belong: Desire for interpersonal attachments as a fundamental human motivation', *Psychological Bulletin,* Vol. 117, pp. 497-529.
18 Hartup, W.W. (1989) 'Social Relationships and their Development Significance', *American Psychologist,* Vol. 44, No. 2, pp. 120-26.
19 Bender, D. and Losel, F. (1997) 'Protective and Risk Effects of Peer Relations and Social Support on Anti-Social Behaviour in Adolescents from Multi-Problem Milieus', *Journal of Adolescence,* Vol. 20, pp. 661-78.
20 Asher, S.R., Parker, J.G. and Walker, D.L. (1996) 'Distinguishing Friendship from Acceptance: Implications for intervention and assessment'. In: W.M. Bukowski, A.F. Newcomb and W.W. Hartup (eds.), *The company they keep: Friendship in childhood and adolescence*. Cambridge: Cambridge University Press.

Table 31: Percentage of children who report to have 3 or more friends of the same gender, by gender, age and social class (2002 and 2006)

	2002			2006		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Total	**83.5**	**86.9**	**85.3**	**88.8**	**90.1**	**89.5**
Age						
9 years	–	–	–	94.3	94.1	94.2
10-11 years	85.4	85.0	85.1	88.4	90.2	89.5
12-14 years	83.2	87.6	85.7	89.9	90.9	90.3
15-17 years	83.4	87.4	85.7	88.1	89.6	88.8
Social class						
SC 1-2	84.1	88.5	86.8	88.5	90.8	89.6
SC 3-4	85.0	87.2	86.2	89.8	90.4	90.1
SC 5-6	83.7	85.1	84.5	90.3	90.7	90.4

Source: HBSC Survey

Differences by geographic area

- Children in the Mid-West region are more likely (92.1%) to report having 3 or more friends of the same gender, while children in the West region are least likely (87.4%) to report this *(see Table 32)*.

Table 32: Percentage of children who report to have 3 or more friends of the same gender, by NUTS Region (2006)

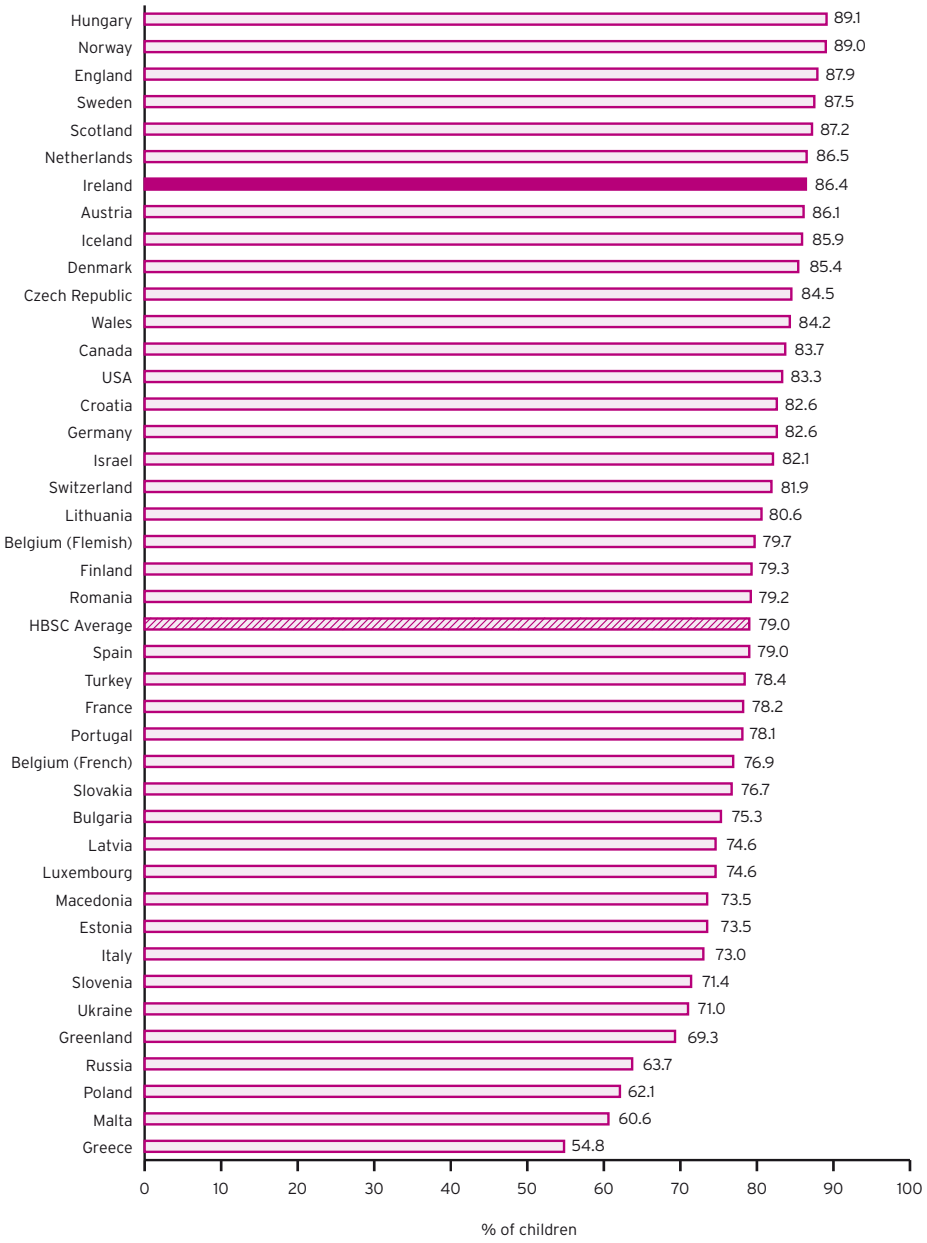
	2006
Border	90.9
Midlands	88.5
West	87.4
Dublin	87.9
Mid-East	90.6
Mid-West	92.1
South-East	90.3
South-West	90.2
Overall	**89.5**

Source: HBSC Survey

International comparisons

- From the 2006 HBSC Survey, using the ages of 11, 13 and 15 only to draw international comparisons, 86.4% of Irish children reported having 3 or more friends of the same gender *(see Figure 9)*. This is above the HBSC average of 79.0%.
- Among all 41 countries and regions that used this HBSC item, the lowest percentage for this indicator was found among Greek children (54.8%) and the highest among children from Hungary (89.1%). Overall, Irish children ranked 7th.
- Among the 35 countries and regions that used this HBSC item in 2002, Irish children ranked 1st (90.3%).

Figure 9: Percentage of children who report to have 3 or more friends of the same gender, by country (2006)



Source: HBSC Survey

Technical notes

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SC 5: Semi-skilled
SC 6: Unskilled

NUTS is an acronym for the EU Nomenclature of Territorial Units for Statistics. This classification was legally established by EU Regulation No. 1059/2003 on 29 May 2003. In Ireland, NUTS is classified hierarchically as Level 1 – Ireland; Level 2 – Regions; and Level 3 – Regional Authorities. The 8 Regional Authorities in Ireland (NUTS 3 regions) were established under the Local Government Act, 1991 *(see Appendix 2)*.

Pets and animals

The child's pet is an aid to the child's physical, social and emotional development.[21]

Measure

The percentage of children aged 9-17 who report having a pet of their own or a pet in their family.

Key findings

- In 2006, 73.8% of children aged 9-17 reported having a pet of their own or a pet in their family *(see Table 33)*.

Differences by gender, age and social class

- The percentage of children who reported having a pet of their own or a pet in their family was higher among girls and children from higher social classes *(see Table 33):*
  - 75.2% of girls, compared to 72.4% of boys;
  - 76.4% of children in SC 1-2, compared to 73.9% of children in SC 5-6.

Table 33: Percentage of children who report having a pet of their own or a pet in their family, by gender, age and social class (2006)

	Boys	Girls	Total
Total	**72.4**	**75.2**	**73.8**
Age			
9 years	71.1	72.9	72.0
10-11 years	71.6	77.3	75.0
12-14 years	73.6	75.2	74.4
15-17 years	71.6	74.3	72.9
Social class			
SC 1-2	74.4	78.7	76.4
SC 3-4	71.9	73.7	72.8
SC 5-6	72.9	74.8	73.9

Source: HBSC Survey

Differences by geographic area

- Children in the Mid-West region are more likely (80.2%) to report having a pet of their own or a pet in their family, while children in the Dublin region are least likely (62.8%) to report this *(see Table 34)*.

[21] Nic Gabhainn, S. and Sixsmith, J. (2005) *Children's Understandings of Well-Being*, National Children's Office. Dublin: The Stationery Office. Available at: www.childrensdatabase.ie OR www.omc.gov.ie

Table 34: Percentage of children who report having a pet of their own or a pet in their family, by NUTS Region (2006)	
	2006
Border	71.3
Midlands	78.2
West	75.8
Dublin	62.8
Mid-East	76.8
Mid-West	80.2
South-East	79.9
South-West	76.6
Overall	**73.8**

Source: HBSC Survey

Technical notes

All data presented are drawn from self-report, self-completion questionnaires completed by children in schools. Thus, they are subject to potential biases in relation to self-presentation and memory. These measures may suffer from social desirability bias.

Percentage differences are presented for descriptive purposes only and may not reflect a statistically significant finding.

Social class (SC) is classified into one of the following groups (introduced in 1996 by the CSO), defined on the basis of occupation:

SC I: Professional
SC 2: Managerial
SC 3: Non-manual
SC 4: Skilled manual
SC 5: Semi-skilled
SC 6: Unskilled

NUTS is an acronym for the EU Nomenclature of Territorial Units for Statistics. This classification was legally established by EU Regulation No. 1059/2003 on 29 May 2003. In Ireland, NUTS is classified hierarchically as Level 1 – Ireland; Level 2 – Regions; and Level 3 – Regional Authorities. The 8 Regional Authorities in Ireland (NUTS 3 regions) were established under the Local Government Act, 1991 *(see Appendix 2)*.

No international data are available for comparative purposes.

Bullying

Understanding and preventing bullying during childhood has important implications for the immediate health of children, as well as long-term societal health.[22]

Measure

The percentage of children aged 9-17 who report to have been bullied at school.

Key findings

- In 2006, 24.5% of children aged 9-17 reported having been bullied in school at least once in the past couple of months *(see Table 35)*.

Differences by gender, age and social class

- The percentage of children who reported to have been bullied in school at least once in the past couple of months is relatively stable across social classes *(see Table 35)*.
- The percentage of children aged 9-17 who reported to have been bullied in school at least once in the past couple of months is higher among boys and young children:
  - 25.6% of boys, compared to 23.4% of girls;
  - 38.3% of children aged 9 and 29.3% aged 10-11, compared to 26.2% aged 12-14 and 20.8% aged 15-17.

Table 35: Percentage of children who report to have been bullied in school (in the past couple of months), by gender, age and social class (2002 and 2006)

	2002			2006		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Total	**26.4**	**21.0**	**23.3**	**25.6**	**23.4**	**24.5**
Age						
9 years	–	–	–	38.4	38.1	38.3
10-11 years	26.8	29.5	28.3	27.9	30.2	29.3
12-14 years	29.9	22.6	25.8	28.2	23.9	26.2
15-17 years	21.7	15.8	18.2	22.1	19.5	20.8
Social class						
SC 1-2	27.6	19.9	23.0	26.5	23.5	25.0
SC 3-4	24.8	21.6	22.9	24.9	22.9	23.9
SC 5-6	26.6	20.3	23.1	26.0	23.3	24.6

Source: HBSC Survey

22 O'Moore, A.M. (2000) 'Critical issues for teacher training to counter bullying and victimisation in Ireland', *Aggressive Behaviour,* Vol. 26, pp. 99-111.

Differences by geographic area

- Children in the South-East and Mid-East regions are more likely (26.9%) to report being bullied in school at least once in the past couple of months, while children in the Midlands region are least likely (22.9%) to report being bullied *(see Table 36)*.

Table 36: Percentage of children who report to have been bullied in school (in the past couple of months), by NUTS Region (2006)

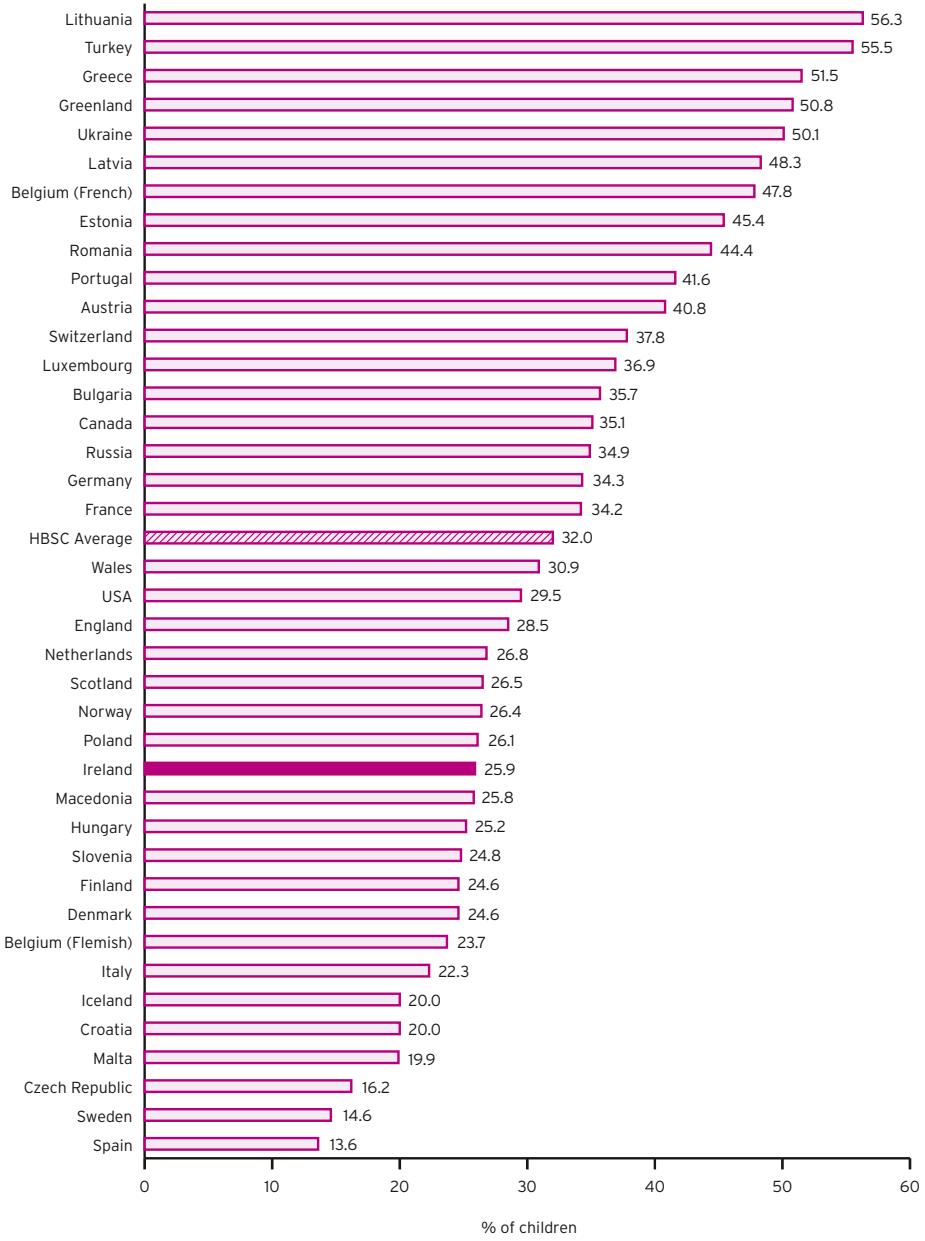
	2006
Border	23.8
Midlands	22.9
West	24.0
Dublin	23.7
Mid-East	26.9
Mid-West	23.2
South-East	26.9
South-West	23.2
Overall	**24.5**

Source: HBSC Survey

International comparisons

- From the 2006 HBSC Survey, using the ages of 11, 13 and 15 only to draw international comparisons, 25.9% of Irish children reported that they had been bullied at school *(see Figure 10)*. This is below the HBSC average of 32.0%.
- Among all 39 countries and regions that used this HBSC item, the lowest percentage for this indicator was found among children from Spain (13.6%) and the highest among children from Lithuania (56.3%). Overall, Irish children ranked 26th.
- Among the 35 countries and regions that used this HBSC item in 2002, Irish children ranked 27th (25.9%).

Figure 10: Percentage of children who report to have been bullied in school (in the past couple of months), by country (2006)



Source: HBSC Survey

Technical notes

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PART 3: CHILDREN'S OUTCOMES

covering

Education

Health

Social, emotional and behavioural outcomes

EDUCATION OUTCOMES

ENROLMENT IN EARLY CHILDHOOD CARE AND EDUCATION*

Participation in high-quality early childhood care and education can have positive effects on children's cognitive, language and social development, particularly among children at risk.[23]

Measure

The percentage of children under 13 in various early childhood care and education arrangements.

Key findings

- In 2005, other than a parent/guardian, the main childcare arrangement for families with pre-school children was paid carer (12.1%) and unpaid relative (11.5%) *(see Table 37 and Figure 11)*.
- In 2005, primary school children were more likely (78.5%) to be cared for by a parent/guardian than pre-school children (59.7%).
- In 2005, 10.1% of families with pre-school children used a crèche/Montessori as their main type of childcare arrangement. This compares with only 1.3% of families with primary school children using this as their main source of childcare.

Table 37: Percentage of families and main type of childcare arrangement (2002 and 2005)

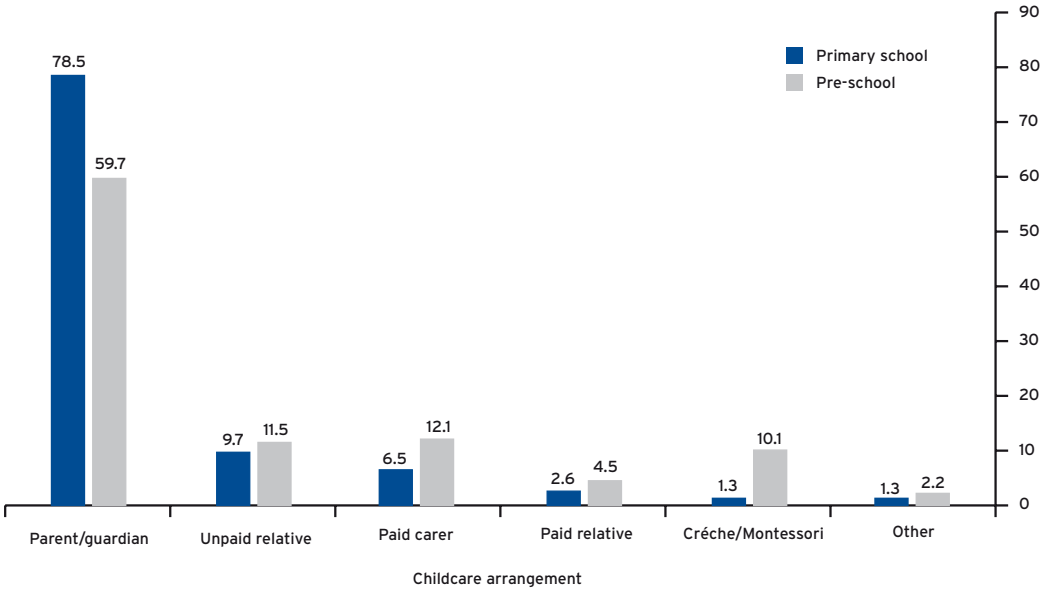
	Pre-school children		Primary school children	
Main type of childcare	**2002**	**2005**	**2002**	**2005**
Parent/guardian	62.1	59.7	78.0	78.5
Unpaid relative	10.5	11.5	9.2	9.7
Paid relative	4.6	4.5	3.2	2.6
Paid carer	12.0	12.1	7.5	6.5
Crèche/Montessori	9.3	10.1	1.4	1.3
Other	1.6	2.2	0.8	1.3
Total	**100.0**	**100.0**	**100.0**	**100.0**

Source: Childcare Module, Quarterly National Household Survey, CSO

* No update available since the 2006 *State of the Nation's Children* report.

23 National Audit Office (2003) *Early Years: Progress in developing high-quality childcare and early education accessible to all. Report by the Comptroller and Auditor-General.* London: HMSO.

Figure 11: Main type of childcare arrangement for families (2005)



Source: Childcare Module, Quarterly National Household Survey, CSO

Technical notes

Questions on childcare (including the main source of childcare, its cost and the hours involved) were included in a module attached to the Quarterly National Household Survey in Quarter 4/2002 and Quarter 1/2005. These questions were asked of all households in which there were primary school-going children or pre-school children.

Childcare was defined as types of childcare arrangements usually made by parents/guardians on a regular weekly basis during the working day (e.g. Monday to Friday, 7am-7pm, or similar, as applicable to the household).

Respondents were asked to indicate from the following categories the main type of childcare for their pre-school and primary school-going children:

Categories	Responses
Parent or guardian	Child minded at home by me/partner
Unpaid relative	Unpaid relative or family friend in your/his/her own home
Paid relative	Paid relative or family friend in your/his/her own home
Paid carer	Paid childminder in your/his/her home, or au-pair/nanny
Crèche or Montessori	Work-based crèche Naoínra Crèche or nursery Montessori school Playgroup, pre-school or sessional childcare
Other	Homework club, after-school activity-based facility Special needs facility, activity camps

ATTENDANCE AT SCHOOL*

School attendance is an important factor for school performance among youth. Studies show that higher attendance is related to higher achievement for students of all backgrounds. Students who attend school regularly score higher on achievement tests than their peers who are frequently absent.[24]

Measure

The percentage of children who are absent from school for 20 days or more in the school year.

Key findings

- In the 2004-2005 school year, the overall average attendance for a student at primary school was 94.2% *(see Table 38)*. This translates to 11 days' absence on average for each student. This rate was higher for rural schools (94.9%) than for urban ones (92.8%).
- 10% of primary school students were absent for 20 days or more in the school year. The percentage of students with this level of absenteeism was, on average, lower in rural schools (7.8%) than in urban schools (14.9%).
- Almost one in 5 primary school students (19.4%) in the most disadvantaged schools missed 20 or more school days, compared to 6.2% of students in the least disadvantaged schools. An average of 15 days per student was missed in the most disadvantaged schools and an average of 10 days per student in the least disadvantaged schools.

Table 38: Attendance levels in primary schools, by school location and level of disadvantage (2004/2005)

	Mean % annual attendance in school year	% of students missing 20 days or more in school year
Mean average	**94.2**	**10.0**
School location		
Urban	92.8	14.9
Rural	94.9	7.8
Level of disadvantage		
Least disadvantaged school	95.2	6.2
Most disadvantaged school	91.9	19.4

Source: National Educational Welfare Board

* No update available since the 2006 *State of the Nation's Children* report.

24 Epstein, J.L. and Sheldon, S.B. (2002) 'Present and Accounted For: Improving student attendance through family and community involvement', *Journal of Educational Research,* Vol. 95, No. 5, pp. 308-18.

- The mean attendance level among students in post-primary schools was 91.6% in the 2004-2005 school year *(see Table 39)*. This translates to 14 days' absence on average for each student.
- 18.8% of post-primary school students were absent for 20 days or more in the school year. The percentage of students with this level of absenteeism was lowest in secondary schools (15.1%) and highest in vocational schools (24.9%).
- More than one in 3 post-primary school students (34.8%) in the most disadvantaged schools missed 20 or more school days, compared to less than one in 10 students (9.2%) in the least disadvantaged schools. On average, post-primary school students in the most disadvantaged schools missed 21 school days, while those in the least disadvantaged schools missed 10 school days.

Table 39: Attendance levels in post-primary schools, by school type and level of disadvantage (2004/2005)

	Mean % annual attendance in school year	% of students missing 20 days or more in school year
Mean average	**91.6**	**18.8**
School type		
Secondary	92.7	15.1
Vocational	89.6	24.9
Community and Comprehensive	91.5	20.7
Level of disadvantage		
Least disadvantaged school	94.2	9.2
Most disadvantaged school	86.9	34.8

Source: National Educational Welfare Board

Technical notes

Data in Tables 38 and 39 are based on School Attendance Reports, which are prepared by individual schools at primary and post-primary level and submitted to the National Educational Welfare Board (NEWB). For the 2004-2005 school year, 83.9% of primary schools and 76% of post-primary schools returned these reports to the NEWB.

The reports record the following information:

- total enrolment for 2004/2005;
- sum of all individual student absences over the entire school year, up to and including the date the school closes;
- number of students with 100% attendance;
- number of students missing 20 days or more;
- number of students expelled;
- number of students suspended;
- confirmation of availability of code of behaviour to parents and students;
- confirmation of availability of admissions policy to parents and students.

Schools have been categorised into deciles of disadvantage on the basis of their overall points or rank in the national scheme of 'Giving Children an Even Break' and in the case of post-primary schools, into deciles of disadvantage on the basis of the indices used to rank schools for the '16:1' initiative.

TRANSFER TO SECOND-LEVEL EDUCATION

Consequences of early school-leaving include an increased likelihood of long-term unemployment, low-skilled and poorly paid employment, and an inability to access life changes, leading to social exclusion.[25]

Measure

The percentage of children leaving national school, by destination.

Key findings

- Over the period 2002-2006, over 95% of children leaving national school are known to have progressed to another form of schooling, either at first or second level *(see Table 40)*. Between 2.6%-3.0% were accounted for by emigration. Less than one-half of 1% of children leaving national school were known not to have progressed to other schools, while the destination of a further 0.7%-1.2% of these children was unknown. These final two categories accounted for 1,165 children in 2006.

Table 40 : Percentage of children leaving national school, by destination (2002-2006)

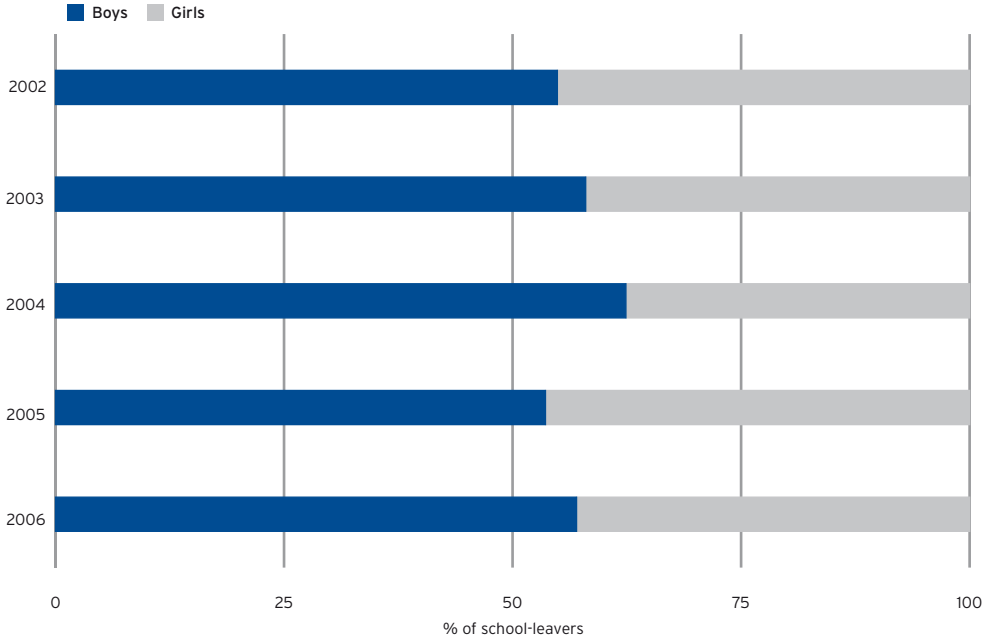
Destination	2002	2003	2004	2005	2006
Attending another school within the State	96.2	95.9	96.2	96.3	95.5
Emigrating	2.6	2.8	2.7	2.7	3.0
Not attending other school	0.4	0.4	0.3	0.3	0.3
Unknown	0.8	0.9	0.7	0.7	1.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total no. of children	**76,691**	**78,024**	**77,584**	**76,187**	**75,991**

Source: Education Statistics, Department of Education and Science

- Boys are more likely than girls to leave national school and not attend any other school. In the period 2002-2006, the proportion of boys in this group of school-leavers ranged from 53.6% in 2005 to 62.4% in 2004 *(see Figure 12)*.

25 Cullen, B. (2000) *Evaluating Integrated Responses to Educational Disadvantage.* Dublin: Combat Poverty Agency.

Figure 12: Percentage of national school-leavers not attending other school, by gender (2002-2006)



Source: Education Statistics, Department of Education and Science

Technical notes

Data in Table 40 and Figure 12 refer to children leaving ordinary classes in national school. Data on children leaving national school in the State and their destination are collected by the Department of Education and Science via school-based returns and are published in its Annual Statistical Report.

The reference period for the data presented here runs from October to September. Data for the year 2006, for example, refer to children leaving school between 1 October 2005 and 30 September 2006.

ACHIEVEMENT IN READING LITERACY, MATHEMATICS AND SCIENCE

Reading literacy

The ability to read proficiently is a fundamental skill that affects the learning experiences and school performance of children and adolescents.[26]

Measure

The mean scores of children aged 15 based on the OECD-PISA Reading Literacy Scale.

Key findings

- In 2006, Irish children aged 15 achieved a mean score of 517.3 on the OECD-PISA Reading Literacy Scale *(see Table 41)*.
- The mean score for children in Ireland in 2006 was not significantly different from the mean score in 2003 (515.5).

Differences by gender, age and social class

- In 2006, girls in Ireland performed better in reading literacy than boys, achieving a mean score of 534.0 compared to 500.2 *(see Table 41)*. There was also a large difference in favour of girls in 2003.
- Reading achievement was related to social class in 2003 and in 2006. In 2006, the mean score of children from the highest social class category was much higher (551.2) than the mean score of children in the lowest social class category (490.2).

Table 41: Mean score for children aged 15 based on OECD-PISA Reading Literacy Scale, by gender and social class (2003 and 2006)

	2003		2006	
	Mean	**SE**	**Mean**	**SE**
Total	**515.5**	**2.63**	**517.3**	**3.54**
Gender				
Boys	501.1	3.26	500.2	4.53
Girls	530.1	3.71	534.0	3.75
Social class				
High SES	547.8	3.38	551.2	3.48
Medium SES	521.6	2.88	522.4	3.26
Low SES	484.3	3.85	490.2	4.31

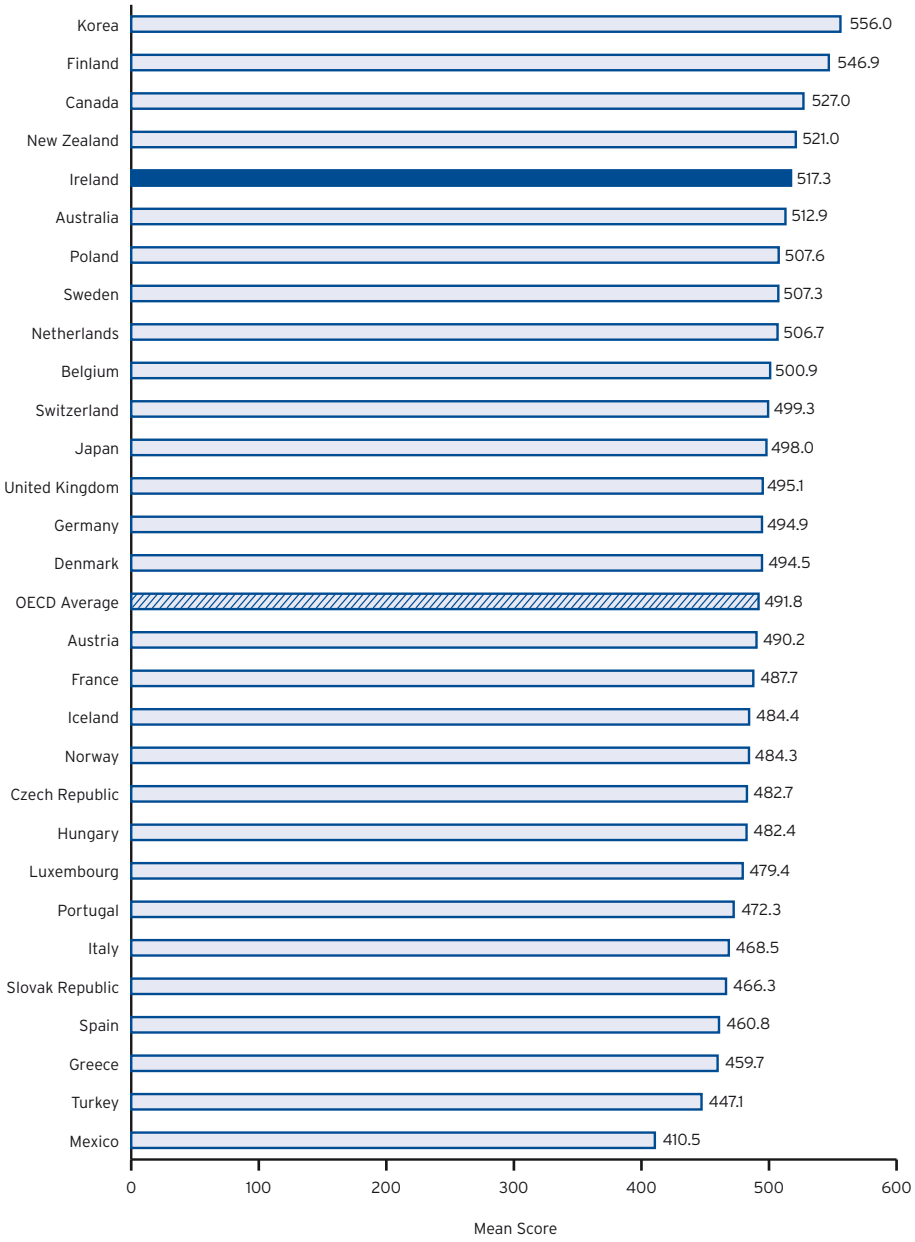
Source: PISA Survey

26 See www.childtrendsdatabank.org

International comparisons

- In 2006, Ireland's mean score of 517 on the OECD-PISA Reading Literacy Scale was significantly above the OECD mean score of 492 *(see Figure 13)*.
- Mexico was the lowest-scoring OECD country on this indicator, while Korea achieved the highest mean score.
- Ireland ranked 5th (true rank: 4th – 6th) in reading literacy among the 29 participating OECD countries for which reliable data were available. Ireland's mean score was not significantly different from that of New Zealand (ranked 4th) or Australia (ranked 6th).

Figure 13: Mean scores of children aged 15, based on OECD-PISA Reading Literacy Scale, by OECD country (2006)



Source: PISA Survey

Mathematics

Competence in mathematics is essential for functioning in everyday life, as well as for success in our increasingly technological workplace.[27]

Measure

The mean scores of children aged 15 based on the OECD-PISA Mathematics Literacy Scale.

Key findings

- In 2006, Irish children aged 15 achieved a mean score of 501.5 on the OECD-PISA Mathematics Literacy Scale *(see Table 42)*.
- The mean score for children in Ireland in 2006 was not significantly different from the mean score in 2003 (502.8).

Differences by gender, age and social class

- In 2006, boys in Ireland outperformed girls in mathematics, with a mean score of 507.3 compared to 495.8 *(see Table 42)*. Boys outperformed girls by a similar margin in 2003.
- In 2006, the mean mathematics score of children from the highest social class category was higher (532.8) than the mean of children from the medium or lowest social class categories (505.0 and 476.0 respectively). Achievement in mathematics was similarly related to social class in 2003.

Table 42: Mean score for children aged 15 based on OECD-PISA Mathematics Literacy Scale, by gender and social class (2003 and 2006)

	2003		2006	
	Mean	SE	Mean	SE
Total	**502.8**	**2.45**	**501.5**	**2.79**
Gender				
Boys	510.2	3.01	507.3	3.72
Girls	495.4	3.39	495.8	3.24
Social class				
High SES	535.7	3.46	532.8	3.37
Medium SES	506.1	2.50	505.0	2.57
Low SES	473.5	3.42	476.0	3.38

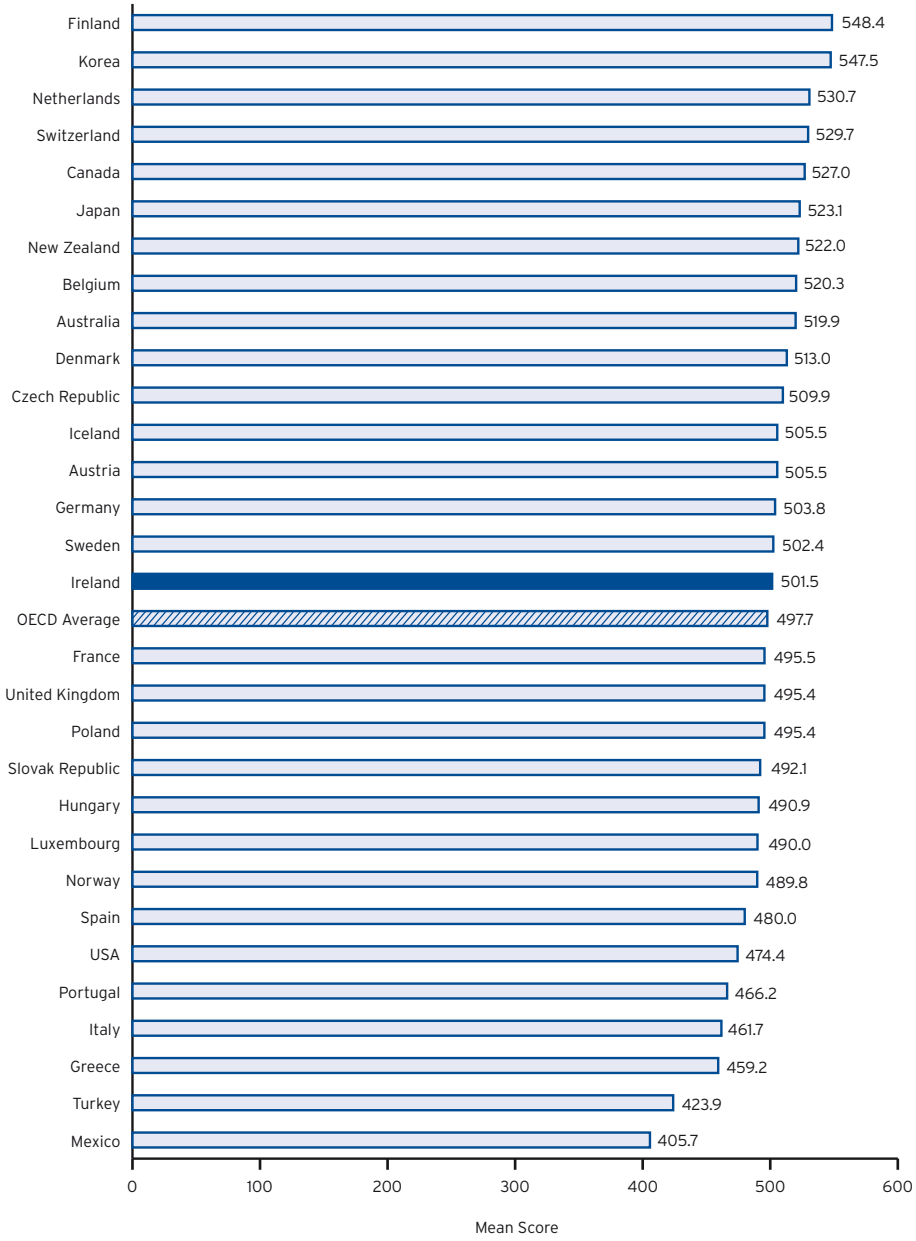
Source: PISA Survey

[27] See www.childtrendsdatabank.org

International comparisons

- In 2006, Ireland's mean score of 501 on the OECD-PISA Mathematics Literacy Scale was not significantly different from the OECD mean score of 498 *(see Figure 14)*.
- Mexico was the lowest-scoring OECD country on this indicator, while Finland achieved the highest mean score.
- In 2006, Ireland ranked 16th (true rank: 12th – 17th) in mathematical literacy among 30 participating OECD countries. Ireland's mean score was not significantly different from that of the Czech Republic, Iceland, Austria, Germany, Sweden, France, the United Kingdom or Poland.

Figure 14: Mean scores of children aged 15 based on OECD-PISA Mathematics Literacy Scale, by OECD country (2006)



Source: PISA Survey

Science

A solid base of scientific knowledge in primary and post-primary school can help to prepare students for situations requiring science in everyday life and provide them with tools for further study of science.[28]

Measure

The mean scores of children aged 15 based on the OECD-PISA Combined Scientific Literacy Scale.

Key findings

- In 2006, Irish children aged 15 achieved a mean score of 508.3 on the OECD-PISA Combined Scientific Literacy Scale *(see Table 43)*.
- The mean score of children in Ireland in 2006 was not significantly different from the mean score in 2003 (505.4).

Differences by gender, age and social class

- In contrast to reading and mathematics, boys and girls in Ireland in 2006 achieved almost identical mean scores in science, at 508.1 and 508.5 respectively *(see Table 43)*. Similarly in 2003, no significant difference was observed between boys and girls.
- As with reading and mathematics in 2006, children from the highest social class category achieved a higher mean score in science (542.3) than children in the medium or lowest social class categories (512.8 and 480.7 respectively). A similar pattern was observed in 2003.

Table 43: Mean score for children aged 15 based on OECD-PISA Combined Scientific Literacy scale, by gender and social class (2003 and 2006)

	2003		2006	
	Mean	SE	Mean	SE
Total	**505.4**	**2.69**	**508.3**	**3.19**
Gender				
Boys	506.4	3.08	508.1	4.33
Girls	504.4	3.88	508.5	3.31
Social class				
High SES	542.5	3.49	542.3	3.38
Medium SES	509.6	2.68	512.8	2.93
Low SES	470.8	4.11	480.7	4.09

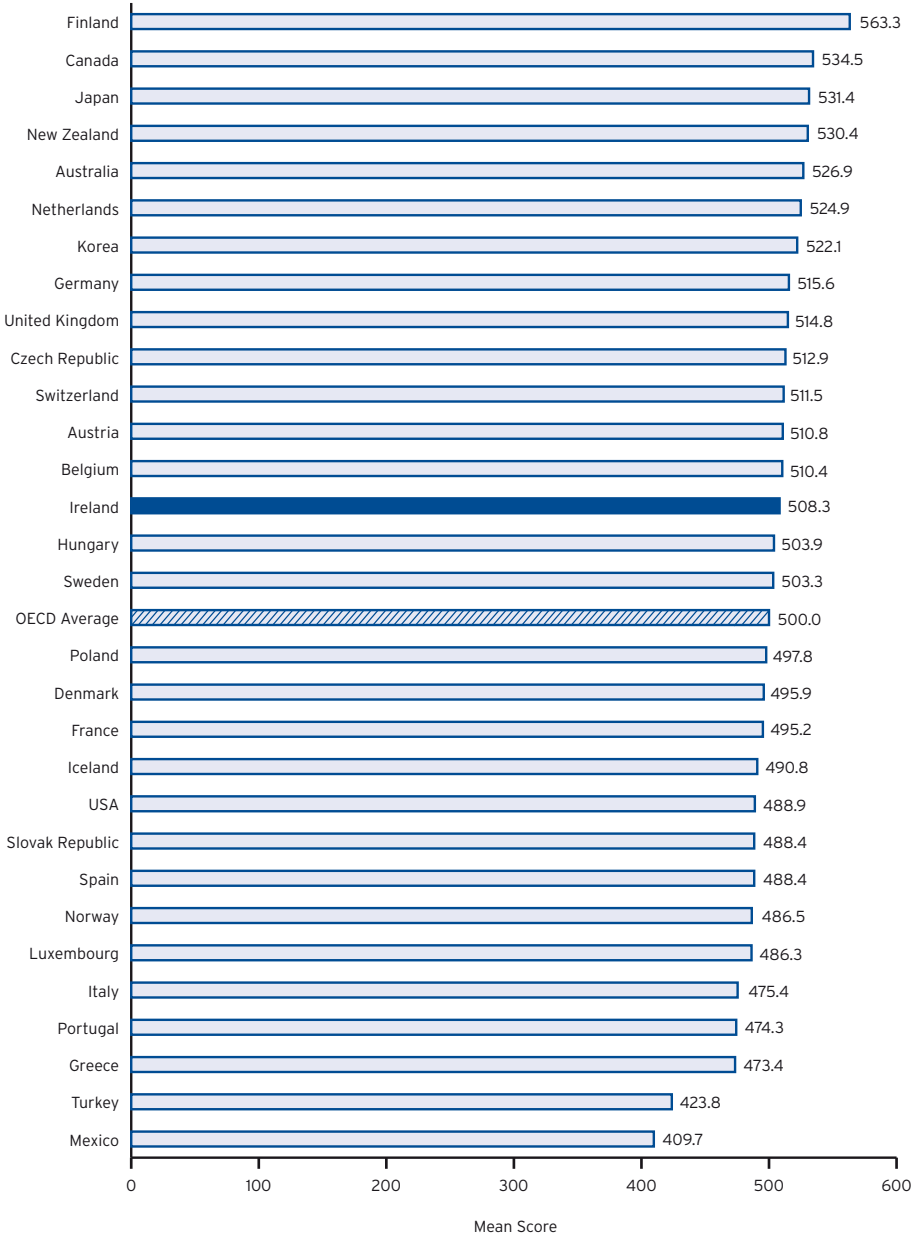
Source: PISA Survey

28 See www.childtrendsdatabank.org

International comparisons

- In 2006, Ireland's mean score of 508 on the OECD-PISA Combined Scientific Literacy Scale was significantly above the OECD mean score of 500 *(see Figure 15)*.
- Mexico was the lowest-scoring OECD country on this indicator, while the highest mean score was achieved by children in Finland.
- Ireland ranked 14th (true rank: 10th – 16th) in scientific literacy among the 30 participating OECD countries. Ireland's mean score was not significantly different from that of Germany, the United Kingdom, the Czech Republic, Switzerland, Austria, Belgium, Hungary or Sweden.

Figure 15: Mean scores of children aged 15 based on the OECD-PISA Combined Scientific Literacy Scale, by OECD country (2006)



Source: PISA Survey

Technical notes

In each assessment of 'literacy', the Programme for International Student Assessment (PISA) Survey includes the content or structure of knowledge, the processes that need to be performed and the situations in which skills and knowledge are applied. PISA data are explicitly designed to enable the comparison of skills between students in various countries, to serve as benchmarks for the education system and assist in understanding the relative strengths and weaknesses within countries.

Literacy and early school-leaving are intertwined in Irish policy: measures to tackle poor literacy levels encompass efforts to prevent early school-leaving and promote lifelong learning, including 'second-chance' education.

In 2006, science was a major assessment domain in PISA, meaning that it was comprehensively assessed using a large number of test items. Reading literacy and mathematical literacy were minor assessment domains.

USA reading data were removed from PISA 2006 due to an error in the test booklet pagination.

The figures referred to as the OECD 'mean score' refer to the OECD 'country average' – i.e. the average of the means of all the participating countries, not the average of the means of all the OECD students pooled together.

HEALTH OUTCOMES

BIRTH WEIGHT

Low birth weight is associated with a number of adverse health outcomes, including feeding problems, breathing difficulties, brain damage and infections.[29]

Measure

The percentage of babies born weighing less than 2,500 grams (live and still births).

Key findings

- In 2005, 78% (48,174) of all babies born were within the healthy birth weight category (2,500-4,000 grams); 16.7% (10,314) were in the high birth weight category (4,000+ grams); and 5.3% (3,296) were in the low birth weight category (under 2,500 grams) *(see Table 44)*. These percentages have been relatively stable over the years 2001-2005.

Table 44: Percentage of infants' birth weight groups (live and still births), by gender (2001-2005)

	2001			2002			2003			2004			2005		
	% Low	% Healthy	% High	% Low	% Healthy	% High	% Low	% Healthy	% High	% Low	% Healthy	% High	% Low	% Healthy	% High
Male	5.1	73.9	20.9	4.8	74.6	20.6	5.0	74.9	20.1	5.1	74.2	20.6	4.9	74.8	20.3
Female	5.9	80.9	13.2	5.7	81.1	13.1	5.8	81.0	13.3	5.5	81.2	13.3	5.8	81.3	12.9
Total	**5.5**	**77.3**	**17.1**	**5.3**	**77.8**	**16.9**	**5.4**	**77.8**	**16.8**	**5.3**	**77.5**	**17.1**	**5.3**	**78.0**	**16.7**

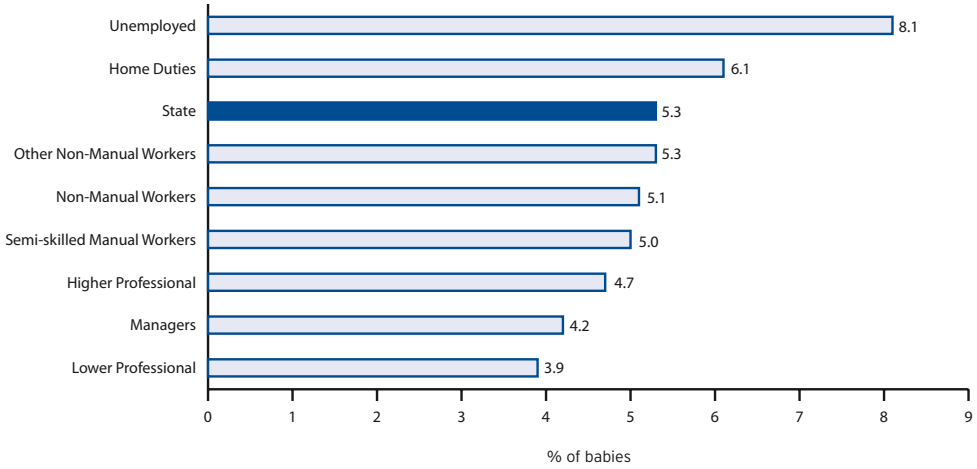
Source: National Perinatal Reporting System, ESRI

Differences by gender and social class

- In 2005, boys were less likely than girls to be born in the low birth weight category (4.9% and 5.8% respectively). This is a consistent trend since 2001.
- In 2005, the highest percentage of babies born in the low birth weight category were born to mothers in the 'unemployed' socio-economic group (8.1%) *(see Figure 16)*.

29 Institute of Public Health in Ireland (2005) *Inequalities in the occurrence of low birth weight babies in Ireland: A Discussion Paper.* Dublin: Institute of Public Health in Ireland.

Figure 16: Percentage of babies born weighing less than 2,500 grams (live and still births), by occupation of mother (2005)*



* Occupation categories where percentages are based on less than 100 births have been omitted in this figure (i.e. 'Unskilled Manual Workers', 'Other Agricultural Occupations and Fishermen', 'Farmers and Farm Managers', 'Skilled Manual Workers' and 'Salaried Employees').

Source: National Perinatal Reporting System, ESRI

Differences by geographical area

- In 2005, the highest percentage of babies born in the low birth weight category were born to mothers resident in Tipperary NR (7.1%), while the lowest percentage were born to mothers resident in Sligo (3.6%) *(see Table 45)*.

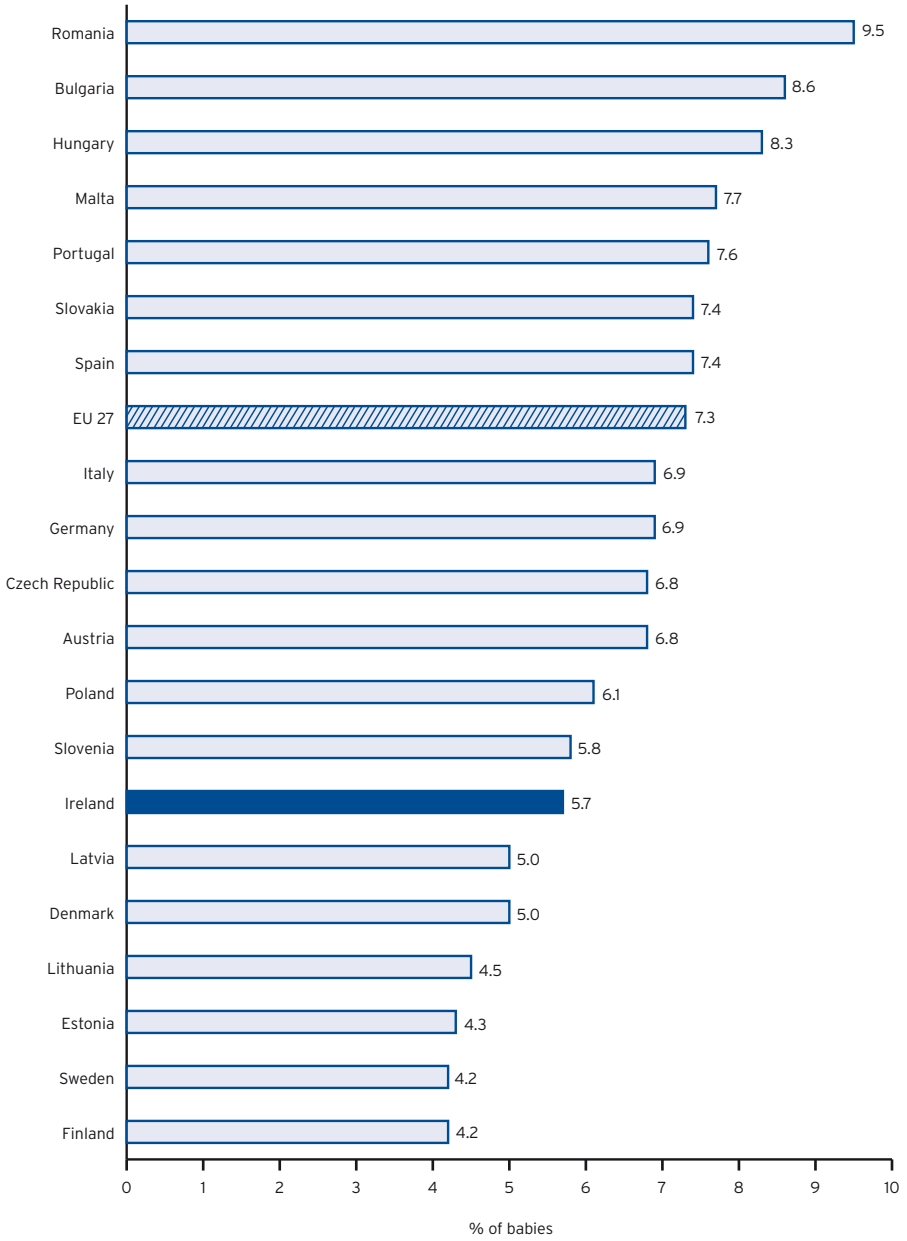
Table 45: Number and percentage of babies born weighing less than 2,500 grams (live and still births), by mother's county of residence (2005)		
County	**Number**	**%**
Tipperary NR	44	7.1
Leitrim	24	6.5
Offaly	65	6.5
Waterford	100	6.1
Carlow	48	5.9
Dublin	765	5.9
Louth	94	5.9
Meath	158	5.8
Kerry	101	5.8
Donegal	116	5.8
Limerick	144	5.6
Wexford	115	5.6
Tipperary SR	82	5.4
State	**3,296**	**5.3**
Westmeath	68	5.3
Galway	170	5.2
Cork	364	5.2
Kildare	165	5.1
Mayo	85	5.0
Longford	24	4.9
Cavan	39	4.5
Dublin County	204	4.5
Wicklow	83	4.4
Monaghan	32	4.4
Roscommon	28	4.2
Clare	68	4.2
Kilkenny	45	4.0
Laois	36	3.9
Sligo	27	3.6

Source: National Perinatal Reporting System, ESRI

International comparisons

- Calculating the percentage of babies born less than 2,500 grams in 2004, based on live births only for the purpose of international comparisons, the percentage of Irish babies born weighing less than 2,500 grams was 5.7% *(see Figure 17)*. This compares with the EU average of 7.3%.
- Among the 20 EU countries for which data are available, the lowest percentage for this indicator was found among Finnish babies (4.2%) and the highest among Romanian babies (9.5%).

Figure 17: Percentage of babies born weighing less than 2,500 grams (live), by country (2004)*



* Excludes Belgium, Cyprus, France, Greece, Luxembourg, the Netherlands and UK.

Source: European Health for All Database, WHO

Technical notes

The National Perinatal Reporting System (NPRS) dataset provides details of national statistics on perinatal events – live births and late foetal deaths (still births). Information on every birth that occurs either in hospital or at home is returned to the NPRS. The information collected includes data on pregnancy outcomes, with particular reference to perinatal mortality and important aspects of perinatal care. The period to which the information applies is from 22 weeks' gestation to the first week of life. In addition, descriptive social and biological characteristics of mothers giving birth and their babies are recorded. The Economic and Social Research Institute (ESRI) is contracted by the Department of Health and Children to manage the NPRS system.

The European Health for All Database (HFA-DB) is a central database of independent, comparable and up-to-date basic health statistics. It has been a key source of information on health in the European region since WHO-Europe launched it in the mid-1980s. It contains time series from 1970. The database is updated biannually and contains about 600 indicators for the 53 European WHO Member States. The indicators cover:

- basic demographics;
- health status (mortality, morbidity, maternal health and child health);
- health determinants (such as lifestyle and environment);
- healthcare (resources and utilisation).

BREASTFEEDING PRACTICE

Breastfed babies show better outcomes in neurological and cognitive development, and lower levels of infections, obesity and allergies than those who are not breastfed. The optimum research-based recommendation to maximise the health benefits of breastfeeding is exclusive breastfeeding for the first 6 months and continued breastfeeding thereafter in combination with nutritious complementary foods for up to 2 years of age or beyond.[30]

Measure

The percentage of infants who are (a) exclusively breastfed and (b) who are partially breastfed on discharge from hospital.

Key findings

- In 2005, the percentage of infants breastfed (exclusive or combined) on discharge from hospital was 47.5%; this includes 43.8% who were exclusively breastfed and a further 3.7% who were being fed using a combination of bottle and breastfeeding *(see Table 46)*.
- The percentage of infants who were breastfed continues to increase annually. In 2001, the percentage of infants breastfed (exclusively or combined) on discharge from hospital was 41.3%; this includes 38.8% who were exclusively breastfed and a further 2.5% who were being fed using a combination of bottle and breastfeeding.

Table 46: Percentage of infants who are breastfed, exclusively (exclus.) or combined (comb.) on discharge from hospital, by mothers' age groups (2001-2005)

	2001		2002		2003		2004		2005	
Age	**Exclus.**	**Comb.**	**Exclus.**	**Comb.**	**Exclus.**	**Comb.**	**Exclus.**	**Comb.**	**Exclus.**	**Comb.**
<15	8.3	0.0	20.0	0.0	21.4	0.0	20.0	0.0	33.3	0.0
15-19	18.1	1.7	19.5	1.4	19.5	1.8	20.1	2.4	22.1	2.3
20-24	27.1	2.1	30.4	2.1	30.6	2.7	29.7	2.5	32.4	2.9
25-29	36.9	2.7	39.6	3.5	40.3	4.0	41.0	3.6	41.9	3.8
30-34	43.8	2.6	44.8	2.8	44.6	3.9	45.5	3.5	47.4	3.9
35-39	46.3	2.8	47.7	2.7	46.9	3.3	48.8	3.3	49.2	3.7
40-44	45.4	2.6	47.7	2.6	47.0	3.8	49.5	3.4	51.0	4.1
>45	44.3	1.3	44.1	2.9	47.9	9.9	56.5	3.2	44.4	6.2
Age not stated	31.6	0.0	32.0	0.0	47.1	3.9	27.9	0.8	28.9	2.2
Total	**38.8**	**2.5**	**40.9**	**2.8**	**41.0**	**3.5**	**42.1**	**3.3**	**43.8**	**3.7**

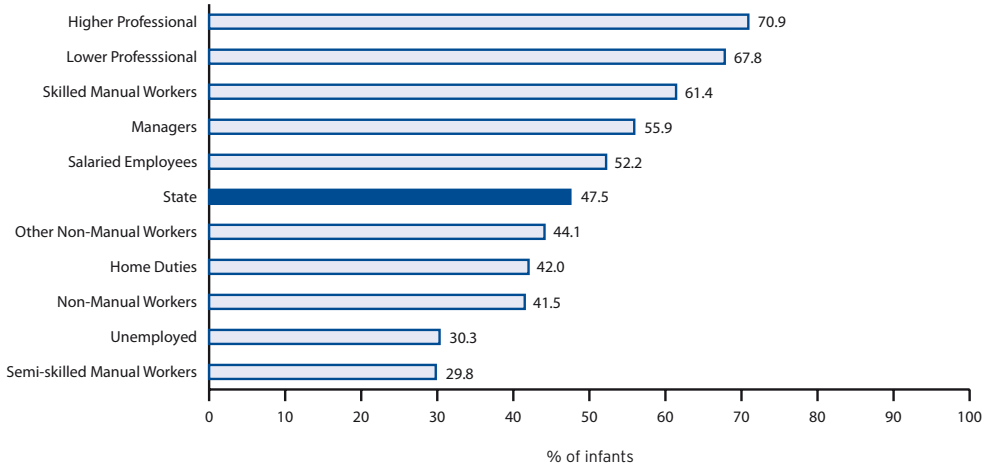
Source: National Perinatal Reporting System, ESRI

30 Department of Health and Children (2005) *Breastfeeding in Ireland: A Five-Year Strategic Action Plan*. Dublin: The Stationery Office.

Differences by age and social class

- Although 33.3% of mothers under 15 years exclusively breastfed in 2005, these numbers are likely to be very small. With the exception of those aged 45 and over, there is an increase in the percentage of mothers who exclusively breastfeed with each corresponding increase in age group, from 22.1% in those aged 15-19 to 51% in those aged 40-44 *(see Table 46)*.
- There are marked social class differences *(see Figure 18)*. A larger percentage of mothers in higher and lower professional groups (70.9% and 67.8% respectively) breastfeed compared with mothers who report to be semi-skilled manual workers or unemployed (29.8% and 30.3% respectively).

Figure 18: Percentage of infants who are breastfed (either exclusively or combined) on discharge from hospital, by mothers' occupation (2005)*



* Occupation categories where percentages are based on less than 100 births have been omitted from this figure (i.e. 'Unskilled Manual Workers', 'Other Agricultural Occupations and Fishermen' and 'Farmers and Farm Managers').

Source: National Perinatal Reporting System, ESRI

Differences by geographic location

- Geographic differences are also apparent. In 2005, the percentage of mothers exclusively breastfeeding their infants on discharge from hospital ranged from 54.9% in Dublin County to 27.8% in Donegal *(see Table 47)*.

Table 47: Mother's county of residence, by infant's type of feeding (2005)									
County	**Artificial**		**Breast**		**Combined**		**Not stated**		**Total**
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**
Carlow	491	60.1	318	38.9	6	0.7	2	0.2	817
Cavan	490	56.6	358	41.3	17	2.0	1	0.1	866
Clare	972	60.6	592	36.9	38	2.4	2	0.1	1,604
Cork	3,603	52.0	3,090	44.6	224	3.2	9	0.1	6,926
Donegal	1,263	63.8	551	27.8	161	8.1	5	0.3	1,980
Dublin	6,310	48.8	6,148	47.5	450	3.5	25	0.2	12,933
Dublin County	1,858	41.3	2,471	54.9	166	3.7	9	0.2	4,504
Galway	1,553	47.2	1,340	40.7	396	12.0	1	0.0	3,290
Kerry	903	52.1	766	44.2	63	3.6	3	0.2	1,735
Kildare	1,591	49.7	1,497	46.8	106	3.3	5	0.2	3,199
Kilkenny	565	50.8	545	49.0	3	0.3	0	0.0	1,113
Laois	480	51.7	421	45.4	27	2.9	0	0.0	928
Leitrim	203	55.2	145	39.4	18	4.9	2	0.5	368
Limerick	1,760	68.3	776	30.1	36	1.4	4	0.2	2,576
Longford	262	53.3	214	43.5	15	3.1	1	0.2	492
Louth	839	52.7	700	44.0	50	3.1	3	0.2	1,592
Mayo	909	53.1	709	41.4	91	5.3	4	0.2	1,713
Meath	1,351	49.6	1,284	47.1	82	3.0	7	0.3	2,724
Monaghan	400	55.6	297	41.3	22	3.1	1	0.1	720
Offaly	571	57.0	421	42.0	10	1.0	0	0.0	1,002
Roscommon	349	52.6	296	44.7	18	2.7	0	0.0	663
Sligo	458	61.2	247	33.0	41	5.5	3	0.4	749
Tipperary NR	393	63.9	215	35.0	5	0.8	2	0.3	615
Tipperary SR	924	60.8	582	38.3	10	0.7	5	0.3	1,521
Waterford	851	52.3	747	45.9	27	1.7	2	0.1	1,627
Westmeath	672	52.8	585	46.0	13	1.0	3	0.2	1,273
Wexford	1,217	59.9	701	34.5	108	5.3	6	0.3	2,032
Wicklow	946	49.7	906	47.6	46	2.4	4	0.2	1,902
Other	4	36.4	6	54.6	1	9.1	0	0.0	11
Not stated	4	80.0	1	20.0	0	0.0	0	0.0	5
Total	**32,192**	**52.4**	**26,929**	**43.8**	**2,250**	**3.6**	**109**	**0.18**	**61,480**

Source: National Perinatal Reporting System, ESRI

Technical notes

The National Perinatal Reporting System (NPRS) dataset provides details of national statistics on perinatal events (live births, late foetal deaths or still births). Information on every birth that occurs either in hospital or at home is returned to the NPRS. The information collected includes data on pregnancy outcomes, with particular reference to perinatal mortality and important aspects of perinatal care. The period to which the information applies is from 22 weeks' gestation to the first week of life. In addition, descriptive social and biological characteristics of mothers giving birth and their babies are recorded. The Economic and Social Research Institute (ESRI) is contracted by the Department of Health and Children to manage the NPRS system.

Data on 'type of feeding' provide important information on breastfeeding rates in Ireland. Type of feeding is recorded as either (1) artificial, (2) breast or (3) combined. The NPRS applies the WHO definition for exclusive breastfeeding to (2) above. Hospitals are requested to record the type of feeding at discharge (at approximately 3-4 days) from hospital.

CHRONIC HEALTH CONDITIONS AND HOSPITALISATION

Being in hospital can be a distressing and difficult situation for children, losing contact with friends and siblings, missing home and schooling, and losing freedom and privacy[31], as well as financial strain on the family[32].

Measure

The principal conditions resulting in hospitalisation among children.

Key findings

- In 2007, there were 144,703 hospital discharges among children, aged 0-17 *(see Table 48)*.

Table 48: Hospitalisation of children, by gender and age (2007)

Age	Boys	Girls	Total
<1 year	17,488	13,924	31,412
1-4 years	24,884	17,734	42,618
5-9 years	16,058	12,119	28,177
10-14 years	12,659	10,157	22,816
15-17 years	9,626	10,054	19,680
Total	**80,715**	**63,988**	**144,703**

Source: Hospital In-Patient Enquiry, ESRI

Differences by gender and age

Of these hospital discharges:

- 21.7% (31,412) were in the under-1-year age group; 29.5% (42,618) were in the 1-4 age group; 19.5% (28,177) were in the 5-9 age group; 15.8% (22,816) were in the 10-14 age group; and 13.6% (19,680) were in the 15-17 age group.
- 55.8% (80,715) were boys and 44.2% (63,988) were girls.

Differences by principal condition

- In 2007, 42.1% (60,977) of the hospital discharges were accounted for by diseases of the respiratory (13.7%) and digestive systems (8.9%), injury and poisoning (10.4%), and certain infectious and parasitic diseases (9.1%) *(see Table 49)*.

31 Coyne, I., Hayes, E., Gallagher, P. and Regan, G. (2006) *Giving Children a Voice: An investigation of children's experiences of participation in consultation and decision-making within the Irish healthcare setting*, National Children's Office. Dublin: The Stationery Office. Available at: www.childrensdatabase.ie OR www.omc.gov.ie

32 Fitzgerald, E. (2004) *Sick Children, Money Worries: The financial cost of a child in hospital.* Dublin: Children in Hospital Ireland.

Table 49: Hospitalisation of children, by principal diagnosis and age (2007)

	<1 year		1-4 years		5-9 years		10-14 years		15-17 years		Total	
Conditions	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Diseases of the respiratory system	4,571	14.6	8,160	19.1	3,668	13.0	1,914	8.4	1,577	8.0	19,890	13.7
Injury, poisoning and certain other consequences of external causes	895	2.8	4,235	9.9	3,629	12.9	3,454	15.1	2,887	14.7	15,100	10.4
Certain infectious and parasitic diseases	3,849	12.3	5,881	13.8	1,849	6.6	1,017	4.5	583	3.0	13,179	9.1
Diseases of the digestive system	1,320	4.2	2,481	5.8	3,983	14.1	2,876	12.6	2,148	10.9	12,808	8.9
Certain conditions originating in the perinatal period	9,099	29.0	38	0.1	3	0.0	1	0.0	0	0.0	9,141	6.3
Congenital malformations, deformations and chromosomal abnormalities	3,416	10.9	3,051	7.2	1,173	4.2	728	3.2	316	1.6	8,684	6.0
Diseases of the genito-urinary system	1,373	4.4	2,879	6.8	1,579	5.6	881	3.9	904	4.6	7,616	5.3
Neoplasms	210	0.7	1,752	4.1	1,608	5.7	1,315	5.8	1,153	5.9	6,038	4.2
Diseases of the ear and mastoid process	225	0.7	2,078	4.9	1,461	5.2	659	2.9	297	1.5	4,720	3.3
Diseases of the skin and subcutaneous tissue	358	1.1	714	1.7	503	1.8	1,093	4.8	1,425	7.2	4,093	2.8
Diseases of the musculoskeletal system and connective tissue	70	0.2	742	1.7	820	2.9	1,106	4.8	792	4.0	3,530	2.4
Endocrine, nutritional and metabolic diseases	345	1.1	625	1.5	803	2.8	1,044	4.6	528	2.7	3,345	2.3

continued

Table 49: *continued*

	<1 year		1-4 years		5-9 years		10-14 years		15-17 years		Total	
Conditions	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	195	0.6	1,090	2.6	937	3.3	631	2.8	388	2.0	3,241	2.2
Diseases of the nervous system	257	0.8	764	1.8	589	2.1	568	2.5	414	2.1	2,592	1.8
Diseases of the eye and adnexa	125	0.4	554	1.3	457	1.6	277	1.2	183	0.9	1,596	1.1
Pregnancy, childbirth and the puerperium	0	0.0	0	0.0	0	0.0	21	0.1	1,425	7.2	1,446	1.0
Diseases of the circulatory system	120	0.4	160	0.4	324	1.1	331	1.5	275	1.4	1,210	0.8
Mental and behavioural disorders	6	0.0	117	0.3	91	0.3	284	1.2	241	1.2	739	0.5
All other conditions and reasons for admission*	4,978	15.8	7,297	17.1	4,700	16.7	4,616	20.2	4,144	21.1	25,735	17.8
Total	**31,412**	**100.0**	**42,618**	**100.0**	**28,177**	**100.0**	**22,816**	**100.0**	**19,680**	**100.0**	**144,703**	**100.0**

* This category includes symptoms, signs and abnormal findings (not elsewhere classified) and factors influencing health status and contact with health services.

Source: Hospital In-Patient Enquiry, ESRI

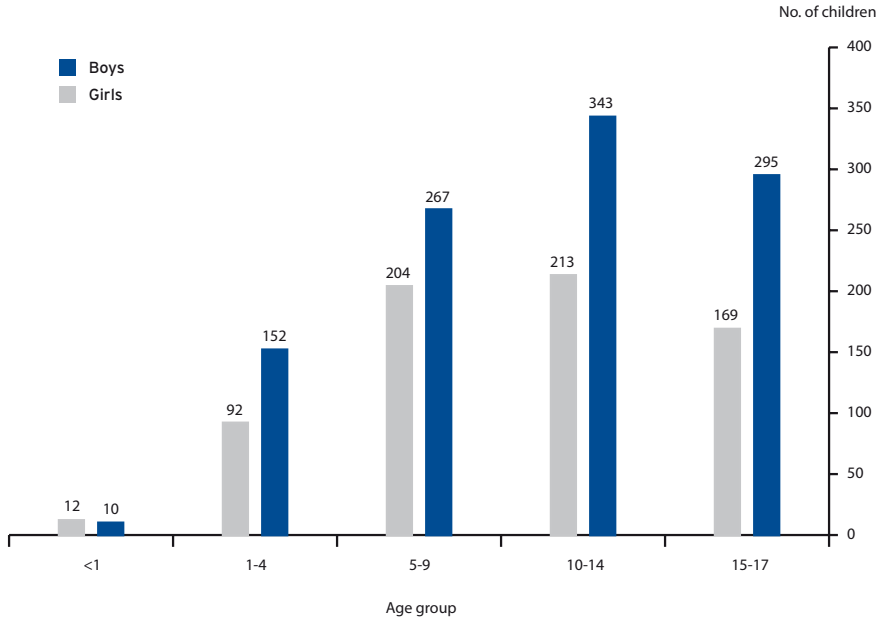
- The total number of hospital discharges among children aged 0-17 increased by 8,733 between 2003 and 2007 *(see Table 50)*.

Table 50: Hospitalisation of children, by age (2003-2007)

	2003		2004		2005		2006		2007	
Age	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
<1	26,840	19.7	29,288	20.8	30,283	21.3	31,687	21.7	31,412	21.7
1-4	39,382	29.0	40,419	28.8	42,154	29.6	43,662	29.9	42,618	29.5
5-9	26,736	19.7	28,776	20.5	28,079	19.7	28,717	19.6	28,177	19.5
10-14	23,803	17.5	23,295	16.6	23,564	16.6	23,396	16.0	22,816	15.8
15-17	19,209	14.1	18,750	13.3	18,165	12.8	18,725	12.8	19,680	13.6
Total	**135,970**	**100.0**	**140,528**	**100.0**	**142,245**	**100.0**	**146,187**	**100.0**	**144,703**	**100.0**

- 15,100 hospital discharges among children had a diagnosis of external cause of injury and poisoning. 62.7% (9,472) of these children were boys *(see Table 51)*.
- 39.5% and 11.6% hospital discharges among children had diagnoses of external cause of injury and poisoning arising from accidental falls and transport accidents respectively *(see Figure 19)*.
- 59.7% (271) hospital discharges with a diagnosis of external cause of injury arising from accidental poisonings were among children aged 1-4.
- 77.3% (272) hospital discharges with a diagnosis of external cause of injury arising from intentional self-harm were among children aged 15-17.

Figure 19: Hospitalisation of children with a diagnosis of external cause of injury arising from a transport accident, by age (2007)



Source: Hospital In-Patient Enquiry, ESRI

Table 51: Hospitalisation of children with a diagnosis of external causes of injury and poisoning, by gender and age (2007)

	<1 year			1-4 years			5-9 years			10-14 years			15-17 years			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Accidental falls	289	268	557	1,031	765	1,796	1,002	704	1,706	917	378	1,295	473	143	616	3,712	2,258	5,970
Accidents caused by objects*	44	33	77	537	378	915	403	237	640	392	139	531	317	58	375	1,693	845	2,538
Transport accidents	10	12	22	152	92	244	267	204	471	343	213	556	295	169	464	1,067	690	1,757
Drowning, submersion, other accidental threats to breathing and foreign bodies	17	16	33	130	126	256	117	80	197	43	16	59	18	8	26	325	246	571
Accident, not otherwise specified	11	10	21	45	20	65	36	30	66	83	23	106	224	45	269	399	128	527
Accidental poisoning	9	15	24	159	112	271	24	20	44	38	27	65	26	24	50	256	198	454
Intentional self-harm	0	0	0	0	0	0	0	0	0	19	61	80	74	198	272	93	259	352
Assault	6	8	14	7	2	9	7	1	8	60	9	69	190	25	215	270	45	315
Contact with heat or hot substances	23	22	45	118	88	206	9	16	25	5	3	8	1	4	5	156	133	289
Event of undetermined intent	3	3	6	5	5	10	3	2	5	11	25	36	23	25	48	45	60	105
Exposure to smoke, fire and flames	2	2	4	16	7	23	11	2	13	18	3	21	13	0	13	60	14	74
Other external causes of injury	48	38	86	272	149	421	265	171	436	397	180	577	363	151	514	1,345	689	2,034
External cause not reported	3	3	6	13	6	19	8	10	18	13	38	51	14	6	20	51	63	114
Total	**465**	**430**	**895**	**2,485**	**1,750**	**4,235**	**2,152**	**1,477**	**3,629**	**2,339**	**1,115**	**3,454**	**2,031**	**856**	**2,887**	**9,472**	**5,628**	**15,100**

* Accidents caused by objects include striking against or being struck accidentally by objects or persons; caught accidentally in or between objects; accidents caused by machinery; and accidents caused by cutting/piercing objects.

Note: 'External cause not reported' refers to discharges with a principal diagnosis of 'Injury and Poisoning' and for which an external cause of injury or poisoning was not recorded. The inclusion of this category ensures that the total reported corresponds with the data reported for 'Injury and Poisoning' in Table 51.

Source: Hospital In-Patient Enquiry, ESRI

- The number of hospital discharges among children with a diagnosis of external cause of injury and poisoning has fallen since 2005 *(see Table 52)*. In particular, there has been a marked decrease in external causes of injury and poisoning arising from transport accidents and intentional self-harm since 2005.

Table 52: Hospitalisation of children with a diagnosis of external causes of injury and poisoning (2005-2007)

	2005		2006		2007	
	No.	%	No.	%	No.	%
Accidental falls	6,107	40.0	6,067	40.7	5,970	39.5
Accidents caused by objects*	2,318	15.2	2,456	16.5	2,538	16.8
Transport accidents	1,944	12.7	1,770	11.9	1,757	11.6
Drowning, submersion, other accidental threats to breathing and foreign bodies	377	2.5	544	3.6	571	3.8
Accident, not otherwise specified	381	2.5	441	3.0	527	3.5
Accidental poisoning	503	3.3	427	2.9	454	3.0
Intentional self-harm	401	2.6	385	2.6	352	2.3
Assault	300	2.0	318	2.1	315	2.1
Contact with heat or hot substances	243	1.6	302	2.0	289	1.9
Event of undetermined intent	114	0.7	103	0.7	105	0.7
Exposure to smoke, fire and flames	64	0.4	113	0.8	74	0.5
Other external causes of injury	1,466	9.6	1,769	11.9	2,034	13.5
External cause not reported	1,038	6.8	210	1.4	114	0.8
Total	**15,256**	**100**	**14,905**	**100**	**15,100**	**100**

* Accidents caused by objects include striking against or being struck accidentally by objects or persons; caught accidentally in or between objects; accidents caused by machinery; and accidents caused by cutting/piercing objects.

Note: 'External cause not reported' refers to discharges with a principal diagnosis of 'Injury and Poisoning' and for which an external cause of injury or poisoning was not recorded. The inclusion of this category ensures that the total reported corresponds with the data reported for 'Injury and Poisoning' in Table 51.

Source: Hospital In-Patient Enquiry, ESRI

Technical notes

The Hospital In-Patient Enquiry (HIPE) system, which is managed by the Economic and Social Research Institute (ESRI), provides information on each hospital discharge. HIPE has covered close to 100% of the discharges from publicly funded acute hospitals in recent years.

HIPE data for 1994 to 2004 were classified using ICD-9-CM. All HIPE discharges from 2005 are now coded using ICD-10-AM (the Australian Modification of ICD-10 incorporating the Australian Classification of Health Interventions). This system includes significant changes in the classification of diagnoses and procedures. This means that it is not possible to directly compare the data published for 2005-2007 in this report to previously reported data for 1994-2004. For more information on the introduction of ICD-10-AM, see http://www.esri.ie/health_information/hipe/clinical_coding/icd10am/

Care must be taken not to use hospitalisation rates as a proxy for incidence or prevalence of ill-health in children. Rates are based on episodes of care such that an individual case will be counted separately in the statistics for each admission to hospital. In addition, hospital data will reflect changes in treatment protocols, as well as issues of access to care.

DISABILITY

People with disabilities face barriers in their participation as equal members of society and are at greater risk of violence, injury and abuse.[33]

Intellectual disability

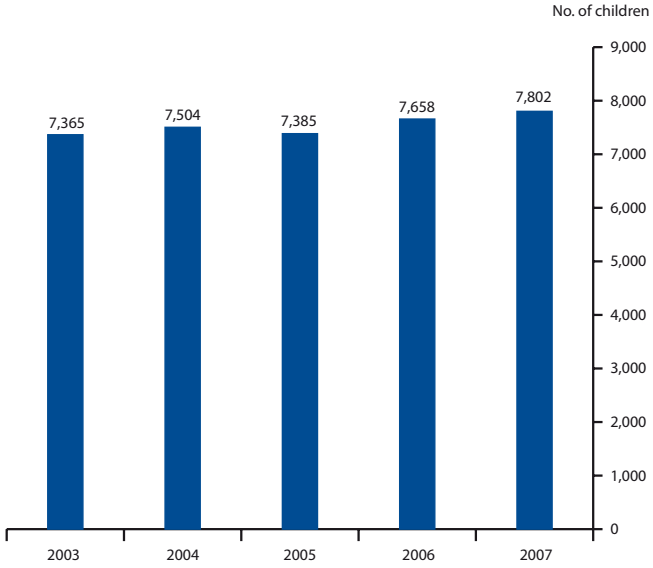
Measure

The number and percentage of children under 18 registered as having an intellectual disability.

Key findings

- In 2007, the number of children aged under 18 registered as having an intellectual disability was 7,802. *(see Figure 20)*.

Figure 20: Number of children registered as having an intellectual disability (2003-2007)



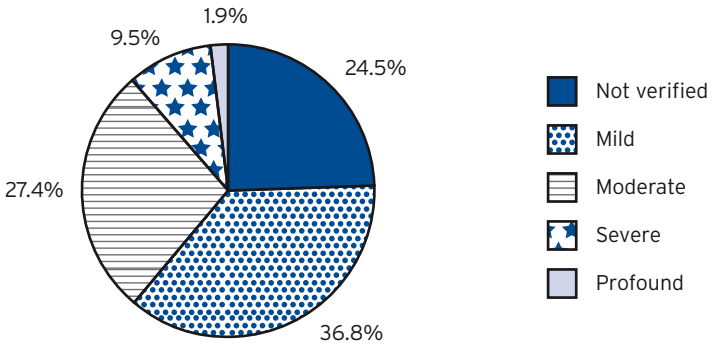
Source: National Intellectual Disability Database, Health Research Board

33 UN (2006) *Convention on the Rights of Persons with Disabilities.* Geneva: United Nations.

Differences by severity of disability, age and gender

- In 2007, 36.8% (2,870) of those registered on the National Intellectual Disability Database (NIDD) were identified as having a mild disability; 27.4% (2,134) as having a moderate disability; 9.5% (740) as having a severe disability; and 1.9% (147) as having a profound disability. The remaining 24.5% (1,911) were not verified (i.e. they did not have their level of intellectual disability confirmed) *(see Figure 21)*.

Figure 21: Percentage of children registered as having an intellectual disability, by severity of disability (2007)



Source: National Intellectual Disability Database, Health Research Board

- The number and rate of children registered as having an intellectual disability increases by age group *(see Table 53)*. In 2007, the rate of children registered as having an intellectual disability was 34.3 per 10,000 children aged 0-4 and this increased to 100.7 per 10,000 children aged 15-17.
- In 2007, 13.7% (1,071) of those registered on the NIDD were aged 0-4; 31.6% (2,468) were aged 5-9; 32.3% (2,519) were aged 10-14; and 22.4% (1,744) were aged 15-17.

Table 53: Number and rate (per 10,000) of children registered as having an intellectual disability, by age (2007)							
	Not verified	**Mild**	**Moderate**	**Severe**	**Profound**	**No.**	**Rate**
0-4 years	904	73	69	19	6	1,071	34.3
5-9 years	802	751	605	260	50	2,468	83.4
10-14 years	151	1,113	895	304	56	2,519	91.4
15-17 years	54	933	565	157	35	1,744	100.7
Total	**1,911**	**2,870**	**2,134**	**740**	**147**	**7,802**	**73.8**

Source: National Intellectual Disability Database, Health Research Board

- In 2007, the rate of children registered as having an intellectual disability varied according to gender, with 90.5 per 10,000 boys compared to 56.3 per 10,000 girls registered as having an intellectual disability *(see Table 54)*.
- Overall, 62.8% (4,898) of children registered on the NIDD were boys. The only category of intellectual disability in which more girls than boys were registered was in the 'profound' category.

Table 54: Number and rate (per 10,000) of children registered as having an intellectual disability, by gender (2007)							
	Not verified	**Mild**	**Moderate**	**Severe**	**Profound**	**No.**	**Rate**
Boys	1,242	1,819	1,332	436	69	4,898	90.5
Girls	669	1,051	802	304	78	2,904	56.3
Total	**1,911**	**2,870**	**2,134**	**740**	**147**	**7,802**	**73.8**

Source: National Intellectual Disability Database, Health Research Board

Differences by geographic location

- In 2007, 24.1% (1,884) of children registered as having an intellectual disability resided in Dublin, 10.5% (823) in Cork and 6.9% (537) in Galway *(see Table 55)*.
- There has been an increase in the number of children registered as having an intellectual disability since 2005, when the total number registered was 7,385. This increase, however, has not been consistent across all counties.

Table 55: Number of children registered as having an intellectual disability, by county (2003-2007)						
County	**2003**	**2004**	**2005**	**2006**	**2007**	
	No.	**No.**	**No.**	**No.**	**No.**	**%**
Carlow	136	142	143	148	148	1.9
Cavan	95	87	93	86	96	1.2
Clare	224	208	186	163	161	2.1
Cork	780	801	785	810	823	10.5
Donegal	284	254	261	251	261	3.3
Dublin	1,698	1,758	1,675	1,867	1,884	24.1
Galway	524	529	531	511	537	6.9
Kerry	280	287	303	302	291	3.7
Kildare	278	292	285	344	372	4.8
Kilkenny	186	166	154	153	166	2.1
Laois	135	138	139	145	133	1.7
Leitrim	57	63	66	73	82	1.1
Limerick	362	360	334	304	280	3.6
Longford	37	44	45	53	57	0.7
Louth	222	225	219	230	237	3
Mayo	232	229	238	247	259	3.3
Meath	229	234	226	213	210	2.7
Monaghan	74	74	78	77	75	1
Offaly	113	109	125	122	119	1.5
Other (incl. NI)	<5	<5	9	10	8	0.1
Roscommon	125	137	144	148	154	2
Sligo	150	155	138	127	140	1.8
Tipperary NR	115	119	112	104	101	1.3
Tipperary SR	215	196	207	219	245	3.1
Waterford	193	179	177	154	150	1.9
Westmeath	135	152	161	182	201	2.6
Wexford	267	276	279	286	291	3.7
Wicklow	215	286	272	329	321	4.1
State	**7,365**	**7,504**	**7,385**	**7,658**	**7,802**	**100.0**

Source: National Intellectual Disability Database, Health Research Board

Physical and/or sensory disability

Measure

The number and percentage of children under 18 registered as having a physical and/or sensory disability.

Key findings

- In 2007, the number of children registered as having a physical and/or sensory disability was 8,373 *(see Table 56)*.

Differences by type of disability, gender and age

- In 2007, 62.3% (5,213) of children under 18 registered as having a physical and/or sensory disability were boys and 37.7% (3,160) were girls *(see Table 56)*.
- In 2007, 8.3% (697) of children under 18 registered as having a physical and/or sensory disability were 0-4 years; 36.8% (3,081) were aged 5-9; 38.1% (3,189) were aged 10-14; and 16.8% (1,406) were aged 15-17.
- In 2007, 65.2% (5,463) of children registered as having a physical and/or sensory disability were registered as having a 'physical' disability.

Table 56: Number of children registered as having a physical or sensory disability, by gender and age (2007)								
	Boys	**Girls**	**0-4 years**	**5-9 years**	**10-14 years**	**15-17 years**	**Total No.**	**Total %**
Physical	3,398	2,065	329	1,821	2,297	1,016	5,463	65.2
Hearing loss/deafness	213	212	18	99	182	126	425	5.1
Visual	113	120	19	60	83	71	233	2.8
Physical and hearing loss/deafness	107	59	11	63	63	29	166	2.0
Physical and visual	97	73	21	55	52	42	170	2.0
Hearing loss/deafness and visual	5	12	0	4	9	4	17	0.2
Physical, hearing loss/ deafness and visual	21	19	0	16	19	5	40	0.5
'Primary Speech and Language'	794	327	147	638	289	47	1121	13.4
'Physical and Primary Speech and Language'	288	167	87	184	137	47	455	5.4
'Hearing and Primary Speech and Language'	65	46	23	54	24	10	111	1.3
'Visual and Primary Speech and Language'	14	8	2	16	4	0	22	0.3
'Physical and Hearing and Primary Speech and Language'	52	23	14	41	16	4	75	0.9
'Physical and Visual and Primary Speech and Language'	34	16	19	17	10	4	50	0.6
'Hearing and Visual and Primary Speech and Language'	3	5	2	4	2	0	8	0.1
'Physical and Hearing and Visual & Primary Speech and Language'	9	7	5	8	2	1	16	0.2
Refused	0	1	0	1	0	0	1	0.0
Total	**5,213**	**3,160**	**697**	**3,081**	**3,189**	**1,406**	**8,373**	**100.0**

Source: National Physical and Sensory Disability Database, Health Research Board

Differences by geographic location

- In 2007, 18.5% (1,546) of children registered as having a physical and/or sensory disability resided in the Cork area (Cork County and Cork Co. Borough); 17.2% (1,438) in the Dublin area (incorporating South Dublin, Dublin County Borough, Dun Laoghaire/Rathdown and Fingal); and 7.9% (665) in the Galway area (Galway County and Galway Co. Borough) *(see Table 57)*.
- The number of children under 18 registered as having a physical and/or sensory disability has increased from 6,412 in 2004 to 8,373 in 2007.

Table 57: Number of children registered as having a physical and/or sensory disability, by county (2004-2007)

County	2004		2005		2006		2007	
	No.	%	No.	%	No.	%	No.	%
Cork County	886	13.8	1,002	14.2	1,101	14.1	1,068	12.8
South Dublin	534	8.3	604	8.6	663	8.5	656	7.8
Galway County	263	4.1	361	5.1	358	4.6	536	6.4
Dublin Co. Borough	277	4.3	310	4.4	461	5.9	477	5.7
Cork Co. Borough	359	5.6	436	6.2	495	6.3	478	5.7
Mayo	371	5.8	418	5.9	402	5.1	478	5.7
Kildare	310	4.8	356	5.1	364	4.7	355	4.2
Kerry	268	4.2	325	4.6	322	4.1	322	3.8
Wicklow	23	0.4	26	0.4	243	3.1	304	3.6
Westmeath	188	2.9	202	2.9	253	3.2	274	3.3
Kilkenny	226	3.5	214	3	230	2.9	267	3.2
Clare	190	3	232	3.3	231	3	227	2.7
Limerick County	193	3	199	2.8	207	2.7	218	2.6
Donegal	248	3.9	234	3.3	218	2.8	220	2.6
Meath	236	3.7	229	3.3	214	2.7	199	2.4
Carlow	81	1	78	1	96	1.2	188	2.2
Dun Laoghaire/ Rathdown	<5	0.1	<5	0.1	97	1.2	182	2.2
Wexford	218	3.4	204	2.9	194	2.5	179	2.1
Louth	206	3.2	196	2.8	176	2.3	169	2
Roscommon	109	1.7	126	1.8	130	1.7	160	1.9
Tipperary SR	130	2	127	1.8	127	1.6	150	1.8
Offaly	156	2.4	151	2.1	160	2	140	1.7
Laois	141	2.2	152	2.2	146	1.9	138	1.6
Fingal	<5	<1.0	<5	<1.0	115	1.5	123	1.5

continued

Table 57: *continued*

County	2004		2005		2006		2007	
	No.	%	No.	%	No.	%	No.	%
Galway Co. Borough (Galway City)	79	1.2	99	1.4	95	1.2	129	1.5
Tipperary NR	87	1.4	104	1.5	101	1.3	109	1.3
Longford	71	1.1	70	1	76	1	94	1.1
Sligo	98	1.5	94	1.3	84	1.1	89	1.1
Cavan	79	1.2	101	1.4	92	1.2	89	1.1
Limerick Co. Borough (Limerick City)	83	1.3	92	1.3	86	1.1	87	1
Waterford County	100	2	96	1	90	1	86	1
Monaghan	74	1.2	85	1.2	82	1	77	0.9
Waterford Co. Borough (Waterford City)	79	1.2	70	1	67	0.9	65	0.8
Leitrim	42	0.7	39	0.6	35	0.4	40	0.5
Total	**6,412**	**100.0**	**7,039**	**100.0**	**7,811**	**100.0**	**8,373**	**100.0**

Source: National Physical and Sensory Disability Database, Health Research Board

Technical notes

The National Intellectual Disability Database (NIDD) was established in 1995 to provide a comprehensive and accurate information base for decision-making in relation to the planning, funding and management of services for people with an intellectual disability. Currently, there is approximately 95% coverage on the NIDD database.

The National Physical and Sensory Disability Database (NPSDD) was piloted in 2000/2001 and national implementation began in 2002 to provide a comprehensive and accurate information base for decision-making in relation to the planning, funding and management of services for people with a physical and/or sensory disability. Currently, there is approximately 65% coverage on the NPSDD database.

Participation in these databases is voluntary and only includes those in receipt of, or requiring, specialised disability services; therefore, they may not include all people living in Ireland who have a physical and/or sensory disability or an intellectual disability.

In general, where people with profound, severe or moderate intellectual disabilities also have physical or sensory disabilities, they are more appropriately registered on the NIDD and consequently are not included on the NPSDD. If a case is not as clear-cut as this, or a person has dual disability, the case is recorded and made known to the Disability Database Manager in the HSE.

ABUSE AND NEGLECT

Child abuse and neglect both undermine child well-being in childhood and increase vulnerability to a wide range of problems in later life[34], such as mental health problems, low self-esteem and difficulties with interpersonal relationships, including parenting[35, 36].

Measure

The number of children who had an initial assessment for child welfare and protection concerns.

Key findings

- In 2006, 12,520 children had an initial assessment for a child welfare and protection concern following a report to the Social Work Department in the Health Service Executive (HSE). This equates to an overall rate of 120.8 children per 10,000 *(see Table 58)*.
- The lowest number of assessments were carried out in HSE Dublin North-East (1,868) and the highest number of assessments in HSE Dublin Mid-Leinster (4,952).

Table 58: Number of reported cases that went to initial assessment for child welfare and protection concerns, by HSE Region (2006)

HSE Region	Total
Dublin Mid-Leinster	4,952
Dublin North-East	1,868
West	3,490
South	2,210
State	**12,520**
Rate per 10,000	**120.8**

Source: Childcare Interim Dataset, HSE

Differences by type of concern

- The highest number of reported cases that went to initial assessment for child welfare and protection concerns was for welfare cases (6,221 or 49.7%) and the lowest number was for cases of emotional abuse (1,100 or 8.8%) *(see Table 59 and Figure 22)*.

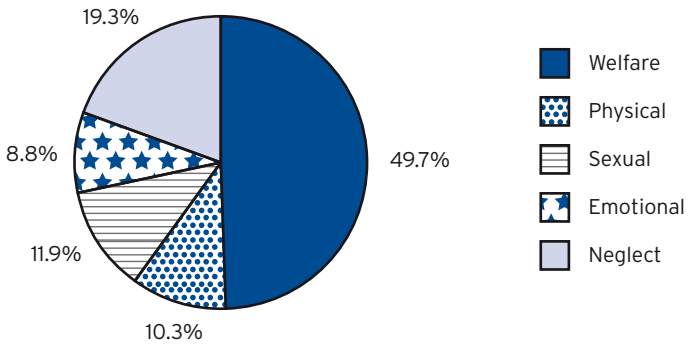
34 Hooper, C.A. (2002) 'Maltreatment of Children'. In: J. Bradshaw (ed.), *The Well-Being of Children in the UK*. York: Save the Children, pp. 103-21.
35 Ferguson, H. and McNamara, T. (eds.) (1996) *Protecting Irish Children: Investigation, Protection and Welfare*. Dublin: Institute of Public Administration.
36 Bifulco, A. and Moran, P. (1998) *Wednesday's Child: Research into women's experience of neglect and abuse in childhood, and adult depression*. London: Routledge Press.

Table 59: Number of reported cases that went to initial assessment for child welfare and protection concerns, by type of concern and HSE Region (2006)

HSE Region	Welfare	Physical abuse	Sexual abuse	Emotional abuse	Neglect	Total
Dublin Mid-Leinster	2,302	622	650	458	920	4,952
Dublin North-East	791	262	251	91	473	1,868
West	1,983	238	342	326	601	3,490
South	1,145	169	252	225	419	2,210
State	**6,221**	**1,291**	**1,495**	**1,100**	**2,413**	**12,520**
Rate per 10,000	**60.0**	**12.5**	**14.4**	**10.6**	**23.3**	**120.8**

Source: Childcare Interim Dataset, HSE

Figure 22: Percentage of reported cases that went to initial assessment for child welfare and protection concerns, by type of concern (2006)



Source: Childcare Interim Dataset, HSE

Technical notes

Some caution should be adopted when comparing across HSE Regions because of differences in the way in which cases are recorded. Work is currently taking place on the development of consistent approaches across the HSE Regions.

The number of children who had an initial assessment for child welfare and protection concerns is an important measure of the incidence of child abuse and neglect in Ireland. It should be noted, however, that these rates are affected by a number of factors other than the actual incidence of abuse and neglect, and some caution is thus required in drawing conclusions concerning the overall prevalence of abuse and neglect for the following reasons. First, some cases of abuse and neglect are never reported. Secondly, some incidents are reported more than once and several reports may relate to a single family. Thirdly, reports tend to increase for reasons unrelated to the actual prevalence of abuse and neglect, such as a highly publicised case or public awareness campaign.

SOCIAL, EMOTIONAL AND BEHAVIOURAL OUTCOMES

PARTICIPATION IN DECISION-MAKING

Effective student participation in school decision-making contributes to the improvement of school practices[37] and builds the confidence and self-esteem of students[38].

Participation in making the school rules

Measure

The percentage of children aged 9-17 who report students at their school participate in making the school rules.

Key findings

- In 2006, 22.5% of children aged 9-17 reported that students at their school participate in making the school rules *(see Table 60)*.

Differences by gender, age and social class

- The percentage of children who reported that students in their school participate in making the school rules is relatively stable across gender *(see Table 60)*.
- The percentage of children who reported that students in their school participate in making the school rules was higher among younger children and children from lower social classes:
  - 42.9% of children aged 9, compared to 15% aged 15-17;
  - 24.1% of children in SC 5-6, compared to 19.6% in SC 1-2.

37 Rafferty, S. (1997) *Giving Children a Voice – What Next? A study from one primary school.* Edinburgh: Scottish Council for Research in Education.

38 Doddington, C., Flutter, J. and Ruddock, J. (2000) 'Taking their Word for it: Can listening, and responding, to pupils' views give new directions for school improvement?', *Education*, Vol. 28, No. 3, pp. 46-51.

Table 60: Percentage of children who report that students at their school participate in making the school rules, by gender, age and social class (2002 and 2006)

	2002			2006		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Total	**25.0**	**22.4**	**23.5**	**21.9**	**23.1**	**22.5**
Age						
9 years	–	–	–	42.3	43.6	42.9
10-11 years	33.7	38.0	36.0	33.2	42.5	38.7
12-14 years	27.9	23.9	25.6	24.6	23.6	24.1
15-17 years	15.5	13.9	14.6	15.9	14.0	15.0
Social class						
SC 1-2	23.4	20.3	21.5	19.2	20.0	19.6
SC 3-4	26.5	21.3	23.5	21.8	22.8	22.3
SC 5-6	26.8	26.9	26.8	22.7	25.4	24.1

Source: HBSC Survey

Differences by geographic area

- Children in the Dublin region are more likely (28.1%) to report that students at their school participate in making the school rules, while children in the Mid-West region are least likely (17.2%) to report this *(see Table 61)*.

Table 61: Percentage of children who report that students at their school participate in making the school rules, by NUTS Region (2006)

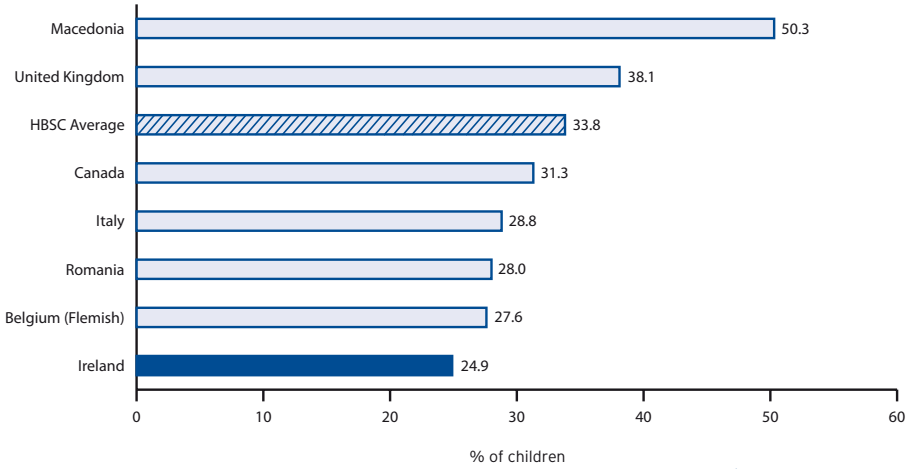
	2006
Border	21.5
Midlands	21.3
West	19.4
Dublin	28.1
Mid-East	19.4
Mid-West	17.2
South-East	20.0
South-West	24.1
Overall	**22.5**

Source: HBSC Survey

International comparisons

- From the 2006 HBSC Survey, using the ages of 11, 13, and 15 only to draw international comparisons, 24.9% of Irish children reported that students in their school participate in making the school rules *(see Figure 23)*. This compared with the HBSC average of 33.8%.
- Among the 7 countries and regions that used this HBSC item, the lowest percentage for this indicator was found among children from Ireland (24.9%) and the highest among children from Macedonia (50.3%). Overall, Irish children ranked 7th (last).
- Among the 14 countries and regions that used this HBSC item in 2002, Irish children ranked 13th (23.5%).

Figure 23: Percentage of children who report that students at their school participate in making the school rules, by country (2006)



Source: HBSC Survey

Technical notes

All data presented are drawn from self-report, self-completion questionnaires completed by children in schools. Thus, they are subject to potential biases in relation to self-presentation and memory. These measures may suffer from social desirability bias.

Percentage differences are presented for descriptive purposes only and may not reflect a statistically significant finding.

Social class (SC) is classified into one of the following groups (introduced in 1996 by the CSO), defined on the basis of occupation:

- SC I: Professional
- SC 2: Managerial
- SC 3: Non-manual
- SC 4: Skilled manual
- SC 5: Semi-skilled
- SC 6: Unskilled

NUTS is an acronym for the EU Nomenclature of Territorial Units for Statistics. This classification was legally established by EU Regulation No. 1059/2003 on 29 May 2003. In Ireland, NUTS is classified hierarchically as Level 1 – Ireland; Level 2 – Regions; and Level 3 – Regional Authorities. The 8 Regional Authorities in Ireland (NUTS 3 regions) were established under the Local Government Act, 1991 *(see Appendix 2)*.

READING AS A LEISURE ACTIVITY

Engagement in reading as a hobby bestows a range of benefits on children and adolescents.[39]

Measure

The percentage of children aged 15 who report that reading is one of their favourite hobbies.

Key findings

- In 2006, 42.6% of children aged 15 reported reading as one of their favourite hobbies *(see Table 62)*. This is higher than in 2000, when 35.7% reported this.

Table 62: Percentage of children aged 15 who report that reading is one of their favourite hobbies, by gender and social class (2000 and 2006)

	2000	2006
Total	**35.7**	**42.6**
Gender		
Boys	22.9	32.7
Girls	48.2	52.0
Social class		
High SES	40.7	50.0
Medium SES	35.0	41.8
Low SES	30.8	36.5

Source: PISA Survey

Differences by gender and social class

- In 2006, the percentage of children who reported reading as one of their favourite hobbies was higher among girls and among children from higher social classes *(see Table 62)*:
  - 52% of girls reported this, compared to 32.7% of boys;
  - 50% of children from the highest social class category reported this, compared to 41.8% and 36.5% from the medium and lowest social classes respectively.
- A larger percentage of boys in 2006 (32.7%) than in 2000 (22.9%) reported reading as one of their favourite hobbies and a marginally larger percentage of girls – 52% in 2006 and 48.2% in 2000.

39 OMC (2006) *State of the Nation's Children: Ireland 2006*, Office of the Minister for Children. Dublin: The Stationery Office. Available at: www.childrensdatabase.ie OR www.omc.gov.ie

Technical notes

These data are drawn from the PISA surveys of 2000 and 2006. All data presented are drawn from self-report, self-completion questionnaires completed by children in schools. Thus, they may be subject to bias in relation to self-presentation and memory. These measures may suffer from social desirability bias.

This item was only asked in Ireland for the PISA Survey in 2006 and accordingly there are no international data.

USE OF TOBACCO

Tobacco is the leading cause of preventable death in the world.[40]

Daily smoking

Measure

The percentage of children aged 9-17 who report smoking cigarettes every day.

Key findings

- In 2006, 8.5% of children aged 9-17 reported smoking cigarettes every day *(see Table 63)*.

Table 63: Percentage of children who report smoking cigarettes every day, by gender, age and social class (2002 and 2006)

	2002			2006		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Total	**9.3**	**10.4**	**10.0**	**8.3**	**8.8**	**8.5**
Age						
9 years	–	–	–	0.3	0.1	0.2
10-11 years	0.5	0.3	0.4	1.1	0.3	0.6
12-14 years	5.1	6.1	5.7	4.6	4.7	4.6
15-17 years	19.0	20.2	19.7	14.4	17.0	15.6
Social class						
SC 1-2	7.1	7.2	7.2	5.9	7.2	6.5
SC 3-4	7.7	10.7	9.5	7.7	9.3	8.5
SC 5-6	10.1	10.6	10.4	7.9	8.3	8.1

Source: HBSC Survey

Differences by gender, age and social class

- The percentage of children who reported smoking every day is relatively stable across gender *(see Table 63)*.
- The percentage of children who reported smoking every day was higher among older children and those from lower social classes:
  - 15.6% of children aged 15-17, compared to 0.2% of 9-year-olds, 0.6% of 10-11 year-olds and 4.6% of 12-14 year-olds;
  - 8.5% of children from SC 3-4 and 8.1% of children from SC 5-6, compared to 6.5% of children from SC 1-2.

40 WHO (2003) 'Neglected Global Epidemics: Three Growing Threats'. In: *World Health Report 2003: Shaping the Future*. Copenhagen: World Health Organization.

Differences by geographic area

- Children in the Midlands region are more likely (14.3%) to report smoking cigarettes every day, while children in the South-West region are least likely (6.3%) to report this *(see Table 64)*.

Table 64: Percentage of children who report smoking cigarettes every day, by NUTS Region (2006)

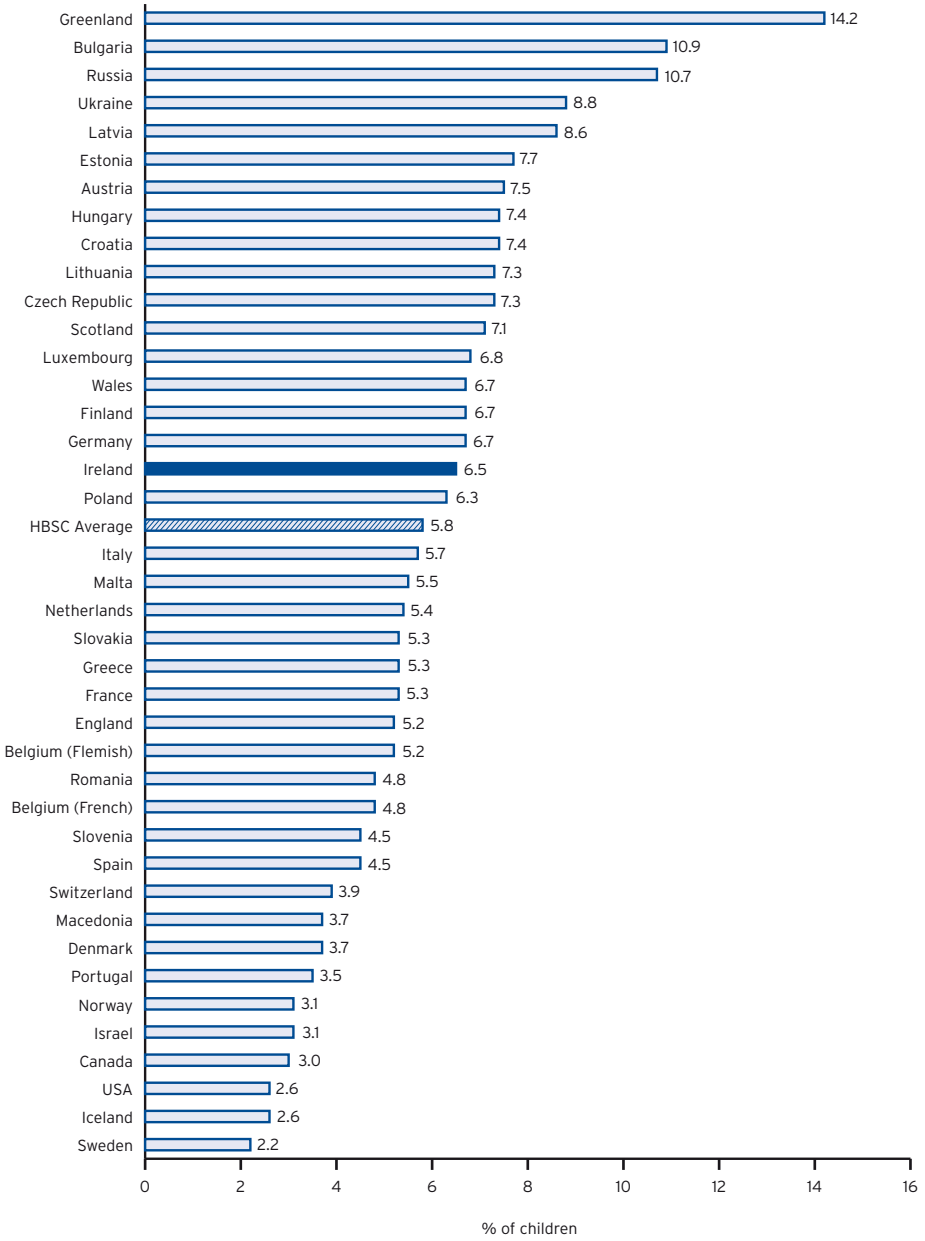
	2006
Border	6.8
Midlands	14.3
West	9.1
Dublin	9.8
Mid-East	9.2
Mid-West	7.8
South-East	8.5
South-West	6.3
Overall	**8.5**

Source: HBSC Survey

International comparisons

- From the 2006 HBSC Survey, using the ages of 11, 13 and 15 only to draw international comparisons, 6.5% of Irish children reported smoking cigarettes every day *(see Figure 24)*. This is higher than the HBSC average of 5.8%.
- Among all 40 countries and regions that used this HBSC item, the lowest percentage for this indicator was found among children from Sweden (2.2%) and the highest among children from Greenland (14.2%). Overall, Irish children ranked 17th.
- Among the 35 countries and regions that used this HBSC item in 2002, Irish children ranked 24th (6.7%).

Figure 24: Percentage of children who report smoking cigarettes every day, by country (2006)



Source: HBSC Survey

Weekly smoking

Measure

The percentage of children aged 9-17 who report smoking cigarettes every week.

Key findings

- In 2006, 11.7% of children aged 9-17 reported smoking cigarettes every week *(see Table 65)*.

Table 65: Percentage of children who report smoking cigarettes every week, by gender, age and social class (2002 and 2006)

	2002			2006		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Total	**12.7**	**13.9**	**13.4**	**11.3**	**12.2**	**11.7**
Age						
9 years	–	–	–	0.6	0.2	0.4
10-11 years	2.1	1.2	1.6	2.0	0.6	1.2
12-14 years	8.3	9.1	8.7	7.2	7.7	7.4
15-17 years	23.6	25.2	24.6	18.5	22.0	20.1
Social class						
SC 1-2	10.8	9.9	10.3	8.5	10.5	9.5
SC 3-4	11.7	14.6	13.4	10.8	12.6	11.7
SC 5-6	13.1	14.6	13.9	10.7	11.5	11.1

Source: HBSC Survey

Differences by gender, age and social class

- The percentage of children who reported smoking every week is relatively stable across gender *(see Table 65)*.
- The percentage of children who reported smoking every week was higher among older children and children in lower social classes:
  - 20.1% of children aged 15-17, compared to 0.4% of 9-year-olds, 1.2% of 10-11 year-olds and 7.4% of 12-14 year-olds;
  - 11.7% of children from SC 3-4 and 11.1% of children from SC 5-6, compared to 9.5% of children from SC 1-2.

Differences by geographic area

- Children in the Midlands region are more likely (19.5%) to report smoking cigarettes every week, while children in the South-West region are least likely (9.1%) to report this *(see Table 66)*.

Table 66: Percentage of children who report smoking cigarettes every week, by NUTS Region (2006)

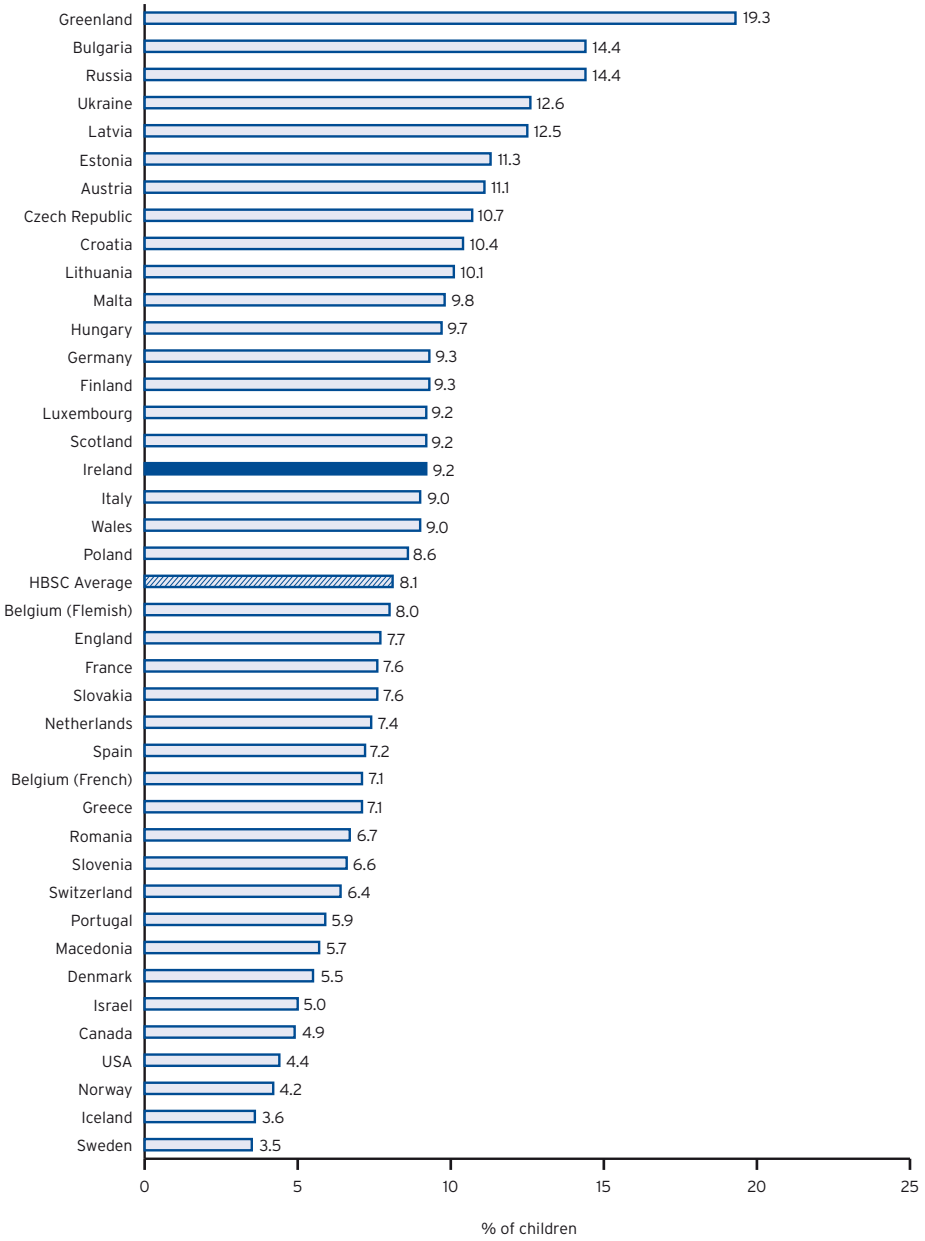
	2006
Border	9.4
Midlands	19.5
West	13.2
Dublin	12.7
Mid-East	11.0
Mid-West	11.7
South-East	11.9
South-West	9.1
Overall	**11.7**

Source: HBSC Survey

International comparisons

- From the 2006 HBSC Survey, using the ages of 11, 13 and 15 only to draw international comparisons, 9.2% of Irish children reported smoking cigarettes every week *(see Figure 25)*. This is above the HBSC average of 8.1%.
- Among all 40 countries and regions that used this HBSC item, the lowest percentage for this indicator was found among children from Sweden (3.5%) and the highest among children from Greenland (19.3%). Overall, Irish children ranked 17th.
- Among the 35 countries and regions that used this HBSC item in 2002, Irish children ranked 26th (9.4%).

Figure 25: Percentage of children who report smoking cigarettes every week, by country (2006)



Source: HBSC Survey

Technical notes

All data presented are drawn from self-report, self-completion questionnaires completed by children in schools. Thus, they are subject to potential biases in relation to self-presentation and memory. These measures may suffer from social desirability bias.

Percentage differences are presented for descriptive purposes only and may not reflect a statistically significant finding.

Social class (SC) is classified into one of the following groups (introduced in 1996 by the CSO), defined on the basis of occupation:

SC I: Professional
SC 2: Managerial
SC 3: Non-manual
SC 4: Skilled manual
SC 5: Semi-skilled
SC 6: Unskilled

NUTS is an acronym for the EU Nomenclature of Territorial Units for Statistics. This classification was legally established by EU Regulation No. 1059/2003 on 29 May 2003. In Ireland, NUTS is classified hierarchically as Level 1 – Ireland; Level 2 – Regions; and Level 3 – Regional Authorities. The 8 Regional Authorities in Ireland (NUTS 3 regions) were established under the Local Government Act, 1991 *(see Appendix 2).*

ALCOHOL USE

Problematic drinking behaviour can impair adolescents' psychological development and result in significant behavioural problems.[41]

Measure

The percentage of children aged 10-17 who report to have been drunk at least once in the last 30 days.

Key findings

- In 2006, 20.4% of children aged 10-17 reported that they had been drunk at least once in the last 30 days *(see Table 67)*.

Table 67: Percentage of children who report to have been drunk at least once in the last 30 days, by gender, age and social class (2006)

	Boys	Girls	Total
Total	**21.4**	**19.3**	**20.4**
Age			
10-11 years	2.7	1.2	1.8
12-14 years	10.8	9.7	10.3
15-17 years	38.3	37.7	38.0
Social class			
SC 1-2	20.2	18.5	19.4
SC 3-4	19.5	19.7	19.6
SC 5-6	21.2	18.4	19.8

Source: HBSC Survey

Differences by gender, age and social class

- The percentage of children who reported to have been drunk at least once in the last 30 days is relatively stable across social class *(see Table 67)*.
- The percentage of children aged 10-17 who reported to have been drunk at least once in the last 30 days is marginally higher among boys and older children:
  - 21.4% of boys, compared to 19.3% of girls;
  - 38% of children aged 15-17, compared to 10.3% of 12-14 year-olds and 1.8% of 10-11 year-olds.

41 Godeau, E., Ross, J., François, Y., Marshall, L., Maltby, J., Aszmann, A., Jensen, L., King, M., Nic Gabhainn, S., Rahav, G., Rasmussen, M., Terzidou, M. and Maka, Z. (2001) 'Focus Area Rationale: Risk Behaviour: Substance Use'. In: C. Currie, O. Samdal, W. Boyce and R. Smith (eds.), *Health Behaviour in School-aged Children: A World Health Organization Cross-National Study: Research Protocol for the 2001/02 Survey*. Edinburgh: Child and Adolescent Health Research Unit, University of Edinburgh.

Differences by geographic area

- Children in the Dublin region are more likely (27.4%) to report to have been drunk at least once in the last 30 days, while children in the South-West region are least likely (13%) to report this *(see Table 68)*.

Table 68: Percentage of children who report to have been drunk at least once in the last 30 days, by NUTS Region (2006)

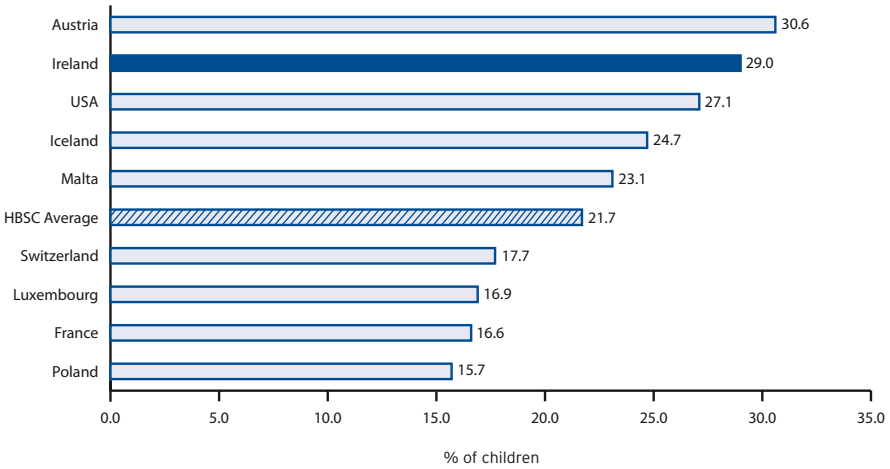
	2006
Border	17.8
Midlands	26.2
West	19.3
Dublin	27.4
Mid-East	19.3
Mid-West	18.0
South-East	22.0
South-West	13.0
Overall	**20.4**

Source: HBSC Survey

International comparisons

- From the 2006 HBSC Survey, using only those in the 15-year-old age group to draw international comparisons, 29.0% of Irish children reported that they had been drunk at least once in the last 30 days *(see Figure 26)*. This is above the HBSC average of 21.7%.
- Among the 9 countries and regions that used this HBSC item, the lowest percentage for this indicator was found among children from Poland (15.7%) and the highest among children from Austria (30.6%). Overall, Irish children ranked 2nd highest.

Figure 26: Percentage of children aged 15 who report to have been drunk at least once in the last 30 days, by country (2006)



Source: HBSC Survey

Technical notes

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SC 4: Skilled manual
SC 5: Semi-skilled
SC 6: Unskilled

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DRUG USE

Problems associated with substance use cover a broad spectrum that include significant health consequences, social and family disruption, and economic issues.[42]

Measure

The proportion of children aged 10-17 who report having taken cannabis at least once in their lifetime.

Key findings

- In 2006, 15.7% of children aged 10-17 reported that they have used cannabis at least once in their lifetime *(see Table 69)*.

Table 69: Percentage of children who report having taken cannabis at least once in their lifetime, by gender, age and social class (2002 and 2006)

	2002			2006		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Total	**14.6**	**10.2**	**12.1**	**18.1**	**13.2**	**15.7**
Age						
10-11 years	1.4	0.3	0.8	1.5	0.1	0.7
12-14 years	6.7	4.0	5.2	10.1	6.4	8.3
15-17 years	32.3	21.7	25.9	31.3	26.4	29.0
Social class						
SC 1-2	14.2	9.3	11.3	16.6	12.1	14.5
SC 3-4	14.1	10.9	12.2	16.8	13.6	15.2
SC 5-6	15.8	12.2	13.4	17.5	13.1	15.2

Source: HBSC Survey

Differences by gender, age and social class

- The percentage of children who reported that they have used cannabis at least once in their lifetime is relatively stable across social class *(see Table 69)*.
- The percentage of children aged 10-17 who reported that they have used cannabis at least once in their lifetime is higher among boys and older children:
  - 18.1% of boys, compared to 13.2% of girls;
  - 29% of children aged 15-17, compared to 8.3% of 12-14 year-olds and 0.7% of 10-11 year-olds.

[42] Godeau, E., Ross, J., François, Y., Marshall, L., Maltby, J., Aszmann, A., Jensen, L., King, M., Nic Gabhainn, S., Rahav, G., Rasmussen, M., Terzidou, M. and Maka, Z. (2001) 'Focus Area Rationale: Risk Behaviour: Substance Use'. In: C. Currie, O. Samdal, W. Boyce and R. Smith (eds.), *Health Behaviour in School-aged Children: A World Health Organization Cross-National Study: Research Protocol for the 2001/02 Survey*. Edinburgh: Child and Adolescent Health Research Unit, University of Edinburgh.

Differences by geographic area

- Children in the Dublin region are more likely (20.3%) to report to have taken cannabis at least once in their lifetime, while children in the South-West region are least likely (11.9%) to report this *(see Table 70)*.

Table 70: Percentage of children who report having taken cannabis at least once in their lifetime, by NUTS Region (2006)

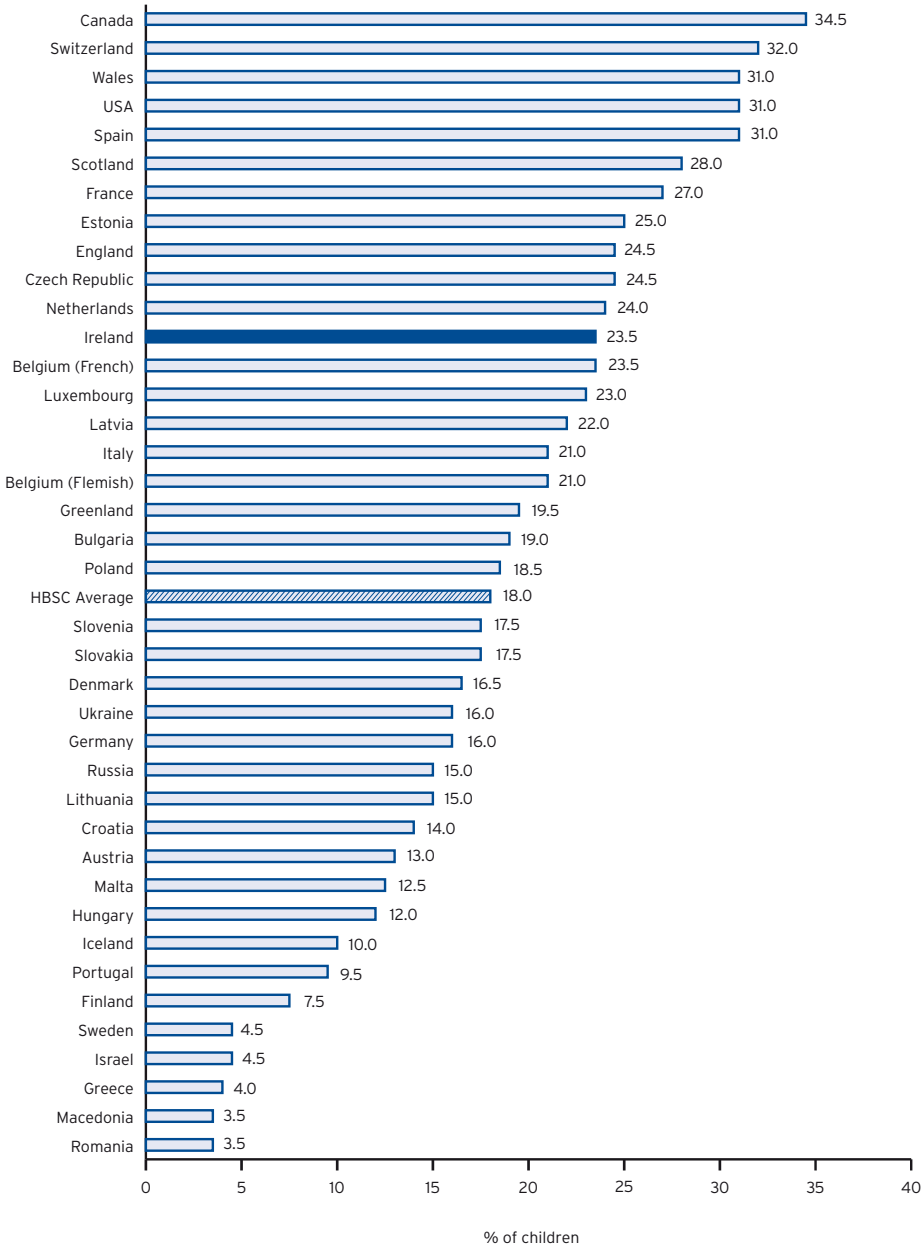
	2006
Border	12.9
Midlands	19.5
West	13.5
Dublin	20.3
Mid-East	16.7
Mid-West	16.1
South-East	15.9
South-West	11.9
Overall	**15.7**

Source: HBSC Survey

International comparisons

- From the 2006 HBSC Survey, using only those in the 15-year-old age group to draw international comparisons, 23.5% of Irish children reported having ever used cannabis in their lifetime *(see Figure 27)*. This is above the HBSC average of 18.0%.
- Among all 39 countries and regions that used this HBSC item, the lowest percentage for this indicator was found among children from Romania (3.5%) and the highest among children from Canada (34.5%), followed by Switzerland (32%). Overall, Irish children ranked 12th.

Figure 27: Percentage of children aged 15 who report having taken cannabis at least once in their lifetime, by country (2006)



Source: HBSC Survey

Technical notes

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SEXUAL HEALTH AND BEHAVIOUR

Teenage pregnancy is associated with an increased risk of poor social, economic and health outcomes for both mother and child.[43] Specific outcomes have been identified, including babies with a low birth weight; high infant mortality; high child mortality; high hospital admissions for children; high rates of post-natal depression; and low take-up of breastfeeding.[44]

Teenage pregnancy

Measure

The number of births to girls aged 10-17.

Key findings

- The number of babies born in Ireland in 2002 was 60,503 *(see Table 71)*. This increased to 64,237 in 2006. In contrast, the number of babies born to girls aged 10-17 has decreased, from 779 in 2002 to 577 in 2006 *(see Figure 28)*.

Table 71: Number and rate (per 100,000) of births among girls aged 15-17* (2002-2006)

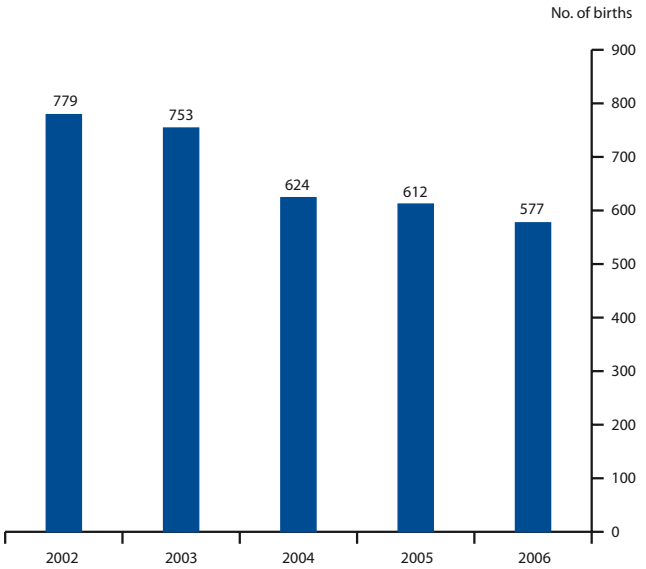
	2002		2003		2004		2005		2006	
Age	**No.**	**Rate**	**No.**	**Rate**	**No.**	**Rate**	**No.**	**Rate**	**No.**	**Rate**
15-17 years	779	864	753	849	624	722	612	724	577	690
18-24 years	10,726	4,753	10,453	4,603	10,082	4,438	9,547	4,189	10,130	4,442
25 and over	48,654	6,790	49,983	6,822	50,854	6,780	51,127	6,622	53,495	6,681
Age not stated	344	–	340	–	412	–	86	–	35	–
Total – all ages	**60,503**	**5,860**	**61,529**	**5,868**	**61,972**	**5,827**	**61,372**	**5,659**	**64,237**	**5,775**

* The number of births to females aged 15-17 includes a small number to mothers aged 10-14 years.

Source: Vital Statistics and Census Population Estimates, CSO

43 NHS Centre for Reviews and Dissemination (1997) 'Preventing and reducing the adverse effects of unintended teenage pregnancies', *Effective Health Care,* Vol. 3, No. 1, pp. 1-12.
44 Social Exclusion Unit (1999) *Teenage Pregnancy Report.* London: Social Exclusion Task Force.

Figure 28: Number of births among girls aged 10-17 (2002-2006)



Source: Vital Statistics and Census Population Estimates, CSO

- In 2006, the number of births to girls aged 10-17 represents 0.9% of the births to females of all age groups *(see Table 72)*.
- Births to girls aged 10-17 as a percentage of all births has shown a consistent decrease between 2002 (1.3%) and 2006 (0.9%).

Table 72: Births to girls aged 10-17 as a percentage of all births (2002-2006)	
2002	1.3
2003	1.2
2004	1.0
2005	1.0
2006	0.9

Source: Vital Statistics and Census Population Estimates, CSO

- There were 10 babies born to girls in the 10-14 age group in 2006.
- In 2006, just over one-third (34.7%) of births to girls aged 10-17 occurred in Dublin *(see Table 73)*.

Table 73: Number and proportion of births to mothers aged 10-17, by county (2006)			
County	**No. of births to 10-17 year-olds**	**No. of births to all ages**	**Births to 10-17 year-olds as % of total births**
Carlow	14	847	1.7
Clare	18	1,741	1.0
Cork	55	7,326	0.8
Donegal	20	2,067	1.0
Dublin	200	17,623	1.1
Galway	21	3,404	0.6
Kildare	32	3,405	0.9
Kilkenny	13	1,197	1.1
Laois	8	1,060	0.8
Limerick	31	2,736	1.1
Louth	12	1,703	0.7
Mayo	11	1,623	0.7
Meath	16	2,907	0.6
Monaghan	5	683	0.7
Offaly	8	1,102	0.7
Other counties	20	4,501	0.4
Sligo	9	843	1.1
Tipperary	17	2,121	0.8
Waterford	19	1,755	1.1
Westmeath	12	1,361	0.9
Wexford	19	2,120	0.9
Wicklow	17	2,112	0.8
Total	**577**	**64,237**	**0.9**

Source: Vital Statistics, CSO

Technical notes

Figures relate to registered live births and exclude stillborn babies. Population estimates are based on the de facto population present on Census night in any area. This includes visitors present on Census night as well as those in residence, while usual residents temporarily absent from the area are excluded from the Census count. The number of births in 2004 differs from the totals published in the last *State of the Nation's Children* report due to CSO revisions. The number of births to females aged 15-17 includes a small number of births to females aged 10-14. The denominator used to calculate the birth rate of females aged 15-17 is based on the population in that age group (rather than the population aged between 10-17).

SELF-ESTEEM

The role of self-esteem in well-being has been conceptualised primarily as a protective factor against high risk behaviour.[45]

Measure

The percentage of children aged 9-17 who report feeling happy 'always' or 'very often' with the way they are.

Key findings

- In 2006, 58.2% of children aged 9-17 reported feeling happy 'always' or 'very often' with the way they are *(see Table 74)*.

Table 74: Percentage of children who report feeling happy 'always' or 'very often' with the way they are, by gender, age and social class (2006)

	Boys	Girls	Total
Total	**62.9**	**53.1**	**58.2**
Age			
9 years	77.8	78.8	78.3
10-11 years	74.6	74.5	74.6
12-14 years	65.3	56.4	61.1
15-17 years	57.4	40.2	49.3
Social class			
SC 1-2	63.1	51.8	57.2
SC 3-4	63.2	53.1	58.2
SC 5-6	63.6	55.2	59.2

Source: HBSC Survey

Differences by gender, age and social class

- The percentage of children who reported that they feel happy 'always' or 'very often' with the way they are is relatively stable across social class *(see Table 74)*.
- The percentage of children who reported that they feel happy 'always' or 'very often' with the way they are was higher among boys and younger children:
  - 62.9% of boys, compared to 53.1% of girls;
  - 78.3% of children aged 9, compared to 49.3% of those aged 15-17.

45 OMC (2006) *State of the Nation's Children: Ireland 2006*, Office of the Minister for Children. Dublin: The Stationery Office. Available at: www.childrensdatabase.ie OR www.omc.gov.ie

Differences by geographic area

- Children in the South-West region are more likely (61.3%) to report feeling happy 'always' or 'very often' with the way they are, while children in the West region are least likely (55.4%) to report this *(see Table 75)*.

Table 75: Percentage of children who report feeling happy 'always' or 'very often' with the way they are, by NUTS Region (2006)

	2006
Border	60.0
Midlands	57.1
West	55.4
Dublin	58.0
Mid-East	58.0
Mid-West	54.0
South-East	58.3
South-West	61.3
Overall	**58.2**

Source: HBSC Survey

Technical notes

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No international data are available for comparative purposes.

SELF-REPORTED HAPPINESS

The subjective measurement of children and adolescents' health-related quality of life is valuable in public health policy and planning.[46]

Measure

The percentage of children aged 9-17 who report being happy with their lives at present.

Key findings

- In 2006, 90.8% of children aged 9-17 reported being happy with their lives at present *(see Table 76)*.

Table 76: Percentage of children who report being happy with their lives at present, by gender, age and social class (2002 and 2006)

	2002			2006		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Total	**91.2**	**88.3**	**89.5**	**92.4**	**89.1**	**90.8**
Age						
9 years	–	–	–	95.0	96.0	95.5
10-11 years	93.3	96.0	94.8	95.0	95.6	95.4
12-14 years	91.6	88.9	90.1	92.6	90.4	91.5
15-17 years	89.6	84.5	86.5	91.7	85.0	88.5
Social class						
SC 1-2	93.1	90.2	91.4	94.2	89.2	91.8
SC 3-4	92.4	88.4	90.1	93.0	89.7	91.4
SC 5-6	90.8	89.2	89.9	91.4	90.7	91.0

Source: HBSC Survey

Differences by gender, age and social class

- The percentage of children who reported being happy with their lives at present was relatively stable across social class *(see Table 76)*.
- The percentage of children who reported being happy with their lives at present was higher among boys and younger children:
  - 92.4% of boys, compared to 89.1% of girls;
  - 95.5% of children aged 9, compared to 88.5% of those aged 15-17.

46 OMC (2006) *State of the Nation's Children: Ireland 2006*, Office of the Minister for Children. Dublin: The Stationery Office. Available at: www.childrensdatabase.ie OR www.omc.gov.ie

Differences by geographic area

- Children in the South-East region are more likely (92.2%) to report being happy with their lives at present, while children in the Midlands region are least likely to report this (87.4%) *(see Table 77)*.

Table 77: Percentage of children who report being happy with their lives at present, by NUTS Region (2006)

	2006
Border	91.9
Midlands	87.4
West	89.7
Dublin	90.2
Mid-East	90.6
Mid-West	91.5
South-East	92.2
South-West	91.2
Overall	**90.8**

Source: HBSC Survey

Technical notes

All data presented are drawn from self-report, self-completion questionnaires completed by children in schools. Thus, they are subject to potential biases in relation to self-presentation and memory. These measures may suffer from social desirability bias.

Percentage differences are presented for descriptive purposes only and may not reflect a statistically significant finding.

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SC I: Professional
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SC 3: Non-manual
SC 4: Skilled manual
SC 5: Semi-skilled
SC 6: Unskilled

NUTS is an acronym for the EU Nomenclature of Territorial Units for Statistics. This classification was legally established by EU Regulation No. 1059/2003 on 29 May 2003. In Ireland, NUTS is classified hierarchically as Level 1 – Ireland; Level 2 – Regions; and Level 3 – Regional Authorities. The 8 Regional Authorities in Ireland (NUTS 3 regions) were established under the Local Government Act, 1991 *(see Appendix 2)*.

No international data are available for comparative purposes.

YOUTH SUICIDE

There is an increasing recognition that suicide and deliberate self-harm represent a significant and growing problem in many Western countries.[47]

Measure

The number and rate per 100,000 of suicide among children aged 10-17.

Key findings

- In 2006, suicide among children aged 10-17 accounted for 14 out of a total of 409 suicides in the State *(see Table 78)*.

Table 78: Number and rate (per 100,000) of suicides, by gender and age (2002-2006)

	10-17 years				18-24 years				Total all ages	
	Boys		Girls		Boys		Girls			
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
2002	10	10	5	6	81	35	12	5	478	12
2003	17	18	4	5	81	35	14	6	497	12
2004	16	18	2	2	73	32	7	3	493	11
2005	12	14	4	5	72	31	17	7	481	12
2006	10	11	4	5	63	27	17	7	409	10

Source: Vital Statistics, CSO

Differences by gender and age

- The suicide mortality rate among 10-17 year-olds was higher for boys than for girls *(see Table 78)*. In 2006, the suicide rate for boys aged 10-17 was 11 per 100,000, which was over twice the rate for girls (5 per 100,000).
- Overall, in 2006, suicide accounted for 14.7% of the total deaths in the 10-17 age group *(see Table 79)*. Suicide accounted for 17.5% of all deaths for boys aged 10-17 and for 10.5% of all deaths for girls aged 10-17.

47 WHO (2005) *The European Health Report 2005. Public Health Action for Healthier Children and Populations*. Copenhagen: World Health Organization.

Table 79: Suicides as a percentage of total deaths aged 10-17, by gender (2002-2006)					
	2002	2003	2004	2005	2006
Boys	13.2	26.6	26.7	17.9	17.5
Girls	10.4	14.3	6.9	11.1	10.5
Total	**12.1**	**22.8**	**20.2**	**12.6**	**14.7**

Source: Vital Statistics, CSO

Technical notes

Causes of deaths since 1979 have been classified using the 9th Revision of the International Classification of Diseases, Injuries and Causes of Death, as recommended by the World Health Organization.

The population figures used in the calculation of suicide rates per 100,000 people are based on the de facto population present on Census night in any area. This includes visitors present on Census night as well as those in residence, while usual residents temporarily absent from the area are excluded from the Census count.

The number of deaths for teenagers aged between 15-17 years includes a small number of deaths for 10-14 years. The denominator used to calculate the suicide rate for 15-17 year-olds is based on the population of that age group (rather than the population aged between 10-17).

PHYSICAL ACTIVITY

Regular participation in physical activities contributes to improved quality of life, both physical and psychological.[48] It is important among adolescents for social networking and support[49] and an important predictor of future levels of physical activity[50].

Measure

The percentage of children aged 9-17 who report being physically active for at least 60 minutes per day on more than 2 days per week.

Key findings

- In 2006, 90.4% of children aged 9-17 reported being physically active for at least 60 minutes per day on more than 2 days per week *(see Table 80)*.

Table 80: Percentage of children who report to be physically active for at least 60 minutes per day on more than 2 days per week, by gender, age and social class (2002 and 2006)

	2002			2006		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Total	**91.1**	**84.7**	**87.4**	**93.6**	**87.0**	**90.4**
Age						
9 years	–	–	–	96.9	96.9	96.9
10-11 years	92.0	87.8	89.7	97.9	96.7	97.1
12-14 years	91.8	87.6	89.4	96.2	92.6	94.4
15-17 years	89.8	80.2	84.1	90.1	76.1	83.6
Social class						
SC 1-2	93.7	87.1	89.7	94.5	86.0	90.4
SC 3-4	91.9	84.6	87.7	94.3	87.3	90.9
SC 5-6	89.9	83.4	86.3	93.8	87.5	90.5

Source: HBSC Survey

48 De Róiste, A. and Dinneen, J. (2005) *Young People's Views about Opportunities, Barriers and Supports to Recreation and Leisure*, National Children's Office. Dublin: The Stationery Office. Available at: www.childrensdatabase.ie OR www.omc.gov.ie

49 Hickman, M., Roberts, C. and Matos, M. (2000) 'Exercise and Leisure Time Activities'. In: C. Currie, K. Hurrelmann, W. Settertolute, R. Smith and J. Todd (eds.), *Health and Health Behaviour among Young People*. Copenhagen: WHO-Europe.

50 Biddle, S., Sallis, J. and Cavill, N. (1998) 'Policy framework for young people and health-enhancing physical activity'. In: S. Biddle, J. Sallis and N. Cavill (eds.), *Young and Active? Young people and health-enhancing physical activity: Evidence and Implications*. London: Health Education Authority.

Differences by gender, age and social class

- The percentage of children who reported being physically active for at least 60 minutes per day on more than 2 days per week was higher among boys and younger children *(see Table 80)*:
  - 93.6% of boys, compared to 87% of girls;
  - 96.9% of 9-year-olds and 97.1% of 10-11 year-olds, compared to 83.6% of 15-17 year-olds.
- Among girls aged 15-17, there is a decrease in the percentage reporting being physically active for at least 60 minutes per day on more than 2 days per week, from 80.2% in 2002 to 76.1% in 2006.

Differences by geographic area

- Children in the South-East region are more likely (92.4%) to report to be physically active for at least 60 minutes per day on more than 2 days per week, while children in the West region are least likely (88.8%) to report this *(see Table 81)*.

Table 81: Percentage of children who report to be physically active for at least 60 minutes per day on more than 2 days per week, by NUTS Region (2006)

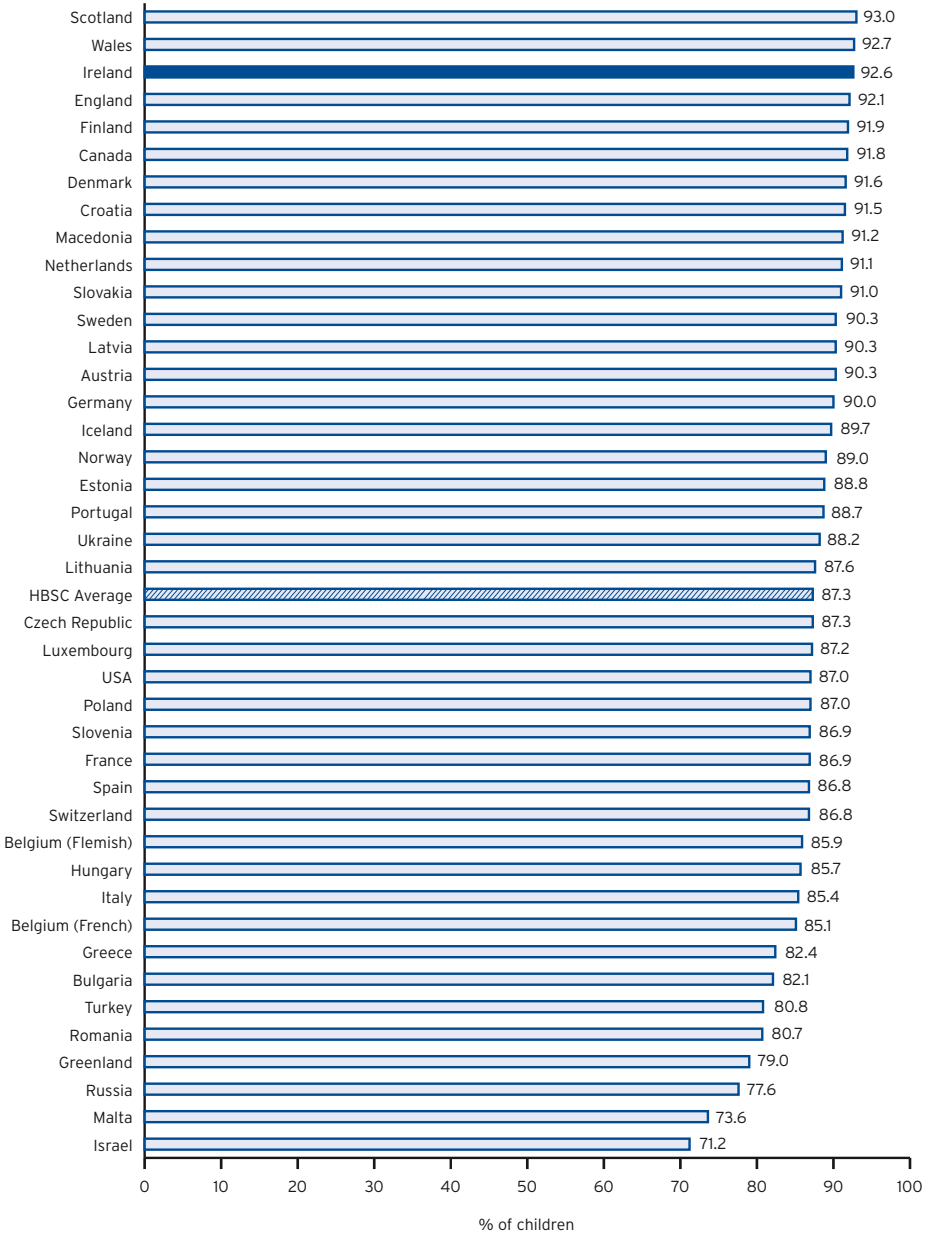
	2006
Border	89.0
Midlands	90.1
West	88.8
Dublin	90.0
Mid-East	90.0
Mid-West	89.9
South-East	92.4
South-West	91.8
Overall	**90.4**

Source: HBSC Survey

International comparisons

- From the 2006 HBSC Survey, using the ages of 11, 13, and 15 only to draw international comparisons, 92.6% of Irish children reported being physically active for at least 60 minutes per day on 2 or more days per week *(see Figure 29)*. This is higher than the HBSC average of 87.3%.
- Among all 41 countries and regions that used this HBSC item, the lowest percentage for this indicator was found among children from Israel (71.2%) and the highest among children from Scotland (93%). Overall, Irish children ranked 3rd.
- Among the 34 countries and regions that used this HBSC item in 2002, Irish children ranked 9th (89.7%).

Figure 29: Percentage of children who report being physically active for at least 60 minutes per day on more than 2 days per week, by country (2006)



Source: HBSC Survey

Measure

The percentage of children aged 9-17 who report being physically active for at least 60 minutes per day on more than 4 days per week.

Key findings

- In 2006, 54.8% of children aged 9-17 report being physically active for at least 60 minutes per day on more than 4 days per week *(see Table 82)*.

Table 82: Percentage of children who report to be physically active for at least 60 minutes per day on more than 4 days per week, by gender, age and social class (2002 and 2006)

	2002			2006		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Total	**57.5**	**39.9**	**47.4**	**63.4**	**45.9**	**54.8**
Age						
9 years	–	–	–	80.6	78.4	79.5
10-11 years	65.9	54.7	59.8	80.8	71.0	75.1
12-14 years	60.4	43.7	51.1	69.6	52.6	61.5
15-17 years	49.7	29.6	37.7	51.6	26.8	39.9
Social class						
SC 1-2	58.0	42.3	48.6	63.7	46.1	55.2
SC 3-4	59.5	39.3	48.0	64.1	44.1	54.3
SC 5-6	55.2	38.4	46.1	63.7	47.6	55.3

Source: HBSC Survey

Differences by gender, age and social class

- The percentage of children who reported being physically active for at least 60 minutes per day on more than 4 days per week is higher among boys and younger children *(see Table 82)*:
  - 63.4% of boys, compared to 45.9% of girls.
  - 79.5% of 9 year-olds and 75.1% of 10-12 year-olds, compared to 39.9% of 15 to 17 year-olds.

Differences by geographic area

- Children in the Mid-East region are more likely (58.4%) to report to be physically active for at least 60 minutes per day on more than 4 days per week, while children in the Border region are least likely (50.4%) to report this *(see Table 83)*.

Table 83: Percentage of children who report to be physically active for at least 60 minutes per day on more than 4 days per week, by NUTS Region (2006)

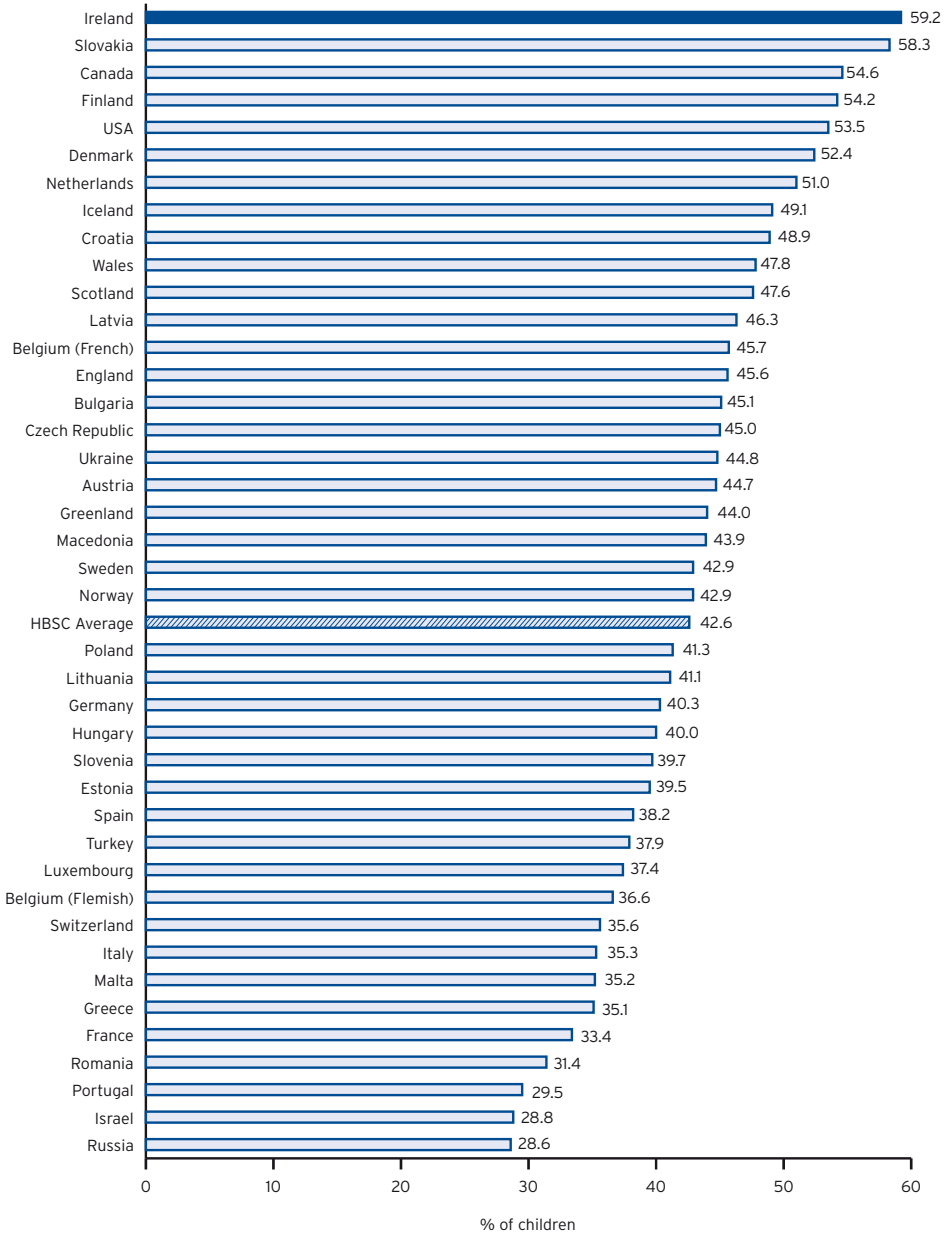
	2006
Border	50.4
Midlands	53.5
West	50.7
Dublin	56.1
Mid-East	58.4
Mid-West	52.6
South-East	58.0
South-West	53.9
Overall	**54.8**

Source: HBSC Survey

International comparisons

- From the 2006 HBSC Survey, using the ages of 11, 13 and 15 only to draw international comparisons, 59.2% of Irish children reported being physically active for at least 60 minutes per day on more than 4 days per week *(see Figure 30)*. This is higher than the HBSC average of 42.6%.
- Among all 41 countries and regions that used this HBSC item, the lowest percentage for this indicator was found among children from Russia (28.6%) and the highest among children from Ireland (59.2%). Overall, Irish children ranked 1st.
- Among the 34 countries and regions that used this HBSC item in 2002, Irish children ranked 2nd (50.7%).

Figure 30: Percentage of children who report being physically active for at least 60 minutes per day on more than 4 days per week, by country (2006)



Source: HBSC Survey

Technical notes

All data presented are drawn from self-report, self-completion questionnaires completed by children in schools. Thus, they are subject to potential biases in relation to self-presentation and memory. These measures may suffer from social desirability bias.

Percentage differences are presented for descriptive purposes only and may not reflect a statistically significant finding.

Social class (SC) is classified into one of the following groups (introduced in 1996 by the CSO), defined on the basis of occupation:

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NUTS is an acronym for the EU Nomenclature of Territorial Units for Statistics. This classification was legally established by EU Regulation No. 1059/2003 on 29 May 2003. In Ireland, NUTS is classified hierarchically as Level 1 – Ireland; Level 2 – Regions; and Level 3 – Regional Authorities. The 8 Regional Authorities in Ireland (NUTS 3 regions) were established under the Local Government Act, 1991 *(see Appendix 2)*.

YOUTH HOMELESSNESS

Homelessness among children and young people is one of the most significant forms of social exclusion.[51] Children and young people who are homeless are vulnerable to victimisation of all types.[52]

Measure

The number and rate per 100,000 children who appeared to the Health Service Executive (HSE) to be homeless.

Key findings

- In 2006, the total number of children who appeared to the HSE to be homeless was 449. This equates to an overall rate of youth homelessness of 43.3 children per 100,000 *(see Table 84)*.
- 32.1% (144) of children who appeared to the HSE to be homeless were in the HSE South region; 30.3% (136) were in HSE Dublin North-East; 24.1% (108) were in HSE Dublin Mid-Leinster; and the remaining 13.6% (61) were in HSE West.

Table 84: Number of children who appeared to HSE to be homeless, by HSE Region (2006)

HSE Region	Total
Dublin Mid-Leinster	108
Dublin North-East	136
West	61
South	144
State	**449**
Rate per 100,000	**43.3**

Source: Childcare Interim Dataset, HSE

Differences by gender and age

- 55% (247) of children who appeared to the HSE to be homeless were aged 16-17; 27.8% (125) were aged 14-15; 8% (36) were aged 12-13; and the remaining 9.1% (41) were less than 12 years-old *(see Table 85)*.

51 OMC (2006) *State of the Nation's Children: Ireland 2006*, Office of the Minister for Children. Dublin: The Stationery Office. Available at: www.childrensdatabase.ie OR www.omc.gov.ie

52 Mayock, P. and Vekić, K. (2006) *Understanding Youth Homelessness: Key findings from the first phase of a longitudinal cohort study*, Office of the Minister for Children. Dublin: The Stationery Office.

Table 85: Number of children who appeared to HSE to be homeless, by age and HSE Region (2006)					
HSE Region	**Under 12 years**	**12-13 years**	**14-15 years**	**16-17 years**	**Total**
Dublin Mid-Leinster	38	12	19	39	108
Dublin North-East	2	20	51	63	136
West	1	3	13	44	61
South	0	1	42	101	144
State	**41**	**36**	**125**	**247**	**449**

Source: Childcare Interim Dataset, HSE

- There were no significant differences between boys and girls *(see Table 86)* – 52.1% (234) of children who appeared to the HSE to be homeless were boys and 47.9% (215) were girls.

Table 86: Number of homeless children, by gender and HSE Region (2006)			
HSE Region	**Boys**	**Girls**	**Total**
Dublin Mid-Leinster	60	48	108
Dublin North-East	67	69	136
West	32	29	61
South	75	69	144
State	**234**	**215**	**449**

Source: Childcare Interim Dataset, HSE

Technical notes

The data used here are collated by the Health Service Executive (HSE) and therefore include only those children and young people who are known to the HSE. A 2002 study showed high levels of under-reporting of homelessness.[53]

[53] Williams, J. and Gorby, S. (2002) *Counted in 2002: The Report of the Assessment of Homelessness in Dublin*. Dublin: ESRI and Homeless Agency.

NUTRITIONAL HABITS

Part of having a healthy diet is having a regular breakfast.[54] Skipping breakfast has been linked to inadequate dietary intake, which, in turn, prevents children from taking full advantage of the learning opportunities provided in schools.[55, 56]

Measure

The percentage of children aged 9-17 who report eating breakfast on 5 or more days per week.

Key findings

- In 2006, 76% of children aged 9-17 reported eating breakfast on 5 or more days per week *(see Table 87)*.

Table 87: Percentage of children who report to eat breakfast 5 or more days per week, by gender, age and social class (2002 and 2006)

	2002			2006		
	Boys	Girls	Total	Boys	Girls	Total
Total	**81.4**	**74.3**	**77.3**	**79.1**	**72.9**	**76.0**
Age						
9 years	–	–	–	85.6	88.3	87.0
10-11 years	87.3	87.4	87.4	83.4	83.0	83.2
12-14 years	82.4	76.1	78.9	81.8	75.2	78.6
15-17 years	77.5	66.4	70.9	75.2	66.3	71.0
Social class						
SC 1-2	84.6	79.9	81.5	83.2	78.4	80.9
SC 3-4	79.8	71.8	75.3	79.7	71.1	75.7
SC 5-6	82.8	73.5	77.7	77.6	71.7	74.5

Source: HBSC Survey

Differences by gender, age and social class

- The percentage of children eating breakfast on 5 days or more per week is higher among boys, younger children and those in the higher social classes *(see Table 87)*:
  - 79.1% of boys, compared to 72.9% of girls;
  - 87% of children aged 9, compared to 71% of children aged 15-17;
  - 80.9% in SC 1-2, compared to 75.7% in SC 3-4 and 74.5% in SC 5-6.

54 Keski-Rahkonen, A., Viken, R.J., Kaprio, J., Rissanen, A. and Rose, R.J. (2004) 'Genetic and environmental factors in breakfast eating patterns', *Behaviour Genetics*, Vol. 34, No. 5, pp. 503-14.
55 Sampson, A.E., Dixit, S., Meyers, A.F. and Houser R. Jr. (1995) 'The nutritional impact of breakfast consumption on the diets of inner-city African-American elementary school children', *Journal of the National Medical Association*, Vol. 87, No. 3, pp. 195-202.
56 Nicklas, T.A., Bao, W., Webber, L.S. and Berenson, G.S. (1993) 'Breakfast consumption affects adequacy of total daily intake in children', *Journal of the American Dietetic Association*, Vol. 93, No. 8, pp. 886-91.

Differences by geographic area

- Children in the West region are more likely (78.8%) to report eating breakfast on 5 or more days per week, while children in the Midlands region are least likely (70.1%) to report this *(see Table 88)*.

Table 88: Percentage of children who report to eat breakfast 5 or more days per week, by NUTS Region (2006)

	2006
Border	77.7
Midlands	70.1
West	78.8
Dublin	73.5
Mid-East	74.6
Mid-West	77.5
South-East	76.0
South-West	77.2
Overall	**76.0**

Source: HBSC Survey

International comparisons

- From the 2006 HBSC Survey, using the ages of 11, 13 and 15 only to draw international comparisons, 78.2% of Irish children reported eating breakfast on 5 or more days per week *(see Figure 31)*. This is above the HBSC average of 72.2%.
- Among all 39 countries and regions that used this HBSC item, the lowest percentage for this indicator was found among Greek children (51.5%) and the highest among children from Portugal (87.8%). Overall, Irish children ranked 10th.
- Among the 32 countries and regions that used this HBSC item in 2002, Irish children ranked 14th (80.1%).

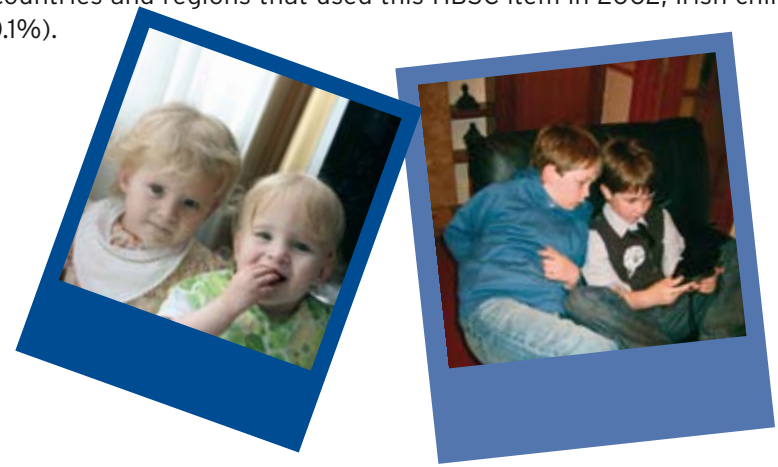
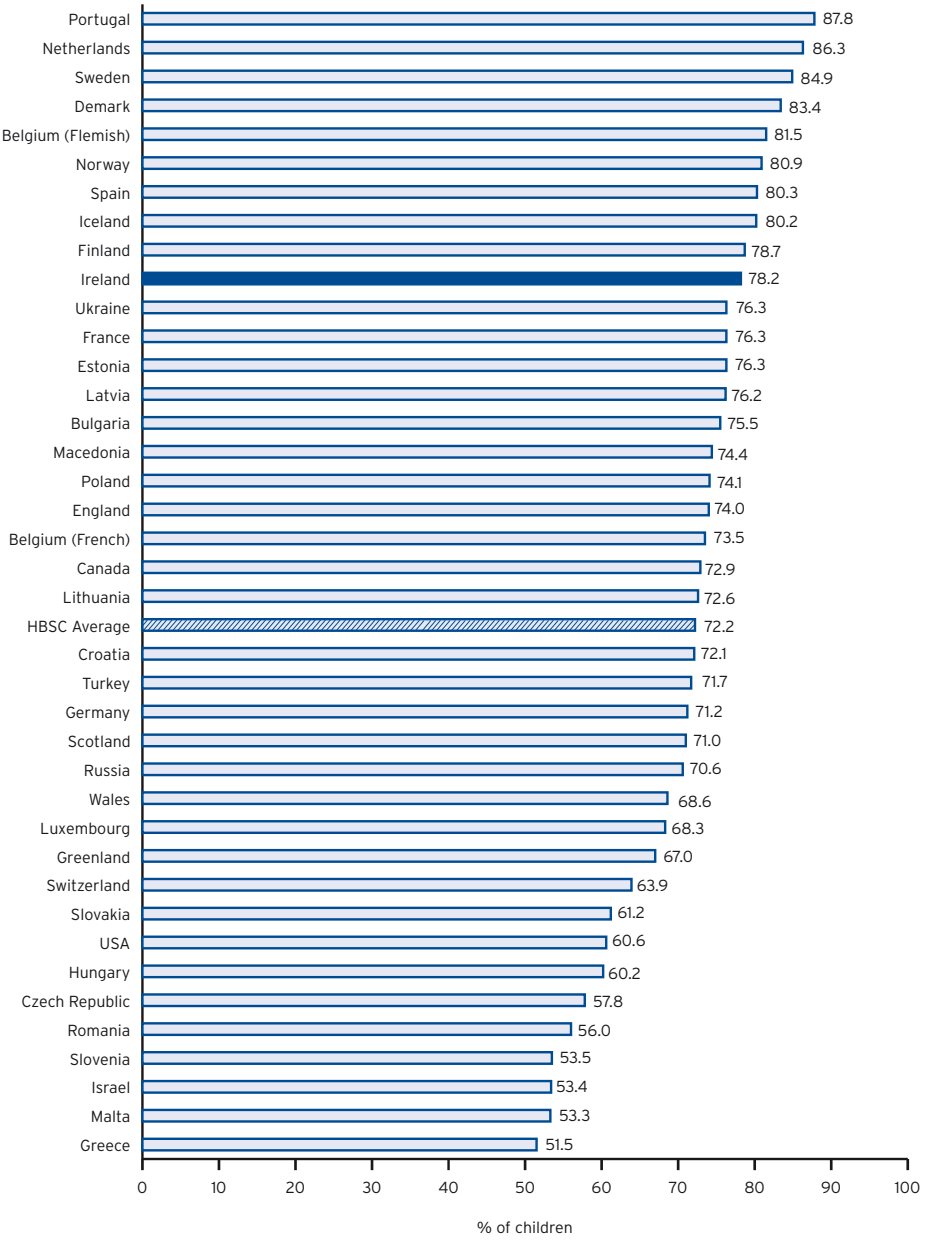


Figure 31: Percentage of children who report to eat breakfast on 5 or more days per week, by country (2006)



Source: HBSC Survey

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PART 4: FORMAL AND INFORMAL SUPPORTS

PUBLIC EXPENDITURE ON EDUCATION FOR CHILDREN AND YOUNG PEOPLE

Public spending plays a fundamental role in improving well-being and the amount of public expenditure for public services is frequently used to assess a country's effort to foster well-being.[57] Strong and dependable public services are vital to extend opportunity, tackle social exclusion and improve people's quality of life.[58]

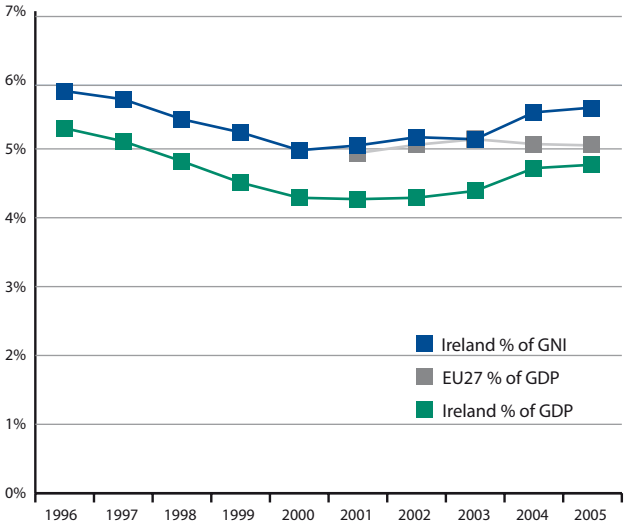
Measure

Public expenditure on education.

Key findings

- In 2005, Irish expenditure on education as a percentage of Gross National Income (GNI) was higher than the EU27 average of 5.1% of Gross Domestic Product (GDP), although Irish expenditure as a percentage of GDP was lower than the EU average *(see Figure 32)*.
- Public expenditure on education in Ireland decreased from 5.3% of GDP in 1996 to 4.8% of GDP in 2005. In terms of GNI, this represented a slight decrease, from a level of 5.8% in 1996 to 5.6% in 2005.

Figure 32: Public expenditure on education in Ireland and EU27 (1996-2005)



Source: Department of Education and Science; Eurostat

57 Sen, A. (1981) 'Public action and the quality of life in developing countries', *Oxford Bulletin of Economics and Statistics*, Vol. 43, No. 4, pp. 287-319.

58 Combat Poverty Agency (2006) *Submission to the NESF on improving the delivery of quality public services.* Dublin: Combat Poverty Agency.

- In 2004 (the last year when international data were available), Ireland's expenditure on education, expressed as a percentage of GNI, was the 8th highest among the EU27 (taken as a percentage of GDP) *(see Table 89)*. Denmark had the highest rate of expenditure, at 8.5% of GDP.

Table 89: Public expenditure on education as % of GDP in EU27 (2002-2004)

EU Member State	2002	2003	2004
Denmark	8.4	8.3	8.5
Sweden	7.4	7.3	7.2
Cyprus	6.6	7.3	6.7
Finland	6.2	6.4	6.4
Belgium	6.1	6.1	6.0
Slovenia	5.9	5.9	5.9
France	5.6	5.9	5.8
Ireland (% of GNI)	**5.2**	**5.2**	**5.5**
Austria	5.7	5.5	5.4
Hungary	5.4	5.9	5.4
Poland	5.4	5.6	5.4
Portugal	5.5	5.6	5.3
United Kingdom	5.2	5.3	5.3
Lithuania	5.9	5.2	5.2
Netherlands	4.9	5.1	5.2
EU27	**5.1**	**5.2**	**5.1**
Latvia	5.7	5.3	5.1
Estonia	5.5	5.3	5.0
Malta	4.4	4.7	4.9
Ireland (% of GDP)	**4.3**	**4.4**	**4.7**
Germany	4.7	4.7	4.6
Italy	4.6	4.7	4.6
Bulgaria	4.0	4.2	4.5
Czech Republic	4.3	4.5	4.4
Spain	4.3	4.3	4.3
Slovakia	4.3	4.3	4.2
Luxembourg	3.8	3.8	3.9
Greece	3.6	3.6	3.8
Romania	3.5	3.4	3.3

Source: Eurostat

- Real non-capital public expenditure per student in Ireland increased by 105% for first-level and by 86% for second-level over the period 1997-2006 when measured in constant 2006 prices *(see Table 90)*. However, the corresponding increase in expenditure on third-level over the same period was 16% in constant prices.

Table 90: Real non-capital public expenditure on education, by educational level (1997-2006)

	Expenditure per pupil at constant (2006) prices (€) Educational level			€ million (current prices)
Year	**First**	**Second[1]**	**Third[2]**	**Total non-capital expenditure**
1997	2,821	4,358	9,083	2,971
1998	3,042	4,546	8,199	3,077
1999	3,225	4,731	8,598	3,333
2000	3,480	4,984	8,367	3,684
2001	3,703	5,607	8,904	4,166
2002	4,243	6,243	9,313	4,765
2003	4,759	6,883	9,381	5,399
2004	5,336	7,244	9,513	5,931
2005	5,527	7,657	9,966	6,365
2006	5,780	8,085	10,524	7,018

1 Includes Further Education sector (i.e. Post-Leaving Certificate courses).
2 Based on full-time equivalents.

Source: Department of Education and Science

Technical notes

Non-capital public expenditure on education includes direct public expenditure on educational institutions, public subsidies to other private entities for education matters and public subsidies to households, such as scholarships and loans to students for tuition fees and student living costs.

The expenditure has been deflated to real prices by using the Consumer Price Index (CPI). The all items CPI at base December 2001 is shown below:

December 2001 = 100	
Year	**All items CPI**
1997	85.2
1998	87.2
1999	88.7
2000	93.6
2001	98.2
2002	102.7
2003	106.3
2004	108.6
2005	111.3
2006	115.7

Public expenditure on education as used for the international comparison includes both current and capital expenditure.

In the mid-1990s, undergraduate tuition fees were abolished in Ireland. In 1995/96, third-level students paid half-fees and from 1996/97 undergraduate fees were abolished.

Educational institutions are defined as entities that provide instructional services to individuals or education-related services to individuals and other educational institutions.

International data are collected through the joint UNESCO-OECD-Eurostat data collection questionnaires on educational finance. Countries provide data coming usually from administrative sources on the basis of commonly agreed definitions.

Data on total public expenditure on education are expressed as a percentage of GDP. National public expenditure as a percentage of GDP is calculated using figures in national currency both for public expenditure and for GDP. European averages are weighted and therefore take into account the relative proportion of the student population or the education expenditure of the considered countries. They are calculated taking into account all relevant countries for which data are available. They are considered of sufficient quality if countries with available data exceed 70% of the population or of the GDP of the European aggregate.

ECONOMIC SECURITY

Children who are poor do less well educationally, are more likely to suffer ill-health, become teenage parents, suffer child abuse and are vulnerable to homelessness and delinquent behaviour. In addition, such children are less likely to have opportunities in life.[59]

Consistent poverty

Measure

The percentage of children living in households with a household income below the national 60% median, equivalised using the national equivalence scale, and experiencing basic deprivation.

Key findings

- 10.3% of children under 18 experienced consistent poverty in 2006 *(see Table 91)*.

Table 91: Percentage of persons experiencing consistent poverty (2004-2006)

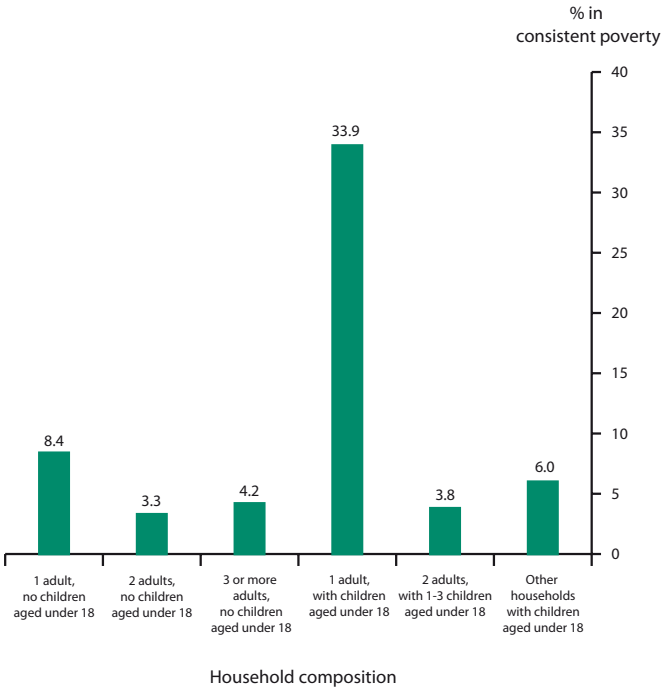
	2004	2005	2006
Persons under 18	9.3	10.8	10.3
All persons	6.6	7.0	6.5

Source: EU-SILC; CSO

- In 2006, the consistent poverty rate of children under 18 living in households comprising a single adult with children was 33.9% *(see Figure 33)*. This was higher than the percentage of children under 18 experiencing consistent poverty in households with 2 adults and 1-3 children and other households with children under 18.

59 Nolan, B. (2000) *Child Poverty in Ireland.* Dublin: Oak Tree Press.

Figure 33: Percentage of children under 18 experiencing consistent poverty, by type of household (2006)



Source: EU-SILC; CSO

'At risk of poverty'

Measure

The percentage of children living in households with a household income below the national 60% median, equivalised using the national equivalence scale.

Key findings

- In 2006, 22.3% of children under 18 were considered to be 'at risk of poverty' *(see Table 92)*.
- Children under 18 had a higher 'at risk of poverty' rate than the population as a whole (22.3% compared to 17%).

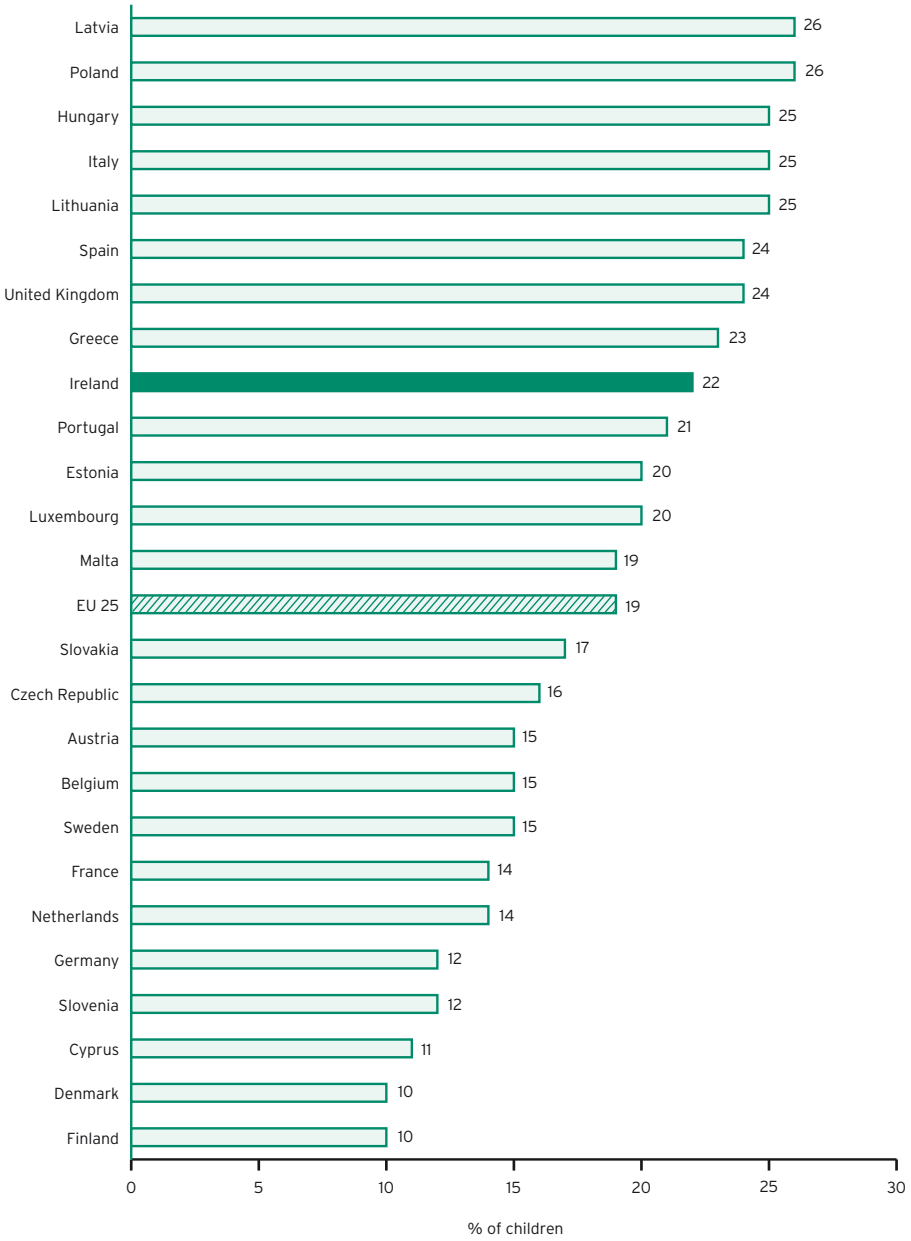
Table 92: Percentage of persons 'at risk of poverty' (2004-2006)

	2004	2005	2006
Persons under 18	22.7	23.1	22.3
All persons	19.4	18.5	17.0

Source: EU-SILC; CSO

- In 2006, the percentage of children under 18 'at risk of poverty' in Ireland (22%) was higher than the EU25 average (19%) *(see Figure 34)*.

Figure 34: Percentage of children under 18 'at risk of poverty' in the EU25 (2006)



Source: Eurostat

Technical notes

'Consistent poverty' is the official Government-approved measure of poverty used in Ireland. This measure identifies the proportion of people, from those with an income below the 60% median income threshold, who are deprived of goods and services considered essential for a basic standard of living. The consistent poverty measure used in the National Action Plan for Social Inclusion 2007-2016 (NAPinclusion)[60] has been updated to reflect changes in living standards since the measure was originally devised by the ESRI in 1987. The new deprivation index contains 11 items and more closely reflects today's living standards and the realities of social inclusion and social participation. The measure forms the basis for the overall poverty reduction goal of the National Action Plan for Social Inclusion 2007-2016 (NAPinclusion).

Persons are now regarded as being in consistent poverty if (i) their income is below 60% of median income and (ii) they experience deprivation in relation to 2 or more items from the following 11-item list of deprivation indicators:

1. Two pairs of strong shoes.
2. A warm waterproof overcoat.
3. Buy new (not second-hand) clothes.
4. Eat meals with meat, chicken, fish (or vegetarian equivalent) every second day.
5. Have a roast joint or its equivalent once a week.
6. Had to go without heating during the last year through lack of money.
7. Keep the home adequately warm.
8. Buy presents for family or friends at least once a year.
9. Replace any worn-out furniture.
10. Have family or friends for a drink or meal once a month.
11. Have a morning, afternoon or evening out in the last fortnight, for entertainment.

The 'at risk of poverty' indicator is measured by income alone. This indicator of poverty measures the proportion of the population falling below the relative income threshold. The EU has set this threshold at 60% of the median disposable income. In 2006, 60% of the median disposable income for a single person was €202.49 per week.[61]

60 Office for Social Inclusion (2007) *National Action Plan for Social Inclusion 2007-2016.* Dublin: The Stationery Office.
61 Central Statistics Office (2007) *European Survey on Income and Living Conditions: 2006.* Dublin: The Stationery Office.

AVAILABILITY OF HOUSING FOR FAMILIES WITH CHILDREN*

Access to suitable accommodation for every child is a key goal of Government.[62]

Measure

The number of children in families on a local authority housing waiting list.

Key findings

- 22,335 households with children were identified as being in need of social housing in the 2005 assessment of housing needs *(see Table 93)*. This represents a 24.2% (7,149) decrease compared with the 2002 assessment, when 29,484 households with children were identified as being in need of social housing.
- In 2005, 61.4% of households with children in need of social housing were households with one child; 24.1% were households with 2 children; 8.9% were households with 3 children; and 5.7% of households included 4 or more children. This distribution has remained broadly similar over the period 1996-2005.

Table 93: Number of households with children in need of social housing (1996-2005)

No. of children	1996	1999	2002	2005 No.	2005 %
1	10,816	14,734	17,523	13,703	61.4
2	4,112	6,117	7,250	5,385	24.1
3	1,559	2,402	2,685	1,991	8.9
4	690	1,036	1,126	772	3.5
5 or more	596	896	900	484	2.2
Total	**17,773**	**25,185**	**29,484**	**22,335**	**100.0**

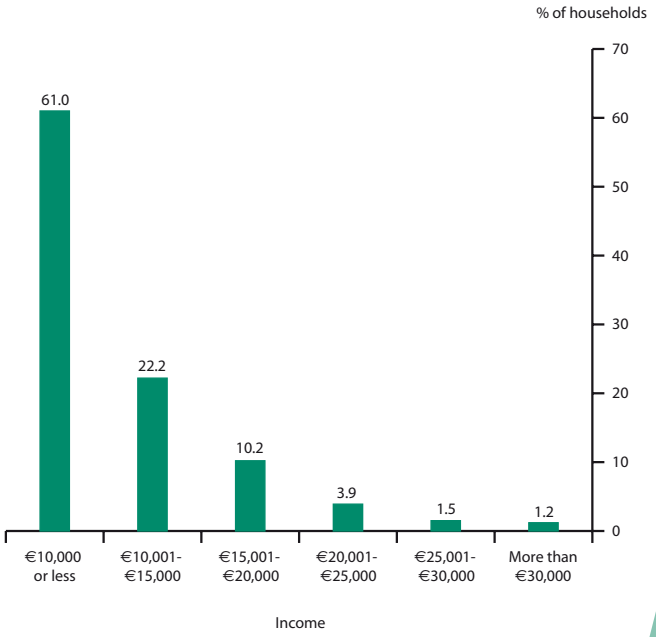
Source: Triennial Assessment of Housing Needs, Department of the Environment, Heritage and Local Government

- In 2002, 61.0% of households with children in need of social housing had an income of €10,000 or less *(see Figure 35)*. 2.7% of these households had an income in excess of €25,000.

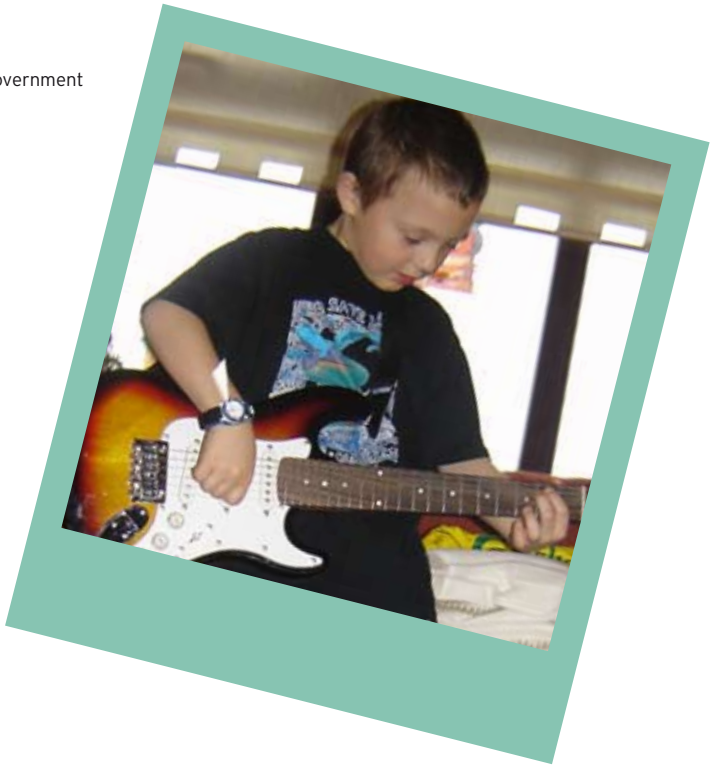
* No update available since the 2006 *State of the Nation's Children* report.

62 Department of the Taoiseach (2006) *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015.* Dublin: The Stationery Office.

Figure 35: Households with children in need of social housing, by income band (2002)



Source: Department of the Environment, Heritage and Local Government



Technical notes

The data for this indicator represent net need for social housing, meaning households who have been assessed as being in need of either local authority or voluntary housing. The terminology used to describe a local authority's housing needs varies. These figures are net of duplicate applications (i.e. applicants who have applied to more than one local authority). A local authority's waiting list may contain duplicate applications.

The guidelines for the Triennial Assessment of Housing Needs, conducted by the Department of the Environment, Heritage and Local Government, state that as far as possible particulars of the incomes of applicants should be verified by appropriate up-to-date evidence (e.g. a P60 or via PPSN).

One of the weaknesses of local authority assessments of housing needs (LAAHNs) is that they do not measure severity of housing need and all households on housing waiting lists are treated as though they have an equal level of housing need. This means that there may be some people registered on housing waiting lists who have a very low housing need. On the other hand, LAAHNs may underestimate other elements of housing need.

For example, local authorities are asked to exclude from the final figure certain households that are not assessed as suitable for local authority housing, namely:

- Households whose need for assistance could, in the opinion of the Authority, be more appropriately met by rent or mortgage supplementation under the Supplementary Welfare Allowance Scheme. Arguably, this highly unsatisfactory category was originally a euphemism for single people, who were not seen as appropriate for housing by local authorities.
- Households living in unfit local authority housing.
- Households living in overcrowded or materially unsuitable local authority housing.
- Households whose need could be more appropriately met by other social housing measures (this includes households with a particular need in addition to their housing need).

COMMUNITY CHARACTERISTICS

An important measure of community is the extent to which children feel safe and secure in their local community.[63]

Perceived safety in the community

Measure

The percentage of children aged 9-17 who report feeling safe in the area where they live.

Key findings

- In 2006, 90.4% of children aged 9-17 reported feeling safe in the area where they live *(see Table 94)*.

Table 94: Percentage of children who report feeling safe in area where they live, by gender, age and social class (2002 and 2006)

	2002			2006		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Total	**86.7**	**87.8**	**87.4**	**90.4**	**90.4**	**90.4**
Age						
9 years	–	–	–	90.5	89.8	90.2
10-11 years	86.1	88.4	87.4	90.0	89.8	89.9
12-14 years	86.5	88.4	87.6	90.6	90.8	90.7
15-17 years	87.4	86.9	87.1	90.7	90.6	90.7
Social class						
SC 1-2	90.6	91.5	91.1	93.7	94.0	93.9
SC 3-4	87.7	87.7	87.7	90.8	90.2	90.5
SC 5-6	84.1	87.6	86.0	88.8	88.2	88.5

Source: HBSC Survey

Differences by gender, age and social class

- The percentage of children who reported feeling safe in the area where they live is relatively stable across gender and age groups *(see Table 94)*.
- A higher percentage of children from SC 1-2 (93.9%) report feeling safe in the area where they live compared to those from SC 3-4 (90.5%) and SC 5-6 (88.5%).

63 OMC (2006) *State of the Nation's Children: Ireland 2006*, Office of the Minister for Children. Dublin: The Stationery Office. Available at: www.childrensdatabase.ie OR www.omc.gov.ie

Differences by geographic area

- Children in the Border and West regions are more likely (94.2%) to report feeling safe in the area where they live, while children in the Dublin region are least likely (83%) to report this *(see Table 95)*.

Table 95: Percentage of children who report feeling safe in area where they live, by NUTS Region (2006)

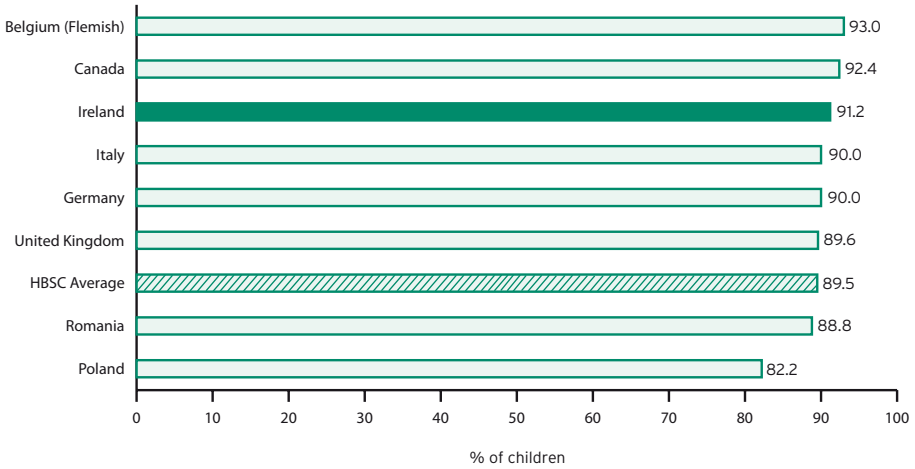
	2006
Border	94.2
Midlands	91.2
West	94.2
Dublin	83.0
Mid-East	89.6
Mid-West	93.6
South-East	92.1
South-West	91.5
Overall	**90.4**

Source: HBSC Survey

International comparisons

- From the 2006 HBSC Survey, using the ages of 11, 13 and 15 only to draw international comparisons, 91.2% of Irish children reported feeling safe in the area where they live *(see Figure 36)*. This compared with the HBSC average of 89.5%.
- Among the 8 countries and regions that used this HBSC item in 2006, the lowest percentage for this indicator was found among children from Poland (82.2%) and the highest among children from Belgium (Flemish) (93%). Overall, Irish children ranked 3rd.
- Among the 15 countries and regions that used this HBSC item in 2002, Irish children ranked 11th (86.5%).

Figure 36: Percentage of children who report feeling safe in area where they live, by country (2006)



Source: HBSC Survey

Technical notes

All data presented are drawn from self-report, self-completion questionnaires completed by children in schools. Thus, they are subject to potential biases in relation to self-presentation and memory. These measures may suffer from social desirability bias.

Percentage differences are presented for descriptive purposes only and may not reflect a statistically significant finding.

Social class (SC) is classified into one of the following groups (introduced in 1996 by the CSO), defined on the basis of occupation:

SC I: Professional
SC 2: Managerial
SC 3: Non-manual
SC 4: Skilled manual
SC 5: Semi-skilled
SC 6: Unskilled

NUTS is an acronym for the EU Nomenclature of Territorial Units for Statistics. This classification was legally established by EU Regulation No. 1059/2003 on 29 May 2003. In Ireland, NUTS is classified hierarchically as Level 1 – Ireland; Level 2 – Regions; and Level 3 – Regional Authorities. The 8 Regional Authorities in Ireland (NUTS 3 regions) were established under the Local Government Act, 1991 *(see Appendix 2)*.

ENVIRONMENT AND PLACES

A well-designed environment is important for ensuring the physical and emotional well-being of the whole community, including children.[64]

Measure

The percentage of children aged 9-17 who report there are good places in their area to spend their free time.

Key findings

- In 2006, 42.2% of children aged 9-17 reported that there are good places in their area to spend their free time *(see Table 96)*.

Table 96: Percentage of children who report that there are good places in their area to spend their free time, by gender, age and social class (2002 and 2006)

	2002			2006		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Total	**47.8**	**41.0**	**43.9**	**45.4**	**39.0**	**42.2**
Age						
9 years	–	–	–	75.9	78.3	77.1
10-11 years	60.0	59.4	59.6	56.6	54.9	55.6
12-14 years	52.4	43.7	47.5	49.7	41.9	45.9
15-17 years	34.9	31.0	32.6	37.6	28.5	33.3
Social class						
SC 1-2	50.1	38.4	43.0	42.0	35.0	38.6
SC 3-4	47.4	42.2	44.4	45.4	38.8	42.1
SC 5-6	46.6	42.0	44.1	49.1	41.7	45.2

Source: HBSC Survey

Differences by gender, age and social class

- The percentage of children who reported that there are good places to spend their free time was higher among boys and younger children, and those in the lower social classes *(see Table 96)*:
  - 45.4% of boys, compared to 39% of girls;
  - 77.1% of 9-year-olds, compared to 33.3% of 15-17 year-olds;
  - 45.2% of children in SC 5-6, compared to 38.6% of children in SC 1-2.

64 Nic Gabhainn, S. and Sixsmith, J. (2005) *Children's Understandings of Well-Being*, National Children's Office. Dublin: The Stationery Office. Available at: www.childrensdatabase.ie OR www.omc.gov.ie

Differences by geographic area

- Children in the Dublin region are more likely (58.4%) to report that there are good places in their area to spend their free time, while children in the West region are least likely (33.4%) to report this *(see Table 97)*.

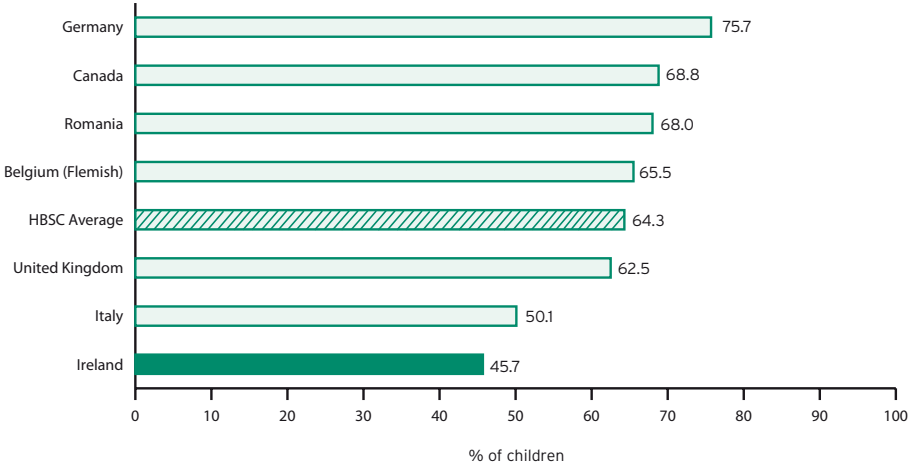
Table 97: Percentage of children who report that there are good places in their area to spend their free time, by NUTS Region (2006)	
	2006
Border	36.5
Midlands	36.7
West	33.4
Dublin	58.4
Mid-East	34.7
Mid-West	36.0
South-East	38.3
South-West	45.1
Overall	**42.2**

Source: HBSC Survey

International comparisons

- From the 2006 HBSC Survey, using the ages of 11, 13 and 15 only to draw international comparisons, 45.7% of Irish children reported that there are good places in their area to spend their free time *(see Figure 37)*. This compared with the HBSC average of 64.3%.
- Among the 7 countries and regions that used this HBSC item, the lowest percentage for this indicator was found among Irish children (45.7%) and the highest among children from Germany (75.7%). Overall, Irish children ranked 7th (last).
- Among the 15 countries and regions that used this HBSC item in 2002, Irish children ranked 14th (45.3%).

Figure 37: Percentage of children who report that there are good places in their area to spend their free time, by country (2006)



Source: HBSC Survey

Technical notes

All data presented are drawn from self-report, self-completion questionnaires completed by children in schools. Thus, they are subject to potential biases in relation to self-presentation and memory. These measures may suffer from social desirability bias.

Percentage differences are presented for descriptive purposes only and may not reflect a statistically significant finding.

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SC 3: Non-manual
SC 4: Skilled manual
SC 5: Semi-skilled
SC 6: Unskilled

NUTS is an acronym for the EU Nomenclature of Territorial Units for Statistics. This classification was legally established by EU Regulation No. 1059/2003 on 29 May 2003. In Ireland, NUTS is classified hierarchically as Level 1 – Ireland; Level 2 – Regions; and Level 3 – Regional Authorities. The 8 Regional Authorities in Ireland (NUTS 3 regions) were established under the Local Government Act, 1991 *(see Appendix 2)*.

GARDA JUVENILE DIVERSION PROGRAMME REFERRALS

The Diversion Programme has proven to be highly successful in diverting young people away from crime by offering guidance and support to juveniles and their families.[65] The young people involved noted that the projects facilitated the creation of positive, trusting and supportive relationships with adults and also provided them with alternative leisure, creative and developmental opportunities.[66]

Measure

The number of children referred to the Garda Juvenile Diversion Programme.

Key findings

- In 2007, a total of 21,861 children aged 10-17 were referred to the Garda Juvenile Diversion Programme (s*ee Table 98)*. It should be noted that the number of referrals does not correspond to the number of children since some children were referred more than once.
- In 2007, there were 27,767 referrals to the Garda Juvenile Diversion Programme, a rate of 1.3 referrals per child referred.

Table 98: Number of children within the jurisdiction referred to Garda Juvenile Diversion Programme, by Garda Division and gender (2007)

Garda Division	Boys	Girls	Total
Dublin Metropolitan Region	5,705	1,400	7,105
Southern Region	3,502	858	4,360
Eastern Region	2,859	584	3,443
South Eastern Region	2,180	539	2,719
Western Region	1,799	437	2,236
Northern Region	1,682	316	1,998
Total number of children	**17,727**	**4,134**	**21,861**
Total number of referrals	**22,967**	**4,800**	**27,767**
Children referred as % of 10-17 age group	**7.7**	**1.9**	**4.9**

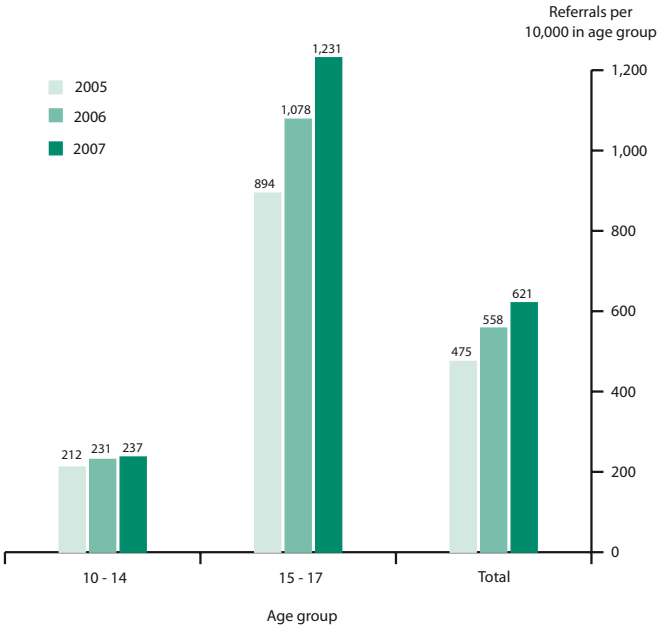
Source: An Garda Síochána

65 Centre for Social and Educational Research (2001) *Study of Participants in Garda Special Projects*. Dublin: The Stationery Office.
66 Bowden, M. and Higgins, L. (2000) *The Impact and Effectiveness of the Garda Special Projects: Final Report to the Department of Justice, Equality and Law Reform.* Dublin: Children's Research Centre, Trinity College Dublin.

Differences by gender and age

- In 2007 in the State as a whole, 18.9% (4,134) of children referred to the Garda Juvenile Diversion Programme were female *(see Table 98)*. This proportion was quite stable between the Garda Divisions.
- In 2007, the rate of referral for children aged 10-17 to the Garda Juvenile Diversion Programme was 621 referrals per 10,000 children in that age group *(see Figure 38)*. The highest referral rate was in the age group 15-17, with 1,231 referrals per 10,000 persons in that age group. This age group represented just over three-quarters of all referrals to the programme in 2007.

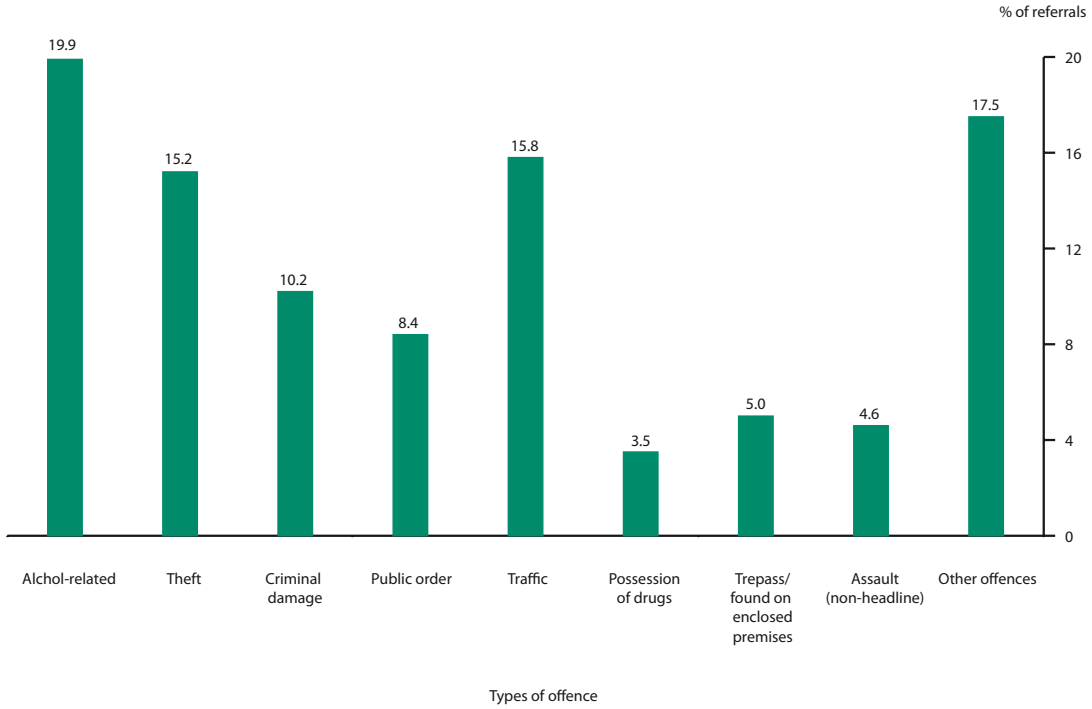
Figure 38: Referrals to the Garda Juvenile Diversion Programme, by age (2007)



Source: An Garda Síochána

- Alcohol-related offences were the single highest cause of referrals to the Garda Juvenile Diversion Programme in 2007, representing 19.9% of all referrals *(see Figure 39)*. Traffic offences and theft accounted for a further 15.8% and 15.2% of referrals respectively. Only 3.5% of referrals were for possession of drugs.

Figure 39: Percentage of referrals to the Garda Juvenile Diversion Programme, by type of offence (2007)



Source: An Garda Síochána

Technical notes

Table 98 shows the number of children referred to the Garda Juvenile Diversion Programme in the reference year. Figures 38 and 39 show the number of referrals to the programme. A child may have more than one referral in the reference year; therefore the number of referrals exceeds the number of children referred. In 2007, 21,861 children were referred to the Diversion Programme, while the total number of referrals was 27,767.

ANTENATAL CARE

Failure to receive appropriate antenatal care during pregnancy can lead to undesirable outcomes for both mother and infant, including maternal morbidity, low birth weight or even maternal and perinatal mortality.[67]

Measure

The distribution of timing of 1st antenatal visit by trimester (1st trimester = <15 weeks; 2nd trimester = 15-27 weeks; and 3rd trimester = >28 weeks) for all women delivering live or stillborn babies.

Key findings

- In 2005, 72.3% of women presented for antenatal care in the 1st trimester, 19.9% in the 2nd trimester and 3.9% in the 3rd trimester *(see Table 99)*.

Table 99: Percentage distribution of timing of 1st antenatal visit, by trimester and mother's age (2001-2005)

	2001				2002				2003				2004				2005			
Age	**1st**	**2nd**	**3rd**	**Not stated**	**1st**	**2nd**	**3rd**	**Not stated**	**1st**	**2nd**	**3rd**	**Not stated**	**1st**	**2nd**	**3rd**	**Not stated**	**1st**	**2nd**	**3rd**	**Not stated**
<15	50.0	33.3	16.7	0.0	30.0	50.0	10.0	10.0	26.7	46.7	20.0	6.7	50.0	33.3	16.7	0.0	33.3	66.7	0.0	0.0
15-19	52.4	34.4	10.9	2.7	52.5	35.0	11.0	1.5	53.9	33.1	11.5	1.6	57.3	31.3	9.1	2.4	61.9	28.1	8.8	1.2
20-24	55.7	28.8	12.4	3.1	55.7	29.5	12.7	2.2	58.0	28.9	11.4	1.7	62.7	27.9	7.2	2.3	66.6	25.4	6.3	1.7
25-29	61.4	22.5	10.3	5.8	60.6	22.7	11.9	4.8	62.6	22.3	10.7	4.4	67.8	22.2	6.4	3.7	71.9	20.4	4.9	2.8
30-34	66.3	19.3	6.4	8.1	65.7	19.8	6.7	7.8	68.2	19.7	6.1	6.0	72.5	18.7	3.6	5.3	75.0	17.4	3.0	4.6
35-39	66.4	19.3	5.6	8.7	66.0	21.0	5.2	7.9	68.7	20.0	4.6	6.7	72.1	18.9	2.9	6.1	73.9	18.3	2.4	5.5
40-44	62.9	22.9	5.9	8.3	65.3	22.5	5.8	6.5	66.5	21.0	5.2	7.3	69.2	21.6	2.7	6.5	71.1	22.0	2.6	4.4
>45	52.5	28.8	8.8	10.0	55.9	23.5	11.8	8.8	65.3	20.8	8.3	5.6	69.8	23.8	1.6	4.8	64.6	22.0	6.1	7.3
Not stated	13.6	22.7	18.2	45.5	25.5	27.5	13.7	33.3	39.3	18.0	11.5	31.2	46.6	17.3	6.0	30.1	47.5	20.3	3.4	28.8
Total	**62.7**	**22.4**	**8.3**	**6.6**	**62.4**	**23.0**	**8.7**	**5.9**	**64.8**	**22.2**	**7.9**	**5.1**	**69.2**	**21.4**	**4.8**	**4.7**	**72.3**	**19.9**	**3.9**	**3.9**

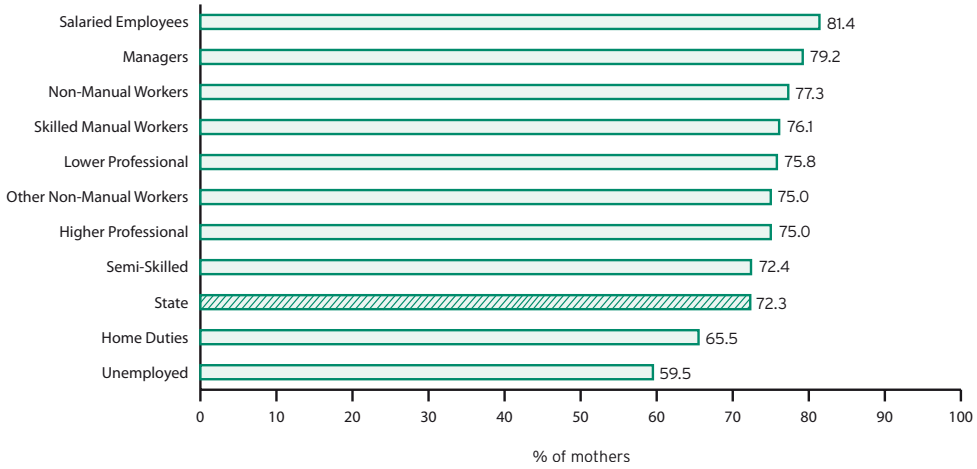
Source: National Perinatal Reporting System, ESRI

Differences by age and social class

- Antenatal visits in the 1st trimester are lowest among the lower socio-economic groups, such as the 'unemployed' (59.5%) *(see Figure 40)*. Women who are primarily engaged in home duties also have one of the lowest proportions of antenatal visits in the 1st trimester (65.5%).
- The highest proportion of women attending for antenatal care in the 1st trimester are those whose occupations are categorised as 'salaried employees' (81.4%) and 'managers' (79.2%).

67 WHO (2006) *The World Health Report 2006: Working Together for Health.* Copenhagen: World Health Organization.

Figure 40: Percentage of mothers attending for antenatal care in the 1st trimester of pregnancy, by occupation of mother (2005)*



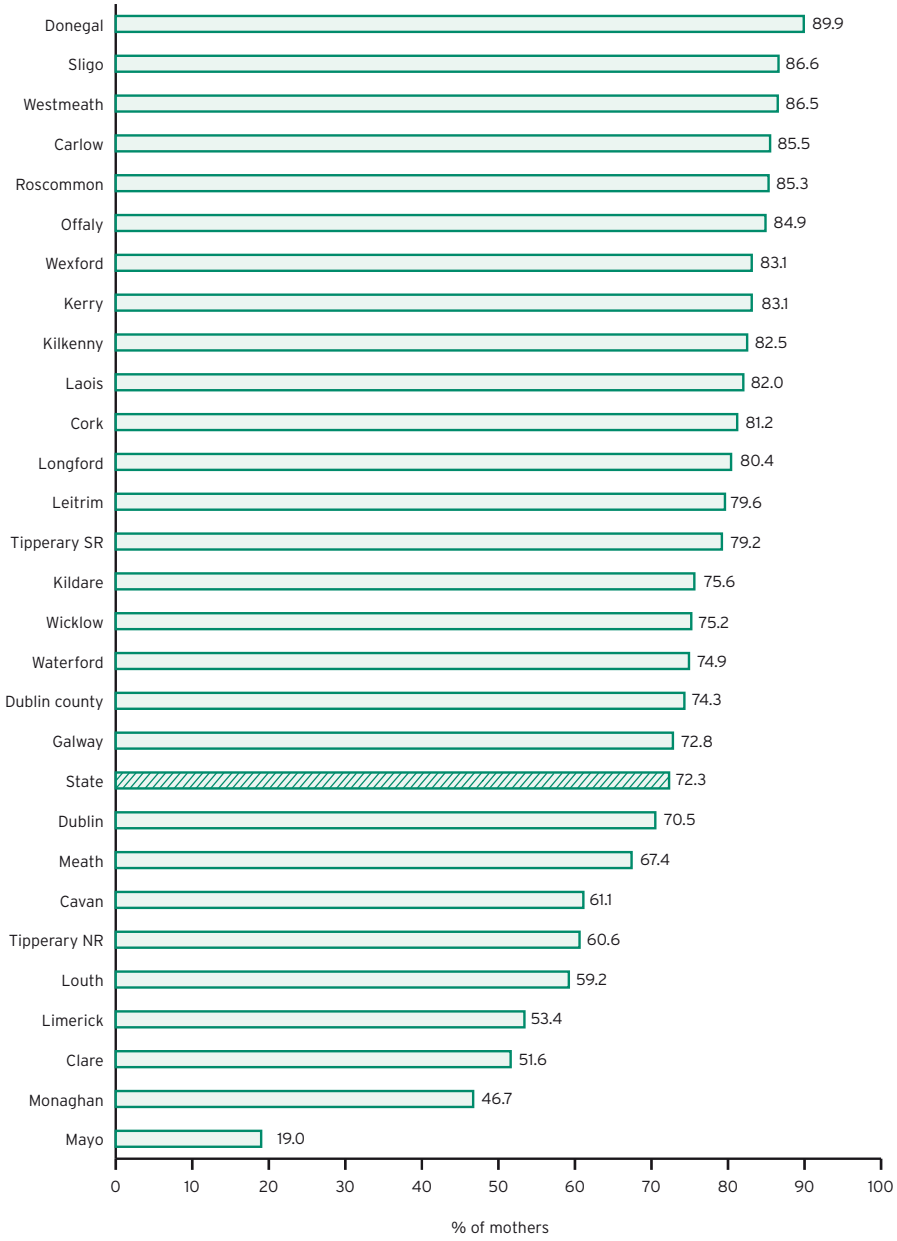
* Occupation categories where percentages are based on less than 100 births have been omitted in this figure (i.e. 'Unskilled Manual Workers', 'Other Agricultural Occupations and Fishermen' and 'Farmers and Farm Managers').

Source: National Perinatal Reporting System, ESRI

Differences by geographic area

- In 2005, 89.9% of mothers in Donegal attended for antenatal care in the 1st trimester, compared with 19% in Mayo *(see Figure 41)*. This may be due, in part at least, to some differences in recording first contact with general practitioner services.

Figure 41: Percentage of mothers attending for antenatal care in the 1st trimester of pregnancy, by county of residence of mother (2005)



Source: National Perinatal Reporting System, ESRI

Technical notes

The National Perinatal Reporting System (NPRS) dataset provides details of national statistics on perinatal events (live births, late foetal deaths or still births). Information on every birth that occurs either in hospital or at home is returned to the NPRS. The information collected includes data on pregnancy outcomes, with particular reference to perinatal mortality and important aspects of perinatal care. The period to which the information applies is from 22 weeks' gestation to the first week of life. In addition, descriptive social and biological characteristics of mothers giving birth and their babies are recorded. The Economic and Social Research Institute (ESRI) is contracted by the Department of Health and Children to manage the NPRS system.

The collection of data on timing of first antenatal contact variable attempts to capture important information on Irish women's first contact with the healthcare services during pregnancy. This variable acts as an indicator of the length of antenatal care each mother has received and can be examined with birth, still birth and mortality rates. The completion of this indicator at present, however, may not provide an accurate estimation of this information. If the data are examined more closely, it is seen that in 2005, for example, 77% of all babies born had antenatal care recorded as 'combined care'. Of these, over 40% of patient records have recorded 'date of first visit to the hospital' only. If hospitals are not recording the mother's first antenatal visit to their GP or any other healthcare provider, the NPRS is effectively only reporting on time of first visit to the hospital. As a result, the percentage of mothers attending antenatal care during the 1st trimester is an underestimate and is very low at 72% of all births. This is much lower than other European countries, where the percentage of mothers attending antenatal care during the 1st trimester is in the region of 90%.

CHILDHOOD IMMUNISATION

Immunisation programmes are regarded as an important public health measure in preventing the spread of infectious diseases and as the most effective of all health-promoting interventions, after clean water, shelter and food. Large-scale immunisation programmes have significantly impacted on the prevention of vaccine-preventable diseases.[68]

Measure

The percentage uptake of D3/P3/T3/HiB3/Polio3 and Meningococcal C3 vaccinations at (a) 12 months and (b) 24 months of age;
***and* the percentage uptake of MMR1 vaccinations at 24 months of age.**

Key findings

- Overall, the level of uptake of immunisation has increased among children aged up to 12 months *(see Table 100)*. The increases range from about 81% in 2003 to 87% in 2007 for DPT3, HiB3 and polio, and from 89% to 93% for BCG over the same period.
- Overall, the percentage uptake of immunisation in 2007 was about 87%. This was the highest over the 5-year period under examination.

Table 100: Immunisation uptake rates at 12 months (2003-2007)

Vaccine	2003	2004	2005	2006	2007
P3	80	83	85	86	87
D3	81	83	85	86	87
T3	81	83	85	86	87
HiB3	81	83	85	86	87
Polio3	81	83	85	86	87
MenC3	80	83	85	85	87
BCG	89	91	93	93	93

Source: Immunisation Uptake Statistics, Health Protection Surveillance Centre, HSE

- The level of uptake of immunisation among children aged up to 24 months also increased over this period *(see Table 101)*. This ranged from about 86% in 2003 to 92% in 2007 for DPT3 and polio vaccines.
- The increase was also evident for Meningococcal Type C vaccine (MenC3) and measles, mumps and rubella vaccine (MMR1). In 2003, the percentage uptake for MenC3 was 84% for children aged 24 months, while in 2007 this percentage had increased to 91%. The immunisation rate for the MMR1 vaccine was 78% in 2003 and had increased to 87% by 2006.

68 WHO (2005) *The World Health Report 2005: Make Every Mother and Child Count*. Copenhagen: World Health Organization.

Table 101: Immunisation uptake rates at 24 months (2003-2007)					
Vaccine	**2003**	**2004**	**2005**	**2006**	**2007**
P3	85	89	90	91	92
D3	86	89	90	91	92
T3	86	89	90	91	92
HiB3	86	89	90	91	92
Polio3	86	89	90	91	92
MenC3	84	88	89	90	91
MMR1	78	81	+ 84*	86	87

* The national figure for MMR is incomplete since Q4-2005 MMR data was not available for the HSE Eastern Region. The MMR figure is based on data from Q1-2005 to Q3-2005.

+ Includes the HSE Eastern Region MMR1 Q1-2006 uptake figure, which is an estimate only (due to technical problems with extracting MMR1 data from the HSE Eastern Region database).

Source: Immunisation Uptake Statistics, Health Protection Surveillance Centre, HSE

Differences by geographic area

In 2006, immunisation rates for the 12-month-old cohort were about 86% for the State as a whole *(see Table 102)*. Uptake rates were lowest in the former Eastern Regional Health Authority (at about 82%) and highest in the former Midland Health Board Area (at about 92%).

Table 102: Immunisation uptake rates at 12 months, by former Health Board Area (2006)							
Former Health Board Area	**D3**	**P3**	**T3**	**HiB3**	**Polio3**	**MenC3**	**BCG**
Eastern Regional Health Authority	82	82	82	82	82	82	n/a
Midland Health Board	92	92	92	92	92	92	94
Mid-Western Health Board	89	89	89	89	89	89	93
North-Eastern Health Board	89	89	89	89	89	86	n/a
North-Western Health Board	92	92	92	91	92	91	92
South-Eastern Health Board	86	86	86	86	86	86	94
Southern Health Board	87	87	87	87	87	86	88
Western Health Board	88	88	88	88	88	87	n/a
Mean average – State	**86**	**86**	**86**	**86**	**86**	**85**	**93**

n/a = data not available
Source: Immunisation Uptake Statistics, Health Protection Surveillance Centre, HSE

- Similar regional patterns were apparent for the 24-month-old cohort. In 2006, the national immunisation uptake rates for this cohort were at about 91% *(see Table 103)*. The lowest rates (88%) were in the former Eastern Regional Health Authority, while the highest rates (96%-97%) were in the former Midland Health Board Area.

Table 103: Immunisation uptake rates at 24 months, by former Health Board Area (2006)							
Former Health Board Area	**D3**	**P3**	**T3**	**HiB3**	**Polio3**	**MenC3**	**MMR**
Eastern Regional Health Authority	88	88	88	88	88	88	82*
Midland Health Board	97	97	97	96	97	97	94
Mid-Western Health Board	91	91	91	91	91	91	88
North-Eastern Health Board	93	93	93	93	93	92	89
North-Western Health Board	95	95	95	95	95	93	91
South-Eastern Health Board	91	91	91	91	91	90	87
Southern Health Board	93	93	93	93	93	93	88
Western Health Board	93	92	93	93	93	90	86
Mean average – State	**91**	**91**	**91**	**91**	**91**	**90**	**86**

* Includes the HSE Eastern Region MMR1 Q1-2006 uptake figure, which is an estimate only (due to technical problems with extracting MMR1 data from the HSE Eastern Region database).

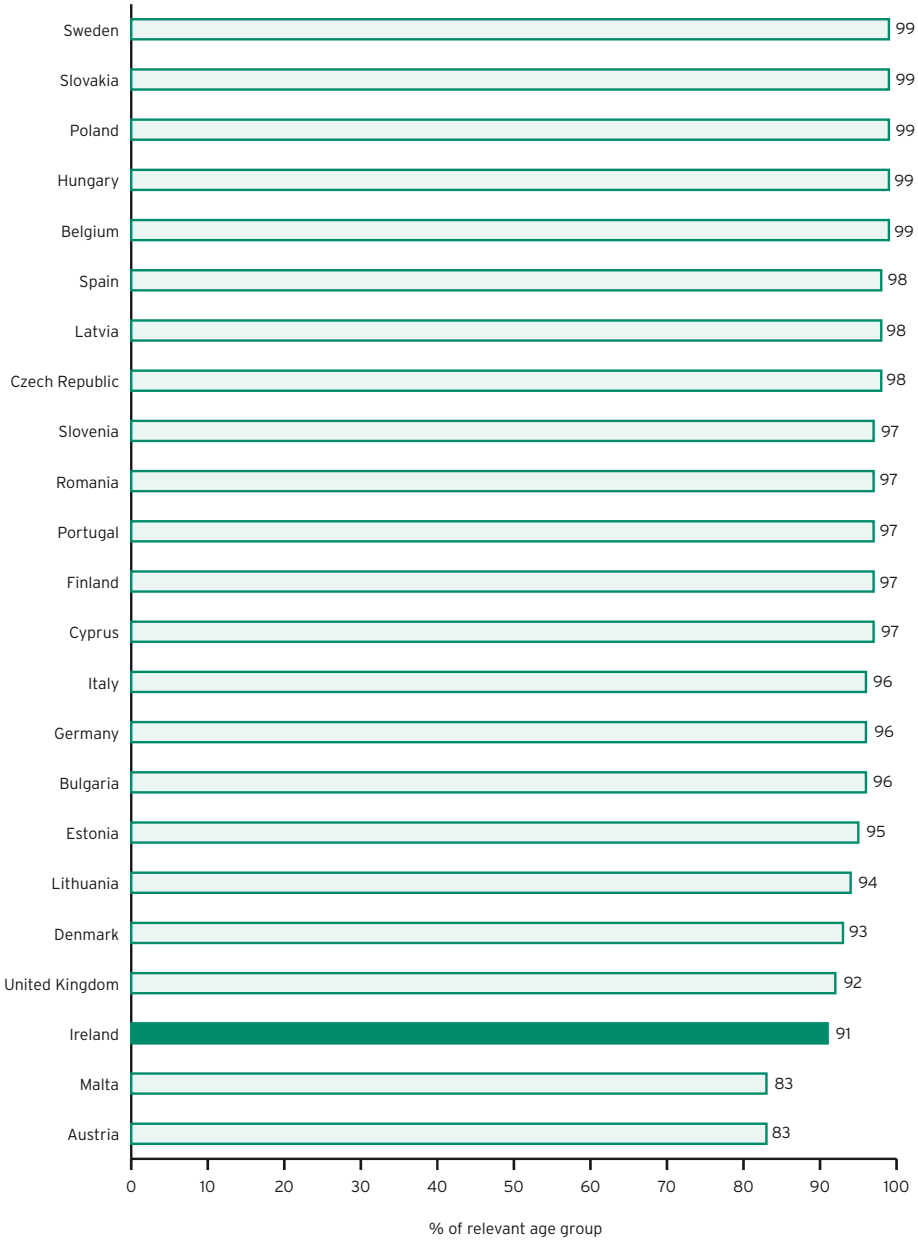
Source: Immunisation Uptake Statistics, Health Protection Surveillance Centre, HSE

- In 2006, the rate of completed vaccination for diphtheria, tetanus, pertussis and polio in Ireland was among the lowest in the EU, at 91% *(see Figures 42 and 43)*. 17 EU countries, where data was available, had completed vaccination rates of 95% or higher in the same year.

Figure 42: Percentage of relevant age group receiving 3rd dose of diphtheria, tetanus and pertussis vaccines, by country (2006)

Source: Immunisation Uptake Statistics, Health Protection Surveillance Centre, HSE

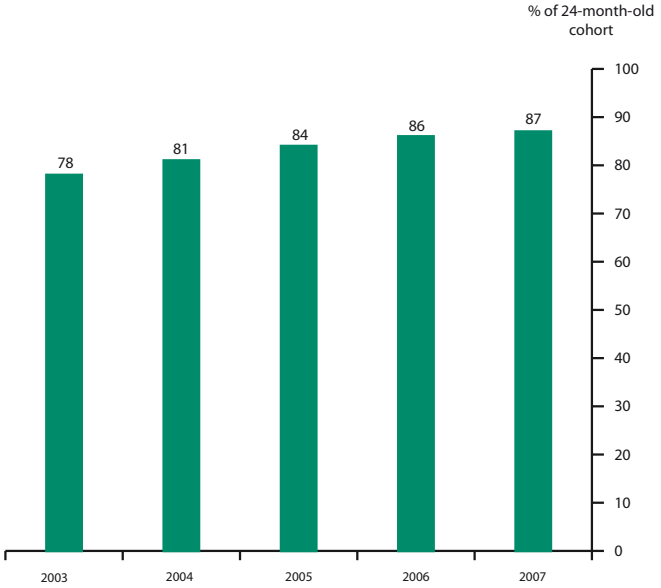
Figure 43: Percentage of relevant age group receiving 3rd dose of polio vaccine, by country (2006)



Source: Immunisation Uptake Statistics, Health Protection Surveillance Centre, HSE

- In 2007, 87% of children aged up to 24 months had received their first dose of the MMR1 vaccine *(see Figure 44 and Table 104)*. The immunisation rate has increased consistently year on year from 2003 to 2007.

Figure 44: MMR1 vaccine uptake rate (2003-2007)



Source: Immunisation Uptake Statistics, Health Protection Surveillance Centre, HSE

- Uptake rates of the MMR1 vaccine increased in all 8 of the former Health Board Areas between 2002 and 2006 *(see Table 104)*.
- The former Midland Health Board Area showed the largest increase – of 22 percentage points over the period *(see Figure 45)*.

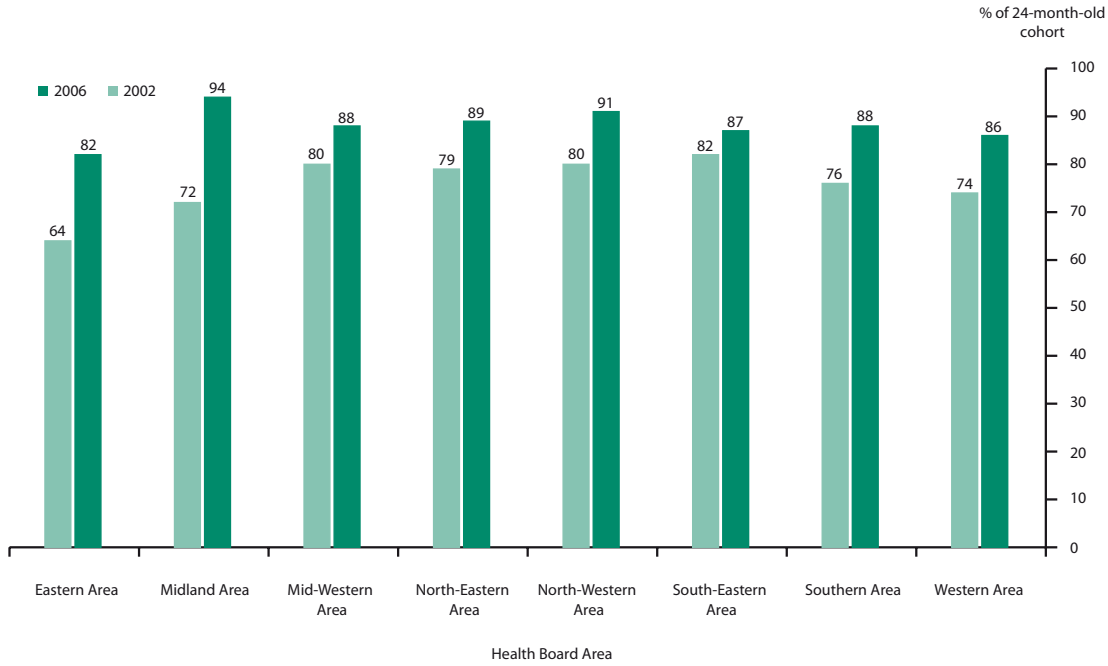
Table 104: MMR1 vaccine uptake rate, by former Health Board Area (2002-2006)					
	2002	**2003**	**2004**	**2005**	**2006**
Eastern Regional Health Authority	64	74	76	78*	82+
Midland Health Board	72	88	91	93	94
Mid-Western Health Board	80	80	84	86	88
North-Eastern Health Board	79	81	83	89	89
North-Western Health Board	80	83	87	89	91
South-Eastern Health Board	82	83	87	86	87
Southern Health Board	76	80	83	85	88
Western Health Board	74	74	78	83	86
Mean average – State	**73**	**78**	**81**	**84***	**86**

* The national figure for MMR is incomplete since Q4-2005 MMR data was not available for the HSE Eastern Region. The MMR figure is based on data from Q1-2005 to Q3-2005.

\+ Includes the HSE Eastern Region MMR Q1-2006 uptake figure, which is an estimate only (due to technical problems with extracting MMR1 data from the HSE Eastern Region database).

Source: Immunisation Uptake Statistics, Health Protection Surveillance Centre, HSE

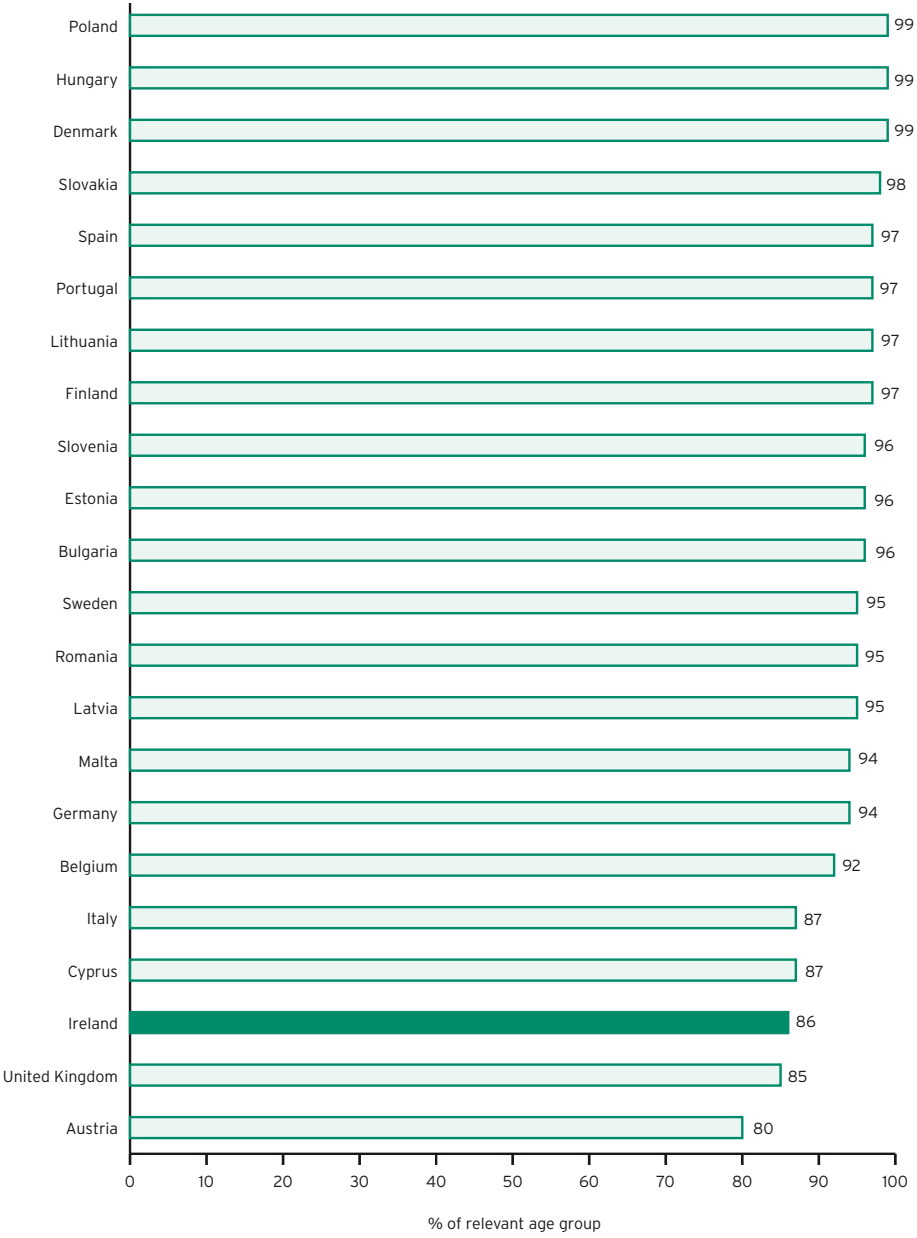
Figure 45: MMR1 vaccine uptake rate, by former Health Board Area (2002 and 2006)



Source: Immunisation Uptake Statistics, Health Protection Surveillance Centre, HSE

- In 2006, Ireland had the 3rd lowest uptake of measles-containing vaccine in the EU, at 86% *(see Figure 46)*.

Figure 46: Percentage of relevant age group receiving measles-containing vaccine, by country (2006)



Source: Immunisation Uptake Statistics, Health Protection Surveillance Centre, HSE

Technical notes

Irish statistics on immunisation are compiled by the Health Protection Surveillance Centre (HPSC) of the Health Service Executive (HSE), using data from the former Health Board areas. There is no national database on immunisation.

International data on immunisation coverage is collected by the World Health Organization (WHO) to monitor and assess the impact of strategies and activities for reducing morbidity and mortality of vaccine-preventable diseases. In most countries, the data collected refer to the number of doses administered to the target population divided by the total estimated number of people in the target population. The target population groups vary from country to country and are dependent on the national immunisation schedule in place.

In Ireland, each former Health Board area is responsible for maintaining an immunisation register. A listing of all birth notifications in the area is received from the General Register's Office (GRO). Public health nurses follow up on all new births, visit the mother and register the child's details and details of the GP nominated by the mother to perform the required immunisations. This information is returned to the local immunisation office and recorded on the childhood immunisation register used by that area. The local office monitors the child's immunisation record and issues reminders when immunisations fall due. Following each vaccination, the GP makes a return to the local immunisation office, indicating details of the vaccine and date of administration. This information is maintained on the local immunisation register and is provided to the HPSC for the compilation of immunisation uptake statistics.

Immunisation against Meningococcal Type C disease was introduced in October 2000. Rates of uptake of this vaccine are available from 2002 onwards.

In Tables 100-104 for this indicator, the reference year refers to the year in which the recipients of the vaccine reached either 12 or 24 months of age, depending on the cohort being considered. The following are the definitions of the vaccines referred to in these indicators:

DTaP3 These terms refer respectively to 3 doses of a combined diphtheria, tetanus and pertussis vaccine (DTaP3). The data shown in Figure 42 represent the proportion of children in the relevant age group who had received one or other of these vaccines. Completed vaccination (3 doses) among children in subsequent years was registered by disease-specific vaccines (D3, P3 and T3).

D3 Refers to a combined diphtheria and tetanus vaccine, administered in 3 doses at 2, 4 and 6 months of age.

P3 Refers to a pertussis vaccine, administered in 3 doses at 2, 4 and 6 months of age.

T3 Refers to a tetanus vaccine administered in 3 doses at 2, 4 and 6 months of age.

HiB3 Refers to the vaccine for Haemophilus Influenzae Type B, administered in 3 doses at 2, 4 and 6 months of age.

Polio3 Refers to the vaccine for poliomyelitis, administered in 3 doses at 2, 4 and 6 months of age.

MenC3 Refers to the vaccine for Meningococcal Type C disease, administered in 3 doses at 2, 4 and 6 months of age. This vaccine was introduced in October 2000. Data on uptake of the vaccine is available from 2002 onwards.

MMR1 Refers to the first dose of the combined vaccine for measles, mumps and rubella, administered between the ages of 12 and 15 months.

BCG Refers to the Bacillus Calmette-Guerin, which is a vaccine that protects against tuberculosis.

ACCESSIBILITY OF BASIC HEALTH SERVICES FOR CHILDREN

Timely access to healthcare is a key objective of the Department of Health and Children.[69]

Measure

The number of children on hospital waiting lists.

Key findings

- In April 2008, 2,537 children were known to be on a hospital waiting list awaiting treatment *(see Table 105)*.
- The hospitals in the Dublin region account for approximately 50% of the total number of children waiting for treatment (1,281).

69 Department of Health and Children (2008) *Corporate Business Plan.* Dublin: Department of Health and Children.

Table 105: Number of children on hospital waiting lists (surgical and medical), by hospital and waiting time (April 2008)

	3-6 months	6-12 months	Over 12 months	Total
Beaumont Hospital Dublin	15	9	1	25
Cappagh Orthopaedic Hospital	1	2	0	3
Cavan General Hospital	0	0	1	1
Cork University Hospital	29	99	40	168
Kerry General Hospital	3	6	1	10
Letterkenny General Hospital	19	17	12	48
Mercy University Hospital, Cork	8	5	1	14
Mid-Western Regional Hospital, Dooradoyle	39	22	12	73
Midland Regional Hospital, Mullingar	6	1	0	7
Midland Regional Hospital, Portlaoise	1	3	2	6
Midland Regional Hospital, Tullamore	148	186	68	402
Mid-Western Regional Hospital, Croom	1	0	0	1
Monaghan General Hospital	1	0	0	1
Naas General Hospital	0	0	0	0
Our Lady of Lourdes Hospital, Drogheda	64	51	29	144
Our Lady's Hospital for Sick Children, Crumlin	273	311	139	723
Our Lady's Hospital, Navan	0	0	0	0
Royal Victoria Eye and Ear Hospital	11	1	0	12
Sligo General Hospital	79	78	23	180
South Infirmary Victoria University Hospital, Cork	0	1	0	1
St. John's Hospital, Limerick	1	0	0	1
St. Luke's General Hospital, Kilkenny	8	6	0	14
Tallaght Hospital (AMNCH)	49	43	8	100
The Children's University Hospital, Temple Street	106	163	149	418
University College Hospital, Galway	94	61	2	157
Waterford Regional Hospital	19	5	0	24
Wexford Hospital	3	1	0	4
Total	**978**	**1,071**	**488**	**2,537**

Source: Patient Treatment Register, National Treatment Purchase Fund

Differences by waiting time

- In April 2008, 39% (978) of the 2,537 children awaiting treatment were on the hospital list for 3-6 months, 42% (1,071) for 6-12 months and 19% (488) for 1 year or more.

Differences by speciality

- Of the 2,537 children who were known to be on a hospital waiting list awaiting treatment in April 2008, 85% (2,150) were awaiting surgical treatment and 15% (387) were awaiting medical treatment.
- The 10 most common surgical procedures and their waiting times in 2007 at different hospitals are shown in Table 106.

Table 106: Paediatric patient waiting times (in months) for the 10 most common surgical procedures (2007)

	Tonsillectomy	Male circumcision	Myringotomy	Excision of skin lesion	Coronary angiogram	Adenidectomy	Removal of port wine stain	Surgical removal of tooth	Correction of a squint	Otoplasty (set back prominent ears)
	Months	Months	Months	Months	Months	Months	Months	Months	Months	Months
Overall	**3**	**6**	**2**	**6**	**4**	**5**	**5**	**4**	**4**	**5**
Bantry General Hospital	n/a	0	n/a	0	n/a	n/a	n/a	0	n/a	n/a
Beaumont Hospital, Dublin	2	0	2	5	0	3	n/a	0	n/a	n/a
Cappagh Orthopaedic Hospital	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a
Cavan General Hospital	2	1	n/a	14	n/a	n/a	n/a	n/a	n/a	n/a
Cork University Hospital	n/a	9	n/a	13	0	n/a	n/a	n/a	n/a	17
Ennis General Hospital	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a
Kerry General Hospital	4	1	1	1	n/a	n/a	n/a	n/a	n/a	n/a
Letterkenny General Hospital	n/a	3	n/a	4	0	n/a	n/a	0	n/a	n/a
Mallow General Hospital	0	0	0	0	n/a	0	n/a	0	n/a	n/a
Mercy University Hospital, Cork	n/a	1	n/a	0	0	n/a	n/a	n/a	0	n/a
Mid-Western Regional Hospital, Croom	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mid-Western Regional Hospital, Dooradoyle	1	1	0	5	0	0	n/a	4	n/a	n/a
Mid-Western Regional Hospital, Nenagh	n/a	0	n/a	0	0	n/a	n/a	n/a	n/a	n/a
Midland Regional Hospital, Mullingar	n/a	3	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a
Midland Regional Hospital, Portlaoise	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Midland Regional Hospital, Tullamore	6	n/a	3	n/a	n/a	5	n/a	n/a	n/a	n/a

continued

Table 106: *continued*

	Tonsillectomy	Male circumcision	Myringotomy	Excision of skin lesion	Coronary angiogram	Adenidectomy	Removal of port wine stain	Surgical removal of tooth	Correction of a squint	Otoplasty (set back prominent ears)
	Months	Months	Months	Months	Months	Months	Months	Months	Months	Months
Monaghan General Hospital	0	0	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a
Naas General Hospital	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a
Our Lady of Lourdes Hospital, Drogheda	3	4	2	4	n/a	2	n/a	n/a	n/a	n/a
Our Lady's Hospital for Sick Children, Crumlin	3	3	4	6	4	3	4	4	3	5
Our Lady's Hospital, Navan	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a
Portiuncula Hospital	n/a	0	n/a	0	n/a	n/a	n/a	0	n/a	n/a
Roscommon County Hospital	n/a	0	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a
Royal Victoria Eye and Ear Hospital	1	n/a	2	1	n/a	0	n/a	n/a	1	n/a
Sligo General Hospital	5	6	5	4	n/a	9	n/a	6	5	n/a
South Infirmary Victoria University Hospital, Cork	0	0	1	5	n/a	1	n/a	n/a	n/a	0
South Tipperary General Hospital	n/a	0	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a
St. Colmcille's Hospital, Loughlinstown	n/a	0	n/a	0	0	n/a	n/a	0	n/a	n/a
St. John's Hospital, Limerick	0	n/a	n/a	3	n/a	n/a	n/a	0	n/a	n/a
St. Luke's General Hospital, Kilkenny	n/a	10	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a
Tallaght Hospital (AMNCH)	4	1	n/a	3	0	8	n/a	n/a	n/a	0
The Children's Hospital, Temple Street	2	8	1	8	8	1	n/a	14	6	8
University College Hospital, Galway	2	5	1	4	0	3	n/a	2	n/a	2
Waterford Regional Hospital	3	n/a	2	1	n/a	2	n/a	n/a	n/a	n/a
Wexford Hospital	n/a	1	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a

n/a means that the hospital is not reporting any patients as waiting for that procedure at the current time.

Source: Patient Treatment Register, National Treatment Purchase Fund

Technical notes

The Patient Treatment Register (PTR) is the first online verified database of public in-patient and day-case waiting lists in Ireland. It was developed with cooperation from the Department of Health and Children, the HSE and the public hospitals. The register has been operational since September 2005 and now includes information from 43 hospitals. In 2006, only 19 hospitals were included in the register.

Since the inception of the National Treatment Purchase Fund (NTPF) in 2002, 10,839 children (8,378 in-patients and 2,461 out-patients) have been treated under the initiative (by end August 2008).

The participating hospitals in the PTR are:

Dublin/North/North-East HSE Region	Dublin East Coast/Dublin South West/Midlands HSE Region
■ Beaumont Hospital ■ Cappagh Orthopaedic Hospital ■ Cavan General Hospital ■ Connolly Hospital, Blanchardstown ■ Louth County Hospital ■ Monaghan General Hospital ■ Our Lady of Lourdes Hospital, Drogheda ■ Our Lady's Hospital Navan ■ The Children's University Hospital, Temple Street ■ Mater Hospital Dublin	■ Midlands Regional Hospital, Mullingar ■ Midlands Regional Hospital, Portlaoise ■ Midlands Regional Hospital, Tullamore ■ Our Lady's Hospital for Sick Children, Crumlin ■ Royal Victoria Eye and Ear Hospital ■ St. Colmcille's Hospital, Loughlinstown ■ St. James's Hospital ■ St. Vincent's Hospital, Elm Park ■ St. Michael's Hospital, Dun Laoghaire ■ Tallaght Hospital ■ Naas General Hospital
Southern/South East HSE Region	**North West/West/Mid-West HSE Region**
■ Bantry General Hospital ■ Cork University Hospital ■ Lourdes Orthopaedic Hospital, Kilcreene ■ Kerry General Hospital ■ Mallow General Hospital ■ Mercy University Hospital, Cork ■ South Infirmary - Victoria Hospital, Cork ■ South Tipperary General Hospital ■ St. Luke's Hospital, Kilkenny ■ Waterford Regional Hospital ■ Wexford General Hospital	■ Letterkenny General Hospital ■ Mid-Western Regional Hospital, Dooradoyle ■ Mid-Western Regional Hospital, Croom ■ Mid-Western Regional Hospital, Ennis ■ Mid-Western Regional Orthopaedic Hospital, Nenagh ■ Merlin Park Hospital, Galway ■ Portiuncula Hospital ■ University College Hospital, Galway ■ Roscommon County Hospital ■ Sligo General Hospital ■ St. John's Hospital Limerick

Note: The table above includes children who have been assessed at an out-patient clinic as in need of a surgical or medical procedure; it does not include children who are waiting to be seen at an out-patient clinic.

CHILDREN AND YOUNG PEOPLE IN CARE

Children in care are more likely to fare less well in education than other children, insofar as they are more likely to be suspended or expelled from school, more likely to exhibit low levels of school engagement[70] and more likely to leave school without an academic qualification[71].

Measure

The number of children who are in the care of the Health Service Executive (HSE).

Key findings

- In 2006, the number of children in the care of the HSE was 5,247. This equates to an overall rate of 50.6 children per 10,000 *(see Table 107)*.
- 26.9% (1,414) of children in the care of the HSE were in the HSE Dublin Mid-Leinster region; 26.4% (1,384) were in HSE South; 25.8% (1,355) were in HSE Dublin North-East; and the remaining 20.9% (1,094) were in HSE West.

Table 107: Number of children in the care of the HSE, by HSE Region (2006)

HSE Region	Total
Dublin Mid-Leinster	1,414
Dublin North-East	1,355
West	1,094
South	1,384
State	**5,247**
Rate per 10,000	**50.6**

Source: Childcare Interim Dataset, HSE

Differences by gender

- In 2006, there were no significant differences between boys and girls *(see Table 108)* – 51.1% (2,681) of children in the care of the HSE were boys and 48.9% (2,566) were girls.

70 Daly, A. and Gilligan, R. (2005) *The educational and social support experiences of young people aged 13-14 years in long-term foster care*. Dublin: Children's Research Centre, Trinity College Dublin.

71 Kelleher, P., Kelleher, C. and Corbett, M. (2000) *Left Out on their Own: Young people leaving care in Ireland*. Dublin: Focus Ireland.

Table 108: Number of children in the care of the HSE, by gender and HSE Region (2006)			
HSE Region	**Boys**	**Girls**	**Total**
Dublin Mid-Leinster	713	701	1,414
Dublin North-East	684	671	1,355
West	567	527	1,094
South	717	667	1,384
State	**2,681**	**2,566**	**5,247**

Source: Childcare Interim Dataset, HSE

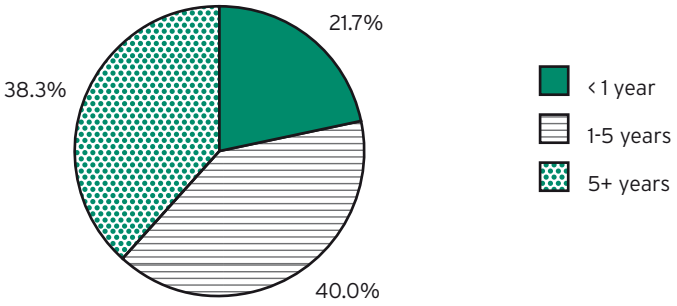
Differences by length of stay

- In 2006, 21.7% (1,141) of children in the care of the HSE were in care for less than one year; 40% (2,097) were in care for between 1 and 5 years; and the remaining 38.3% (2,009) were in care for 5 years or more *(see Table 109 and Figure 47)*.

Table 109: Number of children in the care of the HSE, by length of stay and HSE Region (2006)				
HSE Region	**Up to 1 year**	**1-5 years**	**5 years or more**	**Total**
Dublin Mid-Leinster	219	563	632	1,414
Dublin North-East	252	594	509	1,355
West	262	421	411	1,094
South	408	519	457	1,384
State	**1,141**	**2,097**	**2,009**	**5,247**

Source: Childcare Interim Dataset, HSE

Figure 47: Percentage of children in the care of the HSE, by length of stay (2006)



Source: Childcare Interim Dataset, HSE

Differences by type of placement

- 87.6% (4,595) of all children in the care of the HSE lived in foster family homes *(see Table 110)*. 58.6% (3,073) were in foster family homes with non-relatives, while 28.2% (1,482) lived in foster family homes with relatives.
- 7.8% (408) of all children in the care of the HSE were placed in residential care settings.

Table 110: Number of children in the care of the HSE, by type of placement and HSE Region (2006)

HSE Region	Dublin Mid-Leinster		Dublin North-East		West		South		State	
	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Foster Care – General	867	61.3	693	51.1	678	62.0	835	60.3	3,073	58.6
Foster Care – Special	1	0.1	11	0.8	16	1.5	12	0.9	40	0.8
Foster Care – Relative	390	27.6	436	32.2	295	27.0	361	26.1	1,482	28.2
Pre-adoptive placement	3	0.2	4	0.3	14	1.3	15	1.1	36	0.7
Residential – General	119	8.4	116	8.6	46	4.2	70	5.1	351	6.7
Residential – Special	3	0.2	8	0.6	3	0.3	2	0.1	16	0.3
Residential – High Support	9	0.6	5	0.4	12	1.1	15	1.1	41	0.8
At home under care order	0	0.0	15	1.1	15	1.4	14	1.0	44	0.8
Other	22	1.6	67	4.9	15	1.4	60	4.3	164	3.1
Total	**1,414**	**100.0**	**1,355**	**100.0**	**1,094**	**100.0**	**1,384**	**100.0**	**5,247**	**100.0**

Source: Childcare Interim Dataset, HSE

Technical notes

Data for the Childcare Interim Dataset are collected by the Health Service Executive.

MENTAL HEALTH REFERRALS

Good mental health enables people to lead a fulfilled life and to relate satisfactorily to those around them. The consequences of mental health problems for an individual or family can be considerable and wide-ranging.[72]

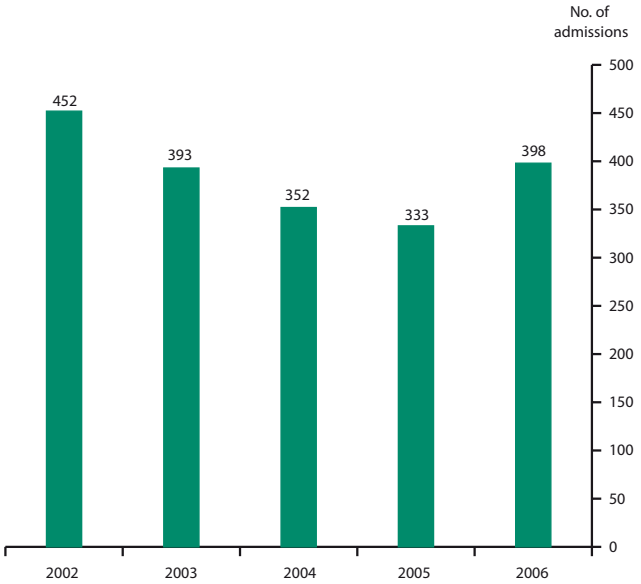
Measure

The number of admissions to psychiatric hospitals among children.

Key findings

- In 2006, there were 398 admissions to psychiatric hospitals among children *(see Figure 48)*. This represents an increase of 65 admissions compared to 2005.

Figure 48: Number of admissions to psychiatric hospitals among children (2002-2006)



Source: National Psychiatric In-Patient Reporting System, Health Research Board

Differences by gender and age

- In 2006, children aged 15-17 accounted for 83.7% (333) of admissions to psychiatric hospitals *(see Table 111)*.

[72] Department of Health and Children (2006) *A Vision for Change: Report of the Expert Group on Mental Health Policy.* Dublin: The Stationery Office.

Table 111: Number of admissions to psychiatric hospitals among children, by age (2002-2006)						
	2002	2003	2004	2005	2006	
	No.	No.	No.	No.	No.	%
0-4 years	0	0	0	0	0	0
5-9 years	3	4	5	1	4	1.0
10-14 years	47	43	38	46	61	15.3
15-17 years	402	346	309	286	333	83.7
Total	**452**	**393**	**352**	**333**	**398**	**100.0**

Source: National Psychiatric In-Patient Reporting System, Health Research Board

- In 2006, the number of admissions to psychiatric hospitals was higher for boys than for girls *(see Table 112)*, with boys accounting for 54.8% (218) of admissions and girls for 45.2% (180).

Table 112: Number of admissions aged under 18 to psychiatric hospitals, by gender (2002-2006)						
	2002	2003	2004	2005	2006	
	No.	No.	No.	No.	No.	%
Boys	208	163	185	181	218	54.8
Girls	244	230	167	152	180	45.2
Total	**452**	**393**	**352**	**333**	**398**	**100**

Source: National Psychiatric In-Patient Reporting System, Health Research Board

Differences by conditions

- In 2006, the most common reason for children being admitted to psychiatric hospitals was for depressive disorders (29.6%) *(see Table 113)*. Other common reasons included neuroses (14.1%) and schizophrenia (8.0%). Alcoholic disorders accounted for 4.3% of admissions and drug dependence for 5.8% of admissions.

Table 113: Number of admissions aged under 18 to psychiatric hospitals, by cause (2002-2006)						
Diagnosis	**2002**	**2003**	**2004**	**2005**	**2006**	
	No.	**No.**	**No.**	**No.**	**No.**	**%**
Depressive disorders	120	111	79	88	118	29.6
Neuroses	74	71	75	63	56	14.1
Personality disorders	81	44	40	36	29	7.3
Drug dependence	29	31	32	33	23	5.8
Schizophrenia	48	32	27	30	32	8.0
Other psychoses	13	20	13	14	19	4.8
Alcoholic disorders	9	24	17	13	17	4.3
Mania	33	13	22	11	23	5.8
Mental handicap	5	<5	5	6	1	0.3
Organic psychoses	14	<5	7	<5	15	3.8
Unspecified	26	40	35	34	65	16.3
Total	**452**	**393**	**352**	**333**	**398**	**100**

Source: National Psychiatric In-Patient Reporting System, Health Research Board

Differences by geographical area

- In 2006, 24.9% of children admitted to psychiatric hospitals were from Dublin and 10.1% from Cork City and County *(see Table 114)*.

Table 114: Number of admissions aged under 18 to psychiatric hospitals, by county (2002-2006)

County	2002	2003	2004	2005	2006	
Carlow	7	<5	<5	<5	5	1.3
Cavan	<5	<5	<5	<5	<5	
Clare	14	15	5	<5	5	1.3
Cork city and county	32	31	34	34	40	10.1
Donegal	12	<5	9	<5	<5	
Dublin	119	84	99	90	99	24.9
England and NI	<5	<5	<5	<5	<5	
Galway city and county	37	44	44	33	36	9
Kerry	25	13	13	13	8	2
Kildare	38	18	19	21	23	5.8
Kilkenny	<5	7	<5	<5	<5	
Laois	5	8	9	<5	5	1.3
Leitrim	<5	<5	<5	<5	<5	
Limerick city and county	22	25	12	8	20	5
Longford	18	8	<5	6	<5	
Louth	16	16	<5	<5	9	2.3
Mayo	15	10	5	<5	10	2.5
Meath	6	8	12	16	13	3.3
Monaghan	<5	<5	<5	<5	5	1.3
Offaly	7	<5	16	5	7	1.8
Roscommon	<5	7	6	6	7	1.8
Sligo	<5	7	<5	<5	<5	
Tipperary	36	26	16	<5	30	7.5
Unspecified	<5	6	<5	36	<5	
Waterford city and county	8	15	9	9	10	2.5
Westmeath	6	9	6	8	14	3.5
Wexford	8	16	7	16	17	4.3
Wicklow	6	7	10	10	15	3.8
Total	**452**	**393**	**352**	**333**	**398**	**100**

Source: National Psychiatric In-Patient Reporting System, Health Research Board

Technical notes

The National Psychiatric In-Patient Reporting System (NPIRS) database is the only national psychiatric in-patient database in Ireland. The data collected for the NPIRS include demographic data relating to each patient (such as gender, date of birth, marital status, address from which admitted and socio-economic group), together with clinical and diagnostic information (such as date of admission/discharge, legal category, order of admission, diagnosis on admission and discharge in accordance with the WHO International Classification of Diseases categories (ICD 10) and reason for discharge).

In response to changing patterns of patient care, the Health Research Board (HRB) is developing a web-based database, called WISDOM, in collaboration with the HSE and other stakeholders. It is designed to record activity at community care level, including out-patient clinics, day centres, day hospitals, community residences and liaison psychiatry.

SCREENING FOR GROWTH AND DEVELOPMENT

Home visiting by nurses has been shown to have short- and long-term benefits for families with infants. Benefits include reassurance for mother; increased parental knowledge; improved parental problem-solving strategies; and higher levels of reported positive infant mood. Follow-up using longitudinal-type study design has identified lower levels of juvenile delinquency at aged 21 years.[73]

Public Health Nurse visit

Measure

The percentage of mothers of newborn children visited by a Public Health Nurse within 48 hours of discharge from hospital.

Key findings

- In 2007, 72.1% of infants were visited by a Public Health Nurse (PHN) within 48 hours of discharge from hospital *(see Table 115)*.
- The percentage of newborn babies visited by a PHN within 48 hours of discharge from hospital varied across HSE Regions, ranging from 57.5% in HSE Dublin North-East to 85% in HSE West.

Table 115: Number and percentage of newborn infants visited by a Public Health Nurse (PHN) within 48 hours of discharge from hospital, by HSE Region (2007)

HSE Region	No. of newborn babies visited by a PHN within 48 hours of discharge from hospital	No. of newborn babies discharged from any hospital to the reporting area	% of newborn babies visited by a PHN within 48 hours of discharge from hospital
Dublin Mid-Leinster	9,939	14,653	67.8
Dublin North-East	7,529	13,104	57.5
West	11,818	13,906	85.0
South	8,190	10,279	79.7
State	**37,476**	**51,942**	**72.1**

Source: National Health Services Performance Indicators, HSE

[73] OMC (2006) *State of the Nation's Children: Ireland 2006*, Office of the Minister for Children. Dublin: The Stationery Office. Available at: www.childrensdatabase.ie OR www.omc.gov.ie

Technical notes

The data presented in this indicator are not based on complete data for each HSE Region for each Quarter in 2007: Q1 data is based on information from 13 Local Health Offices (LHOs) only; Q2 on 26 LHOs; Q3 on 28 LHOs; and Q4 on 31 LHOs.

A number of other issues may also affect this data, including late notifications of births to PHNs, weekend births and the lack of availability of information technology to support the accurate collection of data.

APPENDIX 1:
MAIN DATA SOURCES

Title: **Census of the Population**
Source: Central Statistics Office (www.cso.ie)
Description: Population statistics, including housing, employment, education and family structure
Frequency: Every 5 years

Title: **Childcare Interim Data Set**
Source: Health Service Executive (www.hse.ie)
Description: Statistics on children in care or at risk
Frequency: Annual

Title: **Educational Welfare Board Database**
Source: National Educational Welfare Board (www.newb.ie)
Description: Statistics on children absent from school for 20 or more days
Frequency: Annual

Title: **European Health for All Database (HFA-DB)**
Source: World Health Organization (www.euro.who.int/HFADB)
Description: Database of health information, including information on health status, health determinants and healthcare
Frequency: Ongoing

Title: **European Union Survey on Income and Living Conditions (EU-SILC)**
Source: Central Statistics Office (www.cso.ie)
Description: European survey on income, living conditions and basic deprivation
Frequency: Annual

Title: **Garda Annual Report**
Source: An Garda Síochána (www.garda.ie)
Description: Crime statistics, including arrests and diversions to the Garda Juvenile Diversion Programme
Frequency: Annual

Title: **Health Behaviour in School-aged Children (HBSC) Survey**
Source: National University of Ireland, Galway (www.nuig.ie)
Description: International survey of the health behaviours of children aged 10-17, covering areas such as general health, food and nutrition, exercise, alcohol consumption and children's perceptions of happiness
Frequency: Every 4 years

Title: **Hospital In-Patient Enquiry (HIPE)**
Source: Economic and Social Research Institute (www.esri.ie)
Description: Statistics on hospital stays, including date of birth, gender, marital status, medical card status, diagnosis, procedure and length of stay
Frequency: Annual

Title: **Immunisation Uptake Statistics**
Source: Health Protection Surveillance Centre (www.ndsc.ie/hpsc)
Description: Statistics on infectious diseases and vaccinations
Frequency: Quarterly

Title: **National Health Services Performance Indicators**
Source: Health Service Executive (www.hse.ie)
Description: Statistics on health and healthcare services, including mental health, child and adolescent health, and child care
Frequency: Annual

Title: **National Intellectual Disability Database (NIDD)**
Source: Health Research Board (www.hrb.ie)
Description: Statistics on those with an intellectual disability (mild, moderate, severe and profound) in receipt of, or on a waiting list for, specialist services
Frequency: Annual

APPENDIX 1: MAIN DATA SOURCES

Title: **National Perinatal Reporting System (NPRS)**
Source: Economic and Social Research Institute (www.esri.ie)
Description: Demographic statistics for every birth (including still births, perinatal and maternal deaths, mother and father's date of birth, nationality, occupation and marital status) and basic clinical information (including birth weight, period of gestation, type of feeding and congenital anomalies)
Frequency: Annual

Title: **National Physical and Sensory Disability Database (NPSDD)**
Source: Health Research Board (www.hrb.ie)
Description: Statistics on those with a physical and/or sensory disability in receipt of, or on a waiting list for, specialist services
Frequency: Annual

Title: **National Psychiatric In-Patient Reporting System (NPIRS)**
Source: Health Research Board (www.hrb.ie)
Description: Statistics on all admissions to, and discharges from, psychiatric in-patient facilities in Ireland. The data collected for the NPIRS include demographic data relating to each patient (such as gender, date of birth, marital status, address from which admitted and socio-economic group), together with clinical and diagnostic information
Frequency: Annual

Title: **Patient Treatment Register (PTR)**
Source: National Treatment Purchase Fund (www.ntpf.ie)
Description: Statistics on public in-patient and day-case waiting lists in Ireland
Frequency: Annual

Title: **Population Estimates**
Source: Central Statistics Office (www.cso.ie)
Description: Population statistics
Frequency: Annual

Title: **Post-Primary Pupil Database**
Source: Department of Education and Science (www.education.ie)
Description: Statistics on pupil participation and retention rates
Frequency: Annual

Title: **Programme for International Student Assessment (PISA) Survey**
Source: Education Research Centre, Drumcondra (www.erc.ie)
Description: International survey of reading, mathematics and science achievement of 15-year-old children
Frequency: Every 4 years

Title: **Quarterly National Household Survey (QNHS)**
Source: Central Statistics Office (www.cso.ie)
Description: Large-scale nationwide survey of households in Ireland
Frequency: Quarterly

Title: **Triennial Assessment of Housing Needs, published in the Quarterly Bulletin on Housing Statistics**
Source: Department of the Environment, Heritage and Local Government (www.environ.ie)
Description: Statistics on families on housing lists and homelessness
Frequency: Every 3 years

Title: **Tuarascáil Staitistiúil**
Source: Department of Education and Science (www.education.ie)
Description: Statistics on schools and examinations
Frequency: Annual

Title: **Vital Statistics**
Source: Central Statistics Office (www.cso.ie)
Description: Statistics on births, marriages and deaths
Frequency: Quarterly

APPENDIX 1: MAIN DATA SOURCES

APPENDIX 2:
NUTS CLASSIFICATIONS

NUTS is an acronym for the EU Nomenclature of Territorial Units for Statistics. This classification was legally established by EU Regulation No. 1059/2003 on 29 May 2003. The 8 Regional Authorities for Ireland (NUTS 3 regions), which were established under the Local Government Act, 1991, are set out below:

NUTS 2 Regions	Regional Authorities (NUTS 3 Regions)	Constituent counties (NUTS 4 Regions)	Type of area
Border, Midland and Western	Border	Cavan Donegal Leitrim Louth Monaghan Sligo	Administrative county Administrative county Administrative county Administrative county Administrative county Administrative county
	Midlands	Laois Longford Offaly Westmeath	Administrative county Administrative county Administrative county Administrative county
	West	Galway Galway Mayo Roscommon	County Borough Administrative county Administrative county Administrative county
Southern and Eastern	Dublin	Dublin Dun Laoghaire/Rathdown Fingal South Dublin	County Borough Administrative county Administrative county Administrative county
	Mid-East	Kildare Meath Wicklow	Administrative county Administrative county Administrative county
	Mid-West	Clare Limerick Limerick Tipperary North Riding	Administrative county County Borough Administrative county Administrative county
	South-East	Carlow Kilkenny Tipperary South Riding Waterford Waterford Wexford	Administrative county Administrative county Administrative county County Borough Administrative county Administrative county
	South-West	Cork Cork Kerry	County Borough Administrative county Administrative county

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