



Child Health Public Health

2024 Annual Report

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Foreword: Integrated vision for children and young people articulated at a time of change for health service

2024 saw the publication of the 'A Vision for the Health and Wellbeing of Children and Young People in Ireland'. This framework document (see page 30) describes a holistic approach for the health and wellbeing needs of children and young people from a population needs perspective. It is underpinned by the vision that 'all children and young people in Ireland will be enabled to live their best, healthiest life'.



The framework was developed with our colleagues, the National Clinical Advisor and Group Lead (Children and Young People) and the National Clinical Programme for Paediatrics and Neonatology, as part of an ongoing collaborative approach with our team in the National Child Health Public Health Programme (CHPH).

Rather than just focusing on service delivery, this vision is informed by the distinct and evolving needs of children and young people. They make up around a quarter of Ireland's population. This framework can be used as a tool to inform integrated and strategic health planning for children and young people of all ages and comes at a time of great change and transformation in the health service. It offers an opportunity for shared objectives and collaboration to work for children to best enable their health and development. This integrated approach is critical given the touchpoints between the health service and families. Key to those in the early years are public health nurses, who continue to deliver a caring, supportive and high quality service despite many challenges particularly in staffing.

Reforms to the health service continued apace in 2024 as new regional structures develop. We continue to highlight the importance of clear and visible integrated structures for children, particularly to ensure integration between universal child health governance structures and emerging service governance structures for children/paediatrics and vaccination. Alignment can ensure structures, both supporting parents and being accessed by parents for children, can provide the integrated care that children need. Our child health programme development officers (page 27) are core regional enablers of this. We particularly continue to advocate for an adequate number of public health nurses and community medical doctor colleagues to carry out their vital work. This work supports all children and provides targeted additional supports based on need, as part of the universal National Healthy Childhood Programme (pages 15 to 27), a key component of CHPH.

Working for children to achieve their best health and development requires an integrated approach not only across the health service, but also with Government and with broader organisations with roles supporting children and families.

It is encouraging to see new strategies and policy being developed across Government and the HSE with a particular focus on child poverty.

In our own programmes, there was ongoing work in 2024 to continue delivering the two population screening programmes (pages 17 to 19), and lay the foundations for expansion of the bloodspot screening programme as we prepare to add two new conditions, supported by additional funding from the Department of Health. We are also pleased that increased investment in CHPH, as part of wider investment in the National Public Health function, is allowing us to scale up our work and reach, including in the areas of inclusion health and school health.

We will continue to emphasise how investing in children is one of the most important things a society can do to build a better future. National and international research shows what happens to a child during pregnancy and the first three years of life will influence the child's health and wellbeing for their lifetime. By supporting parents through high-quality care and information, this in turn helps to ensure children attain lifelong improved health and wellbeing. Early intervention and prevention helps children meet their developmental goals and offers them the best chance of living a happy and fulfilled life. Prevention and early intervention is also the most economical way to help children and families, reducing long-term dependency on a range of state services.

Finally I want to express my appreciation to everyone involved in delivering the national child health programme, including my own very dedicated team.

Our vital role in supporting children and families is dependent on the commitment of so many across the wider health service. We hope that we can continue to build on this integrated approach based on the vision we have set out for the benefit of our children.

Dr Abigail Collins

National Clinical Lead, Child Health Public Health (CHPH) / National Healthy Childhood Programme (NHCP)

At a glance: key numbers in 2024

54,062

Births

(Source: CSO birth occurrence data)



98.4%

babies visited by a PHN within 72 hours of discharge from maternity services



85.1%

children reaching 12 months who have had their 9 to 11 month PHN child health and development assessment on time or before reaching 12 months

5,937,677

the recorded number of visits (sessions) to mychild.ie. The balance between new and returning users is 6:1.



92%

of mychild.ie visitors come from organic search (through unpaid search result)

577

pages on mychild.ie and



301

were fact-checked as part of the 3 year review process

1,097

completions of national infant feeding education programme



66

infant feeding/lactation midwives and nurses trained to deliver breastfeeding skills training

52,944

eligible babies offered newborn hearing screening



99.8%

of eligible babies completed newborn hearing screening (of those offered screening)

743

babies referred to audiology

68

babies identified with a permanent childhood hearing loss (Please note that newborn hearing screening data is provisional and subject to change)

54,319

babies screened through the Newborn Bloodspot Screening Programme



150

babies diagnosed with a rare condition

99.8%

of babies consented through their parents/care-givers to take up offer of bloodspot screening (Please note that newborn bloodspot screening data is provisional and subject to change)

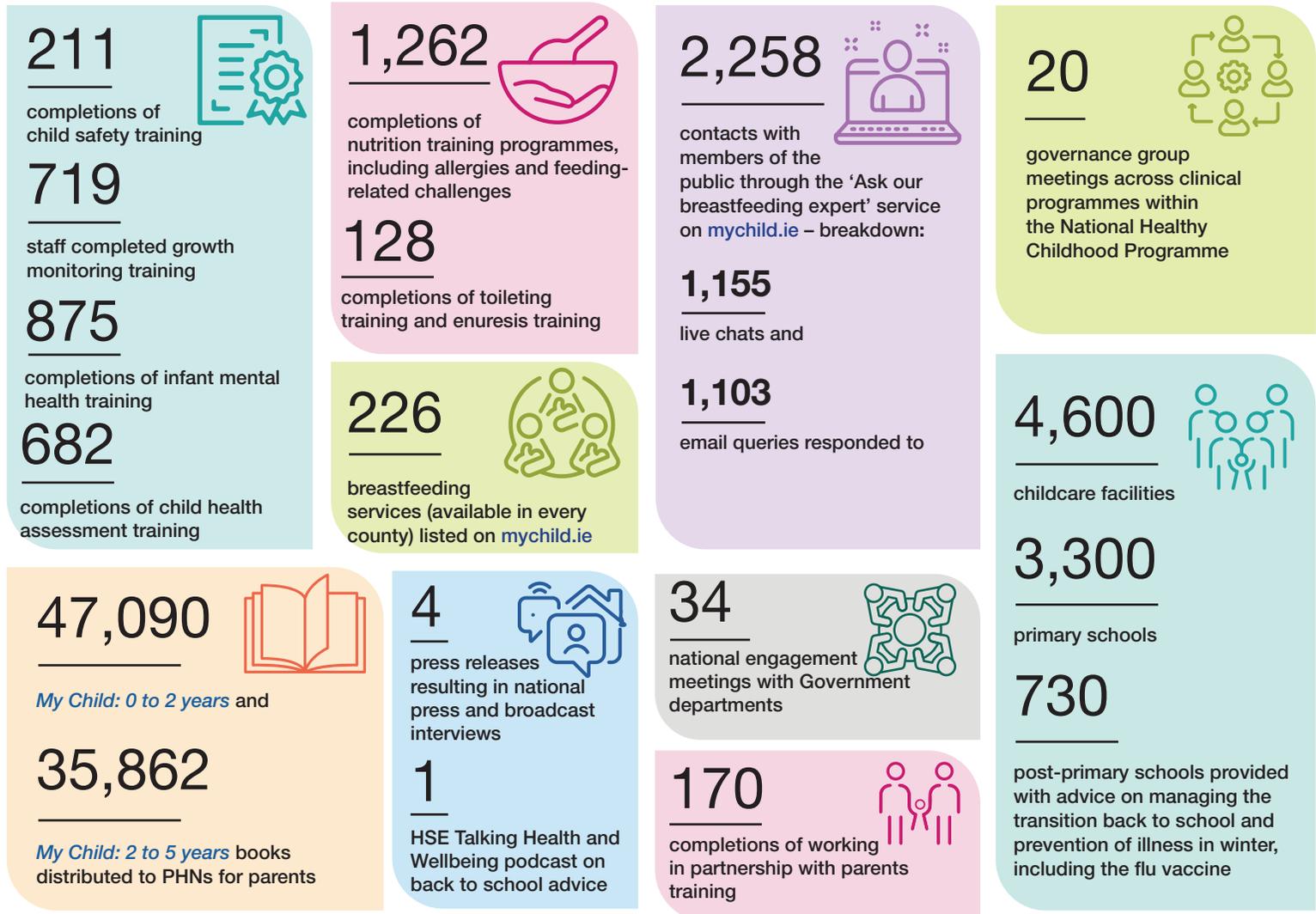
MyChild Facebook community grew by 4.9% to

68,604

On Instagram, @hse_mychild grew by 44% to

28,989





In line with the Medical Officer of Health function, the data above and on the previous page includes national KPIs and data available related to the Child Health Service as per the [Health Acts](#).



Our place in the HSE



Meet the Child Health Public Health team



Paul Marsden
Programme Manager, Child Health
Screening Programmes



Dr Heather Burns
Consultant in Public
Health Medicine
(Joined in December 2024)



Dr Abigail Collins
National Clinical Lead, Child Health
Public Health / National Healthy
Childhood Programme



Anne Pardy
Programme Manager



Dr Katharine Harkin
Consultant in Public Health
Medicine



Dr Fiona Cianci
Consultant in Public Health
Medicine



Laura McHugh
National Breastfeeding
Coordinator



Meena Purushothaman
National Assistant
Breastfeeding Coordinator



Brenda McCormack
Project Support



Jacinta Egan
Project Support



Sarah Hensey
Project Support



Dr Mairéad Bracken Scally
Senior Research Officer
(Joined in December 2024)



Sorcha Nic Mhathúna
Information and Communications
Manager



Dr Julianne Harte
Specialist Registrar, Public
Health Medicine
(Until July 2024)



Dr Teresa O'Dowd
Specialist Registrar,
Public Health Medicine
(July 2024 to January 2025)



Joan O'Kane
Epidemiologist
(until December 2024)



Trish O'Connor
Registered General Nurse
(until December 2024)

List of abbreviations

ALCI:	Association of Lactation Consultants of Ireland
BF:	Breastfeeding
CCPC:	Competition and Consumer Protection Commission
CHI:	Children’s Health Ireland
CHPH:	Child Health Public Health
CHPDO:	Child health programme development officer
CMD:	Community medical doctor
CNME:	Centres of Nursing and Midwifery Education
CYPSC:	Children and Young People’s Services Committees
CSO:	Central Statistics Office
DOH:	Department of Health
DPHN:	Director of public health nursing
FSAI:	Food Safety Authority of Ireland
GP:	General practitioner
GUI:	Growing Up in Ireland
HIQA:	Health Information and Quality Authority
HPRA:	Health Products Regulatory Authority
HSE:	Health Service Executive
IAIMH:	Irish Association for Infant Mental Health

ICGP:	Irish College of General Practitioners
IECMH:	Infant and early childhood mental health
IPAS:	International Protection Accommodation Services
IMH:	Infant mental health
KHF:	Katharine Howard Foundation
LDCCs:	Local Community Development Committees
PHN:	Public health nurse
NCAGL:	Office of the National Clinical Advisor and Group Lead
NCI:	National College of Ireland
NHCP:	National Healthy Childhood Programme
NIO:	National Immunisation Office
NOCA:	National Office of Clinical Audit
NSAC:	National Screening Advisory Committee
NWIHP:	National Women and Infants Health Programme
ONMSD:	Office of the Nursing and Midwifery Services Director
RCPI:	Royal College of Physicians of Ireland
RCSI:	Royal College of Surgeons in Ireland
WBTi:	World Breastfeeding Trends Initiative
WTE:	Whole time equivalent



**Child Health Public
Health (CHPH)**



What is Child Health Public Health?

The HSE National Child Health Public Health (CHPH) function provides the clinical leadership for the framework of the National Healthy Childhood Programme (NHCP), the universal programme of clinical care for children within Ireland (see page 15) and leadership for the national population screening programmes within the NHCP (see page 17 to 19).

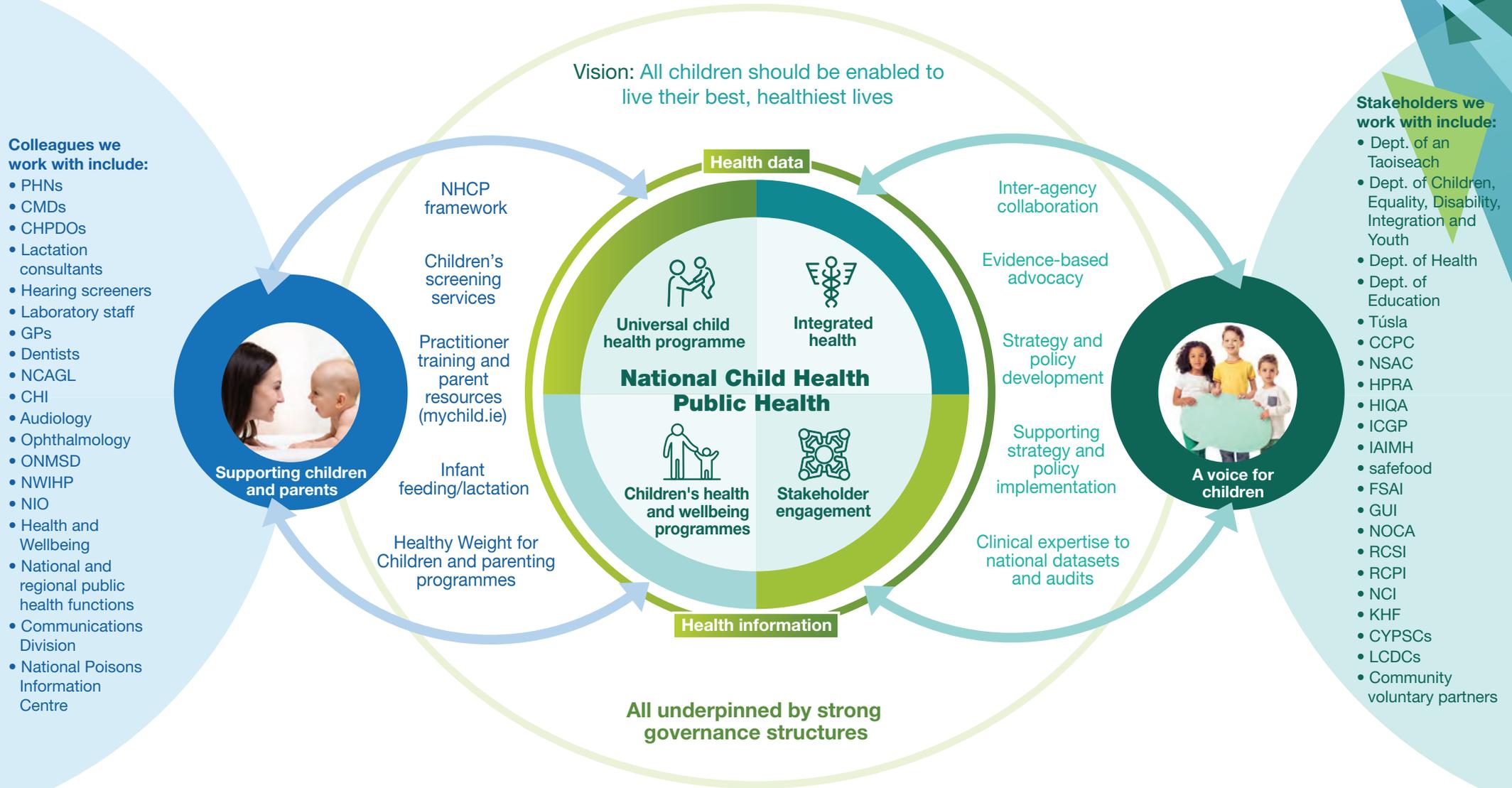
The National CHPH function provides clinical leadership, expertise and support to many areas across the HSE, Governmental and related non-governmental organisations.

This input aims to ensure actions at policy level and actions by organisations both nationally and locally can lead to:

- 1) improvements in the overall health of children and young people
- 2) reduced inequalities for children and young people
- 3) advocacy for the rights of children and young people.

This is important as the evidence demonstrates that economic, social and environmental conditions, and public policies which impact on these, have an enduring impact on the health and wellbeing of children that lasts into their adulthood.

Child Health Public Health in action



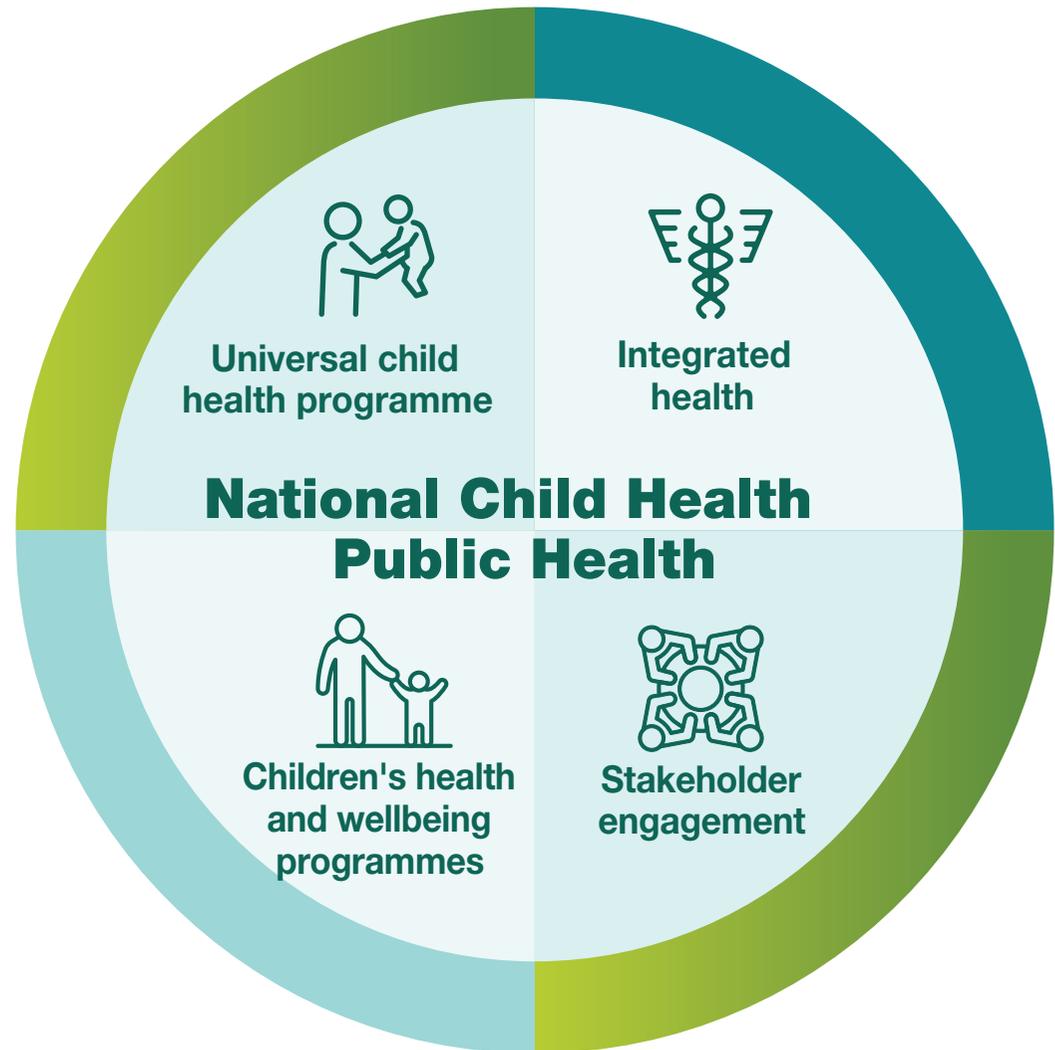
Our vision

‘Children and young people in Ireland will be enabled to live their best, healthiest lives’

Core work streams

Delivering on this vision within the National Child Health Public Health function breaks down to 4 core work streams:

1. Universal child health programme: The National Healthy Childhood Programme (NHCP) – page 15
2. Integrated health – page 29
3. Government and stakeholder engagement – page 34
4. Children’s health and wellbeing programmes – page 36



Child Health Public Health population

The number of children aged 0 to 19 years has increased year-on-year since 2022 and these increases are predominately being seen in the teenage population.

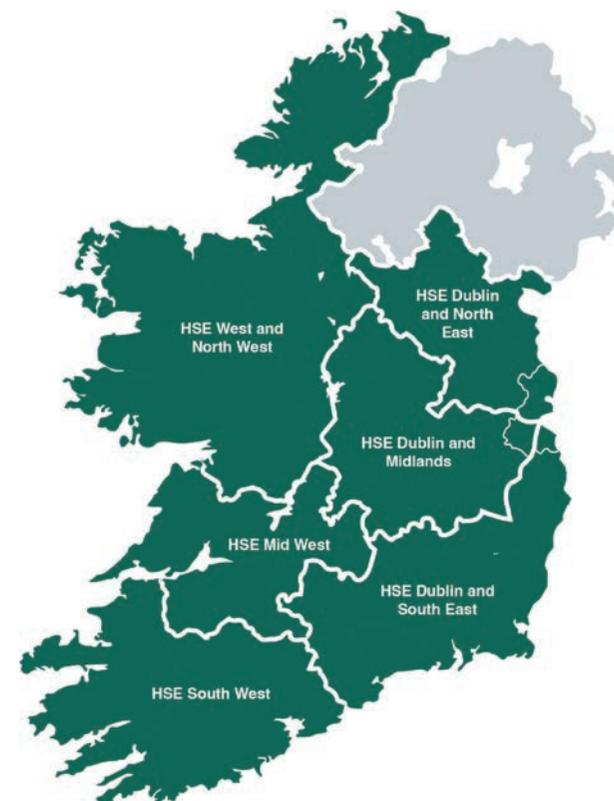
The birth rate in Ireland is slowly reducing, though it remains that around a quarter of Ireland's population are children.

There were an estimated 54,062 births in 2024. This is based on CSO birth occurrence data.

Age group	2022		2023		2024	
	Number	Percent	Number	Percent	Number	Percent
0 to 4 years	295,415	5.74	293,800	5.56	293,200	5.45
5 to 9 years	342,670	6.65	338,600	6.41	335,300	6.23
10 to 14 years	374,202	7.27	379,200	7.18	381,800	7.10
15 to 19 years	337,628	6.56	349,500	6.62	359,000	6.67
Total aged 0 to 19 years	1,349,915	26.22	1,361,000	25.77	1,369,300	25.45
Total population	5,149,139	100.00	5,281,600	100.00	5,380,300	100.00

Data source 2022: Health Atlas CSO Census 2022 Data source 2023: CSO Population Estimates April 2023
Data source 2024: CSO Population Estimates April 2024

The total population ages 0 to 19 in years in Ireland in 2024 was approximately 1,369,300.



Children living in IPAS

Of those aged under 18, 9,015 were living in International Protection Accommodation (IPAS) accommodation. The majority of these children (6,894, which is 76%) were in emergency accommodation.

Source: IPAS weekly accommodation and arrivals statistics. Report date 31/12/2024.

The age breakdown of all children living in IPAS accommodation is as follows (of note, this excludes approximately 248 children not yet registered with the International Protection Office):

Age group	Number of children
0 to 4 years	2,496
5 to 12 years	4,275
13 to 17 years	1,996
Total aged 0 to 17 years	8,767

Source: Department of Justice data sourced through IPAS

The image features a pair of hands, likely belonging to a child, gently cupping a bright red heart. The hands are positioned in the center-right of the frame, resting on a light-colored wooden surface with visible grain and knots. The background is composed of several overlapping, semi-transparent geometric shapes in shades of green and teal, creating a modern, abstract design. The text is overlaid on a dark, semi-transparent rectangular area on the left side of the image.

Core work stream 1:
The National Healthy
Childhood Programme
(NHCP)

Universal programme of clinical care for all children

The Child Health Public Health function provides leadership and support to the [National Healthy Childhood Programme \(NHCP\)](#).

This is the HSE's universal programme of clinical care for all children to support them and their parents from birth.

This support, particularly in the crucial first few years of life, helps to:

- create the best outcomes for children
- build the foundations for health over their lifetime.

It is enshrined in law:

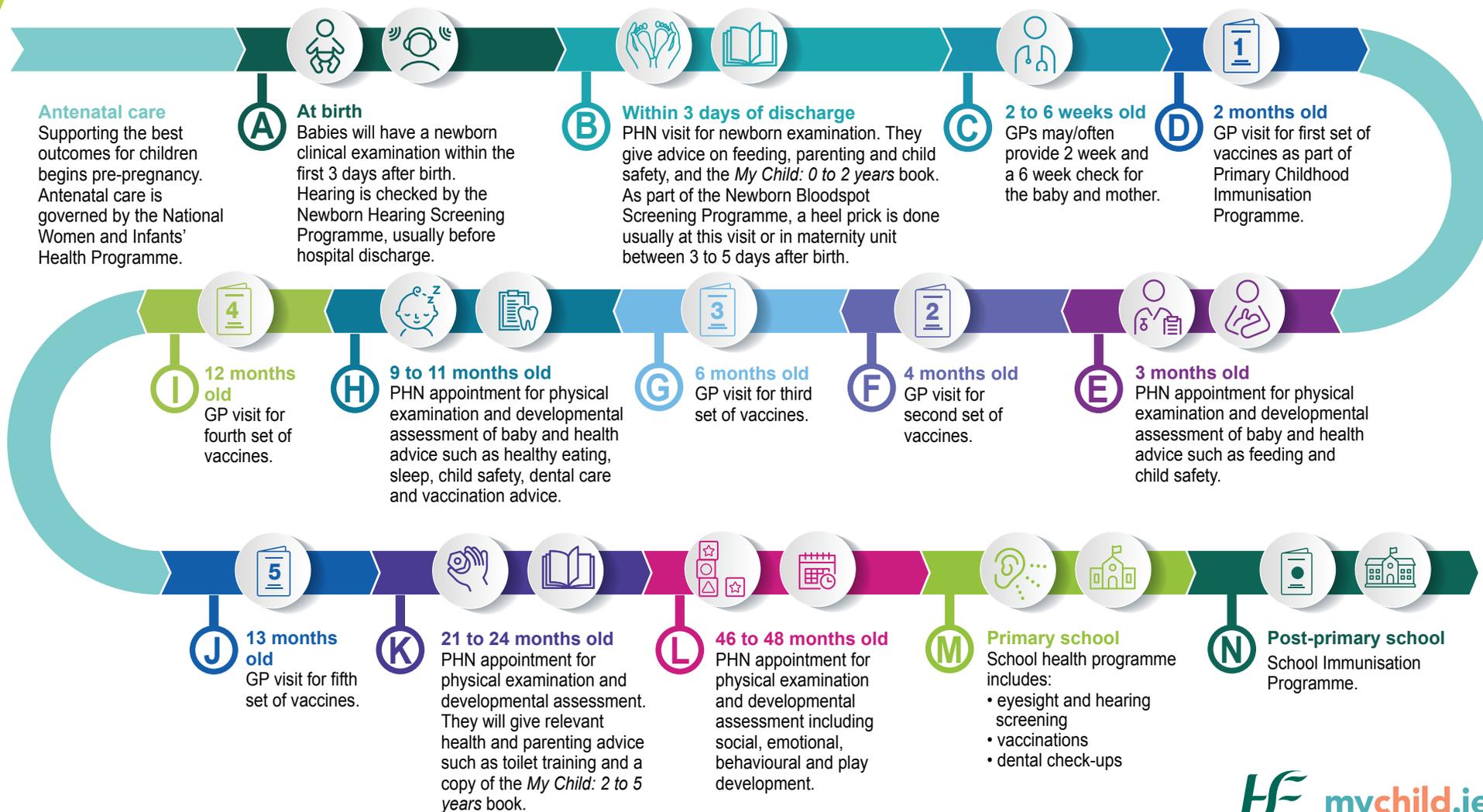
- as one of the core explicit services for the HSE to deliver
- that the Medical Officer of Health 'shall supervise and be responsible to the health authority for the efficient operation of the Mother and Child Health Service' as per the Health Acts.



A child's journey through the National Healthy Childhood Programme

The National Healthy Childhood Programme (NHCP) is Ireland's universal programme of clinical care for children.

The service is free to all children and includes screening, physical examinations and developmental assessments, infant feeding/lactation support, vaccinations and health information for parents.



Screening



National Newborn Bloodspot Screening Programme

The overall aim of the National Newborn Bloodspot Screening Programme (NNBSP) is to offer newborn babies screening for rare but clinically serious conditions that would benefit from early intervention to reduce mortality and/or morbidity.

Newborn bloodspot screening involves taking a small sample of blood from a newborn baby's heel (also referred to as the 'heel-prick').

The sample is then sent to the National Newborn Bloodspot Screening Laboratory (NNBSL) at Children's Health Ireland (CHI) Temple Street, Dublin, where the samples are analysed and from where onward care is organised.

Annual screening reports are available [here](#).

Confirmed positive cases (please note figures are provisional and subject to change)

Condition	Positive cases (Provisional)
Congenital Hypothyroidism	95
Cystic Fibrosis	27
Phenylketonuria	13
Classical Galactosaemia	8
Medium Chain Acyl-CoA Dehydrogenase Deficiency	3
Homocystinuria	1
Glutaric Aciduria Type 1	2
Adenosine Deaminase Deficiency Severe Combined Immunodeficiency	1
Maple Syrup Urine Disease	0
Total	150

54,319

babies screened through the Newborn Bloodspot Screening Programme

150

babies diagnosed with a rare condition

99.8%

of babies consented through their parents/care-givers to take up offer of bloodspot screening

(Please note that newborn bloodspot screening data is provisional and subject to change)



In focus: 10 year review of the newborn screening programme for cystic fibrosis

The National Newborn Bloodspot Screening Programme completed a 10 year review of the newborn screening programme for cystic fibrosis (CF) that commenced in July 2011. The aim of the newborn screening programme for CF is to detect infants with CF who would have presented clinically with significant respiratory symptoms and/or issues relating to poor fat absorption.

Some summary points from the 10 year review:

- 650,809 newborn bloodspot screens were performed over the 10 year review period
- 290 infants were diagnosed with CF
- 533 infants were identified as genetic carriers of CF
- 21 infants were classified as Cystic Fibrosis Screen Positive, Inconclusive Diagnosis (CFSPID)

Prior to the introduction of newborn screening for CF, the average age of diagnosis of CF was 11 months and for infants presenting with only respiratory symptoms diagnosis was even later at 20 months. These infants are now being diagnosed and commenced on treatment very shortly after birth, improving outcomes. The median age at referral to a CF centre was 21 days and the median age at first sweat test (diagnosis) was 23 days.

The screening programme identified 284 (98%) of the infants diagnosed with CF. Six were undetected by the newborn screening programme for CF and presented clinically or following a CF diagnosis in a sibling. These cases were less than the number of cases predicted that would not be identified before the programme commenced in 2011.

The sensitivity of the CF screening programme was 97.93%, the specificity was 99.9% and the positive predictive value was 0.34. These results equal or exceed the recommended European Cystic Fibrosis Society (ECFS) standards.

The observed incidence of CF over the 10 year evaluation period was 1 in 1,203 – this is lower than previously reported but Ireland's incidence remains the highest in Europe.

The review showed that the Irish newborn screening programme for CF is performing very well. Ongoing validity monitoring and interrogation of data are vital and this will continue through the governance structures and be published in the [annual report](#) of the HSE's Children's Screening Programmes.





Universal Newborn Hearing Screening Programme

The overall aim of the national Universal Newborn Hearing Screening Programme (UNHSP) is to improve the health and well-being of children through high quality hearing assessments and early intervention.

Early diagnosis and appropriate intervention for permanent childhood hearing loss (PCHL) is vital for these children to approach school entry with age-appropriate language and communication skills.

Newborn hearing screening is undertaken by trained screening staff at each of the 19 maternity hospital and units.



52,944

eligible babies offered newborn hearing screening

99.8%

of eligible babies completed newborn hearing screening

743

babies referred to audiology

68

babies identified with a permanent childhood hearing loss

(Please note that newborn hearing screening data is provisional and subject to change)



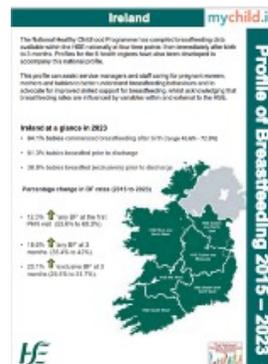
Infant feeding/lactation support

Helping more mothers to breastfeed improves long-term population health. Skilled breastfeeding supports are available in all maternity units and hospitals, in local health services, and online where parents can ask breastfeeding experts questions at mychild.ie.

In 2024:

- **61.9%** of babies were breastfed at the first PHN visit (60.3% in 2023), ranging from 48.6% to 85.5%
- **17/33** LHOs reported increases in rates at the first PHN visit in 2024 from 2023
- **9/33** LHOs reported breastfeeding rates at the first PHN visit above the HSE target of 64%
- **44%** of babies were breastfed at 3 months (42% in 2023), ranging from 17.2% to 70.0%
- **20/33** LHOs reported increases in rates in 2024 from the year previously
- Of the **20** LHOs which reported increases in rates from the year previously, 13 areas have recruited new lactation posts in the last 3 years
- **12/33** LHOs reported breastfeeding rates at 3 months above the HSE target of 46%

(Please note that data on Key Performance Indicators above is provisional and subject to change)



A key moment in September 2024 was the publication of the [Implementation Progress Report: Breastfeeding in a Healthy Ireland – HSE Action Plan 2016-2023](#). Despite challenges, supports for breastfeeding mothers in hospitals and the community increased over the period and there was an upward trend of breastfeeding rates. See page 23 for highlights.

In conjunction with the report, national and health region profiles of breastfeeding rates over the term of the breastfeeding action plan were produced:

- Hospital and PHN data aligned with each region
- Rates tracked over the course of the action plan (2015 to 2023)
- Data from four time points: from initiation to 3 months
- % change in rates from 2015 to 2023 outlined

From left: National Breastfeeding Coordinator Laura McHugh, Assistant National Breastfeeding Coordinator Meena Purushothaman and Fiona Ward, Policy Advisor, Nutrition and Obesity, Department of Health, at the launch of the action plan progress report in September ahead of National Breastfeeding Week. Photo: Mark Stedman





In focus: Implementation Progress Report: Breastfeeding in a Healthy Ireland

Key achievements from 2016 to 2023

64% breastfeeding initiation in 2023



56 breastfeeding topics on mychild.ie



- 551,224 views on breastfeeding pages in 2023
- 21,967 online breastfeeding support queries
- 4 monthly breastfeeding focused social media ads

10,522 infant feeding e-learning units completed



- pilot of National Infant Feeding Education Programme with 78 staff in 3 CNMEs (2023)
- 64 breastfeeding skills trainers

27 breastfeeding publications for HSE staff developed/updated



- Guideline on the Observation of a Breastfeed & Use of the Breastfeeding Observation Assessment Tool (BOAT) Resource
 - 27 of 32 PHN areas implementing the BOAT
- National Standards for Infant Feeding in Maternity Services (HSE BFI)
- HSE BFI self-assessment resources
- Breastfeeding Policy for Staff Working in the Public Health Services
- Interim Public Health Guidance for Voluntary Breastfeeding Groups
- HSE Policy on the Marketing of Breastmilk Substitutes
 - Working within the code: A guide for HSE staff
- National Infant Feeding policy for maternity and Neonatal Services
- National Infant Feeding policy for Primary Care Teams and Community Health Care Organisations
- 11 breastfeeding factsheets and 5 PHN care plans: management of common breastfeeding challenges

3 HSE national breastfeeding posts



HSE Baby Friendly Initiative



- National audit (2018)
- National Standards for Infant Feeding in Maternity Services (2022)
- 3 year self-assessment cycle commenced (2023)
- 96 quality improvement plans

98% of infant feeding/lactation posts appointed



12.5% ↑ any BF at first PHN visit
18.6% ↑ any BF at 3 months
20.1% ↑ exclusive BF at 3 months



(Percentage changes in breastfeeding rates from 2015 to 2023)

59.1 WTE

- 34.5 maternity
- 23.6 primary care
- 1 CHI
- Nearly fourfold increase in WTE (15.42 WTE in 2017)

250+ breast pumps for mothers in maternity, neonatal services for home use (rental, loan or donation)

- **10** of 19 maternity services have a referral pathway for public tongue tie services

5 HSE breastfeeding printed resources available for parents:



- Breastfeeding: A good start in life: Information on breastfeeding your baby booklet
- Breastfeeding and expressing for your premature or sick baby booklet
- Breastfeeding information for Traveller Beoirs booklet
- My Pregnancy book
- My Child 0 to 2 years book

1 hour breastfeeding break per normal working day up to child's 2nd birthday (HSE Breastfeeding Breaks Policy, 2021).



Extended to all mothers through legislation in 2023

219 breastfeeding services listed on mychild.ie



- HSE (155)
- Cuidiú (25)
- Friends of Breastfeeding (7)
- La Leche League (31)
- Other (1)

€760,089 grant funding provided by HSE to breastfeeding organisations

- **7** regional multidisciplinary infant feeding/breastfeeding committees
- **2** infant feeding/lactation practitioner forums for maternity and PHN staff

Other key areas of infant feeding/lactation support work in 2024 included:

Launch of the National Infant Feeding Education Programme in July:

- There are 58 trainers working within the 19 maternity services and 32 DPHN areas. One trainers' workshop delivered in March.
- Trainers' resources (such as dolls, breast models, etc.) provided to 19 training sites across 12 CNMEs to support the implementation of breastfeeding skills training.
- 79 staff attended breastfeeding skills training courses across 8 training sites.
- All healthcare staff who care for mothers and babies can access this training and enrol onto a course in each CNME area.



Training session in progress



Work in conjunction with the National Women and Infant Health Programme (Baby Friendly Initiative) included:

- a workshop held with 65 infant feeding/lactation post holders across maternity and community services
 - resources to support standardisation of colostrum harvesting practices in development
 - safe skin-to-skin video and poster developed
 - terms of reference for infant feeding committees in hospitals agreed
 - ongoing work to reduce supplementation, including the development of staff and parent resources on the appropriate use of commercial milk formula
-
- Evidence review to inform the update of HSE infant feeding policies, including the provision of commercial milk formula, completed.
 - Online survey to identify 'Experiences of Healthcare Providers and Service Users of Using HSE Resources for Supporting Optimum Infant Feeding' completed. 369 parents and 69 HSE staff provided feedback. This feedback will inform the update of feeding guides on mychild.ie.
 - 3 meetings of infant feeding post-holders working in community services held.
 - 2,258 breastfeeding queries were responded to via the HSE's online breastfeeding support service on mychild.ie:
 - 1,155 live chats
 - 1,103 email queries.



Mothers and babies at the breastfeeding group at the Thomas Court Primary Care Centre, Dublin 8, at the launch of National Breastfeeding Week 2024. Photo: Mark Stedman

- Promotion of breastfeeding supports provided by HSE and volunteer breastfeeding groups. Contact details for the breastfeeding services available in every county are listed on mychild.ie. At December 2024, there are 226 breastfeeding services listed on the site.

Provider	Number
HSE	159
Cuidiu	26
Friends of Breastfeeding	8
La Leche League	31
Other	2
Total	226

- Section 39 grants provided to 4 breastfeeding organisations totalling €95,500 in 2024.
- National Breastfeeding Week campaign took place from October 1st to 7th, with national and regional press coverage, and online articles. Events to mark the week, e.g. coffee mornings, webinars and study days, held in every maternity hospital and within PHN services and a number of higher education institutes and community organisations.
- Update of the [Breastfeeding and Expressing for your Premature or Sick Baby](#) information booklet.



Other work commenced in 2024:

- Supported the development of a *Consensus Statement on the Assessment and Management of Ankyloglossia*, including mapping of the provision of public tongue tie services in the HSE.
- Supporting the DOH in the establishment of work to develop a new breastfeeding strategy.
- Supported the development of [Diabetes in Pregnancy: A Model of Care for Ireland](#) and Model of Care for Neonatal Services in Ireland (awaiting publication).

School health programme



The school health programme includes:

- eyesight and hearing screening
- vaccines
- school dental programme

Screening and vaccines are usually offered in junior infants. (In Sligo, Leitrim and Donegal, the vaccines are given by the GP).

Additional vaccines are also offered in first year of post-primary school.

The school dental programme currently offers dental check-ups to children in certain classes in primary school.

In December 2024, the Minister of Health signed two new statutory instruments using his powers under the Health Acts, which support data-sharing between schools and the HSE for the purposes of the school health programme.

They are:

- [Infectious Diseases \(Amendment\) \(No. 3\) Regulations 2024](#)
- [Health \(Provision of Information for Health Examination and Treatment Service\) Regulations 2024](#)

This followed successful engagement and collaboration between HSE Child Health Public Health, National Immunisation Office and the Department of Health and the Department of Education.

These regulations detail the information to be provided to the HSE for the purpose of the school health programme including vision, hearing and dental examinations and/or immunisation.

Other areas of work for the school health programme in 2024 included:

- the completion of the [School Hearing Screening Procedure](#)
- preparations for a webinar to officially launch the updated School Hearing Screening procedure aimed at all staff working in the school health programme. This webinar took place in early January 2025

Advice for parents

In August we received media coverage with a press release on [back to school tips](#) for parents and recorded an [episode](#) of the HSE Talking Health and Wellbeing Podcast, which included advice on helping children get ready for school, managing anxiety, winter illnesses, sleep and physical activity.

Schools were also provided with information for parents on key topics during autumn and winter, including advice on managing the transition back to school and ways to help prevent illness, such as the flu vaccine.



Infant and early childhood mental health



Infant and early childhood mental health (IECMH) describes the social and emotional development of infants and young children within the context of the parent-child relationship.

The work of the programme has focused on embedding the principles and practice of IECMH into child health services and the development and promotion of training, practitioner resources and public information for parents and care-givers.

This has included:

- embedding IECMH in all communications with parents across mychild.ie and the suite of [My Child books](#)
- developing and promoting [videos for parents](#) relating to IECMH and focused on relationship building, responding to baby's cues and regulating emotions through mychild.ie and social media channels
- developing resources to support practitioners (home visitors) to observe, support and enhance the nature and quality of parent-baby interactions including practice prompts and e-learning
- developing skills training for public health nurses and community medical doctors supporting e-learning to practice

In 2024, we:

- continued the promotion of IECMH messaging across social media platforms
- promoted and increased awareness of the IECMH HSEland eLearning units to relevant professionals

- commenced work on progressing the integrating of key IECMH messaging into school health training
- continued collaboration with Tusla and the Irish Association for Infant Mental Health (IAIMH) to support expansion of infant mental health networks and supporting capacity building training and resources
- continued to contribute to a new training programme for antenatal educators with a central emphasis on the early parent-child relationship
- continued to support the implementation of Stronger Together: The HSE Mental Health Promotion Plan 2022–2027

In addition, our child health programme development officers at regional level continued to support the development of IECMH networks and forums. These activities raise awareness by providing opportunities for clinicians and caregivers to learn more about how to bring an IECMH lens to child and family interactions. They also provide opportunities for reflection and awareness as to where to find more IECMH-related resources.



Regional implementation of the NHCP

Child Health Programme Development Officers (CHPDOs)

The role of Child Health Programme Development Officers (CHPDOs) is to support the National Healthy Childhood Programme at regional level. CHPDOs work as a conduit between the National Healthy Childhood Programme and service managers, clinicians and community partners involved in the delivery of child and family services. They work in close collaboration with the community and voluntary sector to ensure the consistent delivery of health-related messaging to parents and work on projects to improve health and wellbeing outcomes.

They are a key support to the child health governance structures in their respective geographical areas and pivotal to its functionality, operation and sustainability within the new health regions. Key HSE child health priorities are implemented and supported by regional subgroups feeding into this structure, e.g. infant feeding, Healthy Weight for Children, Immunisation, Infant and Early Childhood Mental Health and National Healthy Childhood Programme Working Groups. The CHPDOs play a leading role in these subgroups, supporting many quality improvement initiatives at local, regional and national levels.

The role involves project management and planning, quality improvement, research and engaging with HSE, Tusla, Children and Young People's Services Committees (CYPSCs) and voluntary partners on many different projects related to child and family service provision. There are currently seven CHPDOs in place.



Fiola Murphy
HSE West and North West
(covering Donegal, Sligo, Leitrim,
Cavan and Monaghan)



Elizabeth (Libby) Lambe
HSE West and North West
(covering Mayo, Galway and
Roscommon)



Brenda Mellett
HSE Midwest



Rachel Knox
HSE South West



Siobhán Sinnott
HSE Dublin and South East
(covering South Tipperary,
Carlow/Kilkenny, Waterford
and Wexford)



Emma Reilly
HSE Dublin Midlands (covering
Dublin South City and West and
Dublin South West, Kildare and
West Wicklow)



Siobhán Ní Mhurchú
HSE Dublin and North East
(covering Dublin North County
and Dublin North City and West)

Core areas of CHPDO work

CHPDOs play a crucial advocacy role in promoting better child health for all children. Their work encompasses some of the following areas:

Breastfeeding

Support leadership on the protection, promotion and support of breastfeeding in the region with the aim of improving breastfeeding rates in line with annual targets.

National Healthy Childhood Programme

Enable and support the progression of the actions from the National Healthy Childhood Programme across the region and the development of a quality, equitable and standardised universal child health service.

Healthy Weight for Children

Guide and support the implementation of agreed priority actions set out in the Healthy Weight for Children HSE Action Plan, a framework to support the sustainable approach to facilitating healthy weight and prevention of obesity in early childhood.

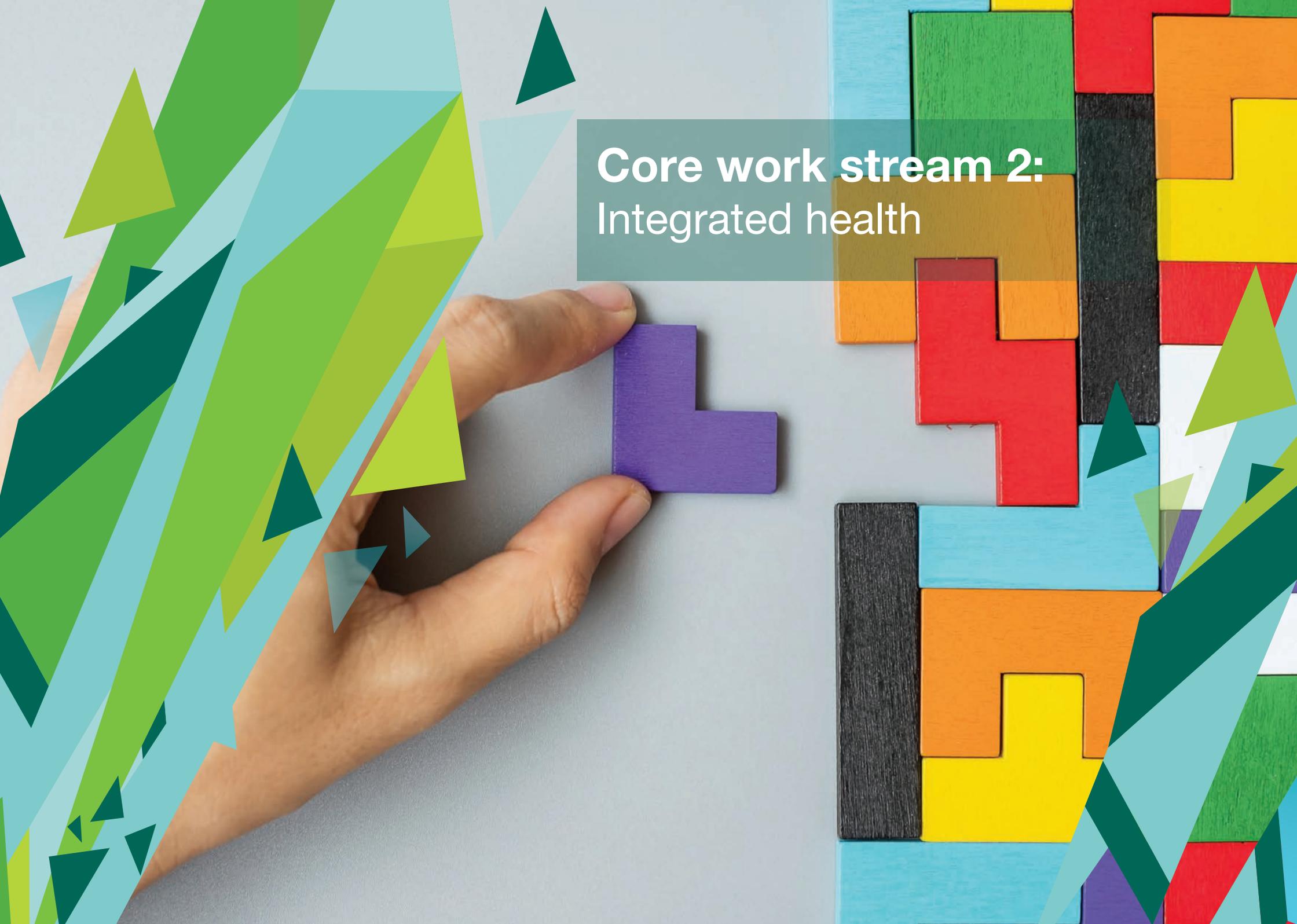
Infant and early childhood infant health

Promote awareness of infant mental health among clinicians, service providers and parents. CHPDOs work collaboratively with other key stakeholders in developing networks where clinicians and services providers are supported to develop their understanding and capacity to bring an IECMH lens to their practice.

Immunisation

Promote the uptake of childhood immunisations and support the quality and consistency of the planning and delivery of the primary and school immunisation programmes.

In each of these areas of child health priority, CHPDOs promote, support and leverage further development of community and statutory partnerships with groups such as Children and Young People's Services Committees (CYPSCs), Prevention Partnership and Family Support (PPFS), Area Based Childhood Programmes (ABCs), Family Resource Centres (FRCs) and many other stakeholders engaging with babies, children and young families. They also actively engage with and contribute to contemporaneous research concerning many aspects of child health in collaboration with academic institutions.



Core work stream 2:
Integrated health

Integrated health activities

Integrated health activities include specific work with partners across the HSE, e.g. National Clinical Advisor and Group Lead (NCAGL), National Women and Infants Health Programme (NWIHP), Children's Health Ireland (CHI) and the National Health Protection Service.

Examples of this work include:

- publishing a vision framework for children (see page 30)
- identifying the needs for re-vaccination for children post significant medical treatment
- continuing to support the implementation of the cCMV testing pilot of newborn babies through the UNHSP
- supporting the progress of the work on folic acid being led by the Dept. of Health
- supporting development of the issues for high consequence infections for children in Ireland.



In focus: New vision framework sets out holistic approach



On World Children’s Day on November 20th 2024, ‘A Vision for the Health and Wellbeing of Children and Young People in Ireland’ was published.

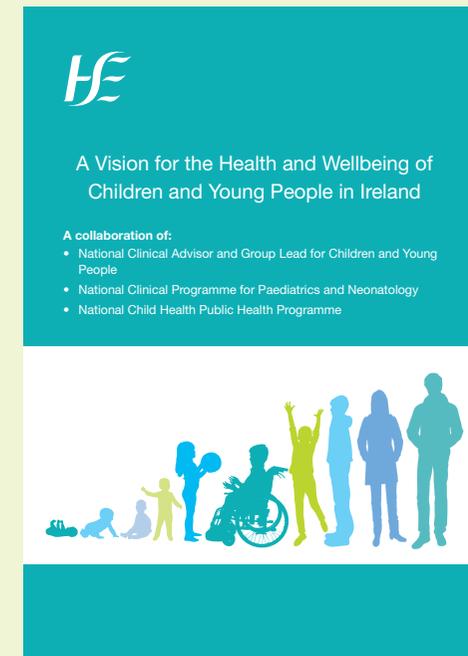
This framework document describes a holistic approach for the health and wellbeing needs of children and young people from a population needs perspective underpinned by the vision that ‘All children and young people in Ireland will be enabled to live their best, healthiest life’.

The framework was developed by the HSE’s National Clinical Advisor and Group Lead, Children and Young People, National Clinical Programme for Paediatrics and Neonatology and the National Child Health Public Health Programme. It outlines the conditions which need to be available to achieve the vision and lays out 3 core recommendations:

1. Develop a unified governance structure at HSE centre, the aim of which is to support the development and lead implementation of national planning to support CYP health and wellbeing. This structure would provide appropriate national health functions and provide a framework to support regional areas. It would also enable cross sectoral collaboration for CYP.
2. Develop a HSE National Integrated Care Plan for CYP that focuses on the delivery of optimal prevention, early intervention and healthcare aligned with the HSE Corporate Plan.

The Integrated Care Plan should be based on the distinct need of the CYP population and their families.

3. New health regions should use this population health management approach to plan, develop and integrate local services to better meet the needs of their CYP population and CYP-specific governance should be clearly defined within each health region with a clinical lead appointed and supported to implement this vision.



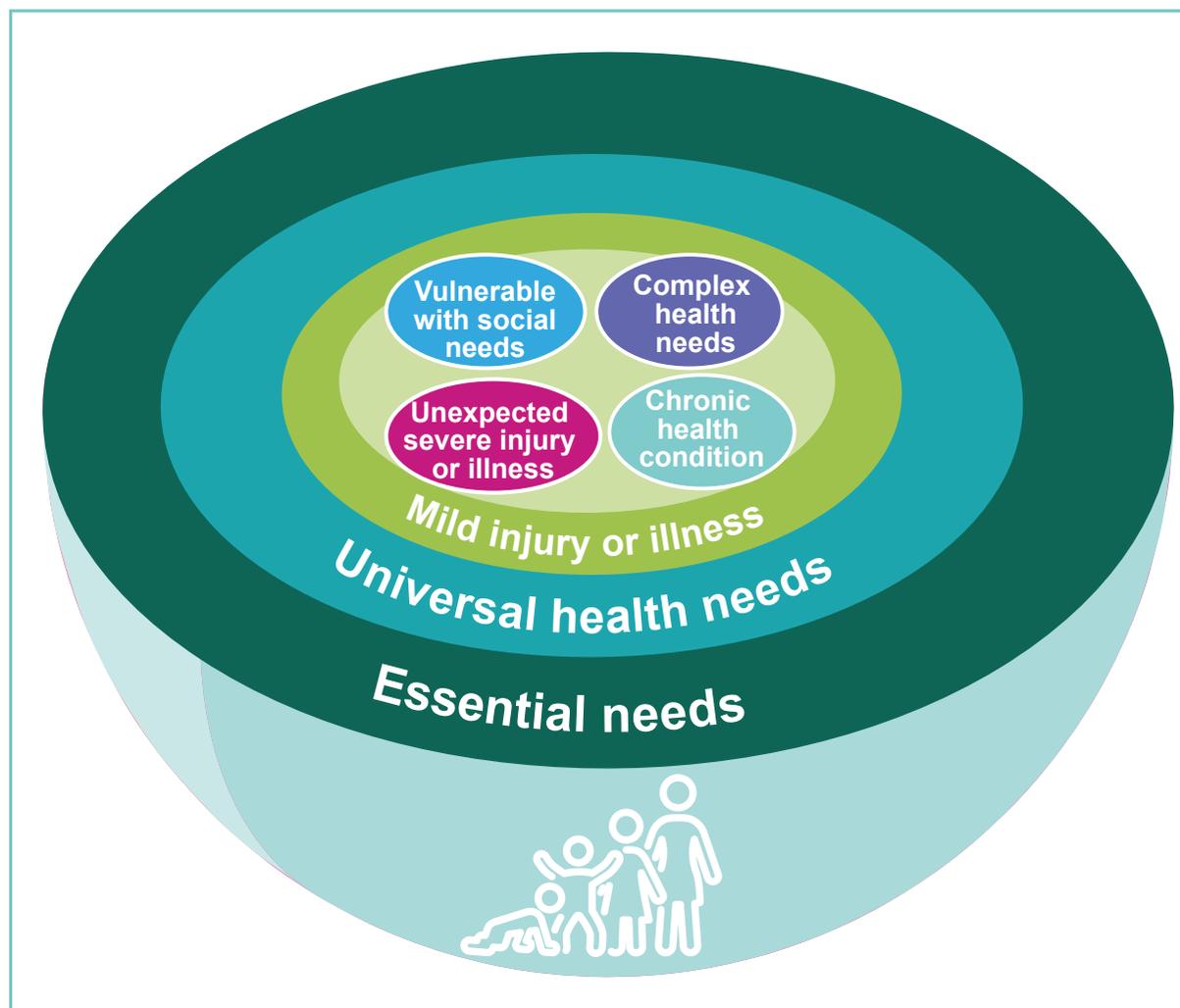
The document also outlines a population health management approach for CYP in Ireland, encompassing universal and integrated health needs for children. This includes tables for CYP

population segmentation of needs by health status and age. It can also be used as tool to inform integrated and strategic health planning for children and young people of all ages.

Universal and integrated health needs for children

Children and Young People: Representation across health according to need

- Essential needs:** Required by all to thrive
- Universal health needs:** Experienced by all to enable prevention and early detection of illness (e.g. universal child health programme)
- Mild injury or illness:** Experienced by all
- Chronic health condition:** Some will experience a chronic health condition which may be longstanding or new onset, that requires extra help or support
- Unexpected severe injury or illness:** Experienced by some. Will require unscheduled care
- Vulnerable with social needs:** Experienced by some. Will require comprehensive care co-ordination with access to multiple health and social services and follow-up
- Complex health needs:** Experienced by some. Will require comprehensive care co-ordination and follow-up



For each cohort presented, consideration should also be given to each of:

- safeguarding
- mental health and wellbeing
- neurodiversity and development
- schooling
- transition of care
- ethics
- inequities
- communications/technology

Inclusion health for children



Inclusion health for children is a public health approach that aims to improve health and wellbeing outcomes of marginalised and underserved children.

These are children who face multiple, overlapping and compounding forms of disadvantage and experience significant barriers to accessing mainstream health services.

These populations typically include children exposed to homelessness, children from Roma and Traveller communities, international protection applicant and refugee children, those affected by parental substance use or mental illness, children living in care and those living in extreme poverty.

From a public health perspective, inclusion health focuses on addressing the social determinants of health and ensuring equitable access to quality healthcare for all children living in Ireland regardless of their social, economic or legal status.

Effective inclusion health strategies for children require cross-sector collaboration between health and social care services, housing, education and community organisations. There is also a need for policy development that addresses upstream factors like poverty reduction, housing security, and immigration policies that affect children's access to services and overall wellbeing.

As the universal programme of clinical care for children, the NHCP must ensure it reaches all children living in Ireland. This requires adopting the fundamental principal of proportionate universalism, recognising that both universal and targeted measures are required to maximise population-level impact while ensuring no child is left behind.

Much of the work in 2024 served to lay the foundations for ongoing projects in 2025. The main areas of work were as follows:

1. Identifying challenges and opportunities in delivering the NHCP to marginalised families through the public health nurse visits.

To this end a survey and workshop were held with PHN/DPHN colleagues to identify issues and areas the NHCP could support to enable improved PHN engagement with marginalised families.

Findings identifies three main areas of work for 2025 including:

- training
- communication/information materials
- mechanisms to locate families

2. Identifying child developmental needs in emergency accommodation for international protection applicants

A survey of emergency centres in HSE South East was conducted to determine what is provided in centres to enable appropriate childhood development.

The findings of this survey resulted in the development of a multi-stakeholder working group to update and expand the nutritional guidelines for children living in international protection accommodation.



Core work stream 3:
Government and
stakeholder engagement

Government and stakeholder engagement



Engagement with government and external stakeholders is critical to developing policy to support children and families, and in implementing these policies.

The National Child Health Public Health (CHPH) function provides strong support and input to Government strategies, implementation and evaluation of actions for and policy advocacy.

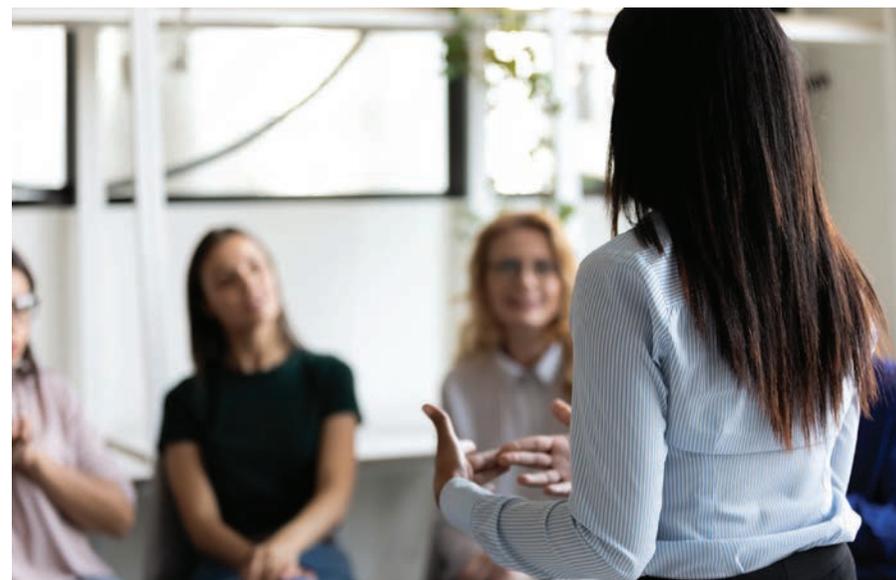
It has a core role supporting relevant policies and strategies led by the Department of Health and the implementation of the First 5 strategy for the Department of Children, Equality, Disability, Integration and Youth and the Department of Health. It also has provided early support to the newly established Child Poverty and Wellbeing unit within the Department of an Taoiseach. A new Public Health Strategy is being progressed by the HSE, which CHPH will support in developing.

In 2024 CHPH provided expert advice and support to:

- Dept. of an Taoiseach's Child Poverty and Wellbeing Programme
- DCEDIY Supporting Parents Steering Group
- DCEDIY First 5 Interdepartmental Group
- DOH Rare Diseases Strategy
- DOH Online Health Taskforce
- DOH Dedicated Child Health Workforce Group
- DOH Folic Acid Expert Advisory Group
- DOH Hearing Care Plan Working Group

Outside of government engagement, the function supports other organisations in their work to support and protect children and families, e.g. working with:

- 1) the Competition and Consumer Protection Commission (CCPC), the Health Products Regulatory Authority (HPRA) and the Food Safety Authority of Ireland (FSAI), Road Safety Authority around safe products for children and families, particularly in 2024 supporting concerns and age restrictions for slushie-type drinks ('Glycerol intoxication syndrome in young children, following the consumption of slush ice drinks')
- 2) the Health Information and Quality Authority (HIQA) to support consideration of expansion of screening programmes or vaccination programmes for children





Core work stream 4:
Children's health and
wellbeing programmes

Children's health and wellbeing programmes



Health means everyone achieving their potential to enjoy physical, mental and social wellbeing.

Support for adult health and wellbeing programmes positively impacts on children in society.

The National Child Health Public Health (CHPH) function specifically leads or supports health and wellbeing programmes that are designed to enable children directly and/or adults in their caring roles for children and families.

We support the implementation of:

- Community Families Home Visiting Programme
- Parenting supports through Sláintecare Healthy Communities
- HSE Healthy Weight for Children

Community Families Home Visiting Programme

CHPH jointly chair the Community Families Oversight Group with Tusla colleagues, supporting the implementation of the new Community Families Model.

October 2024 saw the launch by Minister Colm Burke of the national Community Families Programme, a home visiting programme for parents expecting a baby or with a child aged 0 to 3 years. It aims to support and empower parents and provide them with information, signposting and referrals to other supports and linkages with other services.



The new national programme follows a 2019 National Review of the Community Mothers Programme conducted by the Katharine Howard Foundation (KHF) and the Community

Foundation for Ireland (CFI) with the active participation of the HSE and Tusla, Child and Family Agency. The key recommendation was that a standardised national programme model should be developed along with a strategy to ensure the sustainability and future development and governance of the updated programme.

Funding for the updated programme was secured from the Sláintecare Integration Fund and from a private donor to undertake a development project to implement this key recommendation. In parallel, funding was secured from CFI for a CRM system to support service management, oversight, and quality assurance of the programme. The implementation of Community Families is supported by a national oversight and support group with representation from the HSE, Tusla, the National College of Ireland and KHF.



The implementation of the national Community Families Programme continued into 2025, including the launch of Longford/Westmeath Community Families. Public health nursing staff and other colleagues are pictured at the launch with Minister Peter Burke TD

Parenting supports through Sláintecare Healthy Communities

The parenting component of Sláintecare Healthy Communities (SHC) is led by CHPH in close collaboration with colleagues in Health and Wellbeing.

We facilitate an advisory structure to guide decisions on the parenting programmes offered, engaging with SHC coordinators and commissioned providers to support implementation of agreed programmes. We work closely with HSE Health and Wellbeing and Tusla colleagues in identifying barriers to attendance at parenting programmes and developing effective approaches to improve uptake and participation.

HSE Healthy Weight for Children

With approximately 1 in 5 of our younger children living with overweight or obesity, and approximately 1 in 4 of our adolescent population, the importance of healthy eating to support children and families remains critically important to best enable children now, and as they enter their adult lives.

Access to affordable nutritious food is key, and the commitment to the provision of school meals is very welcome, albeit with a clear focus on nutritional standards.

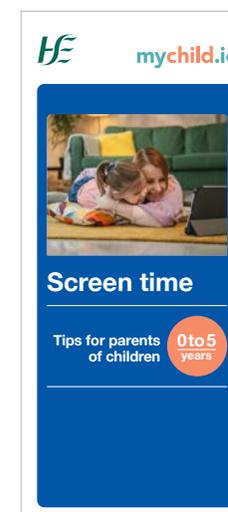
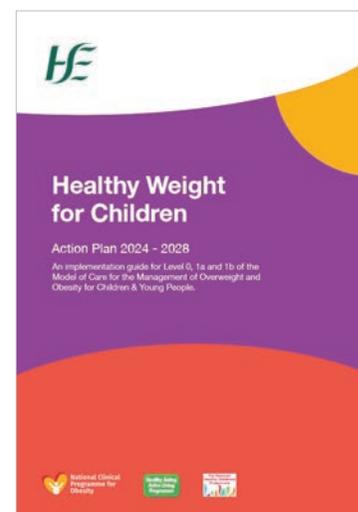
Through our collaborative working with Safefood, we became even more aware of the targeting of unhealthy foods to young children. It is well accepted that ‘what surrounds us, shapes us’ and therefore marketing practices has been an area of core concern for CHPH and the HSE Healthy Weight for Children steering and policy groups and to the breastfeeding work we lead. Submissions were made to Coimisiún na Meán consultation processes, around both foods high in fat, sugar and salt and commercial milk formulas, to

hope to ensure it is visible across government and where actions can be identified.

A core commitment for 2024 was to provide an [updated framework](#) for the HSE for Healthy Weight for Children, and this was published in 2024, following engagement with relevant structures across the HSE.

In June 2024, a [Healthy Weight for Children webinar](#) was held by Child Health Public Health and HEAL, which included advice on supporting parents to talk to their children about their health and weight. It was attended by a broad interdisciplinary group of stakeholders across the HSE.

Child Health Public Health also supported the production of leaflets on [screen time](#), a core concern for parents and online activity often being core linked to healthy weight. CHPH continues to support the DOH lead Online Health Taskforce, from the perspective of health, and ensure the concerns and impacts for healthy weight, amongst many other impacts, are raised and visible.





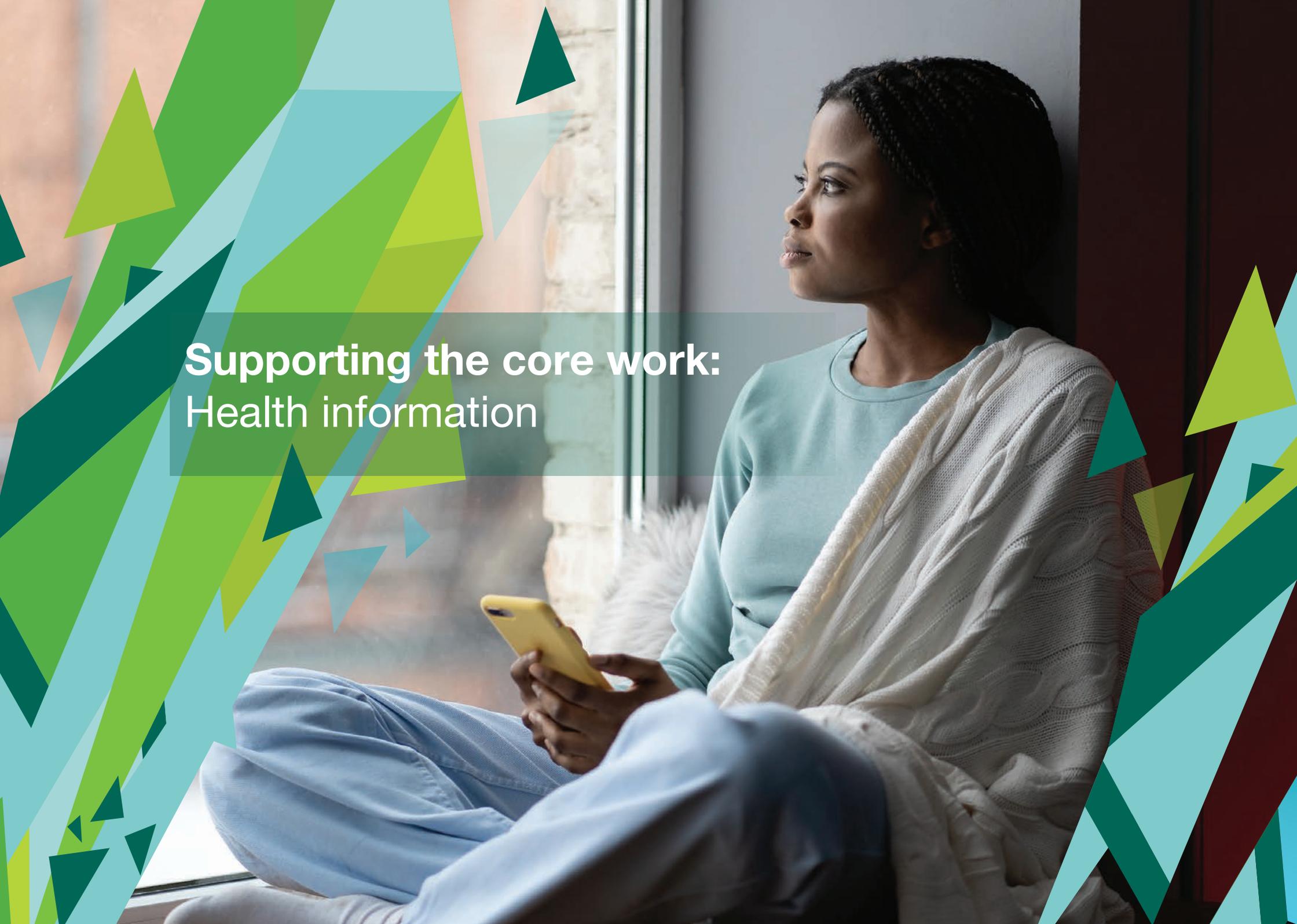
Supporting Parents model

We collaborate with colleagues in DCEDIY and Tusla in the implementation of Supporting Parents: A National Model of Parenting Support Services.

We do this through membership and active participation in the implementation and advisory group structures and leading implementation of HSE actions in the model, including:

- development of resources to enable parenting guidance and support to be given by PHNs as part of core developmental assessments
- responding to parenting information needs through mychild.ie and associated resources and channels
- supporting alignment of HSE supports across HSE and HSE-funded organisations in partnership with Tusla National Parenting Lead





Supporting the core work:
Health information

Supporting parents through **mychild.ie**

We support parents-to-be and the parents of young children with evidence-based information resources through mychild.ie. The website provides a single trusted source for accurate, up-to-date health information, which is easy to find and to understand.

There were 5.9 million recorded sessions on the site in 2024, an increase of 18.8% on the previous year, with a total of 7.4 million page views. This data represents users who have accepted analytics cookies.

There are over 500 website guides and a set of interactive tools - the popular [due date calculator](#), a [breastfeeding support group finder](#), and the [ask our breastfeeding expert service](#).

Topic areas across the site include trying for a baby, pregnancy health and wellbeing, common conditions, infant mental health, breastfeeding, child safety, play, vaccination, health checks and developmental milestones.

5,937,677

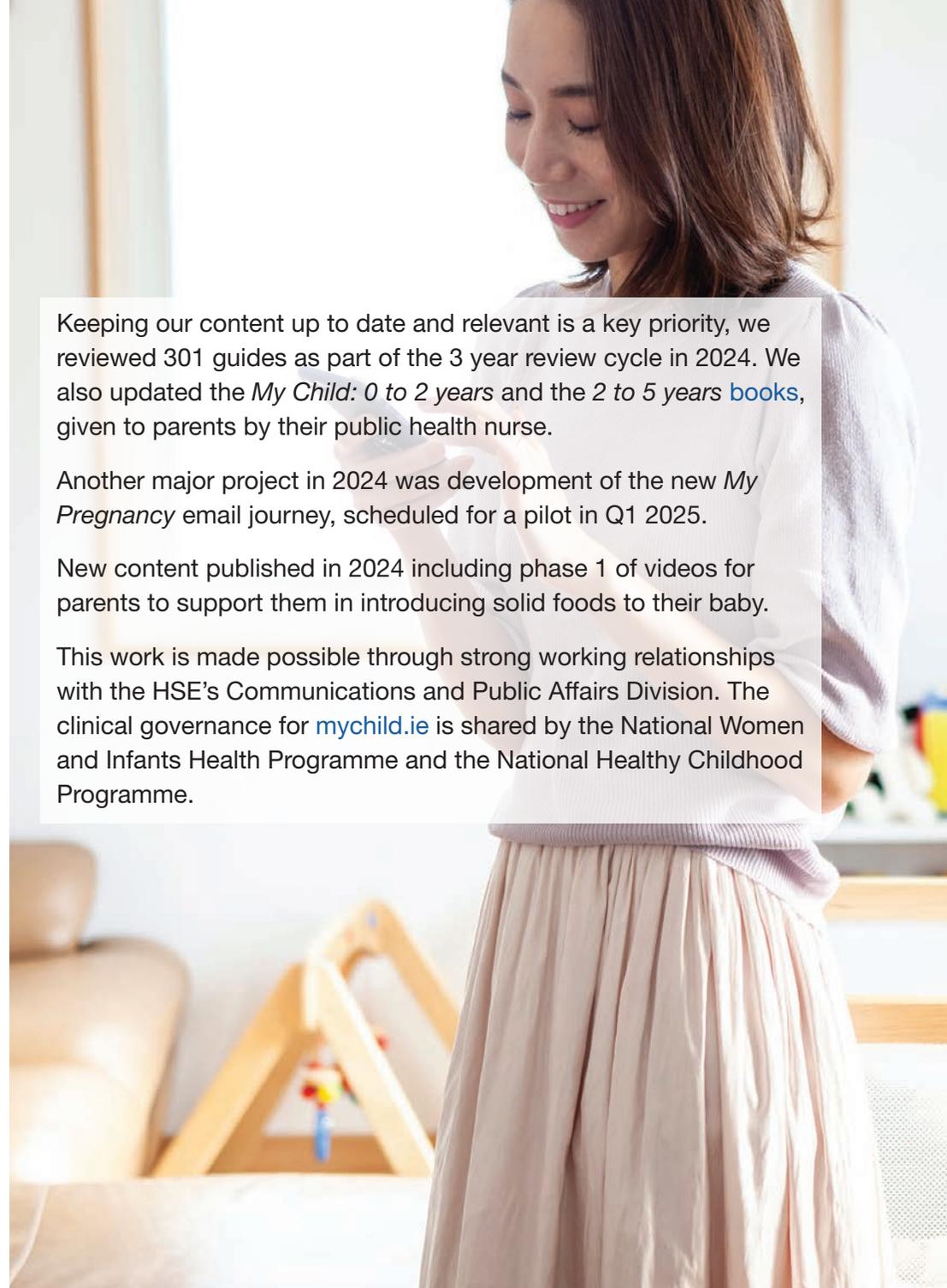
recorded number of visits
(sessions) to mychild.ie

Keeping our content up to date and relevant is a key priority, we reviewed 301 guides as part of the 3 year review cycle in 2024. We also updated the *My Child: 0 to 2 years* and the *2 to 5 years* books, given to parents by their public health nurse.

Another major project in 2024 was development of the new *My Pregnancy* email journey, scheduled for a pilot in Q1 2025.

New content published in 2024 including phase 1 of videos for parents to support them in introducing solid foods to their baby.

This work is made possible through strong working relationships with the HSE's Communications and Public Affairs Division. The clinical governance for mychild.ie is shared by the National Women and Infants Health Programme and the National Healthy Childhood Programme.



Communications campaign

The mychild.ie website is supported by a multi-channel media campaign including dedicated social media channels.

We use advertising to get our target audience's attention and signpost them to mychild.ie. Media-buying strategy for mychild.ie involves finding the best ways to reach and connect with them based on their media consumption habits, at the best time and for the best value. How our advertising performs is tracked through market research and we adapt plans as we learn.

Working in close collaboration with the HSE Communications and Public Affairs Division, advertising in 2024 drove growth in awareness (as measured by market research) and site traffic. It focused on highly targeted TV (see the ad below) and online advertising and a local radio partnership across 15 stations with pregnancy and child health tips broadcast every Monday to suit the season and time of day.

Another way we provide our audience with key advice is through our social media channels. In 2024, we focused on [Instagram](https://www.instagram.com/mychild.ie) growth gaining 8,821 followers, bringing our total community size across [Facebook](https://www.facebook.com/mychild.ie) and Instagram to 97,593. We also published content through the HSE's [Pinterest](https://www.pinterest.com/mychild.ie) and [YouTube](https://www.youtube.com/mychild.ie). Seasonal calendars provide organic and paid content that focus on engagement with parents in app, with an emphasis on highlighting

important topics that parents may not search for, including child safety and infant mental health.

The campaign is also supported by PR with support from the HSE Press Office, with coverage in national, regional and parent-focused media of press releases issued in 2024 featuring seasonal advice for parents on [back to school](#), [Halloween](#) and [Christmas](#), as well as [National Breastfeeding Week](#).

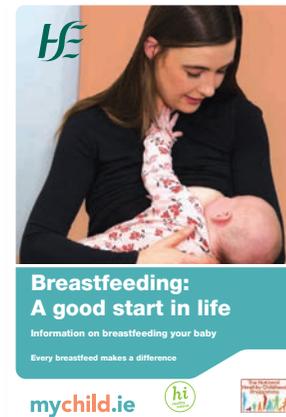
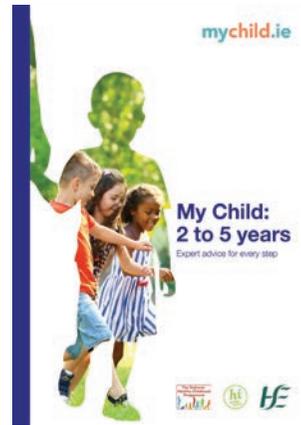
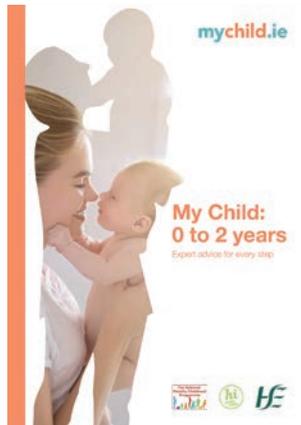
2024 also saw the completion of a national study of parents in collaboration with HSE Health and Wellbeing, generating an audience segmentation model made up of 5 distinct segments. This will support the ongoing mychild.ie campaign and planning for content expansion.





Parent resources available as part of NHCP

mychild.ie



Links to resources:

- ★ mychild.ie (301 guides updated in 2024)
- ★ [My Child 0 to 2 years](#) book (updated in 2024)
- ★ [My Child 2 to 5 years](#) book (updated in 2024)
- ★ [Breastfeeding: A good start in life](#) booklet
- ★ [Breastfeeding and expressing for your premature or ill baby](#) booklet (updated in 2024)
- ★ [Breastfeeding information for Traveller Beoirs](#) booklet
- ★ [What you need to know about newborn bloodspot screening – “heel prick”](#) leaflet
- ★ [Your baby’s hearing screening test](#) leaflet
- ★ [Child safety wall chart](#)
- ★ [Traveller child safety wall chart](#)



Practitioner resources available as part of NHCP



Practitioner resources:

- ★ *The National Healthy Childhood Programme – Practice Manual for Public Health Nurses*
- ★ *The National Healthy Childhood Programme – Child Health Record (PHN Services, CMD services)*
- ★ Child Health Record user guide and data definitions document
- ★ Developmental assessment equipment (pictured)
- ★ *Child Safety Programme: Manual for health professionals on core child health contacts*
- ★ *The Newborn Clinical Examination Handbook*
- ★ CHR user guide and data definitions document
- ★ BOAT tool
- ★ Breastfeeding calendars and posters
- ★ ASQ-3 questionnaires

Resources for practitioners available from [NHCP page](#) and [breastfeeding page](#)



Practitioner training

Learning modules	Completions in 2024*
National infant feeding elearning units	1,097
<ul style="list-style-type: none"> • Introduction to breastfeeding • Supporting early breastfeeding • Ongoing breastfeeding support • Formula feeding 	
National infant feeding education programme	66
Child safety	
<ul style="list-style-type: none"> • Child safety inside and outside the home • Child safety in the farm, in the clinic and in the community 	124 87
Growth monitoring	719
Newborn bloodspot screening	452
Nutrition	
<ul style="list-style-type: none"> • Recognising and managing allergies in the community • Preconception and pregnancy nutrition • Introducing family foods • Feeding-related challenges in babies 0-12 months • Healthy start for toddlers • Healthy weight for children 	256 91 170 238 274 233

Learning modules	Completions in 2024*
Child developmental <ul style="list-style-type: none"> ASQ-3™ tool © eLearning Module Undertaking the primary visit (72 hour) child health assessment Undertaking the 3 month child health assessment Undertaking the 9-11 month child health assessment Undertaking the 21-24 / 46-48 month child health assessment 	 223 155 145 159
Infant mental health (IMH) <ul style="list-style-type: none"> Unit 1: General awareness promoting IMH Unit 2: Supporting the first relationship Unit 3: Establishing milestones in the first relationship 	 343 290 242
Toilet training and enuresis – Contenance in childhood	128
Working in partnerships with parents	170
Clinical skills training (mop-up sessions) Public health nurses Higher education institutions	

See [HSeLanD](#) for information on courses or email healthy.childhood@hse.ie

*Data extracted from HSELanD on 18/02/2025

A top-down view of two children playing with educational toys on a wooden floor. The toys include colorful interlocking blocks with numbers and letters, a wooden abacus with colorful beads, and various geometric shapes. The scene is overlaid with a semi-transparent green and blue geometric pattern on the left and right sides. The text 'Supporting the core work: Health intelligence' is centered in a white box.

Supporting the core work:
Health intelligence



Supporting the core work: Health intelligence

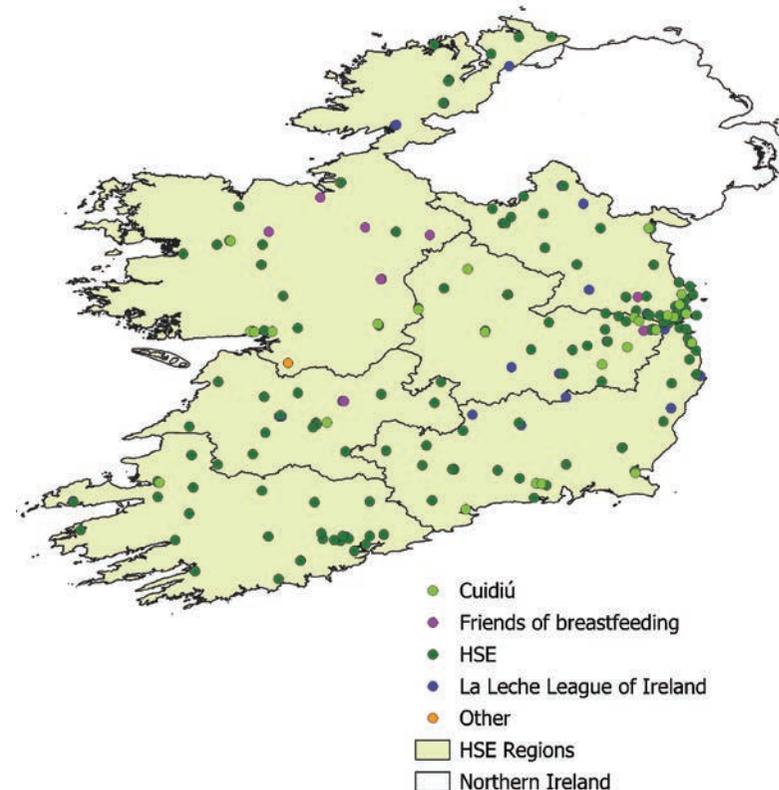
The core purpose of child health intelligence is to exploit the untapped potential of available data to improve health outcomes for children. In this way, we can advance and safeguard children's health and wellbeing.

An integrated approach in data collection and utilisation is crucial in order to provide a high quality, reliable child health public health service. Through child health intelligence, child health data is converted into population-level intelligence and this facilitates evidence-based child health recommendations, oversight and quality assurance of current programmes. We can also use health intelligence to identify gaps in service provision. For example, in 2024 we mapped [breastfeeding services listed on mychild.ie](#) (pictured).

Accurate data sources and the expertise to analyse them are necessary to identify and address the needs of child and families effectively. In line with this, we welcomed the development and implementation of the Child Health Activity Metrics (CHAM) through our colleagues in the ONMSD. We look forward to welcoming an epidemiologist and statistician to our team in 2025 to support the critical area of child health intelligence.

The Child Health Public Health function continues to actively work to support recognition of the need for a child health intelligence function with a national integrated child health information system to support both clinical services and an intelligence function.

Additionally, Child Health Public Health works closely with partners across the healthcare system to ensure the best available data and intelligence are used strategically and consistently, driving improvements throughout the child health system and ultimately enhancing services and outcomes for children and young people.



A photograph of two young children, a girl and a boy, smiling and playing with colorful building blocks. They are constructing a large, multi-colored structure that resembles a rainbow. The scene is bright and cheerful, with a window in the background. The image is framed by abstract, overlapping geometric shapes in shades of green and blue on the left and right sides.

**Underpinning core
work streams:
Governance**



Governance groups, national representation and conferences

Core to the provision of good clinical services are clear governance structures with relevant governance group meetings.

The National CHPH function chairs, co-chairs or critically supports the governance or oversight groups for the following:

Groups	Number of meetings in 2024
National Healthy Childhood Programme Governance Group	4
Universal Newborn Hearing Screening Programme Governance Group	4
National Newborn Bloodspot Screening Programme Governance Group	4
Children's Screening Oversight Group	3
Healthy Weight for Children Oversight Group	2
National Breastfeeding Implementation Group	3

The CHPH function has also provided clinical support and leadership to the following groups:

- NSAC Newborn Bloodspot Expert Sub Group
- HIQA expert advisory group for RSV
- Growing Up In Ireland Policy group
- World Breastfeeding Trends Initiative (WBTi) group
- NOCA National Paediatric Mortality Register governance committee
- DCEDIY Supporting Parents Implementation Advisory Group
- National Perinatal Reporting System Oversight Group
- DCEDIY Home Visiting Advisory Group

National Child Health Public Health function have presented at conferences and events aimed at supporting health and social care practitioners in their support for children and families.

Conferences and events presented at in 2024 include:

- 4 regional Child Health Governance Group meetings
- Regional Health Forum, Dublin and Midlands (February)
- Child Poverty and Well-being Summit, Dublin (May)
- BFHI Network meeting of Country Coordinators, Lille, France (April)
- Royal College of Physicians Ireland, Faculty of Public Health Medicine, Summer Scientific Meeting, Dublin (May)
- Royal College of Physicians Ireland, National Education Day (May)
- PHN Information Day, Dublin (June)
- Launch of national Community Families Programme, Department of Health, Dublin (October)
- Royal College of Physicians Ireland, Faculty of Public Health Medicine, Winter Scientific Meeting, Dublin (December)



National Child Health Public Health Programme

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