

# Is the Government Keeping its promises to Children?



REPORT CARD 2011



The Children's Rights Alliance is a coalition of over 90 non-governmental organisations (NGO's) working to secure the rights and needs of children in Ireland, by campaigning for the full implementation of the UN Convention on the Rights of the Child, it aims to improve the lives of all children under 18, through securing the necessary changes in Ireland's laws, policies and services.

### **Membership**

The Alliance was formally established in March 1995. Many of its member organisations are prominent in the children's sector – working directly with children on a daily basis across the country. The Alliance's policies, projects and activities are developed through ongoing collaboration and consultation with its member organisations.

### **Vision**

Ireland will be one of the best places in the world to be a child.

### **Mission**

To realise the rights of children in Ireland through securing the full implementation of the UN Convention on the Rights of the Child.

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# Foreword



Welcome to *Report Card 2011*, the third edition of the Children's Rights Alliance's annual report card series, which provides a concise picture of how the Government is delivering on its commitments to children in the areas of education, health, material wellbeing, and safeguarding childhood.

Last year, we awarded the Government an overall 'D-' average grade. This year, I'm sorry to say that things have not improved: the Government again gets a 'D-'. This low grade shows that the Government is failing to keep its promises to children, and that, in 2010, its policies had limited positive impact on children's lives.

Typically, when we think of a 'report card' it is as a measure of academic performance, informing children and their parents as to whether they are exceeding expectations; if they are on the right track; or falling behind with their grades. The Alliance's annual report card series does the same and, in doing so, puts Government under some much needed pressure to honour its promises to children.

The UN Convention on the Rights of the Child, ratified by Ireland in 1992, states clearly every child's right to education, their right to the highest attainable standard of healthcare, and the right of a disabled child to special care and education. Yet still, nearly 20 years on, our Government is failing to translate the Convention into action. This is not just macro-level policy; it goes right to the heart of households all across Ireland. Two children's stories, told to me by Alliance member organisations Inclusion Ireland and Down Syndrome Ireland, illustrate what this failure means for children and families up and down the country.

Ryan is ten years old and lives with his mother in Drogheda. He has an intellectual disability, cerebral palsy and epilepsy; he attends a special school and needs round-the-clock care. This year, Ryan waited eight months in a too-small wheelchair while the HSE shopped around for parts for a new one; his school lost two Special Needs Assistants, and so he lost vital care support in the school-day; and soon his home-help hours – which help his mother with showering and bathing him – are likely to be cut too. For children like Ryan the alternative to his mother's care at home is a place in residential care, at a cost of €115,000 per year to the State, and deep and long-lasting emotional costs to Ryan and his family. Where is the sense in that?

Joseph is nine-years-old and has Down syndrome; he attends the local primary school in Lucan, where he is

happy and making good progress. Until last year, Joseph received speech and language therapy and occupational therapy from the HSE community services team. In 2010, his occupational therapy was cut and, following a psychological assessment which found a small reduction in his level of need, his speech therapy was stopped. All at once Joseph was left without the vital services he relies on. Now, his parents, who are already under significant financial strain, are forced to pay for speech and language therapy and occupational therapy for their son without any State support.

These stories suggest that decisions taken at local service level are at odds with the Government's stated agenda: to realise children's rights. Yet it is the impact of these isolated bureaucratic decisions – like the delay in upgrading Ryan's wheelchair or stopping Joseph's access to public speech therapy – that can have deep and long-lasting implications in a child's life and intensify stress and worry for families. Early intervention – identifying problems early and providing the necessary supports, leading to better outcomes for children, families and the State – must be at the heart of policy affecting children.

2011 is an election year. Regardless of what happens at the ballot box one thing is certain: our new Government must put children's rights at the very top of its agenda. Too much has happened in recent years – from the reports into historical child abuse in 2009, revelations of child deaths in care in 2010, to experiences like Ryan and Joseph's – for children's issues to be anything less than priority.

What does that mean in practice? Well, first and foremost, it means strengthening children's rights by putting a constitutional amendment to the people in a referendum. It means publishing a new National Children's Strategy, in consultation with children and children's rights experts and practitioners, with meaningful promises to children, dedicated resources and clear timelines for delivery. It means urgently submitting the State Report to the UN Committee on the Rights of the Child, now over 18 months overdue. And it means listening to children's voices, recognising them as experts in their own lives with a role to play in developing policy that affects them; and understanding their lives through research so that policy and services can respond to identified needs.

Government's lack of progress in recent years is shameful: for the second year running we are dealing with a 'D-' grade, dangerously close to a fail. Even in the ever-deteriorating economic climate this is not good enough. Now, more than ever, we need to spend money wisely, and recognise that policy and budgetary decisions for children that are efficient in their use of resources and effective in their ability to improve children's outcomes, make social and economic sense.

I am deeply concerned about what I see: across the country vital child and family support services are being cut, with enormous impact on children's lives now and for the future. Our current economic woes are no excuse for this slash and burn approach.

*Report Card 2011* makes 36 recommendations. Of those, 15 – nearly half – do not require any new money. Rather, they ask public service staff to work together more effectively to deliver better outcomes for children. A glance at the grades in *Report Card 2011* shows that, in the current crisis, children's rights have not been a priority. *Children First* Guidelines, Financial Support for Families and Alcohol get an 'F' grade – a fail; showing that the lack of action in these areas has the potential to put children's lives at risk. Childhood Obesity, Access to Housing and Access to Education each get an 'E', illustrating the intolerable nature of policy decisions taken and their negative impact on children's lives. Our frustration is reflected in these grades: too often Government decisions fly in the face of common sense, good practice and the recommendations of countless reports.

Thankfully, *Report Card 2011* is not all bad news. Two areas stand out for attention: Social Work Provision is awarded a 'B' in recognition of the on-time delivery of 200 social work posts promised in the Ryan Report *Implementation Plan*. And Early Childhood Care and Education also gets a 'B' grade; reflecting the effective and efficient roll-out of the universal free pre-school year; a progressive policy shift that is warmly welcomed by the Alliance.

If we want Ireland to be one of the best places in the world to be a child; a country where the implementation of the UN Convention on the Rights of the Child is a reality on the ground, then Government must be held to account. Let us use *Report Card 2011* to move closer to that vision. Children are our future. Investing now – in their education and health, and their personal development and wellbeing – will reap rewards for individual children during their childhood and as adult members of society. We cannot afford not to put children first.



**Jillian van Turnhout**  
Chief Executive





# Introduction

The Children's Rights Alliance works to secure the rights and needs of all children in Ireland by campaigning for the full implementation of the UN Convention on the Rights of the Child. On a practical level, this translates as the Alliance advocating for the necessary changes in Ireland's laws, policies and services. Holding the Government to account is a key part of this work.

This is the third edition of our annual report card series. *Report Card 2009* examined whether the Government had honoured the promises it had made to the 1,036,034 children living in Ireland, and awarded it a 'D' grade based on its attempts. *Report Card 2010* saw deterioration in Government's performance, and reflected that in its 'D-' grade, demonstrating Government's barely acceptable performance and the limited positive impact policies were having on children's lives. Unfortunately, this grade did not improve in *Report Card 2011*; Government still gets a 'D-'. This is not good enough.

*Report Card 2011* continues the Alliance analysis of key Government commitments in the specific areas of education, health, material wellbeing, and safeguarding childhood. We feel that the commitments selected in these four broad areas are clear and measurable and have the potential to improve the lives and life chances of all children in Ireland. We have made some amendments to the structure of *Report Card 2011*. 'Safeguarding Childhood' is now specifically focused on child protection and welfare; the sub-sections on alcohol and sexual health and relationships are now covered under 'health', while school buildings moves to 'education; and play and recreation to 'material wellbeing'. These changes do not change the overall grade and add greater coherence and clarity to the overall document.

The Report Card's chosen commitments come from key Government documents, namely: the *National Children's Strategy 2000–2010*; *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006–2015*; the *National Action Plan for Social Inclusion 2007–2016*; the *Programme for Government 2007–2012* and the *Renewed Programme for Government*; and the *Ryan Report Implementation Plan*. Throughout *Report Card 2011* local and regional stories, collated from a range of national and local papers, are cited in footnotes to illustrate the ways in which the Government's commitments have a direct effect on the daily lives of children.

As a coalition of over 90 member organisations, most of which work directly with children in Ireland, the Alliance is well placed to develop this analysis, as it is able to draw on a wealth of experience. The research process was rigorous and the grading was subject to independent scrutiny.

Subsequent editions will revisit the same issues until the commitments are honoured. They will also address new issues and commitments as they arise, for example it is likely that the 2012 edition of the Report Card will be tracking commitments in a new Programme for Government and a new National Children's Strategy.

*Report Card 2010* saw deterioration in Government's performance, and reflected that in its 'D-' grade, demonstrating Government's barely acceptable performance and the limited positive impact policies were having on children's lives. Unfortunately, this grade did not improve in *Report Card 2011*; Government still gets a 'D-'. This is not good enough.



# Acknowledgements

The Children's Rights Alliance wishes to thank all those who contributed to researching and compiling this report. The contribution of individual Alliance member organisations is gratefully acknowledged, as is the generosity of staff in the variety of statutory and non-statutory bodies and independent experts who willingly gave their time and expertise. Particular thanks are due to the Board of the Alliance for their oversight and guidance. The Alliance would like to acknowledge the work of the non-governmental organisation, Children Now, based in California, whose annual report card provided inspiration for this initiative.

Finally, we extend our thanks to the members of the external assessment panel, who, by assessing the grades in each section and adding their considerable experience, validate this report. The grades allocated represent the collective views of the panel rather than the views of any individual. The external assessment panel comprised Tom Collins, President, National University of Ireland, Maynooth; Pat Dolan, Director of the Child and Family Research Centre, National University of Ireland, Galway and UNESCO Chairholder in Children, Youth and Civic Engagement; Sheila Greene, Director, Children's Research Centre, Trinity College Dublin; Sally Anne Kinahan, Assistant Secretary General, Irish Congress of Trade Unions; Danny McCoy, Director General, Irish Business and Employers Confederation represented by Alan O'Kelly; and Justice Catherine McGuinness, President, Law Reform Commission.



# Grading

## Comparison between 2009, 2010 and 2011 Grades

AREA	SUBSECTIONS	2009 GRADES	2010 GRADES	2011 GRADES
<b>EDUCATION</b>	Early Childhood Education and Care	E	B-	<b>B</b>
	Child Literacy and Language Support	C	C	<b>C-</b>
	Early School-Leaving	C-	C	<b>D</b>
	Children with Special Educational Needs	D	C	<b>D</b>
	School Buildings	C	C	<b>C-</b>
<b>HEALTH</b>	Primary Care	D-	F	<b>D</b>
	Mental Health	E	D-	<b>C</b>
	Childhood Obesity	D	D-	<b>E</b>
	Alcohol	D	F	<b>F</b>
	Sexual Health and Relationships	C	C	<b>C-</b>
<b>MATERIAL WELLBEING</b>	Financial Support for Families	B-	F	<b>F</b>
	Access to Education	D	D-	<b>E</b>
	Access to Healthcare	D	E	<b>D</b>
	Access to Housing	D	E	<b>E</b>
	Access to Play and Recreation	B	D	<b>C</b>
<b>SAFEGUARDING CHILDHOOD</b>	Ryan Report Implementation Plan	n/a	B	<b>C</b>
	Social Work Provision	n/a	B	<b>B</b>
	Separated Children	n/a	E	<b>C-</b>
	Children First Guidelines	n/a	D	<b>F</b>
	<b>OVERALL GRADE</b>	<b>D</b>	<b>D-</b>	<b>D-</b>





## Grading For Report Card 2011

AREA	SUBSECTIONS	GRADES	AVERAGE GRADE
<b>EDUCATION</b>	Early Childhood Education and Care	B	<b>C-</b> Free pre-school year is a success; but budgetary cuts will affect the most disadvantaged pupils.
	Child Literacy and Language Support	C-	
	Early School-Leaving	D	
	Children with Special Educational Needs	D	
	School Buildings	C-	
<b>HEALTH</b>	Primary Care	D	<b>D-</b> Welcome progress in child and adolescent mental health; but policy on alcohol and obesity continues to undermine children's wellbeing.
	Mental Health	C	
	Childhood Obesity	E	
	Alcohol	F	
	Sexual Health and Relationships	C-	
<b>MATERIAL WELLBEING</b>	Financial Support for Families	F	<b>E+</b> Failure to compensate poor families for cut to Child Benefit in Budget 2011 is unforgivable.
	Access to Education	E	
	Access to Healthcare	D	
	Access to Housing	E	
	Access to Play and Recreation	C	
<b>SAFEGUARDING CHILDHOOD</b>	Ryan Report Implementation Plan	C	<b>D+</b> Delivery of promised social workers to be commended; but failure to meet commitment on <i>Children First</i> Guidelines is inexcusable.
	Social Work Provision	B	
	Separated Children	C-	
	Children First Guidelines	F	

### EXPLANATION OF GRADES

- A – Excellent, making a real difference to children's lives
- B – Good effort, positive results for children
- C – Satisfactory attempt, but children still left wanting
- D – Barely acceptable performance, little or no positive impact on children's lives
- E – Unacceptable, taking steps in the wrong direction, no positive impact on children
- F – Fail, taking steps that undermine children's wellbeing

Education



# Overview

The Alliance awarded the Government an overall 'C-' grade in Education this year, a drop from last year's 'C+'. The lower grade reflects the considerable drop in literacy performance, from 5<sup>th</sup> place in the OECD PISA ranking in 2000 to 17<sup>th</sup> in 2009, and the introduction of a series of cuts in Budget 2011, which will hit the most disadvantaged students hardest – those with special needs, with English as a second language and Traveller students. Across the education section all scores fell, apart from that in early childhood education and care.

The socio-economic divide is the recurring theme in this section of *Report Card 2011*. Across early childhood education and care, literacy and early school leaving, the very different experiences and opportunities available to children, depending on where they grow up, are clear. This issue is all the more important this year, as the *Delivering Equality of Education in Schools* (DEIS) programme, which provided funding and support to designated 'disadvantaged' schools, ends after a five-year cycle (2005-2010). The Department of Education and Skills must build on learning from DEIS, and further improve supports to the most disadvantaged schools to ensure equality of outcomes for children across the education system, regardless of where they go to school.

Last year, *Report Card 2010* welcomed the reversal of cuts that were made to education in 2009, and noted the Government's recognition of the harm these cuts would cause if implemented – from teacher numbers to book grants in disadvantaged schools. This year, Government rhetoric has focused on education as a key element in its economic recovery strategy; this commitment must be made real. Specifically, improving social mobility so that there are better jobs and fairer chances, must be a central aim.<sup>1</sup>

How children do at school is the single most important determinant of future success,<sup>2</sup> and with the number of children enrolling in primary school set to almost double in the next four years, education must be a priority investment focus for Government.<sup>3</sup> The OECD recently concluded that education is even more important during a recession than it is in good times; and cautioned against cutbacks in education spending, stressing the link between investment

in education and economic growth, productivity, and reducing social inequality.<sup>4</sup> *Building Ireland's Smart Economy*, the Government's plan for economic renewal, outlines its plan for "a thriving enterprise sector, high-quality employment, secure energy supplies, an attractive environment, and first-class infrastructure."<sup>5</sup> It can achieve none of these without investment in education. Indeed, spending on education is an investment, not an indulgence, and Government policy should reflect that. Yet in Ireland, education has been historically under-funded.<sup>6</sup> A 2010 report shows that currently, Ireland invests 4.7% of its GDP in education, well below the average of 5.7% across the 30 OECD countries.<sup>7</sup> Unfortunately, Budget 2011 introduced a series of harsh measures affecting all pupils, particularly the most disadvantaged.

**With the number of children enrolling in primary school set to almost double in the next four years, education must be a priority investment focus for Government.**



1 UK Cabinet Office (2009) *Getting On, Getting Ahead: a discussion paper analysing the trends and drivers of social mobility*, London: Cabinet Office.

2 *Ibid.*

3 Carl O'Brien, 'Primary school enrolment set to double by 2014', *The Irish Times* 29 March 2010.

4 OECD (2010) *Education at a Glance 2010: OECD Indicators*, Paris: OECD.

5 Government of Ireland (2009) *Building Ireland's Smart Economy: A framework for sustainable economic renewal*. Dublin: Stationery Office.

6 Spending on education doubled between 1995 and 2007, but as GDP more than doubled in the same period education spending actually decreased.

7 OECD (2010) *Education at a Glance 2010: OECD Indicators*, Paris: OECD, p. 208.

# B

## 1.1 EARLY CHILDHOOD CARE AND EDUCATION

**“Every family should be able to access childcare services which are appropriate to the circumstances and needs of their children”** (*Towards 2016 p. 41*)

COMMITMENT	PROGRESS
<i>Towards 2016</i> commits to targeting the early education needs of children from areas of acute economic and social disadvantage through the <i>Delivering Equality of Education in Schools</i> Programme (DEIS). <sup>8</sup>	<b>Exceeding expectations.</b> Improvement since <i>Report Card 2010</i> .

children are now availing of the pre-school year scheme: 63,000 children took part in September 2010, an increase of 10,000 since January, when the scheme was first launched.<sup>13</sup>

Funding for the pre-school year was maintained in Budget 2011, which is warmly welcomed by the Alliance.

### What's happening?

#### Effective and efficient roll out of the universal pre-school year.

From January 2010 the Government provided one year free pre-school to every child for up to three hours a day in the year prior to commencing primary school. Existing childcare providers apply to the Office of the Minister for Children and Youth Affairs (OMCYA) to take part in the scheme and are paid a capitation grant.<sup>9</sup> In return they must implement an educational programme for children in their pre-school year that adheres to the principles of the *Síolta* quality standards,<sup>10</sup> and ensure that leaders hold (or are working towards) a minimum qualification of Level Five on the National Framework of Qualifications (NFQ).<sup>11</sup>

Although it is universal in principle, access to the free pre-school year is dependent upon the participation of local providers. Take up was high in the first year; with in excess of 4,300 providers (95%) taking part, with capacity to provide some 98,000 pre-school places.<sup>12</sup> 94% of eligible

#### IMMEDIATE ACTION

- > **Dedicate resources to ensuring that the universal pre-school year is of high quality** Early Childhood Education and Care can bring a wide range of benefits for children's wellbeing and development, but these benefits result only when the service is of high quality. Therefore, the *Workforce Development Plan (2010)* should be accompanied by a dedicated funding stream;<sup>14</sup> and services delivering the pre-school year should be entitled to grants for staff training in *Síolta* quality standards. In addition, Government financial support for early years care and education should be linked to compliance with all statutory requirements, including the *Childcare (Pre-School Services) (No.2) Regulations 2006*.

8 Government of Ireland (2006) *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015*, Dublin: Stationery Office p. 42.

9 The capitation grant of €48.50 per week applies where a full or part time daycare service provides a pre-school service for 2 hours 15 minutes per day, five days a week, for 50 weeks of the year. The €64.50 capitation grant applies where the pre-school service provides three hours a day, 5 days per week for 38 weeks. A higher capitation grant of €75 per week is available to those services where staff are 'highly trained', defined as Level Seven (degree level) for a leader, and Level Five for an assistant. See OMCYA (2009) 'Outline of the General Terms and Conditions governing participation in the free Pre-School Year in Early Childhood Care and Education (ECCE) Scheme', [http://www.omc.gov.ie/viewdoc.aspx?fn=/documents/childcare/ECCE\\_Scheme\\_Pack/ECCE\\_Terms\\_and\\_Conditions\\_30june.doc](http://www.omc.gov.ie/viewdoc.aspx?fn=/documents/childcare/ECCE_Scheme_Pack/ECCE_Terms_and_Conditions_30june.doc), [accessed 21 October 2009].

10 *Síolta: The National Quality Framework for Early Childhood Education*, [www.siolta.ie](http://www.siolta.ie)

11 See OMCYA (2009) 'Outline of the General Terms and Conditions governing participation in the free Pre-School Year in Early Childhood Care and Education (ECCE) Scheme'.

12 Information received by the Children's Rights Alliance from the Office of the Minister for Children and Youth Affairs, December 2010.

13 Office of the Minister for Children and Youth Affairs, 'Free Pre-school Year Goes From Strength to Strength – Minister Andrews' [Press Release] 3 October 2010.

14 Department of Education and Skills (2010) *A Workforce Development Plan for the Early Childhood Education and Care Sector in Ireland*, Dublin: Department of Education and Skills.

COMMITMENT	PROGRESS
<i>Towards 2016</i> outlines the agreement between Government and the Social Partners to continue to work together over a ten-year period to develop an infrastructure to provide quality, affordable childcare and to work towards increasing the supply of childcare places (of all types) by 100,000 by 2016. <sup>15</sup>	<b>Changed context.</b> Minimal progress since <i>Report Card 2010</i> .

## What's happening?

### Term of the National Childcare Investment Programme complete, but childcare places remain at 25,000, just a quarter of those promised.

The National Childcare Investment Programme (NCIP) will continue until the end of 2011. There are no plans to invest further capital in creating additional childcare places. The NCIP capital funding programme was closed to new applicants in April 2009 and its original capital allocation was cut from €358 million to €186 million. The NCIP Community Childcare Support Scheme (CCSS)<sup>16</sup> ceased in August 2010 and was replaced in September 2010 by the new, mainstream Community Childcare Support (CCS).

The NCIP was intended to create 50,000 new childcare places over its lifetime (2006-2010); however it will achieve just half of that: 25,000 new full-time equivalent childcare places, provided by private operators.<sup>17</sup> The OMCYA is now focusing on sustaining existing services. Given the changed economic circumstances, there has been a considerable fall-off in demand for childcare places.<sup>18</sup>

## IMMEDIATE ACTION

- > **Steadily increase public investment in early childhood services and supports, so that Ireland reaches the European and UNICEF targets of 1% GDP by 2016**

Evidence shows that the early years are critical to success in later life.<sup>19</sup> Government investment in early childhood education and care has been shown to pay long-term dividends for individual children and for society;<sup>20</sup> investment in the early years makes economic sense for Governments now and into the future. A longer-term planning process around early childhood education and care must be undertaken by Government now to ensure high quality early childhood education and care for all children in the future.

## Comment

Early Childhood Care and Education was awarded a 'B' grade this year, up from a 'B-' last year, to reflect the successful implementation and continued funding of the universal free pre-school year.<sup>21</sup> To achieve an 'A' grade, a sharper focus on quality, particularly in workforce development, is required.

The decision to abolish the Early Childcare Supplement and channel €170 million of the €480 million in savings made into a free pre-school year for all children demonstrated a progressive policy shift, and was widely welcomed.<sup>22</sup> However, our welcome comes with a note of caution: early years' education is not just about one year in a child's life; it is about every year of the child's first six years. The introduction of the free pre-school year must be seen as the first in a series of steps to develop early childhood care and education services for all children in Ireland. An influential report by the National Economic and Social Forum recommended that two free pre-school years be available to all children by 2015.<sup>23</sup>

15 Government of Ireland (2006) *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015*, Dublin: Stationery Office, p. 43.

16 Also known as the Community Childcare Subvention Scheme. Referred to in correspondence between the Children's Rights Alliance and the OMCYA as the 'Community Childcare Support Scheme'.

17 Information received by the Children's Rights Alliance from the OMCYA, December 2010.

18 *Ibid.*

19 Relevant research evidence is comprehensively outlined in National Economic and Social Forum (2005) Report no. 31 *Early Childhood Care and Education*, Dublin: National Economic and Social Forum.

20 *Ibid.*

21 Start Strong (2010) *Analysis of Budget 2011*, www.startstrong.ie.

22 The Early Childcare Supplement was introduced in Budget 2006. It was a payment to families on behalf of each child under six/five years of age. Its purpose was to assist families with the costs of raising children, such as childcare. The payment was paid monthly, and was worth €1,100 annually in 2008.

23 A blueprint for such services is outlined in the National Economic and Social Forum (NESF) (2005) Report no. 31 *Early Childhood Care and Education*, Dublin: National Economic and Social Forum. The service, it states should be available 48 weeks per year for 3.5 hours a day, 5 days a week (rather than 3 hours a day for 38 weeks as is currently provided).



There is a danger that the education and care elements of ECCE may be separated, with qualified staff channelled into the pre-school services, while unqualified workers are tasked with 'minding' younger children. Given the recent positive developments in this field – including the free pre-school year, the *Síolta* quality standards and the publication of the *Workforce Development Plan* – separating education and care in this manner would be a backwards step.

High quality Early Childhood Care and Education (ECCE) delivers long-term dividends to children, families and society.<sup>24</sup> Money invested early has consistently been shown to reap both economic and social benefits in the longer term. A cost-benefit analysis in 2005 showed that for every €1 invested in ECCE in Ireland, a return of up to €7.10 could be expected.<sup>25</sup> International research demonstrates that early intervention programmes are effective in reducing criminal activity, promoting social skills, and integrating disadvantaged children into mainstream society.<sup>26</sup> Where educational attainment is traditionally low, and unemployment and poverty levels are high, investment in ECCE can be the key to changing the life chances of a generation.<sup>27</sup>

*Quality:* Returns on public investment in ECCE are lost unless young children receive a quality service, but to date quality has not been the principal policy focus in this area.<sup>28</sup> The free pre-school year obliges participating providers to adhere to the principles of the *Síolta* quality standards and accept visits and advice from *Síolta* coordinators and County Childcare Committee staff; as well as ensuring that leaders hold – or are committed to training over an agreed period to – National Framework of Qualifications (NFQ) Level Five.<sup>29</sup> However, in practice, services must only sign up to *Síolta*, not undertake training in its implementation. Where training is available it is limited and over-subscribed.<sup>30</sup> Given the rapid roll-out of the pre-school year, more flexible training models are required.

The *Workforce Development Plan* was launched in December 2010, outlining a strategy to up-skill the early years' workforce. This is welcome, but it is regrettable that the Plan does not have additional funding and that it does not include a timeline for raising minimum staff qualification levels, which remain low. The OMCYA intends to use existing financial investment more effectively to deliver on the *Workforce Development Plan*;<sup>31</sup> its ability to do this will be judged in next year's Report Card.

Where educational attainment is traditionally low, and unemployment and poverty levels are high, investment in ECCE can be the key to changing the life chances of a generation.



24 J. Heckman and D. Masterov (2007) *The Productivity Argument for Investing in Young Children*, Discussion Paper Number 2725, Germany: Institute for the Study of Labor. See also, Start Strong (2009) *Why Early Care and Education* Available at [www.startstrong.ie](http://www.startstrong.ie)

25 National Economic and Social Forum (2005) *Report no. 31: Early Childhood Care and Education*, Dublin: National Economic and Social Forum, p. 143.

26 *Ibid.*, p. 12.

27 N. Hayes (2008) *The Role of Early Childhood Care and Education: An Anti-Poverty Perspective*, Dublin: Combat Poverty Agency.

28 National Competitiveness Council (2009) *Statement on Education and Training*, Dublin: National Competitiveness Council and Forfás, p. 20.

29 It also provides an increased capitation grant to services where staff are 'highly trained' to incentivise staff and providers to continue up-skilling.

30 There are currently 25 *Síolta* coordinators working with 135 ECCE services across a broad spectrum of service provision. Completing the *Síolta* Quality Assurance Programme (QAP) is a twelve step process, whereby an ECCE setting completes a range of activities, supported by a *Síolta* coordinator. Since 2008 a number of organisations have been undergoing this intensive programme, including the Prevention and Early Intervention Programmes in Darndale, Ballymun and Tallaght. Where it is not possible to undertake the intensive process, *Síolta* coordinators have held information evenings in locations around the country. These are, however, not sufficient to ensure quality in early years' provision.

31 Information received by the Children's Rights Alliance from the Office of the Minister for Children and Youth Affairs, December 2010.



## 1.2 CHILD LITERACY AND LANGUAGE SUPPORT

“Every child should leave primary school literate and numerate” (*Towards 2016*, p. 41)

### CHILD LITERACY

COMMITMENT	PROGRESS
The <i>National Action Plan for Social Inclusion 2007–2016</i> and the <i>National Development Plan 2007–2013</i> aim to reduce the number of children leaving school with literacy problems in disadvantaged communities from 30% (present rate) to 15%. <sup>32</sup>	<b>Awaiting publication of data.</b> Same as <i>Report Card 2009</i> and <i>Report Card 2010</i> .
<i>Towards 2016</i> commits to putting in place a number of additional supports under DEIS to tackle literacy (...) problems in primary schools in disadvantaged areas and additional literacy supports, under DEIS, will also be targeted at junior cycle students. <sup>33</sup>	<b>Steady.</b> Ongoing activity: Same as <i>Report Card 2010</i> .

The PISA results are separate to (and do not inform) the national target of reducing the number of children leaving school with literacy problems in disadvantaged communities by half. We do not know whether progress is being made towards reaching that target as the results of the two standard literacy tests taken in primary school are not publicly accessible. DEIS (Delivering Equality of Education in Schools) schools develop their own individual three-year action plans (together with unpublished targets), therefore it is impossible to determine if local progress is aligned with national targets.

An evaluation of DEIS was undertaken by the Educational Research Centre.<sup>35</sup> The evaluation is assessing the impact of DEIS reading and writing programmes and will be submitted to the Department of Education and Skills by end of 2010. A decision has not yet been taken in relation to the publication of the evaluation report.<sup>36</sup>

The Department of Education and Skills Inspectorate undertook a complementary, qualitative evaluation of DEIS implementation in 18 primary schools in 2010.<sup>37</sup> It found good or very good improvement in 11 schools and less satisfactory improvement in 7 schools. In November 2010, a draft National Literacy Policy was published, and is open for consultation in early 2011.

### What’s happening?

#### Results still unknown; were expected in 2010.

The OECD/PISA survey of 39 countries is an authoritative study that tests the ability of 15-year olds across 39 countries in reading literacy. In 2009, Ireland’s ranking fell to 17<sup>th</sup> place, from 5<sup>th</sup> in 2000. This is the worst fall among all countries, and suggests that one in six students in Ireland has poor reading skills.<sup>34</sup>

DEIS focuses on a selection of schools in areas of ‘concentrated’ disadvantage and is being implemented on a phased basis over five years (2005–2010) at a total cost of over €900 million; given its phased nature, some elements of DEIS were not introduced until 2007.<sup>38</sup>

32 Government of Ireland (2007) *National Action Plan for Social Inclusion 2007–2016*, Dublin: Stationery Office, p. 32 and *National Development Plan 2007–2013*, Dublin: Stationery Office, p. 233.

33 Government of Ireland (2006) *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006–2015*, Dublin: Stationery Office, p. 43.

34 The OECD Programme for International Student Assessment (PISA) (2010) *PISA 2009 Results: What Students Know and Can do*, Paris: OECD.

35 The Educational Research Centre was established in 1966 as a means of widening the scope of, and making for greater continuity in, research on education in Ireland, from pre-school to third level. In addition to the overall DEIS evaluation, the Centre undertook the assessment of the levels of disadvantage in schools for DEIS, and the study of disadvantage in rural schools.

36 Information received by the Children’s Rights Alliance from the Department of Education and Skills, December 2010.

37 Each of the schools was in DEIS Band One (most disadvantaged). The Inspectorate evaluation reviewed target-setting by schools, examined how well actions had been selected and implemented by the school, asked how well the school was monitoring and adapting its approach and use of resources and evaluated the success achieved. The Inspectorate also undertook a similar review in post-primary schools. Findings were not yet available at time of writing. Information received by the Children’s Rights Alliance from the Department of Education Inspectorate, September 2010.

38 National Economic and Social Forum (2009) *Child Literacy and Social Inclusion: Implementation Issues*, Dublin: NESF, p. 147.

In 2010, approximately €4.2 million was allocated to literacy and numeracy as part of DEIS;<sup>39</sup> the literacy element of this was channelled into two programmes: 'Reading Recovery' and 'First Steps'.<sup>40</sup> Altogether, approximately 78,000 children are being supported with literacy and numeracy skills under DEIS. This figure does not include all children who need support, as DEIS has a focus on 'concentrated' disadvantage rather than 'dispersed'.<sup>41</sup> 2009 research by the ESRI showed that this focus meant that 61% of students from disadvantaged backgrounds did not attend DEIS schools.<sup>42</sup>

## Comment

Child Literacy and Language Support receives a 'C-' grade, a drop from last year's 'C'. This drop reflects the sharp decline in literacy achievement (from 5<sup>th</sup> place in 2000 to 17<sup>th</sup> place in 2009) evidenced in the 2010 PISA results, and the decision to cut 500 language support teachers over four years. The drop in grade would be steeper, were it not for the welcomed publication of a draft *National Plan to Improve Literacy and Numeracy in Schools*. The Plan's vision and effectiveness will be judged in *Report Card 2012*.

Data shows that Ireland is failing to equip many of its children, and particularly its most disadvantaged, with basic reading and writing skills. The PISA figures published in 2010 show that 17% of Irish 15-year-olds are low achievers in reading.<sup>45</sup> The decline in performance (from 5<sup>th</sup> to 17<sup>th</sup> place) was linked – by some – to the increase in migrant children and children with special educational needs in mainstream schools.<sup>46</sup> This response is without evidence and prejudicial.

### IMMEDIATE ACTIONS<sup>43</sup>

#### > **Ensure that the forthcoming *National Plan to Improve Literacy and Numeracy in Schools* is child-centred**

No single existing document brings together Government policy on literacy for all children. The *National Plan to Improve Literacy and Numeracy in Schools* (currently in draft form) should provide a shared vision for future action with greater policy coherence and integration. The specific medium-term targets for improving literacy among all children outlined in the draft Plan should be supplemented by short-term system and school-level targets; with associated implementation deadlines.

#### > **Increase the time spent on literacy skills in schools in disadvantaged areas to 90 minutes per day**

Current curriculum guidelines on daily time allocation for literacy are not appropriate for very disadvantaged schools.<sup>44</sup> Such schools should allocate at least 90 minutes a day to classroom activities for reading and writing. This should be supported by a school-wide focus on language and literacy. Developing this focus must be a core element of the new *National Plan to Improve Literacy and Numeracy in Schools*. Intensive literacy teaching is a critical element in reducing the number of children in disadvantaged areas leaving school with literacy difficulties.

39 Information received by the Children's Rights Alliance from the Department of Education and Science, December 2010.

40 Reading Recovery is targeted at urban DEIS schools only. Work undertaken by the Education Research Centre for the Department of Education and Skills suggests that socio-economic disadvantage in rural communities does not have the same impact on literacy levels as in urban communities. See S. Weir, P. Archer & D. Millar (2009) *Educational Disadvantage in Primary Schools in Rural Areas. Report No. 1: Analysis of English Reading and Mathematics Achievement in Schools in the Rural Dimension of the School Support Programme*. Dublin: Educational Research Centre. In 2010 the Reading Recovery programme was provided in 237 of the 345 Urban Band DEIS primary schools and the First Steps Programme was run in 337 Urban Band DEIS primary schools.

41 For DEIS post-primary schools in areas of concentrated disadvantage were identified through the number of parents with medical cards, junior cert retention rates, junior cert exam results, leaving cert retention rates. At primary level unemployment status, lone parenthood, membership of the Traveller community, family size, free book grant allocation and local authority housing were used and statistically correlated with reading scores to come up with an overall scale of disadvantage. The identification process was managed by the Education Research Centre.

42 E. Smyth and S. Mc. Coy (2009) *Investing in Education, Combating Educational Disadvantage*, Dublin: Economic and Social Research Institute.

43 The Children's Rights Alliance selected child literacy as its policy priority in 2009. As part of our work in this area, we participated on the National Economic and Social Forum (NESF) *Child Literacy and Social Inclusion* project team, produced a Briefing Note on Child Literacy (available at [www.childrensrights.ie](http://www.childrensrights.ie)) and held a members' roundtable on Child Literacy in January 2010. The recommendations outlined here were developed through this work.

44 Schools involved in the Literacy in Disadvantaged Schools Survey (2003) were involved in a number of programmes focused on disadvantage, but only an hour a day was spent on English lessons; of this, 16-20 minutes was spent on reading instruction. See E. Eivers et al (2005), *Literacy in Disadvantaged Primary Schools: problems and solutions*, Dublin: Educational Research Centre, p.28.

45 The OECD Programme for International Student Assessment (PISA) (2010) *PISA 2009 Results: What Students Know and Can Do*, Paris: OECD.

46 Association of Secondary School Teachers (ASTI) 'ASTI responds to OECD PISA Report' 7 December 2010 [Press Release].

There is a socio-economic element to literacy achievement: one child in ten in Ireland leaves school with literacy problems, rising to one child in three in disadvantaged communities.<sup>47</sup> These children are more likely to experience educational failure, and to leave the education system without qualifications.<sup>48</sup> This, in turn, affects their life chances making them more likely to be long-term unemployed, to experience poverty, and to enter the criminal justice system.<sup>49</sup> Low levels of literacy among disadvantaged children is not unique to Ireland; US research examining the difference in language experience among pre-school children finds middle class pre-school children are exposed to 30 million more words and are read to aloud for 1,200 hours before starting school, compared to 25 hours for their low income counterparts.<sup>50</sup> This leads to an 18 month gap in language ability between middle class children and those from low-income families when they start school.<sup>51</sup> Parental involvement in a child's learning has been proven to have more of an impact on a child's educational outcomes than any other demographic measure including social class, level of parental education or income.<sup>52</sup> This suggests increased attention should be paid to engaging parents in children's literacy and language development.

*DEIS:* Within DEIS, similar schools getting similar levels of resources report different outcomes;<sup>57</sup> yet there are no sanctions for schools that fail to achieve, and no rewards for those that do. Evaluation shows that effective DEIS schools demonstrate quality leadership and teaching; quality target-setting; good use of data; implementation; monitoring and measurement of progress.<sup>58</sup> These learnings should be built into the next phase of DEIS.

**There is a socio-economic element to literacy achievement: one child in ten in Ireland leaves school with literacy problems, rising to one child in three in disadvantaged communities.**

*Cost:* Ireland's future economic success will depend on the availability of an educated, literate and ambitious young population.<sup>53</sup> Indeed, the cost of *not* investing in literacy is likely to cost the State millions. A UK report found that the annual cost to the Exchequer of pupils leaving school with low literacy is between £1.7 and £2.5 billion.<sup>54</sup> It showed that a specific reading intervention at the age of six would lift 79% of children out of literacy failure, and that the return on investment on every pound from this measure would be between £14.81 and £17.56.<sup>55</sup> Clearly, money spent on improving child literacy is money well spent and an investment in the country's future, reaping rewards for individual children and for society as a whole.<sup>56</sup>



47 E. Eivers, G. Shiel and F. Shortt (2005) *Literacy in Disadvantaged Primary Schools: Problems and Solutions*, Dublin: Education Research Centre, p. 6.

48 Department of Education and Science (2005) *DEIS Action Plan for Educational Inclusion*, Dublin: Department of Education and Science, p.3.

49 Joint Oireachtas Committee on Education and Skills (2010), *Staying in Education: A New Way Forward, school and out-of-school factors protecting against early school leaving*, p. 19.

50 Alison Healy, 'Children from poorer backgrounds over a year behind in language skills, study finds', *The Irish Times*, 29 September 2010.

51 *Ibid.*

52 L. Feinstein and J. Symons (1999) 'Attainment in secondary school', *Oxford Economic Papers*, Vol. 51, pp. 300-321.

53 Government of Ireland (2008) *Building Ireland's Smart Economy: A framework for sustainable economic renewal*. This report was published in December 2008 as the Government's strategy for medium-term economic recovery.

54 KPMG Foundation (2006) *The Long Term Costs of Literacy Difficulties*, London: KPMG Foundation, p. 3.

55 *Ibid.*

56 Local focus: Kilkenny People, 'An hour a week can help change a child's life forever: tutor appeal', 9 August 2010; *The Irish Examiner*, 'Knocknaheeny pupils enjoy third reading initiative' 18 October 2010.

57 H. Hislop, Chief Inspector, Department of Education and Skills Inspectorate, Presentation to the IVEA Annual Congress 2010, *Improving Schools, improving equity: education, equity and opportunity*, 16 September 2010.

58 *Ibid.*

## LANGUAGE SUPPORT

COMMITMENT	PROGRESS
To enhance support for the effective integration of international children at both primary and second-level, <i>Towards 2016</i> commits to providing an extra 550 language support teachers by 2009 and to reform the current limit of two additional teachers per school. <sup>59</sup>	<b>Progress reversed.</b> Backwards steps since <i>Report Card 2010</i> .

### What's happening?

#### Phased reduction of language support teachers announced in Budget 2011.

Budget 2011 announced the phased reduction of language support teachers by 500 posts over four years, with 125 posts to be targeted in September 2011.<sup>60</sup> This is despite a commitment in the 2009 *Renewed Programme for Government* that language support funding to schools will be 'maintained' at 2009/10 levels.<sup>61</sup> It is not clear how this cut will change the current allocation method for language support teachers, and impact on children's access to support.

The provision of language support for children with English as a second language had progressed over the past eight years, reflecting the increasing numbers of children from non-English speaking families in Irish schools. Provision peaked in 2008/09 at 2,180 posts, exceeding the *Towards 2016* commitment, compared with a total of 260 in 2001/02.<sup>62</sup> Since 2009, language support teachers have been limited to two per school, except in cases where a significant proportion of pupils are learning English as an additional language or, at post-primary level, where a

significant proportion of pupils are below a certain level of proficiency in English.<sup>63</sup> Measures introduced in Budget 2011 will further reduce the number of language support teachers in schools. For the 2009/10 school year, there were 1,180 language support teachers at primary level and about 365 at post primary-level; for the 2010/11 school year 1,110 posts have been approved for primary level and 278 for post primary.<sup>64</sup>

#### IMMEDIATE ACTION

##### > Ensure that provision of language support teachers is based on pupils' needs

It is not clear how the planned blunt cut to language support teachers will be made. Providing language support teaching to children with English as an additional language is a necessary and basic building block in their education. An annual mechanism, to ensure that language support provision matches pupil need countrywide, should be introduced.



59 Government of Ireland (2006) *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015*, Dublin: Stationery Office, p. 43.

60 See Children's Rights Alliance (2010) *Analysis of Budget 2011 and its Impact on Children*, www.childrensrights.ie

61 *Renewed Programme for Government* (October 2009).

[http://www.taoiseach.ie/eng/Publications/Publications\\_2009/Renewed\\_Programme\\_for\\_Government,\\_October\\_2009.pdf](http://www.taoiseach.ie/eng/Publications/Publications_2009/Renewed_Programme_for_Government,_October_2009.pdf), p. 31.

62 Government of Ireland (2008) *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015, Fourth Progress Report*, Dublin:

Stationery Office, p. 117. Language support teachers tend to comprise three groups: those with a TESOL qualification, learning support teachers, and mainstream teachers.

63 Information received by the Children's Rights Alliance from the Department of Education and Skills, December 2010. Granting of posts: 14-30 pupils with EAL needs = 1 post; 31-90 pupils with EAL needs = 2 posts; 91-120 pupils with EAL needs = 3 posts; and 121 and over pupils with EAL needs = 4 posts. Some schools, on appeal, have been given up to six language support posts.

64 Information received by the Children's Rights Alliance from the Department of Education and Skills, December 2010.



## Comment

Providing language support to children for whom English is not their first language is a basic, and critical, part of the integration process. Cutting this resource to save money – as the Government has opted to do – is dangerously short-termist and risks jeopardising these children’s educational attainment and social integration.

The number of students with English as a second language has increased rapidly over the past decade, reflecting the changing demographic in Irish society.<sup>65</sup> A 2009 report shows that the distribution of ‘newcomer’ children differs between primary and second-level: in 2007, ‘newcomer’ pupils made up an estimated 10% of the primary school population and 6% of the second-level school population.<sup>66</sup> It estimated that at second-level about 70% of newcomer students are non-English speaking, while at primary this figure reaches 75%.<sup>67</sup> Over half of both primary and second-level principals reported language difficulties among ‘nearly all’ or ‘more than half’ of these students.<sup>68</sup>

The recession has impacted on the level of immigration, and there is evidence that some migrants are opting to leave Ireland. It is expected that the changing patterns of immigration will start to impact on demand for language support teachers; this is beginning to show in a reduced number of applications for language support teachers from schools.<sup>69</sup>

Ireland’s first *Intercultural Education Strategy 2010-2015* was launched in September 2010, providing a framework for intercultural education based on ten key components and five high-level goals.<sup>70</sup> In addition, the Department of Education and Skills hosts ‘Accessing Intercultural Materials’, a central web-based repository of information on relevant resources for teachers, parents and students.<sup>71</sup>

Language teachers’ work is further supported by resource kits and information on integration sent to all schools by the National Council for Curriculum and Assessment.<sup>72</sup>

Teachers can also avail of continued professional development, but the OECD found that this has been inadequate and fragmented.<sup>73</sup> Principals note that language support teachers operate as an important social, as well as academic, support for newcomer children.<sup>74</sup>

**In 2007, ‘newcomer’ pupils made up an estimated 10% of the primary school population and 6% of the second-level school population. ... Over half of both primary and second-level principals reported language difficulties among ‘nearly all’ or ‘more than half’ of these students.**



65 Analysis of newcomer students to Ireland is still in the early stages. However, Ireland is one of the countries involved in the forthcoming OECD report on migrant education at pre-school, primary and post-primary, which will provide further insight into experiences of migrant children in Irish schools.

66 E. Smyth et al (2009) *Adapting to Diversity: Irish Schools and Newcomer Children*, Dublin: ESRI, p. xiv. Four in ten primary schools have no newcomer pupils, while newcomers are heavily represented (making up more than one fifth of the student body) in one in every ten primary schools. The experience of second-level schools is different: most have at least one newcomer pupil, but newcomer students make up a smaller proportion of the overall school population.

67 *Ibid*, p. 45.

68 *Ibid*, p.45.

69 Information received by the Children’s Rights Alliance from the Department of Education and Skills, December 2010.

70 Department of Education and Skills and the Office of the Minister for Integration (2010) *Intercultural Education Strategy 2010-2015*.

71 See <http://www.integration.ie/website/omi/omiwebv6.nsf/page/usefullinks-irish-DepartmentEducationportal-en>

72 National Council for Curriculum and Assessment (2005) *Intercultural Education in the Primary School: Guidelines for schools*. Dublin: NCCA.

73 Joint Oireachtas Committee on Education and Skills (2010), *Staying in Education: A New Way Forward, school and out-of-school factors protecting against early school leaving*.

74 E. Smyth et al (2009) *Adapting to Diversity: Irish Schools and Newcomer Children*, Dublin: ESRI, p. 181.

## 1.3 EARLY SCHOOL-LEAVING

**“Every child should complete a senior cycle or equivalent programme (including ICT) appropriate to their capacity and interests”** (*Towards 2016* p.41)

COMMITMENT	PROGRESS
To help further address absenteeism, early school-leaving, behavioural problems and special needs, both <i>Towards 2016</i> and the <i>National Action Plan for Social Inclusion</i> commit to delivering an additional 100 posts in total for the National Educational Welfare Board (NEWB) and the National Educational Psychological Service (NEPS) by 2009 (40 NEWB and 60 NEPS posts). <sup>75</sup>	<b>Original commitment delivered.</b> Context changed. Difficult to compare with previous Report Cards.

integration was still at the design stage, though some practical progress has been made.<sup>78</sup> Budget 2011 cut the School Completion Programme by 5% and abolished the 42 Visiting Teachers for Travellers posts; this will have a significant impact on the work of the NEWB.<sup>79</sup>

*National Educational Psychological Service:* The National Educational Psychological Service (NEPS) is concerned with learning, behaviour, social and emotional development; all of which can contribute to early-school leaving. NEPS provides psychological assessment and testing to children in schools, as well as working holistically with schools so that they can take responsibility for initial assessment, educational planning and remedial intervention. Only if there is a failure to make reasonable progress in spite of the school's best efforts will a child be referred for individual psychological assessment.

### What's happening?

**The context has changed. The National Education Welfare Board (NEWB) is operating under a new remit, and NEPS posts have been capped.**

*National Education Welfare Board:* The remit of the National Education Welfare Board (NEWB) was extended in May 2009 to include three Department of Education programmes – the Home School Community Liaison Scheme; the School Completion Programme; and the Visiting Teacher for Traveller Service – making the NEWB responsible for an additional 750 staff.<sup>76</sup> The change is intended to facilitate closer integration of these services at local, regional and national levels and to increase their effectiveness for children who may not be achieving at (or regularly attending) school.<sup>77</sup> By September 2010, service

In 2009, the Government committed to increasing the number of NEPS psychologists to 210 to allow for the assignment of a NEPS psychologist to every school in the country.<sup>80</sup> This was reversed in 2010 and NEPS psychologists were capped at 178.<sup>81</sup> Currently, NEPS employs approximately 164 psychologists.<sup>82</sup> Schools that do not have access to NEPS are limited in their ability to commission private psychological assessments, where they are judged necessary; but do not have access to follow up supports.<sup>83</sup> In 2008/09, NEPS psychologists were assigned to 74% of primary schools (covering 83% of pupils) and 92% of post-primary schools (covering 93% of students); an increase in pupil coverage of 16% since 2007.<sup>84</sup>

75 Government of Ireland (2007) *National Action Plan for Social Inclusion 2007–2016*, Dublin: Stationery Office, p. 35 and (2006) *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015*, Dublin: Stationery Office, p. 43.

76 National Education Welfare Board (NEWB) 'Minister Haughey Announces Plan for Integration of Education Services' [Press Release] 18 May 2009.

77 *Ibid.*

78 National Education Welfare Board (NEWB) 'New Integrated Approach to School Attendance, Retention and Participation: September 2010 Progress Update' [Press Release] 20 September 2010.

79 See Children's Rights Alliance (2010) *Analysis of Budget 2011 and its Impact on Children*, www.childrensrightrights.ie

80 *Renewed Programme for Government*, October 2009.

81 Government of Ireland (2010) *The National Recovery Plan 2011-2014*, Dublin: Stationery Office.

82 An additional 13 recruits have been made job offers. Information received by the Children's Rights Alliance from the Department of Education and Skills, December 2010. Psychologists are assigned to schools on the basis of total school population, type of school, the geographical distribution of schools, and on the basis of a weighting given to schools designated as disadvantaged.

83 Private assessments are undertaken by one of a panel of approved private psychologists, under the Scheme for Commissioning Psychological Assessments (SCPA). Unlike the NEPS service, where psychologists work with schools in a supportive way, panel psychologists are commissioned for assessments only, they do not engage in follow up or school support. In 2009, 2,875 assessments were funded under the SCPA at a cost of approximately €0.9 million. This is a significant decrease from 2008, when 4,100 assessments were undertaken privately at a cost of €1.4 million. Between 2001 and 2009, the State spent €10 million on private psychologist services for schools. See Martha Kearns, 'State spent €10 million on private psychologist services for schools', *Sunday Business Post*, 18 October 2009.

84 Joint Oireachtas Committee on Education and Skills (2010) *First Report – Staying in Education: A New Way Forward, school and out-of-school factors protecting against early school leaving*, p. 115.

COMMITMENT	PROGRESS
<i>Towards 2016</i> also commits to ensuring progress towards the Lisbon target, which aims to reduce early school-leaving to 10% by 2010.	<b>None.</b> No evidence of change since <i>Report Card 2010</i> .

## What's happening?

### Persistent problem, no signs of bucking trend.

Among the 27 EU countries, seven have reached or exceeded the Lisbon early school-leaving 10% target. At 11.4% in 2008, Ireland was not among that group.<sup>85</sup> Budgetary measures in 2009 and 2010 reduced the rate of Jobseekers Allowance paid to those under 21 years who are not in education or training.<sup>86</sup> This is intended to encourage young people to remain in education or training.

Early school-leaving has been a persistent problem in Ireland since the 1990s, with the number of students completing second-level remaining relatively stable from the mid-1990s at 80% to 83%.<sup>87</sup> This is despite much policy focus and considerable resources allocated to combating early school-leaving. There was some indication of an increase in school completion to 86% in 2007,<sup>88</sup> and signs of improvement in the 2009 Department of Education and Skills Retention Report<sup>89</sup> and the 2009 Quarterly National Household Survey,<sup>90</sup> but further data is required to confirm whether these findings represent an upward trend. In 2010, a Joint Oireachtas Committee published a comprehensive report into early school-leaving in Ireland, with a series of constructive recommendations.<sup>91</sup>

### IMMEDIATE ACTIONS

#### > Introduce a national tracking system to follow all children's educational and training pathways

The Department of Education and Skills, the Department of Social Protection, the Health Service Executive (HSE) and the Office of the Minister for Children and Youth Affairs should collaboratively design and establish a tracking system to follow children from pre-school through to primary and post-primary level. The system should include individual-level quantitative information on attendance and track individual children who transfer in or out of mainstream education settings. Its development could be facilitated by information gathered through the universal free pre-school year.

#### > Develop a process for ongoing evaluation of the work of the National Education Welfare Board (NEWB) and the National Educational Psychological Service (NEPS)

Neither the NEWB nor the NEPS have been subject to a comprehensive evaluation. Given the broadened remit of the NEWB and the increased staffing levels in both the NEWB and NEPS, it is important to assess whether their work is having a positive impact on school completion and on students' wellbeing at school. A clear, timely, independent evaluation process is required.

85 Department of An Taoiseach (2009) *Lisbon Agenda: Integrated Guidelines for Growth and Jobs, Ireland National Reform Programme 2008-10, Progress Report October 2009*, p. 72. The countries to have reached, or exceeded, graduation rates of 90% are: Czech Republic, Austria, Poland, Croatia, Slovakia, Finland and Slovenia. (European Commission (2008) *Progress towards the Lisbon Objectives in Education and Training: indicators and Benchmarks 2008*, Brussels: European Commission Staff Working Document, p. 15).

86 The Supplementary Budget April 2009 halved Jobseekers Allowance for those under 20 years not in education or training from €200 to €100 per week. Budget 2010 extended this measure to those aged 20 and 21 years. It extended a more limited measure to those aged 22-24 years; they will be entitled to €150 per week, unless they are involved in, or take up, education or training.

87 D. Byrne and E. Smyth (2010) *No Way Back: the Dynamics of Early School Leaving*, Dublin: Liffey Press (in association with ESRI), p. 6.

88 D. Byrne, S. McCoy and D. Watson (2008) *School Leavers' Survey Report 2007*, Dublin: ESRI, p. 8.

89 The 2009 Retention Report refers to those who entered post primary-level education in 2001. It shows an increase in the number of boys completing the Leaving Certificate within six years of entry from 73% of those who entered in 1995 to 77% for those who entered in 2001. See [www.education.ie](http://www.education.ie).

90 The 2009 Quarterly National Household Survey shows a decrease in the proportion of male early school-leavers from 18% in 2002 to 14.4% in 2009 and in female early-leavers from 11.2% to 8.2% over the same period. See [www.cso.ie](http://www.cso.ie).

91 Joint Oireachtas Committee on Education and Skills (2010), *First Report – Staying in Education: A New Way Forward, school and out-of-school factors protecting against early school leaving*.

## Comment

Early school-leaving receives a 'D' grade, down from a 'C' in *Report Card 2010*. The drop illustrates Government's failure to constructively address this problem, despite its persistent nature and long-term impact, and the disappointingly slow pace of change in implementing the new, integrated NEWB.

Almost 9,000 children leave school early every year in Ireland, with considerable long-term economic and social effects for both individuals and the State.<sup>92</sup> Unemployment levels and social welfare expenditure, poverty and poor mental health are just some of the problems linked to early school-leaving.<sup>93</sup> Gender and class heavily influence trends in school completion, with boys much more likely to drop out of secondary school than girls: for every 14 girls who leave school early, 23 boys do.<sup>94</sup> There is also a higher likelihood of early leaving among those from lower social classes.<sup>95</sup>

A 2010 ESRI study uses a mixed methods approach – combining longitudinal data with young people's own accounts – to examine the processes shaping early school-leaving in the Irish context.<sup>96</sup> It suggests that school drop-out is the result of a long-term accumulative process of disengagement from school, aspects of which can be shaped by organisational features of the school, such as the streaming of students according to academic ability; the quality of teacher/pupil relations; disciplinary policy and the general school climate.<sup>97</sup> The UN Committee on the Rights of the Child, in its *Concluding Observations* to

Ireland, notes that for certain groups, like Traveller children, early school-leaving is a chronic and persistent problem.<sup>98</sup>

*The cost of early school-leaving:* A 2009 ESRI research report assessed the costs associated with early school-leaving in the Irish context and estimated the cost to the State in Jobseekers Allowance per male early leaver to be €12,300 over a lifetime.<sup>99</sup> Add €17,000 in lost tax revenue and the total cost comes to €29,300, before health or crime costs are considered.<sup>100</sup> Health expenditure on early school-leavers is higher than that on those that completed the Leaving Certificate; and, according to ESRI estimates, €280 million in crime costs could be saved by keeping children in school.<sup>101</sup>

*Early intervention:* There is no national tracking system in the Irish education system. Thus there are no reliable statistics for the number of children who do not transfer from primary to secondary school each year,<sup>102</sup> estimated at between 800-1,000 children.<sup>103</sup> The lack of data is consistently problematic in understanding or addressing problems of absenteeism, lack of transfer and early school leaving. The transition between primary and post-primary is a critical stage and can influence students' subsequent school experience.<sup>104</sup> Absenteeism is another factor strongly associated with early school-leaving.<sup>105</sup> High levels of absenteeism at school can lead to low achievement, poor educational outcomes, and alienation from other students and from school staff. There is overwhelming evidence to suggest that early intervention, with a view to preventing chronic absenteeism and early school-leaving, is more effective than responding once problem patterns are established.<sup>106</sup>

92 D. Byrne and E. Smyth (2010) *No Way Back? The Dynamics of Early School Leaving*, Dublin: Liffey Press (in association with ESRI) p. 6.

93 Joint Oireachtas Committee on Education and Skills (2010) *First Report – Staying in Education: A New Way Forward, school and out-of-school factors protecting against early school leaving*.

94 *Ibid.*, p. 21.

95 Using OECD figures from 2005, the graduation rate from upper secondary school in Ireland was 86%. When looked at by gender, this was 81% males and 93% females. In Ireland, females are ten percentage points more likely to graduate from second-level than males [OECD (2009) *Education at a Glance*, Paris: OECD].

96 D. Byrne and E. Smyth (2010) *No Way Back? The Dynamics of Early School Leaving*, Dublin: Liffey Press (in association with ESRI).

97 *Ibid.*

98 UN Committee on the Rights of the Child (CRC/C/IRL/CO/2, p. 13 para. 58, (29 September 2006). In 2007/08 just 102 Travellers completed the Leaving Certificate. This is a completion rate of less than 20%, considerably lower than the national average of approx 84%. Similarly, only 56% of Travellers completed the Junior Certificate compared with an estimated 96% nationally. See Joint Oireachtas Committee on Education and Skills, *First Report (2010) Staying in Education: A new way forward*, p. 12.

99 S. McCoy and E. Smyth (2009) *Investing in Education: Combating Educational Disadvantage*, Dublin: Economic and Social Research Institute, p. 55.

100 *Ibid.*, p.55-56. The ESRI also gives a figure of €33,000 per female early leaver which takes into account payment of the One Parent Family Payment.

101 *Ibid.* Figure refers to over a lifetime, based on the following calculation: A prison place cost €97,700 per annum in 2007. For males aged 21 to 30 years, imprisonment rates of 46.6 per 1,000 early leavers and 1.6 per 1,000 Leaving Certificate leavers were estimated. Assuming each of those committed spends one year in prison, the potential difference in crime costs between early leavers and LC leavers amounts to just under €280m.

102 The lack of a national tracking system has two further implications: 1. data are not available on the educational pathways taken by students outside of the mainstream state-aided system (e.g. Youthreach) 2. While analysis allows for the movement of students between mainstream schools, it is only possible to estimate the number of students that leave state-aided schools (e.g. to attend private schools) or who leave the system for other reasons (e.g. emigration/death).

103 National Economic and Social Forum (2001) *Early School Leavers (Forum Report 24)*, Dublin: NESF, p. 31. Many of these children are Traveller children, beyond that little is known about these children; see Department of Education and Science (2006) *Report and Recommendations for a Traveller Education Strategy*, Dublin: Stationery Office, p. 16.

104 Joint Oireachtas Committee on Education and Skills (2010) *First Report – Staying in Education: A New Way Forward, school and out-of-school factors protecting against early school leaving*, p. 62.

105 M. Morgan (1998) *Early School Leaving Interventions: International Comparisons*, Dublin: Combat Poverty Agency.

106 National Economic and Social Forum (2001) *Early School Leavers (Forum Report 24)*, Dublin: NESF p. 26.

## 1.4 CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

**“An Act to ... assist children with Special Educational Needs to leave school with the skills necessary to participate ... in an inclusive way in the social and economic activities of society and to live independent and fulfilled lives”**

*(Education for Persons with Special Educational Needs Act 2004)*

COMMITMENT	PROGRESS
<i>Towards 2016</i> commits to the development of special educational needs services in the framework of the Education for Persons with Special Educational Needs Act (EPSEN) 2004, which provides a legislative basis for assessment for individual education plans and for the delivery of services. <sup>107</sup>	<b>Standstill.</b> No visible progress since <i>Report Card 2010</i> .
<i>The Programme for Government</i> pledges that each child with special needs will have the right to an Individual Education Plan. This will ensure that each child has a tailored programme to meet their unique individual needs. <sup>108</sup>	<b>Standstill.</b> No visible progress since <i>Report Card 2010</i> .

services for children with special needs.<sup>110</sup> In November 2010, over a year after the commitment was made, an official group met for the first time to consider what to prioritise.<sup>111</sup> Once priority areas are selected, the group will then undertake a costing exercise and consider implementation timeframes.<sup>112</sup> It is unclear why there was a year's delay in establishing this group.

To date, only certain sections of the Education for Persons with Special Educational Needs (EPSEN) Act 2004 have been commenced, primarily those concerned with the establishment of the National Council for Special Education (NCSE).<sup>113</sup> The key sections that would make a real difference to the daily lives of children with Special Educational Needs (SEN)<sup>114</sup> – relating to individual education plans and the appeals process – remain outstanding.

In October 2006, the *Implementation Report: Plan for the Phased Implementation of the EPSEN Act 2004* was submitted to the Minister for Education and Science, but ministerial sign-off has yet to be given.<sup>115</sup> It is now seven years since the publication of the Act, and five years since the publication of the *Implementation Report*, and we still await action.

### What's happening?

**No progress on commencing sections of the EPSEN Act 2004 that would make a real difference to children's lives.**<sup>109</sup>

The *Renewed Programme for Government* committed to implementing “some priority aspects of EPSEN” focused on measurable, practical progress in health and education

107 Government of Ireland (2006) *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015*, Dublin: Stationery Office, p. 44.

108 Government of Ireland (2007) *Programme for Government 2007–2012*, Dublin: Stationery Office, p. 45.

109 The United Nations Committee on the Rights of the Child in its *Concluding Observations* to the Irish Government, September 2006, recommended that continued measures be taken to create an educational environment where the special needs of the child are taken into consideration, see (CRC/C/IRL/CO/2, p. 12 paragraph 59.a).

110 *Renewed Programme for Government* (October 2009) p. 30.

111 The group is made up of officials from the Department of Education and Science, the National Council for Special Education, the National Educational Psychological Service, the Department of Health and Children and the HSE.

112 Information received by the Children's Rights Alliance through the Social Partnership Education Linkage Process, October 2010.

113 The following sections of the Education for Persons with Special Education Needs Act, 2004 [no. 30 of 2004] have been commenced — 1, 2, 14(1)(a), 14(1)(c), 14(2) to 14(4), 19 to 37, 40 to 53. These cover the adoption of the policy of inclusive education, the establishment of the NCSE, its staff, functions, etc, the adoption of the policy of detailed record keeping by the NCSE in the interest of provision to children with special educational needs, where requested, the support of local health boards in the work of the NCSE, the establishment of the duty of schools with respect to children with special educational needs and some amendments to the Education Act (1998), e.g. the definition of disability.

114 A child is deemed to have a special educational need if he or she requires substantial additional educational provision in comparison with his/her peers (definition in S. Griffin and M. Shevlin (2007) *Responding to Special Educational Needs: An Irish Perspective*, Dublin: Gill and Macmillan).

115 National Council for Special Education (2006) *Implementation Report: Plan for the Phased Implementation of the EPSEN Act 2004*, Meath: National Council for Special Education.



### IMMEDIATE ACTIONS

- > **Urgently implement the sections of the Education for Persons with Special Educational Needs Act 2004 relating to individual education plans and the appeals process**

The Department of Education and Skills, the Department of Health and Children and the Health Service Executive must work together to ensure the sections of the EPSEN Act that will make a vital difference to the lives of children with special educational needs are urgently commenced.

- > **Protect special educational and care supports for children with special needs at school**

Resource teachers and special needs assistants provide different but equally vital supports for children with special needs at school. Such supports provide the basis for these children's education; they cannot adequately participate in school without them. Such fundamental educational supports must be protected.

with special educational needs with additional entitlements, and benefit a larger cohort of children than those deemed to have had entitlements under previous statutory provisions.<sup>117</sup>

There are an estimated 190,303 children in Ireland with Special Educational Needs (SEN) – nearly one child in every five.<sup>118</sup> Historically, many of these children were isolated from mainstream education, as they were not expected to achieve at school either academically or socially. Now, it is recognised that children with SEN can thrive in a mainstream education environment, once they are properly supported; and their presence has been shown to have a positive impact on classmates and the rest of the school.<sup>119</sup>

Exceptionally able or 'gifted' children also have special educational needs; these children can become bored and frustrated in school and are often uncomfortable or self-conscious about their ability.<sup>120</sup> There is no standardised special educational provision to cater for this group of children in Irish schools.

## Comment

This sub-section, Children with Special Educational Needs, gets a 'D' grade this year, a drop from last year's 'C', due to the continued failure to identify and implement priority aspects of the EPSEN Act, despite Government commitments to do so.

The EPSEN Act 2004 provides the legislative framework for the assessment of need; the preparation and implementation of individual education plans; and the delivery of services for children with special educational needs.<sup>116</sup> When implemented in full, it will provide children



116 In the absence of full commencement of the EPSEN Act, some steps have been taken: in 2006 the NCSE published guidelines on the individual education plan process and issued them to all schools. The Special Education Support Service (SESS) has commenced a series of training programmes for teachers on the individual education planning process.

117 National Council for Special Education, *Request for tender to conduct a 'Study to estimate the prevalence of special educational needs (SEN) and to examine data issues in relation to SEN and disability in Ireland more generally'*, February 2009.

118 National Council for Special Education (2006) *Implementation Report: Plan for the Phased Implementation of the EPSEN Act 2004*, Meath: National Council for Special Education, p. 72. Data on children with Special Educational Needs is scarce, and patchily collected. The National Council for Special Education (NCSE) is going some way towards addressing this with its Special Education Administration System (SEAS), (an administrative and information tool, which will provide a clearer picture of the number of children with SEN being supported by the NCSE); and through current research by the ESRI to estimate the prevalence of SEN.

119 S. Griffin and M. Shevlin (2007) *Responding to Special Educational Needs: an Irish Perspective*, Dublin: Gill and MacMillan p. 76.

120 Special Education Support Service (2004) *Information on Exceptionally Able/Gifted and Talented Children*. See [www.giftedkids.ie](http://www.giftedkids.ie) for more information.

*Supports:* Children with special educational needs, attending a mainstream school, are provided with additional resource teaching hours. Children with special care needs arising from a disability, attending a mainstream school, can be allocated a Special Needs Assistant (SNA). SNAs provide care (rather than educational) support, such as assisting a child with eating or visiting the bathroom.<sup>121</sup> Overall, about 20,000 adults in schools work solely with pupils with special educational needs, as either teaching supports or SNAs.<sup>122</sup>

*Learning support:* Individual primary schools can provide learning support to pupils with high incidence special educational needs through the General Allocation Model, which ensures that all primary schools have sufficient resource teaching hours to meet the immediate needs of pupils with high incidence special needs and those who require learning support.<sup>123</sup> SENOs (Special Educational Needs Organisers) are responsible for allocating additional resources to children with low incidence SEN at a local level, and, to pupils with both low and high incidence special needs at second-level (as the General Allocation Model does not operate at second-level). Approximately 34,000 pupils in primary and second-level schools countrywide receive additional resources through the National Council for Special Education (NCSE).<sup>124</sup>

*Special Needs Assistants:* There are over 10,000 SNAs in Irish schools,<sup>125</sup> supporting over 14,000 individual children with special care needs.<sup>126</sup> Two statutory reviews of SNAs were undertaken in 2009: one focussing on value for money, and the other reviewing existing provision to ensure that it is in line with criteria governing the allocation of SNAs.<sup>127</sup> The ongoing review has, thus far, resulted in an average 4.1% decrease in the number of SNAs in participating schools;<sup>128</sup> however anecdotal evidence suggests that more serious cuts to SNA provision has taken place.<sup>129</sup> Provision of SNAs remains problematic as posts are allocated to schools on the basis of the assessed care needs of individual children, rather than attaching to particular children, thus, an SNA post does not transfer with a child from one school to the next.<sup>130</sup>

*Cost:* In 2010, over €1 billion was spent in supporting special educational provision.<sup>131</sup> In 2006, the NCSE estimated that implementation of the ESPEN Act would cost €397 million over a five year period.<sup>132</sup> This sum would cover pre-school provision (€45.25m), building capacity in schools (€194), developing educational support services (€76m), training and development (€49m) and appeals and mediation (€8m), among other things.<sup>133</sup>

121 For full details see: Department of Education and Skills, Circular SP. ED 07/02, *Applications for full-time or part-time Special Needs Assistant support to address the special care needs of children with disabilities*.

122 Joint Oireachtas Committee on Education and Skills (2010), *Staying in Education: A New Way Forward, school and out-of-school factors protecting against early school leaving*, p.106.

123 The General Allocation Model is intended to make schools truly inclusive. It ensures that schools have a means of providing additional teaching support to pupils with learning difficulties and SEN arising from high incidence disabilities without recourse to making applications on behalf of individual pupils. This should enable schools to be more flexible, efficient and effective in provision of supports. More information see Department of Education and Skills Circular, SP ED 02/05, *Organisation of Teaching Resources for Pupils who need Additional Support in Mainstream Primary Schools*.

124 The NCSE provides additional resource teaching hours to children with low incidence SEN at primary level and with both low and high level SEN at post-primary level. The figure cited is from a presentation made by the NCSE to the Joint Oireachtas Committee on Education and Skills, 16 December 2010. It represents the numbers of children with SEN in mainstream primary and post primary schools who were in receipt of additional resource teaching hours allocated through the NCSE.

125 6,532 SNAs in mainstream primary schools, 2,000 SNAs in mainstream post-primary schools and approximately 1,819 SNAs in special schools. Figures received by the Children's Rights Alliance from the Department of Education and Skills, December 2010.

126 Information received by the Children's Rights Alliance from the Department of Education and Skills, December 2010. This figure represents the numbers of children with SEN in mainstream primary and post-primary schools who were in receipt of SNA support allocated through the NCSE in 2009. It does not represent the number of SNAs deployed in mainstream primary and post-primary schools, as individual SNAs may be providing support to more than one pupil.

127 The Value for Money Review will be completed in 2011. The review of criteria for the allocation of SNAs is ongoing. It is being undertaken on a school-by-school basis and the NCSE is notifying outcomes directly to schools.

128 National Council for Special Education (2010) *Report on NCSE Review of SNA Allocation to Schools April 2009-March 2010*, Meath: NCSE, p. 4.

129 **Local focus: *Kilkenny People*, 'Schools activities disrupted as Special Needs Assistants work to rule', 27 January 2010.**

130 Joint Oireachtas Committee on Education and Skills (2010), *First Report – Staying in Education: A New Way Forward, school and out-of-school factors protecting against early school leaving*, p. 110.

131 *Ibid*, p.106. This figure includes spending on SNA, resource and learning support teachers, special school teachers and other teachers in special schools and the NCSE and SENOs.

132 National Council for Special Education (2006) *Implementation Report: Plan for the Phased Implementation of the EPSEN Act 2004*, Meath: National Council for Special Education.

133 Educational progression: €8.5m, outcome of reviews: €4.5m, further and continuing education: €3.75m, research: €3m.



## 1.5 SCHOOL BUILDINGS

**“... the Government is committed to improving our schools”** (*Investing for Growth and Jobs: Infrastructure Investment Priorities 2010-2016*, pg.6)

COMMITMENT	PROGRESS
The <i>Programme for Government</i> commits to investing €4.5 billion between 2007 and 2012 towards providing new schools and improving existing ones. <sup>134</sup>	<b>Mixed.</b> Under-spend still a problem, as outlined in <i>Report Card 2010</i> .

### What's happening?

**Investment in school buildings secured. Demographic trends signal increased demand for places. Annual under-spend remains unacceptable.**

In 2009 and 2010 the full budget allocation for school buildings was not spent within the agreed budgetary period. By the end of December 2010, €35 million of the total €785 million for capital expenditure had yet to be spent.<sup>135</sup> The extent of the underspend was over-stated by the media in November 2010 and subsequently clarified by the Tánaiste at the Oireachtas Committee on Education and Skills.<sup>136</sup> The 2009 underspend was carried over to 2010 and spent in that year. Reasons cited for delay included ‘difficulties’ within the construction industry, reductions in the cost of sites, and delays in completing planned site transactions arising from legal and planning issues.<sup>137</sup> In December 2010, it was expected that 53 projects would have commenced that year, up from 34 commencements in 2009 – an increase of 56%.<sup>138</sup>

In July 2010, the Government published its infrastructure investment priorities for 2010-2016,<sup>139</sup> in which it committed to investing €3.1 billion in upgrading and expanding primary and secondary schools. This funding will enable the delivery of 70,000 additional permanent primary school places by 2016: 35,000 places in existing primary schools

and an additional 35,000 through the construction of new schools. A further 15,000 new places will be provided in post-primary schools. Demographics are driving these commitments; demand for primary school places is predicted to rise from 519,000 in 2010 to over 570,000 in 2016, while demand for secondary school places will increase from 162,000 to 188,000 in the same period.<sup>140</sup> It is not clear how the reductions in capital funding, outlined in the *National Recovery Plan*, will impact on these plans.<sup>141</sup> Budget 2011 allocated €383 million to school buildings, €222 million for primary and €161 for post-primary, and stated that this funding will allow the Department to meet the increased demand for places and make improvements to existing building stock.<sup>142</sup>

In a positive development, spending on prefab rental has significantly reduced over the past two years: from €80 million in 2008 to €46 million in 2009, due to the successful implementation of a scheme through which schools can use funding for the purchase of prefabs to build permanent classrooms.<sup>143</sup>

#### IMMEDIATE ACTION

- > **Work creatively to identify and procure new school sites in response to demographic demand**

Demographics mean that demand for school places will continue to rise over the next decade. At the same time, land and buildings have been taken over by NAMA. Where they are located in suitable areas, these NAMA sites should be used for new school buildings. This is an opportunity for Government to fulfil a need at a reduced price at a time when it must seek value for money. Any delay in spending much needed school building funds is unacceptable and must be closely monitored.

134 Government of Ireland (2007) *Programme for Government 2007-2012*, Dublin: Stationery Office, p. 43.

135 Information received by the Children's Rights Alliance from the Department of Education and Skills, December 2010.

136 This follows a similar situation in 2009, where only 52% (€321 million) of the money allocated for primary and secondary school buildings was spent by the end of October 2009.

137 *Ibid.*

138 Information received by the Children's Rights Alliance from the Department of Education and Skills, December 2010.

139 Government of Ireland (2010) *Investing for Growth and Jobs: Infrastructure investment priorities 2010-2016*, Dublin: Department of An Taoiseach.

140 Dick Ahlstrom, 'Education sector allocated €4 billion', *The Irish Times*, 26 July 2010.

141 Government of Ireland (2010) *National Recovery Plan 2010-2014*, Dublin: Stationery Office.

142 Information received by the Children's Rights Alliance from the Department of Education and Skills, December 2010.

143 In 2009, only €7m was spent on the purchase of prefabs, compared with €26m in 2008. This improvement is welcome, but there is still a way to go: in 2009 rents of more than €100,000 were paid out on behalf of 73 schools, with 790 schools in total renting temporary accommodation.

## Comment

School Buildings get a 'C-' grade, a fall from last year's 'C+', because, for the second year running, money allocated was not spent within the agreed timeframe. However, the continued financial commitment to deliver necessary school places means this grade did not fall more sharply.

Over the past two years, the process around school buildings has improved. Information about schools awaiting renovation or refurbishment is now publicly available and clarity on criteria for prioritisation through the 'banding' system is provided.<sup>144</sup> The Summer Works Scheme, which was deferred for budgetary reasons in Summer 2008, is active again. Failure to spend budgets allocated within the agreed timeframe remains a problem.<sup>145</sup>

There are more than 3,300 primary schools and 720 second-level schools in Ireland and it is these spaces where children, between the ages of four and 18 years, spend a large part of their week.<sup>146</sup> Over the years, many of these schools have fallen into a state of disrepair,<sup>147</sup> and improving the quality of school buildings still requires urgent and sustained attention.<sup>148</sup> A 2010 ESRI report found that the design of some primary schools (especially older buildings) makes it difficult to fully practice the child-centred curriculum; and that natural lighting and ventilation, flexibility in temperature control and lack of noise travelling between rooms all enhance teaching and learning activities.<sup>149</sup>

In addition to issues of quality, quantity of places is a growing challenge. The *National Development Plan* estimates that Ireland will need 100,000 new school places in the next ten years – that is 400 new schools or equivalent extensions.<sup>150</sup> The Forward Planning Unit at the Department of Education and Skills, through its mapping process, has identified the 40 areas of the country that are most likely to require additional primary provision in 2010, 2011 and 2012, and has invited school patrons to come forward to fill the gap.

This is an area where creativity has been demonstrated: Department of Education officials met with the Chief Executive of NAMA (the National Asset Management Agency) to outline areas where they are anxious to acquire school sites, as they have had difficulty to date.<sup>151</sup> If NAMA has acquired sites in these areas, the Department of Education may be in a position to put them to good use. Though negotiations are in early stages, this move is welcome. For now, changing demographics must remain a focus for the Department, this will be a key issue over the coming decades, and mechanisms to address it must prove robust.



144 Each of the schools whose projects are being considered by the Department are rated from bands one to four, with band one regarded as the highest priority. A document from the Department of Education and Skills outlines the criteria associated with each band: [http://www.education.ie/servlet/blobServlet/pbu\\_bp\\_prioritisation\\_criteria.pdf](http://www.education.ie/servlet/blobServlet/pbu_bp_prioritisation_criteria.pdf) [accessed 29 September 2010].

145 Local focus: *The Westmeath Examiner*, 'Kilbeggan new school ruled out 'at this time'', 18 March 2010.

146 Figures received by the Children's Rights Alliance from the Department and Education and Skills, December 2010.

147 Local focus: *The Meath Chronicle*, '360 pupils in a rat-infested school built for 150', 3 February 2010.

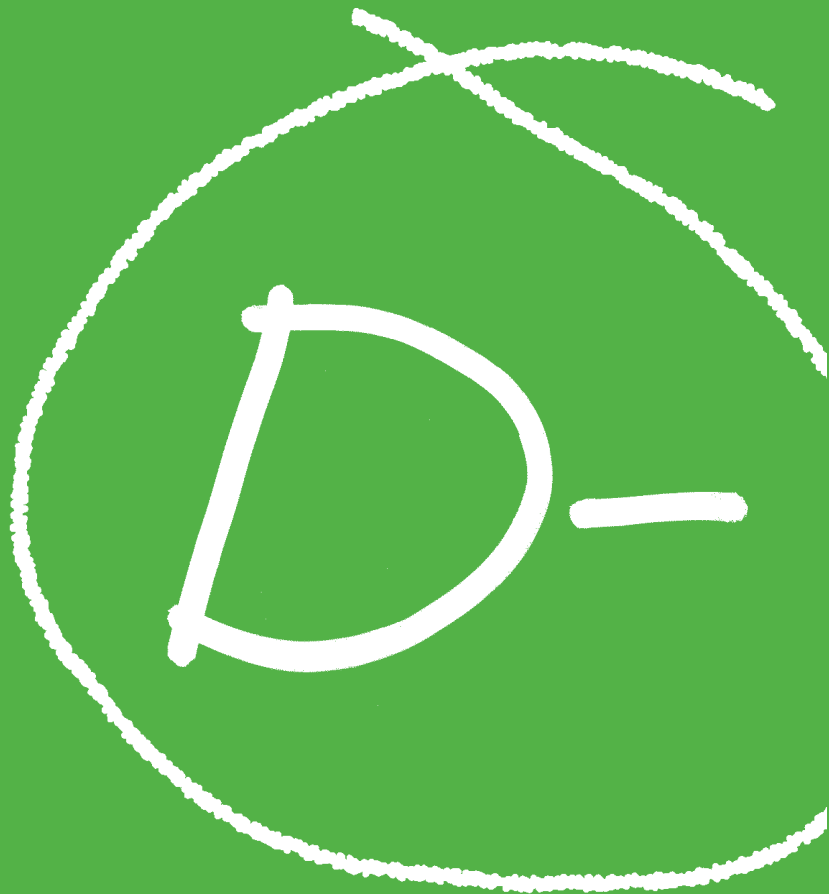
148 The United Nations Committee on the Rights of the Child in its *Concluding Observations* to the Irish Government, September 2006, recommended that budgetary allocations are directed at improving and upgrading school buildings, recreation equipment and facilities, and the sanitary conditions in schools, see (CRC/C/IRL/CO/2, p. 13 paragraph 59.b).

149 M. Darmody, E. Smyth and C. Doherty (2010) *Designing Primary Schools for the Future*, Dublin: Economic and Social Research Institute.

150 Government of Ireland (2007) *National Development Plan 2007–2012*, Dublin: Stationery Office, p. 197. The figure is based on an average of 250 pupils per school.

151 Niall Murray, 'Schools may be built on NAMA land', *The Irish Examiner*, 24 September 2010

# Health





# Overview

This year the overall grade in health went up from an 'E' to a 'D-'. This improvement reflects the delivery of promised primary care teams and of the child and adolescent mental health in-patient unit in Galway. However, the ongoing failure to constructively address the childhood obesity epidemic or to take any meaningful steps to curb alcohol consumption among adolescents, or to address harmful parental drinking, continues to drag down the overall mark in health.

The Government is not taking a 'smart' budgeting approach to health.<sup>152</sup> This year, €1 billion less will be spent on health than in 2010 with much of the reduction being felt directly by patients in terms of their access to drugs and medical supports.<sup>153</sup> Yet at the same time, this year's 1,600 graduate nurses – whose training, at a cost of €90,000 each, was funded by Irish taxpayers – will not be employed due to the public sector recruitment moratorium. The high cost of pay-as-you-go GP services demonstrates a similar failure to learn from basic cost/benefit analyses.<sup>154</sup> The cost of GP visits is known to deter those without medical cards from doctors' visits unless symptoms are serious, undermining the chance of early intervention and prevention and likely to result in higher longer-term health costs.<sup>155</sup>

The planning failure in the health service is startling. An Expert Group Report in 2010 noted – alarmingly – that there is “no framework that allows for decisions to be taken in an integrated way that links systematically with the overarching principles of the Irish health care system and aligns resources with goals”.<sup>156</sup> The planning of current and capital infrastructure is not integrated, the planning of public care provision takes no account of private care provision, and there is insufficient population health information to support equitable and efficient care planning and delivery.<sup>157</sup> This lack of coherence is endemic: reimbursement systems and payment schemes create

incentives that run contrary to the direction outlined in key health policies. For example, the transfer of activities to a primary care setting is a clear Government aim, however, in practice people can pay less for care if they choose to attend hospital as an out-patient rather than visit their GP.<sup>158</sup> A lack of transparency – in decision-making and resource allocation – permeates the entire health system, creating a structure that is full of inequities and plagued by anomalies. It is unclear whether money spent by the HSE is in line with the terms on which it was granted or what proportion of the health budget is spent on children.<sup>159</sup>

These system level problems trickle down, affecting each child's individual care. Meanwhile, the recession continues to impact, with primary care and minor operations for children being overlooked in favour of crisis and acute services. Of course, critical tertiary services must be maintained; but this should not be at the expense of basic primary and secondary services for children. Children and parents' mental health too is affected by stressful times, as evidence of an increase in calls to ISPCC's Childline and the Samaritans demonstrates.<sup>160</sup> Each health problem a child experiences has a knock-on effect on their life, the impact of waiting for a simple operation could change the course of a child's education. Even a short disruption to a child's schooling can leave them too far behind to catch up.



152 In 2010, the Alliance focused on 'Smart Budgeting' as our policy priority. We will produce a paper outlining this concept in 2011. In brief, Smart Budgeting means taking policy and budgetary decisions for children that are efficient in their use of resources and effective in their ability to improve children's outcomes.

153 70% of health spending goes on salaries, which cannot be cut due to the terms of the Croke Park public service agreement. Therefore, savings must come from the remaining one third of the budget.

154 Over two thirds of the population pay for GP and community based services on a pay-as-you-go basis that takes no account of their ability to pay.

155 A. Brick et al (2010) *Resource Allocation, Financing and Sustainability in Health Care: Evidence for the Expert Group on Resource Allocation and Financing in the Health Sector*, Dublin: Department of Health and Children and the Economic and Social Research Institute. The Jack and Jill Children's Foundation (JJF) is an example of good practice. JJF provides home nursing care and respite services for young children who are born with, or develop brain damage, and who suffer severe intellectual and physical developmental delay as a result. A costs and outcomes analysis of alternative models of care for young children with severe disabilities in Ireland estimates that the average annual cost to the State in providing acute hospital care for a severely disabled child is €147,365; compared with €16,422 for JJF homecare provision. JJF's service offers a saving of €130,943 to the State, and is the preferred model of service delivery for families. For more information see Prof. C. Normand and Prof. P. Revill (2010) *A Cost and Outcomes Analysis of Alternative Models of Care for Young Children with Severe Disabilities in Ireland*, Dublin: Trinity College Centre for Health and Policy Management.

156 A. Brick et al (2010) *Resource Allocation, Financing and Sustainability in Health Care: Evidence for the Expert Group on Resource Allocation and Financing in the Health Sector*, Dublin: Department of Health and Children and the Economic and Social Research Institute.

157 *Ibid.*

158 *Ibid.*

159 Department of Health and Children (2009) *Study of certain accounting issues related to the Health Service Executive: Considine Report*, Dublin: DoHC.

160 Noel Baker, 'One in eight calls to Samaritans due to recession', *The Irish Examiner*, 16 December 2010 and 'ISPCC announce Childline 2009 statistics' 2 March 2010 [Press Release].

## 2.1 PRIMARY CARE

### “Every child should have access to world-class health, personal and social services”

(Towards 2016, p. 41)

COMMITMENT	PROGRESS
<i>Towards 2016</i> commits to plan and implement a programme of re-organisation and re-alignment of existing resources in order to deliver a person-centred primary care service through multidisciplinary teams and networks, serving defined populations, as outlined in the <i>Primary Care Strategy, 2001</i> . <sup>161</sup> The target is to have 300 primary care teams <sup>162</sup> in operation by 2008, 400 by 2009, and 500 by 2011. <sup>163</sup>	<b>Still behind target.</b> But signs of catch-up since <i>Report Card 2010</i> .

Government just one year behind its original target of 400 PCTs by the end of 2009, as outlined in *Towards 2016*.

Despite some welcome catch-up, the overall pace of delivery of Primary Care Teams is disappointing. The *Primary Care Strategy* was published in 2001,<sup>167</sup> and nine years later the HSE is still battling the same issues it faced at the outset: an unwillingness to address work practice issues – as ongoing difficulties engaging GPs demonstrate – or to commit investment where results are not immediately visible. The announcement of a €1.5 billion financing programme in Budget 2009 focusing on Primary Care Centre sites was welcome.<sup>168</sup> However, this commitment was not built upon in Budgets 2010 or 2011. Adequate resources, combined with strong leadership from the HSE and firm political will on the part of the Government, are urgently needed if the anticipated transformation in primary care is to be delivered.

### What's happening?

#### Some progress being made in Primary Care, but concern that this may be lost. There was no specific funding stream for primary care in Budget 2011.

The Government failed to meet the target of 300 Primary Care Teams (PCTs) by the end of 2008, as promised in *Towards 2016*. Now, the focus is on reaching a target set in the *HSE Transformation Programme*, which aims to have 530 PCTs developed by 2011, 30 more than envisaged in the original target.<sup>164</sup> €327 million was allocated to primary care in the 2010 *HSE Service Plan*; a €24 million reduction on the 2009 allocation.<sup>165</sup> In October 2010 there were 336 Primary Care Teams in operation and a further 75 teams in development.<sup>166</sup> The HSE aimed to have 394 PCTs fully operational by the end of 2010 to remain on track for its 2011 target. This is ambitious, but if achieved will see

#### IMMEDIATE ACTION

##### > Ring-fence multi-annual funding for the delivery of the promised Primary Care Teams

The HSE must ensure that money allocated to Primary Care Teams – with a full complement of therapeutic services – is not subsumed into broader budgets. Allocation of funding to Primary Care Teams and Primary Care Centres must be clearly outlined in HSE Service Plans; this is critical for the effective monitoring of progress and to ensure positive health outcomes for children.

161 Department of Health and Children (2001) *Primary Care Strategy: A New Direction*, Dublin: Stationery Office p. 15.

Government of Ireland (2006) *Towards 2016, Ten-Year Framework Social Partnership Agreement 2006-2015*, Dublin: Stationery Office p. 54.

162 A Primary Care Team (PCT) is a multi-disciplinary team of healthcare professionals who work together to meet the health and social care needs of defined population (7,000-10,000). A PCT is comprised of a core unit of practitioners who provide the most common service needs in the community, including General Practitioners (GPs) and Practice Nurses, Public Health Nurses, Community General Nurses, Physiotherapists, Occupational Therapists, Speech and Language Therapists and Home Help staff.

163 Government of Ireland (2006) *Towards 2016, Ten-Year Framework Social Partnership Agreement 2006-2015*, Dublin: Stationery Office p. 54.

164 See Health Service Executive website [http://www.hse.ie/eng/services/Find\\_a\\_Service/Primary/](http://www.hse.ie/eng/services/Find_a_Service/Primary/)

165 Health Service Executive (2010) *HSE National Service Plan 2010*, Dublin: Health Service Executive.

166 'Operating' is defined as teams that are holding clinical meetings, involving GPs and HSE staff. Information received by the Children's Rights Alliance through the structured consultation process with the Community and Voluntary Pillar, December 2010.

167 The United Nations Committee on the Rights of the Child welcomed the publication of the *Primary Care Strategy* in its *Concluding Observations* to the Irish Government, September 2006, see (CRC/C/IRL/CO/2, p.10 paragraph 45).

168 As part of this programme, approximately 200 new Primary Care Centres are under consideration, nine are planned to open by the end of 2009, 71 in 2010 and the remaining 120 in 2011. See: 'Update on the development of Primary Care Teams (PCTs) for the structured consultation process with the Community and Voluntary Pillar'.

## Comment

Primary Care gets a 'D' grade this year, an improvement on last year's 'F', based on the improved level of delivery of the promised Primary Care Teams. Ireland's primary care infrastructure is still in its infancy, and must be nurtured and protected if it is to grow. Without adequate resources, progress made in recent years will be lost. A focus on secondary and acute care, at the expense of primary care, is tempting in a recession, but is a step we urge Government not to take. For children, community-based, early intervention and preventive healthcare services provided within a primary care structure are critical.

Primary care is the most basic building block of a successful health service. It comprises a range of services designed to keep people well, from health promotion and screening for diseases, to assessment, diagnosis, treatment and rehabilitation, as well as personal social services. Primary care is the first point of contact that people have with health and social services, and it is the appropriate setting for treating 90% to 95% of all health and social care needs.<sup>169</sup> A well-resourced, responsive and effective primary care service has the potential to prevent the development of conditions that may later require more intensive treatment or hospitalisation, at greater cost to the individual and the State. Primary care services are accessible by self-referral and have a strong emphasis on working with communities and individuals to improve their health and social wellbeing.<sup>170</sup> The joined-up approach envisaged within Primary Care Teams aims to provide timely and effective services to children and families when they need them and close to home.

Through the Primary Care Teams, children can visit the GP or see the public health nurse and, where necessary, be immediately referred to further services, such as an occupational therapist, speech and language therapist or psychologist. The Government's decision to exempt these key posts from the public service moratorium and to focus on increasing their numbers within the HSE is welcome.<sup>171</sup>

In 2010, an additional 56 speech and language therapists and 91 occupational therapists were employed.<sup>172</sup> Still, however, children face long waiting lists to access basic services.<sup>173</sup> For example, more than 23,000 children were on HSE waiting lists for speech and language therapy in 2010, with almost 4,000 of those waiting between 12 months and two years.<sup>174</sup> Delays like these can have devastating life-long consequences, affecting children's health, educational achievement, social development and emotional wellbeing.<sup>175</sup>

**Primary care is the most basic building block of a successful health service. It comprises a range of services designed to keep people well, from health promotion and screening for diseases, to assessment, diagnosis, treatment and rehabilitation, as well as personal social services.**



169 Department of Health and Children (2001) *Primary Care Strategy: A New Direction*, Dublin: Stationery Office, p.7.

170 *Ibid*, p. 15.

171 The general moratorium on recruitment, promotion and the payment of acting up allowances does not apply to the following specified grades; Medical Consultants, Speech and Language Therapists, Physiotherapists, Occupational Therapists, Clinical Psychologists, Behavioural Therapists, Counsellors (Mental Health and Disability Services), Social Workers, and Emergency Medical Technicians.

172 Health Service Executive (2010) *HSE National Service Plan 2010*, Dublin: HSE. From 2009 to August 2010 the HSE increased the whole time equivalent (WTE) posts for speech and language therapists from 776 to 833 (+56/7.6%), occupational therapists from 1,103 to 1,194 (+91/8.2%) and social workers from 2,139 to 2,189 (+50/2.3%). However, the number of psychologists and counsellors fell from 954 to 942 (-12/-1.2%).

173 Ombudsman for Children (2009) *Annual Report 2009*, Dublin: Ombudsman for Children's Office, p. 28.

Local focus: *Dublin People*, 'Two year wait for speech and language treatment', 21 October 2010.

174 Jennifer Hough, '23,000 on waiting list for speech therapy', *The Irish Examiner*, 3 May 2010.

175 Irish Association of Speech and Language Therapists (2007) *Position Paper, Specific Speech and Language Impairment in Children: Definition, Service Provision and Recommendations for Change*, p. 8.



## 2.2 MENTAL HEALTH

**“Children will be supported to enjoy the optimum ... mental and emotional wellbeing”** (*National Children’s Strategy, p.46*)

COMMITMENT	PROGRESS
<i>Towards 2016</i> commits to delivering – under the framework of <i>A Vision for Change</i> strategy – a significant number of child and adolescent community mental health teams (CMHTs) within the context of a 7- to 10-year target of one CMHT per 100,000 of the population by 2008, and two CMHTs per 100,000 of the population by 2013. <sup>176</sup> These child and adolescent CMHTs will develop clear links with primary and community care services and identify and prioritise the mental health needs of children in each catchment area. <sup>177</sup>	<b>Still far from realisation.</b> Slowdown in progress since <i>Report Card 2010</i> .

composition of the workforce varying across teams and regions.<sup>181</sup> Not all teams provide full mental health services to all children up to 18 years. The majority support children up to age 15 – mirroring the remit of the old health boards – hence difficulties remain in accessing services for children aged 16 and 17 years.<sup>182</sup>

The HSE aims to see 70% of new referrals to the child and adolescent mental health service within three months.<sup>183</sup> Between 1 October 2009 and 30 September 2010 it came close to achieving this aim: 7,651 new cases were seen by community CAMH teams and, of these, 47% were seen within one month of referral and 69% within three months.<sup>184</sup>

The second *Child Adolescent Mental Health Services Annual Report* was published in November 2010.<sup>185</sup> It is a welcome example of accountability and transparency, and a vital resource for tracking relevant data annually and highlighting trends in children’s mental health.

### What’s happening?

**Clear commitment among HSE staff, but meeting targets will require sustained commitment and dedicated resources over a number of years. Not to be neglected.**

*A Vision for Change* recommends a total of 99 specialist Child and Adolescent Mental Health (CAMH) teams providing community, hospital liaison and day hospital services. In November 2010, there were 55 CAMH teams in operation, 50 based in the community and five within hospital settings.<sup>178</sup> This is an increase of eight since the end of 2008, and just one since June 2009.<sup>179</sup> The final figure is disputed, as many of these teams do not have a full complement of staff. In November 2010, team staffing levels averaged at 70.2% of the recommended level (an 8% increase on 2009)<sup>180</sup> with the distribution and disciplinary

#### IMMEDIATE ACTION

> **Urgently deliver the promised Child and Adolescent Community Mental Health Teams**

The HSE must honour the commitments made to develop Child and Adolescent Community Mental Health (CAMH) teams as a matter of urgency. Children’s mental health is a crucial part of their overall health and wellbeing, and CAMH teams are the basic community level support for children with mental health problems. Ensuring that they are fully staffed and resourced is vital; no child should wait more than six weeks for an appointment with a CAMH team.

176 Government of Ireland (2006) *Towards 2016, Ten-Year Framework Social Partnership Agreement 2006-2015*, Dublin: Stationery Office , p. 44

177 *Ibid.*

178 Health Service Executive (2010) *Second Annual Child and Adolescent Mental Health Service Report 2009-2010*, Dublin: HSE.

179 Health Service Executive (2009) *Corporate Performance Measurement: Report against the Corporate Plan 2008-2011*, January-June 2009, Dublin: HSE p.21.

180 This is equal to 456.11 whole time staff equivalents. The recommended staffing number for 50 community teams is 650.

181 CMHTs should have 13 staff members in total, 11 of whom are clinical. They include one consultant psychiatrist, one doctor in training, two psychiatric nurses, two clinical psychologists, two social workers, one occupational therapist, one speech and language therapist, one childcare worker, and two administrative staff. In September 2010, there was an average of 7.6 clinical staff per team. Health Service Executive (2010) *Second Annual Child and Adolescent Mental Health Service Report 2009-2010*, Dublin: HSE.

182 Current child and adolescent mental health services were originally designed for the 0-15 age group, and run by the former regional health boards. The HSE estimates that extending the service to 16-18 year olds will double the cost of providing the service. From 2006, the practice of teams keeping on existing cases beyond their 16th birthday was extended, without the provision of additional resources at the time. Application of this varies countrywide.

183 Health Service Executive (2010) *August 2010 Performance Report on NSP 2010*, Dublin: HSE.

184 Health Service Executive (2010) *Second Annual Child and Adolescent Mental Health Service Report 2009-2010*, Dublin: HSE, p. 17.

185 Health Service Executive (2010) *Second Annual Child and Adolescent Mental Health Service Report 2009-2010*, Dublin: HSE.



COMMITMENT	PROGRESS
The <i>Programme for Government</i> commits to fully investing in, and fully implementing, the <i>A Vision for Change</i> strategy and providing further additional funding to support the recovery model of mental health provision. <sup>186</sup>	<b>Clear Steps Taken</b> Steady progress since <i>Report Card 2010</i> .

## What's happening?

### Critical nature of providing child and adolescent mental health services was recognised. Not subject to same losses as wider mental health service.

It is of serious concern that in the first nine months of 2010, 120 children and adolescents aged under 18 years were admitted to adult units, including 13 children aged under 16 years.<sup>187</sup> In 2009, there were 212 child admissions to adult inpatient units.<sup>188</sup> There were signs of improvement in 2010: in the first nine months of the year the majority of children's admissions were to child and adolescent units (63% of the 328 admissions), but the remaining 37% were admitted to adult units; this practice is unacceptable and must end.<sup>189</sup>

*A Vision for Change* recommended four inpatient child and adolescent mental health units be put in place nationally: in Cork, Galway and two in Dublin. In 2010, a unit in Galway was delivered; in addition a voluntary unit was opened in St. Patrick's University Hospital in Dublin.<sup>190</sup> The Cork unit is expected to open in early 2011.

We do not know how much of the mental health budget is allocated to child and adolescent mental health. Overall in 2010, €734 million was allocated to mental health spending, €53 million less than in 2009. Between 2006 and 2009 mental health services' spending reduced by

9.2% in real terms;<sup>191</sup> and by 2009, mental health expenditure was just 5.3% of total health expenditure.<sup>192</sup> In the same year, mental health services lost 700 staff; more than half of the overall staffing reduction of 1,300.<sup>193</sup> The CAMH Service is not as exposed to retirement losses as adult mental health services and, as a result, the number of CAMH Staff has remained more stable.<sup>194</sup>

Effective implementation of *A Vision for Change* requires an accountable leader with a supporting team, and a clear plan together with the necessary resources and authority to ensure implementation. In 2009, an Assistant National Director for Mental Health Services was appointed, but this role was not given budgetary responsibility, thus severely curtailing this individual's scope to drive implementation. In the past, accountability for funding allocated has been a problem for the HSE.<sup>195</sup>

### IMMEDIATE ACTIONS

#### > Urgently end the practice of accommodating children in adult psychiatric units

The HSE must urgently end the practice of treating children with mental health difficulties in adult psychiatric facilities due to the absence of suitable beds for those under 18 years. The deadlines set by the Mental Health Commission to phase-out this practice must be met. Achieving this will require appropriate provision of in-patient beds and the development of Child and Adolescent Community Mental Health teams.

#### > Establish a clear line of budgetary accountability for Child and Adolescent Mental Health Services

The HSE must establish a clear line of accountability for money spent on Child and Adolescent Mental Health Services without delay. This should be done by giving the Assistant National Director for Mental Health overall responsibility for the HSE's Child and Adolescent Mental Health budget.

186 Government of Ireland (2007) *Programme for Government*, Dublin: Stationery Office, p. 39.

187 Jamie Smyth, 'Inquiry into Children Sent to HSE Adult Units' *The Irish Times*, 11 November 2010.

188 Health Service Executive (2010) *Second Annual Child & Adolescent Mental Health Service Report 2009-2010*, Dublin: HSE

189 Thirty-seven percent (121) of admissions were to adult units; 61.1% (74) of these admissions were 17 years of age, 28.1% (34) were 16 years of age, 7.4% (9) were 15 years of age and the remaining 3.3% (4) were 14 or 13 years of age.

190 Merlin Park in Galway was opened in December 2010, with a 20-bed capacity. The Willow Grove adolescent in-patient unit at St. Patrick's University hospital caters primarily for children aged 14-18 years and its multidisciplinary team will work with 150 children each year.

191 Department of Health and Children (2010) *Resource Allocation, Financing and Sustainability in Health Care: Evidence for the Expert Group on Resource Allocation and Financing in the Health Sector, Volume 1*, p.174. Meanwhile, spending for older people and people with disabilities has risen in real terms by 32 and 26.4%, respectively.

192 Independent Monitoring Group (2010) *A Vision for Change – the Report of the Expert Group on Mental Health Policy: Fourth Annual Report on Implementation 2009*, Executive Summary.

193 Health Service Executive, HR Circular 001/2010, *Revised Employment Control Framework for the Health Services – 2010*, 29 April 2010.

194 Information received by the Children's Rights Alliance from the HSE, November 2010.

195 In 2006 and 2007 close to full funding was provided for *A Vision for Change* (€26.2 million in 2006 and €25 million in 2007). In mid-2009 the HSE reported that just €19 million of the 2006 allocation had been used and that only €10.5 million of the 2007 allocation had been committed by the end of 2007. The HSE acknowledges that funds allocated to mental health were used to cover gaps in other areas of the health service. See Health Service Executive (2009) *Implementation Plan for A Vision for Change 2009-2013* and *From Vision to Action: An Analysis of the Implementation for A Vision for Change*, Dublin: Mental Health Commission.



## Comment

Mental health is awarded a 'C' grade this year, an improvement on last year's 'D-'. This significant leap is due to the on-time delivery of the promised new child and adolescent mental health unit in Galway, the continued transparency provided by publication of the *Second Child Adolescent Mental Health Services Annual Report*, and the obvious commitment of staff in this field. To improve further, the placement of children in adult psychiatric wards must be completely phased out, and promised CAMH teams delivered in full.

Early intervention is fundamental to successful treatment of children's mental health. The prevalence of mental health disorders among adolescents is increasing over time.<sup>196</sup> Now, one in ten children suffers from mental health disorders severe enough to cause impairment.<sup>197</sup> In a UK birth cohort study, 74% of 26-year-olds with mental illness were found to have experienced mental health problems prior to the age of 18 years and 50% prior to the age of 15 years.<sup>198</sup> The long-term consequences of untreated childhood disorders are costly, in both human and fiscal terms.<sup>199</sup> Developing mental health services at a local level – comprising health promotion, preventive and early intervention initiatives – to equip families and communities to support children's mental health needs must remain a Government priority.<sup>200</sup>

*In-patient care:* While early intervention and community-based supports is best practice for mental health services, some children do, on occasion, need hospitalisation. In Ireland, in-patient hospital provision is often inadequate and inappropriate; just 52 beds for children and adolescents with mental health difficulties were available by the end of

2010.<sup>201</sup> The Mental Health Commission's *Code of Practice* states that the placement of children in inappropriate settings, including adult psychiatric units, will be phased out between July 2009 and the end of 2011, because of the risks these placements pose for children.<sup>202</sup> Placing children in such wards is a violation of their human rights, poses a child protection risk, and is the direct result of the shortage of age-appropriate mental health facilities for children and adolescents.

*Nature of mental health problems:* The HSE undertook an in-depth review of CAMH service activities in November 2009. During this time, a total of 6,950 cases were seen by CAMH teams. Of these, Attention Deficit Hyperactivity Disorder (ADHD)/hyperkinetic category was the most frequently assigned primary presentation at 33.1%,<sup>203</sup> followed by anxiety at 16.1%. Deliberate self harm increased with age and accounted for 6.2% of those presenting among the 15-17 year age group; in 22% of the new cases referred to CAMH teams the reasons included deliberate self harm or suicide.<sup>204</sup> Eating disorders also increased with age, and were more common in girls (86.2%) than boys (13.8%).<sup>205</sup>

*Youth justice and care system:* Children in the youth justice system and children in State care are among those at high risk of experiencing mental health issues. Many children in care have experienced stressful life events, including abuse and neglect. A 2007 study found that 83% of children in a sample group of youth in detention met diagnostic criteria for at least one psychological disorder.<sup>206</sup> Of these, 18% reported experiencing suicidal thoughts.<sup>207</sup> Recent HIQA reports show access to child and adolescent mental health services for children in Oberstown Boys' Detention School<sup>208</sup> and Trinity House Detention School<sup>209</sup> remain inadequate.

196 Health Service Executive (2010) *Second Annual Child and Adolescent Mental Health Service Report 2009-2010*, Dublin: HSE, p. 9.

197 This refers to disorders associated with "considerable distress and substantial interference with personal functions". Health Service Executive (2010) *Second Annual Child and Adolescent Mental Health Service Report 2009-2010*, Dublin: HSE, p. 9.

198 Health Service Executive (2010) *Second Annual Child and Adolescent Mental Health Service Report 2009-2010*, Dublin: HSE, p. 9.

199 *Ibid*, p. 9.

200 During 2009, the Children's Rights Alliance and Amnesty International Ireland came together to establish the Children's Mental Health Coalition. The Coalition, comprising more than 50 groups, published a Manifesto to promote urgent change in four key areas where gaps in the system are currently leaving children vulnerable – mental health services, the education system, the youth justice system, and the care system. See [www.childrensmentalhealth.ie](http://www.childrensmentalhealth.ie).

201 Information received by the Children's Rights Alliance from the HSE, December 2010.

202 The Commission pledges that no child under 16 years is to be admitted to an adult unit from July 2009. This extended to children under 17 in December 2010 and will extend to under-18s by the end of 2011. New guidance notes provided to psychiatric facilities say that if the admission of a child to an adult unit takes place in contravention of its code of practice, the centre must submit a detailed report to the Mental Health Commission.

Local focus: *Waterford News and Star*, 'HSE denies security guard left mind teen in psychiatric care at Waterford Regional Hospital', 12 October 2010; *The Munster Express*, 'HSE defends psychiatric admissions', 8 October 2010.

203 ADHD peaked among four-to-nine year-olds and was more common in boys than girls.

204 Health Service Executive (2010) *Second Annual Child and Adolescent Mental Health Service Report 2009-2010*, Dublin: HSE, p. 32.

205 *Ibid*, p. 34.

206 Dr. J.M Hayes, Dr. G. O'Reilly (2007) *Emotional Intelligence Mental Health and Juvenile Delinquency*, Cork: Juvenile Mental Health Matters.

207 *Ibid*.

208 Health Information and Quality Authority (2010) *Oberstown Boys' Children Detention School Inspection Report ID Number: 396*.

209 Health Information and Quality Authority (2010) *Trinity House' Children Detention School Inspection Report ID Number: 393*.

## 2.3 CHILDHOOD OBESITY

### “Children will be supported to enjoy the optimum physical ... wellbeing”

(National Children's Strategy, p. 46)

COMMITMENT	PROGRESS
<i>Towards 2016</i> commits to launching a National Nutrition Policy to address children's food poverty and obesity, and to developing a national database to monitor prevalence trends of growth, overweight and obesity.	<b>Alarmingly slow.</b> No visible progress on Nutrition Policy since <i>Report Card 2010</i> .

The national database is intended to bring together existing data on obesity and use this data to monitor trends. As part of its 2010 workplan, the HSE commissioned the National Nutrition Surveillance Centre (NNSC) to work with the Institute of Public Health to collate all relevant children's data into one central hub. This would be used for future programme planning, management and evaluation, for the development of health and nutrition interventions, and to monitor health status.<sup>214</sup> The NNSC is also undertaking secondary analysis of data relating to children aged five, seven and nine years,<sup>215</sup> which will include examining environmental associations and obesity.

### What's happening?

**Six years after its announcement, the National Nutrition Policy is still not published. Some progress has been made on developing the national database.**

A National Nutrition Policy, to provide strategic direction on nutrition for a decade and to specifically target children and young people, was announced in 2005, with publication expected in 2006. In February 2008, the Taoiseach promised its publication 'in the coming months', in May 2008 that became 'later this year'.<sup>210</sup> In June 2009 the policy was promised for September, and in December of the same year a Freedom of Information request for documents relating to the policy was refused.<sup>211</sup> In September 2010 the policy was apparently 'well advanced' and a draft action plan was being prepared, both for publication in autumn 2010.<sup>212</sup> Now, the National Nutrition Policy is expected in 2011.<sup>213</sup> Without a national policy providing a framework to reach common targets, initiatives taken in this area, though worthy, are disconnected.

#### IMMEDIATE ACTION

> **Deliver a National Nutrition Policy and provide political leadership and adequate resources for its implementation**

The Health Promotion Unit at the Department of Health and Children is responsible for the delivery of a National Nutrition Policy. The Health Promotion Unit should drive the policy's resourcing and implementation, but should not be singularly responsible for all of its actions. Obesity is a multi-faceted problem and requires a joined-up solution; departments and agencies with responsibility for health, education, recreation and culture must work together to address this epidemic.

210 Paul Cullen, 'Long-awaited nutrition policy delayed by cutbacks' *The Irish Times*, 19 January 2010.

211 The Department of Health and Children refused a Freedom of Information request from the Irish Times newspaper requesting documents relating to the National Nutrition Policy stating that the public interest would be better served by the non-release of the information at that time. When the schedule of documents not being disclosed was sought, the newspaper was told there were none.

212 Information received by the Children's Rights Alliance from the Department of Health and Children through the Community and Voluntary Pillar Health Linkage process, September 2010.

213 Information received by the Children's Rights Alliance from the Department of Health and Children, November 2010.

214 The following data sources will be collated into the central hub: Irish Universities Nutrition Alliance National Children's Food Survey, the University College Cork Dental Survey, Health Research Board Lifeways Cross Generational Study, Growing Up In Ireland National Longitudinal Survey of Children, HSE West Surveillance of six year-old children, WHO Childhood Obesity Surveillance Initiative: Ireland. Information received by the Children's Rights Alliance from the Department of Health and Children, November 2010.

215 Data will be drawn from the World Health Organisation Round 1 Childhood Obesity Surveillance Initiative, the Lifeways Cross Generation Cohort Study and the Growing Up In Ireland Study.

## Comment

Childhood obesity is awarded an 'E' grade this year, a drop from last year's 'D-'. This is because the National Nutrition Policy is still not published, six years after its announcement, and the childhood obesity epidemic is worsening: there has been a 500% increase in obesity among Irish boys in the last four years.<sup>216</sup> The urgency of action required here cannot be over-stated.

The 2005 *Report of the National Taskforce on Obesity* provided the policy framework for addressing the high prevalence and rising levels of obesity in Ireland, particularly childhood obesity.<sup>217</sup> The report included 93 recommendations.<sup>218</sup> A review of implementation of the recommendations, published in 2009, showed that significant progress has been made on 30 recommendations; partial implementation of a further 29; progress on an additional 26; and little progress on 8.<sup>219</sup> The key recommendation – publication of a National Nutrition Policy – has not been implemented.

This is the first generation of children growing up in Ireland whose life expectancy, due to levels of childhood obesity, may be shorter than that of their parents.<sup>220</sup> The numbers of overweight or obese children in Ireland trebled between 1995 and 2005 to 300,000 – a figure that is rising at a rate of 10,000 per year.<sup>221</sup> In 2009 alone, a quarter of all nine-year-olds were either overweight or obese.<sup>222</sup> Childhood obesity dramatically affects children's long-term health, and

results in serious costs – physical, economic and social – to society as a whole.<sup>223</sup> Children who are obese face a far greater risk of developing health problems in later life including Type 2 diabetes, high blood pressure and heart disease. With obesity in childhood comes a risk of social and emotional vulnerability arising from low self-esteem, bullying, and the risk of exclusion from the everyday childhood experiences of sport and adventure play.<sup>224</sup> The causes of childhood obesity are multi-faceted and linked to factors that impact on home, school and community life. To address this problem measures, such as a ban on junk food advertising, must be combined with educational strategies to encourage healthy eating, and planning and transport policies that encourage exercise.<sup>225</sup>

*Healthy eating:* In 2010, the new Children's Commercial Code – governing standards in advertising, sponsorship and other forms of commercial communications towards children – was introduced. It is an updated version of the 2005 code, bringing it into line with the EU Audio Visual Media Services Directive, and does not make wide-reaching changes to the 2005 edition.<sup>226</sup> The 2010 Code does not cover the internet, an increasing area of focus for marketers seeking to attract children.<sup>227</sup>

An additional Code, on high fat/salt/sugar foods, is in development and public consultation is expected to open shortly.<sup>228</sup> This Code has the potential to have a significant impact on children's health: of the €130 million spent on food and drink advertising in Ireland each year, 88% is spent on products high in fat, sugar or salt.<sup>229</sup>

216 Ann Cahill, '500% increase in obesity among Irish boys', *The Irish Examiner*, 9 December 2010.

217 Department of Health and Children (2005) *Obesity – the Policy Challenges: the Report of the National Taskforce on Obesity*, Dublin: Department of Health and Children.

218 They were: 5 aimed at high level government; 22 for the education sector; 13 that targeted the social and community sector; 24 for the health sector; 9 for food, commodities, production and supply; and 20 for those responsible for the physical environment.

219 Department of Health and Children (2009) *Report of the inter-sectoral group on the implementation of the recommendations of the National Taskforce on Obesity 2005*, Dublin: Department of Health and Children. The inter-sectoral group was set up to monitor progress on recommendations. The group includes representatives from key Government Departments, the HSE, Food Safety Authority of Ireland, SafeFood, the Sports Council, non-governmental organisations, the food industry and other key experts. The Group's terms of reference are: to review progress to date in the implementation of the report of the Task Force, and to proceed to oversee and monitor, on an ongoing basis, the implementation of its recommendations.

220 National Taskforce on Obesity (2005) *Obesity: the Policy Challenges*, Dublin: Department for Health and Children, p. 52.

221 *Ibid.*, p. 6.

222 19% were classified as overweight and 7% as obese; thus, one in four nine-year-olds are either overweight or obese. J. Williams et al (2009) *Growing Up in Ireland National Longitudinal Study of Children: The Lives of Nine-Year-Olds*, Dublin: Office of the Minister for Children and Youth Affairs, p. 58.

223 Irish Medical Organisation (2006) *Position Paper on Obesity*, p. 2.

224 Remarks by President of Ireland Mary McAleese at the 19th Annual Scientific Conference of the European Childhood Obesity Group, Faculty of Health Sciences, Trinity College, Dublin, 17 September 2009.

225 For more information see: Children's Rights Alliance (2009) *Briefing Note on Junk Food Advertising*, [www.childrensrights.ie](http://www.childrensrights.ie)

226 For further detail on the Audio Visual Media Services Directive (2007) see:

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2007:332:0027:0045:EN:PDF> (accessed 21 November 2010). The Code covers advertising, sponsorship, teleshopping, television product placement, virtual, interactive and split-screen advertising as well as misleading, comparative, surreptitious and subliminal commercial communications.

227 Roisin Burke, 'Food giants serve up a €1.2 billion dish to children', *Irish Independent*, 14 June 2009.

228 The consultation process will involve: consultation on the expert group recommendations and general views on the new Code, review of consultation and drafting by BCI, further consultation on draft rules, introduction of rules.

229 Roisin Burke, 'Food giants serve up a €1.2 billion dish to children', *Irish Independent*, 14 June 2009.

Multi-national companies are making millions from families' bad eating habits: urgent measures to curb such habits are required. In 2007, just over a third (36%) of second level schools had healthy eating policies.<sup>230</sup> Successful healthy eating school programmes exist around the country: including 'food dudes',<sup>231</sup> the 'incredible edibles'<sup>232</sup> and 'taste buds',<sup>233</sup> But too often these islands of excellence are ad hoc and reliant on individual local champions. For policy success in this area, coordination at national level is required.

*Physical activity:* The 2010 *Children's Sport Participation and Physical Activity* study surveyed 5,397 pupils from 53 primary and 70 post-primary schools. It found that though the overall number of children participating in sports is high,<sup>234</sup> just 35% of primary pupils and 10% of post-primary pupils receive the recommended time allocation for Physical Education (PE) per week.<sup>235</sup> This is disappointing, given that it comes after significant investment in PE for schools (almost €15 million in 2006/2007) and extensive in-service training for PE teachers.<sup>236</sup> More positively, however, the survey found that 31% of primary school students and 40% of post-primary students now walk or cycle to school, up by 5% and 10% since 2004 respectively.<sup>237</sup> This suggests some success for the Government's *Smarter Travel* policy, which aims to provide safe walking and cycling conditions to all schools by 2020 through an annual investment of €2 million until 2012.<sup>238</sup> Under the *Green Schools Travel Module*, travel education officers are working with schools to promote alternative travel initiatives and raise awareness about environmental and health and

safety issues.<sup>239</sup> In 2009, the module reached 140,000 school children in 450 schools, and by 2012, it aims to impact on a total of 260,000 school children in 1,100 schools.<sup>240</sup>

In 2009 alone, a quarter of all nine-year-olds were either overweight or obese. Childhood obesity dramatically affects children's long-term health...



230 C. Kelly and S. Nic Gabhainn (2007) *Marketing of foodstuffs in post-primary schools in Ireland*, National University of Ireland: Irish Heart Foundation.

231 Evaluations in 2007 and 2008 of responses by teachers, parents and coordinators showed positive ratings in high 90%. By the end of 2008, over €7.8million was spent on the Food Dudes programme and over 1,000 primary schools of all types, (including special needs) had participated, encouraging over 145,000 pupils to eat more fresh fruit and vegetables. Feedback in surveys of parents, teachers and co-ordinates was hugely positive (>96%). Department of Health and Children (2009) *Report of the inter-sectoral group on the implementation of the recommendations of the National Taskforce on Obesity 2005*, Dublin: Department of Health and Children.

232 See [http://www.agriaware.ie/index.php?page=partner\\_links](http://www.agriaware.ie/index.php?page=partner_links)

233 See <http://www.safefood.eu/en/New-education/Tastebuds/>

234 The research found that 74% of primary and 73% of post-primary pupils participate in sport at least two days per week.

235 On average, primary pupils receive 46 minutes of PE weekly at school compared to the recommended 60 minutes. Post-primary pupils receive 77 minutes, as against the recommended two hours.

236 Department of Health and Children (2009) *Report of the inter-sectoral group on the implementation of the recommendations of the National Taskforce on Obesity 2005*, Dublin: Department of Health and Children.

237 C. Woods et al (2010) *The Children's Sport Participation and Physical Activity Study (CSPPA)*, Research Report No 1. School of Health and Human Performance, Dublin City University and The Irish Sports Council: Dublin. The study is a follow up to the *School Children and Sport in Ireland* study, published by the Economic and Social Research Institute (2005).

*Local focus: The Limerick Leader*, 'Walking to school now has 'WOW' factor for Limerick kids', 19 May 2010; *Kilkenny People*, 'It's easy being 'green' as students walk to school', 28 May 2010.

238 Department of Transport (2009) *Smarter Travel – Sustainable Transport Future: A New Transport Policy for Ireland 2009-2020*. This investment was reduced to €1.9 million for 2011 in Budget 2011.

239 Department of Health and Children (2009) *Report of the inter-sectoral group on the implementation of the recommendations of the National Taskforce on Obesity 2005*, Dublin: Department of Health and Children. The example above is Dublin-based; beyond Dublin other examples include: HSE North West, Northern Area, South Western Area are promoting walking to school through Walking School Bus Programmes. The HSE South has produced the Strollers walking programme for primary school parents which is aimed at parents leaving older children to school. See the 'Walking Bus Pack' (Waterford County Council).

240 Department of Transport (2010) *Progress on Smarter Travel document*; see [www.smartertravel.ie](http://www.smartertravel.ie)

## 2.4 ALCOHOL

**“All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption...”**

*WHO European Charter on Alcohol, 1995 (adopted by Ireland)<sup>241</sup>*

COMMITMENT	PROGRESS
The <i>Programme for Government</i> commits to prioritising and intensifying measures to tackle alcohol misuse among young people, and to doubling the penalties for all offences relating to the sale of alcohol to children, the purchase of alcohol for children and the breach of the restrictions on the presence of underage persons on licensed premises. <sup>242</sup>	<b>Progress made but focus wrong.</b> Emphasis should be on enforcement and evidence-based policy solutions.
<i>Towards 2016</i> , the key national policy document has only one commitment in relation to alcohol consumption among children – to monitor trends of substance use via the European School Survey Project on Alcohol and Other Drugs (the ESPAD survey). <sup>243</sup>	<b>Ongoing.</b> No change since <i>Report Card 2010</i> .

2008, introducing firmer penalties for those that sell alcohol to under-18s.<sup>244</sup> The measures contained in the new legislation are welcome, however, with the exception of changed off-licensing hours; their enforcement has been limited.<sup>245</sup> Test-purchasing of alcohol was introduced in 2010, and is a welcome development.<sup>246</sup> Children must be protected in this process, but it is needed if the serious problem of selling alcohol to underage drinkers is to be effectively identified and punished. However, to truly address underage drinking, stricter Government regulation governing alcohol advertising and marketing is required; this necessity has been ignored to date.

Budget 2010 reduced the excise duty on alcohol, thus reducing its price. This action is contrary to the Government’s stated position that alcohol related harm is a serious public health issue, to be urgently addressed.<sup>247</sup> There were no measures to increase the price of alcohol in Budget 2011.<sup>248</sup>

More positively, a €1.5 million investment in youth cafés was announced in 2010;<sup>249</sup> this welcome development will provide much needed alcohol free social opportunities for young people. Additionally, the bringing together of drugs and alcohol under the new National Substance Misuse Strategy is positive. However to be effective, alcohol will require a similar structure to that set up under the National Drugs Strategy.<sup>250</sup> Already, the alcohol section of the Strategy is delayed.<sup>251</sup>

### What’s happening?

**Limited enforcement of existing policy. Constructive solutions for protecting children ignored.**

The Intoxicating Liquor Act, 2008 came into force in August

241 World Health Organisation (2001) *Declaration on Young People and Alcohol*, [http://www.euro.who.int/AboutWHO/Policy/20030204\\_1](http://www.euro.who.int/AboutWHO/Policy/20030204_1) [accessed 11 November 2008]. The declaration was adopted by 51 European Ministers of Health, including Ireland.

242 Government of Ireland (2007) *Programme for Government 2007–2012*, Dublin: Stationery Office, p. 35.

243 Government of Ireland (2006) *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015*, Dublin: Stationery Office, p. 45.

244 The penalty includes a minimum closure period of two days. It also restricts alcohol promotions, shortens off-licence opening hours, and gives the Gardaí new powers to confiscate containers from under-18s who they suspect are being used to hold or consume alcohol in public.

245 A. Hope (2009) *Get ‘em Young: mapping young people’s exposure to alcohol marketing in Ireland*, Dublin: National Youth Council of Ireland, p.5.

246 The test purchasing scheme, aiming to stop the sale of alcohol to minors and run by the Department of Justice and Law Reform, permits the Gardaí to send a person who is 15, 16 or 17 years old into a licensed premises for the purposes of purchasing alcohol. If a sale takes place, the premises concerned will be prosecuted. Guidelines for test purchasing in Ireland can be accessed at <http://www.justice.ie/en/JELR/test%20purchasing%20guidelines.pdf/Files/test%20purchasing%20guidelines.pdf> (accessed 14 December 2010).

247 Department of Health and Children, ‘Minister Wallace reinforces the public health message on alcohol’ [Press Release] 3 September 2009.

248 Evidence shows that pricing is more of an influence on young people’s decision to drink than perceptions of health or risk. See P. Seaman and T. Ikegwuono (2010) *Drinking to belong: Understanding Young Adults Alcohol Use within Social Networks*, York: Joseph Rowntree Foundation. .

249 Youth Cafés are not just about alcohol free social opportunities. For more information on Youth Cafés see section 3.5 on Play and Recreation.

250 The National Drugs Strategy is organised under five pillars: supply reduction, prevention, treatment, rehabilitation and research. The Office of the Minister for Drugs, located in the Department of Community, Equality and Gaeltacht Affairs, is responsible for coordinating the Strategy’s implementation. The Drugs Strategy is supported by a set of formal structures, including the 24 Drug Task Forces (14 local and 10 regional), the National Drugs Strategy Team (NDST), the National Advisory Committee on Drugs (NACD) and the Inter-Departmental Group on Drugs (IDG). The community and voluntary sector is represented on each of the 14 Local and 10 Regional Drugs Task Forces.

251 The drugs policy element of this Strategy has already been agreed and published as the ‘interim’ *National Drugs Strategy 2009-2016*.



## IMMEDIATE ACTIONS

### > Implement the recommendations from the Strategic Task Force on Alcohol in relation to 'protecting children'

The reports of the National Taskforce on Alcohol (2002 and 2004) are clear: Ireland needs to take decisive steps to address drinking among teenagers. The Department of An Taoiseach should assume a leadership role to ensure the speedy implementation of these recommendations.

### > Introduce a legislative ban to protect children from exposure to alcohol marketing

Alcohol advertising and marketing shapes children's attitudes to alcohol from a very early age.<sup>252</sup> The current voluntary advertising code is not effective, and does not protect children from the harmful effects of alcohol exposure. The Department of Health and Children should introduce legislation to restrict alcohol marketing as a matter of priority.

### > Undertake a comprehensive analysis on the prevalence, and impact, of parental alcohol problems on children

In 2010, the findings of the Roscommon Child Care Inquiry drew much needed attention to the causal link between child neglect and abuse and parental misuse of alcohol.<sup>253</sup> The extent of this problem must be identified and measures urgently introduced to address it; including training for social workers in recognising parental alcohol abuse as a serious child protection issue.

## Comment

Alcohol gets an 'F' grade this year – no change from last year. Though the decision to invest in youth cafés is welcome, it is not enough to offset the enormous dangers associated with alcohol consumption among adolescents and harmful drinking by parents. The Government can curb the widespread availability of cheap alcohol<sup>254</sup> – in supermarkets, convenience stores and petrol stations<sup>255</sup> – and can restrict alcohol marketing and advertising, yet it has opted not to. This is unforgiveable.

Since 1990, eight official committees on alcohol have produced 13 reports.<sup>256</sup> Despite the hundreds of recommendations contained in these reports (the two Reports of the Strategic Taskforce on Alcohol – 2002 and 2004 – made 100 alone), positive policy change has been minimal, with some decisions being counterproductive.<sup>257</sup> The Government has demonstrated cowardice; and by failing to stand up to the alcohol industry it has put children at risk of harm. To remedy this, Government must introduce a package of policy measures to reduce children's access to alcohol; restrict the promotion of alcohol; raise awareness of the potential harmful effects of alcohol; and develop youth appropriate treatment services.<sup>258</sup> In addition, it must urgently address harmful parental drinking and its impact on children.

*Impact of parental drinking on children:* One in every six cases of child abuse in Ireland is attributed to alcohol, and approximately half of perpetrators and victims of sexual assault were drinking at the time of the assault.<sup>259</sup> The effect that drinking in families can have on children is of deep concern:<sup>260</sup> between 61,000 and 104,000 children aged under 15 years in Ireland are estimated to be living with parents who misuse alcohol.<sup>261</sup>

252 A. Hope and C. Dring (2001) *The Impact of Alcohol Advertising on Children in Ireland*, Dublin: Health Promotion Unit, Department of Health and Children pp. 1-6.

253 Roscommon Child Care Inquiry (2010) *Roscommon Child Care Case: Report of the Inquiry Team to the Health Service Executive*.

254 The price of alcohol in off-licences has fallen dramatically in recent years, it now costs more than 50% less to drink at home than it did in 1996. Conor Pope, 'Is alcohol too cheap?' *The Irish Times*, 18 October 2010.

255 The total number of off-licences was 4,261 in 2007, which is an increase of 530 in two years. In the same period pub licences decreased by 600. Paul Cullen, 'Increase in alcohol licences continues', *The Irish Times*, 7 April 2008. Tesco alone controls more than 50% of the off-licence trade in Ireland while 95% of all carry-out business is done by five companies – Tesco, Dunnes Stores, Centra, Spar and Costcutter.

256 Dr. Ann Hope, 'Protecting Children', Presentation to the Children's Rights Alliance AGM, 13 May 2008.

257 *Ibid.*, The United Nations Committee on the Rights of the Child in its *Concluding Observations* to the Irish Government, September 2006, recommended the full implementation of the recommendations made in the second report of the Strategic Taskforce on Alcohol, see (CRC/C/IRL/CO/2, p. 11 paragraph 51).

258 Department for Health and Children (2004) *Strategic Taskforce on Alcohol: Second Report*, Dublin: Stationery Office, pp. 23–4.

259 Speech given by Dr. Tony Holohan, Chief Medical Officer at the 2010 Alcohol Action Ireland Conference 'Have we bottled it? Alcohol marketing and young people?' Royal College of Physicians, Dublin 15 September 2010.

260 For a detailed analysis of this issue, see The Children's Society (2010) *Swept Under the Carpet: Children Affected by Parental Alcohol Misuse* London: Alcohol Concern.

Local focus: *The Evening Echo*, 'Concern as one in 10 Irish children are affected by parents' alcohol use', 6 December 2010. *Roscommon Herald*, 'Scandal: the country's neglected children', 9 November 2010.

261 Jennifer Hough, 'Up to 104,000 children living with parents with alcohol problems', *The Irish Examiner*, 29 October 2010.

Parental alcohol problems are a key child protection and welfare concern; among respondents to a recent survey on the impact of parental drinking 14% described feeling afraid or unsafe as a result of their parents' drinking, 14% reported regularly witnessing drink-related conflict between their parents, and 11% often had to take responsibility for a parent or a sibling, due to alcohol misuse.<sup>262</sup> In 2007, 14% of children in HSE care were there due to a family member's abuse of alcohol or drugs.<sup>263</sup> Family breakdown, neglect, abuse, financial struggle and stress are just some of the effects that alcohol can have on children's lives.

*Adolescent drinking:* Ireland has the second highest rate of alcohol consumption in the EU.<sup>264</sup> Teenagers in Ireland are ranked the third highest binge drinkers in the EU,<sup>265</sup> with Irish teenage girls drinking as much as boys.<sup>266</sup> By age 16, over half of Irish teenagers (54%) report being drunk at least once.<sup>267</sup> A 2008 regional study of teen drinking in the south-east of Ireland found that more than one in three teenagers reported drinking once a week and consuming on average 5.75 drinks on a typical drinking occasion,<sup>268</sup> and in 2006 Irish 16- to 17-year-olds spent an estimated weekly average of €20.09 on alcohol, amounting to an annual illegal alcohol market of €145 million.<sup>269</sup> In 2010, research identified the reciprocal relationship between early school leaving and substance abuse, highlighting the need for joined-up policy thinking.<sup>270</sup> A 2010 study examining the content of 18<sup>th</sup> birthday cards found 46% of cards made reference to alcohol, with 26% making explicit reference to excessive drinking as a positive aspect of the celebration.<sup>271</sup>

*Advertising:* A 2010 survey of 16-65 year olds in Ireland found that 81% support a ban on alcohol advertising and two out of three support a minimum price for alcohol.<sup>272</sup> Alcohol advertising and marketing plays a significant role in adolescent's decision to drink and how they drink.<sup>273</sup> A 2009 review of longitudinal studies shows that the volume of alcohol advertisements and media seen by teenagers increases the likelihood that they will start to drink, the amount they drink, and the amount they drink on any one occasion.<sup>274</sup> New forms of advertising, such as digital advertising or Smartphone apps, are more covert and can be more specifically targeted at young people.<sup>275</sup>

In 2003, draft legislation was prepared aimed at significantly reducing children's exposure to alcohol advertising and marketing. Had this been enacted, it would have restricted the placement of alcohol advertisements, limited their content, and banned the drinks industry sponsorship of youth leisure activities. Despite original Cabinet approval, the Minister for Health did not bring the draft legislation before the Oireachtas and instead opted to introduce a voluntary code in its place.<sup>276</sup> The voluntary code is insufficient to address the problem; the World Health Organisation is clear that voluntary systems do not prevent the kind of marketing which has an impact on children and younger people and that "self-regulation seems to work only to the extent that there is a current and credible threat of regulation by government".<sup>277</sup>

262 Behaviour and Attitudes (2009) *Keeping it in the Family Survey*, commissioned by Alcohol Action Ireland. The survey was undertaken among 18- to 40-year-olds about their childhood experiences of parental alcohol use.

263 Alcohol Action Ireland, 'Comprehensive examination into the prevalence and impact of parental alcohol problems on children urgently needed, says alcohol charity' 28 October 2010 [Press Release].

264 Department for Health and Children (2004) *Strategic Taskforce on Alcohol: Second Report*, Dublin: Stationery Office, p. 6 (data from 2001; Luxembourg ranked first).

265 The European School Survey Project on Alcohol and Other Drugs (ESPAD) *The ESPAD Report 2003 on Alcohol and Drug Use among Students in 35 Countries*, Sweden: Swedish Council for Alcohol and Other Drugs (CAN). Data was not available in response to this question in the 2007 ESPAD survey. However Ireland was ranked fifth of the 36 ESPAD countries in the number of teenagers who reported having been drunk during the last 30 days (*ESPAD Report 2007 on Alcohol and Drug Use among Students in 35 Countries*, p.75). This issue was raised by the United Nations Committee on the Rights of the Child in its *Concluding Observations* to the Irish Government, September 2006, see (CRC/C/IRL/CO/2, p. 11 paragraph 48).

266 *Ibid.* The 2007 ESPAD Survey shows that 28% of girls report being drunk in the last 30 days, compared with 24% of boys (p. 75); 46% of girls report being drunk in the last 12 months compared with 47% of boys (p. 73).

267 The European School Survey Project on Alcohol and Other Drugs (ESPAD) *The ESPAD Report 2003 on Alcohol and Drug Use among Students in 35 Countries*, Sweden: Swedish Council for Alcohol and Other Drugs (CAN).

268 D. Palmer and G. O'Reilly (2008) *Young People Alcohol and Drugs*, Dublin: UCD and HSE South.

269 Office of Tobacco Control (2006) *Children, Youth and Tobacco: Behaviour, Perceptions and Public Attitudes*, Kildare: Office of Tobacco Control.

270 T. Haase and J. Pratsche (2010) *Risk and Protection Factors for Substance Abuse Among Young People: A Comparative Study of Early School-Leavers and School-Attending Students*, Dublin: National Advisory Council on Drugs.

271 H. Loughran (2010) 'Eighteen and celebrating: birthday cards and drinking culture' *Journal of Youth Studies*, 13: 6, pp.631-645.

272 Behaviour and Attitudes (2010) *Have We Bottled It Survey*, commissioned by Alcohol Action Ireland.

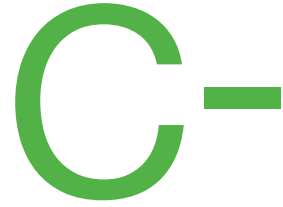
273 A. Hope and C. Dring (2001) *The Impact of Alcohol Advertising on Children in Ireland*, Dublin: Health Promotion Unit, Department of Health and Children, pp. 1-6.

274 Science Group of the European Alcohol and Health Forum (2009) *Scientific Opinion of the Science Group of the European Alcohol and Health Forum* and P. Anderson et al (2009) 'Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies' in *Alcohol and Alcoholism*, UK: Oxford.

275 For example see <http://mixitup.jamesonwhiskey.com/> for games that appear to be aimed at younger audience (accessed 24 November 2010); and Heineken City (similar to Second Life) is currently being developed.

276 Children's Rights Alliance interview with Dr. Ann Hope, November 2008. Minister for Health at the time was Mary Harney T.D. The text of the voluntary code mirrors exactly that produced by the industry, including grammatical errors, see Fintan O'Toole, 'Caving in to the drinks industry', *The Irish Times*, 20 December 2005.

277 World Health Organisation (WHO) (2007) *Expert Committee on problems related to Alcohol Consumption*, 2nd Report, Geneva: WHO.



## 2.5 SEXUAL HEALTH AND RELATIONSHIPS

### “Children will be supported to enjoy the optimum ... emotional wellbeing”

(National Children’s Strategy p. 55)

COMMITMENT	PROGRESS
The <i>Programme for Government</i> commits to involving community health professionals in the delivery of Relationships and Sexuality Education (RSE) and to providing greater support for teachers in this area through improved teaching resources and access to training, and to updating the sex education programme in schools. <sup>278</sup>	<b>Steady.</b> Activity ongoing since <i>Report Card 2010</i> .

attended RSE training; this is a reduction on the average number of teachers attending training in the preceding years since 2002, and may be due to internal school issues, such as substitution cover. In 2010, four additional Department of Education inspectors were trained in inspecting RSE teaching, bringing the total number of inspectors with an RSE/SPHE remit to eleven. Their findings are available in subject reports on the Department of Education and Skills website.

The SPHE curriculum is still in draft form at senior cycle; however some schools are implementing Senior Cycle SPHE programmes in advance of a formal requirement to do so. All schools are obliged to teach RSE at Senior Cycle.<sup>281</sup>

### What’s happening?

#### Progressing steadily, but focus must now be on measuring impact.

Measures to support the teaching of Relationships and Sexuality Education (RSE) have been improving steadily since 2002; in the past two years, progress has been significant. A 2007 report raised serious concerns about the inadequate and inconsistent delivery of the RSE curriculum.<sup>279</sup> The need for updated teaching materials and for school leaders to champion the RSE Programme were identified as barriers to progress. The RSE Support Service has taken a number of steps to address these inadequacies, building on the needs expressed by schools.<sup>280</sup> New teaching materials have been developed, including a DVD and a 20 lesson resource for senior cycle. In-service teacher training in RSE for post-primary schools has been increased from three days per year in 2002 to five days in 2008, and covers a wide range of topics including sexual identity, contraception and sexually transmitted infections. In the 2009-10 school year, 182 teachers

COMMITMENT	PROGRESS
The <i>Programme for Government</i> commits to developing a National Sexual Health Strategy. <sup>282</sup>	<b>Standstill.</b> No progress since <i>Report Card 2010</i> .

### What’s happening?

#### Nothing. The National Sexual Health Strategy was not included in the HSE Service Plan for 2010.

The development of a National Sexual Health Strategy is the responsibility of the HSE. The 2008 HSE Service Plan indicated that the Strategy, along with an Action Plan, would be published by the end of 2008.<sup>283</sup> This did not happen. The Strategy was not mentioned in the HSE Service Plans for 2009 or 2010. It is not clear if this commitment has been abandoned.

278 Government of Ireland (2007) *Programme for Government 2007–2012*, Dublin: Stationery Office, pp. 44–49.

279 P. Mayock, K. Kitching, and D. Morgan (2007) *Relationships and Sexuality Education (RSE) in the Context of Social, Personal and Health Education (SPHE): An Assessment of the Challenges to Full Implementation of the Programme in Post-primary Schools*. Dublin: Crisis Pregnancy Agency and Department of Education and Science.

280 The RSE support service is supported by the Department of Education and Science; see <http://www.ecdrumcondra.ie/programmmees.html#Relationships%20&%20Sexuality%20Education%20%28R.S.E.%29>

281 Information received by the Children’s Rights Alliance from the RSE Support Service, November 2010.

282 Government of Ireland (2007) *Programme for Government 2007–2012*, Dublin: Stationery Office, p.49.

283 Health Service Executive (2009) *National Service Plan 2008*, p. 62.

## IMMEDIATE ACTIONS

### > Evaluate the impact of the RSE programme

Schools have been obliged to teach RSE at junior and senior cycle since 1997.<sup>284</sup> In that time, the programme has developed and grown significantly, but it has not yet been subject to evaluation; thus its impact is unknown. An evaluation is needed, and its findings should help shape future RSE resources and initiatives.

### > Reform the law so that adolescents can access sexual health information and services

In the absence of a national sexual health strategy, the legal position regarding access by those under 18 years to sexual health information and services must be clarified.<sup>285</sup>

## Comment

Sexual health and relationships gets a 'C-' grade this year, a fall from last year's 'C' as a result of evidence, gathered by teenagers from their peers, that Relationships and Sexuality Education (RSE) is not being consistently provided; and a lack of clarity about the effectiveness of measures introduced in recent years; Though activity is ongoing, its impact has not been evaluated.

RSE aims to encourage children to reflect on the relationships in their lives and to learn to develop relationships that are based on mutual respect; it promotes understanding of sexuality and provides information about physical development and sexual health.<sup>286</sup> At Dáil na nÓg in 2009, children voiced the importance of RSE in their

lives, and recommended that all young people should have access to sex education that was appropriate to their individual needs, comprehensive, and varied in delivery.<sup>287</sup> Currently, an average of six class periods per year should be allocated to RSE in each year of junior and senior cycle; at junior cycle, these classes are delivered as part of Social Personal and Health Education (SPHE).

In 2010, Dáil na nÓg commissioned children, trained as social researchers, to examine experiences of RSE.<sup>288</sup> Their study found that, of participating students, 91% felt it was important or very important to learn RSE in school; and that 74% had no RSE classes that year.<sup>289</sup> Delivery of RSE was not consistent from school to school, with 32% of schools surveyed teaching it as part of religion, 21% through SPHE, 6% through biology and 1% through home economics, social education and other subjects. These inconsistencies are being gradually addressed through the incorporation of RSE into the school inspection process and increasing the number of inspectors undertaking RSE inspections. Of those children surveyed, 46% had outside facilitators in to talk about certain issues, and 61% said they would prefer this method of teaching RSE.<sup>290</sup> The report recommended mandatory RSE classes, a wider curriculum and better teacher training in RSE delivery.<sup>291</sup>

Research consistently shows that young people in Ireland lack adequate knowledge about their sexual health,<sup>292</sup> and that parents often feel ill-equipped or ill-at-ease discussing these issues with their children.<sup>293</sup> Teenagers report that they want more and better sex education that is not *only* based on the biological aspects of sex, but the emotional and relationship aspects too, and delivered across a range of settings.<sup>294</sup>

284 Junior cycle refers to the first three years of secondary school: first, second and third year. Senior cycle refers to the final two years of secondary school: fifth and sixth year.

285 Law Reform Commission (2009) *Consultation Paper on Children and the Law: Medical Treatment*, Dublin: Law Reform Commission. See also Children's Rights Alliance (2010) *Children's Rights Alliance Submission to the Law Reform Commission on Children and the Law: Medical Treatment*, [www.childrensrightrights.ie](http://www.childrensrightrights.ie)

286 See [http://www.ecdrumcondra.com/index.php?option=com\\_content&view=article&id=91&Itemid=79](http://www.ecdrumcondra.com/index.php?option=com_content&view=article&id=91&Itemid=79) [accessed 15 November 2010]

287 Dáil na nÓg is Ireland's youth parliament; see [www.dailnanog.ie](http://www.dailnanog.ie)

288 Dáil na nÓg (2010) *Life skills matter – not just points: A Survey of implementation of Social, Personal and Health Education (SPHE) and Relationships and Sexuality Education (RSE) in second-level schools*, Dublin: OMCYA.

289 *Ibid.*

290 The SPHE Support Service and the Department of Education and Skills (DES) provide clear guidelines to schools on the appropriate use of outside speakers. In 2010, the DES issued a circular to all schools, primary and post primary, on the use of visitors. The individual school has a responsibility to ensure that the external visitor's participation is part of an integrated SPHE/RSE programme and in line with the ethos of the school.

291 Dáil na nÓg (2010) *Life skills matter – not just points: A Survey of implementation of Social, Personal and Health Education (SPHE) and Relationships and Sexuality Education (RSE) in second-level schools*. Dublin: OMCYA.

292 Crisis Pregnancy Agency (2007) *Strategy: Leading to an integrated approach to reducing crisis pregnancy, 2007-2011*, Dublin: Crisis Pregnancy Agency, p. 25.

293 *Ibid.*

294 *Ibid.*

Local focus: *The Munster Express*, 'New health programme for teenagers', 21 May 2010.

It is crucial that teenagers are aware of sexual health issues, the kinds of services they may need to access and how to do so,<sup>295</sup> and issues of sexuality and homophobic bullying.<sup>296</sup>

Rates of teenage pregnancy have fallen in recent years, from 2,426 teenagers giving birth in 2008 to 2,223 in 2009 – down from over 3,000 in 2001.<sup>297</sup> The fall indicates that initiatives, including education programmes undertaken by the Crisis Pregnancy Agency, are having an impact.<sup>298</sup> Of all sexually transmitted infections in 2008, over 10% occurred among under-19s;<sup>299</sup> such findings emphasise the need for clear, coherent, accessible sexual health information and a structured health policy focused around awareness raising and prevention.

Despite acknowledgement that this is an important issue for children and adolescents, data relating to teenagers' sexual health is scarce, with a subsequent lack of policy analysis. This must be remedied. The latest international Health Behaviour in School Age Children (HBSC) survey, undertaken in Ireland in 2007, did not include a question on sexual relationships for 15-year-olds as there was concern that this would discourage schools from taking part.<sup>300</sup> The 2006 Irish Study of Sexual Health and Relationships (ISSHR), the first of its kind in Ireland, was limited to those aged over 18 years. Consequently, adolescents' views and experiences will not be taken on board in the planning and development of sexual health services and interventions in Ireland.<sup>301</sup>

Research consistently shows that young people in Ireland lack adequate knowledge about their sexual health, and that parents often feel ill-equipped or ill-at-ease discussing these issues with their children. ... It is crucial that teenagers are aware of sexual health issues, the kinds of services they may need to access and how to do so.



295 The United Nations Committee on the Rights of the Child in its *Concluding Observations* to the Irish Government, September 2006, noted its concern that adolescents have insufficient access to necessary information on reproductive health and recommended that efforts be made to enhance adolescent specific reproductive and sexual health information and services, see (CRC/C/IRL/CO/2, p. 11, paragraphs 52 and 53).

296 See Department of Education and Science and GLEN (Gay and Lesbian Equality Network) (2009) *Lesbian, Gay and Bisexual Students in post-primary schools: Guidance for Principals and School Leaders*; see [www.glen.ie](http://www.glen.ie), and S. Minton et al (2009) *A Report on Experiences of Homophobic Bullying against LGBT people in Ireland*; see [www.belongto.org](http://www.belongto.org)

297 Central Statistics Office (2010) *Vital Statistics: Fourth Quarter and Yearly Summary*, Cork: Central Statistics Office, p. 28.

298 See <http://www.crisispregnancy.ie/> for further details.

299 Office of the Minister for Children and Youth Affairs 'Teen survey highlights poor implementation of relationships and sexuality education', 14 May 2010 [Press Release].

300 World Health Organisation (WHO) (2008) *Inequalities in Young People's Health: HBSC International Report from the 2006/06 survey*, WHO: Denmark, p. 12.

301 Department of Health and Children (2006) *The Irish Study of Sexual Health and Relationships*, Dublin: Crisis Pregnancy Agency and Department of Health and Children.



Material  
Wellbeing



# Overview

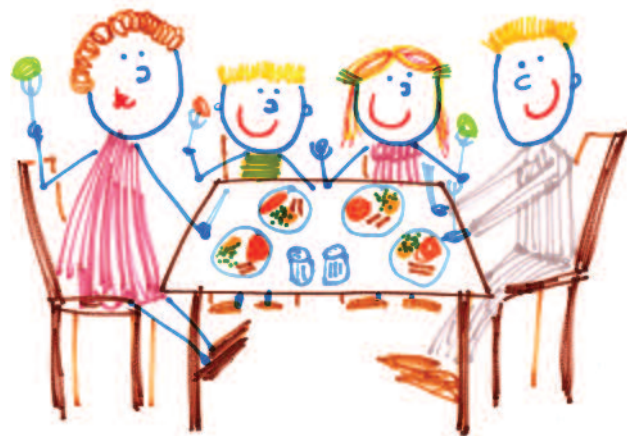
Material wellbeing describes children's access to financial supports, education, health, play and recreation opportunities. This year, the grade for this section rose from an 'E' last year to an 'E+', but this improvement is the result of re-organisation of this year's Report Card – moving play and recreation into this section – rather than any significant achievement in improving children's material wellbeing. In fact, things got worse for poor children in 2010: child poverty figures increased, Budget 2011 failed to compensate the poorest families for the cut in Child Benefit and education cuts targeted the most disadvantaged.

2010 was the EU Year Against Poverty and Social Exclusion, yet it appears to have been a year in which both poverty and social exclusion were on the rise. It is still unclear how deep the recession will go and how long it will last; but it is clear that, for families, the impact of the recession hit hard in 2010. The figures speak for themselves. In the first two months of 2010, the Money Advice and Budgeting Service (MABS) saw 3,558 new clients; among whom the highest number (1,800) were married couples with children. The total number receiving financial advice and help from MABS now exceeds 31,000 clients, with a total debt of €53 million; €0.5 million of which is owed to loan sharks.<sup>302</sup> Measures announced in Budget 2011 will exacerbate this trend.

Meanwhile, children remain the group most at risk of poverty in Ireland. One in every six children – over 185,000 children – live in households where the family income is less than 60% of the national median income per adult of €231.20.<sup>303</sup> And one in eleven children lives in consistent poverty: that means over 90,000 children live in families that cannot afford basic necessities like food, warm clothing or heating.<sup>304</sup> In simple cash terms, every single family in the country was worse off in 2010 than in 2009 – though raising a child was no cheaper. Consumer prices increased by 0.5% in 2010, with certain costs associated with children increasing more steeply, including primary and secondary education by 2.5% and housing, water and electricity by 8.5%.<sup>305</sup> The unusually cold weather in November and December 2010 meant additional unplanned spending on clothing and heating, with a big impact on family budgets just before Christmas.

Poverty in different contexts was highlighted in 2010. An ESRI report drew attention, again, to the startling figures relating to the concentration of child poverty in lone parent households: 65% of children in consistent poverty are in lone parent families.<sup>306</sup> And rural poverty, previously under-explored, was the subject of a study which showed that for families with children, life in rural areas is at least €70 more expensive per week than in urban areas.<sup>307</sup> A two parent family with two children, aged 10 and 15 years, living in a rural area cannot afford a minimum essential standard of living due to the higher cost of transport and food.<sup>308</sup>

During 2010, Government continued to hint at moves away from universal supports towards more targeted measures. But with the gradual erosion of existing entitlements – the cap on drug payments, free prescriptions for medical card holders, subsidised school transport – families become more reliant on universal support. Given Ireland's weak public service provision, cutting what we have risks plunging more families into poverty. Policy choices, and how the costs of the recession are distributed, must be considered in this context.



302 Mary Regan, 'Almost 6,000 households apply for welfare aid', *The Irish Examiner*, 10 May 2010.

303 This figure reduced from €238.69 per week in 2008. Central Statistics Office (2010) *EU Survey on Income and Living Conditions (EU-SILC) 2009*, p. 32.

304 This figure represents 8.7% of all children. Central Statistics Office (2010) *EU Survey on Income and Living Conditions (EU-SILC) 2009*.

305 Central Statistics Office (2010) *Consumer Price Index: September 2010*.

306 This is an increase from 51% in 2005. H. Russell et al (2010) *Monitoring Poverty Trends in Ireland 2004-2007: Key Issues for Children, People of Working Age and Older People*, Dublin: Economic and Social Research Institute.

307 Vincentian Partnership for Social Justice (2010) *Minimum Essential Budgets for Six Household Types in Rural Areas*, see [www.budgeting.ie](http://www.budgeting.ie)

308 This holds true in three scenarios: 1. Both parents on jobseekers allowance, 2. One parent working full-time on the minimum wage and 3. One parent working full-time on the minimum wage and the second parent working part-time on the minimum wage. The deficiency of public transport makes car use essential, while the lack of large 'multiple' supermarkets with a range of 'own brand' items nearby increases the cost of food. Two parent families felt strongly that two cars were necessary, particularly when one parent was working and the other caring for children and taking them to school and recreational activities. Childcare and participation activities are less expensive in rural areas, this offsets some of the additional food and transport costs.

## 3.1 FINANCIAL SUPPORT FOR FAMILIES

**“All children should grow up in a family with access to sufficient resources, supports and services, to nurture and care for the child, and foster the child’s development and full and equal participation in society”** (*Towards 2016*, p. 41)

COMMITMENT	PROGRESS
Ending child poverty has been a stated Government priority since 1999. Most recently, <i>Towards 2016</i> commits to progress towards achieving the NAPS target: that the combined value of child income support measures be set at 33-35% of the minimum adult social welfare payment rate. <sup>309</sup>	<b>Steps backwards.</b> Rise in child poverty since <i>Report Card 2010</i> .

*Europe 2020*, the document driving EU policy over the next ten years, includes, for the first time, an agreed target to reduce poverty in the EU: by 2020, 20 million fewer people in Europe will be at risk of poverty.<sup>311</sup> National governments must set their own targets to ensure their contribution to reaching the overall EU target.<sup>312</sup>

COMMITMENT	PROGRESS
<i>Towards 2016</i> also promises to progress, as a priority, further work aimed at assisting children in families on low incomes, including reviewing child income supports to avoid employment disincentives. This work is to be informed by the NESC study on new ways to target child income support, completed in 2007. <sup>313</sup> The <i>Programme for Government</i> commits to the amalgamation of Qualified Child Allowances and Family Income Supplements in order to develop a second tier of income support targeted at the poorest families. <sup>314</sup>	<b>Ongoing.</b> Review of Child Income Supports completed since <i>Report Card 2010</i> .

### What’s happening?

#### Government failed to protect children in poor families in Budget 2011.

Budget 2011 cut Child Benefit by €10 for all children and an additional €10 (€20 in total) for third children. This follows an earlier reduction of €16 for all children in Budget 2010. Unlike in 2010, however, it introduced no compensatory measure for families on low incomes. This is easily done through the Qualified Child Increase (QCI) for those on social welfare payments and the Family Income Supplement (FIS) for those at work on low pay, and would have cost just €56 million. Child Benefit is now paid at €140 per month for the first and second child, €167 for the third child and €187 for all subsequent children.

As adult social welfare rates were also cut in Budget 2011, the combined child income support for social welfare dependent families remains at 33% of the minimum adult social welfare rate, thus meeting the *Towards 2016* commitment.<sup>310</sup>



309 Government of Ireland (2006) *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015*, Dublin: Stationery Office, p. 45 and (2007) *National Action Plan for Social Inclusion 2007-2013*, Dublin: Stationery Office, p. 14.

310 Though the rate of Child Benefit fell, adult social welfare rates also fell, so the proportion remains the same at 33%. Information received by the Children’s Rights Alliance from the Department of Social Protection, December 2010.

311 European Commission (2010) *Europe 2020: A European Strategy for Smart, Sustainable and Inclusive Growth*, Brussels: European Commission, p. 3.

312 The Alliance wrote to the Taoiseach in June 2010 calling for a specific target on child poverty in *Europe 2020*. We continue to advocate for this as members of Eurochild [www.eurochild.org](http://www.eurochild.org)

313 Government of Ireland (2006) *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015*, Dublin: Stationery Office, p. 46.

314 Government of Ireland (2007) *Programme for Government 2007-2013*, Dublin: Stationery Office, p. 53.

## What's happening?

### Review of Child Income Supports undertaken by the Department of Social Protection in 2010.

In 2010, the Department of Social Protection undertook a Value for Money Review of Child Income Supports to examine the objectives of child income support policy, consider if they remain valid, and to assess whether programme spending is well configured to meet these objectives, or if alternative approaches would achieve better outcomes.<sup>315</sup> The process around the Review was open and engagement from NGOs welcomed. The Review findings were published in November 2010,<sup>316</sup> and recommend the introduction of an 'integrated child income support payment'. This follows on from the 2007 National Economic and Social Council (NESC) study,<sup>317</sup> which explored the feasibility of introducing a new 'second tier' payment to reduce child poverty, targeted specifically at families on low incomes regardless of parents' employment status.<sup>318</sup> To date, the NESC findings have not been acted upon, nor has the Government merged the Family Income Supplement (FIS) and the Qualified Child Increase (QCI) into a second tier payment targeted at the poorest families as committed to in *Towards 2016*.

Since the Commission on Social Welfare examined child income supports in the 1980s, the Government has been seeking a more effective way to channel payments – additional to universal Child Benefit – to families that need them most. Numerous reports make recommendations as to how best to do this,<sup>319</sup> but to date, actions taken amount to little more than 'tinkering'.

### IMMEDIATE ACTIONS

#### > **Compensate low income families for the cut to the Child Benefit payment**

The blunt cut to Child Benefit, introduced in Budget 2011, treats families on the very lowest incomes the same as those on the highest. By failing to compensate the poorest families, 541,000 children will lose out. This is deeply unjust and must be reversed. In addition, existing administrative barriers to a sufficient targeted child income support payment for children in the poorest families must be overcome.

#### > **Commit to strategic integration of the tax and welfare systems by end 2012**

The current social welfare system is complex and cumbersome. To become more responsive to individual families' needs, it must be reformed. A first step towards this is the strategic integration of the tax and welfare systems.<sup>320</sup> To drive this forward, Government should establish a working group, chaired by the Department of An Taoiseach with representatives from the Department of Finance, Department of Social Protection and the Revenue Commissioners.

315 The terms of reference were outlined in a letter received by the Children's Rights Alliance from the Department of Social and Family Affairs, 28 January 2010. See: Children's Rights Alliance (2010) *Children's Rights Alliance Submission to the Department of Social and Family Affairs Value for Money Review of Child Income Supports*, [www.childrensrights.ie](http://www.childrensrights.ie). As a member of the End Child Poverty Coalition, the Alliance met with the Department of Social Protection in October to discuss the Department's review and future policy direction.

316 Department of Social Protection (2010) *A Policy and Value for Money Review of Child Income Support and Associated Spending Programmes*, Dublin: Department of Social Protection.

317 National Economic and Social Council (2007) *Ireland's Child Income Supports: the Case for a New Form of Targeting*, Research Series, no. 6 Dublin: NESC.

318 This payment referred to as a 'second tier' payment, was estimated by NESC to cost €775 million per annum, and by the ESRI to cost €450 million per annum. The United Nations Committee on the Rights of the Child, in its *Concluding Observations* to the Irish Government, September 2006, recommended the introduction of a supplement to the existing child benefit payment as an additional and targeted allowance to assist families that experience the highest levels of poverty, see (CRC/C/IRL/CO/2, p. 12 paragraph 57.b).

319 Reports include: Commission on Social Welfare (1986) *Report on Findings*, Dublin: Stationery Office; Expert Working Group (1996) *Integrating Tax and Social Welfare*, Dublin: Stationery Office; National Economic and Social Council (2003), *An Investment in Quality: Services, Inclusion and Enterprise*, Dublin: NESC; National Economic and Social Council (2007) *Ireland's Child Income Supports: the Case for a New Form of Targeting*, Research Series, no. 6 Dublin: NESC; Commission on Taxation (2009) *Commission on Taxation Report 2009*, Dublin: Stationery Office.

320 This would involve greater coordination between the Revenue Commissioners and the Department of Social Protection, with closer cooperation on policy, standardisation of information systems and more transfer of information between relevant agencies, but not full integration of systems and services. It is worth noting that there is already some overlap in the work of the Revenue Commissioners and the Department of Social Protection in relation to two existing tax credits: the One-Parent Family Tax Credit and the Home Carers' Tax Credit. See <http://www.revenue.ie/en/tax/it/credits/one-parent-family.html> and <http://www.revenue.ie/en/tax/it/credits/home-carers.html> [accessed 1 March 2010].

## Comment

Financial Support for Families gets an 'F' this year for the second year running. This reflects Government's failure to protect the poorest families from the cut to Child Benefit in Budget 2011; this will make the poorest children in Ireland even poorer.

The Child Benefit payment is a non-stigmatising, regular and valued payment, wholly focused on children. The Alliance remains firmly opposed to taxing or means-testing the Child Benefit payment.<sup>321</sup> Child Benefit is intended to support families with the cost of rearing children, which cost on average, €43.20 per week for the very basic minimum requirements, and €60.29 for a 'modest but adequate' standard of living in 2009.<sup>322</sup> For many families, the €32.30 that Child Benefit provides per week is a crucial part of the family budget.

*Current child income supports:* Child Benefit is paid on behalf of (almost) all children in the country.<sup>323</sup> The Qualified Child Increase (QCI) is additional financial support paid to families with children who rely on social welfare as their only income; in 2010 it benefitted 486,000 children.<sup>324</sup> The Family Income Supplement (FIS) is a payment for families at work on low pay, designed to incentivise parents into (and to remain in) employment; in 2009 it was paid to over 25,000 families on behalf of over 55,000 children,<sup>325</sup> and it operates on the assumption of low numbers accessing it. Together, QCIs and FIS support approximately 541,000 children.

There are problems with QCI and FIS: QCIs are too low to genuinely address child poverty and FIS is complicated to access, lacks flexibility, plagued by low take-up and has limited eligibility.<sup>326</sup> Moreover, moving between the two payments is difficult and creates problems for parents moving between welfare and work.

*Child poverty in Ireland:* Consistent poverty among children did not end during the boom years, though it did reduce by almost 3% between 2004 and 2008, from 9% to 6.3%;<sup>327</sup> increases in social transfers and in employment levels contributed to this decline.<sup>328</sup> Now, however, those gains have been lost: child poverty reached 8.7% again in 2009.<sup>329</sup> An ESRI report, published in 2010, shows that jobless households, households headed by someone who is ill, disabled, or someone with low qualifications, have high rates of child poverty.<sup>330</sup> Consistent poverty among children in jobless households stands at 30%, compared to 3% of children in households where at least one of the adult members is in employment.<sup>331</sup> And the *number* of adults working in a household matters; in 2007, children living in a household where all working age adults were in work had an 'at risk' of poverty rate of 9%, compared to 63% when no adults were employed.<sup>332</sup> The most striking figures relate to the concentration of child poverty in lone parent households: in 2007, 65% of children in consistent poverty were in lone parent families. Government policy has failed to solve the problem of poverty for this group; indeed, measures taken in Budget 2011 will make it worse.<sup>333</sup> A strategy to end child poverty in Ireland must balance provision of specific income supports for children with the role of the wider welfare system, including public services, broader employment supports for parents and specific supports for lone parent families.<sup>334</sup>

321 The Alliance has campaigned against any change to the Child Benefit payment. See Children's Rights Alliance papers: *Position Paper on the Child Benefit payment* (July 2009); *An Bord Snip: Cutting Childhood Short* (July 2009); *Information Note on the Report of the Commission on Taxation: Impact on Children* (September 2009). All available at [www.childrensrighs.ie](http://www.childrensrighs.ie).

322 B. Harvey (2009) *Cost of A Child Briefing Paper*, Dublin: Barnardos, p. 2.

323 In 2009, Child Benefit was paid to 602,932 families on behalf of 1,156,917 children. Children who do not satisfy the Habitual Residency Condition do not receive Child Benefit; this includes separated children and children seeking asylum living in direct provision centres.

324 360,000 children received full rate QCI of €29.80 per week, 126,000 children receive half rate of €14.90 per week. Department of Social Protection (2010) *A Policy and Value for Money Review of Child Income Support and Associated Spending Programmes*, Dublin: Department of Social Protection.

325 Department of Social Protection (2010) *A Policy and Value for Money Review of Child Income Support and Associated Spending Programmes*, Dublin: Department of Social Protection.

326 The self employed, for example, cannot apply for FIS.

327 Central Statistics Office (2009) *EU Survey on Income and Living Conditions (SILC) 2008*, Stationery Office: Dublin.

328 H. Russell et al (2010) *Monitoring Poverty Trends in Ireland 2004-2007: Key Issues for Children, People of Working Age and Older People*, Dublin: Economic and Social Research Institute, p.50.

329 Central Statistics Office (2010) *EU Survey on Income and Living Conditions (EU-SILC) 2009*.

330 Consistent poverty rate of 12% in families where the household reference person is unemployed, 27% where the household reference person is unable to work due to illness or disability and 16% where the household reference person has no qualifications.

331 H. Russell et al (2010) *Monitoring Poverty Trends in Ireland 2004-2007: Key Issues for Children, People of Working Age and Older People*, Dublin: Economic and Social Research Institute p.39-40.

332 *Ibid*, p.39-40.

333 Budget 2011 cut adult social welfare payments by €8 per week (or 4.1%), affecting parents in receipt of the One Parent Family Payment. This builds on cuts in the Social Welfare Bill 2010, which introduced significant changes to the supports for lone parents. Under the terms of the Bill, the One Parent Family Payment (OPFP) is to be gradually phased out for those with children over 13 years of age. However, the strong contraction in employment and rising demand for training places mean that moving lone parents into education and training, or to secure employment that could lift their households out of poverty, is increasingly difficult.

**Local focus:** *Waterford News and Star*, 'Electricity hike will push families further below breadline', 17 August 2010; *Kilkenny People*, 'Loan sharks circle back-to-school parents', 24 August 2010.

334 T. Callan et al (2008) *Tackling Low Income and Deprivation: Developing Effective Policies*, ESRI Research Series No. 1, Dublin: Economic and Social Research Institute.



## 3.2 ACCESS TO EDUCATION

**“Our key overall objectives [in education] are to ... make each element of the system more inclusive and responsive to marginalised groups”**

*(Programme for Government, p. 42)*

COMMITMENT	PROGRESS
<i>Towards 2016 aims to build an Ireland where children will benefit from a range of educational opportunities and experiences which reflect the diversity of need.<sup>335</sup></i>	<b>Not sufficient.</b> Combination of measures introduced since <i>Report Card 2010</i> will impact negatively on children.

### What's happening?

**Cost of school is a key issue in the recession as more and more families struggle with this cost.**

The Back to School Clothing and Footwear Allowance (BSCFA) and the School Books Grant are the primary mechanisms through which families on low incomes are supported with the cost of their children attending school. Affordable school transport is another important element for many, particularly in rural areas. In 2010, an estimated 20,000 additional families were expected to claim the BSCFA, bringing the total number of families receiving it to 160,000, at a cost of €82 million.<sup>336</sup> The increased demand led to delays in processing applications.<sup>337</sup> The week before children returned to school, 25% of families that had applied for the allowance had not yet received it.<sup>338</sup> By mid-October, over 3,000 applications were still waiting to be processed.<sup>339</sup> Budget 2011 announced sharp cuts to the school transport scheme and introduced a €50 annual fee for primary school pupils and an additional €50 fee for post-primary pupils, bringing the post-primary fee to €350 per year.<sup>340</sup>

The School Book Grant Scheme was changed in 2010, after being briefly axed in Budget 2009.<sup>341</sup> From January 2011, grants paid by the Department of Education of Skills will be streamlined by making all payments through the capitation system based on the number of pupils in a school.<sup>342</sup> This will ease the administrative burden on the Department and on schools. In the past, principals applied for funding based on the number of students they considered to be in need of financial support for books; the funding took different forms – book rental scheme, book vouchers, and books on loan – depending on the school. Now, though the distribution of funds generated through additional capitation remains at the principal's discretion, book rental schemes are being strongly encouraged by the Department, as these are the most effective means of lowering costs for all parents. However, there are no sanctions for not setting up a rental scheme (and the payment is made regardless). How pupils, and in particular disadvantaged pupils, will benefit from this change remains to be seen.



335 Government of Ireland (2006) *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015*, Dublin: Stationery Office, p. 41.

336 Aideen Sheehan, 'More families seeking help as bill for school books hits €350', *Irish Independent*, 12 July 2010. There was a huge surge in number of families seeking the BSCFA in 2010. 160,000 were expected to apply on behalf of 310,000 children. This is an increase on 2009, when 139,000 families applied on behalf of 277,713 children, and on 2008 when 102,000 families applied on behalf of 200,246 children. The Budget for the payment has had to increase in line with demand growing from €16.7m in 2004 to €46m in 2008 and an estimated €82m in 2010.

337 Problems were worst in the HSE West and mid-West regions. Additional staff were drafted in for the last two weeks of August to help process the backlog. In the last week of August, it was reported that the average turnaround time for applications in the Galway, Mayo and Roscommon area had more than doubled (during that week) from 11 days to between seven and 30 days. On 25 August, more than half of applicant families in Limerick, Clare, North Tipperary, Galway, Mayo, and Roscommon had not received the payment.

338 Genevieve Carbery, 'HSE to draft in staff to ease school cash backlog', *The Irish Times*, 25 August 2010.

339 Fiona Gartland, 'Back-to-school allowance applications up by over 25%', *The Irish Times*, 15 October 2010.

340 The maximum family charge for primary pupils is €110 and for post-primary pupils is €650.

341 In June 2010, €14.6 million was distributed to schools through the School Book Grant.

342 For 2010, the payment will be made separately at the following rates: DEIS primary schools: €21 per pupil; non-DEIS primary schools: €11 per pupil; DEIS post-primary schools: €39 per pupil; non-DEIS post-primary schools: €24 per pupil. Department of Education and Skills, Circular 0043/2010, *Restoration of Book Grants*, 10 June 2010.

## IMMEDIATE ACTIONS

### > **Compel schools to introduce a book rental scheme**

Allocation of additional capitation funding for school books should be contingent on the establishment of a book rental scheme. The Department of Education and Skills should be responsible for ensuring compliance with this requirement.

### > **Make better use of existing money by streamlining school spending**

The cost of running a school is passed on to parents in the form of voluntary contributions and administration fees. These costs could be reduced if schools pooled their purchasing power. The Department of Education and Skills, in partnership with schools, should negotiate deals with large service providers – thus making savings. To further reduce the financial burden on parents the Department should issue a memorandum on school uniforms in line with this.

## Comment

Access to education falls from a 'D-' grade last year to an 'E', due to the ongoing failure to address the dominant two-tier education system that denies all children the same access to quality education. The lack of creativity demonstrated in supporting families with the cost of school, the delay in providing the Back to School Clothing and Footwear Allowance to many families, and the increase in the cost of school transport all contribute to this low grade.

Education is a proven route out of poverty. Education can change a child's life chances, and plays a crucial role in breaking inter-generational cycles of poverty. But despite every child's right to education, not all children in Ireland have the same access to schooling. Instead, a two-tier system dominates. At primary level, the education system is propped up by parents' contributions. 'Voluntary' subscriptions to schools and the extent of fundraising by parents dictate the quality of resources and activities – in art, culture, science, leisure and sport – and thus the quality of the child's school experience.

The UN Committee on the Rights of the Child, reporting in 2006 on Ireland, recognised this, and voiced its concern about the "de facto" cost of education and materials in schools, which can act as a disincentive to sending children to school for families of limited means.<sup>343</sup> This method of funding is neither fair nor sustainable.

*Cost of School:* Despite big increases in expenditure on the Back to School Clothing and Footwear Allowance (BSCFA) in recent years – under €17 million in 2004 to an estimated €82 million in 2010 – the payment's value fails to reflect the real costs associated with sending a child to school. In 2010, the cost of sending a child to primary school was estimated at between €353 and €460, and as much as €815 for a child in secondary school.<sup>344</sup> In Autumn 2010, the cost of school uniforms and books received considerable attention, as increasing numbers of parents sought state help to cover costs. The Minister for Education and Skills rejected a call to intervene and to direct schools against costly uniform policies, stating that this remained a matter for each school board.<sup>345</sup>

At second-level, books for first and fifth years were estimated at €350 in 2010. Students in exam years are expected to purchase revision books and exam papers at up to €10 per subject; with 11 subjects at Junior Certificate level these extras cost over €100.<sup>346</sup> Workbooks are a further cost, they should be separate to textbooks, so that entire textbooks do not have to be re-purchased each year if a workbook section is used. Other extras, like photocopying, school trips, exams and voluntary subscriptions are a further cost for parents.

Existing payments are not enough to support the poorest children at school, yet with lateral thinking and political will, these costs could be reduced dramatically. For example, through the publication by the Department of Education and Skills of uniform guidelines so that schools can encourage less expensive uniforms, requirements for schools to introduce book rental schemes, and pooling of schools' purchasing power to get better deals of essential running costs such as electricity, heating and stationery supplies.<sup>347</sup>

343 United Nations Committee on the Rights of the Child *Concluding Observations* (CRG/C/IRL/CO/2, p. 12 paragraph 58), September 2006.

Local focus: *The Longford Leader*, 'Longford parents "pushed to the brink" as back to school costs mount up', 20 August 2010; *Dublin People*, 'Parents turn to charity as school costs hit home', 9 September 2010.

344 Barnardos (2010) *Cost of School Analysis*,

[http://www.barnardos.ie/assets/files/Back%20to%20School%20Costs%20Briefing%202010%20\\_2\\_.pdf](http://www.barnardos.ie/assets/files/Back%20to%20School%20Costs%20Briefing%202010%20_2_.pdf) [accessed 4 October 2010]

345 Niall Murray, 'Coughlan has no plans for guidelines on uniforms', *Irish Examiner*, 26 August 2010.

346 Aideen Sheehan, 'More families seeking help as school bill reaches €350', *The Irish Independent*, 12 July 2010.

347 Ruairi Quinn TD, 'Positive steps now needed to alleviate back-to-school financial burden' [Press Statement] 26 August 2010.

## 3.3 ACCESS TO HEALTHCARE

**“Every child should have access to world-class health, personal and social services...”** (*Towards 2016*, p. 41)

COMMITMENT	PROGRESS
The <i>Programme for Government</i> commits to doubling the income limit eligibility for the medical card for parents of children under six years old, and trebling the income limit for parents of children with an intellectual disability. <sup>348</sup>	<b>Blocked. Review still not published.</b> No progress since <i>Report Card 2010</i> .

### What’s happening?

#### Standstill.

A review of medical card eligibility was announced in 2005 and is to look at eligibility in terms of financial, medical and social needs. It was due to report in autumn 2008 and did not.<sup>349</sup> There is still no indication when the review will be completed or published.<sup>350</sup> Meanwhile, the number of families applying for medical cards is increasing; there were 1,588,494 individual medical card holders in September 2010, an additional 109,934 since December 2009.<sup>351</sup> Budget 2011 provided €115 million for an additional 120,000 medical cards in 2011, to reflect increased demand.

As part of the Government’s ‘transforming public services’ agenda, an online medical card application service was introduced in June 2010.<sup>352</sup> The service initially focused on the over-70s, but is now available to all those eligible for a medical card, including families with children. Some teething problems were experienced – long delays in

getting through to the service and considerable backlog – but these appear to have been addressed and now the turnaround time for a medical card from application to delivery is 15 days.<sup>353</sup> The streamlining of the medical card application process is a positive and welcome development, which will bring much-needed consistency and transparency to the process. It is expected to save the HSE €10 million annually, while also allowing for the re-deployment of staff.<sup>354</sup>

Budget 2010 increased the threshold for the Drug Payment Scheme from €100 per family per month, to €120. In October 2010, a 50 cent charge was introduced on all prescription medicines for medical cardholders, with the exception of children in HSE care.<sup>355</sup> The charge means that families with children who require regular prescription medication – for conditions like asthma or epilepsy – will pay more for vital medication each month.<sup>356</sup>



348 Government of Ireland (2007) *Programme for Government 2007-2012*, Dublin: Stationery Office, p. 36.

349 A team was established by the Department of Health and Children in 2005 to work on a new legislative framework to provide clear statutory provisions for eligibility for personal, health and social services. The Review was to look at policy objectives underpinning the medical card/GP visit card, income assessment guidelines, the need or otherwise to retain some element of discretion in the new system, maintaining/improving incentives to employment and avoiding poverty and social welfare traps, the financial and operational implications for the HSE of any proposed changes to the existing system, transitional arrangements in moving to any new system with particular reference to the implications for current card holders, and delivery of the commitments in the *Programme for Government*.

350 Written answer to Parliamentary Question [41222/09] 12 November 2009, James Reilly, T.D. to Minister for Health, Mary Harney T.D.

351 Health Service Executive (2010) *September 2010 Performance Report*, Dublin: HSE, p. 24.

352 Department of Health and Children ‘New online Medical Card/GP Visit Card application service launched’, [Press Release] 11 June 2010.

353 *Ibid.* The online service also allows applicants to check the status of their medical card online.

354 *Ibid.*

355 This includes children in residential care, foster care, including relative foster care or other care placements.

356 The charge is capped at €10 monthly, so families with medical cards will never have to pay more than that amount.

## IMMEDIATE ACTIONS

### > Finalise and publish the Medical Card Review as promised

The Review must be completed and published. The Department of Health and Children should honour the commitment outlined in the *Programme for Government* to widen eligibility for medical cards for children. Providing children with access to healthcare, regardless of their parents' income status, is a critical step towards achieving health equality for all children.

### > Improve access to medical cards for children with certain illnesses

Children with ongoing medical conditions living in families with income below an agreed threshold should be entitled to a full medical card in their own right. These children regularly visit the GP and use prescription medicines, at significant cost to their families. In these cases, providing a medical card based on a *combination* of medical and financial need is in the child's best interests. The current, ad hoc, nature of granting discretionary medical cards is not meeting this need.

## Comment

Access to healthcare gets a 'D' grade this year, an improvement on last year's 'E' as a result of smoother access to medical cards through the online process and the increased funding provided to reflect demand. However, the ongoing failure to publish the review of medical card eligibility – or to take any steps to improve children's access to healthcare – means this grade stays low.

The link between poverty and poor health is striking.<sup>357</sup> Those living in poverty experience worse health than the rest of the population and die younger.<sup>358</sup> In 2007, UNICEF placed Ireland in the bottom third of countries in relation to child health, along with the United States and Greece.<sup>359</sup>

In September 2010, there were over 1.5 million full medical card holders and 112,139 GP Visit Card holders in Ireland, compared with 1.2 million and 5,000 respectively in 2005.<sup>360</sup> Of those with GP Visit Cards, 38,629 are under 18 years.<sup>361</sup> This increase reflects the changed economy, as more families become wholly dependent on the State for their healthcare needs. Medical cards – though certainly the most immediate and effective measure to reduce health inequalities and improve access to healthcare<sup>362</sup> – are not always well targeted. An analysis of EU Survey on Income and Living Conditions (SILC) data, published in 2009, draws attention to such anomalies. It found that, in 2005, 47,000 people (16%) living in consistent poverty did not have a medical card; that figure rose to 229,000 people (30%) among those at risk of poverty.<sup>363</sup> There are a variety of reasons for this, ranging from limited eligibility criteria, to language and literacy difficulties and the nature of the application process.<sup>364</sup> People who are wholly reliant on social welfare payments are entitled to a medical card even when their income exceeds the income threshold for eligibility.<sup>365</sup>

The *Growing Up In Ireland* survey shows that the average number of GP visits is closely related to family income, with children from the lowest income groups reporting the highest number of GP visits, falling to a minimum among the highest income group. Much of this difference in GP visit rates can be accounted for by differences in the children's health; however, even controlling for health status, children from families with a medical card still tend to visit their GP more than those without one.<sup>366</sup> Of most concern in relation to access, are children in families just above the income threshold for a medical or GP visit card.

The *All Ireland Traveller Health Survey 'Our Geels'*, published in 2010, identified a disproportionate threat to Traveller children's health, due to parents' inability to pay for health care. This finding was unexpected, given the number of Travellers entitled to a medical card. The survey also found that Traveller children experience higher rates of speech, hearing and eyesight problems than non-Traveller children.

357 F. Farrell, H. McAvoy, and J. Wilde (2008) *Tackling Health Inequalities: An all-Ireland Approach to Social Determinants*, Dublin: Combat Poverty Agency and Institute of Public Health.

358 *Ibid.*, p. 24.

359 UNICEF (2007) *Child Poverty in Perspective: An Overview of Child Wellbeing in Rich Countries*, Pisa: Innocenti Research Centre, p. 13.

360 Health Service Executive (2010) *September 2010 Performance Report*, Dublin: HSE.

361 Written answer to Parliamentary Question [29453/10] 5 November 2010, Caoimhghín Ó Caoláin T.D. to Minister for Health Mary Harney T.D.

362 Irish Medical Organisation (2005) *IMO Position Paper on Medical Card Eligibility*, Dublin: IMO.

363 P. Keilthy (2009) *Medical Card Eligibility: Profiling People Living in Poverty without a Medical Card*, Dublin: Combat Poverty Agency, p. 8.

364 *Ibid.*, pp.5-7.

365 HSE guidelines state that if your income is derived solely from social welfare allowances, benefits or HSE allowances, you should be granted a Medical Card even though your payment is in excess of the income guidelines for your age and situation.

366 J. Williams et al (2009) *Growing Up in Ireland National Longitudinal Study of Children: The Lives of Nine-Year-Olds*, Dublin: Office of the Minister for Children and Youth Affairs.

*Early intervention:* For children, medical cards can be the difference between a child receiving timely medical support, or a family – concerned about money – waiting until a health problem reaches crisis point before seeking help. Money spent on health at the primary care level is money well spent, as it reduces the demand for acute services.<sup>367</sup> For families on low incomes, a medical card means more than access to health services; it triggers access to further State supports including exemption from fees for school transport and for Junior and Leaving Certificate examinations. Research by the Adelaide Hospital Society in 2008 found that extending full medical cards to all children under 19 years would cost €160 million per annum.<sup>368</sup> The extension of medical cards to under-fives, which would provide free GP services to an additional 225,000 children, would cost €57 million per annum.<sup>369</sup>

*Discretionary medical cards:* Discretionary medical cards are granted to those who are not eligible for a medical card on income grounds, but who suffer hardship due to the high cost of coping with a particular illness. They numbered 80,709 at the end of September 2010.<sup>370</sup> The geographic discrepancy in the granting of discretionary medical cards is striking, with more than twice as many discretionary medical cards held by people in the HSE South region than those in Dublin/North East.<sup>371</sup> These figures suggest deep flaws in a system that is intended to increase access to healthcare for those in need.

The link between poverty and poor health is striking. Those living in poverty experience worse health than the rest of the population and die younger.



367 Local focus: *Galway City Tribune*, 'Sick kids are left in lurch as consultant post is axed', 10 September 2010.

368 S. Thomas, C. Normand and S. Smith. S. (2008) *Social Health Insurance: Further options for Ireland*, Dublin: Adelaide Hospital Society p. 2.

369 *Ibid.*, p. 9.

370 Health Service Executive (2010) *September 2010 Performance Report*, Dublin: HSE.

371 Population differences do not explain this discrepancy. There are 30,232 discretionary card holders in the HSE South region, accounting for 31.31% of the national total in an area which holds 25.5% of the national population.



## 3.4 ACCESS TO HOUSING

### “Every child should have access to ... suitable accommodation” (*Towards*

2016, p. 41)

COMMITMENT	PROGRESS
In <i>Towards 2016</i> , the Government and the Social Partners acknowledge the view taken in the NESC report on housing in Ireland <sup>372</sup> that an additional 73,000 new social housing units should be provided between 2004 and 2012. <sup>373</sup>	<b>Standstill.</b> No new information since <i>Report Card 2010</i> .

#### What's happening?

**Houses are not being provided at a sufficient pace to deliver on this commitment. Policy shifted towards leasing and the Rental Accommodation Scheme.**

Capital investment in social housing has been reduced by €600 million since 2008, and the *Towards 2016* commitment has lost momentum. Meeting the National Economic and Social Council (NESC) target of providing an additional 73,000 new social housing units by 2012 involves delivering 9,100 net social housing units per year.<sup>374</sup> By the end of 2009, the Government was estimated to be 15,000 units short of this target.<sup>375</sup>

The focus has now shifted to providing housing through a combination of new leasing agreements and the Rental Accommodation Scheme (RAS). RAS is positive as it alleviates the poverty traps associated with Rent Supplement. Leasing however, is dependent on developers' engagement, is not a permanent arrangement for tenants and has no pre-planning element associated with it.<sup>376</sup> In the absence of sufficient social housing units,

many families on the housing waiting list are forced to rent in the private market and 91,000 individuals rely on the Rent Supplement payment to help cover the cost.<sup>377</sup> Budget 2011 introduced an additional €2 per week contribution towards the cost of rent for those on Rent Supplement; this change – in tandem with increases made in Budget 2010<sup>378</sup> – increase economic hardship, stress and anxiety for many families and their children.

#### IMMEDIATE ACTION

##### > Provide a national framework for financing the housing output committed to in *Towards 2016*

The Department of the Environment, Heritage and Local Government must provide the level of investment required to maintain delivery of the NESC target. It should also consider new, flexible and creative approaches to work with the current housing sector to deliver for those in housing need. For example, suitable residential properties that have come into NAMA could be made available to those on the social housing waiting list, starting with families with children.<sup>379</sup>

COMMITMENT	PROGRESS
<i>Towards 2016</i> commits to implementing the <i>Youth Homelessness Strategy</i> with the objective of reducing and, if possible, eliminating youth homelessness through preventive strategies.	<b>Stalled.</b> No evidence of concrete actions since <i>Report Card 2010</i> .

372 National Economic and Social Council (2005) *Housing in Ireland: Performance and Policy*, Dublin: NESC.

373 Government of Ireland (2006) *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015*, Dublin: Stationery Office, p. 27.

374 The United Nations Committee on the Rights of the Child, in its *Concluding Observations* to the Irish Government, September 2006, recommended increased investments in social and affordable housing for low income families, see (CRC/C/IRL/CO/2, p. 12, paragraph 57.d).

375 Focus Ireland (2009) *Building Homes, Creating Jobs, Stimulating the Economy: Focus Ireland pre-budget submission 2010*.

376 Before the economic crisis social housing had a strong planning element in relation to type and location of units. This is not a feature of the new leasing arrangements as housing is pre-built according to perceived commercial opportunity, rather than social housing need.

377 Focus Ireland (2010) *Ending Homelessness: Focus Ireland pre-budget submission 2011*.

378 In 2010 tenants' contributions were increased by 85%, from a minimum of €13 to €24 per week; payments made to tenants were reduced by 8%; entitlement to the payment was restricted; and maximum rent limits were reduced.

379 NAMA is the National Asset Management Agency which operates as an independent commercial entity under the aegis of the National Treasury Management Agency. For more information see <http://www.nama.ie/index.php> [accessed 15 December 2010].

## What's happening?

**Very little. The Strategy needs to be updated and given fresh momentum. Increased attention to aftercare is welcome.**

The *Youth Homelessness Strategy* was published in 2001; it does not include an end date.<sup>380</sup> The Strategy did initially spur some action<sup>381</sup> and the numbers of homeless children fell to 495 in 2004.<sup>382</sup> However, initiatives in this area have since lost momentum and the number of homeless children has increased, reaching 831 in 2007 and 800 in 2008.<sup>383</sup> In 2008 the HSE National Child and Family Services Working Group on Youth Homelessness completed a review of the *Youth Homelessness Strategy*, but their report was not made public. A decision on next steps in relation to the Strategy is expected in early 2011.<sup>384</sup>

The link between youth homelessness and children leaving state care (either HSE care or children detention schools) has been clearly established.<sup>385</sup> The latest housing-need statistics, gathered in 2008, show that the largest increase in demand for social housing was from young people leaving institutional care, an increase of 179% since 2005.<sup>386</sup> The Ryan Report *Implementation Plan* makes six commitments relating to aftercare support,<sup>387</sup> and the 2010 *HSE National Service Plan* allocated €1 million to the development of aftercare services.<sup>388</sup> In June 2010, following lobbying by NGOs, the Minister for Children and Youth Affairs directed the HSE to formulate and put in place appropriate administrative policies, procedures and guidance for implementing its duty to provide aftercare to those in need. The HSE is currently finalising a National Policy on Aftercare Services, this is welcome, though long overdue.<sup>389</sup>

### IMMEDIATE ACTIONS

- > **Produce a new Youth Homelessness Strategy and put in place a new programme of work to seriously address youth homelessness**

A new Youth Homelessness Strategy should be developed to reflect learning from research and practice over the past ten years. It should also reflect the new strategic focus on homelessness, from 'managing' homelessness to 'ending' it.<sup>390</sup>

- > **Ensure adherence to the commitments on aftercare contained in the Ryan Report *Implementation Plan***

An amendment should be made to the Child Care (Amendment) Bill 2009, to provide a statutory obligation on the State to provide any child leaving care, who is deemed to be in need, with aftercare support.

## Comment

Access to housing gets an 'E' grade this year for the second year in a row. This dismal grade reflects the lack of creativity demonstrated in this area, despite the availability of housing stock and cheaper construction costs; it also draws attention to the failure to adequately address youth homelessness and slow pace of progress on aftercare commitments.

*Social housing:* In 2008 there were 56,249 households in need of social housing nationally, an increase of 31% from 2005.<sup>391</sup> Of these households, 27,704 are families with children.<sup>392</sup> Almost half of all households have been waiting for longer than two years.<sup>393</sup>

380 Department for Health and Children (2001) *Youth Homelessness Strategy*, Dublin: Department of Health and Children.

381 This included the development of national guidelines on leaving care and aftercare – *Developing a Leaving and Aftercare Policy: Guidelines for Health Boards* (2004) Drafted and approved by the Youth Homelessness Strategy Monitoring Committee – and related HSE implementation plans.

382 Carl O'Brien, 'Almost 800 children homeless and most are from Dublin area', *The Irish Times*, 18 October 2010.

383 *Ibid.*

384 The mechanism through which the OMCYA liaises with the HSE on its progress in relation to the implementation of the Youth Homelessness Strategy was re-established in November 2010.

385 P. Mayock and E. O'Sullivan (2007) *Lives in Crisis: Homeless Young People in Dublin*, Dublin: The Liffey Press, and P. Kelleher, C. Kelleher and M. Corbett (2000) *Left Out on their Own: young people leaving care in Ireland*, Dublin: Oak Tress Press.

386 Department of the Environment, Heritage and Local Government (2008) *Annual Housing Statistics Bulletin 2008*.

Local focus: *Waterford News and Star*, 'Foster care girl given month to find home', 23 March 2010.

387 Recommendations 64–69, *Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan*, p. 49.

388 Health Service Executive (2010) *National Service Plan 2010*, Dublin: HSE.

389 The issue of aftercare was raised by the United Nations Committee on the Rights of the Child in its *Concluding Observations* to the Irish Government, September 2006, see (CRC/C/IRL/CO/2, p. 7 paragraph 33).

390 Department of the Environment, Heritage and Local Government (2008) *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008–2013*, Dublin: Department of the Environment, Heritage and Local Government.

391 Department of the Environment, Heritage and Local Government (2008) *Annual Housing Statistics Bulletin*.

392 *Ibid.*

393 *Ibid.*

### 3.4 ACCESS TO HOUSING

#### “Every child should have access to ... suitable accommodation” (*Towards*

2016, p. 41)

COMMITMENT	PROGRESS
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#### What's happening?

**Houses are not being provided at a sufficient pace to deliver on this commitment. Policy shifted towards leasing and the Rental Accommodation Scheme.**

Capital investment in social housing has been reduced by €600 million since 2008, and the *Towards 2016* commitment has lost momentum. Meeting the National Economic and Social Council (NESC) target of providing an additional 73,000 new social housing units by 2012 involves delivering 9,100 net social housing units per year.<sup>374</sup> By the end of 2009, the Government was estimated to be 15,000 units short of this target.<sup>375</sup>

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#### IMMEDIATE ACTION

##### > Provide a national framework for financing the housing output committed to in *Towards 2016*

The Department of the Environment, Heritage and Local Government must provide the level of investment required to maintain delivery of the NESC target. It should also consider new, flexible and creative approaches to work with the current housing sector to deliver for those in housing need. For example, suitable residential properties that have come into NAMA could be made available to those on the social housing waiting list, starting with families with children.<sup>379</sup>

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### IMMEDIATE ACTIONS

- > **Produce a new Youth Homelessness Strategy and put in place a new programme of work to seriously address youth homelessness**

A new Youth Homelessness Strategy should be developed to reflect learning from research and practice over the past ten years. It should also reflect the new strategic focus on homelessness, from 'managing' homelessness to 'ending' it.<sup>390</sup>

- > **Ensure adherence to the commitments on aftercare contained in the Ryan Report *Implementation Plan***

An amendment should be made to the Child Care (Amendment) Bill 2009, to provide a statutory obligation on the State to provide any child leaving care, who is deemed to be in need, with aftercare support.

## Comment

Access to housing gets an 'E' grade this year for the second year in a row. This dismal grade reflects the lack of creativity demonstrated in this area, despite the availability of housing stock and cheaper construction costs; it also draws attention to the failure to adequately address youth homelessness and slow pace of progress on aftercare commitments.

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386 Department of the Environment, Heritage and Local Government (2008) *Annual Housing Statistics Bulletin 2008*.

Local focus: *Waterford News and Star*, 'Foster care girl given month to find home', 23 March 2010.

387 Recommendations 64–69, *Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan*, p. 49.

388 Health Service Executive (2010) *National Service Plan 2010*, Dublin: HSE.

389 The issue of aftercare was raised by the United Nations Committee on the Rights of the Child in its *Concluding Observations* to the Irish Government, September 2006, see (CRC/C/IRL/CO/2, p. 7 paragraph 33).

390 Department of the Environment, Heritage and Local Government (2008) *The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008–2013*, Dublin: Department of the Environment, Heritage and Local Government.

391 Department of the Environment, Heritage and Local Government (2008) *Annual Housing Statistics Bulletin*.

392 *Ibid.*

393 *Ibid.*

COMMITMENT	PROGRESS
<p><i>Towards 2016</i> commits to publishing a National Recreation Policy. The policy will provide a framework to address the availability of youth friendly and safe facilities and environments for older children. The Office of the Minister for Children and Youth Affairs will work with other Government Departments to examine spending programmes across Government with a view to a more integrated, strategic approach to meeting prioritised needs.<sup>411</sup></p>	<p><b>Significant.</b> Promising steps taken since <i>Report Card 2010</i>.</p>

## What's happening?

### Significant progress made, but cross-departmental requirements are proving difficult for the OMCYA to drive.

The National Recreation Policy, *Teenspace*, was published in 2007 by the Office of the Minister for Children and Youth Affairs (OMCYA)<sup>412</sup> following consultation with children, young people and stakeholders. In 2008, the OMCYA wrote to relevant departments and agencies with responsibilities under the policy informing them of their obligations and requesting that these be reflected in their business plans and strategy statements. It is unclear whether this request was acted upon.<sup>413</sup> During the *Teenspace* policy development process, youth cafés were identified as a significant need by young people.<sup>414</sup> The National Children's Advisory Council (NCAC) commissioned research into youth café models and a toolkit was developed for setting up a youth café. This work was completed in 2008 and in 2010 the two documents were published – *Youth Cafés in Ireland: A Best Practice Guide* and *Youth Café Toolkit: How to Set Up and Run a Youth Café*.<sup>415</sup>

In April 2010, €1.5 million from the Dormant Accounts Fund was made available for youth cafés, 22% of this funding will go to existing youth cafés and 78% to new youth cafés.<sup>416</sup> Currently, there are about 64 youth cafés countrywide; they are particularly commonplace in Cork, Wexford, Roscommon and Kerry.<sup>417</sup>

*National Recreation Week* took place for the first time from 29 October to 4 November in 2010; it aimed to introduce young people to what is available in their communities, to highlight the importance of recreation for young people and to encourage an inter-agency approach to achieving some of the main goals of *Teenspace*.<sup>418</sup> It builds on *Playday*, the annual day to celebrate play, which takes place each July.

### IMMEDIATE ACTION

- > **Fully implement the National Recreation Policy**  
The full implementation of the National Recreation Policy will make a real difference to the lives of children and young people. It has the potential to have a knock-on, positive impact on levels of obesity, anti-social behaviour and educational attainment, and to be a leading example of successful joined-up Government in action.



411 Government of Ireland (2006) *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015*, Dublin: Stationery Office, p. 45.

412 Office of the Minister for Children and Youth Affairs (2007) *Teenspace: National Recreation Policy for Young People*, Dublin: Stationery Office. The policy has 76 actions and its implementation is the responsibility of a wide range of Government departments and agencies.

413 Information received by the Children's Rights Alliance from the Office of the Minister for Children and Youth Affairs, November 2009.

414 Office of the Minister for Children (2006) *The Report of the Public Consultation for the Development of the National Recreation Policy for Young People*, Dublin: Stationery Office, p. 11.

415 Office of the Minister for Children and Youth Affairs (2010) *Youth Cafés in Ireland: A Best Practice Guide*, Commissioned by the OMCYA on behalf of the National Children's Advisory Council, Dublin: OMCYA and Office of the Minister for Children and Youth Affairs (2010) *Youth Café Toolkit: How to Set Up and Run a Youth Café*, Dublin: OMCYA.

416 The funding scheme will be administered by POBAL through a closed call via the nationwide network of city and county development boards. Funds will be distributed on a county by county basis. Information received by the Children's Rights Alliance from the Office of the Minister for Children and Youth Affairs, December 2009.

417 Information received by the Children's Rights Alliance from the Office of the Minister for Children and Youth Affairs, December 2010.

418 National Recreation Week is a nationwide celebration of recreational activities for young people, undertaken by the OMCYA in partnership with local authorities.



## Comment

Access to play and recreation improves its grade this year from a 'D' to a 'C', to reflect the welcome commitment to, and funding of, youth cafés.<sup>419</sup>

*Growing Up in Ireland*, the National Longitudinal Study on Children, offers a unique insight into children's day-to-day lives, and the different experiences of children from different backgrounds.<sup>420</sup> The 2009 survey findings show that 75% of nine-year-old children in Ireland are involved in organised sport. Rates of participation in sport increase in line with family income, with just 61% of children from the lowest income families taking part, compared to 86% among the highest income families.<sup>421</sup> The same applies to structured cultural activities like dance, arts or drama; 47% of all nine-year-olds take part, but a closer look shows participation rates to be strongly related to maternal education, social class and family income: 36% of children whose mothers left school with a Junior Certificate or less are involved in these types of activities, rising steadily to 64% among those whose mother is a third-level graduate.<sup>422</sup> The trend in relation to income and participation is bucked in relation to youth clubs: 7% of nine-year-olds are involved in a youth club, with children from the lowest two categories of family income most likely to take part (11% and 8% respectively).<sup>423</sup>

The figures above illustrate the link between family income and access to play and recreation, and strengthen the case for State investment in this area. Quality play and recreation facilities provide valuable child development opportunities; and are even more critical when money is scarce in families, and where accessing private activities – like dance classes or summer soccer camps – is no longer an option.<sup>424</sup> For families under stress, a neutral, cost free space for children to play, relax and do sport is vital to their wellbeing.

The publication of *Ready, Steady, Play! A National Play Policy* in 2004 was an important step in acknowledging the value of play. In 2008, *Teenspace* drew attention to the particular need for recreational spaces for teenagers. Both documents put children's participation on the political agenda, and resulted in positive steps towards ensuring that all children have access to play and recreation opportunities.<sup>425</sup> However, there is still some way to go: momentum gathered behind play and recreation must not be lost. Development and maintenance of play and recreational facilities should not be allowed to fall victim to the recession, and a child friendly philosophy should influence all planning and development decisions; for example, through increased provision of green spaces, and safe walking and cycling conditions.



419 Local focus: *The Leinster Express*, 'Taoiseach opens Abbeyleix Youth Café', 27 October 2010; *The Fingal Independent*, 'First Youth Café opens in Swords', 13 October 2010.

420 J. Williams et al. (2009) *Growing Up In Ireland National Longitudinal Study on Children: the Lives of Nine-Year Olds*, Dublin: Office of the Minister for Children and Youth Affairs.

421 *Ibid.*

422 *Ibid.*

423 *Ibid.*

424 The Vincentian Partnership for Social Justice published minimum essential budgets for rural households in 2010. For a household with two parents and two children (aged 10 and 15) social inclusion and participation activities cost €88.49. This included activities for children such as swimming (€4.60 per session), dance club or boxing (€5 per session), cinema (€7 per visit) and attending birthday parties (€10 for a present per party attended). For more information see [www.budgeting.ie](http://www.budgeting.ie).

425 The United Nations Committee on the Rights of the Child in its *Concluding Observations* to the Irish Government, September 2006, recommended that more emphasis be placed on the creation of facilities for children to enjoy leisure, recreation and cultural activities, see (CRC/C/IRL/CO/2, p. 13 paragraph 63).

Safeguarding  
Childhood



# Overview

This year safeguarding childhood gets a 'D+' grade, a slight improvement from last year's 'D'. However, this overall grade masks significant shifts in the four areas under consideration. 'Social work provision' maintained a 'B' reflecting delivery of the promised 200 additional social workers, a considerable achievement in recessionary times. But this drive was not matched across the board – particularly in relation to the *Children First* guidelines – which pulled down the overall grade.

2009 will be remembered for stories told about childhoods from Ireland's past – through publication of the Ryan and Murphy Reports. 2010 will, unfortunately, be remembered for the stories told about childhoods from Ireland's present – descriptions of childhoods marked by horrendous abuse, neglect and untimely death. It was a year in which child protection was to the fore of public debate. In March, Alan Shatter TD published the leaked report into the life and death of T.F.<sup>426</sup> In May, the body of murdered 17-year-old Daniel McAnaspie was discovered. Turmoil reigned in the HSE as it attempted to count the number of children who had died while in State care since 2000 – official figures rose incrementally from 37 deaths (in June) to 199 (in December).<sup>427</sup> In October, the publication of the shocking Roscommon Incest Report revealed a litany of horrific familial abuse.<sup>428</sup> In December, Chapter 19 of the Murphy Report was released, detailing the abuses of hundreds of children by former priest Tony Walsh.<sup>429</sup> Also in 2010, the Health Information Quality Authority (HIQA) revealed gaping holes in the Special Care services for children with behavioural difficulties; and in the foster care system, including a lack of care plans, no allocated social workers, and unvetted carers.

While individuals may be commended for their work, each of these events raised serious questions about the ongoing failure of the State to protect vulnerable children; and highlighted the deep inadequacies of our current child protection, prevention, early intervention and therapeutic services. The Ryan Report *Implementation Plan* outlines concrete and ambitious steps to build a more efficient and effective child protection system, designed to support and empower children.<sup>430</sup> Delivery on its commitments must remain a Government priority for 2011.

2010 was not without positives. In February, the Joint Committee on the Constitutional Amendment on Children issued its final report, in which they recommended constitutional reform and put forward all-party agreed wording for an amendment to strengthen children's rights.<sup>431</sup> Budget 2011 recommitted €3 million to the holding of a referendum. While these developments are to be warmly welcomed, the Government has yet to accept the wording or set a date for a Referendum, and now, with an impending General Election, we fear that the rights of children in Ireland will again be ignored.

Other positives of 2010 include progress on key commitments made in the Ryan Report *Implementation Plan*; and the passage into law of the Adoption Act 2010, bringing Irish law into line with international best practice and ratifying the Hague Convention on intercountry adoption. Also, the National Children's Advisory Council was reconvened, which will play a key role in developing and monitoring the next National Children's Strategy due for publication in 2011;<sup>432</sup> and 'The Hub' was launched, an all-Ireland online database to bring together published material on child protection.<sup>433</sup> In December, Gordon Jeyes was appointed as National Director for Children and Family Services in the HSE; he will report directly to the HSE's Chief Executive.<sup>434</sup> This two-year post represents a positive step towards creating organisational and cultural change in the HSE's Child and Family Services.



426 *TF A Case Review 1983 to 2002*, <http://www.finegael.org/upload/TF.pdf> [accessed 4 January 2010].

427 See Susan Mitchell, 'HSE believes 200 children died in care', *Sunday Business Post*, 23 May 2010. The figure of 199 relates to children known to social work child protection services and certain young adults previously in care and known to care services.

428 Inquiry Team to the Roscommon Child Care Case (2010) *Roscommon Child Care Case: Report of the Inquiry Team to the Health Service Executive. Local Focus: The Roscommon Herald 'Scandal: The country's neglected children'*, 9 November 2010.

429 <http://www.justice.ie/en/JELR/Further%20portions.pdf/Files/Further%20portions.pdf> [accessed 4 January 2010]

430 Office of the Minister for Children and Youth Affairs (2009) *Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan*.

431 Joint Committee on the Constitutional Amendment on Children (February 2010) *Twenty-eighth Amendment of the Constitution Bill 2007 Proposal for a constitutional amendment to strengthen children's rights, Final Report*.

432 The National Children's Advisory Council (NCAC) comprises representatives from statutory and non-statutory agencies.

433 Office of the Minister for Children and Youth Affairs, 'Ministers launch North-South Child Protection Hub' [Press Release] 10 November 2010.

434 Health Service Executive (HSE) 'HSE appoints National Director for Children and Family Services' [Press Release], 14 December 2010.



## 4.1 RYAN REPORT IMPLEMENTATION PLAN

**“The damage caused by a culture that tolerated and even encouraged physical, sexual and emotional abuse for decades will not be undone by words alone. It is by implementing this Action Plan that we will win back the trust of those whom we abandoned.”**<sup>435</sup> (Minister for Children and Youth Affairs, Barry Andrews TD, Launch of the *Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan*)

COMMITMENT	PROGRESS
The <i>Renewed Programme for Government</i> commits to deliver on the Government <i>Implementation Plan</i> in response to the <i>Report of the Commission to Inquire into Child Abuse</i> .	<b>Below expectations.</b> Mixed progress since <i>Report Card 2010</i> : positive in some areas and lagging behind in others.

### What's happening?

**Some success but the goal posts have shifted with the Minister extending the life of the Plan. Transparency and accountability continue to be weak.**

An *Implementation Plan*<sup>436</sup> was published in July 2009 to respond to the recommendations contained in the *Report of the Commission to Inquire into Child Abuse*, commonly known as the Ryan Report.<sup>437</sup> The *Implementation Plan* contains 99 commitments to reform and strengthen the child care and protection system. The Government pledged €25 million for its delivery. Budget 2010 provided €15 million: €14.27 million was allocated to the HSE; €630,000 to HIQA; and €100,000 to OMCYA/Department of Health.<sup>438</sup> The recruitment of additional social workers was the priority item for expenditure in 2010. Budget 2011 committed €9 million to the delivery of the Plan.

The *Implementation Plan* included specific timelines for each of its 99 actions, with deadlines up to December 2011.<sup>439</sup> However, during 2010, the Minister for Children and Youth Affairs indicated that the Plan had been extended to cover a four-year period.<sup>440</sup> No information has been published on how this extension will impact on the Plan's existing timescales and budget.

An Implementation Review Group, comprising statutory officials, was established to oversee the Plan's delivery.<sup>441</sup> In July 2010, the Office of the Minister for Children and Youth Affairs (OMCYA) compiled the Group's *First Progress Report*, providing an update on progress against each of the *Implementation Plan*'s 99 actions.<sup>442</sup> Responsibility for delivery of the Plan rests with the Minister for Children and Youth Affairs; yet most of its actions are being undertaken by the HSE, which does not report to the OMCYA. The Plan's full implementation requires significant and structured collaboration between the HSE and the OMCYA.

During 2010 key commitments made in the *Implementation Plan* were delivered: 200 additional social workers were recruited; consultation with children in care was commenced; guidelines regarding serious incidents including child deaths were published by HIQA; progress was made towards ensuring equity of care for separated children; and a child protection specialist was seconded to the OMCYA.<sup>443</sup>

435 Office of the Minister for Children and Youth Affairs, 'Minister Andrews launches Government's Implementation Plan in response to the Report of the Commission to Inquire into Child Abuse, 2009', [Press Release] 28 July 2009.

436 Office of the Minister for Children and Youth Affairs (2009) *Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan*.

437 Commission to Inquire into Child Abuse (2009) *Report of the Commission to Inquire into Child Abuse*.

438 Information received by the Children's Rights Alliance from the Office of the Minister for Children and Youth Affairs, October 2010.

439 Some items are listed as 'ongoing' in the Plan's recommendations.

440 See Letter to John Gormley T.D., Minister for the Environment, Heritage and Local Government, from Barry Andrews, T.D., Minister for Children and Youth Affairs, 17 August 2010.

441 This Group is chaired by the Minister for Children and Youth Affairs and comprises representatives from the Office of the Minister for Children and Youth Affairs (OMCYA), and the Department of Education and Skills, the HSE, the Irish Youth Justice Service, the Health Information and Quality Authority (HIQA) and An Garda Síochána.

442 Office of the Minister for Children and Youth Affairs (2010) *Report of the Commission to Inquire into Child Abuse, 2009, Implementation Plan, First Progress Report*.

The Plan commits to allow HIQA to independently inspect all children's residential centres and foster care settings by July 2010; and to register and inspect all residential centres and respite services for children with disabilities by December 2010. This requires commencement of relevant provisions of the Health Act 2007; which is yet to take place. In July 2010, this action was deferred; and priority is now being given to extending the remit of HIQA to include child protection and welfare services (also an *Implementation Plan* commitment).<sup>444</sup>

#### IMMEDIATE ACTION

- > **Intensify action leading to the full and timely delivery of the Ryan Report *Implementation Plan* and strengthen transparency and accountability measures**

Delivering the Plan must remain a priority. Improvements in care and child protection services are urgently needed to support Ireland's most vulnerable children. As the Group overseeing the Plan does not include an independent or non-statutory representative, the Group's progress reports should be reviewed by the Oireachtas Committee on Health and Children. Clarity is needed on the impact of the Plan's revised timeline; and an annual financial report should be made public.

## Comment

The Ryan Report *Implementation Plan* was awarded a 'C' grade this year, down from last year's 'B'. Though the Alliance still considers the Plan to be excellent, we are concerned at the delay in delivering certain key elements, the weak accountability structure and the extension of the Plan's timeframe to four years without publishing new targets or timelines.

2010 saw substantial progress on a number of the *Implementation Plan* actions – these are to be applauded. This progress is not universal however, and actions relating

to some aspects of the Plan were slow or stalled; for example, there is little evidence of progress on placing the *Children First* guidelines on a statutory footing, or allowing for the collection and exchange of soft information to enable the operation of a comprehensive vetting system.<sup>445</sup> The delay in commencing relevant sections of the Health Act 2007 means that certain care settings such as centres and services for children with disabilities are not registered or inspected.

The *First Progress Report* provides useful information but lacks real transparency or accountability on the level of progress achieved. It provided no financial information on how the €15 million budget was allocated or the spend to date; and no update on the crucial commitment to recruit 200 additional social workers in 2010. It does not reference the changed timeline given that the Plan's delivery has been extended over four years. Clarity is needed on how the changed timeline will impact on the Plan's actions and target deadlines, and its budget. In addition, annual financial reports should be published. It is disappointing that the Government has already started to move the goal posts. Delivery of the Plan must remain a priority.

*Child deaths:* The importance of delivering on the *Implementation Plan* was made clear in 2010 when the circumstances surrounding a number of child deaths became public.<sup>446</sup> The stories highlighted the extreme vulnerability of these children and exposed the inadequate State response to their needs. In response, an independent Child Death Review Group was established to review the HSE's investigations into child deaths in State care since 2000.<sup>447</sup> In a further development, a Child Death National Review Panel was established to undertake future investigations.<sup>448</sup> These two developments have the potential to lead to significant reforms and ensure, where possible, untimely deaths are prevented. We will continue to monitor their progress.

While all 99 actions of the *Implementation Plan* are important, *Report Card 2011* will focus specifically on progress in three areas: Social work provision; Separated children; and *Children First* guidelines.

443 It is planned that inspections by HIQA of child protection and welfare services will commence in 2011. The scope of the services to be inspected is still being determined. Information received by the Children's Rights Alliance from HIQA, December 2010.

444 Office of the Minister for Children and Youth Affairs, 'Statement by Minister Andrews on HIQA reports into inspections of foster care' [Press Release], 14 July 2010.

445 The Children's Rights Alliance will shortly be publishing an analysis of the commitments of the Ryan Report *Implementation Plan* in the context of the OMCYA's *First Progress Report*.

446 Carl O'Brien, 'Child deaths while in care or contact with services now at 188', *The Irish Times*, 5 June 2010.

447 Geoffrey Shannon, Child Law expert, and Norah Gibbons, Director of Advocacy with Barnardos, were appointed onto this panel; an international expert, yet to be appointed, will also join the panel.

448 It is chaired by Dr. Helen Buckley of Trinity College, Dublin and comprises 15 members.



## 4.2 SOCIAL WORK PROVISION

**“Children in the care of the State are entitled by law to have an ‘authorised person’ (a social worker) who listens to them, makes a plan with them for their care, ensures they are safe and well looked after, and helps them keep contact with their family”** (*Ryan Report Implementation Plan*, p. xij).

COMMITMENT	PROGRESS
The Ryan Report <i>Implementation Plan</i> commits to: Increase the capacity within the social work service, including the recruitment of 270 social workers by 2011, with the objective of ensuring every child in care has an allocated social worker by December 2010. <sup>449</sup>	<b>Commitment delivered.</b> Substantial progress since <i>Report Card 2010</i> .

expected to be filled by the end of 2010.<sup>453</sup> Of these 198 posts, 42 were filled by existing temporary employees who are now in full time positions, with the remaining 156 posts filled by new recruits to the HSE.<sup>454</sup> The objective underlying the recruitment is to ensure that each of the 5,631 children in care has an allocated social worker and a care plan by December 2010.<sup>455</sup> At the end of September 2010, 92% of all children in care had an allocated social worker – up from 83% in 2009.<sup>456</sup> The figures are highest for those in residential care at 96.1% and lowest for those in foster care with relatives at 89.9%.<sup>457</sup> Still 703 children in care do not have an allocated social worker.<sup>458</sup> In relation to care plans, at the end of September 2010, 88% of children in care had a written care plan – up from 81% in 2009.<sup>459</sup>

### What’s happening?

**Significant progress has been made. Progress on recruiting social workers is on track for 2010, and some progress was made on ensuring that every child in care has a social worker and a care plan.**

The *Implementation Plan* promises that, by 2011, 270 vacant social work posts will be filled by the HSE, and that, if necessary, recruitment of additional social workers will be considered.<sup>450</sup> The Government announced that it would recruit 200 of the promised 270 social work posts in 2010,<sup>451</sup> and this was provided for in the HSE Service Plan 2010.<sup>452</sup> An exemption to the moratorium on public service recruitment was made to facilitate delivery of this important commitment.

As of November 2010, the HSE had filled almost all of the 200 posts promised for 2010: 198 social workers had taken up new positions, with the remaining two posts

#### IMMEDIATE ACTION

- > **Maintain momentum to complete this action in 2011 by filling the additional 70 promised social work posts and ensuring that every child in care has an allocated social worker and a written care plan**

The success of recruiting almost all of the 200 social work posts for 2010 must be built on by filling the additional 70 posts in 2011. The figures for children in care with an allocated social worker and a written care plan must reach 100 per cent: nothing less is acceptable. The commitment to recruit additional social workers to deliver “necessary reforms in the area of child welfare and protection” should also be considered.<sup>460</sup>

449 Office of the Minister for Children and Youth Affairs(2009) *Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan*, p. 68.

450 *Ibid*, p. 46.

451 Barry Andrews, TD, Minister for Children and Youth Affairs, Dáil Debate, 29 April 2010.

452 Health Service Executive (2010) *National Service Plan 2010*, p. 24.

453 Edel Kennedy, ‘Extra social workers but still no database of sex abusers’, *The Irish Independent*, 30 November 2010. This information was confirmed in communication between the Children’s Rights Alliance and the OMYCA, November 2010.

454 *Ibid*.

455 Health Service Executive (September 2010) *Performance Report on National Service Plan 2010*. Data relates to year to date.

456 *Ibid*.

457 *Ibid*. Breakdown: Residential Care: 96.1%; Foster Care: 92.8%; Foster Care with Relatives: 89.9%; Other Care Types: 92.0%.

458 *Ibid*.

459 *Ibid*.

460 Office of the Minister for Children and Youth Affairs (2009) *Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan*, p. 46.

## Comment

Social work provision gets a 'B' grade, same as last year, in recognition of meeting the commitment to recruit 200 social workers by the end of 2010.

The significant progress made in recruiting additional social workers is to be commended. The impact of these posts has yet to be felt on the ground. We will continue to monitor how these posts are impacting on the quality of services for children in care. Transparency is needed to allow for the tracking of these posts and of the total number of social workers in the HSE working in the area of child care and protection. An information mechanism must capture retirement and other losses to show the true capacity that exists within the system.

Each child in care is entitled to an allocated social worker, who is responsible for coordinating the development of his or her individualised care plan, and for conducting a care plan review (every six months for the first two years and not less than once a year thereafter).<sup>461</sup> A social worker is the child's official point of contact and communication with their birth family and with the State, and to whom they can raise a complaint. Social workers must ensure that the child's rights are vindicated; and that he or she has access to necessary supports and services.<sup>462</sup> Hence, the absence of an allocated social worker and care planning can have lifelong consequences, including a child remaining in care for longer than necessary; the weakening of relations between the child and his or her birth family; and the failure to identify and respond to difficulties being experienced by the child, which may lead to early school leaving or a placement breakdown.

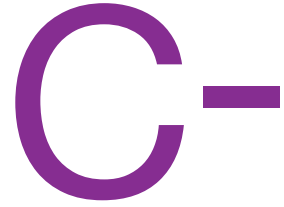
Ensuring a sufficient number of social workers to support children in care is only part of the challenge of reforming our child care and protection system. Sufficient capacity is needed within the social work system to ensure all cases of alleged abuse or neglect are assessed, investigated and followed up in a timely manner. In addition, the lack of a comprehensive out of hours social work system remains problematic; at present out of hours support is only available through emergency foster care placements.

The significant progress made in recruiting additional social workers is to be commended. The impact of these posts has yet to be felt on the ground. We will continue to monitor how these posts are impacting on the quality of services for children in care.



461 See the *National Standards* relating to Foster Care (2003) and Children's Residential Centres (2001); and the *Child Care Regulations* relating to Placement of Children in Residential Care; Foster Care and with Relatives (1995).

462 See U. Kilkelly (2008) *Children's Rights in Ireland: Law, Policy and Practice*, Dublin: Tottel Publishing.



## 4.3 SEPARATED CHILDREN

**“As children in care, these asylum-seeking children should be allocated a social worker and be placed in accommodation suitable for their needs and inspected like any other children’s hostels.”** (Ryan Report *Implementation Plan*, p. 10)

COMMITMENT	PROGRESS
The Ryan Report <i>Implementation Plan</i> commits to end the use of separately run hostels for separated children and accommodate these children in mainstream care, on a par with other children in the care system by December 2010. <sup>463</sup>	<b>Good, but concern regarding the nature of implementation.</b> Considerable action since <i>Report Card 2010</i> .

children were residing in foster placements or supported lodgings.<sup>465</sup> Historically, the majority of separated children were accommodated in Dublin. Central to the operation of the new equity of care policy is that foster placements will be sourced from around the country and that social work responsibility will be transferred to the local community care team.<sup>466</sup>

### IMMEDIATE ACTION

#### > Adequately support and evaluate the equity of care policy for separated children

To support the implementation of the equity of care policy, local social workers, foster families and community-based supports must be up-skilled and adequately supported. Additional training and supports are required to ensure the highest levels of care and protection are given to separated children who are victims or suspected victims of child trafficking. The equity of care policy must be evaluated as a matter of priority, and an independent monitoring system established.

### What’s happening?

#### Equity of care policy is being rolled out, but planning and supports are inadequate.

The *Implementation Plan* commits to ensuring that, by December 2010, all separated children will have equity of care on a par with other children in the care system.<sup>464</sup> It was agreed to close the private hostels for separated children in Dublin, and to replace the use of substandard and inappropriate hostel accommodation with foster care placements.

In February 2010, the non-governmental organisation, Crosscare, was contracted to provide 24-hour care support to the 76 separated children and young people in the hostels until their closure. This was the first time care staff were employed in these hostels. During 2010, all seven hostels were closed (three in May; two in July; and two in December).

Under the HSE’s ‘equity of care’ policy, children, over 12 years, are assessed for an initial four to six weeks in one of four children’s residential centres in Dublin, before being placed in foster care. Children under 12 years will be accommodated initially in emergency foster placements on their arrival or identification. As of July 2010, 50 separated

## Comment

Separated children leapt from an ‘E’ grade last year to a ‘C-’ this year, reflecting the employment of Crosscare staff within the hostels and the implementation of the equity of care policy. Though the policy is not perfect, and more remains to be done, significant progress must be acknowledged.

Over the past number of years, the Alliance and others have raised concerns about the level of care provided to separated children.<sup>467</sup> Ensuring that each separated child receives appropriate care is now more achievable than ever,

463 Office of the Minister for Children and Youth Affairs (2009) *Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan*.

464 Separated children are defined as children under 18 years of age who are outside their country of origin and separated from both parents, or their previous legal/customary primary caregiver, Separated Children in Europe Programme (2010) *Statement of Good Practice*, 4th Revised Edition, p. 3-4.

465 Figure obtained by Barnardos from the HSE, December 2010. The HSE has committed to end the practice of placing separated children in supported lodgings; which are not covered by national standards, nor registered or inspected by HIQA or the HSE. The Alliance holds that the use of supported lodgings is not appropriate for vulnerable children, including separated or trafficked children.

466 In addition to the HSE, two private companies have been contracted to source and support the foster placements.

as arrival figures have decreased significantly. There were 1,085 separated children referred to the HSE South in 2001; this compares to 201 children in 2009 and just 63 children up to August 2010. The Immigration, Residence and Protection Bill 2010 is an opportunity to set out a clear legal framework for the care and protection of separated children. The Bill, in its current form, is inadequate in this regard.<sup>468</sup>

The HSE's adoption of an equity of care policy in 2009 was warmly welcomed: it was rolled out in 2010. However, in some instances – despite its laudable objective – time did not allow for sufficient groundwork to take place (such as preparation of the child, training of carers and establishment of supports) and thus for some of the affected children it was a difficult and stressful time. The hostels, although inappropriate care settings, provided peer support for the children. In addition, many children had built up strong social supports and were settled in education in Dublin.

The shift from Dublin-based accommodation to a system of foster placements throughout the country is challenging. In addition to the usual groundwork undertaken before a child is placed in care (sourcing and vetting carers and developing a care plan), specific issues associated with separated children must be considered. These include cultural diversity, experience or risk of child trafficking, psychological difficulties associated with trauma, armed conflict, torture or a history of being a child soldier, female genital mutilation (FGM), and the asylum and protection system. Much expertise and supports have been developed in Dublin over the past decade to meet these needs. Access to similar supports, either at the community level or in Dublin, is critical to ensure no child is disadvantaged by the change of location and care setting under the equity of care policy.

Training and support for foster families, social workers, teachers and others at the community level is necessary. In 2010 the HSE provided a series of training sessions; these are welcomed and should be continued. A Dublin-based team of social workers have worked exclusively with separated children over the past number of years. The current status of this team is unclear. Some of its members should continue to provide support to social workers who are now working with separated children for the first time.

Separated children should be entitled to aftercare support. On reaching 18 years, a separated child whose immigration status has not yet been determined is generally transferred to direct provision accommodation for adult asylum seekers, with no HSE support or follow up. There is grave concern about the suitability of direct provision for vulnerable young people. The transition from care to direct provision can be extremely stressful and the lack of support places this group at high risk of going missing. This issue requires immediate attention. Consultation should be undertaken with children, young people, foster families and non-governmental agencies to see how best this issue can be resolved.

A number of foster care placements for separated children have broken down. Why these breakdowns are occurring must be better understood and measures taken to increase the success of future placements. Providing some children with the option of residential care should be considered. The children should be made aware of how they can express a complaint or raise a query in respect of their care placement. Some separated children either do not know how to complain or are fearful to do so. Anecdotal evidence has indicated inappropriate practices within a small number of the foster placements, for example a child being asked to carry out onerous household tasks beyond what should be reasonably expected, or a child being given a very small cash allowance and being asked to use it to cover ordinary living and travel expenses.<sup>469</sup>

Child trafficking and the alarming instances of children going missing from care are of deep and ongoing concern.<sup>470</sup> Since 2000, 503 separated children went missing from State care (441 of whom remain missing).<sup>471</sup> On a positive note, the number of separated children missing from their HSE care placements has dropped in 2010: seven children went missing between January and August 2010 – down from 48 in 2009. It is not clear if any additional protections, in terms of care or accommodation arrangements, are put in place for a child who is identified as a victim, or suspected victim, of child trafficking. A protocol is urgently needed between the HSE and An Garda Síochána in relation to the accommodation, care and protection of victims, or suspected victims, of child trafficking.

467 The Alliance is a member of the Action for Separated Children in Ireland. See also Children's Rights Alliance (2006) *From Rhetoric to Rights, Second Shadow Report to the United Nations Committee on the Rights of the Child*; (2009) *Briefing Note on Separated Children*; (2009) *Learning from the Past: Responding to the Recommendations of the Commission to Inquire into Child Abuse Report*; and (2010) in conjunction with ECPAT International, *Country Progress Card [Ireland]* (July 2010). Also Ombudsman for Children (2009) *Separated children living in Ireland: A report by the Ombudsman for Children's Office*; and Geoffrey Shannon (2007) *Report of the Special Rapporteur on Child Protection: A Report Submitted to the Oireachtas*.

468 See Action for Separated Children in Ireland (2010) *Submission to the Joint Committee on Justice, Defence and Women's Rights on the Provisions of the Immigration, Residence and Protection Bill 2010 with Regards to Separated Children*.

469 Information received by the Children's Rights Alliance from non-governmental organisations, December 2010.

470 See ECPAT International *Country Progress Card [Ireland]* (July 2010), p.8. The Alliance and The Body Shop are currently running a campaign on Stop Sex Trafficking of Children and Young People. The Alliance is an active member of the Department of Justice and Law Reform Anti-Human Trafficking Unit's Working Group on Child Trafficking.

471 Speech by Denis Naughten TD, Fine Gael Spokesperson on Immigration & Integration at the Dignity & Demand Conference Royal College of Physicians, 5 November 2009.

## 4.4 CHILDREN FIRST GUIDELINES

**“It is intended that legislation will be put in place to ensure that all staff employed by the State who are working with children and those in agencies/organisations in receipt of Exchequer funding will have a duty to comply with the *Children First* national guidelines...”** (Minister for Children and Youth Affairs, Barry Andrews, TD, *Children First: National Guidelines for the Protection and Welfare of Children*, 2010, p. vii)

COMMITMENT	PROGRESS
The Ryan Report <i>Implementation Plan</i> commits to place a legal duty to comply with the <i>Children First: The National Guidelines for the Protection and Welfare of Children</i> (1999) on staff employed by the State and agencies in receipt of Exchequer funding, by December 2010.	<b>Deeply disappointing, target missed.</b> Little meaningful action since <i>Report Card 2010</i> .

### What's happening?

**Not enough. No document yet published for consultation on legislative reform. Deadline missed.**

*Children First: National Guidelines for the Protection and Welfare of Children* is a voluntary set of guidelines on procedures for preventing and responding to child abuse.<sup>472</sup> The failure to place the *Children First* guidelines on a statutory footing is a widely acknowledged flaw in our child protection system, highlighted by numerous expert reviews.<sup>473</sup> The *Implementation Plan* is clear that *Children First* must be uniformly and consistently implemented. To achieve this, the Plan commits the Government to produce legislation by December 2010 to provide that all staff employed by the State and those in organisations in receipt of Exchequer funding will have a duty to:

- > Comply with the *Children First* national guidelines
- > Share relevant information in the best interests of the child
- > Co-operate with other relevant services in the best interests of the child.

In June 2010, the Minister for Children and Youth Affairs stated that legislation to put *Children First* on a statutory footing would be drafted by the end of 2010.<sup>474</sup> In July 2010, the OMCYA was reported to be developing policy to underpin the preparation of this legislation.<sup>475</sup> By December 2010, neither a policy, consultation document nor Heads of Bill had been published.

During 2010, three parallel activities were announced: development of an implementation framework; establishment of a HSE group to drive forward compliance; and completion of a revised draft of the Guidelines. A supporting implementation framework is being developed to ensure consistent and effective implementation of the Guidelines, which will be underpinned by a strong emphasis on audit and inspection.<sup>476</sup>

In addition, the HSE has established a national group to drive forward implementation and compliance with the Guidelines. It will take into account the recommendations and findings of the recent Ombudsman for Children's report and previous reviews and will consider recommendations arising from child death reviews and serious case management reviews.<sup>477</sup>

In October 2010, the OMCYA posted a revised edition of the 1999 *Children First* guidelines on their website (an earlier draft had been posted in December 2009). The new Guidelines will become operational once organisations, professionals and managers are familiar with them, and when the supporting protocols, procedures and information systems are in place.<sup>478</sup>

472 Department of Health and Children (1999) *Children First : national guidelines for the protection and welfare of children*.

473 Including Office of the Minister for Children and Youth Affairs (2008) *National Review of Compliance with Children First: National Guidelines for the Protection and Welfare of Children*; Office of the Ombudsman for Children (2010) *A Report Based on an Investigation into the Implementation of Children First: National Guidelines for the Protection and Welfare of Children*, Dublin: Ombudsman for Children's Office; Special Rapporteur on Child Protection: Geoffrey Shannon (2009) *Third Report of the Special Rapporteur on Child Protection: A Report Submitted to the Oireachtas*; H. Buckley et al (2008), *Service users' perceptions of the Irish Child Protection System*, Dublin: Office of the Minister for Children and Youth Affairs.

474 Barry Andrews, TD, Minister for Children and Youth Affairs, Dáil Debate, 9 June 2010.

475 Office of the Minister for Children and Youth Affairs (2010) *The Report of the Commission to Inquire into Child Abuse, 2009, Implementation Plan, First Progress Report*.

476 *Ibid.*

477 *Ibid.*, p. 21.

478 [http://www.omc.gov.ie/documents/child\\_welfare\\_protection/Children\\_First\\_info\\_note\\_July\\_2010.pdf](http://www.omc.gov.ie/documents/child_welfare_protection/Children_First_info_note_July_2010.pdf)



## IMMEDIATE ACTIONS

### > Publish draft legislation to place the *Children First* guidelines on a statutory footing

This commitment was to be delivered by December 2010 and is now overdue. It is imperative that the *Children First* guidelines are placed on a statutory footing. Consultation on a draft Bill with professionals working with children, non-governmental organisations (NGOs), relevant state agencies and other stakeholders must be a key part of this process.

### > Establish an independent national authority to monitor compliance with the *Children First* guidelines

A statutory only group is not sufficient to carry out this task; instead an independent national authority should be established. This body should publish regular progress reports on compliance by public and private bodies (including faith bodies, sports bodies and volunteer groups). The group should have powers, where necessary, to initiate proceedings or recommend the withholding of public grants against non-compliant bodies.<sup>479</sup>

## Comment

Children First gets an 'F' grade, the lowest possible grade and a drop from last year's 'D'; reflecting the failure to make necessary progress towards placing the *Children First* guidelines on a statutory footing within the agreed timeline.

To date, there is no tangible evidence of progress made towards the development of a Bill to place the Guidelines on a statutory footing. The development of a policy to underpin legislation, and an implementation framework to support the operation of *Children First*, is positive, but these developments must not delay the introduction of legislation. Furthermore, the establishment of a national HSE group to drive forward implementation and compliance with the Guidelines is welcome but more detail is required on the make-up, remit and progress of this group.

In April 2010, the Children's Rights Alliance and the UNESCO Chairholder in Children, Youth and Civic Engagement wrote to the Minister for Children and Youth Affairs to raise concerns that the 2009 edition of the *Children First* guidelines contains serious omissions.<sup>480</sup> In October 2010, revised Guidelines were published, but they did not adequately address the concerns raised, in particular the lack of primacy given to prevention, early intervention and family support. The Special Rapporteur on Child Protection recommends that the Guidelines be amended to blend a differential response model into the child protection system.<sup>481</sup> These issues should be addressed prior to bringing the new set of Guidelines into operation.

Meaningful engagement in relation to the new Guidelines and legislative reform must be undertaken with voluntary agencies working with children to ensure that uniform and consistent implementation of the Guidelines can be achieved across the statutory and non-statutory divide.

In April 2010, the Ombudsman for Children published an investigation into the implementation of *Children First*, which revealed wide discrepancies in adherence to, and implementation of, the Guidelines by practitioners and professionals working with children.<sup>482</sup>

Placing the Guidelines on a statutory footing and establishing a robust monitoring mechanism is paramount to ensure that the Guidelines are consistently and effectively applied. The importance of introducing legislation cannot be overstated. The ongoing absence of a statutory underpinning for the Guidelines leaves those working with children without a clear, legal responsibility to report and act on suspicions and evidence they may have in relation to children at risk. The absence of a consistent approach means that children presenting with the same situation in different locations around the country receive differing child protection responses. It may not be possible to prevent all incidences of child abuse but it is possible to reduce the chances of abuse happening and act quickly when it does.

479 The periodic updating of the Guidelines and ongoing professional and volunteer training in their use should rest with the Department of Health and Children.

480 Letter from UNESCO Chair and Children's Rights Alliance to OMCYA regarding the Revised Children First Guidelines April 2010. See [www.childrensrightrights.ie](http://www.childrensrightrights.ie)

481 G. Shannon (2009) *Third Report of the Special Rapporteur on Child Protection: A Report Submitted to the Oireachtas*.

482 Ombudsman for Children (2010) *A Report Based on an Investigation into the Implementation of Children First: National Guidelines for the Protection and Welfare of Children*, Dublin: Ombudsman for Children's Office.

## SUMMARY OF RECOMMENDED IMMEDIATE ACTIONS

### EDUCATION

#### Early Childhood Education and Care

- > Dedicate resources to ensuring that the universal pre-school year is of high quality
- > Steadily increase public investment in early childhood services and supports, so that Ireland reaches the European and UNICEF targets of 1% GDP by 2016

#### Child Literacy and Language Support

- > Increase the time spent on literacy skills in schools in disadvantaged areas to 90 minutes per day
- > Ensure that the *National Plan to Improve Literacy and Numeracy in Schools* is child-centred
- > Ensure that provision of language support teachers is based on pupils' needs

#### Early School Leaving

- > Introduce a national tracking system to follow all children's educational and training pathways
- > Develop a process for ongoing evaluation of the work of the National Education Welfare Board (NEWB) and the National Educational Psychological Service (NEPS)

#### Children with Special Educational Needs

- > Urgently implement the sections of the Education for Persons with Special Educational Needs Act 2004 relating to individual education plans and the appeals process
- > Protect special educational and care supports for children with special needs at school

#### School Buildings

- > Work creatively to identify and procure new school sites in response to demographic demand

### HEALTH

#### Primary Care

- > Ring-fence multi-annual funding for the delivery of the promised Primary Care Teams

#### Mental Health

- > Deliver the promised Child and Adolescent Community Mental Health Teams
- > End the practice of accommodating children in adult psychiatric units
- > Establish a clear line of budgetary accountability for Child and Adolescent Mental Health Services

#### Childhood Obesity

- > Deliver a National Nutrition Policy and provide political leadership and adequate resources for its implementation

#### Alcohol

- > Implement the recommendations on 'protecting children' from the *Strategic Task Force on Alcohol* reports
- > Introduce a legislative ban to protect children from exposure to alcohol marketing
- > Undertake a comprehensive analysis on the prevalence, and impact, of parental alcohol problems on children

#### Sexual Health and Relationships

- > Evaluate the impact of the RSE programme
- > Reform the law so that adolescents can access sexual health information and services

### MATERIAL WELLBEING

#### Financial Support for Families

- > Compensate low income families for the cut to the Child Benefit payment
- > Commit to strategic integration of the tax and welfare systems by end 2012

#### Access to Education

- > Compel schools to introduce a book rental scheme
- > Make better use of existing money by streamlining school spending

#### Access to Healthcare

- > Finalise and publish the Medical Card Review as promised
- > Improve access to medical cards for children with certain illnesses

#### Access to Housing

- > Provide a national framework for financing social housing output committed to in *Towards 2016*
- > Produce a new Youth Homelessness Strategy and put in place a programme of work to seriously address youth homelessness
- > Ensure adherence to the commitments on aftercare contained in the Ryan Report *Implementation Plan*

#### Access to Play and Recreation

- > Mainstream the principles of the National Play Policy
- > Fully implement the National Recreation Policy

### SAFEGUARDING CHILDHOOD

#### Ryan Report Implementation Plan

- > Intensify action leading to the full and timely delivery of the Ryan Report *Implementation Plan* and strengthen transparency and accountability measures

#### Social Work Provision

- > Maintain momentum in 2011 by filling the additional 70 promised social work posts and ensuring that every child in care has an allocated social worker and a written care plan

#### Separated Children

- > Adequately support and evaluate the equity of care policy for separated children

#### Children First Guidelines

- > Commence the drafting of legislation to place Children First on a statutory footing
- > Establish an independent national authority to monitor compliance with Children First

## ALLIANCE MEMBER ORGANISATIONS

Alcohol Action Ireland  
Amnesty International  
Ana Liffey Children's Project  
The Ark, a cultural centre for children  
Association for Criminal Justice Research & Development  
Association of Secondary Teachers Ireland  
ATD Fourth World  
Barnardos  
Barretstown Camp  
BelonG To Youth Services  
Border Counties Childcare Network  
The CARI Foundation  
Catholic Guides of Ireland  
Catholic Youth Care  
Child and Family Research Centre, NUI Galway  
Childminding Ireland  
Children in Hospital Ireland  
City of Dublin YMCA  
COPE Galway  
Crosscare Aftercare Unit  
Crosscare Drug and Alcohol Awareness Programme  
Centre for Social & Educational Research, DIT  
Down Syndrome Ireland  
Doras Luimni  
Dublin Rape Crisis Centre  
Dun Laoghaire Refugee Project  
Educate Together  
Education Department UCD  
Enable Ireland  
Focus Ireland  
Forbairt Naíonraí Teo  
Foróige  
Gay and Lesbian Equality Network (GLEN)  
Headstrong  
Home Start National Office Ireland  
Irish Association of Young People in Care (IAYPIC)  
Irish Second Level Students' Union (ISSU)  
Inclusion Ireland  
Inspire Ireland  
Integrating Ireland  
International Adoption Association  
IPPA, the Early Childhood Organisation  
Irish Autism Action  
Irish Association of Social Care Workers  
Irish Association of Social Workers  
Irish Association of Suicidology  
Irish Centre for Human Rights, NUIG  
Irish Congress of Trade Unions  
Irish Council for Civil Liberties  
Irish Foster Care Association  
Irish Girl Guides  
Irish National Teachers Organisation  
Irish Penal Reform Trust  
Irish Refugee Council  
Irish Traveller Movement  
Irish Youth Foundation  
Irish Society for the Prevention of Cruelty to Children (ISPCC)  
Jack & Jill Children's Foundation  
Jesuit Centre for Faith and Justice  
Junglebox Childcare Centre F.D.Y.S.  
Kids' Own Publishing Partnership  
Kilbarrack Youth Project  
Lifestart National Office  
Mary Immaculate College  
Matt Talbot Community Trust  
Miss Carr's Children's Home  
Mothers' Union of Ireland  
Mounttown Neighbourhood Youth Project  
National Association for Parent Support  
National Children's Nurseries Association  
National Parents Council (Post-Primary)  
National Parents Council (Primary)  
National Youth Council of Ireland  
National Organisation for the Treatment of Abusers (NOTA)  
OPEN  
One Family  
One in Four  
Parentline  
Pavee Point  
Peter McVerry Trust  
PLANET  
Psychological Society of Ireland  
Saoirse Housing Association  
SAOL Project – SAOL Beag Children's Centre  
Society of St. Vincent de Paul  
SPARK (Support Project for Adolescent Refugee Kids)  
Spunout.ie  
Start Strong  
St. Nicholas Montessori College  
St. Nicholas Montessori Society  
Step by Step Child and Family Project  
Sugradh  
Teen Counselling  
Treoir  
UNICEF Ireland  
YAP (Youth Advocate Programme) Ireland  
Youth Initiative in Partnership  
Youth Work Ireland

The *Children's Rights Alliance Report Card 2011* is the third of an annual publication that reviews and grades the Irish Government in implementing its own commitments to children. These commitments are found in key Government documents, including *Towards 2016*, the *Programme for Government* and the *Ryan Report Implementation Plan*. In this third edition, the Alliance has focused on the areas of education, health, material wellbeing and safeguarding childhood. With over 90 non-governmental organisations in its membership, and as a designated Social Partner, it is well placed to provide an honest evaluation of Ireland's treatment of its children.

The Children's Rights Alliance is a coalition of over 90 non-governmental organisations (NGOs) working to secure the rights and needs of children in Ireland, by campaigning for the full implementation of the UN Convention on the Rights of the Child (UNCRC). It aims to improve the lives of all children under 18, through securing the necessary changes in Ireland's laws, policies and services.



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