

Better Outcomes: Brighter Futures NGO Sub-Group on Child Poverty

Submission on Actions to Achieve the Child Poverty Reduction Target

November 2016



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1. Introduction

In April 2014, the Government set a national child poverty reduction target and committed to adopt a multidimensional approach to tackle child poverty.¹ This pledge forms part of Ireland's commitment to radically reduce poverty by 2020 under the European Commission *Europe 2020* strategy.²

The Department of Social Protection is leading on the preparation of a paper setting out the whole of Government approach to meeting the child poverty reduction target under the work plan of *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (BOBF).³ This will be presented to the BOBF Policy Consortium on completion.

In October 2015, a child poverty subgroup was established under the auspices of the National Advisory Council for Children and Young People under *Better Outcomes, Brighter Futures*. The subgroup comprises both statutory and non-governmental (NGO) representatives and is co-convened by the Department of Social Protection and the Children's Rights Alliance.⁴

The NGO representatives on this subgroup – Barnardos, the Children's Rights Alliance, the National Youth Council of Ireland, One Family and the Society of St. Vincent de Paul – have developed this paper to inform the whole of Government approach to tackling the number of children in consistent poverty. This paper follows the format and order of the EU Recommendation on Investing in Children.⁵ This paper is informed by discussions with, and helpful feedback from, Government Departments. The paper was drafted in advance of the announcement of Budget 2017 on 11 October 2016. A number of changes were announced in Budget 2017 which relate to the recommendations made in this paper and these are footnoted where relevant. The information contained in the paper was up-to-date and valid at the time that the document was completed and circulated to the National Advisory Council on 25 October 2016. The National Advisory Council for Children and Young People adopted the paper on 23 November 2016.

We welcome the circulation by the Department of Social Protection of a draft Discussion Document and other background material in June 2016.⁶ We look forward to ongoing discussions on the development and implementation of the whole of Government approach.

Ireland has an international obligation under Article 27 of the UN Convention on the Rights of the Child to 'recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development' and that States

... shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.⁷

Growing up in poverty has a devastating and lasting impact on children's lives. It negatively impacts on their wellbeing⁸ and increases their risk of socio-emotional developmental problems;⁹ it leads to

1 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (Department of Children and Youth Affairs 2014). Commitments 4.1 and 4.2, 93.

2 European Commission, *Communication from the Commission Europe 2020: A Strategy For Smart, Sustainable And Inclusive Growth* (Brussels, 3.3.2010 Com(2010) 2020 Final).

3 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (Department of Children and Youth Affairs 2014).

4 Representatives from the Departments of Social Protection, Children and Youth Affairs, Education, Health and Barnardos, Children's Rights Alliance, National Youth Council of Ireland, One Family, the Society of St Vincent de Paul and an academic nominee and the Council's Chair.

5 European Commission, *Commission Recommendation of 20.2.2013: Investing in children: breaking the cycle of disadvantage* (Brussels, 20.2.2013 C(2013) 778 final) <http://ec.europa.eu/social/main.jsp?catId=1060&langId=en>

6 Department of Social Protection, *Child Poverty Target: Discussion Document* (DRAFT) 9 June 2016; Department of Social Protection, *Who are the children living in consistent poverty?* (unpublished communication 2015).

7 Convention on the Rights of the Child (adopted and opened for signature, ratification and accession on 20 November 1989) 1577 UNTS 3 (UNCRC). Ireland ratified the Convention in 1992.

8 Wilkinson, Richard and Kate Pickett, *The Spirit Level: Why More Equal Societies Almost Always Do Better* (Allen Lane 2009).

educational inequalities, with poor children being disproportionately more affected by learning disabilities and speech and language difficulties;¹⁰ they experience greater school absenteeism and lower expectations for their lives and for achieving third level education.¹¹ It also leads to health inequalities, with poor children having poorer health and being less likely to get medical treatment as they are on a waiting list and must wait longer for a service.¹²

Addressing poverty and social exclusion, in particular among children and young people, must become a core political obligation and not just a possible policy choice. It is a central tenet of creating a more equal, prosperous and just Ireland.

9 Smyth, Emer, *Wellbeing and School Experiences among 9- and 13-Year-Olds: Insights from the Growing Up in Ireland study* (ESRI 2015) <https://www.esri.ie/pubs/BKMNEXT291.pdf>.

10 Hearne, Rory and Cian McMahon, *Cherishing All Equally 2016 Economic Inequality in Ireland* (TASC 2016)

11 Byrne, Delma and Smyth, Emer, *No Way Back? The Dynamics of Early School Leaving* (The Liffey Press & ESRI 2010)

12 Wilkinson, Richard and Kate Pickett, *The Spirit Level: Why More Equal Societies Almost Always Do Better* (Allen Lane 2009)

2. Priority Recommendations

- Increase the earnings disregard for the One Parent Family Payment and Jobseekers Transition and lone parents in receipt of Jobseekers Allowance to €146.50 per week to support lone parents to take up employment.¹³ [DSP]
- Increase the weekly allowance for children in Direct Provision by a further €14.20 to €29.80, in line with the recommendation of the Working Group on the Protection Process (Mc Mahon Report).¹⁴ [DSP/DJE]
- Introduce a higher rate of Child Income Supports for children aged 12 and older, in recognition of the higher costs faced by families with older children. [DSP]
- Address the anomaly by which lone parents in receipt of Rent Supplement cannot receive their One Parent Family Payment/Jobseekers Transition Payment and the SUSI maintenance grant on taking up an education or training course. [DSP/DES]
- Provide that once a lone parent in receipt of One Parent Family Payment/Jobseekers Transitional Payment and the SUSI maintenance grant begins full time study prior their youngest child reaching 14 years, they may remain on that payment until their course is completed. There will be no obligation to switch to Back to Education Allowance. [DSP/DES]
- There should be one universal early years and afterschool funding model comprising the current targeted free pre-school years funding model and the proposed Single Affordable Childcare Programme (SCAP).¹⁵ Ensure that State capitation for childcare and afterschool places is at a level that makes quality standards and affordability possible and ensures that parents are adequately supported to return to work or to continue work. Allow private and community-based ECCE providers to operate the SCAP, including fully-regulated and quality-compliant childminders. [DCYA/DES/Tusla]
- Work towards introducing one years' paid parental leave, which could be taken after maternity leave by either parent. Through combining different paid leave policies, the policy goal should be to enable all parents – mothers and fathers – to care for their child at home for the first year of life. [DCYA/DJE/DSP]
- Work towards a rebalancing of resources to place a greater emphasis on prevention and early intervention. [DPER/DCYA]
- Increase availability of family supports and fulfil the Programme for Government commitment to introduce a National Parenting Support Plan. [DCYA/Tusla]
- Put in place adequate systems and protocols to ensure greater alignment and interagency working between community based interventions, primary care teams and social work teams. [DCYA/DoH/Tusla]

13 We note and welcome that Income Disregards increased to €110 per week in Budget 2017. However, DSP need to ensure that this results in actual increases for lone parents to make work pay. Those in receipt of Rent Supplement (RS) will not benefit from this increase as any increase in social welfare income is means tested under the RS scheme.

14 The primary responsibility for this recommendation rests with the Department of Social Protection as the Direct Provision Allowance, an administrative payment, is paid from its budget. When the Direct Provision Allowance for children was increased from €9.60 to €15.60 this was initiated by the Minister for Social Protection with the support of the Minister for Justice and Equality who has overall responsibility for the Direct Provision system.

15 We note and welcome the announcement of a childcare package in Budget 2017 which includes both a universal element as well as a targeted element for low income families. However, the new Single Affordable Childcare Scheme (SACS) excludes afterschool providers who are not required or allowed to register with Tusla. The availability of subsidised out of school care is essential if we want lone parents to enter work or education. 2. Ensure that subsidies made to providers don't result in fee increases and consequently, no real support for low income families. The minimum parental contribution for ASCC and CETS will now be scrapped under new scheme which could leave families vulnerable to increasing childcare costs despite being eligible for subsidies.

- Alleviate back to school costs for parents by allocating €40 million to provide for free school books at primary and post-primary level. Restore the rate of the Back to School Clothing and Footwear Allowance to the 2011 level of €305 for children over 12, and to €200 for children under 12. [DES/DSP]
- Publish and implement the Action Plan for Educational Inclusion, which must include a targeted strategy to address the needs of Traveller, Roma and migrant children, early school leavers and children with special educational needs. [DES]
- In addition to expanding the School Meals Programme to enable the provision of affordable and nutritious breakfast, lunch and dinner in schools participating in Delivering Equality of Opportunity in Schools (DEIS) with limited provision to all publicly funded schools,¹⁶ ensure that a new scheme is rolled out through youth services, early years settings and afterschool programmes to include targeted funding to address issues of food poverty for children and young people availing of those services. [DCYA/DES/DSP]
- Ensure that the proposed needs assessment of vulnerable groups outlined in the *Healthy Weight for Ireland* plan to inform resource allocation for preventative and treatment services is adequately planned and resourced. This will help to address a core element of implementing the EU Recommendation. The proposed steps to increase access to sports and structured physical activity for children in poor households must also be resourced. [DoH]
- Complete negotiations to extend free GP care to all children up to age 18, with access for under 12s being the first priority. [DoH]
- Ensure that the DEIS review takes into account the particular needs of children with disabilities or with special educational needs. Invest in targeted inclusion measures to encourage social inclusion of children with disabilities, in particular those with emotional, psychological and mental health disabilities to increase and maintain their participation in education. [DES]
- Ensure that the commitments to increase the supply of social housing and to address the needs of children who are homeless contained in *Rebuilding Ireland* become a reality and are implemented as a matter of urgency. [DHPCLG]
- Undertake an evaluation of the impact of the withdrawal of Traveller specific education supports to inform the basis of targeted education supports to help Travellers remain in mainstream education through both the Education Inclusion Plan and the Traveller and Roma Integration Strategy. Enact the Education (School Admissions) Bill 2016 as a matter of urgency. [DES/DJE]
- Increase investment in Youth Work Services to €73 million by 2020 in line with the commitment in the Programme for Government, particularly measures to address disadvantage, early school leaving and employability, in light of the projected population growth of young people by 2020 and to support the implementation of the National Youth Strategy.¹⁷ [DCYA]

16 We note and welcome the expansion of the School Meals Programme to non-DEIS schools in Budget 2017.

17 We note and welcome that the Youth Work Budget was increased by €5.5million to €56.3 million in Budget 2017.

3. Principles to Underpin the Whole of Government Approach

We welcome and warmly support the following statement by the Department of Social Protection in relation to the commitment under BOBF to reduce child poverty:¹⁸

In order to effectively address child poverty over the long term a multi-dimensional, integrated approach which balances universal and targeted policies and ensures that access to adequate resources is underpinned by a clear focus on access to quality, affordable services must be adopted. This is the type of approach which is championed by the European Commission's 2014 report on Investing in Children and, more recently, by the 2015 report, Social Investment in Europe, A study of National Policies by the European Social Policy Network (ESPN).¹⁹

The Government should adopt an integrated strategy under the three pillars outlined in the *EU Recommendation on Investing in Children*:²⁰

- Access to adequate resources
- Access to affordable quality services
- Children's right to participate

We recommend the Government's approach under BOBF to reduce child poverty be underpinned by the following principles (adopted from the *EU Recommendation on Investing in Children*):

- Tackle child poverty and social exclusion through integrated strategies that go beyond ensuring children's material security and promote equal opportunities so that all children can realise their full potential;
- Address child poverty and social exclusion from a children's rights approach, in particular by referring to the relevant provisions of the Treaty on the European Union, the Charter of Fundamental Rights of the European Union and the UN Convention on the Rights of the Child, making sure that these rights are respected, protected and fulfilled;
- Always take the child's best interests as a primary consideration and recognise children as independent rights-holders, whilst fully acknowledging the importance of supporting families as primary carers;
- Maintain an appropriate balance between universal policies, aimed at promoting the well-being of all children, and targeted approaches, aimed at supporting the most disadvantaged;
- Ensure a focus on children who face an increased risk due to multiple disadvantage such as Roma children, some migrant or ethnic minority children, children with special needs or disabilities, children in alternative care and street children, children of imprisoned parents, as well as children within households at particular risk of poverty, such as single parent or large families;
- Sustain investment in children and families, allowing for policy continuity and long-term planning; assess how policy reforms affect the most disadvantaged and take steps to mitigate any adverse effects.

18 This statement is in line with the *Better Outcomes, Brighter Futures* Commitment 4.1.

19 Department of Social Protection, *Who are the children living in consistent poverty?* (unpublished communication 2015) p.1

20 European Commission, *Commission Recommendation of 20.2.2013: Investing in children: breaking the cycle of disadvantage* (Brussels, 20.2.2013 C(2013) 778 final) <http://ec.europa.eu/social/main.jsp?catId=1060&langId=en>

4. Child Poverty in Ireland

4.1 Child Poverty Reduction Target

The Government set a Child Poverty Reduction Target in *Better Outcomes, Brighter Futures, The National Policy Framework for Children and Young People 2014-2020*, published in April 2014.

Commitment 4.1 reads:

Implement a whole-of-government approach to tackling child poverty, building on the lifecycle approach in the National Action Plan for Social Inclusion 2007-2016, and informed by the EC Recommendation 'Investing in Children; breaking the cycle of disadvantage', part of the Social Investment Package.²¹

Commitment 4.2 reads:

Set a national child-specific social target to lift over 70,000 children out of consistent poverty by 2020, a reduction of at least two-thirds on the 2011 level. This target will include reducing the higher consistent poverty rate for households with children as compared to non-child households (8.8 per cent compared with 4.2 per cent) and for children as compared to adults (9.3 per cent compared with 6 per cent).²²

The 2014 target has been adjusted to take into account an increase of 27,000 children in consistent poverty on the 2011 baseline.²³ Hence, to meet the child poverty reduction target 97,000 children will need to be lifted out of consistent poverty by 2020.²⁴

4.2 Consistent Poverty among Children

Poverty is measured through the Survey on Income and Living Conditions (SILC).²⁵ It is an annual, EU-wide, longitudinal survey, conducted in Ireland by the Central Statistics Office, which collects data on income and living conditions. The survey is used to measure three different rates of poverty – consistent poverty, at risk of poverty and enforced deprivation. 'At risk of poverty' (AROP) also known as income poverty is measured as living below 60 per cent of the median national household income.²⁶ Enforced deprivation is measured as going without two or more necessities on an 11 item deprivation index.²⁷ People who are denied – through lack of income – items or activities on this index are regarded as experiencing enforced deprivation as distinct from the personal choice not to have the items.²⁸

Consistent poverty is the overlap between these two poverty measures. A child or young person under 18 years is defined as being in consistent poverty if they live in a household that is both at risk of poverty (income poor – below 60 per cent of the median income) and experiencing enforced deprivation.²⁹ If a child is lifted out of the AROP category he or she is also lifted out of consistent poverty.³⁰

21 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (Department of Children and Youth Affairs 2014) p 93.

22 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (Department of Children and Youth Affairs 2014) p 93.

23 Department of Social Protection, *Child Poverty Target: Discussion Document* (DRAFT) 9 June 2016, p 1.

24 Department of Social Protection, *Child Poverty Target: Discussion Document* (DRAFT) 9 June 2016, p 1.

25 For more information see the website of the Central Statistics Office <http://www.cso.ie/en/silc/>

26 Median income is the amount that divides the income distribution into two equal parts, half of people having incomes above the median and half having incomes below the median.

27 The Central Statistics Office (CSO) monitors the deprivation indicators annually through the EU Survey on Income and Living Conditions (EU-SILC).

28 Department of Social Protection 'Poverty in Ireland Measuring Poverty in Ireland' factsheet <http://www.welfare.ie/en/downloads/measuringpoverty.pdf> [accessed 25 July 2016].

29 Department of Social Protection, *Social Inclusion Monitor 2014* (Department of Social Protection 2016).

30 Department of Social Protection, *Who are the children living in consistent poverty?* (unpublished communication 2015) p 1.

The 11 basic deprivation indicators are:

- two pairs of strong shoes
- a warm waterproof overcoat
- buy new not second-hand clothes
- eat meals with meat, chicken, fish (or vegetarian equivalent) every second day
- have a roast joint or its equivalent once a week
- had to go without heating during the last year through lack of money
- keep the home adequately warm
- buy presents for family or friends at least once a year
- replace any worn out furniture
- have family or friends for a drink or meal once a month
- had a morning, afternoon or evening out in the last fortnight, for entertainment.

Of the 11 indicators, four focus on material deprivation (clothing, footwear and furniture); two on food poverty; two on energy poverty; and three on the ability of a child to participate in normal childhood social activities, such as buying a birthday present or going on a family outing.

4.3 Profile of Children Living in Consistent Poverty in Ireland

The most recent published figures on poverty relate to 2014. In that year, 11.2 per cent of children were living in consistent poverty, representing over 134,000 children.³¹ This is an increase from 6.3 per cent in 2008.³² Children had a higher consistent poverty rate (11.2 per cent) than the population as a whole (8 per cent).

The Department of Social Protection has developed a profile of children living in consistent poverty in Ireland, that will be vital to the development and monitoring of policies to reduce child poverty. It notes that children in consistent poverty:

- are more likely to be an older child, between 12 and 17 years of age, than aged under 11 years.
- tend to live in households headed by a single adult and households headed by a woman.
- tend to live in households where there is no person at work.
- tend to live in households headed by individuals with low levels of educational attainment; households headed by someone who is unemployed, on home duties, ill or disabled.
- are more likely to be resident in the Border, Midlands or Western regions.
- slightly more likely to live in rural rather than urban locations.³³

The Survey on Income and Living Conditions (SILC) is a longitudinal survey that collects information at the household and personal level. It does not collect information from hostels, hotels or communal institutions. This methodology is therefore inadequate to capture some children who are experiencing the most fundamental material deprivation. This includes asylum seeking children living in direct provision centres,³⁴ children who are living with their families in emergency homeless accommodation or domestic refuges and children living on unofficial Traveller halting sites.

Research has identified three discrete groups of children that are at high risk of experiencing poverty and social exclusion and have specific rights and needs:

- Children living in Direct Provision centres (children seeking asylum or another form of international protection).³⁵
- Children living with their families in emergency homeless accommodation.
- Children from Traveller and Roma communities.³⁶

31 Central Statistics Office, *Survey on Income and Living Conditions (SILC) 2014* (Central Statistics Office 2015).

32 Central Statistics Office, *Survey on Income and Living Conditions (SILC) in Ireland 2008* (Central Statistics Office 2009).

33 Department of Social Protection, *Who are the children living in consistent poverty?* (unpublished communication 2015) p 1.

34 Most children of asylum seeking families live in Direct Provision. This is a system of accommodation provided by the State to people seeking asylum in Ireland. It provides room and board within former hotels, hostels or other large buildings. Each centre is managed by private contractors on behalf of the Reception and Integration Agency.

35 Samantha K. Arnold (2012) *State Sanctioned Child Poverty and Exclusion*, Dublin: Irish Refugee Council.

In addition, the SILC survey does not gather information across the nine equality grounds,³⁷ with the exception of some information on gender and household composition.³⁸ This means it is not possible to track poverty among Traveller or Roma children and among children with disabilities or to assess if sexual orientation is playing a role in poverty rates.

The omission of these high risk groups can mask our understanding of the extent and nature of poverty and deprivation in childhood. Despite their omission from the SILC survey, the Government has made a number of specific commitments to address poverty among vulnerable group, including in *Better Outcomes, Brighter Futures*.³⁹

To ensure our response to children in consistent poverty includes all children experiencing such poverty, the approach should include targeted actions in relation to three specific high risk groups – children living in direct provision, homeless children, and children in the Traveller and Roma communities.

The agreed approach by Government should identify specific outcome indicators to assess success in reducing deprivation for these children, for example, providing access to water and sanitation for all Traveller children. Under *Better Outcomes Brighter Futures*, the Department of Children and Youth Affairs will lead in developing appropriate outcome indicators and measures, using existing and new data sources as required.⁴⁰ It is acknowledged that as these high risk social groups are not counted in the SILC figures, ending deprivation for them will not impact positively on the consistent poverty target of 97,000 children. To remedy this, the approach adopted by Government must include a monitoring mechanism to focus on these three groups, in addition to the overall target of lifting 97,000 children out of consistent poverty.

4.4 Existing Government Commitments to Ensure Access to Adequate Resources and Services

Relevant Government Commitments

Under *Better Outcomes, Brighter Futures*, the Government committed to:

4.3 Determine the optimal design of child and family income supports to maximise their effectiveness and efficiency in reducing child poverty, while improving employment incentives.

4.4 Reform the One-Parent Family Payment Scheme so that lone parents have access to a range of supports and services designed to provide them with pathways to work while acknowledging their caring responsibilities.⁴¹

4.5 Reform labour market activation initiatives so that they actively promote progression into the labour market.⁴²

36 Brian Harvey Social Research (2013) *'Travelling with Austerity': Impacts of Cuts on Travellers, Traveller Projects and Services*, Dublin: Pavee Point, p 19; L. Pohjolainen (2014) *Roma and Education*, Dublin: Pavee Point, p.5 and L. Pohjolainen (2014) *Challenging Barriers and Misconceptions: Roma Maternal Health in Ireland*, Dublin: Pavee Point, p 23.

37 A full list of the nine equality grounds can be found on the website of the Irish Human Rights and Equality Commission <http://www.ihrec.ie/your-rights/what-is-equality/equality-and-non-discrimi2.html>

38 In relation to gender, it does not include the category of transgender and it only contains information on household composition but does not include information on marital/civil status.

39 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (Department of Children and Youth Affairs 2014). Commitments 4.7, 4.8 and 4.9, p 93.

40 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (Department of Children and Youth Affairs 2014) Commitment G56, pp 42 and 124.

41 Since the initial draft of this submission, the following publication has been published and the recommendations should be implemented. Dr. Michelle Millar & Dr. Rosemary Crosse Lone Parents and Activation, What Works and Why: A Review of the International Evidence in the Irish Context (UNESCO Child and Family Research Centre 2016). See press release from One Family at: <https://onefamily.ie/press-releases/press-release-clear-message-for-minister-varadkar-and-budget-2017-new-nuig-report-into-what-works-for-lone-parents/>.

42 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (Department of Children and Youth Affairs 2014) p 93.

Under the 2016 Programme for Government, the Government committed to:

[I]ntroduce a new ‘Working Family Payment’, targeted at low-income families. Every parent working at least 15 hours per week will be guaranteed that every extra hour they work will result in more take-home pay.⁴³

In 2016, the Government committed to maximise the effectiveness of child income support in reducing child poverty, while continuing to support all parents with the costs of rearing children.⁴⁴

Relevant European Commission Recommendation

In June 2016, the European Commission in its Country Specific Recommendations recommended that Ireland:

Expand and accelerate the implementation of activation policies to increase the work intensity of households and address the poverty risk of children. Pursue measures to incentivise employment by tapering the withdrawal of benefits and supplementary payments. Improve the provision of quality, affordable full-time childcare.⁴⁵

For the first pillar (access to adequate resources) to be truly effective, it needs to be underpinned with a strong second pillar – access to affordable, good quality services. Investment in childcare, in education, health and housing pays dividends in the long run⁴⁶ as we hope to outline in this paper.

43 Government of Ireland, *A Programme for a Partnership Government* (May 2016) p 39.

44 Department of Social Protection, *Updated National Action Plan for Social Inclusion 2015-2017* (Department of Social Protection 2016) p 8.

45 Council of the European Union, *Recommendation for a COUNCIL RECOMMENDATION on the 2016 national reform programme of Ireland and delivering a Council opinion on the 2016 stability programme of Ireland* (European Commission 2016) p 10.

46 Department of Social Protection, *Child Poverty Target: Discussion Document (DRAFT)* 9 June 2016, p 1.

5. International Learning

Research demonstrates that countries which adopt the three pillar approach of the *EU Recommendation on Investing in Children* (access to resources; access to services; and children's right to participate) perform best in reducing child poverty.⁴⁷

The 'at risk of poverty or social exclusion (AROPE)' rates among children vary across the 28 European Union countries. Countries are grouped into four categories – countries with low (15-20 per cent),⁴⁸ medium (21-30 per cent),⁴⁹ high (31-35 per cent)⁵⁰ and very high (38-52 per cent)⁵¹ rates.⁵² Ireland's AROPE rate is 33.9 per cent placing it in the 'high' category: with the EU-28 average being 27.7 per cent. An analysis of factors operating in these countries provides the following lessons:

Work attachment and economic activity have been found to provide an effective protection against the risk of poverty.⁵³ Other key factors relate to a high level of maternal employment (full or part-time) together with 'advanced opportunities' to access childcare.⁵⁴ Successful countries (those with low poverty rates) have a comprehensive set of policies – adopting an integrated multi-dimensional approach. Pitfalls include a piecemeal or disjointed approach, weak coordination and weak implementation.⁵⁵

A common approach across successful countries is well-established evidence-based policy making.⁵⁶ In addition, they have fairly universal policies for all children. Some of these countries have more mixed approaches, supplementing universal with more targeted policies. Challenges include finding a balance, establishing an effective approach of progressive universalism or moving away from universal policies during a crisis.⁵⁷

A children's rights approach is most evident in successful countries. This approach puts the needs of the child at the centre of policy-making and addresses the specific needs of the child here and now as well as improving the position of their families and communities. In addition, it links the well-being of children with the well-being of parents and families and puts support for families at the heart of policies to tackle child poverty. Of critical importance to social exclusion, it puts a focus on the importance of adopting and enforcing strong anti-discrimination legislation.⁵⁸

EU wide research found that in relation to access to adequate resources, the best performing states combine three main elements a strong labour market attachment among parents; low rates of in-work poverty, and effective income support systems.⁵⁹

Ireland has a relatively high level of expenditure on children and families benefits compared to other OECD countries with the majority of this spending in the form of cash and tax supports to families.⁶⁰ Ireland is consistently amongst the best performing EU countries in terms of the poverty reduction effects of social transfers.⁶¹

47 Department of Social Protection, *Who are the children living in consistent poverty?* (unpublished communication 2015), p 5.

48 Low – Finland, Denmark, Sweden, Czech Republic, Netherland, Slovenia and Germany

49 Med – France, Belgium, Estonia, Austria, Slovak Republic, Luxembourg, Cyprus, EU-28, Croatia and Poland

50 High – Portugal, Italy, Malta, UK, Spain, Ireland and Lithuania

51 Very high – Greece, Latvia, Hungary, Romania and Bulgaria.

52 Hugh Frazer 'Ending Child Poverty in Ireland: policies that work' (Children's Rights Alliance Making Child Poverty Policies Real conference, Dublin, 24 June 2016).

53 Andr  G bos, *Successful policy mixes to tackle child poverty: an EU-wide comparison*, AIAS, GINI Discussion Paper 76 (2013) 27.

54 Ibid.

55 Adapted from Hugh Frazer 'Ending Child Poverty in Ireland: policies that work' (Children's Rights Alliance Making Child Poverty Policies Real conference, Dublin, 24 June 2016).

56 Hugh Frazer 'Ending Child Poverty in Ireland: policies that work' (Children's Rights Alliance Making Child Poverty Policies Real conference, Dublin, 24 June 2016).

57 Ibid.

58 EAPN and Eurochild, *Towards Children's Well-Being in Europe: Explainer on Child Poverty in the EU* (EAPN and Eurochild 2013).

59 Andr  G bos, *Successful policy mixes to tackle child poverty: an EU-wide comparison*, AIAS, GINI Discussion Paper 76 (2013).

60 Organisation of Economic Cooperation and Development, 'Family benefits public spending (indicator)' <10.1787/8e8b3273-en> accessed 4 July 2016.

61 Michael Cunningham (Children's Rights Alliance Making Child Poverty Policies Real conference, Dublin, 24 June 2016).

In spite of this high level of spending and the reduction in poverty of social transfers our child poverty outcomes are poor. TASC has commented that the social protection system has to work hard given our unequal market system and notes that it is the ‘impact of social welfare, rather than taxes, which does most to reduce inequality’.⁶²

An illustrative example is that Ireland is in the top three spenders of 33 countries on family benefits, Ireland spend a little less than Denmark.⁶³ However, Denmark is the third lowest at-risk of child poverty rate whereas Ireland ranks 21st.⁶⁴ Ireland spends nearly twice as much as Denmark on cash transfers.

The best performing countries rank highest when it comes to investing in services and are also in the top ten on employment. Ireland currently has the balance the other way round – our investment in services is low (we rank 13th out of 33 countries) and our rate of jobless households is the highest in the OECD.⁶⁵

<i>Country</i>	<i>Cash (per cent GDP, 2011)</i>	<i>Services (per cent GDP, 2011)</i>	<i>Tax breaks towards families (per cent GDP, 2011)</i>	<i>Total (per cent GDP, 2011)</i>
United Kingdom	2.60	1.37	0.29	4.26
Denmark	1.63	2.42	0.00	4.05
Ireland	2.93	0.96	0.11	4.00

Recommendations

- Adopt comprehensive and integrated strategies with effective coordination and implementation using a children’s rights approach.
- Invest in predominantly universal policies but with some targeting.
- Increase investment in access to services which are proven to improve outcomes for children and families living in poverty.

62 TASC, Low Pay Commission Submission on the National Minimum Wage (TASC April 2015) p 7.

63 OECD (2016), Family benefits public spending (indicator). doi: 10.1787/8e8b3273-en (Accessed on 25 July 2016).

64 Camille Loftus, ‘Implementing the EU Recommendation on Investing in Children: Challenges for Ireland’ (Children’s Rights Alliance Making Child Poverty Policies Real conference, Dublin, 24 June 2016).

65 Camille Loftus, ‘Implementing the EU Recommendation on Investing in Children: Challenges for Ireland’ (Children’s Rights Alliance Making Child Poverty Policies Real conference, Dublin, 24 June 2016).

6. Support Parents' Participation in the Labour Market

The *EU Recommendation on Investing in Children* provides the following guidance on this issue:

Support parents' participation in the labour market— Acknowledge the strong link between parents' participation in the labour market and children's living conditions, and in accordance with the principles outlined in the Commission Recommendation on Active Inclusion and the Barcelona targets, take all possible measures to support parents' participation in the labour market, in particular for those at a distance from the labour market and in households at particular risk:

- ✓ Make sure that work 'pays' by identifying and tackling the specific disincentives parents face when entering, remaining or progressing in the labour market, including those related to the design and interaction of tax and benefits systems.
- ✓ Support the employability and participation of single parents and second earners in paid work, promoting gender equality in the labour market and in family responsibilities.
- ✓ Provide enhanced support to parents' reintegration into the labour market following parental leave through training measures and job search support, focusing specifically on those at particular risk.
- ✓ Intensify efforts to ensure that all families, including those in vulnerable situations and living in disadvantaged areas, have effective access to affordable, quality early childhood education and care.
- ✓ Adapt the design and eligibility criteria of childcare services to increasingly diverse working patterns, thereby helping parents maintain their work commitments or find a job, whilst keeping a strong focus on the child's best interests.
- ✓ Promote quality, inclusive employment and a working environment that enables parents to balance their work and parenting roles on an equal footing, including through parental leave, workplace support and flexible working arrangements.⁶⁶

Poor children in Ireland tend to live in households headed by someone who is unemployed and where there is no person at work.⁶⁷ Parents in jobless households are less likely to get a job and more vulnerable to job exits than adults living in a household that contains no children.⁶⁸

21.8% of Irish children live in households with no employed adult, the by far largest share in the OECD.⁶⁹ Ireland's jobless household rate is 18%, nearly double the OECD average of 10 per cent and much higher than countries with low child poverty rate like Denmark (8%) and Finland (5%).⁷⁰

Families with children who are solely reliant on social welfare⁷¹ fall below the income poverty (at-risk-of-poverty (AROP) threshold, so their children are at a high risk of being in consistent poverty (combining both income poverty and enforced deprivation). To reach above the income poverty threshold, families with children who are solely reliant on social welfare need to augment their income with earnings. Even very limited hours of work at the National Minimum Wage will bring

66 European Commission, *Commission Recommendation of 20.2.2013: Investing in children: breaking the cycle of disadvantage* (Brussels, 20.2.2013 C(2013) 778 final) <http://ec.europa.eu/social/main.jsp?catId=1060&langId=en>

67 Department of Social Protection, *Who are the children living in consistent poverty?* (unpublished communication 2015) p 1.

68 Dorothy Watson, Bertrand Maître, Christopher T. Whelan, Helen Russell of the ESRI 'Child Poverty in Ireland: Boom, Recession and Beyond' (Children's Rights Alliance Meeting Dublin, May 30 2016).

69 OECD Better Life Initiative, *How's Life in Ireland* (OECD 2015) <http://www.oecd.org/ireland/Better%20Life%20Initiative%20country%20note%20Ireland.pdf> [accessed 25 July 2016].

70 OECD LMF1.1.A. Children by household employment status, 2013 Distribution (per cent) of children (aged 0-14b) in all households by the employment status of adults in the household

71 This may be a combination of One Parent Family Payment, Job Seekers Transition Payment or Jobseekers Assistance and the Child Benefit payment.

them over the income poverty line.⁷² Most family types⁷³ who are working more than 19 hours and in receipt of the Family Income Supplement are substantially above the AROP threshold.⁷⁴

To rise above the income poverty line, a lone parent with one child would need to earn €30 extra a week (four hours' work) and a lone parent with three children would need to earn an extra €45 a week (five hours' work). Of the 56,000 lone parents in receipt of One Parent Family Payment or Jobseekers Transition payment, 34,700 are not engaged in employment and so remain below the income poverty threshold.⁷⁵ A two parent family will need to work slightly more hours, for example, a couple household with one child would need to work five to six hours and a couple household with three children would need to work seven hours to rise above the AROP threshold.

6.1 Support the Participation of Single Parents in the Labour Market

Investing in Children recommends that the State: 'Support the employability and participation of single parents and second earners in paid work, promoting gender equality in the labour market and in family responsibilities.'⁷⁶

There are more than 215,000 lone parent families living in Ireland.⁷⁷ The rate of poverty among these families is disproportionately higher than other family types.⁷⁸ Over 31 per cent of lone parent households are at risk of poverty, 23 per cent are living in consistent poverty and over 58 per cent are experiencing two or more types of deprivation.⁷⁹

Reforms to the means-tested One Parent Family Payment (OFP) means that from July 2015, it is only available to those whose youngest child is under the age of seven years, previously eligibility was for a child under 18 years. Between July and December 2015, approximately 28,500 recipients transitioned from the One Parent Family Payment scheme, 15,180 moved to the Jobseekers Transition payment and 8,850 to the Family Income Supplement

Prior to 2012, a lone parent was permitted to earn €146.50 per week and retain their full One Parent Family Payment.⁸⁰ Under the reforms, the earnings disregard (the amount they could earn without affecting their payment) was reduced. The current earnings disregard is €90 per week for the OFP and Jobseekers Transition payment and €60 per week for Jobseekers Allowance. This new rate is a significant reduction for lone parents from the pre-2012 rate and may be acting as a work disincentive and contributing to the incidence of child poverty. In 2016, the employment rate of lone parents was 56.4% compared 74.4% for the adult members of couples with children.⁸¹ This figure fell to 46% for lone parents whose youngest child was 5 or under. However, there is no indication of how many lone parents in employment are in receipt of income supports.

Recommendations

- Increase the earnings disregard to €146.50 per week for the One Parent Family Payment, the Jobseekers Transition and for lone parents in receipt of Jobseekers Allowance to support lone parents to take up employment.
Cost: €25,200,000 in a full year⁸²

72 The national minimum wage is currently €9.15 per hour.

73 An exception is a family of two adults and one child, working the minimum 19 hours on FIS would need to work two additional hours of work at the NMW to rise above the threshold – this affects a small proportion of the total number of families on FIS.

74 This is based on SILC figures for 2014. 1 adult + 1 child €278.49; 1 adult + 2 children €347.59; 1 adult + 3 children €416.69; 2 adults + 1 child €416.69; 2 adults + 2 children €485.79; 2 adults + 3 children €554.89.

75 Department of Social Protection, *Who are the children living in consistent poverty?* (unpublished communication 2015) p 3.

76 European Commission, *Commission Recommendation of 20.2.2013: Investing in children: breaking the cycle of disadvantage* (Brussels, 20.2.2013 C(2013) 778 final) <http://ec.europa.eu/social/main.jsp?catId=1060&langId=en>

77 Central Statistics Office, *Census 2011: Profile 5 – Households and Families* (The Stationery Office 2012) p. 22.

78 Fran McGinnity et al., *Winners and Losers? The Equality Impact of the Great Recession in Ireland* (Equality Authority and ESRI 2014).

79 Central Statistics Office, *Survey on Income and Living Conditions (SILC) 2014 Results* (Central Statistics Office 2015).

80 One Family, *One-Parent Family Payment & Income Disregards* (One Family 2014) http://www.onefamily.ie/wp-content/uploads/One-Family-Survey-Results-Feb-2014_Income-Disregards.pdf

81 Central Statistics Office CSO Statistical Release: Quarterly National Household Survey Quarter 2 2016 (CSO 2016): <http://www.cso.ie/en/releasesandpublications/er/qnhs-fu/qnhs-householdsandfamilyunitsq22016/>

82 Correspondence from the Department of Social Protection to the Children's Rights Alliance (2016).

6.2 Support Reintegration into the Labour Market through training Measures

Investing in Children recommends that the State: ‘Provide enhanced support to parents’ reintegration into the labour market following parental leave through training measures and job search support, focusing specifically on those at particular risk.’⁸³

Parents returning to education can avail of a number of supports. The SUSI (Student Universal Support Ireland) provides a means tested maintenance and fee grants for students attending full-time higher and further education. The Back to Education Allowance – targeted at those who are unemployed, parenting alone or have a disability and are in receipt of social welfare – supports participation on a second-or third-level education course.⁸⁴

Lone parents in receipt One Parent Family Payment/Jobseekers Transitional Payment (OPF/JST) are eligible to apply for a SUSI maintenance grant, providing them with good support if they wish to take up education or training. However, it is not possible to be in receipt of OPF/JST, a SUSI grant and Rent Supplement. If a lone parent wishes to keep their Rent Supplement, they must switch from OPF/JST to Back to Education Allowance (BTEA), but under the BTEA they will not be eligible to receive the SUSI maintenance grant. A second option is to lose Rent Allowance but retain their OPF/JST and receive the SUSI maintenance grant. Lone parents in receipt of OPF/JST and living in social housing or in receipt of Housing Assistance Payment (HAP) do not face this choice as they can retain OPF/JST plus the SUSI maintenance grant and continue to receive support for their housing costs.

Lone parents whose youngest child is over 14 and who are in receipt of Jobseekers Allowance must transfer to the Back to Education Allowance if they take up full time education. In cases where the lone parent’s youngest child reached the age limit for OPF/JST of 14 years while their parent is ‘mid-course’, the parent must switch to Back to Education Allowance from the beginning of their course.

The Back to Education Allowance (BTEA) is less favourable than the SUSI maintenance grant combined with OFT/JST as the course options with BTEA are more limited and the Cost of Education Allowance previously payable with BTEA has been abolished.⁸⁵

Recommendations

- Address the anomaly by which lone parents in receipt of Rent Supplement cannot receive their One Parent Family Payment/Jobseekers Transition Payment and the SUSI maintenance grant on taking up an education or training course.
- Provide that a lone parent taking up full time education or training can receive the One Parent Family Payment or Jobseekers Transition Payment and the SUSI maintenance grant until their course is completed, regardless of the age of their youngest child. There will be no obligation to switch to Back to Education Allowance.

83 European Commission, *Commission Recommendation of 20.2.2013: Investing in children: breaking the cycle of disadvantage* (Brussels, 20.2.2013 C(2013) 778 final) <http://ec.europa.eu/social/main.jsp?catId=1060&langId=en>

84 Additional supports include the Part-time Education option, the Vocational Training Opportunities Scheme (VTOS) or the Education, Training and Development option.

85 Communication from the Society of St Vincent de Paul. Budget 2017 restored Cost of Education Allowance for lone parents in Budget 2017.

7. Adequate Living Standards through a Combination of Benefits

Provide for adequate living standards through a combination of benefits — Make it possible for children to enjoy adequate living standards that are compatible with a life in dignity, through an optimal combination of cash and in-kind benefits:

- ✓ Support family incomes through adequate, coherent and efficient benefits, including fiscal incentives, family and child benefits, housing benefits and minimum income schemes.
- ✓ Complement cash income support schemes with in-kind benefits related in particular to nutrition, childcare, education, health, housing, transport and access to sports or socio-cultural activities.
- ✓ Ensure that the design of and eligibility to financial support for children reflects the development of living arrangements and provides adequate redistribution across income groups.
- ✓ Create more effective access to the benefits to which children or their families are entitled by facilitating easy take up and developing beneficiary outreach services.
- ✓ Deliver means-tested or other targeted benefits in a way that avoids stigmatisation, differentiates between children's needs and reduces the risk of poverty traps whilst avoiding the creation of disincentives to work for second earners and single parents.
- ✓ Use discretion when making family benefits conditional on parenting behaviour or children's school attendance and assess the potential negative impact of such measures.
- ✓ Set up regular and responsive delivery mechanisms that provide maximum coverage and benefit children most, such as advance payments.⁸⁶

Introduction to Child Income Supports

The current system of child income supports consists of a universal payment in the form of the Child Benefit payment of €140 per month for each child⁸⁷ combined with means-tested payments. Families in receipt of social welfare are entitled to Qualified Child Increase of €29.80 full-rate or €14.90 half-rate.⁸⁸ Families in employment on low incomes may be eligible for the Family Income Supplement calculated as 60% of the difference between the income limit for the family size and the assessable income of the person/s raising the child/ren⁸⁹. The Back to Work Family Dividend, a tapered payment over two years where the parent can retain the Qualified Child Increase in full for the first year in employment and half the payment for the second year.

The Back to School Clothing and Footwear Allowance is a further means-tested payment which is available to some low income households with children. Expenditure on child income supports to families with children is estimated to be €3 billion in 2016, of which over €2 billion is on the Child Benefit payment.

86 European Commission, *Commission Recommendation of 20.2.2013: Investing in children: breaking the cycle of disadvantage* (Brussels, 20.2.2013 C(2013) 778 final) <http://ec.europa.eu/social/main.jsp?catId=1060&langId=en>

87 Expenditure on Child Benefit is estimated to be of the order of over €2 billion in 2016. Child Benefit is currently paid to around 619,000 families in respect of some 1.19 million children.

88 The rate of Qualified Child Increase has been maintained at a rate €29.80 per week since 2010. It is estimated that the cost of IQCs in 2015 was around €596.42 million.

89 Family Income Supplement (FIS) is currently paid to around 56,000 families in respect of some 122,000 children. Expenditure on FIS is estimated to be of the order of €410.3 million in 2016.

In 2016, the Government committed to continue to maintain the combined value of child income supports at 33 to 35 per cent of the minimum adult social welfare payment.⁹⁰ This commitment is currently being met.⁹¹

7.1 Deliver Targeted Benefits in a Way that Differentiates between Children's Needs

Investing in Children recommends that the State '[d]eliver means-tested or other targeted benefits in a way that avoids stigmatisation, differentiates between children's needs'.⁹²

Poor children are more likely to be an older child, between 12 and 17 years of age, than a younger one⁹³. Research has identified that the cost of providing a child with a Minimum Essential Standard of Living (MESL) varies according to age. The MESL is a standard of living which meets an individual's/household's physical, psychological and social needs, at a minimum but acceptable level.⁹⁴ The MESL cost for an adolescent is more than two and a half times that for a pre-school child when childcare costs are excluded.⁹⁵ The increased costs of raising an adolescent are associated with food, education and social inclusion.⁹⁶

Some child income supports, such as the Back to School Clothing and Footwear Allowance, already provide a higher rate for older children. We are recommending that the Qualified Child Increase be amended as it is paid to all social welfare recipients and so is a clear route to target families living in consistent poverty. Given that under the Back to Work Scheme there is a tapered withdrawal of the Qualified Child Increase (QCI), we do not believe that an increase in QCI for older children will act as a work disincentive.

Recommendation

Investing in Children recommends that the State: 'Deliver means-tested or other targeted benefits in a way that avoids stigmatisation, differentiates between children's needs'.⁹⁷

- Introduce a higher rate for the Qualified Child Increase for families with children over the age of 12 years. The new rate should be set at an €5.00 increase, bringing the payment up to €34.80 per week, in recognition of the higher costs faced by families with older children.

7.2 Support Family Incomes through Adequate Benefits: Children Living in Direct Provision

Investing in Children recommends that the State '[s]upport family incomes through adequate, coherent and efficient benefits'.⁹⁸

We have identified asylum seeking children living in direct provision centres as a group at high risk of consistent poverty. Families living in direct provision receive room and board (usually within former hotels, hostels or other large buildings) and a weekly allowance of €19.10 per adult and €15.60 per child.⁹⁹ Asylum-seekers are not entitled to receive the Child Benefit payment. As noted above access to earning is a critical route out of child poverty. However, asylum seekers are

90 Department of Social Protection, *Updated National Action Plan for Social Inclusion 2015-2017* (Department of Social Protection 2016) p 8.

91 The combined value of Child Benefit, Increase for a Qualified Child (IQC) and the Back to School Clothing and Footwear Allowance is €64 per child per week. This is the equivalent of 34.4 per cent of the adult welfare rate. Department of Social Protection, *Child Poverty Target: Discussion Document* (DRAFT) 9 June 2016, p 4.

92 European Commission, *Commission Recommendation of 20.2.2013: Investing in children: breaking the cycle of disadvantage* (Brussels, 20.2.2013 C(2013) 778 final) <http://ec.europa.eu/social/main.jsp?catId=1060&langId=en>

93 Department of Social Protection, *Who are the children living in consistent poverty?* (unpublished communication 2015).

94 Dr. Bernadette Mac Mahon D.C. (Director) and Robert Thornton Minimum, Essential Standard Of Living & National Minimum Wage Inadequacy: A Vincentian Partnership for Social Justice Submission to The Low Pay Commission (2015) p 1.

95 Vincentian Partnership for Social Justice, 'Minimum Essential Standard of Living 2016' <http://budgeting.ie/images/stories/Publications/MESL_Update_Paper/VPSJ_2016_MESL_2016_Update_Report_Appendix.pdf> accessed 4 July 2016.

96 Ibid

97 European Commission, *Commission Recommendation of 20.2.2013: Investing in children: breaking the cycle of disadvantage* (Brussels, 20.2.2013 C(2013) 778 final) <http://ec.europa.eu/social/main.jsp?catId=1060&langId=en>

98 European Commission, *Commission Recommendation of 20.2.2013: Investing in children: breaking the cycle of disadvantage* (Brussels, 20.2.2013 C(2013) 778 final) <http://ec.europa.eu/social/main.jsp?catId=1060&langId=en>

99 The direct provision allowance is a non-statutory payment administered by the Department of Social Protection on behalf of the Department of Justice and Equality.

not entitled to work so they have no opportunity to supplement their social welfare payment. As such asylum seeking families have fixed and limited resources.

Asylum seeking children are a small and discrete group, with just 1,063 children currently living in direct provision centres and in receipt of the direct provision allowance.¹⁰⁰ A number of child protection and child welfare concerns have been raised about children living in the direct provision system, including by the UN Human Rights Committee,¹⁰¹ the Irish Human Rights and Equality Commission¹⁰², the Ombudsman for Children¹⁰³ and the Special Rapporteur on Child Protection.¹⁰⁴

Research tells us asylum-seeking children living in direct provision are an extremely vulnerable group. They experience high rates of poverty¹⁰⁵ and a Health Information and Quality Authority (HIQA) report revealed that some asylum-seeking children lack clothes and toys.¹⁰⁶ HIQA also identified and raised concerns about a significantly higher referral rate of child protection and welfare cases than for the general population and found that there were no standardised protocols on how Tusla - Child and Family Agency and providers of direct provision should work together.¹⁰⁷

Direct provision accommodation is often not appropriate for children. Facilities are often shared with strangers and without cooking facilities¹⁰⁸ or appropriate play and recreation spaces. The communal living environment risks inappropriately exposing children to adult sexuality and increases their risk of sexual abuse and grooming.¹⁰⁹ Direct provision centres are not covered by any national standards relating to children nor are they inspected under an independent inspection regime.¹¹⁰

In 2015, Government established a Working Group to Report to Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers. The Working Groups final report,¹¹¹ known as the 'Mc Mahon' Report, recommended a series of reforms to address the rights and needs of children living in direct provision.¹¹² A key recommendation was to increase the child component of the direct provision payment to €29.80 per week per child – the same rate as the Qualified Child Increase. In January 2016, the Department of Social Protection raised the child component of the allowance by €6.00 from €9.60 to €15.60 per week¹¹³ – the first increase in the payment in 16 years. While this increase is warmly welcome, it falls far short of the

100 Reception and Integration Agency Monthly Statistics Report August 2016 (Reception and Integration Agency 2016) 7.

101 UN Human Rights Committee (2014) Concluding Observations under the International Covenant on Civil and Political Rights: Ireland, CCPR/C/IRL/CO/4, para. 19.

102 Irish Human Rights and Equality Commission, Policy Statement on the System of Direct Provision in Ireland, 10 December 2014, http://www.ihrec.ie/download/pdf/ihrec_policy_statement_on_direct_provision_10dec14.pdf [accessed 6 May 2015].

103 Ombudsman for Children's Office (2014) Annual Report 2013, Dublin: OCO, p. 38.

104 G. Shannon (2014) Seventh Report of the Special Rapporteur on Child Protection: A Report Submitted to the Oireachtas, Dr Geoffrey Shannon, p. 61 <http://www.dcy.gov.ie/documents/publications/SeventhSpecialRapReport2014.pdf> [accessed 15 January 2015].

105 Health Information Quality Authority, Report on inspection of the child protection and welfare services provided to children living in direct provision accommodation under the National Standards for the Protection and Welfare of Children, and Section 8(1) (c) of the Health Act 2007.

106 Health Information and Quality Authority (2015) Report on inspection of the child protection and welfare services provided to children living in direct provision accommodation under the National Standards for the Protection and Welfare of Children.

107 Health Information and Quality Authority (2015) Report on inspection of the child protection and welfare services provided to children living in direct provision accommodation under the National Standards for the Protection and Welfare of Children.

108 Reception and Integration Agency (2011) RIA House Rules and Procedures, Dublin: RIA, p. 14.

109 Health Information Quality Authority, Report on inspection of the child protection and welfare services provided to children living in direct provision accommodation under the National Standards for the Protection and Welfare of Children, and Section 8(1) (c) of the Health Act 2007.

110 Direct provision centres are inspected by the Reception and Integration Agency which is under the remit of the Department of Justice and Equality. Reception and Integration Agency, Inspections and Clinics, http://www.ria.gov.ie/en/RIA/Pages/Inspections_Clinics [accessed 1 May 2015].

111 Working Group on the Protection Process, *Working Group to Report to Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers, Final Report* (2015).

112 The recommendations include to increase the weekly payment for children to €29.80; to provide families with self-contained units with cooking facilities or family quarters together with communal kitchens; to provide adequate recreational space for children; to extend the remit of the Office of the Ombudsman and Office of the Ombudsman for Children to include complaints from residents, and establish an independent inspection regime against new standards.

113 Department of Social Protection, 'Government announces increase in the Direct Provision Allowance for Children' (5 January 2016) accessed 29 January 2016.

weekly figure of €29.80 recommended by the Mc Mahon report.¹¹⁴ The Government has committed to revisiting the payment with a view to considering the possibility of further increases.¹¹⁵

Recommendation

- Increase the weekly allowance for children in Direct Provision by a further €14.20 to €29.80, in line with the recommendation of the Working Group on the Protection Process (Mc Mahon Report). *Cost: €664,560 per annum = full cost of providing children with an addition €14.20 per week.*

114 Working Group to Report to the Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers, *Final Report* (June 2015) <<http://bit.ly/1GYBUL5>> accessed 29 January 2016.

115 Communication received by the Children's Rights Alliance from the Irish Naturalisation and Immigration Service, 28 January 2016.

8. Early Childhood Education and Care

The *EU Recommendation on Investing in Children* provides the following guidance on this issue:

Reduce inequality at a young age by investing in early childhood education and care: Further develop the social inclusion and development potential of early childhood education and care (ECEC), using it as a social investment to address inequality and challenges faced by disadvantaged children through early intervention:

- ✓ Provide access to high-quality, inclusive early childhood education and care; ensure its affordability and adapt provision to the needs of families.
- ✓ Incentivise the participation of children from a disadvantaged background (especially those below the age of three years), regardless of their parents' labour market situation, whilst avoiding stigmatisation and segregation.
- ✓ Support parents in their role as the main educators of their own children during the early years and encourage ECEC services to work closely with parents and community actors involved in the child's upbringing (such as health and parenting support services).
- ✓ Raise parents' awareness of the benefits of participation in ECEC programmes for their children and themselves; Use ECEC as an early-warning system to identify family or school-related physical or psychological problems, special needs or abuse.

In June 2016, the European Commission in its Country Specific Recommendations has recommended that Ireland, 'Improve the provision of quality, affordable full-time childcare.'¹¹⁶

Under Better Outcomes, Brighter Futures, the Government commits to '[r]emove barriers to employment through increasing the affordability of quality and accessible childcare and afterschool services, meeting EU childcare targets and encouraging flexible working arrangements'.¹¹⁷

8.1 Provide Accessible, Affordable, High-Quality Early Childhood Care and Education

Investing in Children recommends that the State 'Provide access to high-quality, inclusive early education and care; ensure it affordability and adapt provision to the needs of families'.¹¹⁸

Successive Irish governments have chosen to adopt and implement a private model of Early Childhood Care and Education (ECCE) provision. The Irish State is not a direct provider of ECCE services,¹¹⁹ marking it out as unusual within the context of similarly economically-developed societies.¹²⁰ From 2000-2010, the Government/EU provided capital grants to private and community providers and staffing grants to community providers to radically increase the supply of places.¹²¹ The funding supported the building of childcare centres and created 65,000 new childcare places.¹²² Expansion happened without quality standards and did not benefit from a national, data-informed spatial strategy for capital investment informed by analyses of demographic change and assessments of need, including the rights and needs of children experiencing poverty.

116 Council of the European Union, *Recommendation for a COUNCIL RECOMMENDATION on the 2016 national reform programme of Ireland and delivering a Council opinion on the 2016 stability programme of Ireland* (European Commission 2016) p 10.

117 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (Department of Children and Youth Affairs 2014) Commitment 4.6, p 93.

118 European Commission, *Commission Recommendation of 20.2.2013: Investing in children: breaking the cycle of disadvantage* (Brussels, 20.2.2013 C(2013) 778 final) <http://ec.europa.eu/social/main.jsp?catId=1060&langId=en>

119 With the exception of Early Start

120 Barnardos and Start Strong (2012) *Towards a Scandinavian childcare system for 0-12 year olds in Ireland?*

<http://www.startstrong.ie/contents/361>; Start Strong (2014) *Childcare: Business or Profession?* Start Strong: Dublin

121 Through the Equal Opportunities childcare Programme 2000-2016 and National Childcare Investment Programme 2006-2010.

122 http://www.dcyu.gov.ie/viewdoc.aspx?fn=%2Fdocuments%2Fchildcare%2FChildcareMainPage.htm&mn=chip&nID=1#State_Investment_2000__2012

From 2010 onwards, the capital and staffing funding streams were replaced by the subsidisation of childcare places under three main funding programmes: the Free Pre-school Year; the Community Childcare Subvention (CCS) and the Training and Employment Childcare (TEC) programmes,¹²³ alongside small amounts of capital and specialised funding.

The Free Pre-school Year programme is Ireland's first State subsidised universal preschool programme for all children aged more than three years two months and less than four years seven months providing three hours a day preschool for 38 weeks a year in both community and private centres and from September 2016 will be extended to children until they go to school. The programme was welcomed by children's advocates and parents, and has a 95 per cent take up by its target group.

The Community Childcare Subvention (CCS) and the Training and Employment Childcare (TEC) programmes are targeted schemes. The CCS subsidises childcare places for low-income families in community providers, and in the private sector since Budget 2016. The TEC subsidises childcare places in community settings for parents participating in eligible vocational training courses, the Community Employment scheme, or returning to work after being on a jobseekers payment. The targeted programmes are acknowledged by Government as having overly complex eligibility criteria.¹²⁴ There is also a cap on the number of places available under the schemes, although it is welcome that Budget 2016 provided for a significant expansion.

In general, a child cannot receive multiple payments under different schemes during the three hours of Free Preschool Year provision, i.e., parents cannot get the ECCE and CCS fee reduction at the same time. Parents have to decide which scheme benefits them more. Additionally, the subsidy paid for a child under the ECCE or TEC is taken into account in deciding what band (their weekly fee reduction) a parent falls under for CCS. These kinds of rules, alongside the fact that sessional care and education are provided for only 38 weeks of the year, make the Free Childcare Year scheme of limited use to parents wishing to enter employment or training, and affect the affordability of childcare for low-income parents. It is the funding model of these targeted schemes that is to be reformed into a Single Affordable Childcare Programme in 2017.

The Irish public subsidy for ECCE has always been low by international standards, whether Ireland has been in economic bust or boom - and it remains so.¹²⁵ There is a sizeable gap between the subvention per child provided under the Free Childcare Year and the targeted programmes. For example, community providers, in 2014, charged an average of €158.82 per week for a child aged one and over,¹²⁶ and 33 per cent of them charge more than that. The highest public subsidy under the CCS is €95 per week, with the short-fall being met by parents and providers. The subsidies do not even approach meeting the cost of care, creating sustainability issues for the sector. The cost of childcare for the same child in private centre-based providers was, in 2014, on average €172.18 per week,¹²⁷ with almost 50 percent of providers charging more than that amount. This suggests that, for low income parents eligible for CCS and seeking to avail of it under the post-Budget 2016 extension to private providers may find paying their portion of fees to be unaffordable.

Most parents of children under three-years receive no financial assistance with their early years costs. Childcare costs in Ireland are the second highest in the OECD for couples and the highest in the OECD for lone parents.¹²⁸ Even though Ireland is one of the most generous in child-related benefits, these benefits (income supports and free- and fee-reduced ECCE) are still insufficient to offset the high costs of ECCE in Ireland.¹²⁹ Having a well publically-funded universal childcare system

123 *Report of the Inter-Departmental Working Group: Future Investment in Childcare in Ireland* (DCYA 2015)

124 *Ibid.*

125 Ireland invests 0.2 per cent of Gross Domestic Product (GDP) in early childhood care and education compared to the minimum OECD average of 0.8 per cent. The UNICEF international benchmark is 1 per cent (Start Strong, (October 2015) *Budget Analysis 2015*).

126 Pobal (2015) *Annual Early Years Sector Survey Report 2014*.

127 *Ibid.*

128 OECD, 'Ireland Economic Survey of Ireland', September 2015.

129 *Report of the Inter-Departmental Working Group: Future Investment in Childcare in Ireland*. (DCYA 2015)

should also support parents in making work pay as there would not be the same work disincentives that exist now when moving away from targeted childcare schemes. Therefore, an expanded and well-subsidised early years sector would be beneficial to all families and income groups.

The development and implementation of quality standards has not been straightforward. Currently only the Free Childcare Year scheme requires adherence to quality standards to receive public monies. There has been no public audit of the extent to which quality is being achieved in ECCE providers in Ireland or the outcomes for children.

Government public investment has been largely directed towards formal centre-based care rather than childminders.¹³⁰ Only 1% of paid childminders are currently subject to inspection, regulation¹³¹ and do not require Garda vetting yet they care for an estimated 50,000 pre-school children every day. They tend to operate in the informal economy, despite the Government €15,000 tax relief per annum. Parents on low-incomes, particularly lone parents, are more likely to use childminders than centre-based childcare in Ireland.¹³²

There are also huge challenges in access to ECCE in Ireland resulting in waiting lists for childcare places particularly in urban areas. The Government acknowledges that the targeted schemes are inadequate in terms of accessibility.¹³³ Childminders are not eligible to provide the CCS or the Free Pre-school Year, despite the fact that they are relied on so heavily by parents. Overall, despite the historical spend on childcare supply, there seems to be a mismatch between supply and demand, and the particular type of service that parents require is not available to them locally when they need it.

Research indicates that without public involvement, the private market approach we have adopted in Ireland leads to variable quality and inequitable access.¹³⁴ We need a new model for ECCE in Ireland: one that provides accessible, affordable, high-quality ECCE for all families. The building blocks already exist in Ireland, i.e., current ECCE providers, the Free Pre-School Year, and the forthcoming Single Affordable Childcare Scheme (SACS). The development of the SACS provides Government with an opportunity to consolidate schemes and end the *ad-hoc* and incremental approach to planning for children's early years that has evolved in Ireland. The awaited *National Early Years Strategy* should develop this new model.

Recommendations

- Develop an integrated, well-subsidised, quality early childhood care and education model for all children. However, in light of limited resources, prioritise children living in families with low-incomes. The subsidy should be adequate to cover the actual cost of service provision.

130 Department of Children and Youth Affairs, Public Consultation on the Future Investment in Early Years and School Age Care and Education Services – Primer (2016)

131 Start Strong (2013) *Shaping the Future*. Dublin: Start Strong

132 Fran McGinnity, Murray, A. and McNally S (2013) *Growing Up in Ireland : Mothers' return to work and childcare choices for infants in Ireland*. Dublin: Department of Children and Youth Affairs.

133 *Report of the Inter-Departmental Working Group: Future Investment in Childcare in Ireland*

134 Start Strong (2014) *Childcare – Business or Profession?* Dublin: Start Strong

8.2 Develop Childhood Care and Education's Social Inclusion and Child Development Potential

Investing in Children recommends that the State '[f]urther develop the social inclusion and development potential of early childhood education and care' and '[i]ncentivise the participation of children from a disadvantaged background [...] regardless of their parents' labour market situation..'¹³⁵

Participation in high-quality, affordable, accessible Early Childhood Care and Education (ECCE) services and programmes plays an important role in reducing poverty for children, and their families. A body of rigorous research now exists testifying that ECCE is one of the most important early interventions we can make in a child's life.¹³⁶ It can help compensate for adversity in childhood, including economic adversity. But the services must be of high quality to be impactful. Poor quality services can result in poor outcomes for children, while U.S. research on the effects of early intervention suggests that children from socioeconomically disadvantaged households who receive higher quality care show slightly more positive outcomes than do those in lower quality care.¹³⁷

We welcome the Government decision to develop and implement a Single Affordable Childcare Scheme (SACS), replacing the targeted subsidy schemes for low-income families. However, quality provision for children has to go hand-in-hand with affordability for parents from the outset. A time-lined resourced action plan should be included in the SACS design to enhance quality practice and provision. The receipt of public monies by childcare providers should be tied to quality enhancement demands, and eventually, to quality assurance requirements. The following recommendations relate to the design of the SACS.

Recommendations

- Increase State capitation payments for childcare places to make quality standards and affordability possible within the reformed funding model. Public subsidies must rise to meet the funding gap between the State subsidy, the fees paid by parents, and the costs of providing ECCE. Include funding for non-contact time in the SACS subsidy, which is used for continuing professional development for staff, family support work, and administration. Link receipt of SACP funding by providers to the early years curriculum and quality frameworks and TUSLA's regulatory system.
- Only subsidise childcare services that are Tusla-registered and that implement the specified curriculum and quality standards, and, over time, only fund those that are measurably improving their quality standards.
- Base SACS eligibility on parental income, and further develop the tiered income model that should determine access to the SACS and the amount that parents will pay. Extend the series of income bands, as suggested in the Report of the Inter-Departmental Working Group, so that a greater range of families can avail of subsidies.¹³⁸
- Make the SACS available for between 40-50 hours per week per childcare place to support parents to work, if required (excluding time spent in the ECCE scheme or in primary school).¹³⁹ Having a reliable adequately-resourced funding model should encourage ECCE providers to extend their hours.

135 European Commission, *Commission Recommendation of 20.2.2013: Investing in children: breaking the cycle of disadvantage* (Brussels, 20.2.2013 C(2013) 778 final) <http://ec.europa.eu/social/main.jsp?catId=1060&langId=en>

136 *Report of the Inter-Departmental Working Group: Future Investment in Childcare in Ireland*

137 Ibid; NICHD ()The NICHD Study of Early Childcare and Youth Development: Findings for children aged up to 4 ½ years, https://www.nichd.nih.gov/publications/pubs/documents/secycd_06.pdf

138 *Report of the Inter-Departmental Working Group: Future Investment in Childcare in Ireland.*

139 2014 reports indicate that community providers are more likely to provide sessional and part-time care,

8.3 Support parents as the main educators of their own children during the early years

Investing in Children recommends that the State '[s]upport parents in their role as the main educators of their own children during the early years' and 'promoting a working environment that enables parents to balance their work and parenting roles on an equal footing, including through parental leave, workplace support, and flexible working arrangements.'¹⁴⁰

Research indicates that children do best when cared for at home for at least the first year of their lives.¹⁴¹ Ireland has the fourth shortest period of paid leave that parents can take of the 26 EU countries.¹⁴² Most European countries offer paid paternity leave after birth – typically around two weeks in duration.¹⁴³ Ireland introduced two weeks of paid paternity leave from September 2016, which is very welcome. By combining maternity, parental and other childcare leave, European countries provide on average 19 months' paid leave after the birth of a child. The *Report of the Inter-Departmental Working Group: Future Investment in Childcare in Ireland* recommends extending the benefits of State income support in the first year of life for all working parents through enhanced maternity/parental leave/benefit provision.¹⁴⁴ This is particularly relevant given that even in households where one parent is working, the consistent poverty rate for children remains high at 11.1%.¹⁴⁵

Recommendations

- Work towards introducing one years' paid parental leave, which could be taken after maternity leave by either parent. This would allow a parent and child to spend the first 12 months at home, in line with the recommendations of the 2015 Inter-Departmental Group on Childcare. The first step could be taken in Budget 2017 – to introduce six-weeks paid parental leave, to be taken after maternity leave ends. The leave should be paid at the same level as maternity leave.
- Through combining different paid leave policies, the policy goal should be to enable all parents – mothers and fathers – to care for their child at home for the first year of life.

140 European Commission, *Commission Recommendation of 20.2.2013: Investing in children: breaking the cycle of disadvantage* (Brussels, 20.2.2013 C(2013) 778 final) <http://ec.europa.eu/social/main.jsp?catId=1060&langId=en>

141 The NICHD Study of Early Childcare and Youth Development: Findings for children aged up to 4 ½ years, https://www.nichd.nih.gov/publications/pubs/documents/seccyd_06.pdf ; http://www.startstrong.ie/files/FOR_WEB_Family_leave_Infographic_FINAL_Combined_June_18_2015.pdf

142 http://www.startstrong.ie/files/FOR_WEB_Family_leave_Infographic_FINAL_Combined_June_18_2015.pdf

143 *ibid*

144 *Report of the Inter-Departmental Working Group: Future Investment in Childcare in Ireland.*

145 Central Statistics Office, SILC data 2014.

9. Improve education systems' impact on equal opportunities

The EU Recommendation on Investing in Children provides the following guidance on this issue:

Improve education systems' impact on equal opportunities – Increase the capacity of education systems to break the cycle of disadvantage, ensuring that all children can benefit from inclusive high quality education that promotes their emotional, social, cognitive and physical development:

- ✓ Provide for the inclusion of all learners, where necessary by targeting resources and opportunities towards the more disadvantaged, and adequately monitor results.
- ✓ Recognise and address spatial disparities in the availability and quality of educational provision and in educational outcomes; foster desegregation policies that strengthen comprehensive schooling.
- ✓ Create an inclusive learning environment by strengthening the link between schools and parents, and provide if necessary personalised support to compensate for specific disadvantages, through for instance training for parents of migrant and ethnic minority children.
- ✓ Address barriers which stop or seriously hinder children from attending or completing school (such as additional financial fees in compulsory education) by providing targeted educational aid in a supportive learning environment.
- ✓ Improve the performance of students with low basic skills by reinforcing the learning of literacy, numeracy and basic maths and science, and ensuring early detection of low achievers.
- ✓ Develop and implement comprehensive policies to reduce early school leaving which encompass prevention, intervention and compensation measures; ensure that these policies include measures for those at risk of early school leaving.
- ✓ Strengthen equality legislation and guarantee the most marginalised learners the basic right to receive a quality minimum qualification.
- ✓ Revise and strengthen the professional profile of all teaching professions and prepare teachers for social diversity; deploy special cultural mediators and role models to facilitate the integration of Roma and children with an immigrant background.

Every child in Ireland has the right to access education and to be educated. This right is protected under international and domestic law. Article 28(1) of the UN Convention on the Rights of the Child obliges the State to 'recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity'. In particular it requires the State to:

- (a) Make primary education compulsory and available free to all;
- (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need; and

(e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.¹⁴⁶

Article 42 of the Irish Constitution requires the State to ‘provide for free primary education’.¹⁴⁷ The nature of this obligation means that in essence, the State’s role is one of ‘facilitation’ rather than of directly providing the services itself.¹⁴⁸

The Education Act 1998 guarantees ‘a level and quality of education appropriate to meeting the needs and abilities of that person’¹⁴⁹ and ‘to promote equality of access to and participation in education and to promote the means whereby students may benefit from education’.¹⁵⁰ Children aged between six and 16 years must attend school or be home educated.¹⁵¹

9.1 Address Financial Barriers to Education: School Costs

How a child progresses at school is a key determinant of their future success.¹⁵² Improving their educational outcomes requires a range of interventions; removing financial barriers as recommended in *Investing in Children* can address child poverty and promote children’s access to and participation in education.

Officially there are no school fees to access non-fee paying primary schools under the Free Education Scheme. However, other essential non-discretionary costs mean that in practice there are many financial costs on parents. In 2016, Barnardos’ school costs survey found that the cost of sending a child to school range from €340 for a senior infant pupil, €395 for a 4th class pupil and €775 for a 1st year pupil in post-primary school.¹⁵³ These costs include clothing, footwear, school books, classroom resources and the voluntary contribution.¹⁵⁴

Barnardos 2016 Survey: Average Costs in 2016 for Sending a Child to School

Average costs in 2016	Senior Infants pupil	4 th Class pupil	1 st Year Pupil
Clothing	€95	€105	€200
Footwear	€45	€50	€65
School Books	€75	€105	€290
Classroom resources	€40	€40	€70
Voluntary contribution	€85	€95	€150
Total ¹⁵⁵	€340	€395	€775

We know older children (between 12 and 17 years of age) are more likely to be in consistent poverty than children under 11 years.¹⁵⁶ The approach to be adopted under BOBF provides an opportunity to prioritise support for parents of children attending secondary school and address the associated higher cost of adolescence.

Many parents report high levels of stress trying to meet these costs taking out loans, going into debt or forgoing other household bills so their child is ready for school in September.¹⁵⁷ In 2013, the *Joint Oireachtas Committee on Education and Social Protection* observed that ‘the cost of textbooks,

146 Convention on the Rights of the Child (adopted and opened for signature, ratification and accession on 20 November 1989) 1577 UNTS 3 (UNCRC). Ireland ratified the Convention in 1992.

147 *Bunreacht na hÉireann – Constitution of Ireland* (October 2015 edition, The Stationery Office).

148 For further discussion see Conor O’Mahony, *Educational Rights in Irish Law* (2006) p 149. In *Crowley v Ireland* [1980] IR 102, the Supreme Court found that the State discharges its obligation by ‘paying teachers in the national schools owned by the Churches, by making grants available for the renovation, repair and, at times, building of national schools, by paying for heating and for school books and by the provision of a proper curriculum and appropriate supervision. It is only when such assistance to the church schools is not possible, or cannot succeed in providing what is required, that the State must act directly to do so.

149 Section 6(b) Education Act 1998.

150 Section 6(c) Education Act 1998.

151 Education (Welfare) Act 2000.

152 Cabinet Office [UK] (2009) *Getting On, Getting Ahead: A discussion paper analyzing the trends and drivers of social mobility*. London: Cabinet Office. Available at: <http://dera.ioe.ac.uk/8835/1/gettingon.pdf>

153 Barnardos, *School Costs Survey 2016 Briefing Paper* (2016) p 7.

154 *Ibid*, 7.

155 Not included are costs such as transport, school bag, trainers, and extra-curricular activities.

156 Department of Social Protection, *Who are the children living in consistent poverty?* (unpublished communication 2015) 1.

157 Barnardos, *School Costs Survey 2016 Briefing Paper* (Barnardos 2016) 25.

school uniforms, voluntary contributions and other expenses are placing an unfair and prohibitive burden on parents'.¹⁵⁸ Parents may also face other expenses including those associated with participation in curriculum based sports and music costs, fund raising activities and trips, tours and equipment particularly for Transition Year students.¹⁵⁹

Barnardos estimates it would cost the exchequer an additional €103 million per annum to make primary education truly free, and an additional €127 million per annum to provide free secondary education.¹⁶⁰ This investment would cover the cost of all school books, remove voluntary contributions and additional fees for classroom resources, restore capitation rates to 2010 levels and remove transport fees for those availing of the school transport scheme.¹⁶¹

Barnardos 2016: Estimated Cost to Make Education Free

	Free School Books	Removing Voluntary Contribution	Free Classroom Resources	Free School Transport	Restoring Capitation Grant Level	Total
2014/2015 Current Exchequer Funding	€20 m	€0	€0	€163.5 m	€287 m	€470.5 m
Additional cost to make Primary Education free	€20 m	€42 m	€19.5 m	€5 m	€16.7 m	€103.2 m
Additional cost to make Secondary Education free	€20 m	€47 m	€19 m	€22.4 m	€18.5 m	€126.9 m
Additional cost to make education free for all	€40 m	€89 m	€38.5 m	€27.4 m	€35.2 m	€230.1 m

Registration Fee

Despite their child attending a non-fee paying school,¹⁶² 13% of parents of primary school children reported paying a registration fee, with most paying less than €50.¹⁶³ Over half of parents (53%) of post-primary school children reported paying a registration fee, with most paying less than €100 but a significant proportion (39%) paid more than €100.¹⁶⁴

In July 2016, the Minister for Education and Skills, Richard Bruton TD, published the Education (Admission to Schools) Bill 2016. Section 63(1) of the Bill prohibits schools from charging fees as part of the enrolment process. It prohibits the charging of fees or seeking payment or contributions in respect of '(a) an application for admission of a student to the school, or (b) the enrolment or continued enrolment of a student in the school'. Notably Section 63(2) contains exceptions for certain categories of schools, including fee charging post primary schools, boarding schools and schools providing post leaving certificate courses.

Recommendation:

- Enact as a matter of urgency the Education (Admission to Schools) Bill 2016 to prohibit the charging of admission and enrolment fees in all non-fee paying primary and secondary schools.

158 Joint Committee on Education and Social Protection, *Report on Tackling Back to School Costs* (2013) Foreword by Mr Aodhán Ó Riordáin, TD.

159 Society of St Vincent de Paul, *SVP Social Justice and Policy Submission to the Joint Oireachtas Committee on Education and Social Protection: Back to School and Ongoing School Costs* (SVP 2013) 7.

160 Barnardos, *School Costs Survey 2016 Briefing Paper* (Barnardos 2016) 24.

161 *Ibid*, 23 and 24.

162 *Ibid*, 14.

163 *ibid*

164 *ibid*

School Running Costs and Voluntary Contributions

Parents are often requested to pay a 'voluntary' contribution of set amounts varying between €50 and as high as €850 per child per annum.¹⁶⁵ The common understanding is that the 'voluntary' contribution is required to help bridge a gap between the State capitation grant and the actual cost of running the school.

The majority of parents in 2016 reported that they have to pay a voluntary contribution (66% in primary school and 79% in secondary school) at the beginning of the school year.¹⁶⁶ In practice these contributions are not in fact 'voluntary' as parents are often pursued for non-payment and 'there is intense pressure placed upon them to make such a payment'.¹⁶⁷ Some parents report that the school uses tactics to pressure them to pay, for example sending general reminder emails, texts or letters or specific reminders to parents who have not paid and taking action such as preventing the child access to lockers or denying participation in art classes.¹⁶⁸ Some schools even say enrolment is dependent on an upfront payment¹⁶⁹ or the request for a 'voluntary donation' is on the form for reserving a child's place in the school¹⁷⁰ implying that the two are connected.

The Joint Committee on Education and Social Protection recommended that '[t]he practice of requesting 'voluntary' contributions should be greatly discouraged, if not completely prohibited'.¹⁷¹ It also commented that placing financial barriers on parents restricts their capacity to be fully involved in school life.¹⁷²

In 2016, the Minister for Education and Skills, Richard Burton TD, commented that 'any school which forces parents to pay 'voluntary contributions' will face investigation' and that contributions 'may only be sought from parents on the basis that a child's place in a school is not dependant on making a contribution'.¹⁷³

We believe the practice of schools seeking parental contributions which in effect are not 'voluntary' must be ended.

Recommendation:

- End the 'voluntary' contribution system in non-fee paying primary and secondary schools. Barnardos estimates that this would cost €89 million.¹⁷⁴

Cost of School Books

In the absence of a universal scheme to support parents with the cost of schools books, each year parents spend on average between €75 and €125 per child for primary school children and between €250 and €350 for secondary school children.¹⁷⁵ In some cases the costs can be substantially higher with some parents reporting that they must pay as much as €600 for secondary school books.¹⁷⁶ The increased digitisation of schools places an additional burden on parents.¹⁷⁷

The Department of Education and Skills favours the establishment of book rental schemes as this helps more students from low income families, saving parents up to 80% of the cost of buying new

165 Merike Darmody and Emer Smyth, Governance and Funding of Voluntary Secondary Schools in Ireland (Economic and Social Research Institute, Research Series: Number 34, 2013) p. xiv; Peter McGuire, 'Are voluntary school payments by parents becoming a form of fee?' *The Irish Times* (Dublin 23 September 2014); and Barnardos, *School Costs Survey 2016 Briefing Paper* (2016) p 14.

166 Barnardos, *School Costs Survey 2016 Briefing Paper* (2016) p 13. Some schools seek for it to be paid biannually, per term or even monthly.

167 Joint Committee on Education and Social Protection, *Report on Tackling Back to School Costs* (2013)

168 Peter McGuire, 'Are voluntary school payments by parents becoming a form of fee?' *The Irish Times* (Dublin 23 September 2014).

169 *ibid*

170 Barnardos, *School Costs Survey 2016 Briefing Paper* (2016) p 14.

171 Joint Committee on Education and Social Protection, *Report on Tackling Back to School Costs* (2013) p. 20.

172 *Ibid*, 13.

173 Carl O'Brien, 'Schools forcing 'voluntary contributions' on parents face scrutiny' *The Irish Times* (Dublin 25 May 2016).

174 Barnardos, *School Costs Survey 2016 Briefing Paper* (Barnardos 2016) 23.

175 *Ibid* 10.

176 *Ibid*.

177 *Ibid*,13.

books.¹⁷⁸ We welcome proactive measures taken by the Department of Education and Skills to promote the establishment of school books rental schemes including the 2013 guidelines for schools¹⁷⁹ and for parents.¹⁸⁰ The allocation of €15 million over three years in Budget 2014, 2015 and 2016 specifically to support the development of school books rental schemes,¹⁸¹ is welcome but as the Department itself recognises is ‘insufficient’ to fund the purchase and maintenance of full sets of textbooks for all students.¹⁸² It also notes that the level of the available grant ‘means that the successful operation of a school book rental scheme is reliant to a considerable degree on voluntary donations and fund-raising by the school’.¹⁸³

According to the Barnardos’ survey parents report that 70% of primary schools and 39% of secondary schools have a book rental scheme.¹⁸⁴ However, these schemes vary in relation to the academic years covered by the scheme, how many subjects or books they provide,¹⁸⁵ the types of materials included¹⁸⁶ and the actual cost of participating in the scheme. Two thirds of parents in primary school book rental schemes pay under €50 to loan books, while a third pay more than €50.¹⁸⁷ In secondary school schemes, most parents (55%) pay in excess of €100.¹⁸⁸

In 2013, the Joint Committee on Education and Social Protection recommended that a ‘five year template for the delivery of an entirely free schoolbook system, based on the UK model, should be produced’ and the ‘practice of using workbooks should be discontinued in all schools’.¹⁸⁹

Barnardos estimates that an additional annual budgetary allocation of €40 million would be enough to provide free school books at both primary and secondary level.¹⁹⁰ A scoping exercise is necessary to examine projected savings from establishing a free book scheme once the initial set-up costs had been covered taking into account the annual operational costs and purchasing new editions of books due to curriculum changes and depreciation.

Recommendation:

- Allocate an additional €40 million to provide access to free school books for all children in the school system. Implement the recommendation of the Joint Committee on Education and Social Protection to introduce a five year template for the delivery of an entirely free schoolbook system, based on the UK model and discontinue the practice of using workbooks in all schools.

178 Department of Education and Skills, ‘Minister Quinn Launches “Guidelines for Developing Textbook Rental Schemes in Schools” (28 January 2013), <<http://www.education.ie/en/Press-Events/Press-Releases/2013-Press-Releases/PR13-01-28.htm>>.

179 *Guidelines for Developing Textbook Rental Schemes in Schools* <http://www.education.ie/en/Schools-Colleges/Information/Textbook-Rental-Schemes-in-Schools/Guidelines-for-Developing-Textbook-Rental-Schemes-in-Schools.pdf>

180 *A Guide for Parents: Text Book Rental Scheme in Schools* <http://www.education.ie/en/Schools-Colleges/Information/Textbook-Rental-Schemes-in-Schools/A-Guide-for-Parents-Textbook-Rental-Schemes-in-Schools.pdf>

181 The funding initially targeting 531 primary schools which did not operate a book rental scheme but following criticism an unallocated €8.3 million of the €15 million was provided to the schools who currently operate a scheme.

182 *ibid*, p 8.

183 *ibid*, p. 8.

184 Barnardos, School Costs Survey 2016 Briefing Paper (Barnardos 2016) 11.

185 Irish National Teachers’ Organisation, *Submission to the Oireachtas Committee on Education and Social Protection: The School Book Rental Scheme* (2014).

186 *ibid*.

187 *ibid*.

188 *ibid*. Most book rental schemes (62% in primary and 70% in secondary) cover textbooks alone. Around a fifth cover textbooks and workbooks, while very few cover everything including stationery.

189 Joint Committee on Education and Social Protection, *Report on Tackling Back to School Costs* (2013) p. 20.

190 Barnardos *Making Primary Education Free – Appendix 1* (Barnardos 2016).

Cost of School Uniforms

The vast majority of schools in Ireland require a child to wear a uniform, most require crested uniforms, which are more expensive than plain, non-crested uniforms.¹⁹¹ In its 2013 report, the Joint Committee on Education and Social Protection concluded that '[s]chools should be encouraged by their patron bodies to introduce generic uniforms. It found that there is no justification for a school to demand crested jumpers, jackets or tracksuits and that Boards of Management must lead the way in reducing these costs.'¹⁹² The Society of St Vincent de Paul has noted that sew-on badges with a digitised design can be ordered in bulk, applied to generic clothing and are cost effective.¹⁹³

According to the Barnardos survey, the average cost in 2016 of clothing/uniforms and footwear is between €140 and €265 per child.¹⁹⁴ However, the current rate of the Back to School Clothing and Footwear Allowance (BSCFA), a means tested targeted social welfare payment which provides an annual grant to support parents with the cost of purchasing uniforms and footwear for children attending school,¹⁹⁵ falls significantly short of these average costs. The BSCFA is currently €100 for a child in primary school and €200 for a child in secondary school.

Since Budget 2012, the Allowance has been reduced from €305 to €200 (34%) for children aged 12 years or over and from €250 to €100 for children aged four to 11 years. In 2015, the BSCFA cost €41.4 million and benefited 281,000 children.¹⁹⁶ It is estimated that it would cost approximately €29 million to restore the payment to its 2011 rate.¹⁹⁷

The BSCFA has two different income thresholds for one parent families and two parent families respectively making it more difficult in practice for one parent families to qualify for the BSCFA. Another means-tested support for low income families, the Family Income Supplement (FIS), applies the same income threshold for both one and two parent families. In addition, the income thresholds for FIS are higher than for BSCFA. Hence, there are some low income families who qualify for FIS so are recognised as in need of additional support but who, because of the income thresholds, will not qualify for BSCFA.

Once the income threshold for BSCFA is reached the payment is withdrawn entirely, the withdrawal is not tapered as income increases. In addition, the BSCFA is currently counted as assessable income in applications for housing supports (such as Housing Assistance Payment (HAP), Rent Supplement, RAS, local authority housing) and for Medical Card, SUSI grant and Family Income Supplement.

Recommendations:

- Restore the rate of the Back to School Clothing and Footwear Allowance to the 2011 level of €305 for children over 12, and to €200 for children under 12. Amend the income threshold for eligibility for the Back to School Clothing and Footwear Allowance so there is only one threshold for both one and two parent families to ensure equitable access by one parent families.
- Taper the withdrawal of the Back to School Clothing and Footwear Allowance so it is withdrawn gradually as income increases to promote parental participation in the labour market and in education and training.
- Increase the income limit for one parent families to qualify for the Back to School Clothing and Footwear Allowance to the same limit as a couple household.

191 Barnardos, *School Costs Survey 2016 Briefing Paper* (2016) p 7. The decision on uniforms is made by the boards of management, parent councils, parent teacher association and principals.

192 Joint Committee on Education and Social Protection, *Report on Tackling Back to School Costs* (2013) p 21.

193 Society of St Vincent de Paul, *SVP Social Justice and Policy Submission to the Joint Oireachtas Committee on Education and Social Protection: Back to School and Ongoing School Costs* (2013) p 7.

194 *ibid.*

195 To be eligible for the Back to School Clothing and Footwear Allowance, the applicant (parent or guardian) must be getting certain social welfare benefits or payments for training, employment schemes or adult education and total household income must be below a certain amount see the Citizen's Information website http://www.citizensinformation.ie/en/education/primary_and_post_primary_education/educational_supports/school_books_scheme.html

196 Communication from the Department of Social Protection to the Community and Voluntary Pillar of Social Partnership on 20 July 2016.

197 Information provided to the Child Poverty Sub-group by the Department of Social Protection in November 2016.

School Transport

The Supreme Court has found that the State has a duty to ‘provide means of transport to the school if this is necessary to avoid hardship’.¹⁹⁸ The School Transport Scheme subsidises travel costs for children who live at a distance from the school and for children with special needs.¹⁹⁹ The 2011 Value for Money review recommended that the objectives of the Scheme should be ‘to support the transport to and from school of children who would have difficulty travelling, for reasons of distance, to their nearest school if transport is not supported’ and ‘to support the transport to and from school of children who have a special educational need where those needs necessitate assistance for them in travelling to and from school’.²⁰⁰ The Scheme is not currently designed to reduce transport costs for children living in poverty.

To access the Scheme children must meet eligibility criteria based on the child’s age and the distance of the home from the school.²⁰¹ The Scheme costs the Exchequer €163.5 million each year to transport approximately 113,000 children to school and parents must pay €100 per primary pupil (up to a maximum of €220 per family) and €350 per secondary pupil (up to a maximum of €650 per family) to avail of the Scheme.

The Programme for Government commits to conduct a School Transport Review to examine how the scheme currently operates.²⁰² It aims to identify possible options with estimated costings and its results will be considered in the context of Budget 2017.²⁰³ A cross-party Oireachtas group will be established to contribute to it.²⁰⁴

Recommendations:

- The School Transport Review should be broadened to explore how the State can support parents with the cost of school transport.
- Introduce a reformed School Transport Scheme that seeks to reduce child poverty by tackling the cost of school transport. Make the School Transport Scheme free at the point of access to all eligible recipients. Cost: approximately €27.4 million additional per annum.²⁰⁵

198 *Crowley v Ireland* [1980] IR 102 at 126.

199 Department of Education and Skills, *Primary School Transport Scheme*, p 1 and the Department’s website at <http://www.education.ie/en/The-Department/Management-Organisation/School-Transport.html>

200 Department of Education and Skills, *School Transport: A Value for Money Review of the School Transport Scheme* (2011), p 100.

201 A child in primary school may be eligible for school transport if they live more than 3.2 km from the nearest suitable national school and child in post-primary school may be eligible if they live over 4.8 km from the nearest suitable school. Medical card holders are exempt from the school transport charge if they meet the eligibility criteria on distance from school. However children who live closer than the eligible distance who hold a medical card must pay the charge which is a particular issue for households without a car especially in rural areas.

202 Government of Ireland, *A Programme for a Partnership Government* (May 2016) 89.

203 *ibid*

204 Department of Education and Skills ‘Minister Halligan announces establishment of cross party group in relation to School Transport Review’ <<http://www.education.ie/en/Press-Events/Press-Releases/2016-Press-Releases/PR2016-29-07.html>>.

205 Barnardos, *School Costs Survey 2016 Briefing Paper* (2016) p 24.

9.2 Provide for the Inclusion of All Learners, Targeting Resources and Opportunities towards the More Disadvantaged

Investing in Children recommends that the State: ‘Provide for the inclusion of all learners, where necessary by targeting resources and opportunities towards the more disadvantaged, and adequately monitor results.’²⁰⁶

One of the five national outcomes for all children and young people set out in *Better Outcomes, Brighter Futures* is that they will achieve their full potential in learning and development.²⁰⁷ The Framework recognises that education is a proven route out of poverty.²⁰⁸ The newly published *Education Action Plan 2016-2019* aims to ‘improve the progress of learners at risk of educational disadvantage or learners with special educational needs’.²⁰⁹ It also commits to publish a updated DEIS plan within 12 months of the Action Plan being published as well as an Action Plan for Educational Inclusion which will also ‘examine how students outside of DEIS can be better supported’.²¹⁰

The new plan, which will constitute an updated DEIS scheme, will draw on international best practice for using the education system to increase opportunities and outcomes for children from disadvantaged areas.²¹¹ It is also expected to develop a new methodology to identify schools for the programme which currently operates in 836 schools serving a total of 169,500 pupils.

At both primary and secondary level pupils in DEIS schools are much more likely to come from lower socio-economic backgrounds and in particular from lone parent families.²¹² The percentage of children attending DEIS schools from economically inactive households (16%) is double that of those in non-DEIS schools (8%).²¹³ Notably although children attending rural DEIS schools are more advantaged in terms of ‘social class, education and family structure’ they ‘tend to have lower income levels than those in urban Band 2 schools’.²¹⁴

The new *Action Plan on Education* sets out clear targets and timelines building on the work of the previous plans in this area.²¹⁵ One indicator provides a more focused framework for the achievement of targets for people of lower socio-economic backgrounds in accessing higher education. Families from such backgrounds should be consulted regarding the new Action Plan. Furthermore, an assessment should be carried out on the needs of, and challenges facing, Traveller and Roma children in education with a view to updating the Traveller Education Strategy and effective implementation of this. A similar assessment should be carried out on the educational needs of migrant children, particularly those whose families speak English as a second language.

Alongside the financial barriers for parents and students which remain a key barrier to educational attainment, other barriers also operate and have been identified to include:

- Lack of support services and coordination between services.
- Lack of support for transition between primary and post-primary schools.
- Inadequate home-school liaison.
- Shortage of dual-language resources.
- Lack of sports facilities in schools and local communities.²¹⁶

206 European Commission, *Commission Recommendation of 20.2.2013: Investing in children: breaking the cycle of disadvantage* (Brussels, 20.2.2013 C(2013) 778 final) <http://ec.europa.eu/social/main.jsp?catId=1060&langId=en>

207 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (Department of Children and Youth Affairs 2014) p 63.

208 Ibid.

209 Department of Education and Skills, *Action Plan for Education 2016-2019* (Department of Education and Skills 2016).

210 Ibid.

211 Ibid.

212 Emer Smyth et al, *Learning from the Evaluation of DEIS*, (Economic and Social Research Institute 2015) 60.

213 Ibid.

214 Ibid, 59.

215 Department of Education and Skills, *Action Plan for Education 2016-2019* (Department of Education and Skills 2016).

216 These additional barriers are identified in J. Travers et al, *Addressing the Challenges and Barriers to Inclusion in Irish Schools* (Special Education Department, St Patrick’s College, 2010 – reprinted 2014), xv.

It is clear that a child's socio-economic background remains a strong determining factor in their educational attainment.²¹⁷ However, certain cohorts of children continue to face particular disadvantage as outlined below due not only to their socio-economic status but also due to other characteristics of their membership of other social groups.

Recommendation:

- Publish and implement the Action Plan for Educational Inclusion, which must include a targeted strategy to address the needs of Traveller, Roma and migrant children, early school leavers and children with special educational needs.

Access to Education by Children with a Disability

According to research published by the ESRI in 2015, based on the results of the 2006 National Disability Survey, in 'terms of social background characteristics, children and young people with disabilities are more likely to come from disadvantaged and one-parent households compared to the general population'.²¹⁸ This highlights that some children with disabilities continue to experience multiple disadvantage.

The evaluation of the DEIS programme also highlighted that children with special educational needs are overrepresented in disadvantaged schools.²¹⁹ The cuts to targeted supports and resources for children with special educational needs or disabilities are well documented but in particular the removal of guidance counsellors has had a disproportionate impact on young people with disabilities who rely on this type of assistance and are at greater risk of experiencing mental health issues.²²⁰

The Disability Federation of Ireland in its submission to the Department of Education and Skills in relation to the DEIS review highlighted that:

DEIS is separated from other schemes that deal largely with disability. Unifying these would reflect a more holistic view of the person that recognises their cross-cutting disadvantages.²²¹

Furthermore, steps must be taken to address the situation that is borne out through the available evidence 'that boys and children from socio-economically disadvantaged backgrounds are more likely to be placed in special education'.²²² Young people with Emotional, Psychological and Mental Health (EPMH) disabilities are at risk of social isolation as they are 'far less likely to engage with their peers' and less likely to participate in sport.²²³ Children with EPMH disabilities are also more likely to be absent from school compared to children with other disabilities.²²⁴

Recommendation:

- Conduct an audit of the particular needs of children with disabilities or with special educational needs. Invest in targeted inclusion measures to encourage social inclusion of children with disabilities, in particular those with EPMH disabilities to increase and maintain their participation in education.

217 See for example, Aisling Murray, Cathal McCrory, James Williams, Growing Up in Ireland: Report on the Pre-Pilot, Pilot and Dress Rehearsal Exercises for Wave 2 of the Infant Cohort at Age 3 Years (2014).

218 J. Banks et al, *Insights into the Lives of Children with Disabilities: Findings from the 2006 National Disability Survey – Executive Summary* (Economic Social and Research Institute, 2015) 2.

219 E. Smyth et al, *Learning from the Evaluation of DEIS*, (Economic and Social Research Institute 2015)

220 Disability Federation of Ireland, *Submission on Assessment of DEIS Programme* (Department of Education and Skills 2015)

221 Ibid.

222 J. Banks et al, *Insights into the Lives of Children with Disabilities: Findings from the 2006 National Disability Survey – Executive Summary* (Economic Social and Research Institute, 2015) ix.

223 Ibid, x.

224 Ibid.

Access to Education by Members of the Traveller Community

While there has been a marked improvement in the number of Irish Travellers completing secondary education, rising from 3.6% in 2006 to 8.2% in 2011, the community's overall attainment level was lower than the general population.²²⁵ Travellers also finished their formal education almost five years earlier.²²⁶ The lack of specialised educational supports for Traveller children to assist the process of mainstreaming is evident.²²⁷ In 2011, the Visiting Teachers Service for Travellers (VTST) was discontinued.²²⁸ The Children's Rights Alliance in its Report Card 2016 highlighted that no additional resources were allocated to facilitate and support Traveller children's engagement in mainstream education.²²⁹ Given that the Traveller community experiences much greater levels of unemployment,²³⁰ disability²³¹ and almost a quarter of Traveller children live in lone parent families,²³² all of which places them at higher risk of poverty, this compounds the disadvantage experienced by these children.

Traveller children are over-represented in urban DEIS schools 'reflecting not only patterns of residential segregation but also school choice on the part of parents and admissions policies on the part of schools'.²³³ Furthermore, Traveller children often face difficulties in satisfying school admissions criteria if they do not have a parent or sibling who had attended the school in the past often referred to as the 'parent rule'. This was the subject of a Supreme Court ruling²³⁴ – the Stokes case – in which the court overturned a finding by the Equality Tribunal that the so-called 'parent rule' constituted indirect discrimination given that Traveller children were much less likely to have a parent or older sibling complete their secondary education. The forthcoming Education (School Admissions) Bill 2016 should address some of these issues but may not go far enough in addressing indirect discrimination. We understand that Traveller children's access to educational supports will be addressed in the forthcoming Traveller and Roma Integration Strategy but it is also important to ensure that the Education Inclusion Plan also addresses their specific needs given the high proportion of the young Traveller population that attend DEIS schools.

Recommendations:

- Undertake an evaluation of the impact of the withdrawal of Traveller specific education supports to inform the basis of targeted education supports to help Travellers remain in mainstream education through both the Education Inclusion Plan and the Traveller and Roma Integration Strategy. Enact the Education (School Admissions) Bill 2016 as a matter of urgency.

Access to Education by Migrant Children

The EU recommendation calls on the State to '[c]reate an inclusive learning environment by strengthening the link between schools and parents' and specifically makes reference to parents of migrant and ethnic minority children. Parents of migrant children have been described by schools as 'hard-to-reach' and they themselves have expressed concern about the difficulties they face in becoming more involved in schools.²³⁵ It appears that the culture and ethos of the school is a key factor in parental involvement – where parents feel respected and 'where school staff are visible, present and accessible to parents and children'²³⁶ they are more likely to engage with the school. However, the predominance of schools under Catholic patronage may have a particular impact on

225 Census 2011 statistics indicated that 70% of Travellers were educated to primary school level or lower compared to
226 Central Statistics Office, 'Census 2011 Profile 7 – Religion, Ethnicity and Irish Travellers' <<http://www.cso.ie/en/media/csoie/census/documents/census2011profile7/Profile7EducationEthnicityandIrishTravellerEntire.doc.pdf>>.
227 Brian Harvey, *Travelling with Austerity: Impacts on Travellers, Traveller Projects and Services* (Pavee Point Publications 2013).
228 Ibid.
229 Children's Rights Alliance, *Report Card 2016* (Children's Rights Alliance 2016), p 110.
230 The 2011 unemployment rate for Travellers was 84.3%. Central Statistics Office, *Census 2011 Profile 7 – Religion, Ethnicity and Irish Travellers* (Central Statistics Office 2011), p 3
231 Ibid
232 Ibid
233 Emer Smyth et al, *Learning from the Evaluation of DEIS*, (Economic and Social Research Institute 2015) 79.
234 *Christian Brothers High School Clonmel v. Mary Stokes (on behalf of John Stokes, a minor)* [2015] IESC 13.
235 Minister for Children and Youth Affairs, Note No. 21 Research Briefing: Working to Belong: Children in migrant families negotiating the relationship between home and school in primary schools in Ireland (Department of Children and Youth Affairs, 2013).
236 Ibid.

the culture of belonging for migrant children and families, many of whom come from other religious backgrounds or none.²³⁷

Language is a key barrier to education for children. One major concern in relation to migrant children is in relation to the English language supports for pupils for whom English or Irish is not their first language. Children who speak a different language at home to the one they speak in school do not perform as well in academic assessments.²³⁸ However, English language support was cut by 19% in 2012 and English as an additional language (EAL) supports have been combined with the General Allocation Model so it is no longer possible to track spending or progress on this important aspect of education for children from a migrant background.²³⁹

Recommendation:

- Evaluate the current General Allocation Model to determine whether adequate language support is being delivered to children who require it.

Children in Direct Provision

There are more than 1,000 children under 18 living in direct provision accommodation for asylum seekers.²⁴⁰ While these children are able to access free primary and post-primary education in the same way as other children living in Ireland, they run a higher risk of being socially excluded and stigmatised due to their inability to participate in school outings and extracurricular activities including afterschool or homework clubs due to the cost and their parents' limited resources.²⁴¹

Recommendation:

- An awareness initiative should be rolled out to ensure that Boards of Management and school principals are familiar with the financial and other challenges facing children in Direct Provision and their families.²⁴² All Direct Provision accommodation centres that host families should be required to provide or facilitate (i.e. through an NGO or local organisation), as part of their contract, a full-time serviced after-school homework or study club, or transport to and from school-based homework or study clubs, throughout the school year. The on-site clubs should be age-appropriate, attractive, well-heated, appropriately supervised and equipped with Wi-Fi and sufficient numbers of computers.²⁴³

School Meals Programme

Food poverty has been exacerbated by the recession. Since 2010, the percentage of people experiencing food poverty in Ireland has risen from 10 to 13.1 per cent.²⁴⁴ A 2015 report found that 22 per cent of children aged between 10 and 17 years have gone to school or to bed hungry.²⁴⁵ The only State response to food poverty is through the School Meals Programme, funded through the Department of Social Protection.²⁴⁶ The School Meals Programme is not universal, an application process is in place and priority is given to schools which are part of the DEIS initiative, with almost 90 per cent of DEIS school participating.²⁴⁷ In 2015, over 217,000 children in over 1,700 schools and local organisations benefitted from this programme.

DEIS schools receive full funding for breakfast clubs but providing the maximum rate per child for lunch clubs may not be possible due to budgetary constraints. The Programme does not cover the cost of kitchen equipment, salaries or facilities at schools, it thus places schools under pressure to

237 F. McGinnity et al, Annual Monitoring Report on Integration 2013, (Economic and Social Research Institute and the Integration Centre, 2014) 34.

238 Ibid, 32

239 F. McGinnity et al, Annual Monitoring Report on Integration 2012, (Economic and Social Research Institute and the Integration Centre, 2013).

240 Reception and Integration Agency, RIA Monthly Statistics August 2016 (RIA, 2016) 7.

241 Working Group on the Protection Process, Working Group to Report to Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers, Final Report (2015) p 205.

242 Ibid, 215.

243 Ibid.

244 Department of Social Protection, Social Inclusion Monitor 2014 (Department of Social Protection 2016).

245 National University of Ireland, Galway, *The Irish Health Behaviour in School-aged Children (HBSC) Study 2014* (Department of Health 2015) 14.

246 A total of €42 million was allocated to the School Meals Programme for 2016, an increase of €3 million on 2015.

247 Communication received by the Children's Rights Alliance from the Department of Social Protection, 2 December 2015.

take from their core budget or charge students to implement the programme.²⁴⁸ In addition, there are no mechanisms to support non-formal education and early-years settings to address food poverty.

Recommendations:

- Remodel the funding system for the School Meals Scheme to cover both capital and non-food operating costs. Extend the scheme to enable the provision of affordable and nutritious breakfast, lunch and dinner meals in DEIS schools and more limited provision to all publicly-funded schools. Ensure that the School Buildings Programme provides adequate catering facilities in school settings to deliver the expanded School Meals Programme. Extend access to the Scheme to early years and non-formal education settings for young people and children in early years' settings.
- Develop a cross departmental national strategy on school food provision and food poverty with the Department of Social Protection, the Department of Health and the Department of Education and Skills.

9.3 Improve the Performance of Students with Low Basic Skills

Investing in Children recommends that the State: 'Improve the performance of students with low basic skills by reinforcing the learning of literacy, numeracy and basic maths and science, and ensuring early detection of low achievers.'²⁴⁹

The *Updated National Action Plan for Social Inclusion 2015 – 2017* includes the commitment to:

Increase the percentages of primary children performing at the highest levels in the National Assessment of Mathematics and English Reading by at least 5 percentage points at both second class and sixth class by 2020. Reduce the percentage of children performing at or below the minimum level in the National Assessment of Mathematics and English Reading by at least 5 percentage points at both second class and sixth class by 2020.²⁵⁰

There have been significant advances in the area of improving child literacy and numeracy rates in recent years, following implementation of the 2011 National Literacy and Numeracy Strategy, including an investment of €17 million to date.²⁵¹ Test results published in January 2015 show the first significant improvements in thirty years in literacy among second and sixth class pupils in primary schools and that the 2020 targets, set in the Strategy, have already been achieved.²⁵²

The gap between test scores for children in Delivering Equality of Opportunity in Schools (DEIS) Programme and those in the general population of schools indicates the continued need for investment in these targeted strategies.²⁵³

Recommendations:

- Develop a clear direction for continuing the ongoing impact of the roll-out of *Literacy and Numeracy for Learning and Life: The National Strategy to Improve Literacy and Numeracy among Children and Young People 2011-2020* and closing the gap in literacy outcomes between disadvantaged children and the general school population.
- Build on the momentum and continue to invest in the successes being achieved as a result of the Strategy by publishing and consulting on the interim review of the Strategy. This should be informed by the review of the DEIS programme.

248 Correspondence received by the Children's Rights Alliance from the Irish Heart Foundation, 20 April 2015.

249 European Commission, *Commission Recommendation of 20.2.2013: Investing in children: breaking the cycle of disadvantage* (Brussels, 20.2.2013 C(2013) 778 final) <http://ec.europa.eu/social/main.jsp?catId=1060&langId=en>

250 Department of Social Protection, *Updated National Action Plan for Social Inclusion 2015-2017* (Department of Social Protection 2016) p 8.

251 Department of Education and Skills, *Literacy and Numeracy for Learning and Life: The National Strategy to improve Literacy and Numeracy among Children and Young People 2011-2020*, (Department of Education and Skills 2011).

252 Education Research Centre, 'Improved Performance among Primary School Pupils in National Assessments of English Reading and Mathematics' (12 January 2015) <http://www.erc.ie/documents/na14perf_pressrelease.pdf> accessed 29 January 2016.

253 Emer Smyth, Selina McCoy and Gillian Kingston, *Learning from the evaluation of DEIS*, (Economic and Social Research Institute 2015) 82.

9.4 School Attendance and School Completion Rates

While rates of early school leaving in Ireland have declined in recent years with 89% of 20-24 year-olds holding a Leaving Certificate qualification or equivalent compared with 82.6% in 2000,²⁵⁴ school completion remains a concern particularly in communities with higher levels of poverty or from lower socio-economic backgrounds. A review of the School Completion Programme (SCP) notes the impact of cuts to the programme and highlights the 'need for rebalancing, or increasing, funding for schools with high levels of disadvantage and complex student need'.²⁵⁵ The review also noted the importance of after school and holiday provision which 'can create a sense of belonging among students and improve interaction between parents and teachers at the school'.²⁵⁶

Furthermore, school attendance rates demonstrate that engagement is poorest in DEIS schools. Overall, according to data collated by Tusla – the Child and Family Agency, in 2013/14 school attendance was poorer in schools serving disadvantaged families with approximately 25% of students in DEIS schools missing 20 or more days compared with 13.5% in non-DEIS schools.²⁵⁷

Recommendations:

- In line with the Programme for Partnership Government commitment, amend Section 2 of the Education (Welfare) Act 2000 to increase the minimum age for leaving compulsory education to 18 years.²⁵⁸ This is estimated to cost €25 million.²⁵⁹
- Carry out further reviews of the School Completion Programme particularly in light of provision for interventions at a younger age as well as examining out-of-school provision to ensure improvements in retention and completion rates.

Youth Work Services

As outlined in the Youth Work Act 2001:

Youth Work is a planned programme of education designed for the purpose of aiding and enhancing the personal and social development of young person through their voluntary participation, which is complementary to their formal, academic or vocational education and training and is provided primarily by voluntary youth organisations.

Youth Work is delivered by youth organisations which are active in almost every community reaching over 380,000 young people.²⁶⁰ As detailed in the Indecon report,²⁶¹ youth services are particularly active in supporting young people from economically or socially disadvantaged communities, with 53% of all participants coming from these areas. Youth organisations work in a range of areas such as promoting active citizenship and supporting the participation of young people in education and training. They also deliver programmes to promote positive mental health, school completion and to prevent anti-social behaviour and prevent substance misuse. The track record, credibility and reach of the youth sector is also demonstrated by the fact that we have the highest level of involvement in youth services in the EU, with 26% of young people active in a youth club.²⁶²

We welcome the commitment in the Programme for Government²⁶³ to “fund an expansion of Youth Services that support, in particular, Early School Leavers into employment and in recognising the value of such services and groups”. This makes sense given that Ireland almost uniquely in Western Europe has a large and growing child and youth population. Between 2015 and 2020, the number of young people will grow by an estimated 13%. This will also create challenges but with adequate

254 E. Smyth et al, Review of the School Completion Programme, (Economic and Social Research Institute 2015)

255 Ibid, xv.

256 Ibid, xiv.

257 D. Millar, School Attendance Data from Primary and Post-Primary Schools 2013/14 under Section 21(6) of the Education (Welfare) Act 2000] Analysis and Report to the Child and Family Agency (Tusla, 2016)

258 Government of Ireland, *A Programme for a Partnership Government* (May 2016) p 87.

259 Labour, *Standing Up for Education: Labour's plan for investment and reform of our education system* (2016) p 9.

260 Department of Children and Youth Affairs, 'Funding Programmes, Initiatives and Location of Projects <http://www.dcy.gov.ie/viewdoc.asp?fn=/documents/youthaffairs/funding.htm>

261 Assessment of the Economic Value of Youth Work by Indecon Economic Consultants, November 2012.

262 European Commission 2011, "Youth on the Move" - Analytical Report of Flash Eurobarometer Number 319a).

263 *A Programme for Partnership Government*, May 2016, 79.

resources the Youth Work sector is well placed to support young people to reach their potential and make Ireland the best country in the world in which to be a young person.

Investment in youth work can contribute to reducing poverty among young people under 18 years and benefit both their families and communities. In addition for every €1 invested in youth work the economic benefit/costs saved by the State in the long run are €2.20.²⁶⁴ This study demonstrates that investment in youth work not only supports young people to reach their full potential and become active citizens, it also reduces long-term costs for the State in relation to the health, justice and welfare services for young people. The funding provided also provides support to the 40,000 volunteers who work with young people.

The current expenditure for youth work services from the Department of Children and Youth Affairs fell by over 31% between 2008 and 2015. Between 2008 and 2014, the annual amount spent on youth work for each young person fell from €76 to €58. The decision of the previous Government to provide a small increase of 2% in 2016 was welcome, bringing the total current allocation to €51 million. If we are to achieve the commitment in the Programme for Government, the outcomes set out in the *National Youth Strategy* and to cater for the increased youth population, particularly the most disadvantaged it is vital that the Government continues to invest significantly in young people and youth work. Based on estimates of the youth population in 2020 we would propose a €5.5m in current expenditure per annum until 2020. As a first step towards that target we are proposing a 10% increase in 2017.²⁶⁵

Recommendation:

- Increase investment in Youth Work Services to €73 million by 2020 in line with the commitment in the Programme for Government, particularly measures to address disadvantage, early school leaving and employability, in light of the projected population growth of young people by 2020 and to support the implementation of the National Youth Strategy.

Support for Early School Leavers

The EU Youth Guarantee is intended not only to assist young people who are already unemployed, but also to prevent youth unemployment through supporting young people under 18 years to remain in formal education or to provide good quality alternatives that support their transition to the labour market. About 60,000 young people leave the second level school system every year and over 8,000 do so without completing upper secondary school.²⁶⁶ While some young people transition to further or vocational education, many do not. The most recent data available indicates that the percentage of young people aged 15-24 years “not in education, employment or training” is 15.2%,²⁶⁷ which is above the EU average of 12.5%.

The Irish Government has set ambitious targets under Europe 2020 to reduce the level of early school leaving to 8% by 2020.²⁶⁸ The EU Youth Guarantee has an important role to play in meeting this target. The National Implementation Plan for the EU Youth Guarantee published in 2014 committed the Government to providing young people under the age of 18 years, who have left the school system without completing secondary education, and who have failed to find employment, a quality ‘second-chance’ educational /training pathways outside the school system such as Youthreach or to support them to re-enter the school system. The plan specifically committed to develop and implement a system ‘to ensure that all post primary schools give contact details for early school leavers to the relevant Education and Training Board for early follow up on alternative education and training options’. It recognises the usefulness of Youth Work approaches ‘in

264 Assessment of the Economic Value of Youth Work by Indecon Economic Consultants, November 2012

265 Following on from the positive first step in Budget 2017, we call for an additional investment of €5.5m in Budget 2018.

266 Department of Social Protection, *Pathways to Work: The implementation of the EU Council Recommendation for a Youth Guarantee* (DSP 2014) 5.

267 Parliamentary Questions 44 & 57, December 17th 2015

268 Department of Education and Skills, International – Important Policy Developments, <<http://www.education.ie/en/The-Education-System/International/Policy-Developments-in-Education-and-Training.html>>.

identifying young people who might benefit from second-chance options, and in enhancing the service provided under those options'.²⁶⁹

Recommendation

- Implement the commitment in the National Youth Guarantee Implementation Plan for young people under 18 years of age. We estimate this will cost in the region of €10m.

269 Department of Social Protection, *Pathways to Work: The implementation of the EU Council Recommendation for a Youth Guarantee* (DSP 2014).

10. Health

The EU Recommendation on Investing in Children provides the following guidance on this issue:

6.3 Improve the responsiveness of health systems to address the needs of disadvantaged children — Ensure that all children can make full use of their universal right to health care, including through disease prevention and health promotion as well as access to quality health services:

- ✓ 6.3.1 Address the obstacles to accessing healthcare faced by children and families in vulnerable situations, including costs, cultural and linguistic barriers, lack of information; improve the training of health care providers in this respect
- ✓ 6.3.2 Invest in prevention particularly during early childhood years, by putting in place comprehensive policies that combine nutrition, health, education and social measures
- ✓ 6.3.3 Tackle the social gradient in unhealthy lifestyles and substance abuse by giving all children access to balanced diets and physical activity
- ✓ 6.3.4 Devote special attention to children with disabilities or mental health problems, undocumented or non-registered children, pregnant teenagers and children from families with a history of substance abuse.

Health is a key component in the fight against poverty. Ensuring that children can access the supports and services they need in order to have good health both mitigates the damaging impact of poverty on children, and helps to overcome the accumulated disadvantage over the lifecycle that poverty creates. The opportunity cost of failing to make this investment is significant: we know that poverty replicates across generations; investing in the health of poor children constitutes a real and tangible investment in all our futures.

Article 24 of the UNCRC makes clear the right of every child to enjoy “the highest attainable standard of health”, and that no child is deprived of access to health services. For example, particular emphasis is placed on developing primary care to realise children’s right of access to healthcare, and on the critical importance of ensuring that families are well informed and educated to put into practice learning in relation to child wellbeing. The Convention calls for the development of preventative care and guidance for parents.

Access to basic health coverage is considered a core right of European citizenship, and as noted by the European Commission "with a few exceptions, health care coverage is universal and mandatory for everybody with a residency status in a European Member State, and basic health coverage is ensured under public programme irrespective of ability to pay".²⁷⁰

This is an important achievement of European welfare states. However, there is a need to ensure that health infrastructure and services respond to modern challenges. Key amongst these are the centrality of chronic disease in developed healthcare systems, as well as the challenge of ensuring that marginalised and vulnerable populations, who can have the greatest health needs, have effective equal access to healthcare.

Two key themes are evident from the EU Recommendation in relation to health. Firstly, the importance of ensuring that the health system is more responsive to the needs of disadvantaged children, in particular by addressing barriers to access for vulnerable families. Secondly, the Recommendation places a strong emphasis on preventative healthcare and health promotion, most particularly in the early years. Related is the need to address the factors contributing to the clear

270 Directorate-General for Employment, Social Affairs and Equal Opportunities, Quality in and Equality of Access to Healthcare Services: Executive Summary, (European Commission 2008) 4.

social gradient in poor health outcomes. Finally, the Recommendation calls for particular attention to be focused on the needs of children with disabilities or mental health problems, undocumented children, pregnant teenagers and children in families with a history of substance abuse.

In terms of ensuring equal access, the Recommendation highlights the need to consider the full range of barriers that vulnerable groups may face when trying to access health services. While formally, low income households should rarely face the barrier of ability to pay in the Irish health system, in practice waiting lists can present an access barrier for many children in Ireland. More affluent parents have always had the ability to pay privately for such services, this is rarely an option in poor households. Children account for about 10% of all those on waiting lists for day case or inpatient treatments, and do not appear to wait longer for treatment than adults.²⁷¹ However, it is in terms of access to diagnostic assessments that many parents raise concerns – in many instances, accessing a service, and particularly a medical intervention, is only possible after a medical assessment/diagnosis. Delayed assessment and diagnosis means delayed access to services, and for children this can have a long lasting developmental impact.

The EU Recommendation also points to the particular access barriers that vulnerable groups can face, key among these in Ireland is the information needed to access services. For families seeking to address a new or unfamiliar health issue, as well as more marginalised groups such as migrants, Travellers and Roma people knowing where to go for information can present a significant barrier, easily exacerbated by linguistic or cultural issues. While the numbers affected are small, the scale of the impact of delayed or denied access to health services can be particularly significant, reinforcing rather than dismantling entrenched disadvantage. This requires the health services to be much more proactive in reaching out to vulnerable groups, and the organisations and staff that work with them, to ensure they can access services to which they are entitled.

Perhaps the greater challenge for modern health systems is moving to a more preventative focus. The vast majority of the healthcare provided in modern developed economies is chronic disease management - e.g. cancer, heart disease, diabetes etc. These are preventable diseases. A concerted focus on preventative action must be a core concern in relation to the delivery of modern healthcare, both in terms of ensuring that children have the best opportunity to realise their full potential, as well as managing healthcare costs. As can be seen from Irish data, there are clear social gradients observable in the key lifestyle factors that contribute to the onset of chronic disease. Addressing these issues requires an integrated and multi-faceted approach.

A related preventative focus must be in the area of mental health. While there is much focus on the availability of crisis intervention services, a preventative focus would place greater emphasis on supporting children to develop emotional resilience skills, knowing how and where to reach out for help when they need it. In relation to children and young people, particular attention should be paid to the needs they articulate, and to the places that young people go to for mental health support including internet resources.

271 There are 69,854 adults and 7,956 children on the waiting list. The HSE Performance Report for July 2016, available at: <<http://hse.ie/eng/services/publications/performance-reports/Jul16performance-report.pdf>>, p.31.

10.1 Universal right to health care including through prevention and health promotion

Primary care and access to health services

Entitlement to free GP care for every child under the age of six came into place in August 2015; by 1st May 2016, almost 240,000 children were covered by a GP card, representing just over 55% of the eligible population.²⁷² While the programme is operational for less than a year, a higher take up rate might be anticipated, and it is not clear why take up rates are not higher than this. Government is committed to extending free GP access to all children under 18, extending it to the under-12 population in 2016.²⁷³

Realising this commitment represents an important step forward in ensuring access to healthcare for all children, but most particularly for children growing up in poverty. For families on a tight budget, the cost of a GP visit can be a significant deterrent, and can mean that children are brought to the doctor later than is desirable. Ensuring that all children have access to primary care without the need to pay GP fees will help to secure access to health care in Ireland for children in low income families, and therefore help to mitigate the impact that poverty has on a child's development.

In terms of the EU recommendation on *Investing in Children*, the key concerns are addressing barriers that may be experienced by vulnerable groups, particularly as these are the children more likely to be living in poverty, and to have associated healthcare needs, alongside a need to bring a more preventative focus to healthcare provision.

In relation to the first issue, there is concern that children from vulnerable groups including Traveller and Roma children and migrant children may experience barriers in accessing their entitlement to free GP care.²⁷⁴ In particular, the concern relates to those who may have difficulty demonstrating that they are "ordinarily resident" in Ireland.²⁷⁵ There is a risk that this requirement is confused with the different qualifying requirement to prove "habitual residence" to access social assistance payments.²⁷⁶ This confusion is likely to be exacerbated by the lack of written guidance from the HSE²⁷⁷ on how this requirement can be demonstrated. The absence of written guidance means that access is dependent on the interpretation or understanding of an individual administrator, an invidious position for both applicant and the decision-maker.

A related concern is that some vulnerable groups may experience difficulty in finding a GP with whom they can register. The HSE has a process in place whereby parents who are unable to find a GP willing to provide the service to their children can seek the assistance of the HSE to find a doctor, however, this information is not available on the HSE or Department of Health websites, nor is

272 The HSE Performance Report for March/April 2016, available at <<http://www.hse.ie/eng/services/publications/performance-reports/>> states that 239,593 children were covered by a GP Visit Card on 1st May 2016. From the census data, there are 430,503 children under the age of six in Ireland. Other children may be covered by a full Medical Card but this is not clear.

273 Department of Health, 'Statement by Minister for Health Leo Varadkar, Minister of State Kathleen Lynch & Minister of State Aodhan Ó Riordáin on progress in healthcare in 2015', 23 December 2015.

274 Children's Rights Alliance Report card 2016 (Children's Rights Alliance 2016) 51.

275 The application form asks applicants to state whether their child (or children) live, or intend to live, in the Republic of Ireland for at least one year.

276 The Habitual Residence Condition applies to all means-tested social welfare payments and Child Benefit. Applicants must satisfy a number of criteria to demonstrate that they habitually reside in the State.

277 The Citizen's Information website notes:

"If you are coming to live in Ireland or returning here to live, you must satisfy the Health Service Executive (HSE) that you are "ordinarily resident" – that you are living in Ireland and intend to live here for at least one year. To establish that a person is ordinarily resident the HSE may require:

- *Proof of property purchase or rental, including evidence that the property in question is the person's principal residence*

- *Evidence of transfer of funds, bank accounts, pensions etc.*

- *A residence permit or visa*

- *A work permit or visa, statements from employers etc.*

- *In some instances, the signing of an affidavit (a sworn written statement) by the applicant*

Any person, regardless of nationality, who is accepted by the HSE as being ordinarily resident in Ireland is entitled to either full eligibility (Category 1, i.e. medical card holders) or limited eligibility (Category 2) for health services. The fact that a non-EU national has established their eligibility for health services does not automatically mean that their dependants are also eligible. Dependants of non-EU nationals may also have to satisfy the above requirements."

<http://www.citizensinformation.ie/en/health/health_system/entitlement_to_public_health_services.html>.

Note that the HSE Medical Card Helpline said that an affidavit would not be acceptable.

information on this process proactively offered to those regularly engaging with vulnerable populations.

Finally, in terms of access to acute and other health services, a key concern for parents is access to the diagnostics and assessments which provide the gateway to treatment. For children in particular, delayed access to the necessary services can have long-term impacts. There is little in the way of data capturing the length of time that children wait for access to such diagnostics, and no targets in this regard.

In relation to the second issue, the new GP contract for services for children under six includes preventative health checks and age two and five, as well as provision for a cycle of asthma care. As around a quarter of children in Ireland are overweight or obese, with the levels being higher in low income households, and with around one in six children having at least one chronic health condition,²⁷⁸ including these elements represents a first step to implementing the EU recommendation in relation to prevention. There is considerable scope however to enhance these provisions – e.g. while asthma was the most commonly reported illness type, this condition, alongside eczema/skin allergies and food/digestive allergies accounts for more than a half of all chronic illnesses among three year olds.²⁷⁹ The need for a more preventative focus is also illustrated by the finding that children covered by medical (including GP visit) cards were more likely to be prescribed a course of antibiotics, and to receive a higher number of antibiotic prescriptions than children not covered ‘even after accounting for differences in overall health among those with and without a medical card’.²⁸⁰

It is recognised that achieving this enhanced preventative focus is dependent on the outcome of contract negotiations with the Irish Medical Organisation (IMO), but in order to increase the role of primary care in the health system this important objective must be pursued.

Recommendations:

- Develop clear written guidelines on proving ‘ordinary residence’, as well as on support in accessing a GP, and disseminate and promote these in association with organisations and staff in regular contact with vulnerable groups.
- Complete negotiations to extend free GP care to all children up to age 18, with access for under 12s being the first priority.
- Enhance the preventative and health promotion components of the GP contract to extend to other high incidence chronic illness and to more proactively tackle the significant problem of overweight children, for example by incorporating proven weight management programmes such as the MEND programme.²⁸¹

278 Growing Up in Ireland (December 2011) *Key Findings: Infant Cohort (at 3 years) No.1 The Health of 3 Year Olds*. Available at: <<http://www.growingup.ie/index.php?id=61>>.

279 Ibid.

280 Ibid.

281 European Commission, ‘European Platform for Investing in Children (EPIC)’ <http://europa.eu/epic/practices-that-work/practice-user-registry/practices/mend_en.htm>.

10.2 Invest in prevention and intervention from the early childhood years onwards

While BOBF seeks to remove 97,000 children from consistent poverty by 2020, the Chair of the BOBF Advisory Council has commented that efforts to tackle child poverty will ultimately be thwarted unless the longer term root causes are tackled through timely evidence-based programmes and services from the early years onwards.²⁸²

One of BOBF's six transformational goals is early intervention and prevention (PEI)²⁸³ to strengthen the support around children in order to achieve the five national outcomes for children. While the EU Recommendation highlights the importance of PEI in healthcare, it also calls on States to:

Strengthen child protection and social services in the field of prevention; help families develop parenting skills in a non-stigmatising way...²⁸⁴

Timely and appropriate interventions to families can help to break the cycle of disadvantage. Having access to quality, accessible and responsive public services can help assist parents and improve parenting capacity. This in turn can improve outcomes for children and young people because the quality of the parent-child relationship is more important for children's development than the structure or income level of the family.²⁸⁵ Therefore the promotion of positive and confident parenting is one of the most effective steps that the State can take to improve outcomes for children. The evidence is unequivocal; there are few differences in the ability of babies across the socio-economic spectrum at birth. However, by the age of three, some worrying differences emerge as a child's life experiences are shaped by their parents and their environment. The commitment in the Programme for a Partnership Government to support parents in their parenting role, in particular the commitment to increase parental leave, the publication of a National Parenting Support Plan, and the continuation and expansion of existing schemes such as the ABC Programme are welcome. Supporting parents can come in different guises depending on the scale of the intervention ranging from universal provision of information and advice to more tailored specific initiatives.

Having access to quality public services such as comprehensive ante-natal support, family support, improved public health nurse supports and targeted supports for those with additional needs are all crucial prevention and early intervention measures which are in need of investment.

BOBF's case for investing in children is based on the evidence-informed understanding that what happens early in life affects health and wellbeing²⁸⁶ in later life. The Irish Government's inter-departmental *Healthy Ireland Strategy 2013-2035*²⁸⁷ seeks to mainstream PEI into the work of all government departments, while the current Programme for Government wants to change our approach from expensive reactive interventions to proactive supports and long-term planning starting from birth.²⁸⁸

We know that early intervention works: for example, if a baby has hearing loss detected at birth, there is a much greater likelihood that the child will enter school with normal speech and language (S&L) development in comparison with the hearing loss being discovered when he or she is three.²⁸⁹ Determinants of an individual's future health and wellbeing may start during pregnancy and can be

282 Institute of Public Health in Ireland and the Centre for Effective Services (2016) *Improving Health and Wellbeing Outcomes in the Early Years: Research and Practice*. Dublin: Institute of Public Health in Ireland and the Centre for Effective Services.

283 PEI involves providing a protective layer of support to stop problems from arising in the first place, and providing support at the earliest possible stages when problems occur.

284 See paragraph 6.5: Enhance family support and the quality of alternative care settings

285 Economic and Social Research Institute, Trinity College Dublin, Department of Children and Youth Affairs, 'Growing Up in Ireland, National Longitudinal Study of Children, How Families Matter for Social and Emotional Outcomes of 9 Year Old Children' <http://www.growingup.ie/fileadmin/user_upload/documents/Second_Child_Cohort_Reports/Growing_Up_in_Ireland_-_Executive_Summary_How_Families_Matter_for_Social_and_Emotional_Outcomes_of_9-Year-Old_Children.pdf> accessed 4 July 2016.

286 'Health' means everyone achieving his or her potential to enjoy complete physical, mental and social wellbeing.

287 Department of Health, *Healthy Ireland Strategy 2013-2035* (Department of Health

288 Government of Ireland (2016) *A Programme for a Partnership Government*

289 Center on the Developing Child (2009). *Five Numbers to Remember About Early Childhood Development* (Brief). Retrieved from www.developingchild.harvard.edu.

impacted by the mother's diet, lifestyle and educational attainment.²⁹⁰ High-quality universal services are effective in identifying developmental delay and ensuring children receive assessment and support to address it.²⁹¹

Health inequalities - when inequalities in people's and group's health status are related to inequalities in social status²⁹² - are evident in Irish society; there is a social gradient to health outcomes for children that can be life-long if left untreated.

Infants participating in Growing Up in Ireland from less economically advantaged households are shorter on average than those from professional and managerial households, and remain so at all ages. Their rapid weight gain is then disproportionate to their growth in height, leading to a higher risk of overweight and obesity.²⁹³ Being overweight or obese is associated with poorer health outcomes over the life course. However, such health outcome inequalities are preventable using early intervention approaches.²⁹⁴ For example, in infants, weight gain can be related to whether or not they were breast fed, and when they were weaned.²⁹⁵ Ireland has the lowest rate of breastfeeding in the EU.²⁹⁶ Growing Up in Ireland indicates that the factors affecting whether or not women breastfeed include country of birth, and maternal educational level and household income, i.e., social inequalities.²⁹⁷

The Irish State already provides prevention and early intervention services and programmes, which have secured positive developmental and health outcomes for infants and young children over time.²⁹⁸ Children have a statutory entitlement to free universal community-based primary care services provided nationally by the HSE, which is the main provider of prevention and early intervention in health²⁹⁹ as acknowledged in BOBF. Interventions include health promotion, infant and maternal mental health assessment and promotion, screening, surveillance of physical health and development, growth monitoring, needs assessment, and immunisations.³⁰⁰ However, despite the wealth of research evidence³⁰¹ about the benefit of PEI to population health outcomes and to the State in terms of reducing acute medical care costs down the road, it is not adequately pursued and resourced at an operational level in the Irish health service.

Expectant mothers, babies and young children have unequal access to free universal primary health services related to their socio-economic profile and where they live in Ireland. A corrective strategy is required under BOBF to significantly reduce inequalities in population health outcomes and inequity in access to community health services. Any whole-of government plan should include a strong focus investment on areas where the most impact can be achieved, i.e., the antenatal and preschool periods. The Plan should link with the forthcoming Early Years Strategy and also the *HSE's Healthy Ireland in the Health Services National Implementation Plan 2015 – 2017*.

290 Office of the Minister for Children and Youth Affairs (2010) *Growing Up in Ireland Infant Cohort: Review of the Literature Pertaining to the First Wave of Data Collection with the Infant Cohort at 9 Months*. DCYA: Dublin

291 DCYA (2013) *Right From the Start – Report of the Expert Advisory Group on the Early Years Strategy*. Dublin: DCYA

292 Definition from: Commission on Social Determinants of Health (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*. Geneva, World Health Organization. Commission, chaired by Michael Marmot.

293 Department of Children and Youth Affairs, Key findings: Infant cohort (at 3 years) infant cohort growing up in Ireland no. 4 children's physical growth from birth to age 3

294 Institute of Public Health Ireland, *Health Inequalities* [online]. Available at:

<<http://www.publichealth.ie/healthinequalities/healthinequalities>> [accessed 5 August 2016].

295 *Key Findings: Infant Cohort (At 3 Years) Infant Cohort Growing Up In Ireland No. 4 Children's Physical Growth From Birth To Age 3*

296 Office of the Minister for Children and Youth Affairs (2010) *Growing Up in Ireland National Longitudinal Study of Children Infant Cohort Review of the Literature Pertaining to the First Wave of Data Collection with the Infant Cohort at 9 Months*

297 Ladewig, E., O'Dowd, T., Reulbach, U *Breastfeeding Behaviours in Irish Mothers*, Poster Presentation [online].

<<http://www.hrbcentreprimarycare.ie/ppt/Poster%20Ladewig%20Breastfeeding%20Behaviours.pdf>> [Accessed 17 August 2016]

298 For example, in the mid-1940s in Ireland, about 500 children died every year of vaccine preventable diseases, such as measles, whooping cough, diphtheria, tuberculosis and polio. Today's death rate figure for these illnesses is zero. Available at:

<<http://www.irishhealth.com/article.html?id=19092>> [Accessed 2 September 2016].

299 Community-based delivery of PEI services is provided by General Practitioners, Public Health Nurses, Speech and Language Therapists, Physiotherapists, Occupational Therapists, Child and Adolescent Mental Health Services (CAMHS), Early Intervention Teams, Social Workers.

300 Dr. Phil Jennings, The National Healthy Childhood Programme – Making every contact count, presentation at the launch of Nurture – The National Healthy Childhood Programme, 23rd May 2016, http://www.hse.ie/eng/health/child/nurture/healthy_childhood_prog.pdf [accessed 3 August 2016]

301 DCYA (2013) *Right From the Start – Report of the Expert Advisory Group on the Early Years Strategy*. Dublin: DCYA

Appropriate targets should be set under BOBF that improve the delivery of Ireland's free universal health and wellbeing services for pregnant women and young children to ensure that all families access their right to universal free healthcare, regardless of geography and socio-economic disparities. International evidence suggests that a mother's ability to access health services during pregnancy, at birth and in the neonatal period, influences child health. Mothers who are less able to pay for services may attend for fewer scans or check-ups during the pregnancy. After birth, they may be less likely to attend a GP or family doctor.³⁰²

Recommendations:

- Work towards a rebalancing of resources to place a greater emphasis on prevention and early intervention.
- Increase availability of family supports and fulfil the Programme for Government commitment to introduce a National Parenting Support Plan.
- Put in place adequate systems and protocols to ensure greater alignment and interagency working between community based interventions, primary care teams and social work teams.

Children's access to healthcare services

There is evidence that community services are not always providing timely diagnosis and providing the necessary treatments and therapies to children when they need them, and there is a social gradient to access, which is why access to services should be included in any BOBF plan to reduce child poverty.

Growing Up in Ireland illustrates that while the uptake of the HSE's infant care scheme in Ireland is widespread, there is a social gradient, and uptake has a geographical dimension. While 99% of mothers received their 6-week check-up and 98% of mothers had brought their children for the preferred two checkups by age four, only 92% of mothers said that their infant had their 6-month vaccination, with a higher percentage uptake for higher income families.³⁰³ Uptake also varies considerably by location. The World Health Organization recommends that uptake levels of 95% are required for programmes to be most effective.³⁰⁴

An audit of the screening and surveillance programme was undertaken in 2009³⁰⁵ and showed major variations between different geographical areas on key performance indicators. When mothers in Growing Up in Ireland³⁰⁶ were asked if, at any time since birth of their nine-month-old infant had the child (in their opinion) needed a medical examination or treatment that s/he did not receive, 4 per cent of mothers said they had. Just less than one per cent of infants (700 children) were on a waiting list, while 1.2 per cent (900) infants said that the medical care was not available.

The Report of The Expert Advisory Group on an Early Years Strategy³⁰⁷ suggest that Early Intervention Teams³⁰⁸ - for children aged 0-6 years, and their families, who have complex developmental needs – and Child and Adolescent Mental Health Services (CAMHS) are positive developments, they can have long waiting lists for assessment in some areas of Ireland.³⁰⁹ The Children's Mental Health Coalition³¹⁰ reports on higher need for community mental health services

302 Office of the Minister for Children and Youth Affairs (2010) Growing Up in Ireland National Longitudinal Study of Children Infant Cohort Review of the Literature Pertaining to the First Wave of Data Collection with the Infant Cohort at 9 Months

303 Williams, J., Sheila, G., McNally, S. Murray, A. and Quail, A. (2010) *Growing Up in Ireland - The Infants and their Families*. Dublin: Office of the Minister for Children and Youth Affairs

304 *ibid*

305 Denyer, S. (2009) Report on the Audit of the Child Health Screening and Surveillance (CHSS) Programme. Dublin: Health Service Executive

306 Williams, J., Sheila, G., McNally, S. Murray, A. and Quail, A. (2010) *Growing Up in Ireland - The Infants and their Families*. Dublin: Office of the Minister for Children and Youth Affairs

307 DCYA (2013) *Right From the Start – Report of the Expert Advisory Group on the Early Years Strategy*. Dublin: DCYA

308 The teams include Occupational Therapists, Clinical Psychologists, Physiotherapists, Social Workers, Speech and Language Therapists

309 DCYA (2013) *Right From the Start – Report of the Expert Advisory Group on the Early Years Strategy*. Dublin: DCYA

310 Children's Mental Health Coalition (2015) *Meeting the mental health support needs of children and adolescents: a Children's Mental Health Coalition view*. Dublin: Children's Mental Health Coalition

for children and young people, understaffing and poor communication and coordination between a bewildering number of agencies involved in children's mental health care. Issues related to waiting lists for community HSE Speech and Language therapists are discussed later.

Audits³¹¹ of the usage of public health nurses' time have shown their commitment to child health is being impacted by other demands, such as early hospital discharges and an ageing population. The Force report on the setting up of the Child and Family Agency (DCYA, 2012) recommended that the Agency should directly employ PHNs to provide the child and family component of the service, and that they should be co-located with the local health service.³¹² Furthermore, local HSE Areas have lacked direction and have been pulled in many competing directions, with large variations developing in how that service is configured. A recent review of this service has recommended that it be refocused on child health.³¹³

There is also poor breastfeeding support in the hospital and community,³¹⁴ despite low rates and a social gradient to uptake.

There is currently no national child health system for the collection and analysis of data.³¹⁵ There are five different systems currently in use and no standardised dataset.³¹⁶ A parent-held Child Health Record is used in the HSE Mid-West, North-West and North-East regions, with a specially designed information system to back it up. This is often separate from, but linked to the immunisation system in these areas. Despite a highly positive evaluation of the pilot sites, there has been no rollout of the Record.³¹⁷ There is no national health identifier and this makes linking data from different sources problematic.³¹⁸ While there have been reports and guides produced on child health standards and training programmes, implementation has been patchy. There is a large variation in compliance with the standards and decisions are taken locally as to which parts of the standards to adhere to.³¹⁹

BOBF should align with current HSE reform, specifically the National Healthy Childhood Programme, which extends to age-12,³²⁰ including the Nurture Programme (2016-2018).³²¹ Nurture is a quality enhancement initiative, aiming to support strategic reform of the universal health and wellbeing services for infants and children up to age three years, and their families. The aim of the programme is to support parents and healthcare professionals in their caring and service provision roles.³²²

Nurture includes programmes and a change agenda that may support ironing out some of the above deficits by using every contact that parents and child have to its maximum value by: offering parenting supports; further child health information and advice; increasing immunisation amongst families that are less likely to take advantage of the service; developing a child health data system; developing quality standards for child health services, developing a case for the development of a community child-PHN service, and using the many parent-professional interactions in the early years as opportunities for prevention and early intervention. The Nurture programme is already included in the HSE's current implementation plan, indicating positivity towards change.³²³

311 Denyer, S. (2009) *Report on the Audit of the Child Health Screening and Surveillance (CHSS) Programme*. Dublin: Health Service Executive

312 DCYA (2013) *Right From the Start – Report of the Expert Advisory Group on the Early Years Strategy*. Dublin: DCYA

313 Ibid.

314 *Creating a Better Future Together: National Maternity Strategy 2016-2026*

315 DCYA (2013) *Right From the Start – Report of the Expert Advisory Group on the Early Years Strategy*. Dublin: DCYA

316 Ibid.

317 Ibid.

318 A National Health Identifier for each individual in Ireland is under development. See: <http://health.gov.ie/future-health/tackling-the-capacity-deficit/individual-health-identifiers/>

319 *op cit*

320 Dr. Phil Jennings, The National Healthy Childhood Programme – Making every contact count, presentation at the launch of Nurture – The National Healthy Childhood Programme, 23rd May 2016
http://www.hse.ie/eng/health/child/nurture/healthy_childhood_prog.pdf [accessed 3 August 2016]

321 Led by the HSE, in partnership with the Atlantic Philanthropies, the Community Foundation of Ireland, and the Katherine Howard Foundation

322 Katherine Howard Foundation (2016) *The Nurture Programme: Infant Health and Well-being*, brochure

323 Health Service Executive (2015) *Healthy Ireland in the Health Services National Implementation Plan 2015 – 2017*. Dublin: HSE

Recommendations:

- Progress the National Health Identifier professionals and parents be partners in the child's health, and also so that the varied professionals (community- and hospital-based) have access to a child's complete health record in order to make the best diagnosis and treatment plan.
- Consider developing Children's PHNs taking an area-based approach, where appropriate.
- Link with Healthy Ireland's forthcoming Outcomes Framework and the BOBF Data Strategy that is currently under development.

Low-birth weight

The action taken by the health service to reduce the incidence of low birth weight (LBW) in Ireland, a leading indicator of infant health,³²⁴ provides a good example of measures taken to prevent poor health in childhood and across the life course. In 2014, 5.6% of live births in Ireland were of LBW³²⁵. There is a clear social gradient to low birth weight in Ireland, with mothers with the lowest educational levels having the lightest babies.³²⁶ There is a higher risk of developmental difficulties for LBW babies: diminished visual motor skills, impaired visual and auditory functioning, and delayed speech and language. It is also associated with increased risk of cardiovascular problems, hypertension and diabetes over the life course.³²⁷

Reasons for LBW include premature birth, and maternal health and behaviours. There is an established causal link between smoking in pregnancy and low birth weight for babies, for example.³²⁸ Almost one in five mothers in Ireland smoke during pregnancy, with women from lower income and lower social-class households and those with lower levels of education significantly more likely to smoke during pregnancy.³²⁹ However, maternal health is also influential on LBW, with socioeconomic status influencing mothers' health.³³⁰ Therefore, many other factors to be included in considered in terms of reducing child poverty are as influential on child and maternal health as maternal behaviour including housing quality, energy poverty as well as food poverty.

The *Healthy Ireland Strategy* repeats the aim of the Ireland's *National Anti-poverty Strategy 2002*,³³¹ to reduce the social gradient in low birth weight rates. Again, the specific target to be reached should be set based on current national low-birth weight statistics using the national HSE perinatal statistics report. As noted previously, Ireland's universal free antenatal and child health provides the platform for improving women's health in pregnancy and also intervening to improve infant and child health. The Nurture programme which is contained in the HSE's Implementation Plan 2015-2017³³² provides the impetus and the funding through which health services can improve health behaviour education to women in pregnancy.

Recommendation:

- Provide more and better quality breastfeeding information and education, in line with the National Maternity Strategy.
- Integrate the Healthy Ireland Strategy, and its forthcoming Outcomes Framework, with BOBF to reduce the gap in the social determinants of child and maternal health with the ultimate aim to reduce the social gradient in Irish low birth weight rates

324 Office of the Minister for Children and Youth Affairs (2010) *Growing Up in Ireland - Infant Cohort, Review of the Literature Pertaining to the First Wave of Data Collection with the Infant Cohort at 9 Months*. DCYA: Dublin

325 Health Service Executive (2016) *Perinatal Statistics Report, 2014*. Ireland: HSE

326 Office of the Minister for Children and Youth Affairs (2011) *Growing Up in Ireland – Infant Cohort Key Finding No. 1 Pregnancy and Birth*, http://www.growingup.ie/fileadmin/user_upload/documents/Infant_Key_Findings/Infant_Cohort_Key_Finding_No._1_Pregnancy_and_Birth.pdf

327 Ibid.

328 Office of the Minister for Children and Youth Affairs (2010) *Growing Up in Ireland - Infant Cohort, Review of the Literature Pertaining to the First Wave of Data Collection with the Infant Cohort at 9 Months*. DCYA: Dublin

329 Layte, R. & McCrory, C. (2014) *Maternal Health Behaviours and Child Growth In Infancy-Analyses of the Infant Cohort of the Growing Up in Ireland study*. Dublin: DCYA

330 ibid

331 Government of Ireland (2002) *National Anti-poverty Strategy, 2002*. Dublin: Stationary Office

332 Health Service Executive (2015) *Healthy Ireland in the Health Services National Implementation Plan 2015 – 2017*. Dublin: HSE

Speech and Language Waiting Lists

Research indicates that speech and language difficulties are among the most common neuro-developmental disorders of childhood³³³, although its prevalence in Ireland is unclear.³³⁴ However, the preschool years are the time when speech and language difficulties typically first reveal themselves.³³⁵ Internationally, children with S&L difficulties are the largest single group of all children with special needs.³³⁶ Research indicates that children whose speech and language difficulties are resolved by the age of five are unlikely to experience long-term effects, while children whose difficulties are not resolved by this time are likely to experience long-term academic and/or social difficulties.³³⁷ Pre-school years are the most important for childhood language development as they provide the foundation with which the child can understand and use language.³³⁸ Therefore, early health checks are vital in preventing or reducing further adversity for infants, and children must have access to timely S&L screening so that difficulties do not become embedded. Neither income nor health service fracture should impede timely access to assessment or treatment.

We need data on prevalence in Ireland disaggregated by age, location and socio-economic background in order to understand the need, and develop appropriate responses, in particular for younger children. The only data currently available in Ireland relates to 9-year-olds using Growing Up in Ireland suggesting that one in nine children of this age have difficulties, as measured teachers and parents, rather than the child's oral language skills.³³⁹ The HSE does not currently collect data on the age breakdown of numbers awaiting S&L within community HSE services.³⁴⁰ However, Irish research suggests that there are variations in waiting lists and HSE responses across the country and that some parents have to pay privately for diagnosis and treatment because poor access in the public system means that early intervention is not always possible.³⁴¹ Clearly, parents in low-income families are at a serious disadvantage, one that may result in poor educational, social and health outcomes for their children over the life course.

Despite the fact that preschool is the most effective period for intervention, the current model is not focused on early diagnosis at the preschool stage, and treatment is based in the medical sphere, i.e. within community health facilities, away from early and primary educational settings. There are few wrap-around integrated services that place the child at the centre of action. At school and pre-school level, closer collaboration and interaction between SLTs, teachers and ECCE practitioners could lead to better literacy outcomes for children with special educational needs and those with transient developmental delay in speech and language because of their disadvantaged background or other causes.³⁴² OECD research suggests that the most effective way of managing and intervening with the educational and social issues resulting from speech and language difficulties in children is to involve greater collaboration between parents, schools and primary care service.³⁴³

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- 333 Law et al, 2000, cited in Hayes, N., Siraj-Blatchford, I., Keegan, S., and Goulding, E. (2013) *Evaluation of the Early Years Programme of the Childhood Development Initiative*. Dublin: CDI
- 334 Hayes, N., Siraj-Blatchford, I., Keegan, S., and Goulding, E. (2013) *Evaluation of the Early Years Programme of the Childhood Development Initiative*. Dublin: CDI
- 335 Dublin South-West Inner City NEYAI Consortium (n.d.) *Preschoolers Get Talking and Communicating*. Dublin: Dublin South-West Inner City NEYAI Consortium
- 336 Dublin South-West Inner City NEYAI Consortium (n.d.) *Preschoolers Get Talking and Communicating*. Dublin: Dublin South-West Inner City NEYAI Consortium
- 337 Bishop and Adams, 1990, in Hayes, N., Siraj-Blatchford, I., Keegan, S., and Goulding, E. (2013) *Evaluation of the Early Years Programme of the Childhood Development Initiative*. Dublin: CDI .
- 338 Irish Association of Speech and Language Therapists (2012) *Childhood Speech and Language, Factsheet on TV and Speech and Language Development* [online] <http://www.iaslt.ie/newFront/Documents/PublicInformation/Childhood%20Speech%20and%20Language/IASLT_Factsheet_on_TV_and_Speech__Language_Development.pdf>.
- 339 Rooke, O'Toole and Gibbon (2012) *The Prevalence of Speech and Language Impairments among a Nationally Representative Sample of Irish Nine-Year-Olds. Findings from 'Growing Up in Ireland: The National, Longitudinal Study of Children'* Irish Association of Speech and Language Therapists Conference, Croke Park 23rd and 24th April 2015,
- 340 PQ 17217/16 Letter from Marion Meany, Head of Operations and Service Improvement, Disability Services, HSE, to Deputy Louise O' Reilly, Sinn Fein
- 341 Department of Education and Skills (2011) *Literacy and Numeracy for Learning And Life-The National Strategy To Improve Literacy And Numeracy Among Children And Young People 2011-2020*. Dublin: Department of Education and Skills; Inclusion Ireland
- 342 ibid
- 343 Department of Education and Skills (2011) *Literacy and Numeracy for Learning And Life-The National Strategy To Improve Literacy and Numeracy Among Children And Young People 2011-2020*. Dublin: Department of Education and Skills

Area-based, evaluated demonstration projects³⁴⁴ aimed at preschool children in disadvantaged areas provide examples of good practice. An experimental school- and preschool-based service³⁴⁵ in a disadvantaged area of Dublin city provided on-site speech and language services to a group of mostly preschool children who would otherwise not have received any.³⁴⁶ At least, 18% of the children transitioned from the service with normal speech and language post-intervention. The evaluation highlighted the importance of parental and early years practitioner training and information in order to be able to understand and identify potential S&L difficulties in preschool children, and also training to support the child's S&L therapy. The evaluations also showed the value of child-centred partnerships between parents, early years services and community HSE providers. On-site S&L diagnosis and provision in early years centres was also found to lead to better outcomes, bringing the therapy to the child within one of their key learning environments, and supporting early diagnosis that may not otherwise have happened.

The importance of providing timely Speech and Language intervention is central to *The National Strategy to Improve Literacy and Numeracy among Children and Young People 2011-2020*. It seeks to move Ireland's response from the medical, to one that is more socio-medical and collaborative, working with educators, parents and early years practitioners in the places where children are (ie early years settings), and that joins up the supports that children need to form a pathway of care and intervention. The BOBF Strategy should align with this Strategy.

Recommendations

- Prioritise free early diagnosis and intervention of children's speech and language difficulties through the public health system for children as early as possible and before they enter the formal school system. In order to do this effectively, develop better child-specific data systems to meet the individual needs of a child. Increase the number of Speech and Language Therapists in line with need and reduce the variation in waiting lists across the country.
- Provide better data on the prevalence of S&L disorders in Ireland at a variety of ages and for different socio-economic groups, using GUI. Also, bridge the current gap in HSE data which does not provide public information on the number of children on waiting lists for diagnosis and treatment, the length of time they are waiting, and their socio-economic status. Align both data sets with Healthy Ireland's forthcoming Outcomes Framework and the BOBF Data Strategy that is currently under development.

344 Cork; South Inner City; Hayes, N., Siraj-Blatchford, I., Keegan, S., and Goulding, E. (2013) *Evaluation of the Early Years Programme of the Childhood Development Initiative*. Dublin: CDI

345 Child Development Initiative's Speech and Language Therapy (SLT) Service, Tallaght West

346 Hayes, N., Siraj-Blatchford, I., Keegan, S., and Goulding, E. (2013) *Evaluation of the Early Years Programme of the Childhood Development Initiative*. Dublin: CDI

10.3 Prevention and health promotion

This section focuses on the key harms that contribute to social inequalities in health outcomes i.e. tobacco use, alcohol and drug misuse, and the related issues of food poverty and overweight/obesity among children.

Tobacco

Smoking accounts for the biggest difference in health outcomes between higher and lower socio-economic groups in Ireland.³⁴⁷ The highly addictive nature of tobacco use means that reducing the number of children who start smoking is not only critical to overall health outcomes in Ireland, but also to narrowing inequalities in health outcomes.

Ireland is committed to becoming smoke free by 2025, and has made good progress in reducing the harmful impact of smoking on children, including through the Protection of Children's Health (Tobacco Smoke in Mechanically Propelled Vehicles) Act 2014, which took effect from January of this year, and through the Public Health (Standardised Packaging of Tobacco) Act 2015, the provisions of which are particularly targeted, and shown to be effective in relation to, children. A minor technical amendment is required before plain packaging can come into effect, and this has been delayed by the extended process of government formation this year.

Problematic alcohol and drug use

Alcohol use is problematic among children for the obvious health reasons, but also because children under the influence of alcohol are more likely to make risky choices, further endangering their health. Problematic alcohol consumption by adults in the family also negatively impacts on children, not only reducing the household budget (most particularly in households on low incomes), but because of an association with increased levels of domestic abuse and violence.³⁴⁸ One in ten parents or guardians reported that children had experienced at least one or more harmful incidents in the previous 12 months as a result of someone else's drinking, including verbal abuse, being left in unsafe situations, witnessing serious violence in the home or physical abuse.³⁴⁹ To effectively address alcohol misuse and minimise the harm to families and children, the Government must take steps to limit access to alcohol through addressing the cost and availability of alcohol. The Public Health (Alcohol) Bill has broadly been welcomed as a 'good start' in tackling these issues, including a range of measures designed to reduce problematic use of alcohol, including measures targeted specifically at children. The Bill provides for:

- *Introduction of minimum unit pricing (MUP):* MUP targets problematic alcohol consumption – the heaviest drinkers tend to seek out the strongest, cheapest alcohol. Children and young people, who have both limited income and the highest prevalence of binge drinking employ this strategy.³⁵⁰ The Bill also provides for the regulation of price based promotions which are often aimed at young people, and encourage harmful drinking.
- *Health labelling on alcohol products:* Good information is required to make good choices. The Bill expands the health information that will have to be displayed on alcohol labels and by sellers of alcohol.³⁵¹ A three year period has been allowed for transition to the new labelling requirements.
- *Regulating alcohol advertising and marketing and sponsorship:* The Bill includes a number of measures to reduce children's exposure to alcohol marketing and advertising, moving away from self-regulation and voluntary codes.³⁵² While the Bill stops short of a complete ban on sports

347 S. Stallings-Smith et al *Socioeconomic Differentials in the Immediate Mortality Effects of the National Irish Smoking Ban*. (2014 PLoS ONE 9(6): e98617. doi:10.1371/journal.pone.0098617).

348 S. Byrne, *Costs to Society of Problem Alcohol Use in Ireland* (Health Service Executive 2010) 7.

349 A. Hope *Alcohol's Harm to Others in Ireland* (Health Service Executive 2014) 19 and 26.

350 <http://alcoholireland.ie/minimum-pricing-campaign/the-facts/>

351 Section 11 of the Public Health (Alcohol) Bill 2015 provides for the labelling of products containing alcohol which will contain a warning to inform the public of the danger of alcohol consumption.

352 Included in the Bill is the requirement that alcohol adverts must include health warnings, as well as information on the alcohol and calorie content, and a link to a public website (to be established by the HSE in 2016) providing information on alcohol and related harms. Alcohol adverts in cinemas will only be shown in over 18s films; there will be a 9pm watershed on alcohol advertising on TV and radio, and there will also be restrictions on advertising in print media, both Irish and international.

sponsorship by alcohol companies, it includes a range of measures to protect children from alcohol advertising.³⁵³

- *Separation of alcohol products in mixed retail outlets:* The majority of alcohol sales now occur in the off trade rather than in pubs. The ready availability of alcohol alongside other ‘everyday’ products contributes to ‘normalising’ a product which by law has restricted availability, and facilitates alcohol marketing. The Bill replaces the current voluntary code with statutory ‘structural separation’ requirements.³⁵⁴
- *Enforcement powers for authorised officers in relation to regulating the sale, supply and consumption of alcohol products.*³⁵⁵

The Bill has passed second stage in the Oireachtas but there was not sufficient time to allow for its passage before the end of the previous Government’s term in office. The key challenge now is to secure its passage into law, and to press for the swift implementation of the Bill’s measures.

Drug use

In relation to the use and supply of illegal drugs, the recent escalation in drug gang related violence in deprived areas of Dublin indicates the broad range of harm that this industry has on poor children. These include the relationship between early school leaving (ESL) and problematic drug use as “ESL has been identified as a critical event in experimentation with drugs and, consequently, measures to promote successful school completion rates also impact on potential problem drug/alcohol use”,³⁵⁶ the increasing reports of violence and intimidation suffered by the families of drug users, to the neglect and abuse that children of drugs and/or alcohol abusers are vulnerable to.³⁵⁷

The current (interim) *National Drugs Strategy 2009-16* comes to an end this year. Included in its recommendations was the need for much better integration of family support in addressing the issue, to provide better supports for families experiencing difficulties due to problematic drug and alcohol use, parenting skills and targeted measures focusing on the families of drug and/or alcohol abusers.

The Programme for Government commits to beginning implementation of a new National Drugs Strategy by May 2017, supporting a health-led approach to the issue. This programme of action must be a high priority. The new strategy should be based on meaningful consultation with affected communities, systematic integration of family supports and engagement with families in addressing the issue, and must include measures to address problematic alcohol use, as well as the relationship between poor mental health and addiction. The Child Law Reporting Project noted in its Interim report that parental alcohol abuse was the primary reason for seeking a care order in 7.2% of cases it examined while parental drug abuse accounted for 11.4% of the care orders.³⁵⁸ It also highlighted ‘the lack of support for the parents from their extended family or the wider community’.³⁵⁹ A needs analysis published by the Western Region Drugs Taskforce in 2015 identified ‘[g]aps in service provision for families affected by substance misuse include access to services, awareness and information deficits (regarding substance misuse)’.³⁶⁰ It recommended better coordination between all relevant services and inter-agency structures as well as establishing best practice in providing drug and alcohol family support services.³⁶¹

353 The Bill prohibits alcohol advertising near schools and early years childcare settings, in local authority owned public spaces, or on and around public transport. Alcohol advertising in sports grounds where the majority of competitors or participants are children will also be prohibited. Those selling alcohol (whether pubs or off trade) will also be required to display health warning notices

354 Mixed retailers will be required to either store alcohol in a separate area of the store, or in a closed storage unit only for alcohol. Promotions and ads in relation to alcohol will also have to be restricted to these areas.

355 Part 3 of the Bill provides for compliance and enforcement.

356 Department of Community, Rural and Gaeltacht Affairs National Drugs Strategy 2009-2016 (Department of Community, Rural and Gaeltacht Affairs 2009) 29.

357 Ibid, 23.

358 Dr. C. Coulter, Child Care Law Reporting Project: Interim Report (Child Care Law Reporting Project: Interim Report 2013)

359 Ibid.

360 D.McDonagh and J. Reddy *Drug & Alcohol Family Support Needs Analysis Report* (Western Region Drugs Taskforce 2015) 7.

361 Ibid, 7-8.

Recommendations:

- Enact the required technical amendment to the Public Health (Standardised Packaging of Tobacco) Act 2015 as a matter of urgency, so as not to delay the introduction of plain packaging;
- Complete the passage of the Public Health (Alcohol) Bill 2015 through the Oireachtas and move swiftly to full implementation of its measures, including incorporating the recommendation of the Oireachtas Committee on Health and Children in its pre-legislative scrutiny of the Bill to amend Head 9 to include a sunset clause requiring re-evaluation of the legislation in its entirety (as opposed to just the marketing and advertising components) within three years of the Bills commencement.³⁶²
- Develop and implement a new National Drugs Strategy, following consultation with affected groups, to incorporate a comprehensive suite of family support measures to combat problematic drug use to protect children from the range of harms resulting. The new strategy should explicitly include actions to reduce harmful use of alcohol, particularly among children as well as actions to address the needs of those suffering addiction and mental health issues.
- Make available services for families affected by substance misuse to enable family support workers and services to assist families impacted by addiction.

362 Joint Oireachtas Committee on Health and Children (June 2015) Report on Pre-Legislative Scrutiny of the Public Health (Alcohol) Bill 2015. Available at: <https://www.oireachtas.ie/parliament/oireachtasbusiness/committees_list/about/31stdail/health-and-children/reports/>

10.4 Tackle social gradient in unhealthy lifestyles

Food poverty and obesity

Consistent poverty is defined as living in a household that is both at risk of poverty (income poor – below 60 per cent of the median income) and experiencing enforced deprivation.³⁶³ Enforced deprivation is measured as going without two or more necessities on an 11 item deprivation index.³⁶⁴ Two of the eleven indicators focus on food poverty.³⁶⁵

Food poverty has been exacerbated by the recession. Since 2010, the percentage of people experiencing food poverty in Ireland has risen from 10 to 13.1 per cent.³⁶⁶ A 2015 report found that 22 per cent of children aged between 10 and 17 years have gone to school or to bed hungry because there was not enough food at home.³⁶⁷ Research has found that the rate of social welfare payments and level of earnings based on the minimum wage in Ireland are such as to make eating a healthy diet difficult.³⁶⁸ The risk of low income families experiencing food poverty is related to the age of their children, with expenditure greatest when a child is an infant (who has specific dietary requirements) or a teenager (who need to consume more food).³⁶⁹ Healthy foods are up to 10 times more expensive than poorer quality foods with high concentrations of sugar, fat and salt. Food poverty is contributing to malnutrition, obesity, and poor concentration in school.³⁷⁰

Food poverty and obesity are inter-related issues which are intrinsically related to socio-economic status. As a key report³⁷¹ on the issue in Ireland notes:

As in health (Macintyre 1994), socio-economic differentials in dietary behaviour exist in all societies and are apparent throughout the social scale, suggesting that there is not simply a threshold of absolute food deprivation below which people are hungry, but a linear relationship between socio-economic circumstances and diet. ...

The data show that people from socially disadvantaged positions are less resourced than other social groups to make healthy food choices and that socio-economic inequality strongly drives the inequality in dietary habits. ...

Compared to more affluent groups, socially disadvantaged people eat less well, spend a greater proportion of income on food, have difficulties accessing a variety of nutritionally balanced good quality and affordable foodstuffs and know what is healthy but are restricted physically and mentally by a lack of financial resources.

The issue of food poverty is multi-faceted and complex, and requires a similar response, which can be structured under four key headings, as framed by the Healthy Food for All initiative.³⁷²

363 Department of Social Protection, *Social Inclusion Monitor 2014* (Department of Social Protection 2016).

364 The Central Statistics Office (CSO) monitors the deprivation indicators annually through the EU Survey on Income and Living Conditions (EU-SILC).

365 Department of Social Protection 'Poverty in Ireland Measuring Poverty in Ireland' factsheet <http://www.welfare.ie/en/downloads/measuringpoverty.pdf> [accessed 25 July 2016].

366 Department of Social Protection, *Social Inclusion Monitor 2014* (Department of Social Protection 2016).

367 National University of Ireland, Galway, *The Irish Health Behaviour in School-aged Children (HBSC) Study 2014* (Department of Health 2015) 14.

368 B. MacMahon, and G. Weld, *The cost of a minimum essential food basket in the Republic of Ireland: Study for six household types* (Safefood 2015) 63.

369 B. MacMahon, G. Weld, R. Thornton and M. Collins, *The Cost of a Child: A Consensual Budget Standards Study Examining the Direct Cost of a Child Across Childhood* (Vincentian Partnership for Social Justice 2012) 32.

370 Healthy Food for All, Pre-Budget Submission 2014, (Healthy Food for All 2013).

371 Friel, & Conlon (2004) *Food Poverty and Policy*. Dublin: Combat Poverty Agency. Available at: <<http://healthyfoodforall.com/food-poverty/>>

372 Healthy Food for All initiative <<http://healthyfoodforall.com/food-poverty/>>

Affordability: Ireland’s food costs are relatively high in the EU context, and this presents particular issues for low income families, who it has been estimated would need to spend a quarter of their weekly budget on food to meet nutritional needs.³⁷³ While poor households tend to spend a higher share of their income on food, this is often the only household expense that is flexible, so that other priorities e.g. rent, bills etc. can often take precedence.

While there is a commitment to introduce a levy on sugar-sweetened drinks, data from Growing Up in Ireland finds that this is one of the ‘calorie dense’ food stuff that is least consumed by children.³⁷⁴

Accessibility: This is a critical and challenging issue, as even though low income families may know about choosing healthier options, their scope to do so is limited by physical as well as financial constraints. People living in areas with a lack of local shops and supermarkets, or limited transport options can mean they are unable to buy and bring food home.

An important issue for consideration here, and which intersects with housing issues, is the challenges that homeless families face in providing a decent diet for their children. Homelessness often means families paying more for certain things e.g. laundry thereby reducing their available income.

Availability: Most particularly for poor families living in disadvantaged areas, the availability of fresh and healthy food options can be an issue. In these areas, families are often reliant on local convenience stores, rather than large supermarkets. Fresh foods have shorter shelf lives, with higher storage costs, and lower profit margins and therefore smaller local shops may not stock a full range of fresh produce.

Awareness: What constitutes ‘healthy eating’ can be confusing: there’s a lot of misinformation about nutrition and healthy eating in the media, which can be difficult to negotiate for even the best informed consumers. For people who never learned the basics of food preparation and cooking – whether in school or at home – and/or have literacy difficulties, the challenge can be particularly acute. Families who are both income and time poor need much more support about how to make healthy, nutritious and economical food choices.

Each of these four dimensions clearly interact with each other, highlighting the need for a comprehensive cross-government strategy to effectively tackle food poverty, including for example, planning and public transport considerations, fiscal strategies to make health food choices more affordable, empowering and educating children and parents through supports in schools and elsewhere.

One in four children is obese or overweight with children attending schools in the most disadvantaged areas likely to experience obesity or overweight.³⁷⁵ We welcome the Government’s recently launched *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025* which contains a priority action to ‘[a]ssess the needs of vulnerable groups as the basis of allocation of resources for preventative and treatment services for children and adults’ in the first year of the

373 <http://healthyfoodforall.com/wp-content/uploads/2013/10/healthy-food-basket-summary-sheet-roi-final.pdf>.

374 GUI Infant Cohort Key Findings (at 3 years) *No.1 The Health of Three Year Olds*. Available at:

<<http://www.growingup.ie/index.php?id=61>> Accessed 21st August 2016.

Findings on consumption of a range of ‘healthy’ and ‘unhealthy’ foods are summarised in the table below, analysed by the mother’s highest level of educational attainment:

	Fresh fruit	Cooked veg.	Veg. or salad	Biscuits, chocol ate	Crisps	Sweets	Burger/hotdog	Chips	Non-diet fizzy drinks
Lower secondary or less	82%	81%	21%	72%	63%	55%	52%	42%	41%
Degree or higher	94%	89%	30%	77%	36%	46%	28%	21%	24%

375 Department of Health *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025*, (Stationery Office, 2016) 14.

strategy.³⁷⁶ The commitment to prioritise groups including ‘families, children, low-income groups and people living in deprived areas’³⁷⁷ is a welcome development in recognising this stark inequality.

Food is a significant factor in driving the social gradients in health outcomes, and to tackle obesity, most experts focus first on food choices. However, regular physical exercise is critically important in fostering good health. It is clear from the Growing Up in Ireland data, which found a relationship between household income (and maternal educational level) and physical activity among children: children from less advantaged backgrounds participated in more unstructured activity, while their more affluent peers were more likely to attend a sports club/group on a regular basis – 63% of children in the highest income group attended a sports club/group for one hour or more per week compared to just 34% of those in the lowest income group.³⁷⁸

The National Physical Activity Plan includes a number of actions geared at increasing physical activity among Ireland’s children, but a relatively limited focus on children living in poverty. It would be important that implementation of the EU Recommendation includes measures to address this inequality.

Recommendation:

- Ensure that the proposed needs assessment of vulnerable groups outlined in the *Healthy Weight for Ireland* plan to inform resource allocation for preventative and treatment services is adequately planned and resourced. This will help to address core element of implementing the EU Recommendation. The proposed steps to increase access to sports and structured physical activity for children in poor households must also be resourced.

10.5 Devote special attention to particular groups of children

Mental health

While there are still far too many children waiting to access the Child and Adolescent Mental Health Service (CAMHS), the waiting list reduced somewhat last year, by 14.5% (from 2,634 in October 2014 to 2,252 in October of 2015), despite a 3.6% increase in the number of children referred to the service. The CAMHS features prominently in public debates about mental health among Ireland’s children and young people, however a more proactive focus would direct attention to much earlier interventions and supports that can avert crisis and support children and young people to better manage their mental health – a critically important life skill.

In this context the recent establishment of a Taskforce on Youth Mental Health, chaired by Minister of State McEntee, is a welcome development. The aim is that the taskforce completes its work within a year, bringing together a wide range of perspectives, to improve supports to that “every young person in Ireland is supported to build their own resilience and emotional wellbeing”. Also welcome is the commitment to involve young people in the work of the task force. However, it is not yet clear what the outputs of the taskforce will be.

While the taskforce will examine issues related to well-being, it does not deal the pressing issue of inadequately funded CAMHS services. It also will not address the issue of in-patient care as well as the availability of age-appropriate mental health services for young people. The Mental Health Commission’s target that no child under 18 should be treated in adult facilities by December 2011³⁷⁹ has still not been implemented.

Recommendation:

- The taskforce should develop a comprehensive and agreed strategy to implement a range of actions to promote mental resilience and well-being.
- Stop the placement of children and young people in adult facilities and ensure that all children under 18 years can access age-appropriate mental health treatment in a timely manner.

376 Ibid, 37.

377 Ibid.

378 Growing Up in Ireland (November 2013) Key Findings: Infant Cohort (at 5 years) No.3 Wellbeing, Play and Diet among Five Year Olds. Available at: <<http://www.growingup.ie/index.php?id=61>>.

379 Mental Health Commission Code of Practice Relating to Admission of Children under the Mental Health Act 2001: Addendum (Mental Health Commission 2009).

Longer-term health issues and children with disabilities

While many of the determinants of health form early in life, some children have longstanding health conditions, while for others new risks emerge throughout a person's development. Therefore, an anti-poverty strategy for children, while treating the early years as a unique opportunity for positive intervention, also needs to look beyond those years, into middle childhood, adolescence, and young adulthood. Developmental theorists identify adolescence as a crucial period of psychological and biological change, second only to early childhood.³⁸⁰

Longstanding health conditions are common among three-year-old children in Ireland. Approximately 17% of three-year-olds have a longstanding illness, condition or disability, primarily asthma, eczema, or sensory disabilities the condition(s) having an impact on their daily activities.³⁸¹ Higher prevalence was generally found among males, children with low birthweight, children whose primary carer had a health condition, children in households with one parent, children in households with the lowest social class, and children who were covered by the General Medical Scheme, i.e., in low-income families and/or had a disability or illness. A child poverty strategy should protect provision for children with illness and disability.

A long-standing difficulty in the area of disability services in Ireland has been their uneven development throughout the country, leaving significant gaps in provision. A major reform process - *Progressing Disability Services for Children and Young People* - was put in place to address this, so as to provide a single clear pathway to services for all children based on need, to use available resources for the greatest benefit of children and families, and to ensure that staff from the health and education sectors work well together to support children to realise their full potential. Parents and families must be at the centre of service planning, so that all services for children with disabilities are delivered in partnership with their families. Local Primary Care Team will provide services where appropriate, and specialist Early Intervention and School Age Disability Network Teams where children's needs are more complex. It is also important to note that in 2016 the UN Committee on the Rights of the Child called on the State to '[a]dopt a human rights-based approach to disability and establish a comprehensive strategy for the inclusion of children with disabilities'.³⁸²

A related development is the roll out of a new model of support for children with disabilities in free pre-school, to ensure that children can benefit to the greatest extent from free preschool, with an escalating range of services provided on the basis of assessed need, rather than formal diagnosis.

As part of this reform process, an 'outcomes focused performance management and accountability framework' has been developed, which is due to be piloted in a small number of sites in the final quarter of this year.³⁸³ The outcomes framework captures six child and five family outcomes agreed during the family's engagement with disability services.

The outcomes framework is a valuable tool in helping to move from a multi-disciplinary approach to a genuinely inter-disciplinary approach where staff from a range of disciplines including family support, education and health, work cohesively as a team to address the individual needs of each child and family.

It will also provide important data on the overall number of health professionals required, and the team skill mix needed to provide the best service. While there has been additional investment in staff resources over recent years, meeting the needs of children with disabilities will require additional staff resources, across a range of specialties. A related challenge is absence management, for example as a result of maternity leave, and reducing the length of time it takes to recruit staff.

380 Viner, R, Ozer, E, Denny, S., Marmot, M., Resnick, M., Fatusi, A. and Currie, C (2012). Adolescence and the social determinants of health, *The Lancet*, 379: 1641-52

381 Institute of Public Health (2014) Longstanding health conditions among three-year-old children in the Republic of Ireland in 2011 A report based on data from the "Growing Up in Ireland" study

382 UNCRRC 'Concluding Observations Ireland' (1 March 2016) UN Doc CRC/C/IRL/CO/3-4 para. 48.

383 Health Service Executive, *Progressing Disability Services for Children and Young People - Report on the Findings of Consultation on draft Outcomes Statements*, (Health Service Executive 2013).

Parents in under-resourced areas have often resorted to purchasing such services privately where they are not available publicly in a timely fashion. But this option is rarely available to low income families, or at least can only be taken by experiencing deprivation in other areas. Many children with disabilities in low income households can suffer a double discrimination where appropriate and timely supports and services are not available.

Welcome progress is being made - albeit gradually - in reconfiguring disability services for children and their families, and in moving the culture of service provision to an interdisciplinary one focused on achieving outcomes for children.³⁸⁴ However, the most pressing issue for children with disabilities from low income households is being able to access the particular supports they need in a timely way. From an anti-poverty perspective therefore, it is critically important that the learning from this process of reform is harnessed effectively to ensure that sufficient staff, with the right skill mix, are in place. Given the inability of low income parents to purchase privately services not publicly available, the National Disability Authority has recommended that 'where there are high concentrations of social disadvantage, a higher ratio of therapists to population would be required' with particular targeted and additional supports for vulnerable families.³⁸⁵

Recommendations:

- Continue to drive forward implementation of the *Progressing Disability Services for Children and Young People* reform process, to realise the goal of completing reconfiguration in 2016 and advancing the wider implementation of the outcomes focused performance management and accountability framework.
- Develop a resource allocation model which aims to ensure that each geographic area has the appropriate skill mix, and sufficient staffing resources to meet needs taking into account the recommendations of the National Disability Authority. To ensure that children in poverty have equal access to services, a social deprivation indicator should be included in the resource allocation formula.

384 Standards and Performance Reporting Working Group for 'Progressing Disability Services for Children and Young People' programme, Report on an Outcomes-Focused Performance Management and Accountability Framework for Early Intervention and School Age Disability Network Teams (Standards and Performance Reporting Working Group 2013).

385 National Disability Authority, *Children's Disability Services in Ireland* (NDA 2015) 22.

11. Housing

The EU Recommendation on Investing in Children provides the following guidance on this issue:

- ✓ 6.4 Provide children with a safe, adequate housing and living environment — Allow children and young people to live and grow up in a safe, healthy and child-friendly environment that supports their development and learning needs:
- ✓ 6.4.1 Make it possible for families with children to live in affordable, quality housing (including social housing), address situations of exposure to environmental hazards, overcrowding and energy poverty
- ✓ 6.4.2 Support families and children at risk of homelessness by avoiding evictions, unnecessary moves, separation from families as well as providing temporary shelter and long-term housing solutions
- ✓ 6.4.3 Pay attention to children’s best interests in local planning; avoid ‘ghettoisation’ and segregation by promoting a social mix in housing as well as adequate access to public transport.

11.1 Affordable, quality housing including social housing

There are currently around 90,000 people on the social housing waiting list.³⁸⁶ *Rebuilding Ireland, An Action Plan for Housing and Homelessness* was launched in July 2016.³⁸⁷ It provides for 47,000 social housing units to be delivered by 2021, supported by an investment of €5.35 billion.

Notably, investment in social housing fell from €1.48 billion in 2008 to €235 million in 2013³⁸⁸ or in terms of output there were 8,700 social housing units built in 2007 but only 767 social housing units in 2013.³⁸⁹ The *Social Housing Strategy 2014-2020*³⁹⁰ relied heavily on the private sector for the provision of social housing, envisaging that around two-thirds of the accommodation to be provided for households ‘in housing need’ will be in the private sector. However, *Rebuilding Ireland* continues to rely on this strategy using the Housing Assistance Payment (HAP) scheme to accommodate those in housing need in privately owned properties as its main source of ‘social housing’.³⁹¹

Affordability: Property rental prices continue to rise and according to the Residential Tenancies Board (RTB), rents in Dublin are now more expensive than they were before the recession.³⁹² Recent increases in the Rent Supplement and HAP are welcome and necessary in preventing more families becoming homeless in the context of increasing rents but the shortage of private rented accommodation is placing even more pressure on the system.

Recommendation:

- Implement the commitment to invest €5.35 billion in the building of 47,000 social housing units by 2021 as set out in *Rebuilding Ireland, An Action Plan for Housing and Homelessness*.

386 Housing Agency, *National Statement of Housing Supply and Demand 2014 and Outlook for 2015-2017* (Housing Agency July 2015) 20.

387 Department of Housing, Planning, Community & Local Government, *Rebuilding Ireland: Action Plan for Housing and Homelessness* (2016) <http://rebuildingireland.ie/Rebuilding%20Ireland_Action%20Plan.pdf#page=34>.

388 Department of Public Expenditure (2013) Revised Estimates for Public Services, Dublin: Stationery Office

389 Clúid Housing Association (2014) Presentation to the Society of Chartered Surveyors Ireland, 30 September 2014; see also M. Norris & T. Fahey, ‘From Asset Based Welfare to Welfare Housing? The Changing Function of Social Housing in Ireland’, *Housing Studies* 26/3, pp. 459-469.

390 Department of the Environment, Communities and Local Government, ‘Social Housing Strategy 2020’ <http://www.environ.ie/sites/default/files/publications/files/social_strategy_document_20141126.pdf> accessed 4 July 2016.

391 Department of Housing, Planning, Community & Local Government, *Rebuilding Ireland: Action Plan for Housing and Homelessness* (2016) <http://rebuildingireland.ie/Rebuilding%20Ireland_Action%20Plan.pdf#page=34>.

392 Residential Tenancies Board, ‘RTB Rent Index 2016 Quarter 2’ available online at: [http://www.rtb.ie/docs/default-source/default-document-library/rtb-quarter-2-2016-\(3\)-final.pdf?sfvrsn=2](http://www.rtb.ie/docs/default-source/default-document-library/rtb-quarter-2-2016-(3)-final.pdf?sfvrsn=2).

Energy Poverty

Two of the 11 basic deprivation indicators relate to energy poverty, specifically that a family had to go without heating during the last year through lack of money and could not keep the home adequately warm. According to St Vincent De Paul providing assistance to households to meet their energy costs increased from €3.8m in 2008 to €10m in 2013.³⁹³ In 2014, 54.6% of households living in consistent poverty went without heating in the previous year³⁹⁴ while 32% living in consistent poverty were unable to keep their home sufficiently warm.³⁹⁵ The Department of Communications, Energy and Natural Resources' Strategy to Combat Energy Poverty recognises the need to address energy poverty in homes where children live, in particular those headed by single-parents.³⁹⁶ The stated intention of that Department to work with the DCYA and DSP to roll-out a pilot scheme to provide energy efficiency interventions in homes where infants are present is welcome. The project will target people in energy poverty who suffer from acute health conditions that may be exacerbated by living in an energy inefficient home with 'deep retrofits' (substantial renovation to homes with a range of extensive energy efficiency upgrades), and should demonstrate the multiple benefits that energy efficiency provides.

Recommendations:

- Implement the commitments contained in A Strategy to Combat Energy Poverty
- Expand the eligibility criteria of the existing energy efficiency schemes to people who suffer basic deprivation and who are not covered by existing schemes
- Continue to support innovative initiatives which make budgeting for household energy easier for low income groups.

11.2 Support Families and Children at risk of homelessness

The housing situation in Ireland has reached crisis point and family homelessness in particular has increased substantially as a result of the recession. In July 2016, a total of 1130 families with 2348 children were homeless nationwide, the majority based in Dublin.³⁹⁷ Of these families, 750 were single-parent families.³⁹⁸

Many homeless families are based in emergency or supported temporary accommodation which consists of Bed and Breakfast accommodation, hostels or other temporary residential facilities. We acknowledge the commitment in the *Rebuilding Ireland* strategy that families will no longer be accommodated in inappropriate B&B or hostel accommodation by mid-2017 but in the context of a housing shortage it is important that quality alternative accommodation is sourced and made available.

The quality of emergency accommodation is sometimes inappropriate for family life as such accommodation often means whole families living in one room with no privacy. Long-term living in emergency accommodation is costly, unsustainable and not conducive to childhood development and well-being. There are often no cooking facilities, and little or no space for children to play or do homework. In many cases children and young people have to travel long distances to remain in the school which they were attending prior to their family becoming homeless. Many of these key issues for families with children and young people in homeless accommodation are highlighted in *Rebuilding Ireland* including the issue of regular school attendance for children in homeless accommodation and the related issue of access to school transport and public transport for

393 St Vincent De Paul Policy Links – Energy Poverty (January 2015) available online at:

<<https://www.svp.ie/getattachment/b4943724-b62c-41b8-be64-cd19c76a1cf0/Policy-Links-Energy-Poverty.aspx>>.

394 Central Statistics Office 'Survey on Income and Living Conditions (SILC) 2014 results' available online at:

<<http://www.cso.ie/en/releasesandpublications/er/silc/surveyonincomeandlivingconditions2014/>>.

395 Ibid.

396 Department of Communications, Energy and Natural Resources A Strategy to Combat Energy Poverty 2016 – 2019 (2016)

available online at <<http://www.dccae.gov.ie/energy/SiteCollectionDocuments/Energy-Efficiency/A%20Strategy%20to%20Combat%20Energy%20Poverty.pdf>>.

397 Department of Housing, Planning, Community & Local Government 'Homelessness Report July 2016' available online at:

<http://www.housing.gov.ie/sites/default/files/publications/files/homeless_report_-_july_2016.pdf>.

398 Ibid.

outings.³⁹⁹ *Rebuilding Ireland* makes a number of welcome commitments to address the lives of children and their families living in temporary emergency accommodation including:

- an initiative to introduce Dedicated Child Support workers to support vulnerable children
- proposing solutions to address food poverty
- providing access to crèches and pre-school services
- prioritising homeless children in School Completion Programmes for breakfast and homework clubs, and providing additional resources to help with school attendance
- providing that a safety guidance/voluntary code for child safety in emergency accommodation will be produced and reviewed with relevant stakeholders.⁴⁰⁰

However, it is not clear that these commitments have yet been implemented or that there is a clear timeline within which this should be achieved. While the development of National Quality Standards Framework for Homeless Services is ongoing, this would be a welcome step forward in ensuring quality and consistency across all services accommodating people experiencing homelessness.

The UN Committee on the Rights of the Child expressed its deep concern at the level of family homelessness and reports of families 'living in inappropriate, temporary or emergency accommodation on a long-term basis'.⁴⁰¹ It urged the State to take measures to increase housing support for these families making sure that the supports are 'appropriate to the needs of children affected and subject to adequate safeguards, reviews and evaluations'.⁴⁰² Child welfare and protection issues arise where families are living in shared emergency homeless accommodation, such as hotels and B&B accommodation, with people and staff who are not Garda vetted to assess their suitability for working in proximity to children.⁴⁰³ We welcome the agreement of a joint protocol between Tusla and the Dublin Region Homeless Executive to address child protection concerns⁴⁰⁴ but training of staff in the homeless services is essential. The development of National Quality Standards for homeless services⁴⁰⁵ is also a welcome step but must be completed as a matter of urgency.

BOBF's recommendation is that we develop child/youth-friendly sustainable housing and communities. Given that one-third of the private rented sector⁴⁰⁶ is funded through Rent Supplement/Rental Accommodation Scheme, and now the Housing Assistance Payment, we can no longer presume that children and families on low-income only live in particular areas. Irish policy guiding the development of new accommodation and sustainable communities should be universally child-and youth-friendly. Access to school must be a consideration in relation to planning.

Recommendations:

- Ensure that the commitments for children *Rebuilding Ireland* become a reality and the National Advisory Council for Children and Young People should have a role in monitoring its implementation.
- Tusla, the Child and Family Agency should conduct a child protection and welfare audit of emergency accommodation provided to families with children and ensure that adequate training is provided to homeless service providers in relation to the joint protocol.
- Complete and roll-out the National Quality Standards Framework for homeless services.

399 Department of Housing, Planning, Community & Local Government, *Rebuilding Ireland: Action Plan for Housing and Homelessness* (2016).

400 Ibid.

401 UNCRC 'Concluding Observations Ireland' (1 March 2016) UN Doc CRC/C/IRL/CO/3-4 para. 61.

402 Ibid, para. 62.

403 Issues raised at the Children's Rights Alliance Homeless Services Stakeholder Meeting, 7 October 2015.

404 <http://www.parliamentary-questions.com/question/15260-16/>

405 Dublin Region Homelessness Executive *Putting People First: A good practice handbook for homeless services* available online at: <<http://www.homelessdublin.ie/putting-people-first>>.

406 Department of Social Protection (2015) Maximum Rent Limit Analysis and Findings Report February 2015, <<https://www.welfare.ie/en/downloads/Maximum%20Rent%20Limit%20Analysis%20and%20Findings%20Report%20February%202015.pdf>>.

Domestic Violence

Safe Ireland found that 4,831 requests for domestic violence accommodation could not be met in 2014 because refuges were full (that is one quarter of those who sought help),⁴⁰⁷ highlighting what they call the 'integral connection between domestic violence and homelessness'.⁴⁰⁸ It blames the inadequacy of rent supports in light of the current rise in rent prices together with the lack of housing, this means that many women who are victims of domestic violence cannot find homes in which to move into and live safely.⁴⁰⁹ The numbers in emergency accommodation had doubled over the past year alone.

Rebuilding Ireland commits that Tusla, the Child and Family Agency will provide additional emergency refuge spaces to accommodate victims forced to flee the family home. However, no figure for the number of spaces to be provided is given.

Recommendation:

- Increase by 20 per cent the funding allocated to domestic violence refuges to ensure that they can accommodate those who require their services. Clarify the number of emergency refuge spaces to be provided for victims of domestic violence and implement the commitment to provide the additional places as set out under *Rebuilding Ireland, An Action Plan for Housing and Homelessness*.

Avoiding Evictions:

In recent years the mortgage arrears crisis has resulted in many families losing their home or having to move house due to loss of employment or unsustainable mortgages. While the level of mortgage arrears in relation to principal dwellings continues to decline, repossessions continue to be granted with 140 principal dwellings repossessed in the first half of 2016 on foot of a court order.⁴¹⁰

In 2015, 48 families were forcibly evicted from local authority houses⁴¹¹ while other families in the private rented sector were served with eviction notices due to the purchase of mortgages in arrears by so-called 'vulture funds'. In March 2016, more than 100 families were informed that their rented houses would be sold over the next four years and that they were facing eviction.⁴¹² The phenomenon of companies purchasing properties in mortgage arrears remains unregulated and adds to concerns about security of tenure for those in the private rented sector.

Recommendation:

- The forthcoming strategy for the private rented sector must include concrete measures to improve affordability, security of tenure and quality in the sector.

407 Safe Ireland, *National Domestic Violence Service Statistics Report 2014* (SafeIreland 2015) 4.

408 Safe Ireland, 'New Domestic Violence Statistics Show 14 Requests for Accommodation Could Not Be Met Every Day' <<http://www.safeireland.ie/2016/new-domestic-violence-statistics-show-14-requests-for-accommodation-could-not-be-met-every-day/>> accessed 4 July 2016.

409 Safe Ireland 'New Domestic Violence Statistics show 14 Requests for Accommodation Could Not Be Met Every Day' (16 February 2016) available online at: <<http://www.safeireland.ie/2016/new-domestic-violence-statistics-show-14-requests-for-accommodation-could-not-be-met-every-day/>>.

410 Central Bank of Ireland 'Residential Mortgage Arrears and Repossessions Statistics: September 2016' available online at: <<https://www.centralbank.ie/polstats/stats/mortgagearrears/Pages/releases.aspx>>.

411 Department of Housing, Planning, Community & Local Government, 'Local Authority Mortgage Repossessions' available online at: <<http://www.environ.ie/sites/default/files/attachments/c1-repossess-by-yr.xlsx>>.

412 RTE News Online 'Tyrrelstown tenants meeting over eviction notices' 14 March 2016 available online at: <<http://www.rte.ie/news/2016/0314/774762-tyrrelstown-properties-eviction/>>.

Travellers

Some Traveller families with children continue to live on the side of the road with no access to basic amenities including running water or sewage facilities. According to the 2015 Local Authority Annual Count, 534 Traveller families live in unauthorised halting sites.⁴¹³ Adequate and culturally appropriate accommodation is a serious and ongoing issue for the Traveller community and has a direct impact on both the education and health outcomes of Traveller children.

In 2010, three-quarters of Travellers lived in houses and almost a fifth lived in caravans, trailers or mobile homes.⁴¹⁴ A quarter of those families felt where they lived was unhealthy⁴¹⁵ and over a quarter felt that their residence was unsafe.⁴¹⁶ Over three quarters did not have safe play areas for children and young people.⁴¹⁷

Local authorities are charged with providing Traveller accommodation under the Housing Act 1998. However, between 2008 and 2013, 25 local authorities failed to meet their targets for accommodation provision.⁴¹⁸ Between 2002 and 2012 there was an under-spend of almost €71 million in relation to Traveller-specific accommodation.⁴¹⁹

Recommendations:

- Establish a national Traveller Agency to drive urgent improvements to provide culturally appropriate Traveller accommodation and fulfil the obligation under the Housing Act 1998 to provide culturally appropriate accommodation to Travellers with adequate water and sanitation facilities.

413 Department of Housing, Planning, Community & Local Government, 'Annual Count 2015 - Total Number of Traveller Families in all categories of Accommodation' available online at: <http://www.housing.gov.ie/sites/default/files/publications/files/total_number_of_traveller_families_in_all_categories_of_accommodation-2016-02-05_table_2.pdf>.

414 Cecily Kelleher et al., *Our Geels, All Ireland Traveller Health Study* (University College Dublin 2010) 148.

415 Ibid 46.

416 Ibid.

417 Ibid.

418 Pavee Point, Irish Traveller and Roma Children, An Update to Pavee Point Traveller and Roma Centre's Shadow Report in response to Ireland's consolidated third and fourth report to the UN Committee on the Rights of the Child (Pavee Point 2015) 11.

419 Minister of State for Housing, Jan O'Sullivan TD, Parliamentary Questions: Written Answers [43690/12-43692/13] 16 October 2013.

12. Play, Recreation, Sport and Cultural Activities

9.1 Support the participation of all children in play, recreation, sport and cultural activities
Acknowledge the influence children have over their own well-being and their resilience in overcoming adverse situations, in particular by providing opportunities to participate in informal learning activities that take place outside the home and after regular school hours:

- ✓ Address barriers such as cost, access and cultural differences to ensure that all children can participate in play, recreation, sport and cultural activities outside school
- ✓ Provide safe spaces in children's environment and support disadvantaged communities by means of specific incentives
- ✓ Encourage schools, community actors and local authorities to create better after-school activities and facilities for all children, regardless of their parents' work situation and background
- ✓ Enable all families to participate in social activities that boost their parental skills and foster positive family communication
- ✓ Promote approaches to participation that build on the potential for community volunteering and foster solidarity between generations.

Investing in Children,⁴²⁰ Europe's child poverty reduction strategy, recognises how important children's and young people's participation in play, recreation, sport and cultural activities is to their development, health and wellbeing. Children engage in structured and unstructured play, recreation, and sport and cultural activities in a variety of settings including their homes, their streets and communities as well as early years services and primary and secondary schools; after-school services and programmes. Facilities and services provided at local level by local government and community organisations also play an important role in a child's recreational life such as public libraries, playgrounds, local sports facilities and sporting organisations.

All children and young people have a right under Article 31 of the UN Convention on the Rights of the Child to rest, to engage in leisure, play and recreational activities, and to participate in cultural and artistic activities. BOBF structures should take a rights-based approach to meeting this obligation. For children and young people experiencing poverty, this means that having opportunities for play, recreation (including rest), and engagement in sport and cultural activities regardless of parental income, work situation or background.

Previous government action plans acknowledge the existence of a cultural deficit which prevents marginalised people from taking part in certain cultural activities.⁴²¹ The Arts Council has uncovered a potential 'disconnect' between funded arts activities and 'significant cohorts of the population' due to the lack of emphasis on engagement and participation'.⁴²² People from lower socio-economic backgrounds are less likely to participate. Community arts projects have all suffered significant cuts since the beginning of the recession. As highlighted in FLAC's parallel report to the UN Committee on Economic, Social and Cultural Rights:

While there remains a lack of data about the resources dedicated to cultural inclusion, there is evidence to indicate that people from disadvantaged socio-economic backgrounds with lower levels of educational attainment display equal levels of interest in the arts but are 'many times less likely' to participate in cultural events than their better-off counterparts.⁴²³

420 *Investing in Children*

421 *The National Action Plan for Social Inclusion and Towards 2016.*

422 *Arts Council Inspiring Prospects: Arts Council Strategic Review 2014 – Report of the Steering Group*, (Arts Council 2014) 4.

423 *FLAC, Our Voices, Our Rights* (FLAC 2014)

12.1 National policy and provision of recreational facilities and opportunities

Innovative national policies previously developed to implement Ireland's first National Children's Strategy (2000)⁴²⁴ - *Ready, Steady! A National Play Strategy (2004-2007)*⁴²⁵ and the ten-year *Teenspace: National Recreation Policy for Young People (2008)*⁴²⁶ - have highlighted the centrality and necessity of play and recreation to children's and young people's lives and wellbeing. Both strategies:

- recognised that children and young people freely choose their play and recreation activities;
- aimed to provide participation opportunities for all children regardless of their parents' income or where they lived;
- understood that children and young people's exclusion can be due to income inadequacy in the face of the recent commodification and privatisation of leisure and play, i.e., parents just not being able to afford their child(ren)'s participation;
- understood that non-participation can be due to the non-availability of free or low-cost quality services in their communities; and
- recognised that non-participation can be due to factors associated with poverty, such as housing and communities that are not child- and youth-friendly, or are perceived by children and their parents to have unsafe public spaces.

These findings should inform how BOBF will deliver this goal. Neither policy, however, focused strongly on children and young people's participation in arts and cultural activities. There is an almost complete dearth of Irish research on the participation of children and young people aged two- to twelve- years in the arts and cultural activities, particularly for those experiencing poverty and there is a lack of national policy in the area.⁴²⁷

Local Government is fundamental to providing services and amenities to children in their communities, and to providing child-friendly communities. Under the first national children's strategy, they were required to develop play and recreation strategies for children and young people and the *National Play Strategy* did increase the number of playgrounds in Ireland.⁴²⁸ While there is a lack of publically-available evaluative information on the successes and learning arising from the implementation of Ireland's only national play and recreation strategies to date that could help to inform current national policy, some national and local governance features were found helpful to developing and implementing local play and recreation policy for low-income communities.⁴²⁹ These included having a national play and recreation strategy to guide local policy and delivery for children and young people; children's inclusion in the local statutory Development Plan; national ring-fenced children's funding frameworks available to local authorities; the existence and resourcing of local mechanisms like Revitalising Areas by Planning, Investment and Development (RAPID), which provided leveraged funding in disadvantaged areas and included a specific playground funding stream that ended in 2009,⁴³⁰ with which to coordinate local provision and lever funding; sufficient local authority staff with specific child- and youth-specific remits, and high- level local support for children's plans, particularly at County and City Manager level.

The recent changes to the manner and level of funding for local authorities, combined with the continued moratorium on hiring local authority staff and the ageing profile of outdoor workers are relevant in terms of developing or maintaining public areas such as parks.⁴³¹ While public libraries provide some services to young adults, this is 'unevenly distributed throughout the country and,

424 National Children's Office (2008) *Teenspace: National Recreation Policy for Young People*. Dublin: Stationery Office

425 National Children's Office (2004) *Ready, Steady! A National Play Strategy*. Dublin: Stationery Office

426 National Children's Office (2008) *Teenspace: National Recreation Policy for Young People*. Dublin: Stationery Office

427 Communication by the Children's Rights Alliance with The Ark in September 2016.

428 Kerrins, L., Fahey, C., and Greene, S. (2011) *All around the garden: A review of Irish local government policy on the built environment for children and young people in social housing*, Combat Poverty Agency Working Paper 11/08, http://www.combatpoverty.ie/publications/workingpapers/2011-08_WP_AllAaroundtheGardens.pdf

429 *ibid*

430 Department of the Environment Community and Local Government (2011) value for money and policy review of the CLAR and RAPID leveraged expenditure approach. Dublin: DEHLG

431 <http://www.ipa.ie/pdf/CAPACITY&COMPETENCY_SEPT2013.pdf> p. 19.

indeed, within library authorities' and despite an increase in use by teenagers many services note that they

[...] are limited by lack of space, paucity of training for library staff, the absence of any dedicated young adults' librarians and a low level of knowledge of, and interest in, libraries on the part of teenagers, as well as competition with their other activities.⁴³²

The RAPID and Ceantair Laga Árd Riachtanais (CLÁR) programmes, the latter for rural areas, with central funding and policymaking from the Department of Community Rural and Gaeltacht Affairs, and subsequently the Department of the Environment, Community and Local Government, were casualties of the recession, and were both discontinued. Therefore, the Child Poverty Plan should examine how much local resource, human and financial, is being devoted to developing child friendly communities for children living in lower income areas, particularly those areas with high levels of private rented accommodation⁴³³ and areas which are or were areas of high local authority housing provision. Tools are available to support Local Government to ascertain the extent to which children's rights in this area is being met, and how to develop a plan to develop child friendly communities.⁴³⁴

There is evidence to suggest that, for children and young people experiencing poverty in Ireland, their right to such opportunities is compromised.

- Children in temporary emergency accommodation do not have adequate access to play and recreation facilities; they lived in very cramped conditions, and often had to walk a good distance to access a safe play area, and so children were not getting as much exercise as they would normally.⁴³⁵
- The Report of the Working Group on the Protection Process found that children living in direct provision centres did not have adequate access to safe play and recreational spaces.⁴³⁶

Growing Up in Ireland⁴³⁷ indicates that:

- Forty-two per cent of mothers of nine-year-old children reported an absence of safe parks or play areas, and a similar proportion indicated that their local area lacked appropriate recreational facilities.⁴³⁸
- 97% of 9-year-olds reported playing sport at least once a week. Boys were significantly more likely to play sport every day (61%) compared to girls (52%).⁴³⁹
- Most children (91%) lived in neighborhoods which were felt by their parents to be safe for children to play outside. However, this dropped to 68% of parents who felt it was safe to walk alone in their local area after dark. Only 58% of nine-year-olds lived in areas where safe parks, playgrounds and play spaces were available to them.
- Lower levels of access to services such as public transport, libraries, Social Welfare offices and recreational facilities were observed among more disadvantaged families.
- The greatest class differentials appeared in the availability of age appropriate recreational facilities – reported as being available to 63% of children in the Professional / Managerial category compared with 52% among the Semiskilled/Unskilled Manual group.

432 McGrath, B., Rogers, M. and Gilligan, R. (2009) *Young People and Public Libraries in Ireland*. Office of the Minister for Children and Dublin: Youth Affairs.

433 Census 2011 indicates that almost one-quarter of the people living in the private rented sector were aged 0-18 years, with the majority of those aged under the age of twelve. Source: Private Rented Tenancies Board (2014) *Future of the Private Rented Sector*. Dublin: PRTB

434 A set of indicators has been developed (funded by Ireland's One Foundation and UNICEF and Child Watch International) <<http://childfriendlyplaces.org/resourcekit/wp-content/uploads/2013/09/CFC-Facilitators-Guide.pdf>>.

435 Walsh, K and Harvey, B. (2015) *Family Experiences of Pathways into Homelessness - The Families' Perspective*. Dublin: Dublin Regional Homeless Executive, <https://www.housingagency.ie/getattachment/Our-Publications/Latest-Publications/Family-Experiences-Report-PDF.pdf>

436 Report of the Working Group para 1.59, 2.22.

437 Growing Up in Ireland THE LIVES OF 9-YEAR-OLDS CHILD COHORT Executive Summary

438 S. McCoy et al. (2012) *Growing up in Ireland, National Longitudinal Study of Children, Influences on 9 Year Olds' Learning: Home School and Community*. Dublin: Stationery Office, p. 40.

439 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (Department of Children and Youth Affairs 2014) p. 50.

- Watching TV is an almost universal activity among nine-year-olds⁴⁴⁰. Only 2% were reported by their mothers as not watching any TV on a typical week night during term time. Two-thirds of nine-year-olds usually watched one to three hours each evening with 10% watching three hours or more. Viewing times were significantly longer, however, for children whose mothers had lower levels of educational attainment and for those in lower social class categories.
- 74% of boys and 54% of girls spent some time each day playing video games, with 30% of boys and 12% of girls spending one hour or more. As with television viewing, the amount of time spent on an average day playing video games was higher among children whose mothers were in the lowest educational attainment category.
- Three-quarters of nine-year-olds were involved in some form of organised sports club or organisation. Participation was higher among boys (84%) than girls (67%). Participation in structured sports clubs increased with family income. Just under half (47%) of children were involved in structured cultural activities such as dance, ballet, arts and drama. Substantially higher percentages of girls (65%) than boys (31%) were engaged in these types of activities. Participation increased substantially with mother's educational attainment, social class and family income.

When asked about their perceptions of safety in their local area, 95% of children said they felt safe 'living around here' and 77% said there were places for children to play safely near their home. This did not vary according to their social class, mother's level of educational attainment or family income. Children were asked to record whether or not six child-specific services and facilities were available in their local area. The children felt that the most generally available facility was 'good places to play near the child's house' (83%). This was closely followed by 'a green area to play' (82%) and 'after-school activities' (76%). The other services were endorsed by only approximately half of the children: public transport to school (56%), playground (46%) and youth clubs (43%). For all items (other than after-school activities) there was no relationship between recorded availability and family social class. For after-school activities there was a slight positive relationship with social class.

Irish research on children's independent mobility,⁴⁴¹ defined as the level of freedom children have to make journeys on their own (a Child Friendly Cities indicator), indicated that infrastructural considerations clearly influence where children go, how they travel and the types of activities in which they engage. The study findings suggest that adequate provision of footpaths and public lighting, as well as access to spaces (other than private gardens) – both formal and informal – are important in determining levels of children's mobility and their activities.

Recommendations:

- Implement *Better Outcomes, Brighter Futures* commitment to 'continue to develop play and recreation spaces for both children and young people, from playgrounds (for multiple age ranges) to youth cafés, sports and leisure centres'⁴⁴² recognising children's and young people's desire for structured and unstructured recreational opportunities and ensuring that they are consulted in the design of future facilities. Local authorities, a key implementer of BOBF,⁴⁴³ must be involved in this plan to deliver at local level for all children but in particular those experiencing poverty.

440 Growing Up in Ireland (2009) *The Lives Of 9-Year-Olds Child Cohort Executive Summary*. Dublin: Office of the Minister for Children and Youth Affairs

441 O'Keeffe, B. and O'Beirne, A. (2015) *Children's Independent Mobility on the Island of Ireland*. Limerick: Mary Immaculate College. Children and parents from twenty-five schools across the island of Ireland participated and a total of 2,228 children and young people between the ages of seven and fifteen completed a survey that explored their travel patterns and levels of personal autonomy. In addition, 1,695 of their parents completed an accompanying questionnaire about similar issues.

442 Department of Children and Youth Affairs, *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* (Department of Children and Youth Affairs 2014) Commitment 1.15.

443 BOBF is aimed at all of Government, the added value of which will be derived through greater collaboration and coordination across Government departments and agencies, both nationally and locally, in order to drive implementation and achieve better outcomes, leveraging available resources effectively towards what works and targeting identified need (DCYA, 2014)

12.2 Afterschools Policy

Afterschool policy in Ireland for children aged four years and up, however, is differentiated from recreation policy, aligning with early childcare and education policy, with both tending to be policies for parents to support their employment outside of the home. The universal, free preschool year available to children from age three-years is a notable exception to this but does not provide for full-time care.⁴⁴⁴ We know little about the children attending afterschool services and programmes, or even how many attend, and the characteristics of the provision. A total of 8% of nine-year-olds were involved in After-school Clubs in 2011, according to *Growing Up in Ireland*.⁴⁴⁵ There were no differences in participation between boys and girls. Children from three groups were significantly more likely to participate: those whose mothers had lower levels of educational attainment, lower family income and children in single-parent families (especially families with three or more children), possibly indicating the extent to which lower-income families rely on afterschools to support their employment or to provide family support, and supporting children with educational issues and personal development.

As is the case with early years, non-parental care after the school day is often undertaken by family members for no pay, or by paid childminders which are unregulated and therefore data is not readily available. There is no national regulation of afterschool, no specific qualifications framework or quality standard that staff must adhere to in order to avail of public funding, or curricula. Afterschool provision can be expensive and provision is patchy. The sector requires further development. While subsidised afterschool places are available under the Childcare Subsidy (CCS) and the Training and Employment Childcare (TEC), the sum payable by parents under the CCS is still high, as identified in the section on ECCE in Part 1 of this submission. These funding schemes are to be abolished and replaced by a Single Affordable Childcare Programme (see section on Early Childhood Care and Education).

Afterschool services for children aged four to twelve years tend to be services to working parents or are targeted services in disadvantaged areas such as homework clubs. They could not really be considered to be recreational activities in which children freely choose to engage. Ireland does not yet have an After Schools Policy or curricula,⁴⁴⁶ although a national policy is under development. The *Programme for Partnership Government* proposes to run afterschools on school premises after school hours; this proposal may form part of the forthcoming Afterschool Strategy. While the *Programme of Partnership Government* anticipates using existing primary and secondary schools for afterschool programmes, it is possible that not all schools will be in a position to do so. They may lack specific spaces to develop play and relaxation spaces given that their principle focus is education. They may also lack the necessary cooking facilities to feed children after a school day as outlined in the education section of this paper. Afterschool programmes should not be 'schoolified', or in other words the children should not just receive 'more school' as this might be particularly troublesome to children and young people that struggle with school. There are many afterschool models currently operating in Ireland, both private for-profit and community-based, therefore a one size fits all option may not be possible.

While the Programme for Government anticipates using existing primary and secondary schools for afterschool programmes, this may not be possible for all schools due to a lack of space to develop suitable recreational spaces in an educational setting. They may also lack the kitchen and catering facilities required for afterschool provision. Both of these omissions are particularly pertinent to children experiencing poverty and a programme of development and a funding stream is needed to address these issues.

444 67,000 children registered in Sept 2015 for the free preschool year. This figure is expected to be 85,000 in September 2016 as two free years were provided for in Budget 2016. Source: <<http://www.dcy.gov.ie/viewdoc.asp?Docid=3953&CatID=11&mn=&StartDate=1+January+2016>>.

445 *Growing Up in Ireland THE LIVES OF 9-YEAR-OLDS CHILD COHORT Executive Summary* <http://www.growingup.ie/fileadmin/user_upload/documents/1st_Report/Barcode_Growing_Up_in_Ireland_-_The_Lives_of_9-Year-Olds_Exec_Summary.pdf>.

446 Afterschool care is non-parental care after school hours during the school year.

Recommendations

- The forthcoming Afterschool Strategy must be child-centred while at the same time ensuring that quality services are provided in line with best practice in order to meet children's participation and recreation rights. Children and young people, civil society, and private and community sector providers should be consulted in developing the strategy.
- Afterschool policy for children experiencing poverty could be a focus for programmes that recognise the vital role that the arts and culture play in children's enjoyment of their leisure time, as well as their role in personal development. A specific funding stream could be developed for such a programme.