Is the Government keeping its promises to children?
The Children’s Rights Alliance is a coalition of over 80 non-governmental organisations (NGOs) working to secure the rights and needs of children in Ireland, by campaigning for the full implementation of the UN Convention on the Rights of the Child (UNCRC). It aims to improve the lives of all children under 18, through securing the necessary changes in Ireland’s laws, policies and services.

**Membership**

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

**Vision**

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

**Mission**

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

The vision of the Children’s Rights Alliance is that Ireland will be one of the best places in the world to be a child. This is not pie-in-the-sky thinking but within Ireland’s grasp. Our Second Shadow Report to the United Nations Committee on the Rights of the Child, From Rhetoric to Rights, 2006, contains comprehensive recommendations, which give a clear direction to the Irish State on how to turn this vision into a living reality.

Over the past two years, the Alliance has become increasingly aware that there is a considerable gap, some would say gulf, between the rhetoric and the reality of respecting and realising children’s rights in Ireland. The Irish State is great at nodding in the right places and saying the right things, but not so great at getting things done. With the Irish State’s next progress report due to the UN Committee on the Rights of the Child by April 2009, it is time to get serious.

Each year, the Irish State judges the performance of our children through the Junior Certificate and Leaving Certificate examinations. Our children will carry their final grades throughout their lives; the grades they receive will go on to shape their lives – potentially hastening success or jump-starting a downward spiral. Bearing this in mind, we have decided that each January, through our annual Report Card, we will give our judgement on the performance of the Irish Government in honouring its commitments to our children. Fair’s fair.

In fact, we are being very lenient: we have not judged the Government according to the recommendations and targets in our Shadow Report but on the commitments it has made itself to the children of Ireland in its key documents. It is the equivalent of asking a student to set the questions for their exam and then grading them on it. So, I will say it again, we have set up a very fair and lenient process.

This annual Report Card provides a concise picture of how the Government is delivering on the promises and the commitments that it has made to the children of Ireland in the areas of education; health; material wellbeing; and in safeguarding childhood. In 2009, in our very first Report Card, you will see that the Government has not done well: having scraped an overall ‘D’ average. It is extremely disappointing.

It is with great sadness that we have found the Government’s performance to be barely acceptable, with limited positive impact on children’s lives. An overall ‘D’ grade is all the more disappointing given that we are grading them on their own policy commitments.

So what does this mean? Well, a ‘D’ means that too many children in Ireland are being denied the fundamental building blocks to live healthy and productive lives. It means that thousands of children will fail to reach their unique potential and it means that many children will become a detrimental, long-term financial cost to our society as a whole. And the Government will continue to get a ‘D’ if it keeps breaking its promises. If we worry about the future of a child who gets a ‘D’ in their Junior Cert or Leaving Cert, then we really need to worry about the future of all our children when our Government gets a ‘D’.
Rightly or wrongly, children from wealthier families are cushioned from the impact of poor Government performance through purchasing private services. But what is to become of other children? What about those children whose lives are dictated by waiting lists and poor quality public services? Seemingly, in Ireland, accident of birth is still more likely to determine the potential success of a child’s life. Is that what we want?

True, the economic outlook for 2009 and beyond differs radically from that of the ‘Celtic Tiger’ years, but this should not be used as an excuse to roll back on commitments to children. Rather, it is more reason why the Government must now look carefully at existing promises and discover how to best honour them. Unfortunately, the Government, in recent months, has seen the reversal of a number of policies that were put in place to protect the most vulnerable in our society.

Seriously, do we want to store up economic problems? The recent change in economic circumstances is no excuse to stop spending on children; indeed, it leaves us with no other sensible option but to invest in children. Children are our future. Investing now – in their education and health, and their personal development and wellbeing – will reap rewards for the individual children during their childhood and as adult members of society.

Children only have one chance at childhood and too many continue to have limited access to basic services, like education and health. Ireland should afford each and every child the very best start in life, but we do the very opposite. You only need to look at the first steps that a child takes in life in the area of Early Childhood Care and Education to know that we are failing children from the get-go.

But the Alliance will not change its vision. Ireland can be one of the best places in the world to be a child – it is within the Government’s grasp. The Government is saying the right things; it is nodding in the right places; it just needs to start delivering. Many of the immediate actions we have recommended are not dependent on increased funding but require departments to work together, processes and practice to be reformed, transparent decisions and monitoring, and accountability in the face of inaction. The Government would get a better grade if it managed to get civil servants from different departments talking to each other.

We have a choice: we can allow the gap between promise and performance to widen, or we can rise to the challenge. We have the tools, the goals are within reach, and the choice is ours. If we are to build a society that values and respects the rights of all its children, then the Government has to provide leadership and repeatedly make clear that the gulf between promise and performance will not be tolerated.

We want Ireland to be one of the best places in the world to be a child: a country where the implementation of the UN Convention on the Rights of the Child is a reality. The Alliance believes that the people of Ireland and our politicians want the best for the children of Ireland. Honouring the commitments we have made to our children is a key step to making real the vision of a decent childhood for all children. We truly believe that our Government can do better than a ‘D’ average. The future of our children depends on it.

Jillian van Turnhout
Chief Executive

Children’s Rights Alliance Report Card 2009
introduction

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

Report Card 2009 provides a snapshot of childhood in today’s Ireland and examines whether the Government has honoured the promises it has made to the 1,036,034 children living in Ireland. Unfortunately, Report Card 2009, the first in a new annual publication, has found the Government’s performance to be barely satisfactory, scraping an overall ‘D’ average.

In Report Card 2009, the Alliance has chosen to analyse key commitments in the specific areas of education, health, material wellbeing, and safeguarding childhood. These were chosen as the Alliance felt the Government commitments were clear and measurable and have the potential to improve the lives and life chances of all children in Ireland. It should be noted that the chosen commitments come from key Government documents, namely: the National Children’s Strategy 2000-2010; Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015; the National Action Plan for Social Inclusion 2007-2016; and the Programme for Government 2007-2012.

This very first Report Card does not make for easy reading. In Ireland, we believe that we value children, but the startling evidence in these pages shows otherwise. We most certainly do not live up to the 1916 Proclamation of Independence that pledged to cherish the children of the nation equally. From education to health and from material wellbeing to safeguarding children, it is obvious that we are deepening our two-tiered society and ignoring our most vulnerable children.

The Alliance is well placed to develop this analysis, it draws on a wealth of experience through engagement with its 80 plus member organisations, most of which work directly with children in Ireland, and through its work as a designated Social Partner. The research process was rigorous and the grading subject to independent scrutiny by an external assessment panel. Subsequent editions will track these commitments until they are honoured and explore other Government commitments.
Acknowledgements

The Children’s Rights Alliance wishes to thank all those who contributed to researching and compiling this report. The contribution of individual Alliance member organisations is gratefully acknowledged, as is the generosity of the variety of statutory and non-statutory bodies and independent experts who willingly gave of their time and expertise. Particular thanks are due to the Board of the Alliance for their oversight, guidance and input.

The Alliance would like to acknowledge the work of the non-governmental organisation Children Now, based in California, whose annual report card provided inspiration for this publication. We are grateful to its President, Ted Lempert, for his advice and support.

Finally, we extend our thanks to the external assessment panel, in assessing the grading of each section and adding their considerable experience in validating this report. The external assessment panel comprised Sheila Greene, Director, Children’s Research Centre, Trinity College Dublin; Sally Anne Kinahan, Assistant Secretary General, Irish Congress of Trade Unions; Finola McDonnell, Senior Policy Executive, Irish Business and Employers Confederation; Justice Catherine McGuinness, President, Law Reform Commission; and Fintan O’Toole, Columnist, The Irish Times.
grading
### Grading for Alliance Report Card 2009

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<th>GRADES</th>
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<tr>
<td><strong>Education</strong></td>
<td>Early Childhood Care and Education</td>
<td>E</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>Child Literacy and Language Support</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Early School-Leaving</td>
<td>C-</td>
<td></td>
</tr>
<tr>
<td><strong>Material wellbeing</strong></td>
<td>Financial Support to Families</td>
<td>B-</td>
<td>C-</td>
</tr>
<tr>
<td></td>
<td>Access to Education</td>
<td>D</td>
<td></td>
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<tr>
<td></td>
<td>Access to Healthcare</td>
<td>D</td>
<td></td>
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<td></td>
<td>Access to Housing</td>
<td>D</td>
<td></td>
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<tr>
<td><strong>Health</strong></td>
<td>Primary Care</td>
<td>D-</td>
<td>D-</td>
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<tr>
<td></td>
<td>Mental Health</td>
<td>E</td>
<td></td>
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<tr>
<td></td>
<td>Childhood Obesity</td>
<td>D</td>
<td>Unacceptable. Taking steps in the wrong direction, no positive impact on children.</td>
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<tr>
<td><strong>Safeguarding childhood</strong></td>
<td>Play</td>
<td>B</td>
<td>C</td>
</tr>
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<td>School Buildings</td>
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<td>Alcohol</td>
<td>D</td>
<td></td>
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<td></td>
<td>Sexual Health and Relationships</td>
<td>C</td>
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**overall grade = D**

**EXPLANATION OF GRADES**

- **A**: Excellent, making a real difference to children’s lives
- **B**: Good effort, positive results for children
- **C**: Satisfactory attempt, but children still left wanting
- **D**: Barely acceptable performance, limited positive impact on children’s lives
- **E**: Unacceptable, taking steps in the wrong direction, no positive impact on children

A plus or minus sign after a grade means that it is at the top or bottom of the grade respectively.
The Alliance has awarded the Government an overall ‘D’ grade in ‘education’ to reflect its barely acceptable performance. The Government has failed to recognise the value of early intervention and preventive measures in education, which allow problems to be resolved before they become full-scale crises.
In early childhood care and education, child literacy, early school leaving and special educational needs, the story is the same: one of decision-making driven by short-term gains, rather than long-term, positive change for children. A notable positive exception is the Prevention and Early Intervention Programme for Children (PEIPC), established in 2006.¹

There are almost 500,000 children in primary school² and 335,000 at second level³ in Ireland and, in the main, they like school. In a recent UNICEF study, Irish children came tenth out of 21 countries when asked to report whether they liked school ‘a lot’.⁴ Unfortunately, the education system has been historically under-funded. Attempts were made to address the deficit during the ten-year period between 1995 and 2005, when spending on education increased by more than 80%. It should be noted, however, that Gross Domestic Product (GDP) more than doubled in this period and so the proportion of GDP invested in education actually fell from 5.2% in 1995 to 4.6% in 2005.⁵ This level of investment is well below the OECD average spending of 5.8% GDP. Moreover, Ireland ranks 27th out of 29 OECD countries in terms of per capita investment for each second-level student, and 30th out of 34 in terms of educational expenditure per student.⁶

Budget 2009 may have increased education spending by €308 million to €9.6 billion,⁷ but this increase is not enough to make education in Ireland world-class. For example, on pupil to teacher ratios – an internationally recognised measure – Ireland lags significantly behind its international counterparts. Ireland has, on average, 24.5 pupils per primary school class,⁸ but primary and secondary schools have four more pupils per class when compared with other EU countries.⁹ Only six OECD countries have a worse pupil-teacher ratio than Ireland. And these figures are all the more alarming given that they are based on data gathered before the Budget 2009 cuts, which will only serve to increase class sizes.¹⁰

Echoing the UN Committee on the Rights of the Child’s Concluding Observations to Ireland in 2006, the Alliance very much welcomes the State’s efforts to develop and strengthen the legal and policy framework for the right to education. However, Ireland has failed to alleviate some of the UN Committee’s concerns, including the suggestion that the views and specific needs of children are not always taken into account, and that particularly high dropout rates exist among children with disabilities and among Traveller children.¹¹

² Information received from the Department of Education and Science by the Children’s Rights Alliance, November 2008. Total number of pupils in primary schools in 2007/08 was 486,444. This figure is estimated to have reached 500,000 in September 2008 but official figures are not yet available (see John Walsh and Barry Duggan, ‘A class act back to school as pupil enrolment hits 500,000’ Irish Independent, 27 August 2008).
³ Information received by the Children’s Rights Alliance from the Department of Education and Science, November 2008.
⁶ Ibid., p. 234.
⁹ Ibid., p. 430.
¹⁰ With effect from September 2009, the mechanism used to allocate classroom teachers to primary schools will be based on an average of 28 pupils per class rather than the current 27. In post-primary schools the allocation basis will be altered by one point, from the current 18 to one, to 19 to one (from the Department of Education and Science, Main Estimate Features: Budget 2009, 14 October 2008).
¹¹ United Nations Committee on the Rights of the Child (CRC/C/IRL/CO/2, p. 12 paragraph 58, (29 September 2006)).
### What's Happening?

#### Government U-turn.
The Centre for Early Childhood Development and Education (CECDE) was responsible for, among other things, the roll-out of the Early Childhood Care and Education (ECCE) element of DEIS. By September 2008, the Centre had a fully developed work plan for this programme, costed at €700,000, and was awaiting approval from the Department of Finance, but the funding was denied and the closure of the CECDE was announced in Budget 2009. The Early Education Policy Unit at the Office of the Minister for Children and Youth Affairs (OMCYA) is expected to incorporate the work of the CECDE; though it is not yet clear how this will work. In the meantime, the roll-out of the ECCE element of DEIS has halted. This means children from areas of acute economic and social disadvantage will lose out.

### Immediate Action
- Deliver the Early Childhood Care and Education element of the Delivering Equality of Education in Schools (DEIS) programme.

The implementation of the early education aspect of DEIS has been effectively abandoned. This is a failure to see the long-term value of early investment in disadvantaged children. This decision should be reversed and the Early Years Education Policy Unit at the OMCYA should begin implementation of the ECCE element of DEIS without delay.

### What's Happening?

#### There is a failure to focus on quality.
Grants approved up to January 2008 are expected to lead to the creation of 23,299 places and to support 5,762 existing places to further develop quality provision. It is unclear how many of these places are ‘whole-time equivalent’ and how many are ‘sessional’, which offer childcare for shorter periods. Investment in childcare continues to focus on the provision of places, with little evidence of sustained policy commitment, or investment, in securing the long-term viability and quality of services. The National Childcare Investment Programme (NCIP) ends in 2010 and there is no clear timetable outlining the steps towards delivery of the Towards 2016 commitment post 2010. Furthermore, childcare in Ireland remains prohibitively expensive, and thus acts as a disincentive to remain in work for those, usually women, on moderate to low incomes.

Investment in ECCE should have a focus on quality as its starting point. Implementation of Síolta – the National Quality Framework for Early Childhood Care and Education – is voluntary, and not linked to funding provided by the National Childcare Investment Programme (NCIP).

<table>
<thead>
<tr>
<th>Commitment</th>
<th>Progress</th>
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<tbody>
<tr>
<td>Towards 2016 commits to targeting the early education needs of children from areas of acute economic and social disadvantage through the Delivering Equality of Education in Schools Programme (DEIS).</td>
<td>Halted</td>
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<table>
<thead>
<tr>
<th>Commitment</th>
<th>Progress</th>
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<tr>
<td>Towards 2016 outlines the agreement between Government and the Social Partners to continue to work together over a ten-year period to develop an infrastructure to provide quality, affordable childcare and to work towards increasing the supply of childcare places (of all types) by 100,000 by 2016.</td>
<td>Limited</td>
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13 Ibid., p. 41.
15 OECD (2006), Starting Strong II: Early Childhood Education and Care, Paris: OECD.
16 See http://www.siolta.ie/
IMMEDIATE ACTION

- Link funding from the National Childcare Investment Programme with the implementation of the Síolta Quality Standards.

The Office of the Minister for Children and Youth Affairs should oblige providers receiving NCIP funding to implement Síolta, thus creating an incentive to focus on the quality of ECCE services.

comment

High quality Early Childhood Care and Education (ECCE) delivers long-term dividends to children, families and society. ECCE is not only about providing a childcare service to working parents, it is about a quality early childhood educational experience that leads to better outcomes for children. The ‘E’ grade in this area of education demonstrates an unacceptable performance.

Yet investing in ECCE is one of the most sensible things a government can do. Money invested early has consistently been shown to reap both economic and social benefits in the longer term. A NESF cost-benefit analysis in 2005 showed that for every €1 invested in ECCE in Ireland, a return of up to €7.10 could be expected. International research demonstrates that early intervention programmes are effective in reducing criminal activity, promoting social skills, and integrating disadvantaged children into mainstream society. Where educational attainment is traditionally low, and unemployment and poverty levels are high, investment in ECCE can be the key to changing the life chances of a generation.

Investment and standards: Ireland has a history of under-investment and weak policies in ECCE. National investment in this area is less than 0.2% of GDP compared to the EU average of 0.5%. The OECD heavily criticised Ireland’s record on ECCE in 2001, and repeated many of its criticisms in 2006. A recent UNICEF report once again exposed the State’s under-investment, placing Ireland bottom of the OECD league of 25 in relation to the provision of quality ECCE. Ireland only succeeded in meeting one of the ten benchmarks outlined in the UNICEF report. Sweden, at the top of the league, met all ten.

Way forward: There is no dispute about what is required to improve ECCE in Ireland; solutions have been outlined in several studies, including those by the OECD (2001 and 2006), the NESF (2005) and as far back as the Education White Paper (1999). Despite these reports – and Government support of them – little action has been taken on their recommendations.

Quality: Rather than investing in quality ECCE infrastructure and universal pre-school services – estimated by the NESF to cost €136 million per annum – the Irish Government chooses instead to provide payments directly to parents, through the Early Childcare Supplement, at a cost of €397 million per annum. Effectively, the Government has chosen to pay more for an inferior system. Furthermore, there is still no specific regulation which outlines the qualifications, competencies or skills required to work in childcare services. Wages are low, staff turnover is high, there is no clear career path and little incentive to progress. With no national quality assessment or accreditation system for childcare services, providers have little motivation to deliver high standards in the absence of a regulatory requirement to do so. And the existing quality standards – the Síolta Framework – are neither linked to funding nor bedded into any national quality enhancement plan.

There are serious gaps to fill – both cultural and structural – before Ireland reaches a level of ECCE comparable with its EU counterparts. The Community Childcare Subvention Scheme, introduced in 2008, has had a mixed response from stakeholders. Concerns about the Scheme include two undesirable side-effects: it creates a poverty trap by making childcare too expensive to justify for those on a low wage and segregates children by socio-economic status.

19 Ibid., p. 12.
22 OECD (2001), Starting Strong: Early Childhood Education and Care, Paris: OECD.
23 OECD (2006), Starting Strong II: Early Childhood Education and Care, Paris: OECD.
25 Ibid., p.2.
28 This would provide 3.5 hours of Early Childhood Care and Education, 5 days a week (17.5 hours in total) for 48 weeks of the year. National Economic and Social Forum (2005), Report no. 31: Early Childhood Care and Education, p. 104.
31 For guidelines and handbooks, see the Síolta website at http://www.siolta.ie/

Children’s Rights Alliance Report Card 2009
WHAT’S HAPPENING?

Progress on the literacy target is unclear.

Whether progress is being made towards reaching the literacy target is unclear, as the DEIS schools develop their own individual three-year action plans (together with private targets) making it impossible to determine if local progress is aligned with national targets.

In 2007/2008, €18.7 million was spent on the implementation of DEIS. Running since 2005, it is currently being evaluated. Two programmes exist within DEIS to support children with reading and writing skills. The Reading Recovery Programme is in operation in 197 of the 673 DEIS primary schools. In 2008, 130 ‘First Steps’ writing tutors were due to be trained, bringing the total number of schools operating the programme to 260; however, this programme depends on the capacity of the individual school to implement it at existing staff levels.

The current target focuses specifically on improving literacy levels in disadvantaged communities. But by doing so, it fails to recognise that improving literacy is a key issue for all children. Literacy as a life skill should be acknowledged and valued; extra support for reading and writing skills should not be solely limited to children experiencing socio-economic disadvantage.

IMMEDIATE ACTION

- Establish a process to monitor progress on reaching the national level literacy target
  The Department of Education and Science should introduce indicators to track progress towards reaching the national literacy target. This should provide an annual mechanism through which problem literacy ‘hot-spots’ can be identified and responded to quickly.

- Introduce a new literacy target for all children
  The Department of Education and Science should set and commit to a new target that focuses on improving literacy among all children.

comment

Reading and writing are fundamental life skills, enabling access to knowledge, work and culture. They facilitate daily life: reading the newspaper or the ingredients on a label, writing a shopping list or taking a bus.

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36 Information received by the Children’s Rights Alliance from the Department of Education and Science, November 2008. The majority of these schools are urban, reflecting where literacy problems are greatest.
37 Bilateral meeting with the Department of Education and Science, as part of the Review of Towards 2016, 11 July 2008.
38 The existing target is narrower than that outlined in the 1997 Anti-Poverty Strategy, which aimed to ensure that there were no students with serious literacy problems in early primary education by 2002. See Government of Ireland, Sharing the Progress: National Anti-Poverty Strategy 1997, Dublin: Stationery Office, p. 9.
When compared internationally, Ireland performs well on literacy, and its grade ‘C’ reflects its satisfactory performance, but notes that some children are ‘still left wanting.’ Ireland was ranked fifth of the 29 OECD countries in reading literacy in 2006, a standard that has remained relatively stable since 2000. Yet despite these impressive results, national data show that Ireland is failing to equip many of its children, and particularly its most disadvantaged, with basic reading and writing skills. One child in ten in Ireland leaves school with literacy problems. This rises to one child in three in disadvantaged communities. These children are more likely to experience educational failure, and to leave the education system without qualifications. This, in turn, affects the life chances of such children – it makes them more likely to be long-term unemployed, to experience poverty, and to enter the criminal justice system.

**LANGUAGE SUPPORT**

<table>
<thead>
<tr>
<th>COMMITMENT</th>
<th>PROGRESS</th>
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<tr>
<td>To enhance support for the effective integration of international children at both primary and second-level, Towards 2016 commits to providing an extra 550 language support teachers by 2009 and to reform the current limit of two additional teachers per school.</td>
<td>Under threat</td>
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</table>

**WHAT’S HAPPENING?**

**Government U-turn.**

There has been progress in the provision of language support over the past seven years. In 2008, there were almost 2,000 language support teachers in primary and post-primary schools, compared with 260 in 2001/02. However, progress in this area and the target of providing an additional 550 language support teachers for children with English as a second language by 2009 is now under threat. Budget 2009 reintroduced the limit on language support teachers to two per school, regardless of need. This is likely to affect the 296 schools that currently have more than two language support teachers. It is estimated that approximately 490 of the 1,569 language support posts at primary, and up to 90 of the 450 posts at second-level, will be lost as a result of this change.

**IMMEDIATE ACTION**

- Remove the two teacher rule for language support teachers
  - Budget 2009 took a backwards step by reintroducing the limit on language support teachers in schools. The Department of Education and Science should take a long-term view and reverse this decision at once.

**comment**

The number of students with English as a second language has increased rapidly over the past decade, reflecting the changing demographic in Irish society. The Government responded to this change in 2007 by increasing the number of language support teachers and removing the rule that limited the number of these teachers to two per school. Providing language support to children for whom English is their second language is critical to ensure that they can access education and will acquire English reading and writing skills. Language support should be viewed not only as an isolated education support but also as a crucial part of the integration process. The rule limiting language support teachers to two per school, reinstated in Budget 2009, should be seen in this context. A failure to reverse this decision will have longer-term negative consequences for the education and integration of migrant children.

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40 E. Eivers, G. Shiel and F. Shortt (2005), Literacy in Disadvantaged Primary Schools: Problems and Solutions, Dublin: Education Research Centre, p. 6.
46 Ibid.
1.3 Early School-Leaving

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

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<th>COMMITMENT</th>
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<tr>
<td>To help further address absenteeism, early school-leaving, behavioural problems and special needs, both Towards 2016 and the National Action Plan for Social Inclusion commit to delivering an additional 100 posts in total for the National Educational Welfare Board and the National Educational Psychological Service by 2009 (40 NEWB and 60 NEPS posts).47</td>
<td>Slow</td>
</tr>
</tbody>
</table>

**WHAT'S HAPPENING?**

Things are moving... slowly.

To date, only 11 of the National Education Welfare Board (NEWB) positions (of the promised 40 posts) have been recruited, bringing the total number of staff to 104.48 Filling these posts is critical as, even with full delivery of this commitment, staffing levels at the NEWB are considered to be insufficient to meet demand and deliver its full statutory remit.49 It is not clear how many positions have been filled at the National Educational Psychological Service (NEPS), but Budget 2009 increased its funding by 33% and gave a guarantee that every school will have access to a NEPS psychologist by 2009. This is welcome recognition of the importance of providing support for children with emotional or psychological issues as a means of ensuring they enjoy their school years and complete their schooling.

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<tr>
<td>Towards 2016 also commits to ensuring progress towards the Lisbon target, which aims to reduce early school-leaving to 10% by 2010.</td>
<td>At a standstill</td>
</tr>
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</table>

**WHAT'S HAPPENING?**

Very little.

Early school-leaving in Ireland is a persistent problem. Currently 18% of children – one in every five – leave school before completing the Leaving Certificate.50 The number of students completing second level has remained relatively stable at 79%–82% since 1991.51 This is despite much policy focus and considerable resources being allocated to combating early school leaving. Among the 28 OECD (and partner) countries, ten countries have reached or exceeded the Lisbon 10% target.52 With two years to go, the Government faces a huge challenge in reducing the level of early school leaving from 18% to 10%.

**IMMEDIATE ACTION**

- Resource and deliver the remaining posts promised to the National Education Welfare Board
- The Department of Education and Science should provide the necessary resources to the NEWB to ensure that it can effectively provide early intervention and preventive services, and support children and families where chronic absenteeism and early school-leaving are a risk.

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48 Information received by the Children’s Rights Alliance from the National Education Welfare Board, December 2008.
50 S. McCoy, E. Kelly and D. Watson (2007), School Leavers Survey Report 2006, Dublin: Economic and Social Research Institute and Department of Education and Science p. 5. This is based on the ESRI 2006 figure for non-completion of Leaving Certificate. This figure can differ when EU measures are used as alternative education types to the Leaving Certificate (e.g. apprenticeships). In 2006, 14% of young people left school before completing the Leaving Certificate and 4% left without any formal qualification at all.
51 Ibid., p. 6.
52 The countries to have reached or exceeded graduation rates of 90% are: Czech Republic, Finland, Germany, Greece, Iceland, Japan, Korea and Norway; and the OECD partner countries of Israel and Slovenia.
Comment

Early school-leaving has considerable long-term economic and social effects for both individuals and the State. Unemployment levels and social welfare expenditure, poverty, poor mental health and anti-social behaviour are just some of the problems linked to early school-leaving. When compared internationally, Ireland’s performance is average – it ranks 13th out of 28 OECD countries (and partner countries) for secondary graduation rates – but this figure masks the high levels of early school leaving concentrated in low-income communities. Gender and class heavily influence trends in school completion, with boys much more likely to drop out of secondary school than girls. For certain groups, like Traveller children and children with disabilities, early school leaving is a considerable problem. A ‘C’ grade here reflects the attempt made to introduce policy to address the problem, but also acknowledges that, for now, some children are ‘left wanting.’

Absenteeism: Absenteeism is one of the strongest factors associated with early school-leaving. High levels of absenteeism at school can lead to low achievement, poor educational outcomes, and alienation from other students and school staff. Every primary school student misses on average 10 days per school year, rising to 17 days per year in the most disadvantaged urban areas. In secondary school, the figures are higher – every student misses an average of 14 days each year, rising to 21 in the most disadvantaged areas. There is overwhelming evidence to suggest that early intervention, with a view to preventing chronic absenteeism and early school-leaving, is more effective than responding once problem patterns are established.

National Education Welfare Board: The National Education Welfare Board (NEWB) is mandated to monitor school attendance and to combat absenteeism. It has a statutory function to ensure that every child receives an education, either in school or by other means. Providing early intervention and preventive support to children and families who may be at risk of absenteeism is a central element of the NEWB’s role, but it lacks the staff and resources to deliver on this crucial part of its remit. The NEWB employs 95 staff involved in service delivery, including Education Welfare Officers (EWOS) working throughout the country. The independent Rochford study, examining the staffing needs of the NEWB, estimated that 320 EWOS would be required for the NEWB to provide an adequate service.
1.4 Children with Special Educational Needs

“An Act to [...] assist children with Special Educational Needs to leave school with the skills necessary to participate [...] in an inclusive way in the social and economic activities of society and to live independent and fulfilled lives.” (Education for Persons with Special Educational Needs Act, 2004)

WHAT’S HAPPENING?

No progress.

The commitments listed above cannot be honoured until the Education for Persons with Special Educational Needs (EPSEN) Act 2004 is fully commenced. To date, only certain sections of the Act have been commenced, primarily those concerned with the establishment of the National Council for Special Education (NCSE). The key sections that would make a real difference to the daily lives of children with Special Educational Needs (SEN) remain outstanding. In October 2006, the Implementation Report: Plan for the Phased Implementation of the EPSEN Act 2004 was submitted to the Minister for Health and Children, but ministerial sign-off has yet to be given. It is now four years since the publication of the Act, and two years since the publication of the Implementation Report, but we still await action. Budget 2009 has since announced the deferral of the Act’s implementation.

The delay is in part due to the challenge of cross-departmental working. Protocols between the Department of Health, the Health Service Executive (HSE) and the Department of Education and Science, necessary for the smooth implementation of the EPSEN Act, have not been agreed. The inability of relevant departments to work together – a bureaucratic failure – is no justification for a halt in progress. The block to the Act’s implementation is a serious failure of the State in its duty to support children with special educational needs.

Immediate Action

- Fully implement the Education for Persons with Special Educational Needs Act 2004

The Department of Education and Science, the Department of Health and Children and the HSE must work together to agree a process to ensure the full implementation of the EPSEN Act.

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65 The following sections of the Education for Persons with Special Education Needs Act, 2004 (no. 30 of 2004) have been commenced - 1, 2, 14(1)(a), 14(1)(c), 14(2) to 14(4), 19 to 37, 49 to 53.
66 A child is deemed to have a special educational need if he or she requires substantial additional educational provision in comparison with his/her peers (definition in S. Griffin and M. Shevlin (2007), Responding to Special Educational Needs: An Irish Perspective, Dublin: Gill and Macmillan).
comment

There are an estimated 190,303 children in Ireland with Special Educational Needs (SEN) – nearly one child in every five.\(^6\) But data in this area is scarce, and patchily collected, meaning this figure could be much higher. There is still no national study on the prevalence of disability or of special educational needs among children in Ireland, notwithstanding policy commitments to seriously address this issue.

Historically, children with SEN were isolated from mainstream education; they were not expected to achieve at school either academically or socially.\(^6\) Now, it is recognised that children with SEN can thrive in a mainstream education environment, once they are properly supported; and their presence has been shown to have a positive impact on classmates and the rest of the school.\(^7\) In recent years, there has been a welcome change of focus in Ireland with an increased emphasis on inclusive learning environments that can cater for a whole range of pupils with a variety of needs, skills and aspirations. But the approach to children with SEN in schools is still systems-centred rather than child-centred. For example, equipment purchased for use by a particular child remains at the school after that child leaves, rather than remaining with the child to the next stage of their education.

There are some supports in place for children with SEN. There are 80 SENOs (Special Educational Needs Organisers) across the country, employed by the National Council for Special Education.\(^7\) SENOs are responsible for allocating teaching or additional resources to children with SEN at a local level. A child with special needs, attending a mainstream school, can be allocated a Special Needs Assistant (SNA). There are currently approximately 10,000 SNAs in Irish schools.\(^7\) This is an increase from 6,000 in 2005.\(^7\)

In its Concluding Observations, the UN Committee on the Rights of the Child recommended that Ireland ‘[...] continue taking measures to create an educational environment where the special needs of the child are taken into consideration, inter alia, by undertaking appropriate professional assessment of the specific needs of children, providing technical and material support for children with special needs [...]’.\(^7\)

The ‘D’ grade here – ‘a barely acceptable performance’ – reflects the unnecessary delay, and ultimate failure to deliver on commitments made. Though some progress has been made, there is still a way to go. To get there, full implementation and resourcing of the EPSEN Act 2004 is crucial.

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\(^7\) Not all children with special educational needs in Ireland are in mainstream schools. There are currently almost 100 schools that cater specifically for children with varying levels of learning disability or emotional and behavioural disturbance. See http://www.sess.ie(sess/Main/Special_Schools.htm [accessed 09 January 2009]

\(^7\) S. Griffin and M. Shevlin (2007), Responding to Special Educational Needs: an Irish Perspective, Dublin: Gill and MacMillan p. 76.

\(^7\) A full list of SENOS is available from the National Council for Special Education, http://www.ncse.ie/docs/SENO_Contact_Details_August_2007.pdf [accessed 1 September 2008].

\(^7\) Figures received by the Children’s Rights Alliance from the Department of Education and Science for 2008. 8,266 SNAs in primary schools and 1,966 SNAs in second-level schools.

\(^7\) Figures received by the Children’s Rights Alliance from the Department of Education and Science for 2005. There were 5,414 SNAs in primary schools and 443 in second-level schools.

A ‘C-’ grade in ‘material wellbeing’ demonstrates a mixed performance on the part of the Government. There have been marked increases in child income support, but the lack of access to essential public services, such as childcare, education, health and housing, means poor children are still left wanting.
overview

Children that grow up in poverty are less likely to complete their education than their peers, have lower lifetime earnings, are more likely to be unemployed as adults, endure poor health and die younger. Yet this could be stopped and the Government is well aware of the solution: it needs to provide adequate income support to the poorest families, invest in public services and develop constructive policies to get parents into work – and work that pays.

Despite knowing the solution, the Government has not made this a priority. Still, one child in 14 in Ireland lives in consistent poverty – 76,666 children live in families that cannot afford basic necessities like food, warm clothing or heating. One in six children in Ireland are ‘at risk’ of poverty – over 205,000 children live in households where the family income is less than 60% of the national median income per adult of €337.48 per week. And these are not just figures; lying behind them is a grim picture of wasted opportunity, where children’s whole lives are shaped by poor childhoods.

There is no excuse for child poverty in Ireland. Despite recent economic woes, it is still a wealthy country but its international position on child poverty is shameful. Ireland ranks 21st of the 27 EU countries on child poverty and comes joint 25th in the 30 OECD countries. Ireland’s overall wealth masks the harsh reality for poor children: a two-tier system of access to resources and services exists, where the experience of a child in a middle class family can be worlds apart from that of a poorer child, just streets away.

Poverty is a complex problem that requires multi-dimensional solutions. Countries that have succeeded in reducing child poverty, such as Sweden and Denmark, share a set of characteristics: child poverty is fixed as a key political goal; they implement policies that both increase income (through welfare and work) and access to housing, education and health; and they ensure the availability of quality, affordable and accessible childcare for all. Ireland has neglected to invest effectively in public services – and the results speak volumes.

International experience shows that one agency, acting alone, cannot end child poverty. Real, joined up thinking and action is required. For example, the Department of Education and Science should work with the Office of the Minister for Children and Youth Affairs to ensure the provision of quality early childcare services; and the Department of Enterprise, Trade and Employment should work with the Department of Social and Family Affairs to ensure real opportunities for parents wanting to move from welfare to work. Yet, there has been a consistent failure in Ireland to act in the coordinated manner required to genuinely tackle child poverty.

Article 27 of the UN Convention on the Rights of the Child outlines every child’s right to an adequate standard of living; it is the responsibility of the Government to make that right a reality.

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75 This figure represents 7.4% of all children. See Central Statistics Office (2008), EU Survey on Income and Living Conditions (EU-SILC) 2007.
2.1 Financial Support to Families

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

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<tr>
<td>Child poverty has been a stated Government priority since 1999. Most recently, Towards 2016 commits to progress towards achieving the NAPS target that the combined value of child income support measures be set at 33-35% of the minimum adult social welfare payment rate.79</td>
<td>On target</td>
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**WHAT’S HAPPENING?**

**Good progress.**

The combined child income support for social welfare dependent families currently ranges from 33% to 44% of the minimum adult social welfare rate, thus meeting the Towards 2016 commitment.80 However, the value of this commitment is dependent on the minimum adult social welfare rate remaining at an adequate level.

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<tr>
<td>Towards 2016 also promises to progress, as a priority, further work aimed at assisting children in families on low incomes, including reviewing child income supports which avoid employment disincentives. This work is to be informed by the NESC study on new ways to target child income support, completed in 2007.81 The Programme for Government commits to the amalgamation of Qualified Child Allowances and Family Income Supplements in order to develop a second tier of income support targeted at the poorest families.82</td>
<td>Limited</td>
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</table>

**WHAT’S HAPPENING?**

**Research, but no action.**

A NESC study, examining new ways to target child income support, was completed in 2007; but to date its findings have not been acted upon.83 The study explored the feasibility of introducing a new payment to reduce child poverty, targeted specifically at families on low incomes, regardless of parents’ employment status. This payment referred to as a ‘second tier’ payment, is estimated by NESC to cost €775 million per annum.84 The ESRI, who also examined the potential of such a payment, costed a ‘tapered, employment-neutral Child Benefit Supplement’ at €450 million net per annum.85 This measure, it estimated, would reduce child poverty by 4.5%. Both studies acknowledged that implementation of a new system would require significant administrative support, and would take time. Despite the commitment made by Government, and the findings of the two studies above, there is no indication that a second tier payment will be introduced.

Instead, the Department of Social and Family Affairs is undertaking research into how best to increase uptake of the Family Income Supplement (FIS). FIS supports low income working families by providing an incentive to parents to take up or continue in employment, but it is complex to access and take up rates are low.86 It is estimated that full uptake of FIS would cost €180 million and would reduce child poverty by 3%.87

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83 National Economic and Social Council (2007), Ireland’s Child Income Supports: the Case for a New Form of Targeting, Research Series, no. 6 Dublin: NESC.
84 Ibid., p. 68.
85 T. Callan et al. (2006), Child Poverty and Child Income Supports: Ireland in a Comparative Perspective, Dublin: ESRI.
86 FIS is complicated to access. It requires filling out a 12 page form and seeking approval directly from one’s employer. Evidence shows this can lead to stigma or embarrassment for potential recipients. Due to these factors, take-up of FIS has been lower than expected, but it has improved in recent years with claimants increasing from 12,000 (benefiting 26,500 children) in 2002 to 23,000 (benefiting 47,500 children) in 2007. Figures taken from: Government of Ireland (2008), Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015, Fourth Progress Report 2008 Review, Dublin: Stationery Office, p. 131.
87 Bilateral meeting with the Department for Social and Family Affairs as part of the Review of Towards 2016, 30 July 2008.
**IMMEDIATE ACTION**

- Introduce an employment-neutral payment targeted at low income families with children

  The Department of Social and Family Affairs and the Revenue Commissioners should work together to urgently introduce a second tier, work-neutral payment, targeted at families with children on the lowest incomes.88

**comment**

A ‘B’ grade here shows the Government’s good effort. The Child Benefit payment rates were significantly increased over an eight year period by between 248% and 280%,89 and cost €2.4 billion in 2008.90 The Early Childcare Supplement, an annual payment of €1,100 to families with children under 6 years, was introduced in Budget 2006. This increase in cash support to families in recent years has had ‘positive results for children’.

But while increases to Child Benefit payments are welcome, they alone will not lift children in the poorest families out of poverty. Existing mechanisms for targeting payments at these families - the Family Income Supplement (FIS) and the Qualified Child Increase (QCI) - need reform. The FIS payment is complicated to access, while the QCI - paid to families that are dependent on social welfare for their income - is paid at a low rate, and can make little real difference to the life chances of children in poor families.91 Moreover, moving between the two payments is difficult, creating problems for parents shifting between welfare and work.

A second tier, employment neutral payment, would allow movement between welfare and work, and improve access to the payment by joining up the tax and social welfare systems. The primary and overriding objective of such a payment should be to combat child poverty, and ensure that all children in low income families have adequate resources regardless of their parents’ employment status.

To end child poverty, this child income payment must be accompanied by constructive policies to get parents into work (in work that pays) and investment in essential public services.

89 From 2000 to 2008, monthly Child Benefit payments rose from €43.81 for the first and second child, and €58.41 for third and subsequent children to €166 and €203. See Department of Social and Family Affairs, Note distributed to National Children’s Advisory Council, April 2008.
91 Budget 2009 increased the QCI rate by €2 bringing it to €26 per week.
2.2 Access to Education

“Our key overall objectives [in education] are to [...] make each element of the system more inclusive and responsive to marginalised groups.” (Programme for Government, p. 42)

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<td>In Towards 2016, the Government and Social Partners agree to prioritise the educational needs of children and young people from disadvantaged communities by supporting schools and their communities to achieve equality in terms of educational participation and outcomes in line with national norms.92</td>
<td>Very little</td>
</tr>
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WHAT’S HAPPENING?

Not enough.
The Back to School Clothing and Footwear Allowance (BSCFA) and the School Books Grant are the primary mechanisms through which families on low incomes are supported with the cost of sending a child to school. But the BSCFA is insufficient to meet today’s schooling costs, and its criteria for eligibility means that many low income families miss out. The decision to put a child forward for the School Books Grant scheme is at the discretion of individual school principals.93 The scheme was cut in Budget 2009, and is now only available to schools within DEIS.94

Access to education is not merely a financial issue. A Department of Education and Science audit in 2008 produced worrying findings, showing that many schools use restrictive admissions policies to exclude children with special needs and the children of immigrants.95 This form of segregation is unhealthy and unacceptable in a state-funded system.

The education system is propped up by parents’ contributions.

IMMEDIATE ACTION

- Reform the payment to support children in low income families with the cost of school
  The Back to School Clothing and Footwear Allowance and the School Book Grant are not sufficient to support families on low incomes with the cost of education. The Department of Social and Family Affairs should reform these payments and introduce a single, more substantial, ‘cost of school’ payment.

- Support the establishment of local enrolment committees to facilitate admission decisions for all state-funded schools
  The Department of Education and Science should support the establishment of local enrolment committees. These committees, within selected school clusters, should facilitate a balance of social and ethnic mix, and the inclusion of children with disabilities and special educational needs.

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95 Sean Flynn, “Educational apartheid exposed in schools audit”, The Irish Times, 28 April 2008. This figure is based on a Department of Education and Science audit of admissions policies in more than 1,900 schools (1,572 primary and 426 secondary).
In 2007, 180,000 children received the BSCFA, an increase from 161,000 in 2006, due to a widening of the income threshold for access to the payment. There have been big increases in the BSCFA in recent years, from €16.7 million in 2004 to an estimated €46 million in 2008. The payment now stands at €200 per primary school child and €305 per child at secondary school per annum. While this addresses some extent the clothing and footwear needs of children it still fails to reflect the real costs associated with sending a child to school. Extras like books, photocopying, school trips and voluntary subscriptions all add up. In 2008, this overall cost was estimated to be up to €465 for each primary school student and as much as €880 for each student at secondary school.

The Department of Education audit of enrolment policies indicated that, at second level, special needs students, children of immigrants and Traveller children are largely concentrated in local vocational and community schools, with many voluntary schools effectively opting out of providing for these students. A guiding principle of the UN Convention on the Rights of the Child is non-discrimination. The current operation of school admission policies in some cases is in breach of this fundamental principle and it must not be tolerated.

96 In 2007, 180,000 children received the BSCFA, an increase from 161,000 in 2006, due to a widening of the income threshold for access to the payment.
98 Department of Education and Science (2007), Audit of school enrolment policies by Regional Office Services (Summary). Based on surveys in more than 1,900 schools (1,572 primary and 426 secondary). See http://www.education.ie/insreports/des_enrolment_audit_report.pdf [accessed 22 December 2008]
WHAT'S HAPPENING?
The review of eligibility criteria for medical cards is still not finished.
The 2001 National Health Strategy recognised that the existing eligibility scheme for medical cards did not adequately reflect the levels at which hardship or financial barriers to health care arise. Consequently, the Strategy recommended that the criteria for eligibility be reviewed.

An eligibility criteria review for medical cards has been ongoing in the Department of Health and Children since 2005. The review is looking at eligibility in terms of financial, medical and social needs. Submissions were invited by the review team in summer 2008. The team was due to report in autumn 2008, but it has been delayed. The Minister is awaiting the report from the review team before taking action on the commitment outlined in the Programme for Government.

In the meantime, for families on low incomes, paying for prescription medicines and hospital charges is still prohibitively expensive. Certain medical costs for children were increased in Budget 2009, including the cost of accessing Accident and Emergency services without note from a General Practitioner (GP), and of staying overnight at hospital.

IMMEDIATE ACTION
- Finalise the medical card review and widen eligibility criteria for families with children as promised. Providing children with medical cards is a step towards achieving equal access to healthcare for all children.

The Department of Health and Children should honour the commitment outlined in the Programme for Government to widen eligibility for medical cards for parents of children under 18 years.

The link between poverty and poor health is striking [...] Ireland is in the bottom third of countries in relation to child health, along with the United States and Greece.

The review of eligibility criteria for medical cards is still not finished. The 2001 National Health Strategy recognised that the existing eligibility scheme for medical cards did not adequately reflect the levels at which hardship or financial barriers to health care arise. Consequently, the Strategy recommended that the criteria for eligibility be reviewed.

The Programme for Government commits to doubling the income limit eligibility for the medical card for parents of children under six years old, and trebling the income limit for parents of children with an intellectual disability.99

The ‘D’ grade in ‘access to healthcare’ demonstrates the lack of impact that measures taken by the Government have had on children’s lives. The link between poverty and poor health is striking.\(^{101}\) Those living in poverty, experience worse health than the rest of the population and die younger.\(^{102}\) UNICEF, in its report on child poverty in rich countries, also emphasised the link,\(^{103}\) placing Ireland in the bottom third of countries in relation to child health, along with the United States and Greece.\(^{104}\) In 2002, the Chief Medical Officer of the Department of Health and Children highlighted the importance of eliminating financial obstacles to medical treatment for children and called for consideration of the provision of free healthcare for all children.\(^{105}\)

Families in low paid employment can find their resources under considerable strain when they are faced with the high cost of GP and hospital fees, as well as prescription expenses, which in Ireland are 19% above the EU average.\(^{106}\)

Increasing access to medical cards is the most immediate and effective measure in reducing health inequalities and improving access to healthcare for low income groups.\(^{107}\) Research by the Adelaide Hospital Society found that extending full medical cards to all children under 19 years would cost €160 million per annum – an increase of just 2% in real terms on healthcare funding.\(^{108}\) The extension of medical cards to under-fives, which would provide free GP services to an additional 225,000 children, would cost €57 million per annum.\(^{109}\) For families on low incomes, a medical card means more than access to health services; it is a ‘passport’ to social inclusion as it deems families eligible for exemption from fees for school transport and for Junior and Leaving Certificate examinations.

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102 Ibid., p. 24.
104 Ibid., p. 12.
109 Ibid., p. 9.
2.4 Access to Housing

“Every child should have access to [...] suitable accommodation.” (Towards 2016, p. 41)

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<td>In Towards 2016, the Government and the Social Partners acknowledge the view taken in the NESC Report on housing in Ireland^{110} that an additional 73,000 new social housing units should be provided between 2004 and 2012.^{111}</td>
<td>Deceptive</td>
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WHAT’S HAPPENING?

New houses are being built, but not enough to keep pace with the sale and demolition of existing social housing.

Meeting the NESC target of providing an additional 73,000 new social housing units by 2012 involves delivering 9,100 net social housing units per year. Reaching this target is a huge, but critically important, challenge. In 2007, the building of 9,000 new houses was commenced, and, between 2004 and 2007, 24,500 social housing units were provided.^{112} But, in the same three-year period, 6,476 local authority houses were sold to sitting tenants,^{113} and an unknown number were demolished. Consequently, the actual net increase in social housing units between 2004 and 2007 was a maximum of 4,200 units per year – just 46% of the NESC target.

IMMEDIATE ACTION

- Allocate the required investment to ensure the NESC social housing target is reached by 2012.

  The Department of the Environment, Heritage and Local Government must sustain the level of capital investment required to maintain delivery of the NESC commitments. This is vital to ensure Ireland has an adequate stock of high quality social housing to meet the housing needs of families.

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<td>Towards 2016 commits to implementing the Youth Homelessness Strategy with the objective of reducing and if possible eliminating youth homelessness through preventive strategies.</td>
<td>Limited</td>
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WHAT’S HAPPENING?

A review process.

The Youth Homelessness Strategy was published in 2001.^{114} The Strategy’s 12 key objectives have not been achieved, yet remain valid. The Strategy spurred some action, including the development of national guidelines on leaving care and aftercare,^{115} and HSE implementation plans. However, these initiatives have since lost momentum. The Strategy is currently under review by the Office of the Minister for Children and Youth Affairs, in conjunction with the HSE. Further progress has been indicated for 2009, but it is not yet clear what that progress will be.^{116}

Although the link between children leaving state care and youth detention facilities and youth homelessness has been established,^{117} there is still insufficient aftercare services to support children leaving care in their transition to independent living or returning to their families.

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110 National Economic and Social Council (2005), Housing in Ireland: Performance and Policy, Dublin: NESC.
112 Ibid., p. 37.
115 Developing a Leaving and Aftercare Policy: Guidelines for Health Boards (2004), Drafted and approved by the Youth Homelessness Strategy Monitoring Committee
116 Bilateral meeting with the Office of the Minister for Children and Youth Affairs as part of the review of Towards 2016, 26 September 2008.
**IMMEDIATE ACTION**

- Publish the review of the Youth Homelessness Strategy and put in place a new programme of work to seriously address youth homelessness.

The Office of the Minister for Children and Youth Affairs and the HSE must finalise the review of the Youth Homelessness Strategy, and make its findings public as a matter of urgency. A programme of action, with a clear strategic focus, is needed to re-inject energy into seriously addressing youth homelessness.

**Comment**

The ‘D’ grade demonstrates the failure of housing policies to respond to children’s needs. Having a place to call home - somewhere warm, safe, and private - is central to a child’s wellbeing and to family life. In its Concluding Observations, the UN Committee on the Rights of the Child recommended that the Irish Government ‘fully implement existing policies and strategies and increase budgetary allocations for and subsidisation of services, including [...] housing for families with children who are particularly vulnerable’.

**Social housing:**

The preliminary results of the 2008 Local Authority Social Housing Needs Assessment found there to be over 56,000 households in need of social housing nationally – an increase of 31% from 2005. There is estimated to be 35,924 children on the housing waiting list. Families on the waiting list include those who are unable to afford private housing, those who are homeless, and those living in accommodation that is deemed to be overcrowded or unfit for human habitation.

Several challenges exist in relation to meeting the housing needs of children: providing additional social housing units to accommodate families on the housing waiting list and those who are unable to afford private housing; ensuring all social housing, both new and existing, is of a high quality; and ensuring that, in practice, the social housing building programmes create integrated communities, which avoid housing segregation. Living in poor quality accommodation can have a negative impact on a child’s wellbeing, exposing them to dampness, overcrowding, unsafe infrastructure or poor neighbourhoods.

**Children living in homeless families:**

Delivering on social housing commitments is crucial to addressing the housing needs of homeless families, who are among the most needy and vulnerable groups on the housing waiting list. A 2005 survey, undertaken by the Dublin Homelessness Agency, found that, in Dublin alone, 463 homeless children were living in temporary accommodation with their families. Of these children, 41% were under 5 years old, and 73% were under 11 years old.

Homeless children and their families are usually provided with private emergency accommodation, often in Bed and Breakfast accommodation. Placing families in such accommodation is not cost-effective for the State. Furthermore, the quality of private emergency accommodation is unsuitable for families, especially for protracted periods of time. Whole families may be living in one small room with all of their belongings, leaving children no space to play or do homework. Research has found that children in homeless families find it difficult to develop and maintain friendships, due to frequent accommodation moves, and not being able to, or being embarrassed to, invite friends into their home.

**Homeless children:**

Child homelessness in Ireland is not limited to the family context. HSE figures, from August 2006, found 492 homeless children – the majority in their mid-to-late teens – were not being cared for by any family member. These children are among the most vulnerable in the country; their homeless status is often exacerbated by conflict with family members, a history of state care and mental health or substance misuse difficulties.

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118 UN Committee on the Rights of the Child (CRC/C/IRL/CO/2), p. 12, para. 56 (29 September 2006).
121 Senator Maurice Cummins, Seanad Debates, vol. 184, 12 October 2006 http://historical-debates.oireachtas.ie/ie/Seanad/Debates/ReportStage/2006/10/12/184/184002200610120003.html [accessed 21 November 2008]. This number does not include the number of children that are homeless with their families.
Health

Health is key to a child’s wellbeing and, therefore, a ‘D-’ grade across the board, from primary care to childhood obesity, is shameful. This unacceptable performance is contrary to Government commitments and it displays an unwillingness to balance investment between early intervention and preventive services, and acute care.
Children's Rights Alliance Report Card 2009

overview

One euro in every five of public money in Ireland is spent on health. In Budget 2009, health spending was increased by 2.1%, bringing it to an overall spending of €15.8 billion. Despite this Government investment in health, there is little return for children and it fails to bring Ireland in line with its international counterparts: Ireland spends 7.3% of GDP on public healthcare; France and Germany spend 9.7% and 10.9% respectively; and the USA spends 14.6%.  

Healthcare services for children remain unsatisfactory and uncoordinated. Ultimately, budget increases must be accompanied by structural reform. The two-tier system of healthcare, which favours children in better off families, who can afford to purchase private care, has a negative impact on children’s access to quality and timely healthcare. For example, the reality for a child with a speech and language difficulty in a poor family differs greatly from that of his peer in a family who can afford to go private. For one child, the six months he waits to access this basic service could set him back years, affecting his language development, his performance at school, and his self-confidence. For the other, the problem is likely to be short-lived, to be effectively and quickly addressed and he will go on to thrive. Put simply, this is not fair.

A framework is needed to protect children from the risks inherent in the Irish system, which is concerned primarily with money, rather than children’s health outcomes. The UN Committee on the Rights of the Child, reporting in 2006, raised this concern and linked it to the lack of a comprehensive legal framework that addresses the health needs of children, and the subsequent absence of statutory guidelines safeguarding the quality of, and access to, healthcare services in Ireland.

Essentially, a child’s health is about more than curing disease and patching up injuries: it is influenced by her social, economic and environmental conditions. And these conditions can support or damage a child’s health. Lack of income and inappropriate housing, for example, are social determinants of health which lead to inequality and, in turn, to poor health outcomes and lower life expectancy. It is important, therefore, that children’s health is not considered in isolation.

What's Happening?
At last, a glimmer of light.
To date, just 97 Primary Care Teams have been established, thus the Government has failed to meet the target of 300, promised in Towards 2016, by the end of 2008. The pace of delivery demonstrates that primary care is not a priority within the HSE. There is an unwillingness to address difficult human resource issues, or to commit investment where results are not immediately visible.

Policy commitments indicate that Ireland aims to improve its primary care system, but reality lags behind the rhetoric. The introduction of a new financing programme for Primary Care Teams in Budget 2009 is a welcome step towards meeting the existing 2011 target. The Programme will invest €1.5 billion, and aims to have all primary care centre sites identified by mid-2009, with the first group of 50 to open by the end of 2010, and the full complement to open in the course of 2011. Leadership is required to ensure delivery on this challenging commitment.

Immediate Action
- Ring-fence funding for the delivery of the promised Primary Care Teams
  The HSE must ensure that money allocated to Primary Care Teams – with a full complement of therapeutic services – is not re-assigned. The new programme of financing, and associated commitments introduced in Budget 2009, should be rigidly adhered to.

Commitment
Towards 2016 commits to plan and implement a programme of re-organisation and re-alignment of existing resources in order to deliver a person-centred primary care service through multidisciplinary teams and networks, serving defined populations, as outlined in the Primary Care Strategy, 2001. The target is to have 300 primary care teams in operation by 2008, 400 by 2009 and 500 by 2011.

Progress
Dangerously slow

Children face long waiting lists to access basic services. For example, in Dublin, children can wait up to two and a half years to access a speech and language therapist.
Primary care: Primary care is a new approach to healthcare in Ireland that comprises a range of services designed to keep people well. It ranges from health promotion and screening for diseases to assessment, diagnosis, treatment and rehabilitation, as well as personal social services. Primary care is the first point of contact that people have with health and social services, and it is the appropriate setting for treating 90% to 95% of all health and social care needs. A well-resourced, responsive and effective primary care service has the potential to prevent the development of conditions that may later require more intensive treatment or hospitalisation. Primary care services are accessible by self-referral and have a strong emphasis on working with communities and individuals to improve their health and social wellbeing.

For children, primary care is especially important. It is where early intervention happens. The joined-up approach envisaged within Primary Care Teams aims to provide timely and effective services to all children close to home and when they need them. This is a welcome, and essential, development. Through the Primary Care Teams, children will visit the GP or see the public health nurse and, where necessary, be immediately referred to further services - social or health focused, such as a physiotherapist or psychologist.

Therapeutic services: Integral to the Primary Care Teams is the provision of a range of therapeutic services, based in one centre, to meet the needs of the local population. The successful establishment of the Teams will be dependent on the availability of therapeutic professionals. Currently, there is a national shortage of speech and language therapists, occupational therapists, counsellors, social workers and educational psychologists. This means that children face long waiting lists to access basic services. For example, in Dublin, children can wait up to two and a half years to access a speech and language therapist. The failure to act early can have a significant impact on children’s longer-term development, health, educational achievement and emotional wellbeing.

Primary care is the most basic building block of a successful health service; despite this, it is consistently under-resourced and overlooked in favour of secondary and acute care. The ‘D-’ grade reflects the ongoing failure of the Government to take primary care seriously and deliver on promises to make these services a reality for all children in Ireland.
### WHAT’S HAPPENING?

**Not enough effort and limited results.**

Responsibility for the assessment, treatment and care of children up to 18 years of age comes under the remit of the HSE. The HSE states that 47 Child and Adolescent Mental Health teams are currently in operation – significantly fewer than the 71 recommended in *A Vision for Change*. Furthermore, just a tiny number of the existing teams – about 16% – currently provide mental health services to the full 0-18 age group. Almost 60% of the teams have waiting lists of over 75 children, and access to services varies greatly across the country. In Carlow, Kilkenny, and Sligo accessing services is difficult, with up to 270 children on waiting lists, and waiting times of over a year for some children. In Kildare and parts of Dublin, access is better, with waiting lists of about 20 children at a time. In late 2008, steps were taken to address the staffing deficit, and interviews for 16 new posts have taken place. These posts are expected to be filled in early 2009.

Accountability in the area of mental health is seriously lacking. Of the €51.2 million development funding allocated to the HSE for implementation of the A Vision for Change strategy, €24 million was not used as planned. In its report for 2007, the independent A Vision for Change Monitoring Group voiced its concern about the lack of information regarding where or how this money was spent. It is not apparent, even to those responsible for monitoring, who has budgetary responsibility for mental health services in the HSE, or how budgetary decisions affecting mental health services are made. In this environment, it is impossible to know what progress can be expected – or when.

### IMMEDIATE ACTION

- Urgently deliver the promised Child and Adolescent Community Mental Health Teams and establish a clear line of budgetary accountability

Children’s mental health is a crucial part of their overall health and wellbeing. The HSE must honour the commitments made to develop Child and Adolescent Community Mental Health Teams as a matter of urgency. The HSE must also establish a clear line of accountability for money spent on mental health services without delay.

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**COMMITMENT**

Towards 2016 commits to delivering – under the framework of A Vision for Change strategy – a significant number of child and adolescent community mental health teams (CMHTs) within the context of a 7 to 10 year target of one CMHT per 100,000 of the population by 2008, and two CMHTs per 100,000 of the population by 2013. These child and adolescent CMHTs will develop clear links with primary and community care services and identify and prioritise the mental health needs of children in each catchment area.

**PROGRESS**

Seriously limited
WHAT’S HAPPENING?

Limited progress.

Based on the current level of progress, full implementation of A Vision for Change is unlikely in the short-term. For example, of the 100 in-patient beds for the under 18s, recommended in the Strategy, just 16 are currently available. The number of beds is due to increase to 30 in 2009. Due to the lack of available beds, 16- and 17-year-old children continue to be treated in adult psychiatric units – 166 children were treated in such units between November 2006 and September 2007.

IMMEDIATE ACTION

- Ensure provision of in-patient beds for children in line with commitments in A Vision for Change
- The HSE must end, as a matter of urgency, the inappropriate practice of treating children with mental health difficulties in adult psychiatric facilities due to the absence of suitable beds for those under 18 years.

comment

On mental health the Government gets an ‘E’. Its performance is unacceptable. Ireland has a dismal track record in the provision of mental health services. Overall spending on mental health, as a share of public health spending, was just 7.8% in 2007. This compares poorly internationally – Sweden spends on average 11% and the UK spends 12%. The steps needed are clear: an approach based on prevention and early intervention. Identifying problems before they become chronic and providing local, appropriate support would reap benefits in the long-run, not only in terms of money saved, but also in terms of the quality of a child’s health and wellbeing. Good mental health is the foundation for a happy child.

In Ireland, 20% of children are known to be experiencing a mental health disorder at any one time, with varying levels of severity. Currently, over 3,600 children are awaiting psychiatric assessment, and, of these, more than 1,000 will have to wait over a year. The picture of children’s mental health in Ireland is incomplete – data in the area is scarce, and anecdotal evidence suggests that waiting lists may be even longer. A further problem is the serious lack of dedicated mental health services for children with intellectual disabilities, despite this being identified by the HSE as a priority for 2007 and 2008.

Moreover, the shortage of in-patient beds makes it very difficult to access a bed for a child in a crisis situation, particularly for those in the 16 to 18 year age group. This means that children with serious mental health problems are frequently admitted to inappropriate settings, such as adult psychiatric wards, paediatric units or adult medical wards, where staff lack the necessary expertise to work with these children.

152 Fourteen additional beds are intended to come on-stream in 2009. These beds will increase the current bed complement from 16 to 30 ibid., p. 124
155 Ibid., p.5.
158 Interview with Craig Hodges, Director of Service Development, Headstrong, 13 November 2008.
3.3 Childhood Obesity

“What’s happening?

It’s hard to tell.

The National Nutrition Policy has been a work in progress for almost three years. It is now in the final stages of drafting and will be published in 2009. Apparently, the policy will provide strategic direction on nutrition for the next ten years, and will specifically target children and young people. In the meantime, initiatives have been taken in some areas, such as the healthy lunchbox policies introduced by several schools. Information is minimal regarding progress on the development of a national database to monitor trends in growth, overweight and obesity. The rate of progress leaves us questioning whether the Government has in fact accepted the inevitability of childhood obesity as a public health time-bomb.

Immediate Action

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

This is the first generation of children growing up in Ireland whose life expectancy, due to levels of childhood obesity, may be shorter than that of their parents. Yet the Government – given a grade D – is failing to act in a manner merited by the scale of this problem. The number of overweight or obese children in Ireland trebled in the last decade to 300,000 – a figure that is rising at a rate of 10,000 per year.

Childhood obesity dramatically effects children’s long-term health, and results in deep economic and social costs for society as a whole. Children who are obese face far greater risk of developing chronic health conditions in later life, including diabetes and coronary heart disease. Two thousand premature deaths annually are attributable to obesity, and Ireland now spends an estimated €0.4 billion per year treating obesity-related illness.

The causes of childhood obesity are multi-faceted and are linked to factors in society that impact on home, school and community life. Now, children do less physical activity, and are more exposed to junk food. Parents are less likely to cook at home, and more likely to drive children to and from school. TV and computer games are standard forms of entertainment, and many children live in built up areas where outdoor play is unsafe.

Despite the very clear and worrying phenomenon of childhood obesity, there are few integrated policy solutions aimed at tackling it. For example, although there is a comprehensive physical education curriculum, many primary schools cannot implement it because they do not have adequate facilities. Furthermore, physical activity, including running, is prohibited in some school playgrounds due to a fear of insurance claims for injury. Junk food advertising, which has a significant influence over children’s food preferences, is regulated by a voluntary code, rather than enforceable statutory guidelines.

Without strategic, coordinated intervention, childhood obesity will dramatically effect Irish children’s long-term health, and result in deep physical, economic, and social costs for society as a whole. Tackling obesity requires a joined-up approach from government departments, services, communities, families and children themselves. It cannot be solved by one agency acting alone.

164 National Taskforce on Obesity (2005), Obesity: the Policy Challenges, Dublin: Department for Health and Children, p. 52.
165 Ibid., p. 6.
168 Ibid., p. 6.
The Government achieved ‘C’ – its best grade – in ‘safeguarding childhood’, which looked at children and their environment, alcohol and sexual health and relationships, reflecting a satisfactory attempt to deliver commitments particularly in relation to play and recreation.
A 2007 UNICEF study found that Ireland ranked fifth out of 21 rich countries in terms of ‘subjective wellbeing’. These results indicate that Ireland, compared to other rich countries, is quite a good place to be a child, with the majority of children eating meals with their parents, finding their peers ‘kind and helpful’, and reporting to like school ‘a lot’.

The UN Committee on the Rights of the Child’s Concluding Observations to the Irish Government in 2006, raised concerns that ‘little political and financial importance is given to the creation of recreational facilities’ and called for ‘more emphasis on the creation of facilities for children to enjoy leisure, recreation and cultural activities’. The Government has seemingly taken these comments on board, albeit confined to playgrounds, and this is to be congratulated.

Ireland, compared to other rich countries, is quite a good place to be a child, with the majority of children eating meals with their parents, finding their peers ‘kind and helpful’, and reporting to like school ‘a lot’.

The Government may say it values the childhood of each and every child, but it must demonstrate this by its actions. The quality of childhood depends not on any one thing but on a whole set of factors combining to influence each individual child’s life. For example, the UN Committee also raised concerns about alcohol consumption among adolescents and their insufficient access to the necessary information on reproductive health. Children’s school environments were also highlighted, with the UN Committee recommending that budget allocations be directed at ‘improving and upgrading school buildings, recreational equipment and facilities, and the sanitary conditions in schools’.

While the Government has made some progress, but not enough, in preparing children for emotional and sexual relationships, it has failed to make meaningful commitments in relation to alcohol consumption. This lack of meaningful progress is indicative of the country’s discomfort in acknowledging that these issues affect children. Deeply held societal values are not challenged by Government policy and there is a reluctance to deal with issues relating to alcohol and sexual relationships head-on.

The Government needs to recognise and respond to the fact that childhood, whether we like it or not, is changing.

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171 Ibid.
174 Ibid., para. 52, p.11.
175 Ibid., para. 59, p.13.
**WHAT’S HAPPENING?**

**Ongoing improvement.**

The Government has made significant progress towards this commitment: there are currently 561 playgrounds in the country – an increase of 161 since 2006 – and over 100 more playgrounds planned.178 Ready, Steady, Play! A National Play Policy was published in 2004 with a four-year life span.179 While this development is welcome, it is telling that the Government has focused on the only visible aspect of children’s play: playgrounds. Play is about more than playgrounds. The task for the second National Play Policy is to recognise the critical role of play in children’s development, and to integrate play across policies to create a truly child-friendly society. Furthermore, there is uncertainty regarding the status of the National Play Resource Centre, which is being integrated into the Office of the Minister for Children and Youth Affairs. It is currently unclear if, or how, the activities of the Centre will be continued.

**IMMEDIATE ACTION**

- Develop a second National Play Policy

The Office of the Minister for Children and Youth Affairs (OMCYA) should develop a follow-up second Play Policy to begin in 2009 to ensure momentum is not lost and progress in this area is intensified. National level funding for the second policy should have a wider focus than simply providing playgrounds.

**WHAT’S HAPPENING?**

The Policy is published, but it is not linked to any funding stream.

The National Recreation Policy, Teenspace, was published in September 2007 by the OMCYA,181 following consultation with children, young people and stakeholders. The policy has six guiding principles, seven core objectives, and 76 actions. However, it is not supported by any additional funding. The OMCYA has written to relevant departments and agencies informing them of their obligations and requesting their reflection in their business plans and strategy statements. Within the policy development process, youth cafés were identified as a significant need by young people. The National Children’s Advisory Council (NCAC) commissioned research into youth café models and it is expected to be published, along with a toolkit for setting up a youth café, in early 2009.182

**IMMEDIATE ACTION**

- Fully implement the National Recreation Policy

The full implementation of the National Recreation Policy will make a real difference to the lives of children and young people. It has the potential to have a knock-on positive impact on levels of obesity, anti-social behaviour and educational attainment.

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178 National Play Resource Centre (2008), Survey of Play Provision provided by Local Authorities. The report is not public.
182 Information received by the Children’s Rights Alliance from the Office of the Minister for Children and Youth Affairs, December 2008.
The publication of the Ready, Steady, Play! A National Play Policy was an important step in acknowledging the value of play, putting it on the political agenda, and helping to ensure that all children have access to play facilities. To date, 62% of local authorities have published a play policy and 65% have appointed a play officer. However, these tend not to be experts in play, very often taking on this task as an additional part of an existing role. This is indicative of the problems in implementing the National Play Policy: many of its 50 actions are devolved to the local level, where resources are limited. There is no national oversight or guidance. This means implementation is patchy, and usually dependent on the individual initiative.

**SCHOOL BUILDINGS**

**WHAT’S HAPPENING?**

Money has been allocated, but the impact of increased investment is unclear. There have been substantial increases in funding for school buildings over the past ten years – up 600% since 1992. Funding for school buildings was not heavily cut in Budget 2009 and remains at €581 million. However, the level of current investment is not sufficient to meet the Programme for Government target of €4.5 billion investment by 2012.

While increased investment is welcome, the process of allocating funds – and the rationale for providing capital to one school over another – is not open to public scrutiny. It is, therefore, impossible to evaluate whether the allocation of resources is fair and effective. In November 2008, the Minister noted his plans to introduce a transparent system of allocating funding.

**IMMEDIATE ACTION**

- Introduce transparency in the allocation of grants for school buildings and ensure adequate resources are invested to meet the Programme for Government commitment

The Department of Education and Science should introduce clear, accessible and publicly available guidelines and criteria that must be adhered to in the allocation of grants for school buildings and maintenance.

There are more than 3,200 primary schools and 730 second-level schools and it is these spaces where most children spend a large part of their week. Yet many of these schools have fallen into a state of disrepair. Media reports consistently highlight the very grave nature of these problems, such as overcrowding, rat infestation, classrooms in toilets and leaking roofs. In addition to solving these problems, there is an ongoing demand for new schools. The National Development Plan estimates that Ireland will need 100,000 new school places in the next ten years: that is 400 new schools or equivalent extensions. In the last six years, just 57 new primary schools have been delivered, an average of fewer than ten per year.

Transparency: Information on schools awaiting renovation or refurbishment is no longer publicly available; and there is no open process outlining which schools receive funding and why. Thus, there is no way of knowing the real state of school buildings, nor is it possible to evaluate the impact of increased resources. This causes confusion and distress about why certain schools receive support and others do not, and leaves schools unsure about how to legitimately advocate for financial support.

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183 National Play Resource Centre (2008), Survey of Play Provision provided by Local Authorities. This report is not public.
184 Interview with Irene Gunning, Irish Play and Playgroups Association (IPPA) and Steve Goode, Play Consultant, November 2008.
187 The overall figure has been cut marginally (from €586 million in 2008).
189 Figures received by the Children’s Rights Alliance from the Department and Education and Science, November 2008.
### 4.2 Alcohol

“All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption [...]” WHO European Charter on Alcohol, 1995 (adopted by Ireland)

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<th>COMMITMENT</th>
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<tr>
<td>Towards 2016, the key national policy document has only one commitment in relation to alcohol consumption among children - to monitor trends of substance use, via the European School Survey Project on Alcohol and Other Drugs (the ESPAD survey).</td>
<td>Ongoing</td>
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<tr>
<td>The Programme for Government commits to prioritising and intensifying measures to tackle alcohol misuse among young people, and to doubling the penalties for all offences relating to the sale of alcohol to children, the purchase of alcohol for children and the breach of the restrictions on the presence of underage persons on licensed premises.</td>
<td>Some steps taken</td>
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**WHAT'S HAPPENING?**

A piecemeal approach is being taken, while the real problem is being ignored.

The Intoxicating Liquor Act, 2008, which came into force in August 2008, introduces firmer penalties - a minimum closure period of two days - for those that sell alcohol to under-18s. It also restricts alcohol promotions, shortens off-licence opening hours, and gives the Gardaí new powers to confiscate from under-18s containers that they suspect are being used to hold or consume alcohol in public. While the measures contained in the new legislation are welcome, they will only have an impact if they are fully enforced. Overall, however, the new legislation is an unconvincing response to the serious problem of alcohol misuse among young people.

Teenagers are the third highest binge drinkers in the EU.

**IMMEDIATE ACTION**

- Implement the recommendations from the Strategic Task Force on Alcohol in relation to ‘protecting children’.
  
  The reports of the National Taskforce on Alcohol (2002 and 2004) are clear: Ireland needs to take decisive steps to address drinking among teenagers. The Department of An Taoiseach should take on a leadership role to ensure the implementation of these recommendations.

- Introduce a legislative ban to protect children from unnecessary exposure to alcohol marketing.
  
  Alcohol advertising and marketing shapes children’s attitudes to alcohol from a very early age. The current voluntary advertising code is not effective, and does not protect children from the harmful effects of alcohol exposure. The Department of Health and Children should introduce legislation to restrict alcohol marketing as a matter of priority.


Ireland has the second highest rate of alcohol consumption in the EU. Adults in Ireland have the highest reported consumption per drinker and the highest level of binge drinking in comparison to adults in other European countries. Teenagers in Ireland follow suit: they are the third highest binge drinkers in the EU. A 2008 regional study of teen drinking in the south-east of Ireland found that more than one in three teenagers reported drinking once a week and consuming on average 5.75 drinks on a typical drinking occasion.

Also of deep concern is the effect that drinking in families can have on children, not only in terms of parental addiction but also financial difficulties, family breakdown, neglect and abuse. The cost of alcohol-related harm in Ireland in 2003 was estimated at €2.65 billion (2.6% of GNP). Moreover, alcohol is also responsible for an estimated one in four of all deaths of young men in Europe between 15 and 29 years.

Existing commitments in relation to children and alcohol are meek. That the Government still scores a ‘D’ in this area is very disappointing, particularly given the powerful evidence that alcohol consumption among teenagers is a grave problem. Failure to take this issue seriously is short-sighted and will haunt successive governments.

The measures required to curb the harm caused to young people by alcohol include reducing children’s access to alcohol; restricting the promotion of alcohol; raising awareness of the potential harmful effects of alcohol; developing youth appropriate treatment services; and providing alcohol-free social opportunities. But few steps have been taken in this direction. Since 1990, the Government has established eight committees on alcohol and produced 13 official reports. Despite the hundreds of recommendations in these reports (the two Reports of the Strategic Taskforce on Alcohol – 2002 and 2004 – made 100 alone), positive policy change has been minimal, with some decisions being counterproductive.

Advertising: Alcohol advertising and marketing shapes children’s attitudes to alcohol from an early age. The amount of money spent on alcohol advertising rises every year. It reached €69 million in 2007, more than double the €30.5 million spent in 2000. Draft legislation was prepared in 2003 aimed at significantly reducing children’s exposure to alcohol advertising and marketing. Had this been enacted, it would have restricted the placement of alcohol advertisements, limited their content, and banned the drinks industry’s sponsorship of youth leisure activities. Despite original Cabinet approval, the draft legislation was not brought before the Dáil and a voluntary code was introduced in its place. It is worth noting that the text of the voluntary code mirrors exactly that produced by the industry, including the grammatical errors.
4.3 Sexual Health and Relationships

“Children will be supported to enjoy the optimum...emotional wellbeing.” (National Children’s Strategy, p. 55)

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<tr>
<th>COMMITMENT</th>
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<tr>
<td>The Programme for Government commits to involving community health professionals in the delivery of Relationships and Sexuality Education (RSE) and to providing greater support for teachers in this area through improved teaching resources and access to training, and to updating the sex education programme in schools.²¹¹</td>
<td>Good</td>
</tr>
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WHAT’S HAPPENING?
Progressing steadily.

A 2007 report, by the Children’s Research Centre, Trinity College Dublin, raised serious concerns about the inadequate and inconsistent delivery of the Relationships and Sexuality Education (RSE) curriculum.²¹² Only 40% of schools surveyed used community health professionals, such as a local nurse, in the delivery of RSE.²¹³ A number of steps have been taken to address the inadequacies identified in the research by the RSE support service.²¹⁴ New teaching materials have been developed, including a DVD and a 20 lesson programme for senior cycle. Teacher training in RSE for post-primary has been increased from three days per year in 2002 to five days in 2008, with one day dedicated to sexual orientation and homophobia. Two hundred teachers are due to be trained using the new resources by the end of 2008.²¹⁵

Although sex education is available as part of the school curriculum, it is allocated only very limited time.

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<tr>
<td>The Programme for Government commits to developing a National Sexual Health Strategy.²¹⁶</td>
<td>None</td>
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</table>

WHAT’S HAPPENING?
Nothing.

The development of a National Sexual Health Strategy is the responsibility of the HSE. The 2008 HSE Service Plan indicates that the Strategy, along with an Action Plan, will be published by the end of 2008, following consultation with relevant stakeholders.²¹⁷ However, at the time of going to print, key organisations have yet to be consulted;²¹⁸ there is no official publication date and it is not clear whether adolescents will be represented within the Strategy.

IMMEDIATE ACTION
- Include adolescents in the promised National Sexual Health Strategy.
  The HSE must include the issues of sex education and access to sexual health services for adolescents in the promised National Sexual Health Strategy.

²¹³ Ibid., p. 23.
²¹⁴ The RSE support service is supported by the Department of Education and Science.
²¹⁵ Phone conversation with Frances Shearer, National Co-ordinator of Relationships & Sexuality Education (R.S.E.), December 2008.
²¹⁸ Neither the Crisis Pregnancy Agency nor the Irish Family Planning Association have been invited to submit their views on the Strategy.
Children’s peer relationships shape the quality of their day-to-day lives, and their long-term social, emotional and psychological development. Research has found that teenagers in Ireland learn about sex from their family and peers, the media, and at school.219

Although sex education is available as part of the school curriculum, it is allocated only very limited time. Over the three years of the junior cycle (12-15 years), pupils receive just three hours per year of Relationships and Sexuality Education (RSE). Given that teenagers in Ireland are becoming sexually active at a younger age,220 the curriculum needs to be reviewed. Interpreting the limited statistics that are available, it appears that many teenagers are poorly informed about sexual health – in 2006, at least one in every 10 cases of sexually transmitted infections reported in Ireland was among teenagers (1,106 cases involving individuals aged 19 or under).221

Data in this area is scarce, with a subsequent lack of policy analysis. The 2006 Irish Study of Sexual Health and Relationships (ISSHR), the first of its kind in Ireland, was limited to those aged over 18.222 Thus, the influence of adolescents’ voices will be absent from the planning and development of sexual health services and interventions in Ireland over the coming years. Reliable data is needed to underpin the development of an adolescent section within the National Sexual Health Strategy. In the meantime, it is crucial that teenagers are aware of sexual health issues, and informed about the kinds of services they may need to access and how to do so.
summary of recommended immediate actions

EDUCATION

Early childhood care and education
- Deliver the Early Childhood Care and Education element of Delivering Equality of Education in Schools (DEIS) programme.
- Link funding from the National Childcare Investment Programme with the implementation of the Síolta Quality Standards

Child literacy
- Establish a process for monitoring progress on reaching the national level literacy targets
- Introduce a new literacy target for all children

Language support
- Remove the two teacher rule for language support teachers

Early school-leaving
- Resource and deliver the remaining posts promised to the National Education Welfare Board

Children with special educational needs
- Fully implement the Education for Persons with Special Educational Needs Act 2004

MATERIAL WELLBEING

Financial support to families
- Introduce an employment-neutral payment targeted at low income families with children

Access to education
- Reform the payment to support children in low income families with the cost of school
- Support the establishment of local enrolment committees to facilitate admission decisions for all state funded schools

Access to healthcare
- Finalise the medical card review and widen eligibility criteria for families with children as promised

Access to housing
- Allocate the required investment to ensure the NESC social housing target is reached by 2012
- Publish the review of the Youth Homelessness Strategy and put in place a new programme of work to seriously address youth homelessness

HEALTH

Primary care
- Ring-fence funding for the delivery of the promised Primary Care Teams

Mental health
- Urgently deliver the promised Child and Adolescent Community Mental Health Teams and establish a clear line of budgetary accountability
- Ensure provision of in-patient beds for children in line with commitments in A Vision for Change

Childhood obesity
- Deliver a National Nutrition Policy and provide political leadership and adequate resources for its implementation

SAFEGUARDING CHILDHOOD

Children and their environment
- Develop a second National Play Policy
- Fully implement the National Recreation Policy
- Introduce transparency in the allocation of grants for school buildings and ensure adequate resources are invested to meet the Programme for Government commitment

Alcohol
- Implement the recommendations from the Strategic Task Force on Alcohol in relation to ‘protecting children’
- Introduce a legislative ban to protect children from unnecessary exposure to alcohol marketing

Sexual health and relationships
- Include adolescents in the promised National Sexual Health Strategy
list of alliance members

Amnesty International
Ana Liffey Children’s Project
The Ark, a cultural centre for children
Assoc. for Criminal Justice Research & Development
Association of Secondary Teachers Ireland
ATD Fourth World
Barnardos
Barretstown
Border Counties Childcare Network
CARI
Catholic Guides of Ireland
Catholic Youth Care
Childminding Ireland
Children in Hospital Ireland
City of Dublin YMCA
CityArts
Crosscare Aftercare Unit
Crosscare Drug Awareness Programme
DIT - School of Social Sciences & Legal Studies
Dublin Rape Crisis Centre
Dun Laoghaire Refugee Project
Educate Together
Education Department UCD
Enable Ireland
Focus Ireland
Forbairt Naionraí Teo
Fórdóige
Gay and Lesbian Equality Network (GLEN)
Home Start National Office Ireland
IAYPIC
Inclusion Ireland
Integrating Ireland
International Adoption Association
IPPA, the Early Childhood Organisation
Irish Autism Action
Irish Association of Hospital Play Staff
Irish Association of Social Workers
Irish Association of Suicidology
Irish Centre for Human Rights, NUIG
Irish Congress of Trade Unions
Irish Council for Civil Liberties
Irish Foster Care Association
Irish Girl Guides
Irish National Organisation of the Unemployed
Irish National Teachers Organisation
Irish Penal Reform Trust
Irish Refugee Council
Irish Traveller Movement
Irish Youth Foundation
Irish Society for the Prevention of Cruelty to Children (ISPCC)
Jack & Jill Children's Foundation
Jesuit Centre for Faith & Justice
Junglebox FDYS
Kids’ Own Publishing Partnership
Kilbarrack Youth Project
La Leche League of Ireland
Lifestart National Office
Mary Immaculate College
Matt Talbot Community Trust
Miss Carr's Children's Home
Mothers’ Union
Mounttown Neighbourhood Youth Project
National Association for Parent Support
National Children’s Nurseries Association
National Parents Council (Post-Primary)
National Parents Council (Primary)
National Youth Council of Ireland
National Organisation for the Treatment of Abusers (NOTA)
OPEN
One Family
One in Four
Parentline
Pavee Point
Peter McVerry Trust
PLANET
Psychological Society of Ireland
SAOL Project - SAOL Beag Children’s Centre
Society of St. Vincent de Paul
SPARK (Support Project for Adolescent Refugee Kids)
St. Nicholas Montessori College
St. Nicholas Montessori Society
Step by Step Child & Family Project
Sugradh
Teen Counselling
Treoir
UNICEF Ireland
Youth Initiative in Partnership
Youth Work Ireland
The Children’s Rights Alliance Report Card 2009 is the first of a new annual publication that reviews and grades the Irish Government in implementing its own commitments to children. These commitments are found in key Government documents, including Towards 2016 and the Programme for Government. In this first edition, the Alliance has focused on the areas of education, material wellbeing, health and safeguarding childhood. With over 80 non-governmental organisations in its membership, and as a designated Social Partner, it is well-placed to provide an honest evaluation of Ireland’s treatment of its children.

The Children’s Rights Alliance is a coalition of over 80 non-governmental organisations (NGOs) working to secure the rights and needs of children in Ireland, by campaigning for the full implementation of the UN Convention on the Rights of the Child (UNCRC). It aims to improve the lives of all children under 18, through securing the necessary changes in Ireland’s laws, policies and services.