An Roinn Leanaí
agus Gnóthaí Óige
Department of
Children and Youth Affairs

State of the Nation's Children




Ireland 2016

State of the Nation's Children
Ireland 2016

DECEMBER 2016

DEPARTMENT OF CHILDREN AND YOUTH AFFAIRS

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MINISTER'S FOREWORD

It is my great privilege as Minister for Children and Youth Affairs to launch the *State of the Nation's Children: Ireland 2016*.

This report is the sixth such report that has been published since 2006. It has been prepared by officials from my Department and provides a comprehensive picture of our children's lives by presenting key information in areas such as health and education as well as social, emotional, behavioural and self-reported happiness outcomes. It also presents data on supports and services available to children and their families, along with children's relationships with their parents and peers.

Valuable updates since the last report in 2014 have been provided by a number of government departments, agencies and research organisations, without whose ongoing participation this report would not be possible. I would like to thank them for their contribution.

This report, together with the forthcoming progress reports under *Better Outcomes, Brighter Futures*, will help provide us with important evidence on children and young people's experiences and outcomes. It is encouraging that there have been some improvements since the last report, for example, the number of children smoking and using cannabis continues to decline. However, the report also highlights areas where improvements are needed. It shows that 11% of our children continue to live in consistent poverty. I do not consider this figure acceptable and it is my intention to bring a renewed focus on measures to reduce this. The reduction of child poverty is a political priority for me and is central to *Better Outcomes, Brighter Futures*, the whole-of-government policy on children and young people. Measures taken in Budget 2017 will hopefully impact positively on the lives of children living in poverty.

As Minister, I hope to see us achieve our goal of making Ireland one of the best places in the world in which to be a child. I welcome the publication of this report, which is an important resource that highlights the issues affecting children's lives, and by so doing, helps us move towards that goal.

Dr Katherine Zappone, TD
Minister for Children and Youth Affairs
December 2016

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We are also very grateful to all the people who provided feedback on individual indicators and to the children, families and others who provided the data included in this report.

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ACRONYMS

BCG	bacillus Calmette-Guerin vaccine
BMI	body mass index
CSO	Central Statistics Office
D_3	diphtheria and tetanus vaccine
DCYA	Department of Children and Youth Affairs
DEIS	Delivering Equality of Opportunity in Schools
DTaP	diphtheria, tetanus and pertussis vaccine
ERC	Educational Research Centre
ESRI	Economic and Social Research Institute
EU	European Union
EU-25 average	average result for 25 EU Member States
EU-28 average	average result for 28 EU Member States
Eurostat	Statistical Office of the European Communities
EU-SILC	European Union Survey on Income and Living Conditions
GDP	gross domestic product
GNP	gross national product
GNI	gross national income
HBSC	Health Behaviour in School-aged Children Survey
Hib_3	haemophilus influenzae type B vaccine
HIPE	Hospital In-Patient Enquiry System
HPSC	Health Protection Surveillance Centre
HRB	Health Research Board
HSE	Health Service Executive
ICD-10	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, a medical classification list published by the World Health Organization
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
IPDC	Inpatient/day case
$MenC_3$	meningococcal type C vaccine
MMR	measles, mumps and rubella vaccine
NCCIC	National Child Care Information Centre
NCCIS	National Child Care Information System
NCVA	National Council for Vocational Awards
NEWB	National Educational Welfare Board

NIDD	National Intellectual Disability Database
NPIRS	National Psychiatric In-Patient Reporting System
NPRS	National Perinatal Reporting System
NPSDD	National Physical and Sensory Disability Database
NTPF	National Treatment Purchase Fund
NUTS	Nomenclature of Territorial Units for Statistics
OECD	Organisation for Economic Co-operation and Development
OP	outpatient
$Polio_3$	poliomyelitis vaccine
PISA	Programme for International Student Assessment
PTR	Patient Treatment Register
P_3	pertussis vaccine
T_3	tetanus vaccine
WHO	World Health Organization

INTRODUCTION

This is Ireland's sixth biennial *State of the Nation's Children* report. These reports are compilations of data from many sources. They provide the most up-to-date data on the National Set of Child Well-being Indicators in one place and aim to:

- Chart the well-being of children in Ireland
- Track changes over time
- Benchmark progress in Ireland relative to other countries
- Highlight policy issues arising.

OUTLINE OF REPORT

This *State of the Nation's Children: Ireland 2016* report is presented in four sections, as follows:

- **Part 1: Sociodemographics:** This section provides information on the child population, child mortality, family structure, parental education level, Traveller children, foreign national children, children with a disability and children as carers. Data are largely drawn from Vital Statistics (Central Statistics Office) and the Census of the Population.
- **Part 2: Children's relationships:** This section provides information on children's relationships with their parents and peers, including, for example, levels of reported bullying and children's friendships. Data are drawn from Health Behaviour of School-aged Children (HBSC) surveys and also from Programme for International Student Assessment (PISA) surveys.
- **Part 3: Children's outcomes:** This section provides information on children's health outcomes, educational outcomes, and social, emotional and behavioural outcomes, including, for example, smoking, alcohol and cannabis use, births to teenage girls, health conditions and hospitalisation, educational attainment and self-reported happiness. Data are drawn from, among others, the Health Behaviour of School-aged Children (HBSC) surveys, the Programme for International Student Assessment (PISA) surveys, the National Intellectual Disability Database, the National Physical and Sensory Disability Database, and the National Perinatal Reporting System.
- **Part 4: Formal and informal supports:** This section provides information on a range of supports, both formal and informal, including school, housing and community supports, as well as antenatal care, immunisation and other health supports. Data are drawn from, among others, the European Union Survey on Income and Living Conditions (EU-SILC), Health Behaviour of School-aged Children (HBSC) surveys, National Perinatal Reporting System, Vital Statistics (Central Statistics Office), Triennial Assessment of Housing Needs, and Programme for International Student Assessment (PISA) surveys.

KEY FINDINGS 2016

- The child population of Ireland increased by an estimated 17.8% between 2006 and 2016 (Population and Migration Estimates, Central Statistics Office, 2016).
- 61.6% of all child deaths in 2015 occurred in the period of infancy (Vital Statistics, Central Statistics Office, 2015).
- Approximately one in six children in Ireland live in a lone-parent household (Census of the Population, 2011).
- One in three children live in families where the mother has a third-level degree or higher (Census of the Population, 2011).
- The number of Traveller children increased by 30.3% between 2006 and 2011 (Census of the Population, 2011).
- The number of foreign national children increased by 49.5% between 2006 and 2011 (Census of the Population, 2011).
- Almost 6% of the child population in Ireland have a disability (Census of the Population, 2011).
- 5.6 per 1,000 children provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability (Census of the Population, 2011).
- Older children find it more difficult to talk to their mother when something is really bothering them (HBSC Survey, 2014).
- The percentage of children who report that they find it easy to talk to their father when something is really bothering them increased from 56.2% in 2002 to 70.2% in 2014 (HBSC Survey, 2014).
- Significantly more girls than boys report that their parents spend time just talking with them several times a week (PISA Survey, 2015).
- More than half of 15-year-old children report that their parents discuss with them how well they are doing at school several times a week (PISA Survey, 2015).
- 76% of 15-year-old children report that their parents eat a main meal with them around a table several times a week (PISA Survey, 2015).
- Almost nine out of ten children have three or more friends of the same gender (HBSC Survey, 2014).

- Three out of four children have a pet of their own or a pet in their family (HBSC Survey, 2014).
- Immigrant children, Traveller children and children with a disability and/or chronic illness were more likely to report being bullied at school (HBSC Survey, 2014).
- Approximately 38% of the 4,178 pre-school services contracted to deliver the Early Childhood Care and Education (ECCE) Programme in June 2016 met the higher capitation requirements (ECCE Database).
- Approximately one in every ten primary school children misses 20 days or more in the school year (Tusla, the Child and Family Agency Annual School Attendance Data, 2013/2014).
- Approximately one in every six post-primary school children misses 20 days or more in the school year (Tusla, the Child and Family Agency Annual School Attendance Data, 2013/2014).
- Retention rates to the completion of the Leaving Certificate have increased by 6.4 percentage points – from 83.8% of children in the 1999 school entry cohort to 90.2% of children in the 2009 school entry cohort (Education Statistics Database, 2016).
- Children in Ireland have maintained their strong performance in reading literacy since 2012, and the gender gap in favour of girls has narrowed (PISA Survey, 2015).
- In 2015, overall performance in mathematics in Ireland was approximately the same as in 2012 (PISA Survey, 2015).
- Science literacy scores of 15-year-olds in Ireland are above the OECD average (PISA Survey, 2015).
- The percentage of low birth weight babies increased slightly between 2011 and 2015, from 5.4% in 2011 to 5.9% in 2015. (National Perinatal Reporting System, 2015).
- Breastfeeding initiation rates have continued to increase (National Perinatal Reporting System, 2015).
- Almost half of the total hospital discharges of children in 2015 were children aged under five years (Hospital In-Patient Enquiry, 2015).
- The total number of hospital discharges of children with a principal diagnosis of 'injury, poisoning and certain other consequences of external causes' was relatively stable between 2011 and 2015.
- The percentage of children aged seven years classified as being in the 'normal' weight category increased by three percentage points over the period 2010–2012 (WHO European Childhood Obesity Surveillance Initiative, 2012).

- Two-thirds of children registered as having an intellectual disability in 2015 were boys (National Intellectual Disability Database, 2015).
- In 2015, approximately one in three children on the National Physical and Sensory Disability Database were registered as having multiple disabilities. (National Physical and Sensory Disability Database, 2015).
- The number of child welfare and protection referrals increased by 8.5% between 2012 and 2015 (Tusla, the Child and Family Agency, 2015).
- The percentage of children aged 10–17 who reported that students at their school participate in making the school rules increased by about three percentage points between 2010 and 2014 – from 32.6% in 2010 to 35.5% in 2014 (HBSC Survey, 2014).
- In 2012, more than one-third of 15-year-old children reported that reading is one of their favourite hobbies (PISA Survey, 2012).
- The percentage of children who reported smoking cigarettes every week decreased from 11.6% in 2006 to 5.3% in 2014 (HBSC Survey, 2014).
- The percentage of children aged 10–17 who reported never smoking cigarettes increased from 59.8% in 2002 to 84.2% in 2014 (HBSC Survey, 2014).
- The percentage of children aged 10–17 who reported having been drunk at least once in the past 30 days decreased from 18.3% in 2010 to 10% in 2014 (HBSC Survey, 2014).
- The percentage of children aged 10–17 who reported never having had an alcoholic drink increased from 47.2% in 2006 to 58.3% in 2014 (HBSC Survey, 2014).
- The percentage of children who reported taking cannabis at least once in their lifetime decreased from 15.7% in 2006 to 8.8% in 2014 (HBSC Survey, 2014).
- The number of babies born to girls aged 17 and under decreased by 23% between 2011 and 2015 (Vital Statistics, Central Statistics Office, 2015).
- In 2014, approximately one in four children aged 15–17 reported that they have had sex (HBSC Survey, 2014).
- Approximately three out of ten girls aged 15–17 reported feeling happy with the way they are (HBSC Survey, 2014).
- Approximately nine out of ten children aged 10–17 reported being happy with their lives at present (HBSC Survey, 2014).
- In 2015, there were 14 suicides of children aged 10–17 (Vital Statistics, Central Statistics Office, 2015).

- In 2015, 2.5 times as many girls as boys presented at hospital emergency departments following self-harm (National Self-Harm Registry Ireland, 2015).
- Children in Ireland have one of the highest levels of physical activity among 42 WHO countries and regions (HBSC Survey, 2014).
- Children in higher social class categories are more likely to eat breakfast on five or more days per week (HBSC Survey, 2014).
- The percentage of children aged 10–17 who report drinking soft drinks that contain sugar at least once a day has fallen from 26% in 2006 to 12.6% in 2014 (HBSC, 2014).
- In 2013, Ireland's public expenditure on educational institutions between primary and tertiary level was 5.2% of gross domestic product (GDP) and was above the EU-28 average (Department of Education and Skills; OECD report *Education at a Glance*, 2016).
- In 2014, 18.6% of children were considered to be at risk of poverty (European Union Survey on Income and Living Conditions, 2014).
- In 2014, 11.2% of children experienced consistent poverty (European Union Survey on Income and Living Conditions, 2014).
- In 2016, there were 46,294 households with children identified as being in need of social housing (Summary of Social Housing Assessments, 2016).
- In 2014, nine out of ten children reported feeling safe in the area where they live (HBSC Survey, 2014).
- The percentage of children who reported that there are good places in their area to spend their free time increased from 51.2% in 2010 to 61.5% in 2014 (HBSC Survey, 2014).
- Over the five-year period 2010–2014, the number of children referred to the Garda Diversion Programme decreased by 44.5% (An Garda Síochána, 2014).
- Early antenatal care is lowest among younger pregnant women (National Perinatal Reporting System, 2016).
- In 2015, 97.5% of newborn babies were visited by a public health nurse within 72 hours of discharge from hospital for the first time.' (Outturn of Quarterly Performance Indicator Returns, 2015).
- In 2015, 93.7% of children had their 7–9 Month Developmental Check on time (Outturn of Monthly Activity Data Returns, 2015).

- In 2014, the national uptake rates of D_3, P_3, T_3, Hib_3, $Polio_3$ and $HepB_3$ for children at 24 months of age reached the target of 95% (Health Protection Surveillance Centre, *Annual Epidemiological Report 2014*).
- The number of children on an inpatient/day case waiting list awaiting treatment increased by 44.4% between 2011 and 2015 (Patient Treatment Register, 2015).
- The number of children in the care of Tusla, the Child and Family Agency increased by approximately 3.6% between 2011 and 2015 (Tusla, 2014).
- In 2015, among children, 'depressive disorders' were the most common reason for admission to psychiatric hospitals/units and child and adolescent units (National Psychiatric In-Patient Reporting System, 2015).

PART 1: SOCIODEMOGRAPHICS

CHILD POPULATION

The child population of Ireland increased by an estimated 17.8% between 2006 and 2016.

Measure

The number of children.

Key findings

- In 2016, there were an estimated 1,220,907 children living in Ireland. This accounted for about a quarter (26.1%) of the total population of Ireland.

Differences by age, gender and over time

- 621,982 were boys and 598,923 were girls (*see Table 1*).

Table 1: Number of children under 18, by age and gender (2016)

	Male	Female	Total	Cumulative total
Total population (age 0–17)	**621,982**	**598,923**	**1,220,907**	
Total population (all ages)	**2,310,465**	**2,363,280**	**4,673,745**	
Age				
Under 1	33,867	32,347	66,215	66,215
1	35,490	33,431	68,920	135,135
2	36,004	34,196	70,201	205,336
3	37,428	35,891	73,320	278,656
4	39,106	37,826	76,932	355,588
5	37,724	37,191	74,915	430,503
6	37,716	36,763	74,479	504,982
7	37,412	36,422	73,834	578,816
8	36,467	35,792	72,259	651,075
9	34,495	33,211	67,707	718,782
10	33,199	31,968	65,167	783,949
11	33,497	31,560	65,058	849,007
12	32,738	31,690	64,428	913,435

continued

Table 1 (*continued*)				
Age	**Male**	**Female**	**Total**	**Cumulative Total**
13	32,392	31,242	63,633	977,068
14	31,621	30,595	62,216	1,039,284
15	31,171	29,699	60,869	1,100,153
16	30,773	29,516	60,289	1,160,442
17	30,882	29,583	60,465	1,220,907

Source: Population and Migration Estimates, April 2016

- The percentage of the population aged under 18 decreased from 36.2% in 1981 to 25% in 2011. In 2016, it is estimated to be 26.1% (*see Table 2*).
- During the period 1981 to 2002 the number of children decreased from 1,246,443 to 1,013,031. Since 2006, it has increased by 17.8%, to stand at an estimated 1,220,907 in 2016.

Table 2: Number of children and percentage of population under 18, by gender (selected years 1981–2016)						
Year	**Boys**	**% of all males**	**Girls**	**% of all females**	**Total**	**% of all ages**
1981	638,768	36.9%	607,675	35.5%	1,246,443	36.2%
1986	630,985	35.7%	599,165	33.8%	1,230,150	34.7%
1991	587,655	33.5%	557,738	31.5%	1,145,393	32.5%
1996	550,389	30.6%	521,583	28.6%	1,071,972	29.6%
2002	519,483	26.7%	493,548	25.0%	1,013,031	25.9%
2006	531,506	25.1%	505,246	23.9%	1,036,752	24.5%
2011	586,050	25.8%	558,463	24.2%	1,144,513	25.0%
2014*	609,916	26.8%	584,546	25.1%	1,194,462	25.9%
2015*	617,046	27.0%	591,871	25.2%	1,208,917	26.1%
2016*	621,982	26.9%	598,923	25.3%	1,220,907	26.1%

* Estimates calculated in April of each year.

Sources: Censuses of the Population, 1981–2011; Population and Migration Estimates, 2014, 2015, 2016

Differences by geographic location

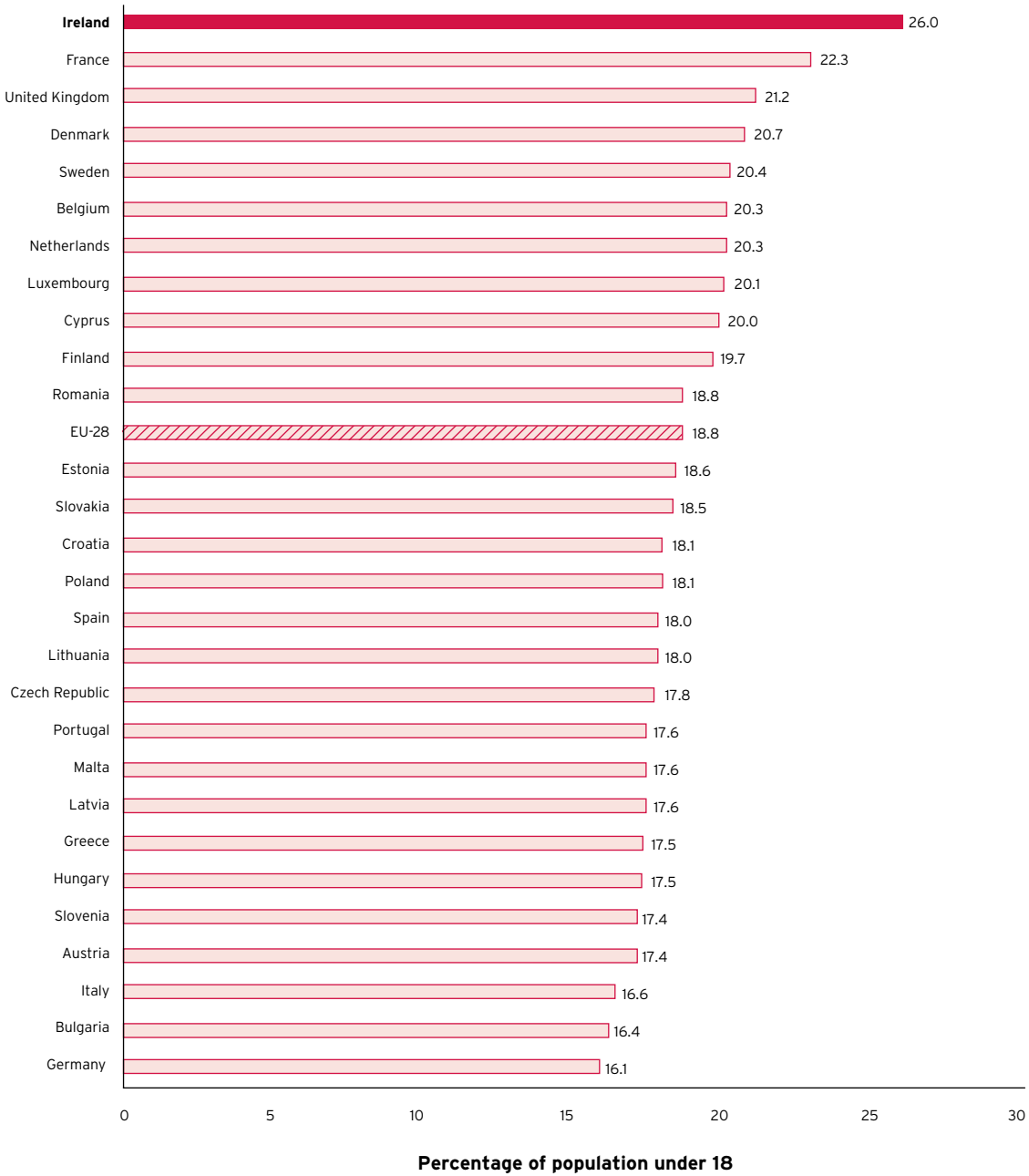
- In 2015, Ireland had the highest estimated proportion of children in its population in the European Union (26%). The EU-28 average was 18.8% (*see Table 3 and Figure 1*).

Table 3: Percentage of population under 18 in January in the EU-28, by country (1995, 2005 and 2015)			
	1995	**2005**	**2015**
EU-28	***n/a***	**20.0**	**18.8**
Country			
Austria	21.2	19.7	17.4
Belgium	21.7	20.8	20.3
Bulgaria	22.6	17.7	16.4
Croatia	*n/a*	19.5	18.1
Cyprus	29.5	24.6	20.0
Czech Republic	23.9	18.7	17.8
Denmark	20.9	22.3	20.7
Estonia	25.1	20.0	18.6
Finland	22.9	21.1	19.7
France	23.8	22.6	22.3
Germany	19.5	18.0	16.1
Greece	21.3	18.5	17.5
Hungary	23.0	19.3	17.5
Ireland	**30.3**	**24.9**	**26.0**
Italy	18.4	17.1	16.6
Latvia	24.8	19.8	17.6
Lithuania	26.1	21.6	18.0
Luxembourg	21.6	22.1	20.1
Malta	26.6	21.9	17.6
Netherlands	21.9	22.1	20.3
Poland	28.1	21.2	18.1
Portugal	22.6	19.3	17.6
Romania	26.0	22.2	18.8
Slovakia	28.3	21.6	18.5
Slovenia	23.1	18.1	17.4
Spain	21.7	17.6	18.0
Sweden	22.3	21.5	20.4
United Kingdom	23.0	22.0	21.2

n/a = not available

Source: Eurostat

Figure 1: Percentage of children in EU-28, by country (2015)



Source: Eurostat

CHILD MORTALITY

61.6% of all child deaths in 2015 occurred in the period of infancy.

Measure

The number of deaths of children.

Key findings

- In 2015, 333 children died in Ireland. This equated to an overall child mortality rate of 2.8 per 10,000.

Differences by age, gender and over time

- 61.6% of all child deaths in 2015 occurred in the period of infancy (age less than one year) (*see Table 4*).

Table 4: Number and rate (per 10,000) of deaths of children, by age (2011–2015)

	2011		2012		2013		2014*		2015*	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Total	**393**	**3.4**	**377**	**3.2**	**384**	**3.3**	**366**	**3.1**	**333**	**2.8**
Age										
Under 1	262	36.2	237	33.1	245	35.5	249	36.9	205	31.1
1–4	31	1.1	42	1.4	46	1.6	38	1.3	38	1.3
5–9	25	0.8	27	0.8	34	1.0	34	1.0	26	0.7
10–14	22	0.7	32	1.0	25	0.8	22	0.7	26	0.8
15–17	53	3.2	39	2.3	34	2.0	23	1.3	38	2.1

* 2014 and 2015 figures are provisional.

Note: 2012 and 2013 figures finalised and updated from *State of the Nation's Children Report: Ireland, 2014.*
Source: Vital Statistics (CSO)

- The mortality rates in 2015 were higher for boys (3.3 per 10,000) than for girls (2.2 per 10,000). The mortality rates have consistently been higher for boys than for girls in the period 2011–2015 (*see Table 5*).

Table 5: Rate (per 10,000) of deaths of children, by gender (2011–2015)					
	2011	2012	2013	2014*	2015*
Total	**3.4**	**3.2**	**3.3**	**3.1**	**2.8**
Gender					
Boys	3.9	3.4	3.7	3.5	3.3
Girls	2.9	3.1	2.8	2.6	2.2

* 2014 and 2015 figures are provisional.

Note: 2012 and 2013 figures finalised and updated from *State of the Nation's Children Report: Ireland, 2014.*

Source: Vital Statistics (CSO)

Differences by cause of death

- In 2015, the largest single cause of child deaths was '*congenital malformations*'. This was followed by '*certain conditions in the perinatal period*' (*see Table 6*).

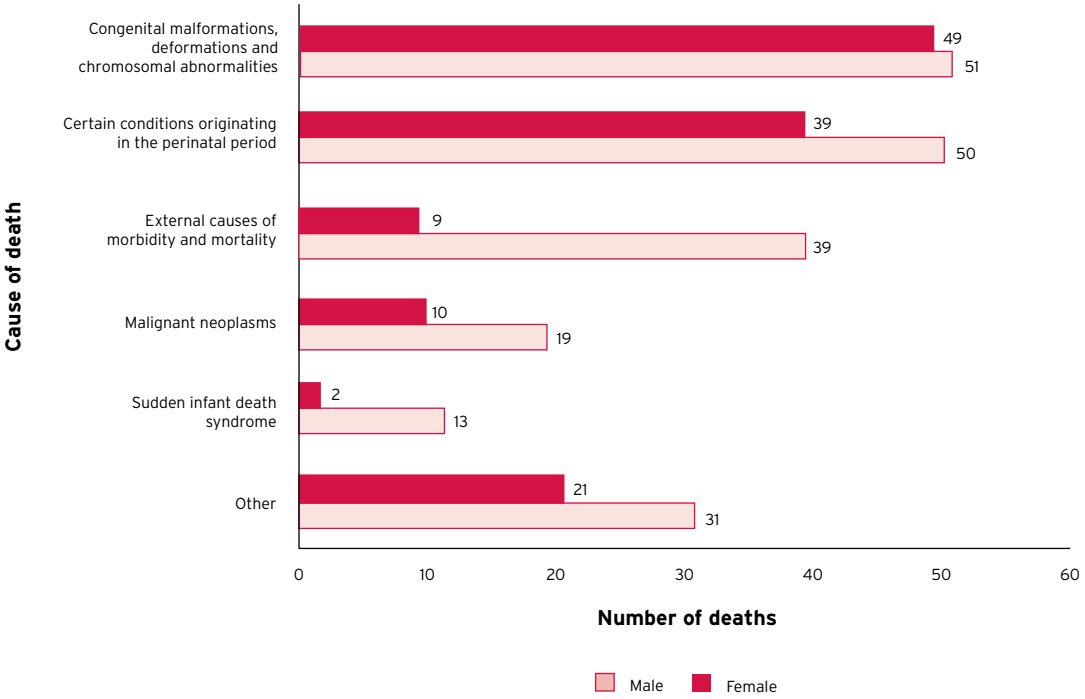
Table 6: Number of deaths of children, by age and cause of death (2015)						
	Under 1	1–4	5–9	10–14	15–17	All children
	No.	No.	No.	No.	No.	No.
Total	**205**	**38**	**26**	**26**	**38**	**333**
Main cause						
Congenital malformations	88	7	4	1	0	100
Certain conditions in the perinatal period	89	0	0	0	0	89
External causes of morbidity and mortality	2	6	7	7	26	48
Malignant neoplasms	1	7	11	6	4	29
Sudden infant death syndrome	13	2	0	0	0	15
Other	12	16	4	12	8	52

Note: Data for 2015 are provisional.

Source: Vital Statistics (CSO)

- More boys than girls died in each category according to cause of death. This was particularly notable in the category '*external causes of morbidity and mortality*', where more than four times as many deaths were recorded for boys (39) than for girls (9).

Figure 2: Number of deaths of children, by gender and cause of death (2015)



Source: Vital Statistics (CSO)

Differences by geographic location

- In 2014, the infant mortality rate across the EU-28 ranged from 8.4 per 1,000 in Romania to 1.4 per 1,000 in Cyprus (*see Table* 7). The infant mortality rate in Ireland was 3.3 per 1,000. This was below the EU-28 average of 3.7 per 1,000.

Table 7: Infant mortality rate (per 1,000 live births) in EU-28, by country (1994, 2004 and 2014)			
	1994	**2004**	**2014**
EU-28	**8.3**	**5.1**	**3.7**
Country			
Austria	6.3	4.5	3.0
Belgium	7.6	3.9	3.4
Bulgaria	16.3	11.6	7.6
Croatia	10.2	6.1	5.0
Cyprus	8.6	3.5	1.4
Czech Republic	7.9	3.7	2.4
Denmark	5.5	4.4	4.0
Estonia	14.4	6.4	2.7
Finland	4.7	3.3	2.2
France	–	4.0	3.5
Germany	5.6	4.1	3.2
Greece	7.9	4.1	3.8
Hungary	11.5	6.6	4.5
Ireland	**5.7**	**4.6**	**3.3***
Italy	6.4	3.4	2.8
Latvia	15.7	9.3	3.8
Lithuania	14.2	8.1	3.9
Luxembourg	5.3	3.9	2.8
Malta	9.1	5.7	5.0
Netherlands	5.6	4.4	3.6
Poland	15.1	6.8	4.2
Portugal	7.9	3.8	2.9
Romania	23.9	16.8	8.4
Slovakia	11.2	6.8	5.8
Slovenia	6.5	3.7	1.8
Spain	6.0	3.9	2.8
Sweden	4.4	3.1	2.2
United Kingdom	6.2	5.0	3.9

* For further information on infant mortality rates in Ireland please see Appendix 1.

Source: Eurostat

- In 2014, the child mortality rate across the EU-28 was higher for boys than for girls (*see Table 8*). Child mortality rates were also substantially higher in the age group 0–4 years than for any other age group.

Table 8: Rate (per 10,000) of deaths of children aged 0–19 years across selected countries in EU-28, by age and gender (2014)

	0–4 years		5–9 years		10–14 years		15–19 years	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
EU-28	**9.2**	**7.7**	**1.0**	**0.8**	**1.2**	**0.8**	**3.5**	**1.6**
Country								
Austria	7.6	7.2	0.9	1.0	1.1	0.9	4.3	1.8
Belgium	9.0	6.7	0.8	0.6	1.3	0.8	3.9	1.7
Bulgaria	18.8	16.6	1.7	1.5	2.5	1.4	6.6	2.7
Croatia	11.9	9.0	1.1	0.8	1.6	0.9	4.5	1.1
Cyprus	3.6	2.5	0.4	1.3	0.4	0.0	4.3	1.1
Czech Republic	6.4	5.2	1.0	0.9	1.1	0.6	5.1	1.7
Denmark	9.7	7.4	0.5	0.3	0.8	0.6	2.2	1.2
Estonia	7.4	6.7	2.1	0.8	1.9	1.3	6.4	3.0
Finland	5.7	4.5	0.8	1.1	0.9	0.9	4.1	1.4
France	9.3	7.9	1.0	0.7	1.0	0.8	3.3	1.5
Germany	8.5	7.3	0.9	0.5	1.0	0.7	3.0	1.5
Greece	8.6	7.5	1.0	0.5	1.2	0.8	4.4	1.3
Hungary	12.0	9.6	1.1	0.8	1.7	0.8	3.5	1.5
Ireland	**8.3**	**6.1**	**0.9**	**1.0**	**1.1**	**0.5**	**2.7**	**1.2**
Italy	6.8	5.8	0.8	0.6	1.0	0.7	2.7	1.2
Latvia	11.0	10.2	2.4	1.4	2.1	2.0	9.7	3.1
Lithuania	9.8	10.4	2.3	1.2	2.4	2.0	9.7	2.6
Luxembourg	6.3	8.6	1.3	1.3	2.5	0.0	2.4	2.5
Malta	11.2	10.9	1.0	0.0	2.9	1.0	3.1	1.7
Netherlands	8.8	7.4	0.9	0.7	1.0	1.0	2.8	1.7
Poland	9.9	8.8	1.0	0.9	1.3	1.2	5.6	2.2
Portugal	7.3	5.2	1.1	0.6	1.1	0.7	3.4	1.5
Romania	22.7	17.0	2.1	1.6	2.8	1.5	5.5	2.5
Slovakia	13.8	12.3	1.6	0.8	1.8	0.7	4.8	2.5
Slovenia	4.1	4.1	0.8	0.8	1.3	0.9	3.4	0.9
Spain	6.7	5.8	0.8	0.6	0.9	0.9	2.0	1.1
Sweden	5.9	4.4	0.6	0.9	0.8	0.6	3.0	1.8
United Kingdom	9.3	8.0	0.9	0.7	1.1	0.8	3.0	1.8

Source: Eurostat, 2014

FAMILY STRUCTURE

Approximately one in six children live in a lone-parent household.

Measure

The number of children living in a lone-parent household.

Key findings

- In 2011, 18.3% of children lived in a lone-parent household.

Differences by population groups

- 23.5% of Traveller children, 17.7% of foreign national children and 27.3% of children with a disability lived in a lone-parent household (*see Table 9*).

Table 9: Number and percentage of children living in a lone-parent household, by population groups (2011)

	No.	% of all children
All children	**202,444**	**18.3**
Population groups		
Traveller children	3,165	23.5
Foreign national children	15,679	17.7
Children with a disability	17,130	27.3

Source: Census of the Population, 2011

Differences by age and gender

- More than one in five children (21.3%) aged 15–17 lived in a lone-parent household (*see Table 10*).
- The percentage of boys and girls living in a lone-parent household was broadly similar.

Table 10: Number and percentage of children living in a lone-parent household, by age and gender (2011)						
	Boys		Girls		Total	
	No.	% of all boys	No.	% of all girls	No.	% of all children
All children	**103,493**	**18.3**	**98,951**	**18.4**	**202,444**	**18.3**
Age						
0–4	27,168	15.4	25,841	15.4	53,009	15.4
5–9	29,058	18.3	27,881	18.4	56,939	18.3
10–14	30,018	20.2	28,768	20.3	58,786	20.2
15–17	17,249	21.2	16,461	21.4	33,710	21.3

Source: Census of the Population, 2011

Differences by geographic location

- Overall, 18.3% of children lived in a lone-parent household in 2011 (*see Table 11*). This percentage ranged from 12.6% in Co Leitrim to 23.9% in Co Dublin.

Table 11: Number and percentage of children living in a lone-parent household, by county (2011)		
	No. of children living in a lone-parent household in State/County	Children living in a lone-parent household as a percentage of all children in State/County
Total	**202,444**	**18.3**
County		
Carlow	2,443	17.9
Cavan	2,636	13.5
Clare	4,348	14.7
Cork	20,272	16.4
Donegal	7,760	18.4
Dublin	65,464	23.9
Galway	8,622	14.7
Kerry	5,407	16.2
Kildare	8,954	15.6
Kilkenny	3,465	14.5
Laois	3,522	15.9
Leitrim	988	12.6
Limerick	8,423	19.1

continued

Table 11 (*continued*)

County	No. of children living in a lone-parent household in State/County	Children living in a lone-parent household as a percentage of all children in State/County
Longford	2,010	19.5
Louth	6,682	20.7
Mayo	4,447	14.2
Meath	6,946	13.4
Monaghan	2,194	14.1
North Tipperary	2,707	15.2
Offaly	3,299	16.2
Roscommon	2,080	13.4
Sligo	2,380	16.0
South Tipperary	4,223	19.5
Waterford	5,744	20.8
Westmeath	3,726	17.0
Wexford	7,337	19.6
Wicklow	6,365	18.2

Source: Census of the Population, 2011

PARENTAL EDUCATION LEVEL

One in three children live in families where the mother has a third-level degree or higher.

Measure

The percentage of children whose mothers have attained (a) primary, (b) lower secondary, (c) upper secondary or (d) third-level education.

Key findings

- In 2011, 4.8% of children lived in families where the mother had either no formal education or primary education only; 56.1% of children lived in families where the highest level of educational attainment by mothers was a lower secondary or upper secondary education; and 36.7% of children lived in families where the mother had a third-level degree or higher.

Differences by population groups

- Approximately seven out of ten Traveller children (67.3%) lived in families where the mother had either no formal education or a primary education only.
- 38% of foreign national children lived in families where the mother had a third-level degree or higher (*see Table 12*).

Table 12: Percentage of children, by population groups and educational attainment of mother (2011)

Highest level of education attained by mother	All children	Traveller children	Foreign national children	Children with a disability
Primary (including no formal education)	4.8	67.3	5.6	7.9
Lower secondary	14.2	17.7	7.8	19.4
Upper secondary	41.9	7.1	43.3	42.1
Third level (degree or higher)	36.7	0.7	38.0	28.3
Not stated/not available	2.4	7.2	5.4	2.3

Source: Census of the Population, 2011

Differences by age

- The percentage of children living in families where the mother had a third-level degree or higher ranged from 26.7% for households with children aged 15–17 years to 46.2% for households with children aged 0–4 years (*see Table 13*).

Table 13: Percentage of children, by age and educational attainment of mother (2011)

Highest level of education attained by mother	0–4 years	5–9 years	10–14years	15–17 years	All children
Primary (including no formal education)	3.3	4.3	5.7	7.5	4.8
Lower secondary	9.2	13.1	17.6	20.8	14.2
Upper secondary	39.0	42.7	44.1	42.6	41.9
Third level (degree or higher)	46.2	37.4	30.2	26.7	36.7
Not stated/not available	2.3	2.4	2.4	2.4	2.4

Source: Census of the Population, 2011

Differences by geographic location

- Overall, 4.8% of children lived in families where the mother had either no formal education or primary education only. This percentage ranged from 3.3% in Co Cork to 9% in Co Donegal (*see Table 14 and Figure 3*).

Table 14: Number of children, by county and educational attainment of mother (2011)

	Primary (including no formal education)	Lower secondary	Upper secondary	Third-level (degree or higher)	Not stated/ not available	Total
Total	**48,040**	**141,329**	**416,407**	**364,299**	**23,590**	**993,665**
County						
Carlow	599	1,714	5,391	3,951	429	12,084
Cavan	1,016	2,542	8,285	5,394	495	17,732
Clare	963	3,362	11,725	10,288	571	26,909
Cork	3,689	14,784	49,133	43,006	2,518	113,130
Donegal	3,436	6,740	14,857	12,394	795	38,222
Dublin	13,203	36,392	90,350	93,803	6,867	240,615
Galway	2,286	5,568	21,190	22,711	988	52,743
Kerry	1,271	4,185	12,957	11,204	767	30,384

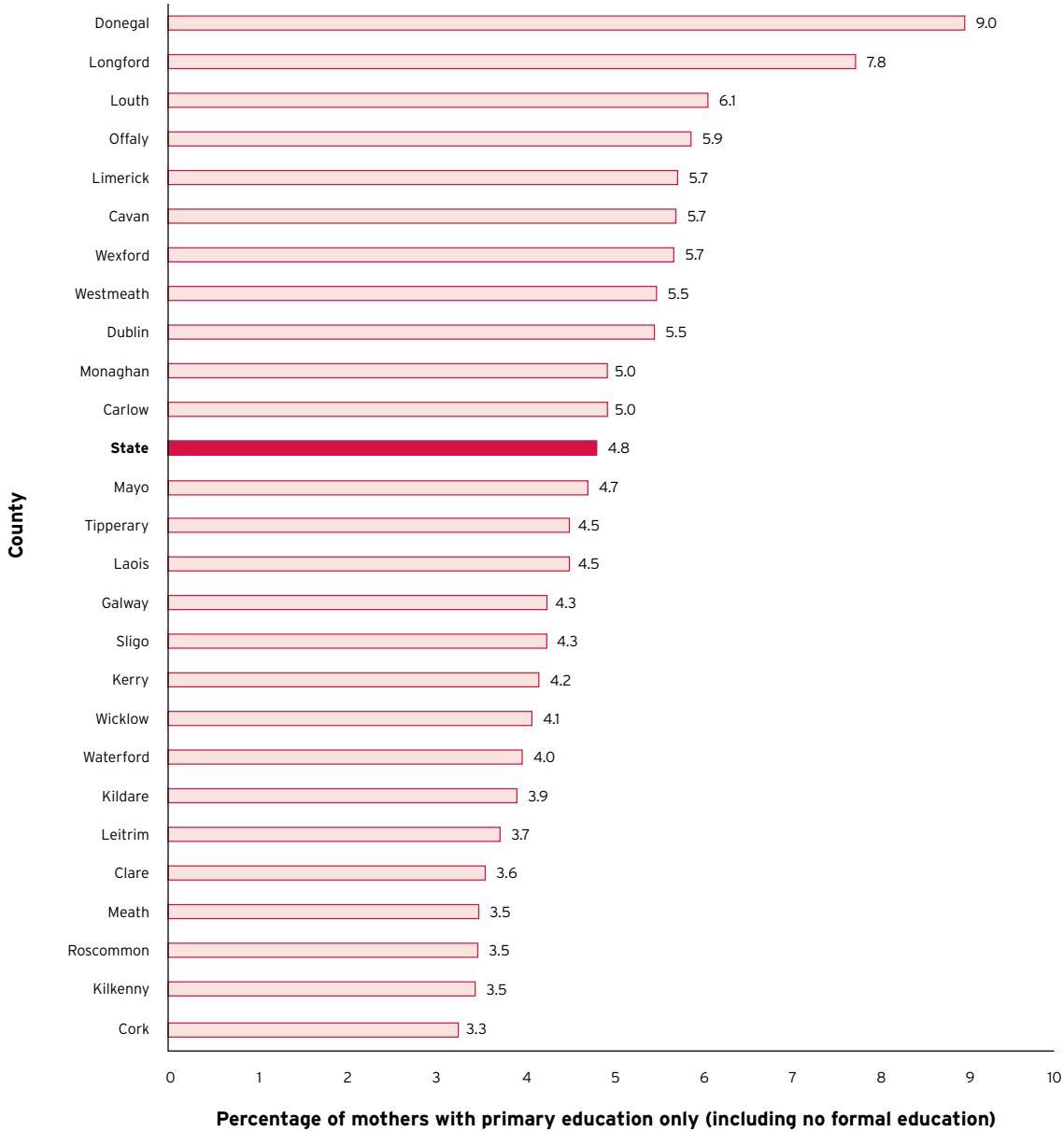
continued

Table 14 (*continued*)

County	Primary (including no formal education)	Lower secondary	Upper secondary	Third-level (degree or higher)	Not stated/ not available	Total
Kildare	2,050	6,544	22,238	19,926	1,332	52,090
Kilkenny	758	2,841	9,411	8,461	407	21,878
Laois	897	2,830	9,375	6,356	541	19,999
Leitrim	269	821	3,282	2,702	107	7,181
Limerick	2,280	6,081	16,351	14,125	820	39,657
Longford	705	1,294	4,069	2,695	325	9,088
Louth	1,736	5,110	11,747	9,253	653	28,499
Mayo	1,359	3,593	13,386	9,887	482	28,707
Meath	1,664	6,436	21,239	17,074	1,065	47,478
Monaghan	712	2,421	6,176	4,576	262	14,147
Offaly	1,091	3,097	8,355	5,501	446	18,490
Roscommon	500	1,582	6,634	5,303	289	14,308
Sligo	583	1,523	5,522	5,653	364	13,645
Tipperary	1,624	5,127	16,663	11,666	787	35,867
Waterford	985	3,654	10,862	8,648	505	24,654
Westmeath	1,083	2,890	8,430	6,675	573	19,651
Wexford	1,964	6,074	15,713	10,102	568	34,421
Wicklow	1,317	4,124	13,066	12,945	634	32,086

Source: Census of the Population, 2011

Figure 3: Percentage of children whose mothers have no formal education or primary education only, by county (2011)



Source: Census of the Population, 2011

TRAVELLER CHILDREN

The number of Traveller children increased by 30.3% between 2006 and 2011.

Measure

The number of Traveller children.

Key findings

- In 2011, there were 14,245 Traveller children in Ireland. This accounted for 1.2% of the total child population and 48.2% of the total Traveller population.

Differences by age, gender and over time

- The numbers of Traveller boys (7,334) and Traveller girls (6,911) were broadly similar (*see Table 15*).

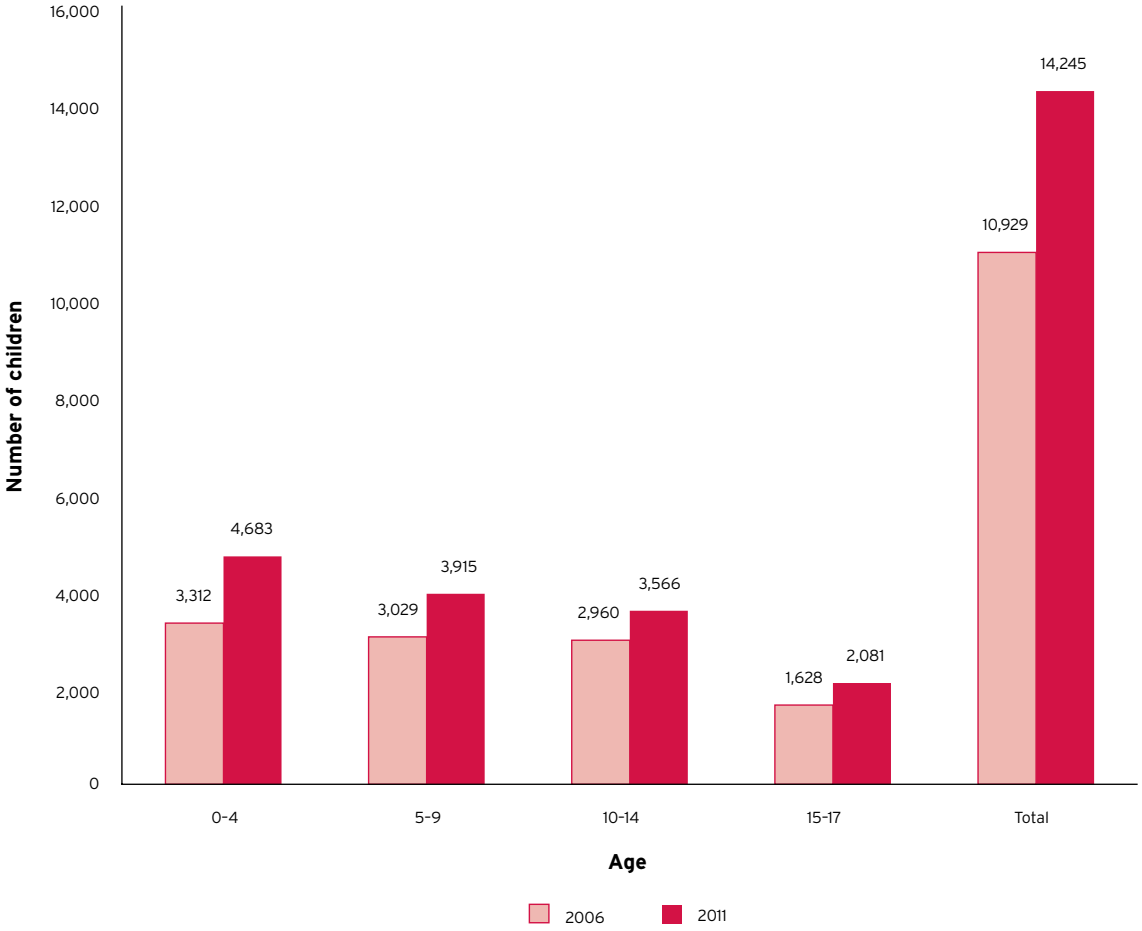
Table 15: Number of Traveller children, by age and gender (2011)

	Boys	Girls	Total
Total (Traveller population)	**14,625**	**14,948**	**29,573**
Total (Traveller children)	**7,334**	**6,911**	**14,245**
Age			
0–4	2,410	2,273	4,683
5–9	1,987	1,928	3,915
10–14	1,827	1,739	3,566
15–17	1,110	971	2,081

Source: Census of the Population, 2011

- The number of Traveller children increased by 30.3%, from 10,929 in 2006 to 14,245 in 2011 (*see Figure 4*).
- Almost one-third of Traveller children (32.9%) were less than five years old.

Figure 4: Number of Traveller children, by age (2006 and 2011)



Source: Census of the Population, 2006 and 2011

Differences by geographic location

- Overall, 12.4 per 1,000 children were Travellers. Rates ranged from 6.6 per 1,000 in Co Cork to 35.3 per 1,000 in Co Longford (*see Table 16*).

Table 16: Number and rate (per 1,000) of Traveller children, by county (2011)			
	No. of Traveller children in State/County	**No. of children in State/County**	**Rate per 1,000 children in State/County**
Total	**14,245**	**1,148,687**	**12.4**
County			
Carlow	186	14,139	13.2
Cavan	194	20,194	9.6
Clare	468	30,666	15.3
Cork	846	128,448	6.6
Donegal	377	43,732	8.6
Dublin	2,884	287,258	10.0
Galway	2,045	61,194	33.4
Kerry	381	34,940	10.9
Kildare	490	59,449	8.2
Kilkenny	266	25,015	10.6
Laois	350	22,932	15.3
Leitrim	139	8,051	17.3
Limerick	627	46,067	13.6
Longford	374	10,593	35.3
Louth	262	33,292	7.9
Mayo	708	32,514	21.8
Meath	448	53,400	8.4
Monaghan	115	16,031	7.2
Offaly	463	21,149	21.9
Roscommon	164	16,076	10.2
Sligo	239	15,541	15.4
Tipperary	644	40,760	15.8
Waterford	199	28,908	6.9
Westmeath	400	23,052	17.4
Wexford	663	38,842	17.1
Wicklow	313	36,444	8.6

Source: Census of the Population, 2011

FOREIGN NATIONAL CHILDREN

The number of foreign national children increased by 49.5% between 2006 and 2011.

Measure

The number of foreign national children.

Key findings

- In 2011, there were 93,005 foreign national children in Ireland. This accounted for 8.3% of the total child population of Ireland.

Differences by age, gender and over time

- The numbers of foreign national boys (47,214) and girls (45,791) were broadly similar (*see Table 17*).

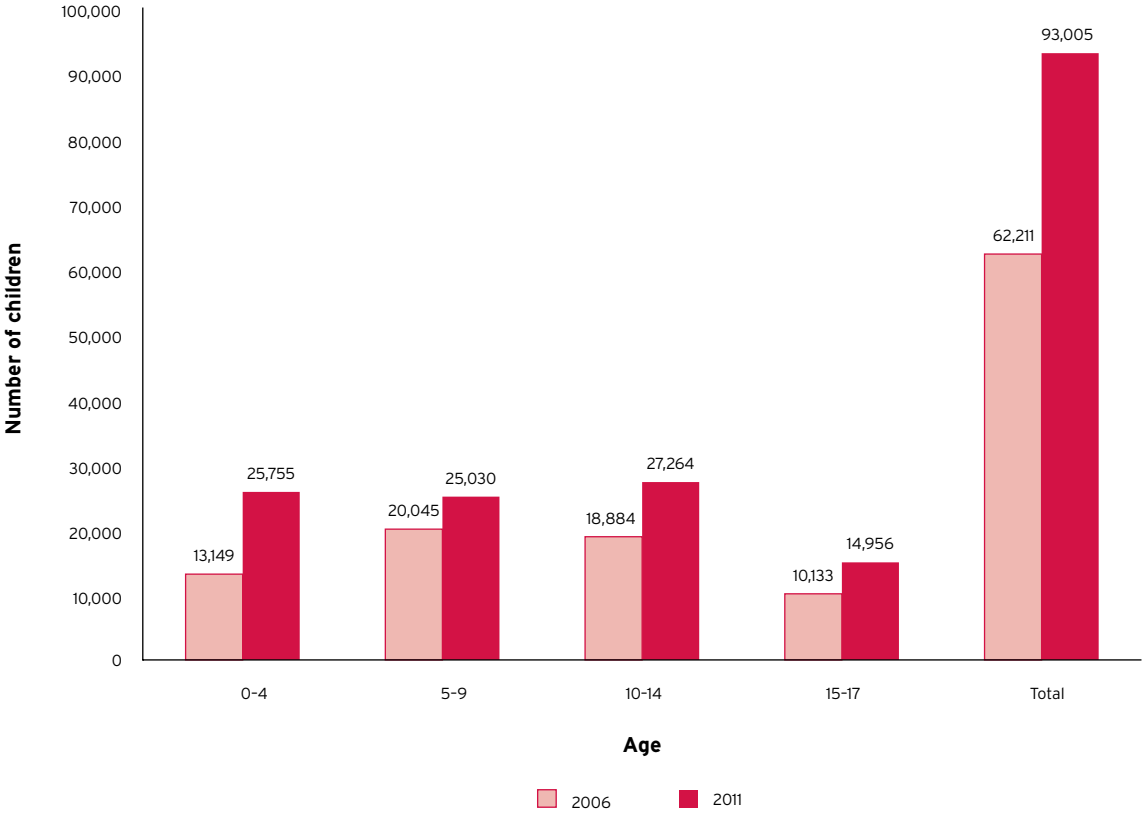
Table 17: Number of foreign national children, by age and gender (2011)

	Boys	Girls	Total
Total	**47,214**	**45,791**	**93,005**
Age			
0–4	12,911	12,844	25,755
5–9	12,784	12,246	25,030
10–14	13,940	13,324	27,264
15–17	7,579	7,377	14,956

Source: Census of the Population, 2011

- The number of foreign national children increased by 49.5%, from 62,211 in 2006 to 93,005 in 2011 (*see Figure 5*).

Figure 5: Number of foreign national children, by age (2006 and 2011)



Source: Census of the Population, 2006 and 2011

Differences by geographic location

- Overall, 82.5 per 1,000 children were foreign nationals (*see Table 18*). Rates ranged from 59.4 per 1,000 in Co Donegal to 118.3 per 1,000 in Co Longford.

Table 18: Number and rate (per 1,000) of foreign national children, by county (2011)			
	No. of foreign national children in State/County	**No. of children in State/County**	**Rate per 1,000 children in State/County**
Total	**93,005**	**1,126,919**	**82.5**
County			
Carlow	1,283	13,983	91.8
Cavan	1,859	19,942	93.2
Clare	2,195	30,160	72.8
Cork	9,422	126,205	74.7
Donegal	2,545	42,813	59.4
Dublin	27,270	281,040	97.0
Galway	5,110	59,905	85.3
Kerry	2,762	33,931	81.4
Kildare	4,542	58,484	77.7
Kilkenny	1,569	24,367	64.4
Laois	1,931	22,648	85.3
Leitrim	750	7,937	94.5
Limerick	3,204	45,261	70.8
Longford	1,238	10,468	118.3
Louth	2,697	32,861	82.1
Mayo	2,676	31,762	84.3
Meath	4,003	52,690	76.0
Monaghan	1,566	15,827	98.9
Offaly	1,563	20,738	75.4
Roscommon	1,440	15,866	90.8
Sligo	1,110	15,262	72.7
Tipperary	3,020	40,170	75.2
Waterford	2,173	28,275	76.9
Westmeath	2,124	22,503	94.4
Wexford	2,704	38,164	70.9
Wicklow	2,249	35,657	63.1

Source: Census of the Population, 2011

- More than one in four foreign national children (26.5%) reported their nationality as Polish (*see Table 19*). British or Northern Irish was the next most common nationality (16% of the total). The only other national minorities with 5% or more of the total number of foreign national children were Lithuanians and Nigerians.

Table 19: Number and percentage of foreign national children, by nationality (2011)

	No.	%
Total	**93,005**	**100.0**
Nationality		
Poland	24,611	26.5
United Kingdom	14,870	16.0
Lithuania	7,417	8.0
Nigeria	4,635	5.0
Latvia	4,158	4.5
India	4,127	4.4
Philippines	2,998	3.2
Romania	2,942	3.2
USA	2,922	3.1
Pakistan	1,321	1.4
Slovakia	1,309	1.4
Germany	1,279	1.4
Hungary	1,127	1.2
Brazil	906	1.0
Other	18,383	19.8

Source: Census of the Population, 2011

CHILDREN WITH A DISABILITY

Almost 6% of the child population in Ireland have a disability.

Measure

The number of children with a disability.

Key findings

- In 2011, there were 66,437 children with a disability in Ireland. This accounted for 5.8% of the total child population of Ireland.

Differences by age and gender

- Almost two-thirds of children with a disability (62%) were boys (*see Table 20*).

Table 20: Number of children with a disability, by age and gender (2011)

	Boys	Girls	Total
Total	**41,215**	**25,222**	**66,437**
Age			
0–4	5,986	4,098	10,084
5–9	12,517	7,045	19,562
10–14	14,736	8,676	23,412
15–17	7,976	5,403	13,379

Source: Census of the Population, 2011

Differences by geographic location

- Overall, 57.8 per 1,000 children had a disability. Rates ranged from 45.2 per 1,000 in Co Monaghan to 65.4 per 1,000 in Co Limerick (*see Table 21*).

Table 21: Number and rate (per 1,000) of children with a disability, by county (2011)			
	No. of children with a disability in State/County	**No. of children in State/County**	**Rate per 1,000 children in State/County**
Total	**66,437**	**1,148,687**	**57.8**
County			
Carlow	874	14,139	61.8
Cavan	972	20,194	48.1
Clare	1,781	30,666	58.1
Cork	7,801	128,448	60.7
Donegal	2,475	43,732	56.6
Dublin	16,810	287,258	58.5
Galway	3,282	61,194	53.6
Kerry	2,036	34,940	58.3
Kildare	3,556	59,449	59.8
Kilkenny	1,392	25,015	55.6
Laois	1,394	22,932	60.8
Leitrim	450	8,051	55.9
Limerick	3,012	46,067	65.4
Longford	571	10,593	53.9
Louth	1,668	33,292	50.1
Mayo	1,569	32,514	48.3
Meath	2,769	53,400	51.9
Monaghan	725	16,031	45.2
Offaly	1,277	21,149	60.4
Roscommon	774	16,076	48.1
Sligo	921	15,541	59.3
Tipperary	2,494	40,760	61.2
Waterford	1,600	28,908	55.3
Westmeath	1,367	23,052	59.3
Wexford	2,502	38,842	64.4
Wicklow	2,365	36,444	64.9

Source: Census of the Population, 2011

CHILDREN AS CARERS

5.6 per 1,000 children provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability.

Measure

The number of children who provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability.

Key findings

- In 2011, there were 6,449 children who provided regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability in Ireland. This accounted for 0.6% of the total child population of Ireland.

Differences by age and gender

- The numbers of boys (3,152) and girls (3,297) who provided regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability were broadly similar (*see Table 22*).

Table 22: Number of children who provide regular unpaid personal help for a friend or family member, by age and gender (2011)

	Boys	Girls	Total
Total	**3,152**	**3,297**	**6,449**
Age			
0–4	395	408	803
5–9	529	506	1,035
10–14	1,150	1,240	2,390
15–17	1,078	1,143	2,221

Source: Census of the Population, 2011

Differences by geographic location

- Overall, 5.6 per 1,000 children provided regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability. Rates ranged from 4.3 per 1,000 in Co Louth to 8.2 per 1,000 in Co Leitrim (*see Table 23*).

Table 23: Number and rate (per 1,000) of children who provide regular unpaid personal help for a friend or family member, by county (2011)			
	No. of children as carers in State/County	**No. of children in State/County**	**Rate per 1,000 children in State/County**
Total	**6,449**	**1,148,687**	**5.6**
County			
Carlow	76	14,139	5.4
Cavan	89	20,194	4.4
Clare	208	30,666	6.8
Cork	807	128,448	6.3
Donegal	284	43,732	6.5
Dublin	1,341	287,258	4.7
Galway	367	61,194	6.0
Kerry	272	34,940	7.8
Kildare	275	59,449	4.6
Kilkenny	134	25,015	5.4
Laois	125	22,932	5.5
Leitrim	66	8,051	8.2
Limerick	305	46,067	6.6
Longford	72	10,593	6.8
Louth	143	33,292	4.3
Mayo	234	32,514	7.2
Meath	250	53,400	4.7
Monaghan	100	16,031	6.2
Offaly	147	21,149	7.0
Roscommon	109	16,076	6.8
Sligo	103	15,541	6.6
Tipperary	273	40,760	6.7
Waterford	147	28,908	5.1
Westmeath	156	23,052	6.8
Wexford	207	38,842	5.3
Wicklow	159	36,444	4.4

Source: Census of the Population, 2011

PART 2: CHILDREN'S RELATIONSHIPS

covering
Relationships with parents
and
Relationships with peers

RELATIONSHIP WITH MOTHERS

Older children find it more difficult to talk to their mother when something is really bothering them.

Measure

The percentage of children aged 10–17 who report that they find it easy to talk to their mother when something is really bothering them.

Key findings

- In 2014, 82.6% of children aged 10–17 reported that they find it easy to talk to their mother when something is really bothering them.

Differences by population groups

- When individual population groups were compared to all other children, Traveller children and immigrant children as well as children with a disability and/or chronic illness were less likely to report that they find it easy to talk to their mother when something is really bothering them. These differences were statistically significant (*see Table 24*).
- Traveller children were the population group with the lowest percentage of children who reported that they find it easy to talk to their mother when something is really bothering them.

Table 24: Percentage of children aged 10–17 who reported that they find it easy to talk to their mother when something is really bothering them, by population groups (2014)

	%
All children	**82.6**
Traveller status	
Traveller children	78.9
All other children	82.7
Immigrant status	
Immigrant children	80.2
All other children	83.1
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	81.4
All other children	83.0

Source: HBSC Survey, 2014

Differences by age, gender, social class and over time

- A lower percentage of girls than boys reported that they find it easy to talk to their mother when something is really bothering them. This difference is statistically significant (*see Table 25*).
- A lower percentage of older children and those in lower social class categories in general reported that they find it easy to talk to their mother when something is really bothering them. This difference is statistically significant.
- The percentage of children who report that they find it easy to talk to their mother when something is really bothering them increased from 77.6% in 2002 to 82.6% in 2014.

Table 25: Percentage of children aged 9–17 who reported that they find it easy to talk to their mother when something is really bothering them, by age, gender and social class (2002–2014)

	2002	2006	2010	2014		
	Total (%)	Total (%)	Total (%)	Boys (%)	Girls (%)	Total (%)
All children*	**77.6**	**78.0**	**81.8**	**83.5**	**81.7**	**82.6**
Age						
9**	*n/a*	87.5	84.0	88.0	86.8	87.4
10–11	86.7	88.4	89.1	87.5	87.5	87.5
12–14	79.6	81.0	83.9	85.7	82.7	84.2
15–17	71.1	70.8	76.5	78.5	76.7	77.6
Social class						
SC 1–2	76.2	78.2	81.5	85.1	82.6	83.8
SC 3–4	78.5	78.8	82.7	83.5	81.5	82.5
SC 5–6	80.1	79.0	81.0	77.6	82.1	79.9

* Refers to children aged 10–17 only.

** Refers to data collected separately in a Middle Childhood Study. These children are not part of the core HBSC sample. Further details can be found in the technical notes in Appendix 1.

n/a = not available

Source: HBSC Surveys

Differences by geographic location

- Overall, 82.6% of children reported that they find it easy to talk to their mother when something is really bothering them (*see Table 26*). The response in all regions falls in the range of 80 to 85%.

Table 26: Percentage of children aged 10–17 who reported that they find it easy to talk to their mother when something is really bothering them, by NUTS Region (2014)

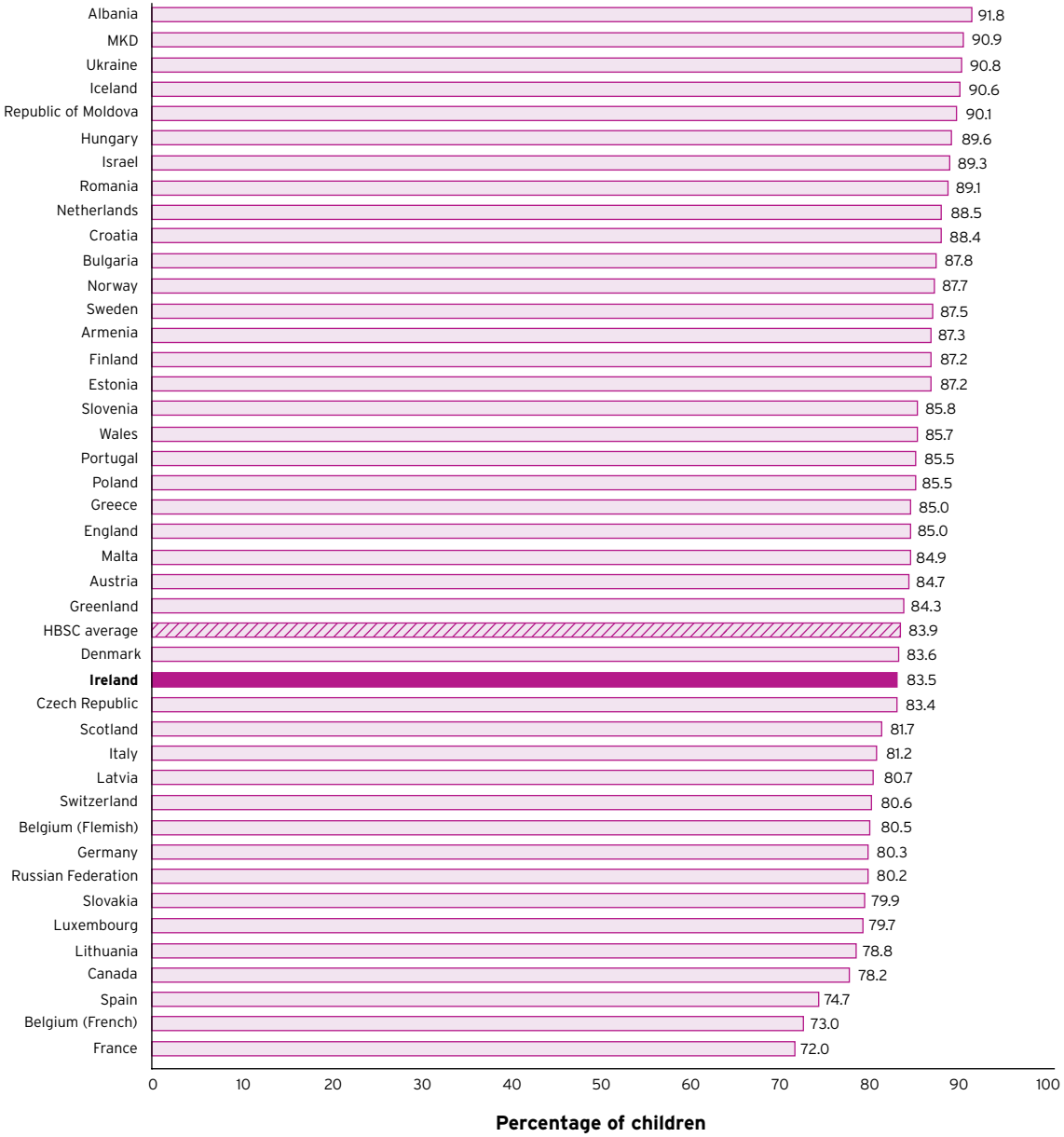
	%
All children	**82.6**
NUTS Region	
Border	83.0
Dublin	80.6
Midlands	82.4
Mid-East	83.0
Mid-West	83.7
South-East	82.1
South-West	84.9
West	83.4

Source: HBSC Survey, 2014

International comparisons

- Across 42 countries and regions, the average percentage of children who reported that they find it easy to talk to their mother when something is really bothering them was 83.9% (*see Figure 6*). This ranged from 72% in France to 91.8% in Albania. The corresponding percentage in Ireland was 83.5%. This was marginally below the HBSC average. (Note: International comparisons are based on data from children aged 11, 13 and 15 only.)

Figure 6: Percentage of children aged 11, 13 and 15 who reported that they find it easy to talk to their mother when something is really bothering them, by country (2014)



Source: HBSC Survey, 2014

RELATIONSHIP WITH FATHERS

The percentage of children who reported that they find it easy to talk to their father when something is really bothering them increased from 56.2% in 2002 to 70.2% in 2014.

Measure

The percentage of children aged 10–17 who report that they find it easy to talk to their father when something is really bothering them.

Key findings

- In 2014, 70.2% of children aged 10–17 reported that they find it easy to talk to their father when something is really bothering them.

Differences by population groups

- When individual population groups were compared to all other children, immigrant children and children with a disability and/or chronic illness were less likely to report that they find it easy to talk to their father when something is really bothering them. These differences were statistically significant.
- There were no statistically significant differences between Traveller children and all other children (*see Table 27*).

Table 27: Percentage of children aged 10–17 who reported that they find it easy to talk to their father when something is really bothering them, by population groups (2014)

	%
All children	**70.2**
Traveller status	
Traveller children	**70.6**
All other children	**70.2**
Immigrant status	
Immigrant children	**67.5**
All other children	**70.7**
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	**68.6**
All other children	**70.5**

Source: HBSC Survey, 2014

Differences by age, gender, social class and over time

- Statistically significant differences were observed across age, gender and social class categories, with a higher percentage of younger children, a lower percentage of girls and a lower percentage of those in lower social class categories reporting that they find it easy to talk to their father when something is really bothering them (*see Table 28*).
- The percentage of children who reported that they find it easy to talk to their father when something is really bothering them increased from 56.2% in 2002 to 70.2% in 2014.

Table 28: Percentage of children aged 9–17 who reported that they find it easy to talk to their father when something is really bothering them, by age, gender and social class (2002, 2006, 2010 and 2014)

	2002	2006	2010	2014		
	Total (%)	Total (%)	Total (%)	Boys (%)	Girls (%)	Total (%)
All children*	**56.2**	**59.8**	**66.6**	**75.7**	**64.4**	**70.2**
Age						
9**	*n/a*	78.4	75.3	83.7	77.5	80.7
10–11	71.3	72.2	75.4	81.4	73.6	77.6
12–14	57.8	63.7	69.1	78.6	64.7	71.8
15–17	47.5	51.1	60.2	68.6	57.3	63.1
Social class						
SC 1–2	56.1	61.4	67.9	76.7	65.6	71.1
SC 3–4	56.8	60.1	66.2	76.6	63.6	70.3
SC 5–6	56.4	59.3	65.5	72.1	62.0	67.0

* Refers to children aged 10–17 only.

** Refers to data collected separately in a Middle Childhood Study. These children are not part of the core HBSC sample. Further details can be found in the technical notes in Appendix 1.

n/a = not available

Source: HBSC Surveys

Differences by geographic location

- Overall, 70.2% of children report that they find it easy to talk to their father when something is really bothering them. Children from Dublin are less likely to report that they find it easy to talk to their father when something is really bothering them. This difference is statistically significant (*see Table 29*).

Table 29: Percentage of children aged 10–17 who reported that they find it easy to talk to their father when something is really bothering them, by NUTS Region (2014)

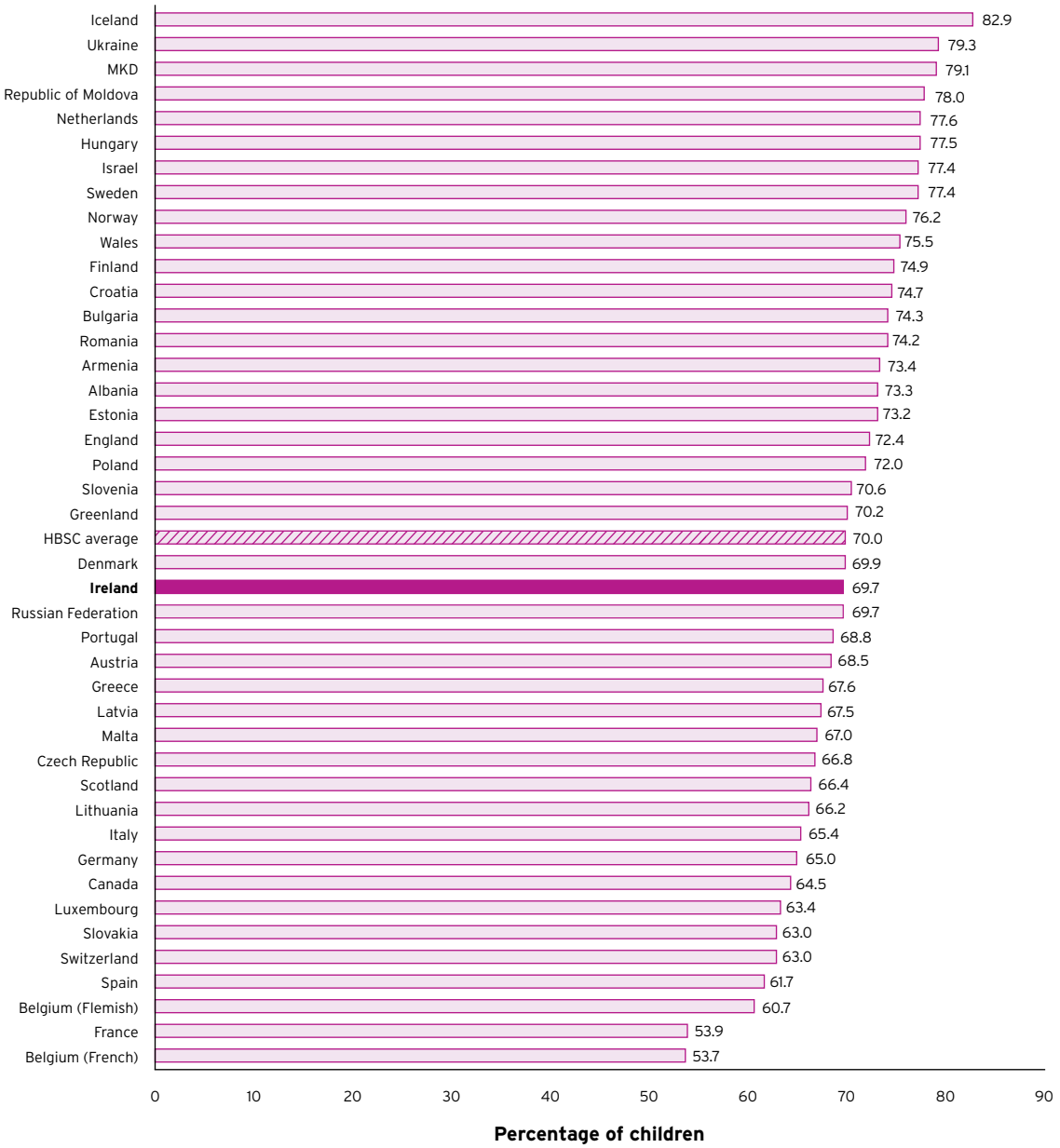
	%
All children	**70.2**
NUTS Region	
Border	70.5
Dublin	67.8
Midlands	69.0
Mid-East	71.4
Mid-West	73.7
South-East	69.8
South-West	71.3
West	70.6

Source: HBSC Survey, 2014

International comparisons

- Across 42 countries and regions, the average percentage of children who reported that they find it easy to talk to their father when something is really bothering them was 70% (*see Figure 7*). This ranged from 53.7% in Belgium (French) to 82.9% in Iceland. The corresponding percentage in Ireland was 69.7%. This was just below the HBSC average. (Note: International comparisons are based on data from children aged 11, 13 and 15 only.)

Figure 7: Percentage of children aged 11, 13 and 15 who reported that they find it easy to talk to their father when something is really bothering them, by country (2014)



Source: HBSC Survey, 2014

TALKING TO PARENTS

Significantly more girls than boys report that their parents spend time just talking with them several times a week.

Measure

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

Key findings

- In 2015, 73.4% of 15-year-olds reported that their parents spend time just talking with them several times a week.

Differences by population groups

- In 2015, the proportion of children with an immigrant background who reported that their parents spend time just talking with them several times a week (69.8%) was lower than the corresponding proportion of non-immigrant children (73.9%). However, this difference was not statistically significant.

Table 30: Percentage of children aged 15 who report that their parents spend time just talking with them several times a week, by population groups (2015)

	%
All children	**73.4**
Immigrant status	
Immigrant children	69.8
All other children	73.9

Source: PISA Survey, 2015

Differences by gender, social class and over time

- In 2015, significantly more girls (81.6%) than boys (65.5%) reported that their parents spend time just talking with them several times a week.
- In the same year, the proportion of children in the highest social class category who reported that their parents spend time just talking with them several times a week (75.2%) was not significantly higher than the corresponding proportions of children in the medium (72.1%) and lowest social class categories (72.9%).

Table 31: Percentage of children aged 15 who report that their parents spend time just talking with them several times a week, by gender and social class (2006, 2009, 2012 and 2015)

	2006	2009	2012	2015
All children	**64.7**	**59.8**	**67.9**	**73.4**
Gender				
Boys	55.6	48.9	58.5	65.5
Girls	73.4	70.8	77.4	81.6
Social class				
High SES*	66.6	63.0	71.3	75.2
Medium SES	64.6	60.2	66.9	72.1
Low SES	63.0	57.1	65.4	72.9

* Socioeconomic status (SES)

Source: PISA Surveys 2006-2015

PARENTAL INVOLVEMENT IN SCHOOLING

More than half of 15-year-old children report that their parents discuss with them how well they are doing at school several times a week.

Measure

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

Key findings

- In 2015, 56.1% of 15-year-olds reported that their parents discuss with them how well they are doing at school several times a week.

Differences by population groups

- In 2015, the proportion of children with an immigrant background who reported that their parents discuss with them how well they are doing at school several times a week (57.4%) was slightly higher than the corresponding proportion of non-immigrant children (56.0%). However, this difference was not statistically significant.

Table 32: Percentage of children aged 15 who report that their parents discuss with them how well they are doing at school several times a week, by population groups (2015)

	%
All children	**56.1**
Immigrant status	
Immigrant children	57.4
All other children	56.0

Source: PISA Survey, 2015

Differences by gender, social class and over time

- The proportion of girls who reported that their parents discuss with them how well they are doing at school several times a week (61.1%) was higher than the corresponding proportion of boys (51.3%). This difference was statistically significant.

- The proportion of children in the highest social class category in Ireland who reported that their parents discuss with them how well they are doing at school several times a week (58.7%) was not significantly different from the corresponding proportion of children in the medium social class category (57.2%), but was significantly higher than the proportion of children in the lowest social class category (52.6%).
- The proportion of children who reported that their parents discuss with them how well they are doing at school several times a week increased from 49.4% in 2012 to 56.1% in 2015.

Table 33: Percentage of children aged 15 who report that their parents discuss with them how well they are doing at school several times a week, by gender and social class (2006, 2009, 2012 and 2015)

	2006	2009	2012	2015
All children	**48**	**42.8**	**49.4**	**56.1**
Gender				
Boys	44.1	39.4	45.2	51.3
Girls	51.6	46.3	53.6	61.1
Social class				
High SES*	50.0	46.6	55.2	58.7
Medium SES	50.0	43.6	48.3	57.2
Low SES	43.5	37.9	44.6	52.6

* Socioeconomic status (SES)

Source: PISA Surveys 2006–2015

EATING A MAIN MEAL TOGETHER

76% of 15-year-old children report that their parents eat a main meal with them around a table several times a week.

Measure

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

Key findings

- In 2015, 76% of 15-year-olds reported that their parents eat a main meal with them around a table several times a week.

Differences by population groups

- The proportion of children with an immigrant background who reported that their parents eat a main meal with them around a table several times a week (70.2%) was significantly lower than the corresponding proportion of non-immigrant children (77%).

Table 34: Percentage of children aged 15 who report that their parents eat a main meal with them around a table several times a week, by population groups (2015)

	%
All children	**76.0**
Immigrant status	
Immigrant children	70.2
All other children	77.0

Source: PISA Survey, 2015

Differences by gender, social class and over time

- The proportion of children in Ireland who reported that their parents eat a main meal with them around a table several times a week increased from 73.2% in 2012 to 76% in 2015.
- In 2015, the proportion of girls reporting that their parents eat a main meal with them around a table several times a week (77.2%) was significantly higher than the corresponding proportion of boys (74.8%).

- In 2015, the proportion of children in the highest social class category in Ireland who reported that their parents eat a main meal with them around a table several times a week (81.0%) was significantly higher than the corresponding proportions of children in the medium (75.9%) and lowest social class categories (71.3%). This is consistent with earlier PISA surveys.

Table 35: Percentage of children aged 15 who report that their parents eat a main meal with them around a table several times a week, by gender and social class (2006, 2009, 2012 and 2015)

	2006	2009	2012	2015
All children	**74.5**	**72.4**	**73.2**	**76.0**
Gender				
Boys	73.7	70.1	71.8	74.8
Girls	75.3	74.6	74.6	77.2
Social class				
High SES*	78.2	77.1	79.2	81.0
Medium SES	75.2	73.6	72.9	75.9
Low SES	70.7	66.9	67.5	71.3

* Socioeconomic status (SES)

Source: PISA Surveys 2006-2015

FRIENDSHIPS

Almost nine out of ten children have three or more friends of the same gender.

Measure

The percentage of children aged 10–17 who report having three or more friends of the same gender.

Key findings

- In 2014, 87% of children aged 10–17 reported that they had three or more friends of the same gender.

Differences by population groups

- When individual population groups were compared to all other children, Traveller children, immigrant children and children with a disability and/or chronic illness were less likely to report having three or more friends of the same gender (*see Table 36*). These differences were statistically significant.

Table 36: Percentage of children aged 10–17 who reported having three or more friends of the same gender, by population groups (2014)

	%
All children	**87.0**
Traveller status	
Traveller children	85.2
All other children	87.0
Immigrant status	
Immigrant children	84.0
All other children	87.5
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	85.5
All other children	87.4

Source: HBSC Survey, 2014

Differences by age, gender, social class and over time

- A statistically significant difference across age was observed, with a higher percentage of children aged 10–11 reporting that they have three or more friends of the same gender and a lower percentage of children aged 15–17 reporting that they have three or more friends of the same gender (*see Table 37*).
- There was a statistically significant difference across social class categories, with a lower percentage of those in the lowest social class category reporting that they have three or more friends of the same gender.

Table 37: Percentage of children aged 9–17 who reported having three or more friends of the same gender, by age, gender and social class (2006, 2010 and 2014)

	2006	2010	2014		
	Total (%)	Total (%)	Boys (%)	Girls (%)	Total (%)
All children*	**89.5**	**89.5**	**86.9**	**89.2**	**87.0**
Age					
9**	94.2	85.4	90.1	89.8	90.0
10–11	89.5	87.1	88.0	89.0	88.5
12–14	90.3	90.6	88.8	88.6	88.7
15–17	88.8	88.9	84.0	84.4	84.2
Social class					
SC 1–2	89.6	90.7	87.8	88.1	88.0
SC 3–4	90.1	89.5	88.5	87.7	88.1
SC 5–6	90.4	88.9	85.8	86.7	86.3

* Refers to children aged 10–17 only.

** Refers to data collected separately in a Middle Childhood Study. These children are not part of the core HBSC sample. Further details can be found in the technical notes in Appendix 1.

Source: HBSC Surveys

Differences by geographic location

- Differences were observed across regions (*see Table 38*). Overall, 87% of children reported that they had three or more friends of the same gender. This ranged from 85.7% in the South-East to 89.6% in the Mid-West. This difference was statistically significant.

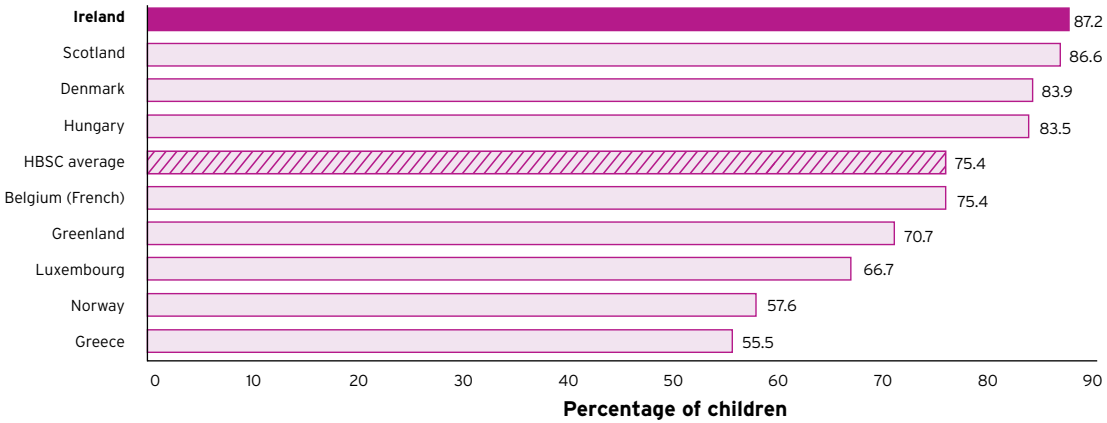
Table 38: Percentage of children aged 10–17 who reported having three or more friends of the same gender, by NUTS Region (2014)	
	%
All children	**87.0**
NUTS Region	
Border	86.3
Dublin	86.7
Midlands	87.0
Mid-East	86.8
Mid-West	89.6
South-East	85.7
South-West	88.6
West	86.2

Source: HBSC Survey, 2014

International comparisons

- Across nine countries and regions, the average percentage of children who reported having three or more friends of the same gender was 75.4% (*see Figure 8*). This ranged from 55.5% in Greece to 87.2% in Ireland. (Note: International comparisons are based on data from children aged 11, 13 and 15 only.)

Figure 8: Percentage of children aged 11, 13 and 15 who reported having three or more friends of the same gender, by country (2014)



Note: 2014 data are only available for the nine countries and regions listed above.

Source: HBSC Survey, 2014

PETS AND ANIMALS

Three out of four children have a pet of their own or a pet in their family.

Measure

The percentage of children aged 10–17 who report having a pet of their own or a pet in their family.

Key findings

- In 2014, 74.6% of children aged 10–17 reported having a pet of their own or a pet in their family.

Differences by population groups

- When individual population groups were compared to all other children, children with a disability and/or chronic illness and Traveller children were more likely to report having a pet of their own or a pet in their family (*see Table 39*). These differences were statistically significant.
- When compared to all other children, immigrant children were less likely to report having a pet of their own or a pet in their family. This difference was statistically significant.

Table 39: Percentage of children aged 10–17 who reported having a pet of their own or a pet in their family, by population groups (2014)

	%
All children	**74.6**
Traveller status	
Traveller children	77.2
All other children	74.7
Immigrant status	
Immigrant children	59.5
All other children	78.6
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	77.5
All other children	73.8

Source: HBSC Survey, 2014

Differences by age, gender and social class

- Statistically significant differences were observed across gender and social class categories, with a lower percentage of boys and of children in the lowest social class category reporting having a pet of their own or a pet in their family (*see Table 40*).
- The percentage of children in each age category who reported having a pet of their own or a pet in their family was broadly similar, with no statistically significant differences.

Table 40: Percentage of children aged 9–17 who reported having a pet of their own or a pet in their family, by age, gender and social class (2010 and 2014)

	2010	2014		
	Total (%)	Boys (%)	Girls (%)	Total (%)
All children*	**75.5**	**73.6**	**75.6**	**74.6**
Age				
9**	71.9	72.0	73.9	73.0
10–11	73.9	75.5	73.5	74.6
12–14	76.5	73.2	75.6	74.4
15–17	74.9	72.6	77.0	74.8
Social class				
SC 1–2	78.4	75.3	77.3	76.3
SC 3–4	74.9	75.3	75.0	75.1
SC 5–6	74.4	72.0	77.1	74.6

* Refers to children aged 10–17 only.

** Refers to data collected separately in a Middle Childhood Study. These children are not part of the core HBSC sample. Further details can be found in the technical notes in Appendix 1.

Source: HBSC Surveys

Differences by geographic location

- Differences were observed across regions (*see Table 41*). Overall, 74.6% of children reported having a pet of their own or a pet in their family. This ranged from 62.3% in Dublin to 84.6% in the South-East. This difference was statistically significant.

Table 41: Percentage of children aged 10–17 who reported having a pet of their own or a pet in their family, by NUTS Region (2014)	
	%
All children	**74.6**
NUTS Region	
Border	75.5
Dublin	62.3
Midlands	78.6
Mid-East	74.0
Mid-West	82.3
South-East	84.6
South-West	78.3
West	78.7

Source: HBSC Survey, 2014

BULLYING

Immigrant children, Traveller children and children with a disability and/or chronic illness are more likely to report being bullied at school.

Measure

The percentage of children aged 10–17 who report having been bullied at school.

Key findings

- In 2014, 26.4% of children aged 10–17 reported that they were bullied at school at least once in the past couple of months.

Differences by population groups

- When individual population groups were compared to all other children, Traveller children, immigrant children and children with a disability and/or chronic illness were more likely to report having been bullied at school. These results were statistically significant (*see Table 42*).

Table 42: Percentage of children aged 10–17 who reported having been bullied at school (in the past couple of months), by population groups (2014)

	%
All children	**26.4**
Traveller status	
Traveller children	32.8
All other children	26.3
Immigrant status	
Immigrant children	31.0
All other children	25.5
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	32.0
All other children	24.9

Source: HBSC Survey, 2014

Differences by age, gender, social class and over time

- Statistically significant differences were observed across age and gender, with a higher percentage of younger children and of girls reporting that they were bullied at school in the past couple of months (*see Table 43*).
- Statistically significant differences were observed across social class categories, with those in lower social class categories more likely to report that they were bullied at school in the past couple of months.
- The percentage of children who reported having been bullied at school (in the past couple of months) increased from 23.3% in 2002 to 26.4% in 2014.

Table 43: Percentage of children aged 9–17 who reported having been bullied at school (in the past couple of months), by age, gender and social class (2002, 2006, 2010 and 2014)

	2002	2006	2010	2014		
	Total (%)	Total (%)	Total (%)	Boys (%)	Girls (%)	Total (%)
All children*	**23.3**	**24.5**	**24.3**	**25.2**	**27.7**	**26.4**
Age						
9**	*n/a*	38.3	37.7	35.8	36.7	36.2
10–11	28.3	29.3	29.7	28.4	32.1	30.2
12–14	25.8	26.2	25.2	24.7	28.2	26.4
15–17	18.2	20.8	21.0	23.5	24.2	23.8
Social class						
SC 1–2	23.0	25.0	23.3	23.2	25.1	24.1
SC 3–4	22.9	23.9	23.5	26.3	28.3	27.3
SC 5–6	23.1	24.6	25.9	27.9	31.8	29.8

* Refers to children aged 10–17 only.

** Refers to data collected separately in a Middle Childhood Study. These children are not part of the core HBSC sample. Further details can be found in the technical notes in Appendix 1.

Source: HBSC Surveys

Differences by geographic location

- Overall, 26.4% of children reported being bullied at school in the past couple of months (*see Table 44*). This varied in range from 23.7% in the Mid-East, which had the lowest percentage, to 29.2% in the Midlands, which had the highest percentage. This difference was statistically significant.

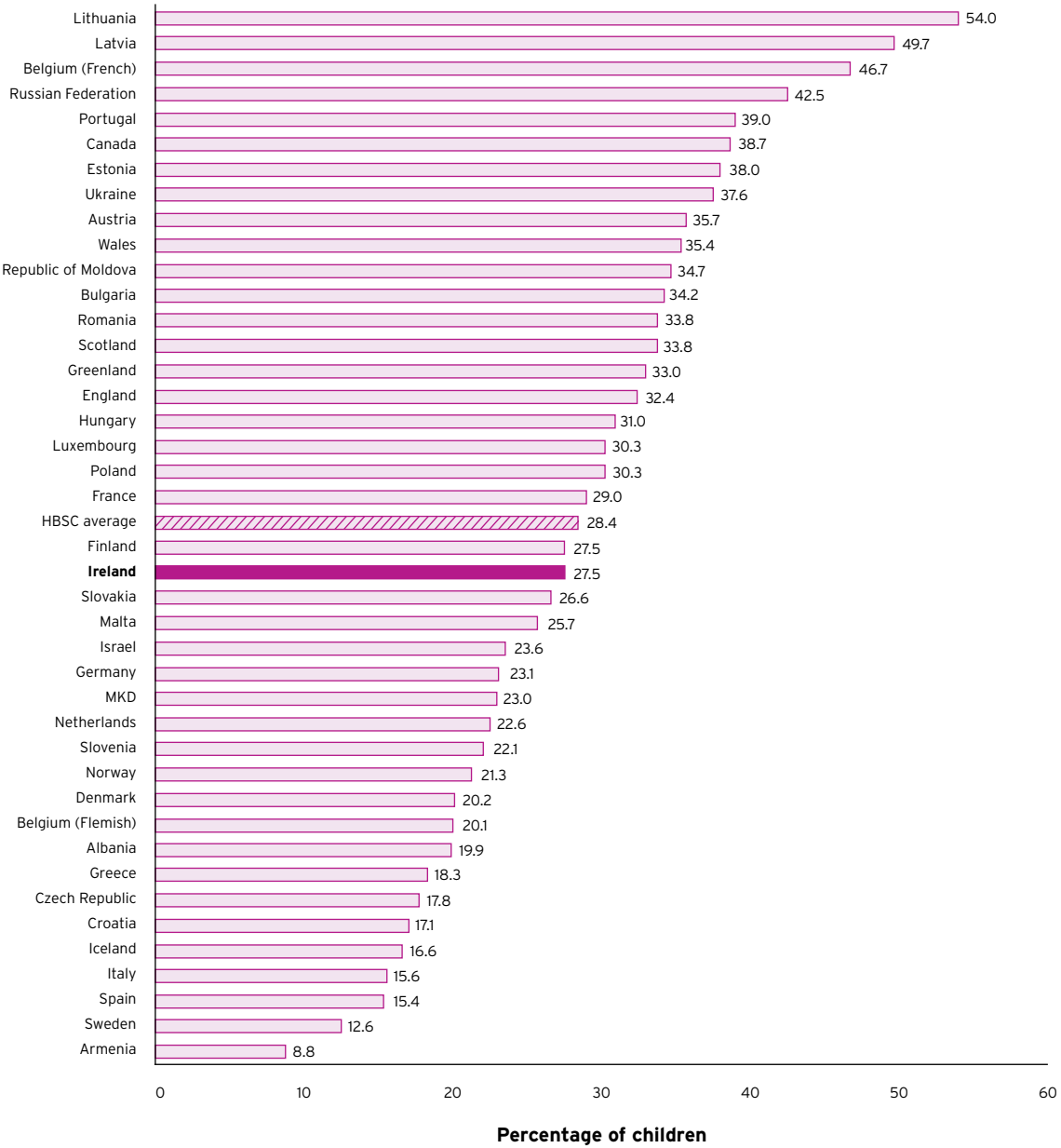
Table 44: Percentage of children aged 10–17 who reported having been bullied at school (in the past couple of months), by NUTS Region (2014)	
	%
All children	**26.4**
NUTS Region	
Border	28.1
Dublin	27.4
Midlands	29.2
Mid-East	23.7
Mid-West	24.5
South-East	27.4
South-West	25.4
West	25.2

Source: HBSC Survey, 2014

International comparisons

- Across 41 countries and regions, the average percentage of children who reported being bullied at school at least once in the past couple of months was 28.4% (*see Figure 9*). This ranged from 8.8% in Armenia to 54% in Lithuania. The corresponding percentage in Ireland was 27.5%. This was below the HBSC average. (Note: International comparisons are based on data from children aged 11, 13 and 15 only.)

Figure 9: Percentage of children aged 11, 13 and 15 who reported having been bullied at school (in the past couple of months), by country (2014)



Source: HBSC Survey, 2014

PART 3: CHILDREN'S OUTCOMES

covering
Education
Health
Social, emotional and behavioural outcomes

EDUCATION OUTCOMES

QUALITY OF EARLY CHILDHOOD CARE AND EDUCATION

Approximately 38% of the 4,178 pre-school services contracted to deliver the Early Childhood Care and Education (ECCE) Programme in June 2016 met the higher capitation requirements.

Measure

The percentage of pre-school services contracted to deliver the Early Childhood Care and Education (ECCE) Programme that meet basic and higher capitation criteria.

Key findings

- As of June 2016, a total of 4,178 pre-school services were under contract to deliver the Early Childhood Care and Education (ECCE) Programme to 74,125 children. Of these pre-school services, 62% met the basic capitation criteria and 38% met the higher capitation criteria.

Differences over time

- As of June 2016, 1,575 of the 4,178 pre-school services contracted to deliver the Early Childhood Care and Education (ECCE) Programme met the higher capitation criteria. This represents a 54% increase in the number of services meeting the higher capitation criteria since 2013/2014 (*see Table 45*).

Table 45: Percentage of pre-school services under contract to deliver the Early Childhood Care and Education (ECCE) Programme that meet basic and higher capitation criteria (2013/2014, 2014/2015 and 2015/2016)

	Total ECCE services	Meeting basic capitation criteria		Meeting higher capitation criteria	
Year	No.	No.	%	No.	%
2013/2014*	4,220	3,197	75.8	1,023	24.2
2014/2015	4,228	2,948	70.0	1,280	30.0
2015/2016	4,178	2,603	62.0	1,575	38.0

* Note: ECCE data are presented in pre-school (academic) year format. '2013/2014' data are equal to 2013 data in *State of the Nation's Children: Ireland, 2014.*

Source: ECCE Database

Differences by geographic location

- Overall, 38% of pre-school services under contract to deliver the Early Childhood Care and Education (ECCE) Programme met the higher capitation criteria (*see Table 46*). This percentage ranged from 16% in Co Leitrim to 74% in Co Carlow.

Table 46: Percentage of pre-school services under contract to deliver the Early Childhood Care and Education (ECCE) Programme that meet basic and higher capitation criteria, by administrative county (June 2016)

	No. of children	Total ECCE services	Meeting basic capitation criteria		Meeting higher capitation criteria	
	No.	No.	No.	%	No.	%
Total	**74,125**	**4,178**	**2,603**	**62**	**1,575**	**38**
Administrative county						
Carlow	904	47	12	26	35	74
Cavan	1,352	62	42	68	20	32
Clare	1,879	141	107	76	34	24
Cork City	1,613	84	40	48	44	52
Cork County	7,351	364	207	57	157	43
Donegal	2,427	131	77	59	54	41
Dublin City	5,884	382	221	58	161	42
Dun Laoghaire-Rathdown	2,880	183	99	54	84	46
Fingal	5,297	309	221	72	88	28
South Dublin	4,412	221	156	71	65	29
Galway	4,135	257	168	65	89	35
Kerry	2,249	124	68	55	56	45
Kildare	4,024	195	126	65	69	35
Kilkenny	1,577	95	53	56	42	44
Laois	1,573	81	57	70	24	30
Leitrim	475	32	27	84	5	16
Limerick	3,073	172	104	60	68	40
Longford	636	33	22	67	11	33
Louth	2,014	105	82	78	23	22
Mayo	1,874	118	70	59	48	41
Meath	3,735	195	143	73	52	27
Monaghan	937	58	33	57	25	43
Offaly	1,313	68	39	57	29	43

continued

Table 46 (*continued*)

	No. of children	Total ECCE services	Meeting basic capitation criteria		Meeting higher capitation criteria	
	No.	No.	No.	%	No.	%
Roscommon	895	51	28	55	23	45
Sligo	978	61	38	62	23	38
Tipperary	2,507	148	92	62	56	38
Waterford	1,729	89	53	60	36	40
Westmeath	1,516	78	53	68	25	32
Wexford	2,529	130	73	56	57	44
Wicklow	2,359	164	92	56	72	44

Source: ECCE Database

PRIMARY SCHOOL ATTENDANCE

Approximately one in every ten primary school children misses 20 days or more in the school year.

Measure

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

Key findings

- In the 2013/2014 school year, 10.4% of primary school children were absent from school for 20 days or more.

Differences over age and time

- Over the period 2009/2010 to 2013/2014, the percentage of primary school children who were absent from school for 20 days or more ranged between 10.4% and 11.7% (*see Table 47*).

Table 47: Percentage of primary school children who were absent from school for 20 days or more in the school year (2009/2010–2013/2014)

	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
Primary school children	11.7	11.1	11.1	11.6	10.4

Note: Data source was titled 'Primary Pupil Absence Reports' in *State of the Nation's Children: Ireland, 2014*

Source: Tusla, the Child and Family Agency, School Attendance Data from Primary and Post-Primary Schools, 2013/2014

Differences by location and school type

- In the 2013/2014 school year, the average percentage of primary school children per school missing 20 days or more was more than twice as high for schools in urban areas (13.1%) than for schools in rural areas (6.4%) (*see Table 48*).
- There was also a clear relationship between 20-day absences and levels of disadvantage. Using the Delivering Equality of Opportunity in Schools (DEIS) categories and participation in the School Support Programme (SSP), the average percentage of primary school children missing 20 days or more tended to be higher in SSP schools when compared with non-SSP schools (although 20-day absences were still higher in non-SSP urban schools than in SSP rural schools).

Table 48: Average percentage of primary school children per school who were absent from school for 20 days or more in the school year, by selected school characteristics (2013/2014)	
	%
School location	
Rural	6.4
Urban	13.1
DEIS status	
Rural, not in School Support Programme	6.2
Rural, in School Support Programme	7.9
Urban, not in School Support Programme	10.5
Urban, in School Support Programme Band 2	17.3
Urban, in School Support Programme Band 1	20.4

Source: Tusla, the Child and Family Agency Annual School Attendance Data, 2013/2014

Differences by geographic location

- Overall, the average percentage of primary school children per school who were missing for 20 days or more was 8.9% (*see Table 49*). This ranged from 5.5% in Co Monaghan to 12% in Co Dublin.

Table 49: Average percentage of primary school children per school who were absent from school for 20 days or more in the school year, by county (2013/2014)	
	%
Total	**8.9**
County	
Carlow	10.0
Cavan	8.2
Clare	8.2
Cork	8.4
Donegal	6.3
Dublin	12.0
Galway	8.5
Kerry	9.5
Kildare	9.7
Kilkenny	6.0
Laois	9.5
Leitrim	6.8
Limerick	10.9
Longford	10.3
Louth	10.5
Mayo	7.7
Meath	7.6
Monaghan	5.5
Offaly	9.2
Roscommon	7.7
Sligo	8.0
North Tipperary	7.6
South Tipperary	7.1
Waterford	8.7
Westmeath	8.8
Wexford	9.7
Wicklow	8.3

Source: Tusla, the Child and Family Agency Annual School Attendance Data, 2013/2014

POST-PRIMARY SCHOOL ATTENDANCE

Approximately one in every six post-primary school children misses 20 days or more in the school year.

Measure

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

Key findings

- In the 2013/2014 school year, 15.4% of post-primary school children were absent from school for 20 days or more.

Differences over age and time

- Over the period 2009/2010 to 2013/2014, the percentage of post-primary school children who were absent from school for 20 days or more declined from 17.6% to 15.5% (*see Table 50*).

Table 50: Percentage of post-primary school children who were absent from school for 20 days or more in the school year (2009/2010–2013/2014)

	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
Post-primary school children	17.6	16.5	16.1	15.5	15.4

Note: Data source was titled 'Post-Primary Pupil Absence Reports' in *State of the Nation's Children: Ireland, 2014*

Source: Tusla, the Child and Family Agency, School Attendance Data from Primary and Post-Primary Schools, 2013/2014

Differences by location and school type

- In the 2013/2014 school year, the average percentage of post-primary school children per school who were missing 20 days or more was higher in community/comprehensive schools and in vocational schools than in secondary schools (*see Table 51*). This percentage was almost twice as high in DEIS schools (25.3%) than in non-DEIS schools (13.5%).

Table 51: Average percentage of post-primary children per school who were absent from school for 20 days or more in the school year, by selected school characteristics (2013/2014)	
	%
Type of school	
Secondary	13.5
Community/comprehensive	18.1
Vocational	21.5
DEIS status	
DEIS	25.3
Non-DEIS	13.5

Source: Tusla, the Child and Family Agency Annual School Attendance Data, 2013/2014

Differences by geographic location

- Overall, the average percentage of post-primary school children per school who were missing for 20 days or more was 16.7% (*see Table 52*). This ranged from 12.4% in Co Meath to 22.4% in Co Wexford.

Table 52: Average percentage of post-primary school children per school who were absent from school for 20 days or more in the school year, by county (2013/2014)	
	%
Total	**16.7**
County	
Carlow	15.2
Cavan	18.6
Clare	13.4
Cork	15.6
Donegal	18.1
Dublin	16.2
Galway	18.4
Kerry	18.0
Kildare	15.1
Kilkenny	15.3
Laois	19.8
Leitrim	19.4

continued

Table 52 (*continued*)	
County	**%**
Limerick	16.4
Longford	18.9
Louth	12.7
Mayo	20.9
Meath	12.4
Monaghan	16.2
Offaly	17.8
Roscommon	19.9
Sligo	18.5
North Tipperary	15.8
South Tipperary	15.8
Waterford	15.6
Westmeath	19.1
Wexford	22.4
Wicklow	16.2

Source: Tusla, the Child and Family Agency Annual School Attendance Data, 2013/2014

LEAVING CERTIFICATE RETENTION RATES

Retention rates to the completion of the Leaving Certificate have increased by 6.4 percentage points – from 83.8% of children in the 1999 school entry cohort to 90.2% of children in the 2009 school entry cohort.

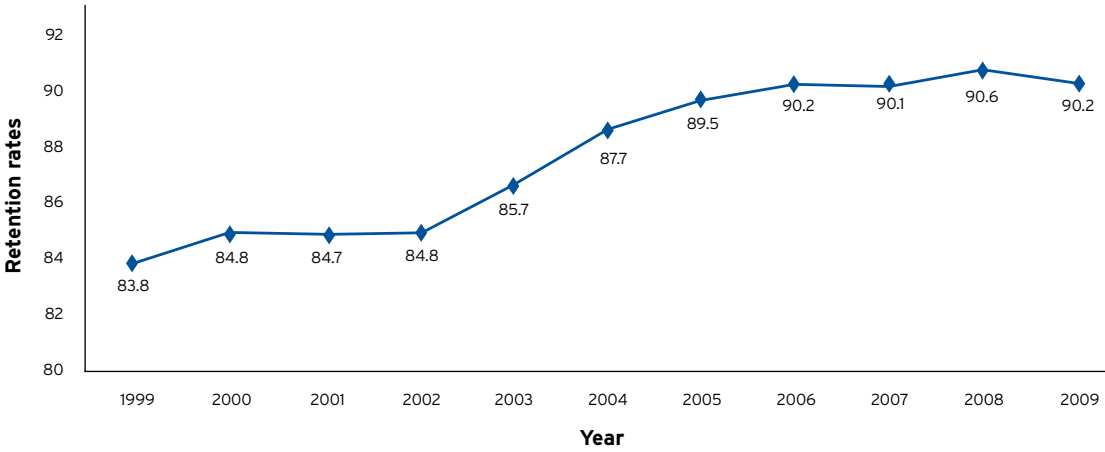
Measure

The Leaving Certificate retention rate.

Key findings

- The Leaving Certificate retention rate for children entering secondary school in 2009 was 90.2% (i.e. out of the 58,088 children enrolled on 30 September 2009 in Year 1 of the Junior Cycle, 52,395 sat the Leaving Certificate by 2014 or 2015) (*see Figure 10*).

Figure 10: Leaving Certificate retention rates for the 1999–2009 school entry cohorts



Note: Break in series from 2005 onwards due to revised methodology. Further details can be found in the technical notes in Appendix 1.

Source: Education Statistics Database (Department of Education and Skills)

Differences by gender, school type and over time

- The retention rate for boys in the 2009 school entry cohort was 88.7%, compared with 91.8% for girls (*see Table 53*).
- On average, secondary schools had the highest retention rates (at 91.8%) when compared with community and comprehensive schools (89.4%) and vocational schools (87%).
- For the 2009 school entry cohort, the retention rate was 82.7% for children in DEIS schools, compared with 92% for children in non-DEIS schools.
- Retention rates to the completion of the Leaving Certificate increased by 6.4 percentage points between the 1999 and 2006 school entry cohorts – from 83.8% of children in 1999 to 90.2% of children in 2006. A percentage rate of between 90% and 91% was maintained between the 2006 and 2009 school entry cohorts (*see Figure 10*).

Table 53: Leaving Certificate retention rates for the 2009 school entry cohort, by gender, school type and DEIS status

	No. in school entry cohort	Percentage who sat Leaving Certificate
Total	**58,088**	**90.2**
Gender		
Boys	29,634	88.7
Girls	28,454	91.8
School type		
Secondary	33,434	91.8
Vocational	14,913	87.0
Community/comprehensive	9,741	89.4
DEIS status		
DEIS schools	11,456	82.7
Non-DEIS schools	46,632	92.0

Source: Education Statistics Database (Department of Education and Skills)

Differences by geographic location

- Overall, the retention rate to completion of the Leaving Certificate for children for the 2009 school entry cohort was 90.2% (*see Table 54*). This ranged from 84.6% in Co Carlow to 93.8% in Tipperary North.

Table 54: Leaving Certificate retention rates for the 2009 school entry cohort, by administrative county		
	No. in school entry cohort	**Percentage who sat Leaving Certificate**
Total	**58,088**	**90.2**
Administrative county		
Carlow	791	84.6
Cavan	897	91.4
Clare	1,458	89.4
Cork County	4,807	92.4
Cork City	1,943	90.3
Donegal	2,226	91.1
Dublin City	5,306	87.0
Dublin Fingal	3,143	90.9
Dublin South	3,574	87.5
Dun Laoghaire/Rathdown	2,422	90.8
Galway County	2,160	91.9
Galway City	950	90.5
Kerry	1,974	92.0
Kildare	2,776	90.2
Kilkenny	1,177	91.1
Laois	678	90.3
Leitrim	434	90.1
Limerick County	1,451	91.7
Limerick City	1,192	89.3
Longford	598	90.1
Louth	1,890	87.1
Mayo	1,699	91.4
Meath	2,222	91.7
Monaghan	862	91.6
Offaly	1,189	88.8
Roscommon	584	90.2
Sligo	795	91.1
Tipperary North	1,190	93.8
Tipperary South	1,155	90.2

continued

Table 54 (*continued*)

Administrative county	No. in school entry cohort	Percentage who sat Leaving Certificate
Waterford County	647	92.3
Waterford City	767	90.5
Westmeath	1,375	89.5
Wexford	2,060	90.6
Wicklow	1,696	89.2

Source: Education Statistics Database (Department of Education and Skills)

ACHIEVEMENT IN READING: OECD-PISA READING LITERACY SCALE

Children in Ireland have maintained their strong performance in reading literacy since 2012, and the gender gap in favour of girls has narrowed.

Measure

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

Key findings

- In 2015, 15-year-old children in Ireland achieved a mean score of 520.8 on the OECD-PISA Reading Literacy Scale, which is significantly higher than the OECD average score of 492.5.

Differences by population groups

- In Ireland, children with an immigrant background obtained a significantly lower score (511.1) on the reading literacy scale than non-immigrant students (524.7).

Table 55: Mean score for children aged 15 based on the OECD-PISA Reading Literacy Scale, by population groups (2015)

	%	Mean score
All children	**100.0**	**520.8**
Immigrant status		
Immigrant children	14.4	511.1
All other children	85.6	524.7

Source: PISA Survey, 2015

Differences by gender, social class and over time

- In 2015, girls in Ireland performed significantly better in reading literacy than boys, achieving a mean score of 526.9, compared with 515 for boys.
- The gender difference in favour of female students was narrower in 2015 (12 score points) than in 2006 (33.8), 2009 (39.2), or 2012 (28.5).

- In 2015, the mean reading literacy score of children in the highest social class category (555.6) was significantly higher than the mean score of children in the medium (520.5) and lowest (488.0) social class categories.
- Ireland's mean score on reading literacy improved significantly between 2009 and 2012 by 27.6 score points, and was relatively stable between 2012 and 2015, with a non-significant drop of 2.4 score points.

Table 56: Mean score for children aged 15 based on the OECD-PISA Reading Literacy Scale, by gender and social class (2006, 2009, 2012 and 2015)

	2006	2009	2012	2015
All children	**517.3**	**495.6**	**523.2**	**520.8**
Gender				
Boys	500.2	476.3	509.2	515.0
Girls	534.0	515.4	537.7	526.9
Social class				
High SES*	551.2	535.5	562.3	555.6
Medium SES	522.4	497.9	523.3	520.5
Low SES	490.2	459.5	485.9	488.0

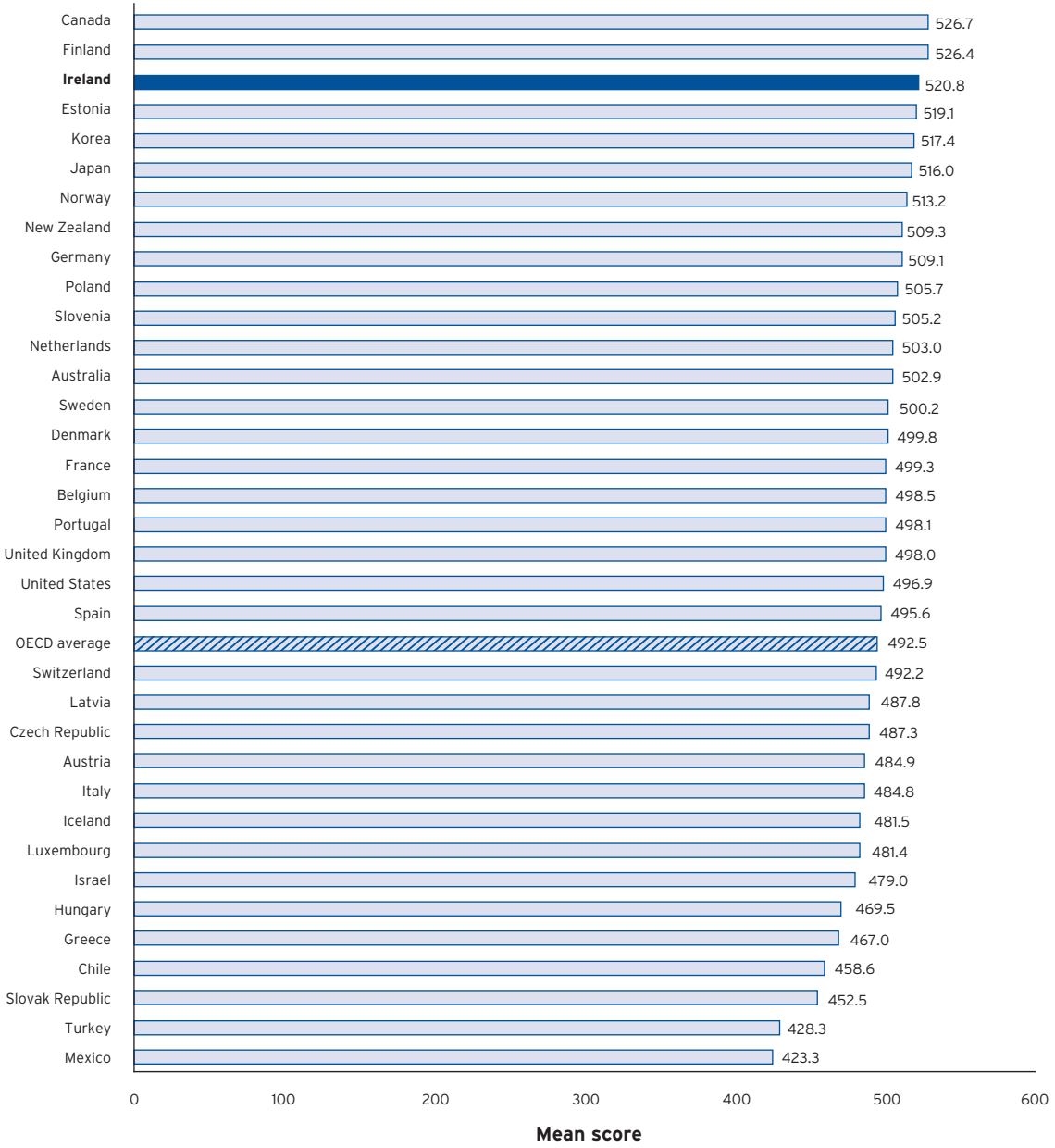
* Socioeconomic status (SES)

Source: PISA Surveys, 2006-2012

International comparisons

- In 2015, Ireland's mean score of 520.8 on the OECD-PISA Reading Literacy Scale was higher than the OECD average score of 492.5 (*see Figure 11*).
- Mexico was the lowest-scoring OECD country on this indicator, while Canada achieved the highest mean score.
- Ireland ranked third in reading literacy among 35 participating countries.

Figure 11: Mean scores of children aged 15 based on the OECD-PISA Reading Literacy Scale, by OECD country (2015)



Source: PISA Survey, 2015

ACHIEVEMENT IN MATHEMATICS: OECD-PISA MATHEMATICS LITERACY SCALE

In 2015, overall performance in mathematics in Ireland was approximately the same as in 2012.

Measure

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

Key findings

- In 2015, 15-year-old children in Ireland achieved a mean score of 503.7 on the OECD-PISA Mathematics Literacy Scale. This was significantly higher than the OECD average score of 490.2.

Differences by population groups

- The mean mathematics score of children with an immigrant background (498.4) was lower than the mean score of non-immigrant children (506.2), but the difference was not statistically significant.

Table 57: Mean score for children aged 15 based on the OECD-PISA Mathematics Literacy Scale, by population groups (2015)

	%	Mean score
All children	**100.0**	**503.7**
Immigrant status		
Immigrant children	14.4	498.4
All other children	85.6	506.2

Source: PISA Survey, 2015

Differences by gender, social class and over time

- In 2015, boys in Ireland achieved a significantly higher mean mathematics score (511.6) compared with girls (495.4).
- As in earlier PISA cycles, in 2015 children in Ireland in the highest social class category achieved a significantly higher mean mathematics score (537.7) than children in the medium (502.4) and lowest (471.5) social class categories.

- Ireland's mean score in mathematics in 2015 (503.7) was not statistically significantly different from 2006 (501.5) or 2012 (501.5), but was significantly higher than in 2009 (487.1).

Table 58: Mean score for children aged 15 based on the OECD-PISA Mathematics Literacy Scale, by gender and social class (2006, 2009, 2012 and 2015)

	2006	2009	2012	2015
All children	**501.5**	**487.1**	**501.5**	**503.7**
Gender				
Boys	507.3	490.9	509.0	511.6
Girls	495.8	483.3	493.7	495.4
Social class				
High SES*	532.8	523.4	538.9	537.7
Medium SES	505.0	490.1	501.3	502.4
Low SES	476.0	452.3	465.5	471.5

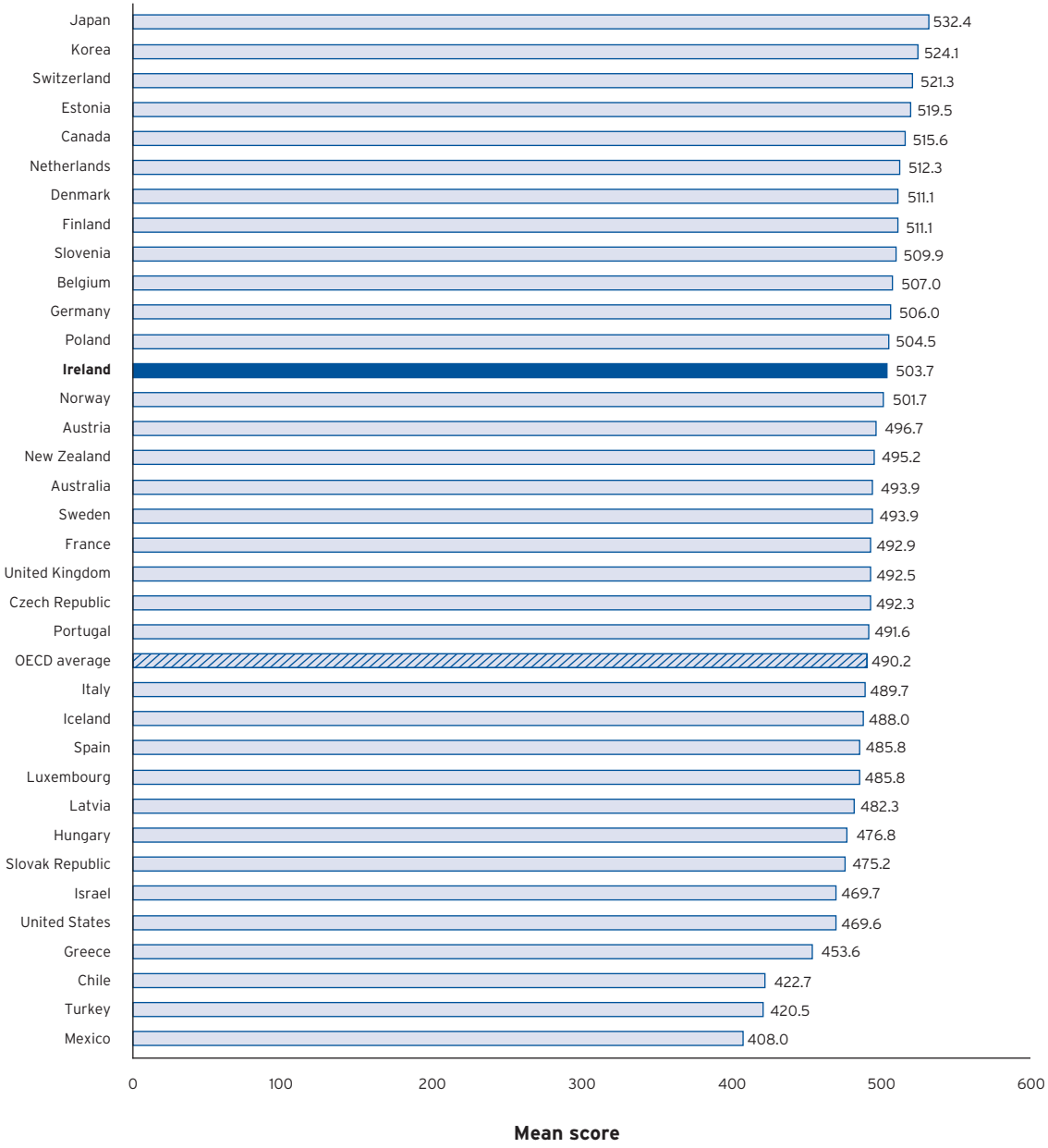
* Socioeconomic status (SES)

Source: PISA Surveys 2006–2015

International comparisons

- In 2015, 15-year-old children in Ireland achieved a mean score of 503.7 on the OECD-PISA Mathematics Literacy Scale. This was significantly higher than the OECD average score of 490.2 (*see Figure 12).*
- Mexico was the lowest-scoring OECD country on this indicator, while Japan achieved the highest mean score.
- Ireland ranked 13th in mathematical literacy among all 35 OECD countries.

Figure 12: Mean scores of children aged 15 based on the OECD-PISA Mathematics Literacy Scale, by OECD country (2015)



Source: PISA Survey, 2015

ACHIEVEMENT IN SCIENCE: OECD-PISA SCIENCE LITERACY SCALE

Science literacy scores of 15-year-olds in Ireland are above the OECD average.

Measure

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

Key findings

- In 2015, 15-year-old children in Ireland achieved a mean score of 502.6 on the OECD-PISA Science Literacy Scale, which was significantly above the OECD average of 493.2.

Differences by population groups

- In Ireland, children with an immigrant background performed at a similar level to non-immigrant children on the PISA Science Literacy Scale in 2015, with mean scores of 500.3 and 505.1 respectively.

Table 59: Mean score for children aged 15 based on the OECD-PISA Science Literacy Scale, by population groups (2015)

	%	Mean score
All children	**100.0**	**502.6**
Immigrant status		
Immigrant children	14.4	500.3
All other children	85.6	505.1

Source: PISA Survey, 2015

Differences by gender, social class and over time

- In 2015, boys in Ireland achieved a significantly higher mean science literacy score (507.7) than girls (497.2).

- Children in the highest social class category achieved a significantly higher mean science literacy score (538.5) than those in the medium (501.8) and lowest (468.3) social class categories.
- Ireland's mean score on overall science literacy in PISA 2006 was 508.3. This dropped marginally to 508 in 2009, and increased significantly to 522 in 2012, before falling back significantly to 502.6 in 2015.

Table 60: Mean score for children aged 15 based on the OECD-PISA Science Literacy Scale, by gender and social class (2006, 2009, 2012 and 2015)

	2006	2009	2012	2015
All children	**508.3**	**508.0**	**522.0**	**502.6**
Gender				
Boys	508.1	506.6	523.9	507.7
Girls	508.5	509.4	520.0	497.2
Social class				
High SES*	542.3	545.7	562.4	538.5
Medium SES	512.8	512.8	522.3	501.8
Low SES	480.7	471.0	483.0	468.3

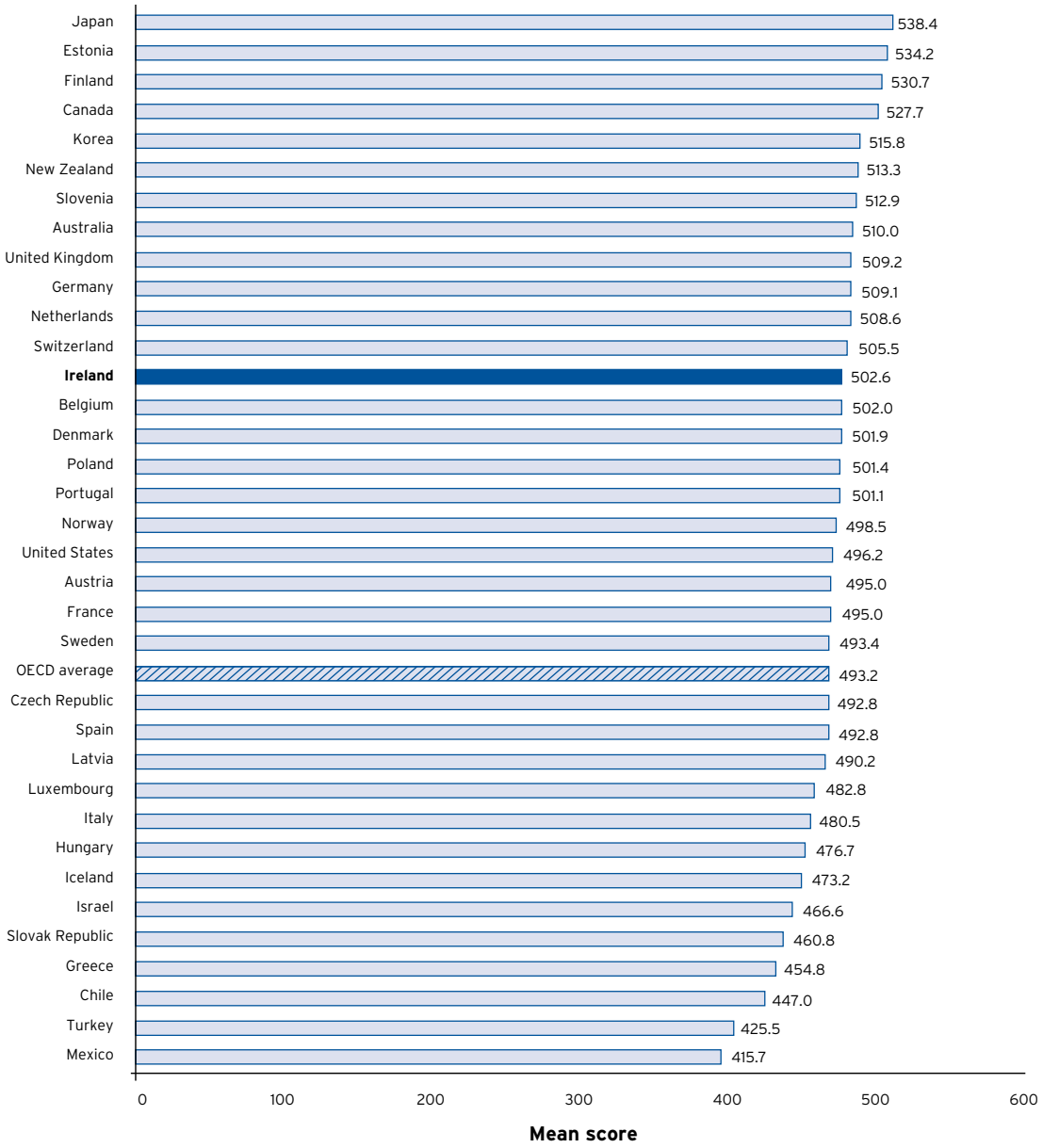
* Socioeconomic status (SES)

Source: PISA Surveys 2006–2015

International comparisons

- In 2015, 15-year-old children in Ireland achieved a mean score of 502.6 on the OECD-PISA Science Literacy Scale, which is significantly above the OECD mean score of 493.2 (*see Figure 13*).
- Mexico was the lowest-scoring OECD country on this indicator, while Japan achieved the highest mean score.
- Ireland ranked 13th in scientific literacy among all 35 OECD countries.

Figure 13: Mean scores of children aged 15 based on the OECD-PISA Scientific Literacy Scale, by OECD country (2015)



Source: PISA Survey, 2015

HEALTH OUTCOMES

BIRTH WEIGHT

The percentage of low birth weight babies increased slightly between 2011 and 2015, from 5.4% in 2011 to 5.9% in 2015.

Measure

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

Key findings

- In 2015, 5.9% of all babies born were in the low birth weight category (weighing less than 2,500 grams).

Differences by gender, social class and over time

- Girls were more likely than boys to be born in the low birth weight category (6.5% and 5.3% respectively) (*see Table 61*).
- The percentage of babies born in the low birth weight category was highest among mothers who reported having 'home duties' (7.7%) (*see Figure 14*).
- Over the five-year period 2011–2015, the percentage of babies born in the low birth weight category increased slightly.

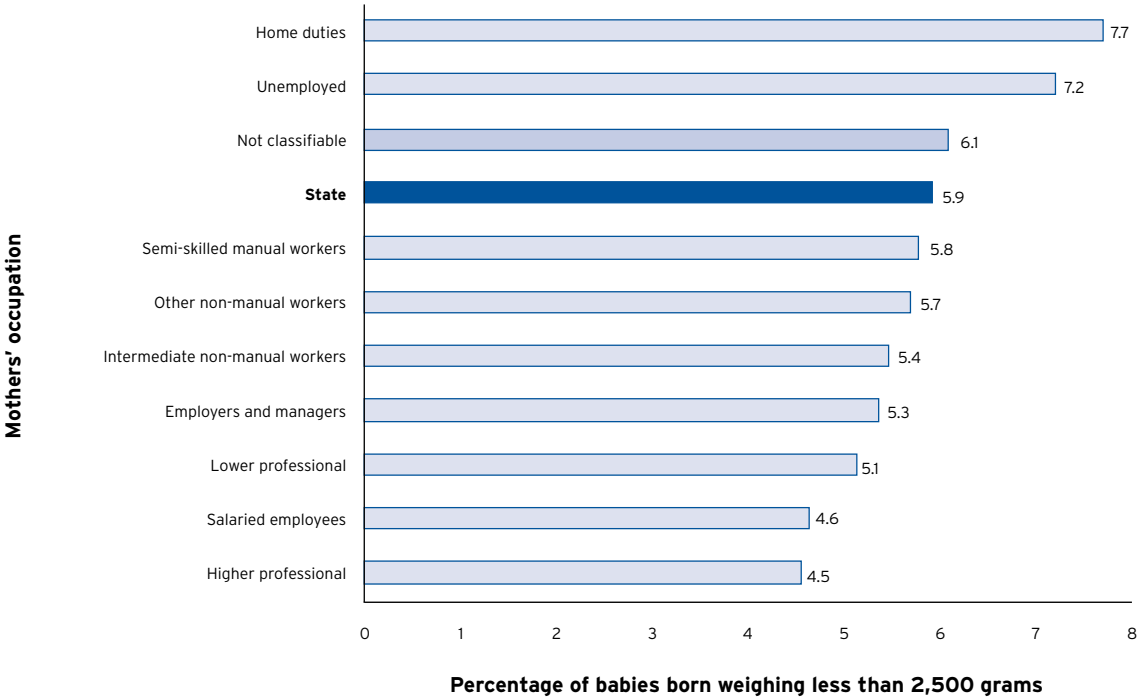
Table 61: Percentage of babies born weighing less than 2,500 grams (live and still births), by gender (2011–2015[p])

	2011	2012	2013	2014	2015		
	Low birth weight (%)	Low birth weight (%)	Low birth weight (%)	Low birth weight (%)	Low birth weight (%)	Healthy birth weight (%)	High birth weight (%)
Total	**5.4**	**5.6**	**5.8**	**5.9**	**5.9**	**78.9**	**15.2**
Gender							
Boys	5.1	5.3	5.6	5.4	5.3	75.9	18.8
Girls	5.9	6.0	6.0	6.4	6.5	82.1	11.4

[p] Data for 2015 are provisional.

Sources: National Perinatal Reporting System (NPRS); Healthcare Pricing Office, 2015

Figure 14: Percentage of babies born weighing less than 2,500 grams (live and still births), by occupation of mother (2015[p])*



* Categories where percentages are based on fewer than 100 births (i.e. 'unskilled manual workers', 'other agricultural occupations and fishermen', 'farmers and farm managers') and 'not stated' categories have been omitted from this figure.

[p] Data for 2015 are provisional.

Sources: National Perinatal Reporting System (NPRS); Healthcare Pricing Office, 2015

Differences by geographic location

- Overall, 5.9% of all babies born in 2015 were in the low birth weight category (*see Table 62*). This percentage ranged from 4.4% of all births in Co Sligo to 7.3% of all births in Co Louth.

Table 62: Number and percentage of babies born weighing less than 2,500 grams (live and still births), by mothers' county of residence (2015[p])		
	No. of low birth weight babies in State/County	**Low birth weight babies as a percentage of all births in State/County**
Total	**3,884**	**5.9**
County		
Carlow	42	5.1
Cavan	73	6.9
Clare	81	5.5
Cork	474	6.2
Donegal	89	4.6
Dublin City	888	6.1
Dublin County	255	5.1
Galway	185	5.3
Kerry	101	6.1
Kildare	209	6.3
Kilkenny	62	5.1
Laois	76	6.6
Leitrim	27	6.5
Limerick	159	5.6
Longford	33	5.6
Louth	139	7.3
Mayo	87	5.5
Meath	159	5.7
Monaghan	38	4.6
Offaly	71	7.2
Roscommon	43	5.6
Sligo	35	4.4
Tipperary*	125	5.9
Waterford	112	7.1
Westmeath	75	6.0
Wexford	137	6.7
Wicklow	103	5.1
Other	6	30.0

* Tipperary North and Tipperary South have been combined for Co Tipperary.

[p] Data for 2015 are provisional.

Sources: National Perinatal Reporting System (NPRS); Healthcare Pricing Office, 2015

BREASTFEEDING

Breastfeeding initiation rates have continued to increase.

Measure

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

Key findings

- In 2015, 58% of infants were breastfed on discharge from hospital. This includes 47.7% who were exclusively breastfed and a further 10.3% who were fed using a combination of bottle and breastfeeding.

Differences by age, social class and over time

- The percentage of infants who were breastfed (either exclusive or combined) was higher among older mothers (*see Table 63*).
- There were also marked social class differences (*see Figure 15*). The percentage of infants who were breastfed (either exclusive or combined) was higher among mothers in 'higher professional' and 'skilled manual workers' groups (77.3% and 75.4% respectively), when compared with mothers who reported being 'unemployed' (36.4%).
- Over the five-year period 2011–2015, the percentage of infants who were breastfed (either exclusive or combined) on discharge from hospital increased consistently.

Table 63: Percentage of infants who are breastfed (exclusive or combined) on discharge from hospital, by mothers' age (2011–2015[p])*

	2011		2012		2013		2014		2015		
	Excl	Comb	Excl	Comb	Excl	Comb	Excl	Comb	Excl	Comb	Total
Total**	**46.6**	**8.6**	**46.6**	**8.7**	**46.3**	**9.4**	**46.3**	**10.6**	**47.7**	**10.3**	**58.0**
Age											
15–19	20.5	3.5	20.4	4.7	20.4	4.7	18.7	5.0	21.5	4.9	26.4
20–24	32.5	6.3	30.4	6.9	30.3	7.7	29.4	7.6	29.7	7.1	36.8
25–29	46.9	8.3	46.1	8.3	43.4	9.1	42.2	10.0	41.2	9.6	50.8
30–34	50.2	8.9	50.5	8.9	50.2	9.6	50.5	11.0	52.2	10.7	62.9
35–39	48.9	9.2	49.7	9.2	50.2	10.0	50.8	11.1	53.1	10.8	63.9
40–44	47.6	10.9	48.3	10.6	49.3	11.2	46.8	13.5	49.4	12.9	62.3
Over 45	49.5	13.9	43.5	17.7	47.5	11.3	45.8	21.3	45.7	15.4	61.1

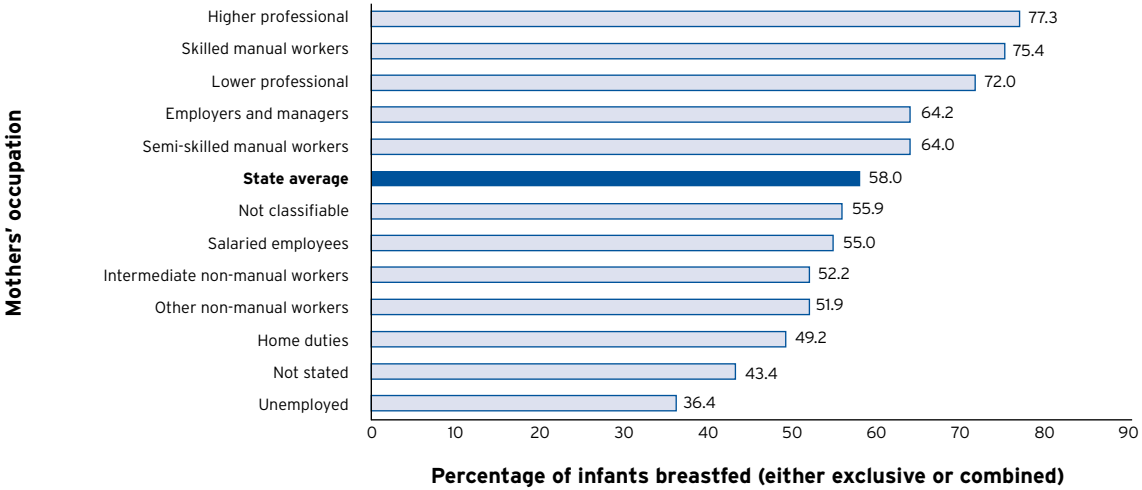
* Categories where percentages are based on fewer than 100 births (i.e. 'under 15 years' and 'age not stated') have been omitted from this table.

** Data based on live births (excluding early neonatal deaths). Further details can be found in the technical notes in Appendix 1.

[p] Data for 2015 are provisional.

Sources: National Perinatal Reporting System (NPRS); Healthcare Pricing Office, 2015

Figure 15: Percentage of infants who are breastfed (either exclusive or combined) on discharge from hospital, by occupation of mother (2015[p])*



* Categories where percentages are based on fewer than 100 births (i.e. 'unskilled manual workers', 'other agricultural occupations and fishermen', 'farmers and farm managers') have been omitted from this figure.

[p] Data for 2015 are provisional.

Sources: National Perinatal Reporting System (NPRS); Healthcare Pricing Office, 2015

Differences by geographic location

- Overall, 58% of infants in 2015 were breastfed (either exclusive or combined). This ranged from 40.2% in Co Limerick to 68.8% in Co Dublin (*see Table 64*).

Table 64: Percentage of infants who are breastfed (exclusive or combined) on discharge from hospital, by mothers' county of residence (2015[p])*

	Exclusive	Combined	Total
	%	%	%
Total	**47.7**	**10.3**	**58.0**
County			
Carlow	49.0	3.8	52.8
Cavan	41.2	6.0	47.2
Clare	40.1	5.1	45.2
Cork	57.5	4.5	62.0
Donegal	34.2	8.3	45.2
Dublin	54.2	14.4	68.8
Galway	45.0	15.7	60.7
Kerry	50.7	6.4	57.1
Kildare	46.3	15.4	61.7
Kilkenny	57.6	0.7	58.3
Laois	50.0	6.2	56.2
Leitrim	42.2	13.4	55.6
Limerick	35.1	5.1	40.2
Longford	43.0	3.1	46.1
Louth	35.3	12.2	47.1
Mayo	37.9	16.9	54.8
Meath	46.3	11.3	57.6
Monaghan	40.0	7.4	47.4
Offaly	42.9	5.6	48.5
Roscommon	40.4	12.1	52.5
Sligo	35.3	18.0	53.3
Tipperary**	41.2	5.1	46.3
Waterford	55.8	2.5	58.3
Westmeath	48.3	5.5	53.8
Wexford	42.3	8.1	50.4
Wicklow	48.6	12.3	60.9

* Data are based on live births (excluding early neonatal deaths). Further details can be found in the technical notes in Appendix 1.

** Tipperary North and Tipperary South have been combined for Co Tipperary.

[p] Data for 2015 are provisional.

Sources: National Perinatal Reporting System (NPRS); Healthcare Pricing Office, 2015

HEALTH CONDITIONS AND HOSPITALISATION

Almost half of the total hospital discharges of children in 2015 were children aged under five years.

Measure

The number of hospital discharges of children.

Key findings

- In 2015, there were 154,241 hospital discharges of children.

Differences by age, gender, principal diagnosis and over time

- Infants (under 1) and children aged 1–4 accounted for almost half of total hospital discharges of children (20.7% and 27.2% respectively).
- Boys accounted for more than half of total hospital discharges of children (54.4%) (*see Table 65*).
- The most commonly reported principal diagnosis recorded was '*diseases of the respiratory system*' (12.4%), followed by '*injury, poisoning and certain other consequences of external causes*' (9.2%).
- There were a similar number of discharges of children in 2015 and 2011.

Table 65: Number and percentage of hospital discharges of children, by age, gender and principal diagnosis (2011–2015)

	2011	2012	2013	2014	2015	
	No.	No.	No.	No.	No.	%
	154,120	156,914	150,981	152,738	154,241	100.0
Age						
Under 1	33,810	33,527	32,063	32,624	31,988	20.7
1–4	44,768	45,605	43,218	42,111	41,957	27.2
5–9	31,342	32,526	30,901	31,456	32,692	21.2
10–14	25,495	25,496	25,257	26,416	27,000	17.5
15–17	18,705	19,760	19,542	20,131	20,604	13.4
Gender						
Boys	85,836	86,311	83,043	83,496	83,967	54.4
Girls	68,284	70,603	67,938	69,242	70,274	45.6
Principal diagnosis						
Diseases of the respiratory system	19,091	22,172	18,654	19,526	19,071	12.4
Injury, poisoning and certain other consequences of external causes	14,121	14,177	14,093	14,002	14,264	9.2
Diseases of the digestive system	13,796	13,681	13,693	14,183	13,933	9.0
Certain infectious and parasitic diseases	12,376	12,680	11,702	11,416	12,036	7.8
Certain conditions originating in the perinatal period	10,348	10,020	10,064	10,266	10,254	6.6
Congenital malformations, deformations and chromosomal abnormalities	10,283	9,068	9,356	9,086	8,621	5.6
Diseases of the genitourinary system	7,431	7,149	6,996	7,286	6,742	4.4
Neoplasms	6,733	6,914	6,826	6,379	7,003	4.5
Diseases of the skin and subcutaneous tissue	4,374	4,951	4,682	5,316	5,016	3.3
Diseases of the ear and mastoid process	4,289	4,609	4,357	4,091	4,183	2.7
All other conditions and reasons for admission	51,278	51,493	50,558	51,187	53,118	34.4

Source: Hospital In-Patient Enquiry, 2015

Differences by geographic location

- Overall, there were 134.3 hospital discharges per 1,000 children in 2015 (*see Table 66*). Rates ranged from 107.6 per 1,000 in Co Monaghan to 181.4 per 1,000 in Co Donegal.

Table 66: Number of hospital discharges of children, by county of residence (2015), and rate (per 1,000 children) in State/County (2011)*			
	No. of hospital discharges of children in State/County	No. of children in State/County in 2011*	Rate in 2015 per 1,000 children in State/County in 2011*
Total	**154,241**	**1,148,687**	**134.3**
County			
Carlow	2,324	14,139	164.4
Cavan	2,586	20,194	128.1
Clare	3,388	30,666	110.5
Cork	16,312	128,448	127.0
Donegal	7,933	43,732	181.4
Dublin	34,459	287,258	120.0
Galway	9,113	61,194	148.9
Kerry	5,152	34,940	147.5
Kildare	6,956	59,449	117.0
Kilkenny	3,211	25,015	128.4
Laois	3,866	22,932	168.6
Leitrim	875	8,051	108.7
Limerick	6,830	46,067	148.3
Longford	1,433	10,593	135.3
Louth	4,269	33,292	128.2
Mayo	5,638	32,514	173.4
Meath	6,349	53,400	118.9
Monaghan	1,725	16,031	107.6
Offaly	3,204	21,149	151.5
Roscommon	2,385	16,076	148.4
Sligo	2,474	15,541	159.2
Tipperary	5,669	40,760	139.1
Waterford	3,803	28,908	131.6
Westmeath	3,882	23,052	168.4
Wexford	5,768	38,842	148.5
Wicklow	4,076	36,444	111.8
Non-residents	561	–	–

* 2011 Census data have been used to calculate rate (per 1,000 children). County-level population estimates not available for 2015.

Sources: Census of the Population, 2011; Hospital In-Patient Enquiry, 2015

ACCIDENTS, INJURIES AND HOSPITALISATION

The total number of hospital discharges of children with a principal diagnosis of 'injury, poisoning and certain other consequences of external causes' was relatively stable between 2011 and 2015.

Measure

The number of hospital discharges of children with a principal diagnosis of injury, poisoning and certain other consequences of external causes.

Key findings

- In 2015, there were 14,264 hospital discharges of children with a principal diagnosis of '*injury, poisoning and certain other consequences of external causes*'.

Differences by age, gender, principal diagnosis and over time

- Children aged 1–4 accounted for almost one-third of hospital discharges (28%) with a diagnosis of '*injury, poisoning and certain other consequences of external causes*'.
- Boys accounted for 59.8% of all hospital discharges of children with a principal diagnosis of '*injury, poisoning and certain other consequences of external causes*' (*see Table 67*).
- Over the five-year period 2011–2015, the total number of hospital discharges of children with a diagnosis of '*injury, poisoning and certain other consequences of external causes*' remained between 14,000 and 14,300.
- Over the five-year period 2011–2015, the number of hospital discharges of children with a diagnosis of 'transport accidents' decreased by 13.4%.

Table 67: Number and percentage of hospital discharges among children with a principal diagnosis of injury, poisoning and certain other consequences of external causes, by age, gender and cause (2011–2015)

	2011	2012	2013	2014	2015	
	No.	No.	No.	No.	No.	%
Total	**14,121**	**14,177**	**14,093**	**14,002**	**14,264**	**100.0**
Age						
Under 1	817	845	834	828	845	5.9
1–4	4,387	4,439	4,287	4,075	3,987	28.0
5–9	3,514	3,558	3,620	3,638	3,748	26.3
10–14	3,225	3,194	3,246	3,213	3,361	23.6
15–17	2,178	2,141	2,106	2,248	2,323	16.3
Gender						
Boys	8,858	8,745	8,584	8,432	8,523	59.8
Girls	5,263	5,432	5,509	5,570	5,741	40.2
First-listed additional diagnosis of external causes*						
Accidental falls	5,716	5,667	5,699	5,803	6,072	42.6
Accidents caused by objects*	3,034	3,057	3,111	3,005	2,968	20.8
Transport accidents	1,251	1,276	1,184	1,098	1,083	7.6
Drowning, submersion, other accidental threats to breathing and foreign bodies	586	614	585	588	636	4.5
Accident, not otherwise specified	562	605	553	521	552	3.9
Accidental poisoning	367	362	397	334	306	2.1
Intentional self-harm	318	332	357	426	455	3.2
Assault	255	234	187	195	175	1.2
Contact with heat or hot substances	265	230	208	172	206	1.4
Event of undetermined intent	133	89	111	71	84	0.6
Exposure to smoke, fire and flames	49	39	38	49	29	0.2
Other external causes of injury	1,522	1,610	1,579	1,675	1,627	11.4
External cause not reported**	63	62	84	65	71	0.5

* Each discharge can have up to 19 additional diagnoses reported. The selection is based on the first-listed external cause code.

** 'External cause not reported' refers to discharges with a principal diagnosis of *'injury, poisoning and certain other consequences of external causes'* and for which an external cause of injury or poisoning was not recorded. The inclusion of this category ensures that the total reported corresponds with the data reported for *'injury, poisoning and certain other consequences of external causes'* in Table 65.

Source: Hospital In-Patient Enquiry, 2015

Differences by geographic location

- Overall, there were 12.4 hospital discharges with a diagnosis of '*injury, poisoning and certain other consequences of external causes*' per 1,000 children in 2015 (*see Table 68*). Rates ranged from 8.9 per 1,000 in counties Clare and Mayo to 16.6 per 1,000 in Co Carlow.

Table 68: Number of hospital discharges of children with a principal diagnosis of injury, poisoning and certain other consequences of external causes, by county of residence (2015) and rate (per 1,000 children) in State/County (2011)*

	No. of hospital discharges of children with a diagnosis of external causes of injury or poisoning in State/County	No. of children in State/County in 2011*	Rate of hospital discharges in 2015 per 1,000 children in State/County in 2011*
Total	**14,264**	**1,148,687**	**12.4**
County			
Carlow	235	14,139	16.6
Cavan	261	20,194	12.9
Clare	274	30,666	8.9
Cork	1,545	128,448	12.0
Donegal	437	43,732	10.0
Dublin	3,576	287,258	12.4
Galway	787	61,194	12.9
Kerry	417	34,940	11.9
Kildare	617	59,449	10.4
Kilkenny	293	25,015	11.7
Laois	312	22,932	13.6
Leitrim	78	8,051	9.7
Limerick	583	46,067	12.7
Longford	134	10,593	12.6
Louth	505	33,292	15.2
Mayo	289	32,514	8.9
Meath	716	53,400	13.4
Monaghan	190	16,031	11.9
Offaly	302	21,149	14.3
Roscommon	172	16,076	10.7
Sligo	196	15,541	12.6

continued

Table 68: (*continued*)

County	No. of hospital discharges of children with a diagnosis of external causes of injury or poisoning in State/County	No. of children in State/County in 2011*	Rate of hospital discharges in 2015 per 1,000 children in State/County in 2011*
Tipperary	548	40,760	13.4
Waterford	346	28,908	12.0
Westmeath	377	23,052	16.4
Wexford	527	38,842	13.6
Wicklow	433	36,444	11.9
Non-residents	114	–	–

* 2011 Census data have been used to calculate rate (per 1,000 children). County-level population estimates not available for 2015.

Sources: Census of the Population, 2011; Hospital In-Patient Enquiry, 2015

NUTRITIONAL OUTCOMES

The percentage of children aged seven years classified as being in the 'normal' weight category increased by three percentage points over the period 2010–2012.

Measure

The percentage of children aged seven years in Body Mass Index (BMI) categories: normal, overweight and obese.

Key findings

- In 2012, 82% of children aged seven years were classified as being in the 'normal' weight category according to the International Obesity Taskforce Standards. The remaining 18% of children were classified as either 'overweight' or 'obese' (14% and 4% respectively).

Differences by gender and over time

- Boys (86%) were more likely than girls (79%) to be categorised in the 'normal' weight category (*see Table 69*). 14% of boys were categorised as either 'overweight' or 'obese' (12% and 2% respectively), whereas 22% of girls were categorised as either 'overweight' or 'obese' (16% and 6% respectively).

Table 69: Percentage of children aged seven years in BMI categories: normal, overweight and obese, by gender (2012)

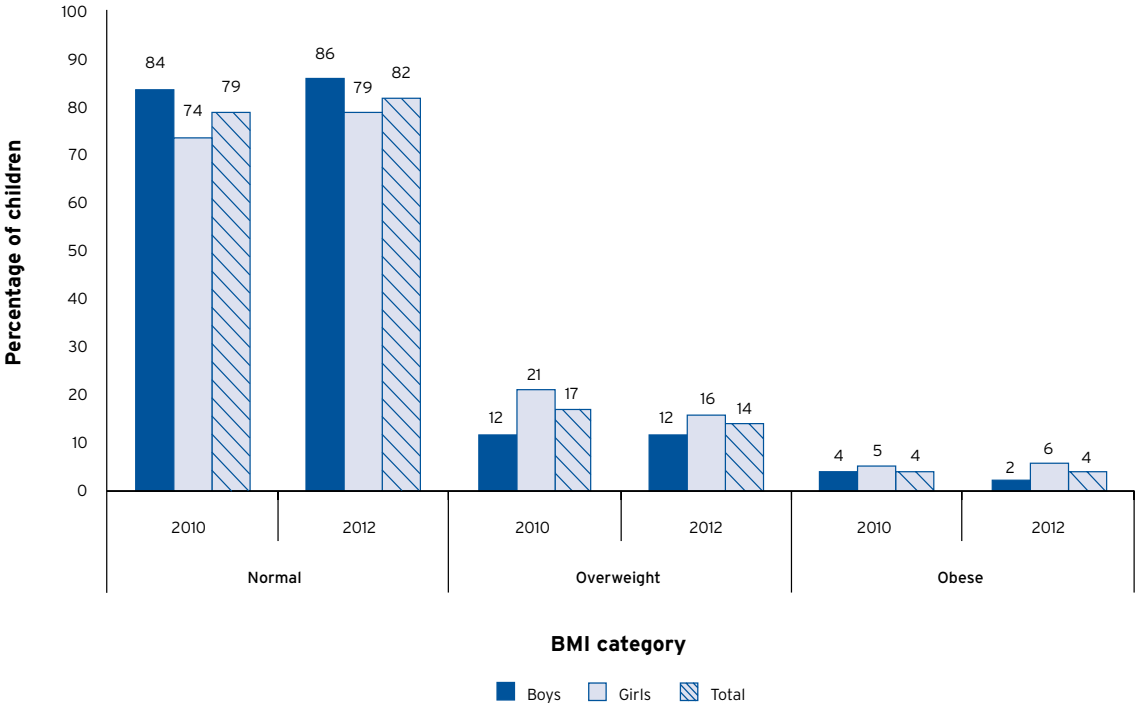
	Normal	Overweight	Obese
	%	%	%
Total	**82**	**14**	**4**
Gender			
Boys	86	12	2
Girls	79	16	6

Note: See Appendix 1 for further information.

Source: Irish 2012 data from the WHO European Childhood Obesity Surveillance Initiative (National Nutrition Surveillance Centre).

- The percentage of children aged seven years classified in the 'normal' weight category according to the International Obesity Taskforce Standards increased from 79% in 2010 to 82% in 2012 (*see Figure 16*).

Figure 16: Percentage of children aged seven years in BMI categories: normal, overweight and obese, by gender (2010 and 2012)



Note: See Appendix 1 for further information.

Source: Irish data from the WHO European Childhood Obesity Surveillance Initiative (National Nutrition Surveillance Centre).

INTELLECTUAL DISABILITY

Two-thirds of children registered as having an intellectual disability in 2015 were boys.

Measure

The number of children registered as having an intellectual disability.

Key findings

- In 2015, there were 9,066 children registered as having an intellectual disability.
- In 2015, 7.5 per 1,000 children were registered as having an intellectual disability (*see Table 70*).

Differences by age, gender, severity of disability and over time

- 11.9% of children registered as having an intellectual disability were aged 0–4 years; 32.4% were aged 5–9 years; 33.6% were aged 10–14 years; and the remaining 22.1% were aged 15–17 years (*see Table 70*).
- 66.6% of children registered as having an intellectual disability were boys and 33.4% were girls. This equates to a rate of 9.8 per 1,000 boys and 5.1 per 1,000 girls.
- The majority of children were registered as having a mild or moderate disability (32.3% and 31.2% respectively).
- The number of children registered as having an intellectual disability increased in the five-year period 2011–2015.

Table 70: Number, percentage and rate (per 1,000) of children registered as having an intellectual disability, by age, gender and severity of disability (2011–2015)							
	2011	2012	2013	2014	2015		
	No.	No.	No.	No.	No.	%	Rate per 1,000 children
Total	**8,852**	**9,123**	**9,018**	**8,989**	**9,066**	**100.0**	**7.5**
Age							
0–4	1,344	1,328	1,208	1,118	1,080	11.9	3.0
5–9	2,657	2,755	2,756	2,825	2,936	32.4	8.3
10–14	2,979	3,086	3,072	3,058	3,045	33.6	9.6
15–17	1,872	1,954	1,982	1,988	2,005	22.1	11.2
Gender							
Boys	5,668	5,906	5,872	5,905	6,037	66.6	9.8
Girls	3,184	3,217	3,146	3,084	3,029	33.4	5.1
Severity of disability							
Mild	3,201	3,163	3,139	2,991	2,929	32.3	2.4
Moderate	2,579	2,708	2,765	2,828	2,828	31.2	2.3
Severe	841	885	886	865	867	9.6	0.7
Profound	171	167	153	147	143	1.6	0.1
Not verified	2,060	2,200	2,075	2,158	2,299	25.4	1.9

Sources: Population and Migration Estimates, April 2015; National Intellectual Disability Database, 2015

Differences by geographic location

- In 2015, rates (per 1,000 children in State/County in 2011*) ranged from 4.4 per 1,000 in Co Longford to 12 per 1,000 in Co Limerick (*see Table 71*).

Table 71: Number of children registered as having an intellectual disability, by county (2015), and rate (per 1,000 children) in State/County (2011)*

	No. of children registered as having an intellectual disability in State/County	No. of children in State/County in 2011*	Rate in 2015 per 1,000 children in State/County in 2011*
Total	**9,066**	**1,148,687**	**7.9**
County			
Carlow	151	14,139	10.7
Cavan	176	20,194	8.7
Clare	160	30,666	5.2
Cork	1,042	128,448	8.1
Donegal	338	43,732	7.7
Dublin	1,969	287,258	6.9
Galway	513	61,194	8.4
Kerry	313	34,940	9.0
Kildare	452	59,449	7.6
Kilkenny	179	25,015	7.2
Laois	118	22,932	5.1
Leitrim	47	8,051	5.8
Limerick	553	46,067	12.0
Longford	47	10,593	4.4
Louth	380	33,292	11.4
Mayo	382	32,514	11.7
Meath	426	53,400	8.0
Monaghan	117	16,031	7.3
Offaly	95	21,149	4.5
Roscommon	168	16,076	10.5
Sligo	160	15,541	10.3
Tipperary	314	40,760	7.7
Waterford	317	28,908	11.0
Westmeath	142	23,052	6.2
Wexford	285	38,842	7.3
Wicklow	222	36,444	6.1

* 2011 Census data have been used to calculate rate (per 1,000 children). County-level population estimates not available for 2015.

Sources: Census of the Population, 2011; National Intellectual Disability Database, 2015

PHYSICAL AND SENSORY DISABILITY

In 2015, approximately one in three children on the National Physical and Sensory Disability Database were registered as having multiple disabilities.

Measure

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

Key findings

- In 2015, there were 6,230 children registered as having a physical and/or sensory disability.
- Overall, 5.2 per 1,000 children were registered as having a physical and/or sensory disability in 2015 (*see Table 72*).

Differences by age, gender, type of disability and over time

- 6.5% of children registered as having a physical and/or sensory disability were aged 0–4 years; 27.5% were aged 5–9 years; 38.5% were aged 10–14 years; and the remaining 27.5% were aged 15–17 years (*see Table 72*).
- 62.4% of children registered as having a physical and/or sensory disability were boys and 37.6% were girls. This equates to a rate of 6.3 per 1,000 boys and 4 per 1,000 girls.
- The majority of children who were registered as having a physical and/or sensory disability were registered as having either a physical disability or a speech and language disability (37.4% and 21.7% respectively), and 36% of children were registered as having multiple disabilities.
- The number of children under 18 years registered as having a physical and/or sensory disability decreased in the five-year period 2011–2015.

Table 72: The number of children under 18 years registered as having a physical and/or sensory disability, by age, gender and type of disability (2011–2015)

	2011	2012	2013	2014	2015		
	No.	No.	No.	No.	No.	%	Rate per 1,000 children
Total	**8,034**	**8,004**	**7,586**	**6,522**	**6,230**	**100.0**	**5.2**
Age							
0–4	596	735	668	480	402	6.5	1.1
5–9	2,360	2,305	2,197	1,817	1,714	27.5	4.9
10–14	3,379	3,218	2,937	2,570	2,401	38.5	7.6
15–17	1,699	1,746	1,784	1,655	1,713	27.5	9.5
Gender							
Boys	5,091	5,067	4,773	4,068	3,890	62.4	6.3
Girls	2,943	2,937	2,813	2,454	2,340	37.6	4.0
Type of disability							
Physical	2,665	2,704	2,726	2,540	2,330	37.4	1.9
Hearing loss/deafness	228	198	180	157	138	2.2	0.1
Visual	194	179	197	177	164	2.6	0.1
Speech and language	2,406	2,246	1,935	1,364	1,354	21.7	1.1
Multiple disabilities	2,541	2,677	2,548	2,284	2,244	36.0	1.9
Refused	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Sources: Population and Migration Estimates, April 2015; National Physical and Sensory Disability Database, 2015

Differences by geographic location

- In 2015, rates (per 1,000 children in State/County in 2011*) who were registered as having a physical and/or sensory disability ranged from 1.9 per 1,000 in Co Clare to 12 per 1,000 in Co Tipperary (*see Table 73*).

Table 73: Number of children registered as having a physical and/or sensory disability, by county (2015), and rate (per 1,000 children) in State/County (2011)*			
	No. of children registered as having a physical and/or sensory disability in State/County	No. of children in State/County in 2011*	Rate in 2015 per 1,000 children in State/County in 2011*
Total	**6,230**	**1,148,687**	**5.4**
County			
Carlow	134	14,139	9.5
Cavan	149	20,194	7.4
Clare	59	30,666	1.9
Cork	623	128,448	4.9
Donegal	150	43,732	3.4
Dublin	1,112	287,258	3.9
Galway	273	61,194	4.5
Kerry	111	34,940	3.2
Kildare	241	59,449	4.1
Kilkenny	189	25,015	7.6
Laois	58	22,932	2.5
Leitrim	24	8,051	3.0
Limerick	180	46,067	3.9
Longford	81	10,593	7.6
Louth	159	33,292	4.8
Mayo	384	32,514	11.8
Meath	597	53,400	11.2
Monaghan	84	16,031	5.2
Offaly	68	21,149	3.2
Roscommon	167	16,076	10.4
Sligo	45	15,541	2.9
Tipperary	489	40,760	12.0
Waterford	203	28,908	7.0
Westmeath	219	23,052	9.5
Wexford	218	38,842	5.6
Wicklow	213	36,444	5.8

* 2011 Census data have been used to calculate rate (per 1,000 children). County-level population estimates not available for 2015.

Sources: Census of the Population, 2011; National Physical and Sensory Disability Database, 2015

CHILD WELFARE AND PROTECTION

The number of child welfare and protection referrals increased by 8.5% between 2012 and 2015.

Measure

The number of child welfare and protection referrals to Tusla, the Child and Family Agency.

Key findings

- In 2015, there were 43,596 child welfare and protection referrals to Tusla, the Child and Family Agency.

Differences by type of referral and over time

- More than half of the child welfare and protection referrals (58%) related to welfare concerns (*see Table 74*).
- The number of child welfare and protection referrals remained stable between 2014 and 2015. However, between 2012 and 2015 there was an overall increase of 8.5%.

Table 74: Number, percentage and rate (per 1,000) of child welfare and protection referrals** to the HSE and Tusla, the Child and Family Agency, by type of referral (2010–2015)								
	2010	2011	2012*	2013	2014	2015		
	No.	No.	No.	No.	No.	No.	%	Rate per 1,000 children
Total	**29,277**	**31,626**	**40,187**	**41,599**	**43,630**	**43,596**	**100.0**	**38.0**
Type of referral								
Welfare	16,452	15,808	21,143	22,192	24,954	25,361	58	**22.1**
Physical abuse	2,608	3,033	19,044	4,330	4,066	3,991	9	**3.5**
Sexual abuse***	2,962	3,326		3,385	3,114	2,940	7	**2.6**
Emotional abuse	2,500	4,001		5,271	6,233	6,535	15	**5.7**
Neglect	4,755	5,458		6,421	5,263	4,769	11	**4.2**

* Please note that data prior to 2012 cannot be used for comparative purposes. From 2012 onwards all areas were operating under the standardised business process for the National Child Care Information System (NCCIS). Prior to 2012, some areas returned a child as a referral and some returned a family (multiple children counted as one).

** Please note that the data relate to referrals as per the National Child Care Information Centre (NCCIC) of a child welfare concern or child protection (abuse) not "reports".

*** The breakdown of 'sexual abuse' and 'emotional abuse' data as reported in *State of the Nation's Children: Ireland 2014* for the year 2013 were reversed; these have been amended in the table above.

Source: Child Care Quarterly PI Metrics 2015, Tusla, the Child and Family Agency

Differences by geographic location

- Overall, there were 38 child welfare and protection referrals per 1,000 children in 2015 (*see Table 75*). Rates ranged across Local Health Office (LHO) Area, from 22.6 per 1,000 in Donegal to 57.8 per 1,000 in the Midlands.

Table 75: Number of child welfare and protection referrals to Tusla, the Child and Family Agency, by Tusla LHO Area (2015), and rate (per 1,000 children) in State/County (2011)*

	Number of referrals received by social work services (child welfare concern and child protection (abuse))	Number of children in Tusla, the Child and Family Agency region/administrative area in 2011*	Rate in 2015 per 1,000 children in Tusla, the Child and Family Agency region/administrative area in 2011*
Total	**43,596**	**1,148,687**	**38.0**
Tusla, the Child and Family Agency Dublin North-East	**9,619**	**258,569**	**37.2**
Cavan/Monaghan	938	35,085	26.7
Dublin North	3,853	92,951	41.5
Dublin City North	2,457	42,971	57.2
Louth/Meath	2,371	87,562	27.1
Tusla, the Child and Family Agency Dublin Mid-Leinster	**11,522**	**324,955**	**35.5**
Dublin South Central	1,753	62,438	28.1
Dublin South East/Wicklow	2,145	81,991	26.2
Dublin South West/Kildare/West Wicklow	3,129	102,800	30.4
Midlands	4,495	77,726	57.8
Tusla, the Child and Family Agency South	**12,257**	**292,796**	**41.9**
Carlow/Kilkenny/South Tipperary	2,638	57,800	45.6
Cork	5,160	128,448	40.2
Kerry	997	34,940	28.5
Waterford/Wexford	3,462	71,608	48.3
Tusla, the Child and Family Agency West	**10,198**	**272,367**	**37.4**
Donegal	1,007	44,534	22.6
Galway/Roscommon	3,179	77,270	41.1
Mayo	884	32,514	27.2
Midwest	4,079	94,989	42.9
Sligo/Leitrim/West Cavan	1,049	23,060	45.5

* 2011 Census data have been used to calculate rate (per 1,000 children). County-level population estimates not available for 2015.

Source: Census of the Population, 2011; Child Care Quarterly PI Metrics, 2015 (Tusla, the Child and Family Agency)

SOCIAL, EMOTIONAL AND BEHAVIOURAL OUTCOMES

PARTICIPATION IN DECISION-MAKING

The percentage of children aged 10–17 who reported that students at their school participate in making the school rules increased by about three percentage points between 2010 and 2014 – from 32.6% in 2010 to 35.5% in 2014.

Measure

The percentage of children aged 10–17 who report that students at their school participate in making the school rules.

Key findings

- In 2014, 35.5% of children aged 10–17 reported that students at their school participate in making the school rules.

Differences by population groups

- When compared to all other children, Traveller children were more likely to report that students in their school participate in making the school rules (*see Table 76*). This difference was statistically significant.
- When compared to all other children, immigrant children were less likely to report that students in their school participate in making the school rules. This difference was statistically significant.
- There were no differences observed between children with a disability and/or chronic illness and all other children.

Table 76: Percentage of children aged 10–17 who reported that students at their school participate in making the school rules, by population groups (2014)	
	%
All children	**35.5**
Traveller status	
Traveller children	47.8
All other children	35.1
Immigrant status	
Immigrant children	31.3
All other children	36.3
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	35.4
All other children	35.4

Source: HBSC Survey, 2014

Differences by age, gender, social class and over time

- A statistically significant difference was observed across age, gender and social class categories, with a higher percentage of boys, younger children, and a higher percentage of children in lower social class categories reporting that students in their school participate in making the school rules (*see Table 77*).
- The percentage of children who reported that students in their school participate in making the school rules increased from 32.6% in 2010 to 35.5% in 2014.

Table 77: Percentage of children aged 9–17 who reported that students at their school participate in making the school rules, by age, gender and social class (2002, 2006, 2010 and 2014)						
	2002	2006	2010	2014		
	Total (%)	Total (%)	Total (%)	Boys (%)	Girls (%)	Total (%)
All children*	**23.5**	**22.5**	**32.6**	**36.0**	**35.0**	**35.5**
Age						
9**	*n/a*	42.9	49.6	43.2	55.9	49.3
10–11	36.0	38.7	44.9	52.4	54.3	53.4
12–14	25.6	24.1	37.0	38.3	38.3	38.3
15–17	14.6	15.0	22.2	22.2	17.8	20.0
Social class						
SC 1–2	21.5	19.6	31.1	34.8	33.1	33.9
SC 3–4	23.5	22.3	32.6	36.3	35.3	35.8
SC 5–6	26.8	24.1	33.3	35.9	41.2	38.5

* Refers to children aged 10–17 only.

** Refers to data collected separately in a Middle Childhood Study. These children are not part of the core HBSC sample. Further details can be found in the technical notes in Appendix 1.

n/a = not available

Source: HBSC Surveys

Differences by geographic location

- Differences were observed across regions (*see Table 78*). Overall, 35.5% of children reported that students at their school participate in making the school rules. This ranged from 32.9% in the Midlands to 37.7% in the Mid-East. This difference was statistically significant.

Table 78: Percentage of children aged 10–17 who reported that students at their school participate in making the school rules, by NUTS Region (2014)	
	%
All children	**35.5**
NUTS Region	
Border	33.4
Dublin	36.6
Midlands	32.9
Mid-East	37.7
Mid-West	33.1
South-East	36.9
South-West	36.7
West	33.3

Source: HBSC Survey, 2014

Note: International comparisons not available

READING AS A LEISURE ACTIVITY

In 2012, more than one-third of 15-year-old children reported that reading is one of their favourite hobbies.

Measure

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

Key findings

- In 2012, 38.6% of 15-year-olds reported that reading is one of their favourite hobbies.

Differences by population groups

- The proportion of children from the Traveller community who reported that reading is one of their favourite hobbies (26.8%) was significantly lower than the corresponding proportion for all other children (38.9%) (*see Table 79*).
- The proportion of children with an immigrant background who reported that reading is one of their favourite hobbies (43.6%) was significantly higher than the corresponding proportion for all other children (38.2%).

Table 79: Percentage of children aged 15 who report that reading is one of their favourite hobbies, by population groups (2012)

	%
All children	**38.6**
Traveller status	
Traveller children	26.8
All other children	38.9
Immigrant status	
Immigrant children	43.6
All other children	38.2

* In PISA 2015, reading as a leisure activity was not included as an indicator.

Source: PISA Survey, 2012

Differences by gender, social class and over time

- The proportion of girls who reported that reading is one of their favourite hobbies (47.3%) was significantly higher than the corresponding proportion of boys (30%) (*see Table 80*).
- The proportion of children in the highest social class category who reported that reading is one of their favourite hobbies (46.3%) was significantly higher than the corresponding proportions of children in the medium (37.6%) and lowest social class categories (31.6%).

Table 80: Percentage of children aged 15 who report that reading is one of their favourite hobbies, by gender and social class (2006, 2009 and 2012)

	2006	2009	2012
All children	**42.6**	**31.7**	**38.6**
Gender			
Boys	32.7	23.4	30.0
Girls	52.0	40.2	47.3
Social class			
High SES*	50.0	39.2	46.3
Medium SES	41.8	31.7	37.6
Low SES	36.5	25.3	31.6

* Socioeconomic status (SES)

Source: PISA Surveys 2006–2012

SMOKING CIGARETTES: WEEKLY SMOKING

The percentage of children who reported smoking cigarettes every week decreased from 11.6% in 2006 to 5.3% in 2014.

Measure

The percentage of children aged 10–17 who report smoking cigarettes every week.

Key findings

- In 2014, 5.3% of children aged 10–17 reported smoking cigarettes every week.

Differences by population groups

- When individual population groups were compared to all other children, Traveller children and children with a disability and/or chronic illness were more likely to report smoking cigarettes every week (*see Table 81*). These differences were statistically significant.
- There was no statistically significant difference between the percentage of immigrant children who reported smoking cigarettes every week and all other children.

Table 81: Percentage of children aged 10–17 who reported smoking cigarettes every week, by population groups (2014)

	%
All children	**5.3**
Traveller status	
Traveller children	11.6
All other children	5.2
Immigrant status	
Immigrant children	5.2
All other children	5.3
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	7.0
All other children	4.9

Source: HBSC Survey, 2014

Differences by age, gender, social class and over time

- Statistically significant differences were observed across age, gender and social class categories, with a higher percentage of older children, boys and children in lower social class categories reporting that they smoke cigarettes every week (*see Table 82*).
- The percentage of children who reported smoking cigarettes every week decreased from 11.6% in 2006 to 5.3% in 2014.

Table 82: Percentage of children aged 9–17 who reported smoking cigarettes every week, by age, gender and social class (2006, 2010 and 2014)

	2006	2010	2014		
	Total (%)	Total (%)	Boys (%)	Girls (%)	Total (%)
All children*	**11.6**	**7.9**	**6.0**	**4.5**	**5.3**
Age					
9**	*n/a*	*n/a*	0.7	0.2	0.4
10–11	1.2	0.8	1.1	0.6	0.9
12–14	7.4	4.2	3.8	2.6	3.2
15–17	20.1	15.4	11.7	9.3	10.5
Social class					
SC 1–2	9.3	6.1	4.8	3.1	4.0
SC 3–4	11.6	7.6	5.2	4.1	4.7
SC 5–6	11.0	8.4	6.1	6.2	6.2

* Refers to children aged 10–17 only.

** Refers to data collected separately in a Middle Childhood Study. These children are not part of the core HBSC sample. Further details can be found in the technical notes in Appendix 1.

n/a = not available

Source: HBSC Surveys

Differences by geographic location

- A number of differences were observed across regions (*see Table 83*). Overall, 5.3% of children reported smoking cigarettes every week. This ranged from 3.7% in the Mid-West region to 6.5% in the Border region. This difference was statistically significant.

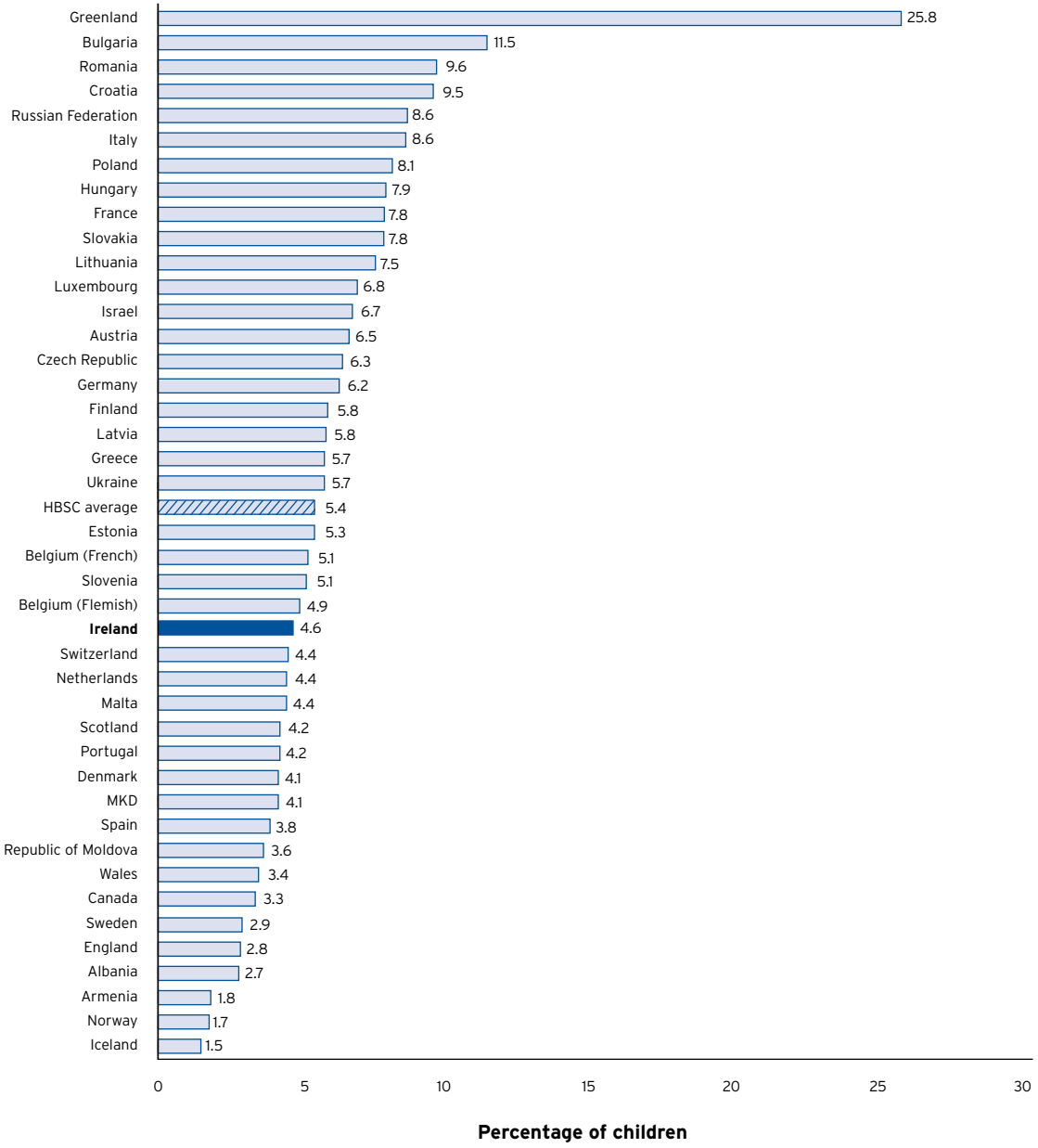
Table 83: Percentage of children aged 10–17 who reported smoking cigarettes every week, by NUTS Region (2014)	
	%
All children	**5.3**
NUTS Region	
Border	6.5
Dublin	5.7
Midlands	5.7
Mid-East	5.2
Mid-West	3.7
South-East	5.2
South-West	5.1
West	4.5

Source: HBSC Survey, 2014

International comparisons

- Across 42 countries and regions, the average percentage of children aged 11, 13 and 15 who reported smoking cigarettes every week was 5.4% *(see Figure 17)*. This ranged from 1.5% in Iceland to 25.8% in Greenland. The corresponding percentage in Ireland was 4.6%. This was below the HBSC average. (Note: International comparisons are based on data from children aged 11, 13 and 15 only).

Figure 17: Percentage of children aged 11, 13 and 15 who reported smoking cigarettes every week, by country (2014)



Source: HBSC Survey, 2014

SMOKING CIGARETTES: NEVER SMOKING

The percentage of children aged 10–17 who reported never smoking cigarettes increased from 59.8% in 2002 to 84.2% in 2014.

Measure

The percentage of children aged 10–17 who report never smoking cigarettes.

Key findings

- In 2014, 84.2% of children aged 10–17 reported never smoking cigarettes.

Differences by population groups

- When individual population groups were compared to all other children, Traveller children, immigrant children and children with a disability and/or chronic illness were less likely to report never smoking cigarettes. These differences were statistically significant (*see Table 84*).

Table 84: Percentage of children aged 10–17 who reported never smoking cigarettes, by population groups (2014)

	%
All children	**84.2**
Traveller status	
Traveller children	75.0
All other children	84.2
Immigrant status	
Immigrant children	82.9
All other children	84.5
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	82.1
All other children	84.8

Source: HBSC Survey, 2014

Differences by age, gender, social class and over time

- Statistically significant differences were observed across age, gender and social class categories (*see Table 85*). A lower percentage of older children, boys and children in lower social class categories reported never smoking cigarettes.
- The percentage of children who reported never smoking cigarettes increased from 59.8% in 2002 to 84.2% in 2014.

Table 85: Percentage of children aged 9–17 who reported never smoking cigarettes, by age, gender and social class (2002, 2006, 2010 and 2014)

	2002	2006	2010	2014		
	Total (%)	Total (%)	Total (%)	Boys (%)	Girls (%)	Total (%)
All children*	**59.8**	**64.3**	**73.5**	**83.7**	**84.8**	**84.2**
Age						
9**	*n/a*	*n/a*	95.9	*n/a*	*n/a*	*n/a*
10–11	89.8	91.4	95.2	95.5	98.0	96.8
12–14	66.5	71.6	82.3	90.6	92.1	91.3
15–17	37.5	45.9	53.9	72.7	72.4	72.5
Social class						
SC 1–2	59.8	64.9	75.8	83.3	86.8	85.1
SC 3–4	59.3	64.3	74.3	86.2	85.2	85.7
SC 5–6	60.6	64.5	70.2	84.2	81.0	82.6

* Refers to children aged 10–17 only.

** Refers to data collected separately in a Middle Childhood Study. These children are not part of the core HBSC sample. Further details can be found in the technical notes in Appendix 1.

Source: HBSC Surveys

Differences by geographic location

- Differences were observed across regions (*see Table 86*). Overall, 84.2% of children reported never smoking cigarettes. This ranged from 82.9% in the South-East to 88.4% in the Mid-West. This difference was statistically significant.

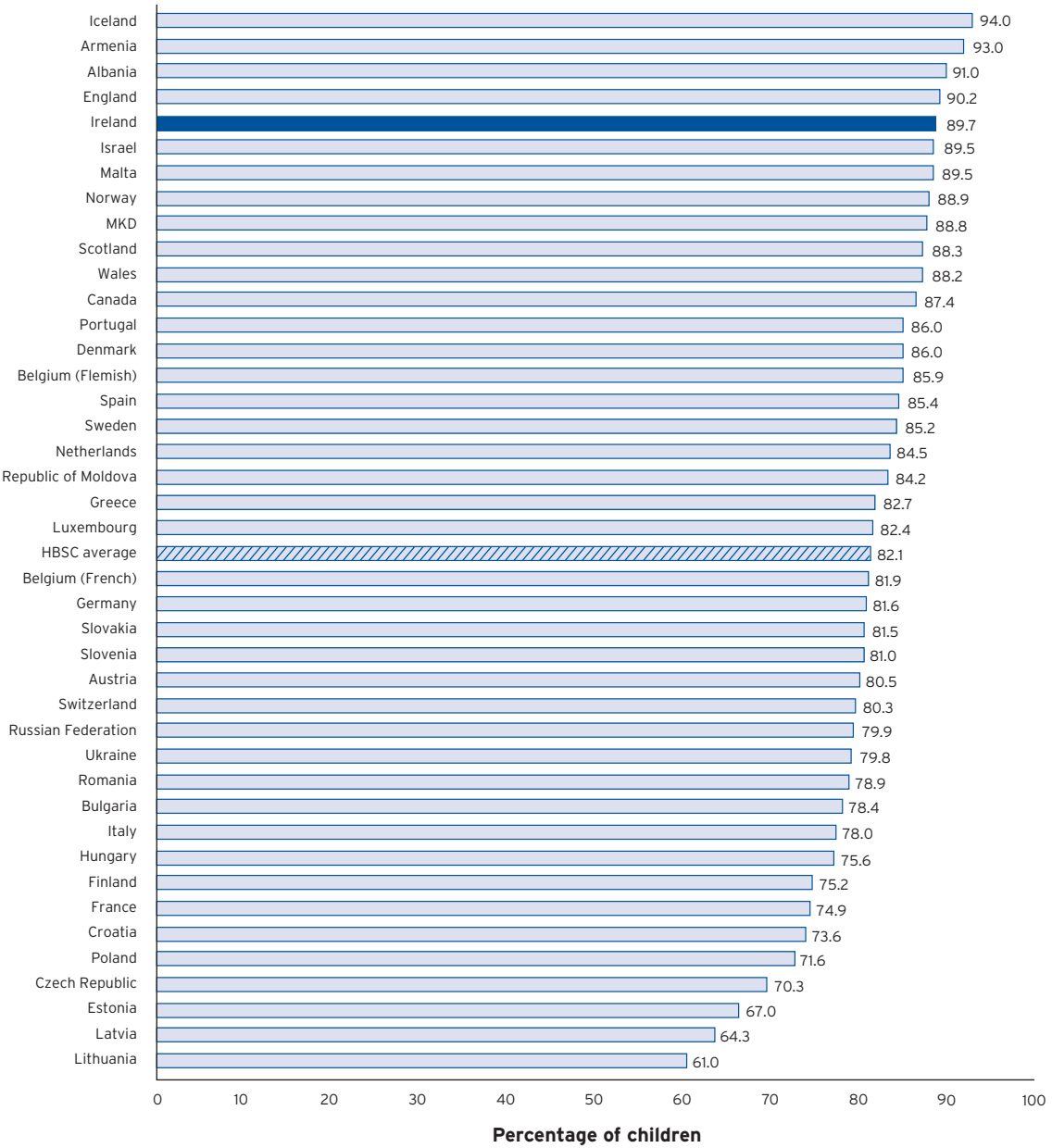
Table 86: Percentage of children aged 10–17 who reported never smoking cigarettes, by NUTS Region (2014)	
	%
All children	**84.2**
NUTS Region	
Border	83.0
Dublin	83.6
Midlands	83.1
Mid-East	84.4
Mid-West	88.4
South-East	82.9
South-West	85.0
West	84.7

Source: HBSC Survey, 2014

International comparisons

- Across 41 countries and regions, the average percentage of children who reported never smoking cigarettes was 82.1% (*see Figure 18*). This ranged from 61% in Lithuania to 94% in Iceland. The corresponding percentage in Ireland was 89.7%. This was above the HBSC average. (Note: International comparisons are based on data from children aged 11, 13 and 15 only.)

Figure 18: Percentage of children aged 11, 13 and 15 who reported never smoking cigarettes, by country (2014)



Source: HBSC Survey, 2014

ALCOHOL USE: DRUNKENNESS

The percentage of children aged 10–17 who reported having been drunk at least once in the past 30 days decreased from 18.3% in 2010 to 10% in 2014.

Measure

The percentage of children aged 10–17 who report having been drunk at least once in the past 30 days.

Key findings

- In 2014, 10% of children aged 10–17 reported that they had been drunk at least once in the past 30 days.

Differences by population groups

- When individual population groups were compared to all other children, Traveller children and children with a disability and/or chronic illness were more likely to report being drunk at least once in the past 30 days. These differences were statistically significant.
- When compared to all other children, immigrant children were less likely to report being drunk at least once in the past 30 days (*see Table 87*). This difference was statistically significant.

Table 87: Percentage of children aged 10–17 who reported having been drunk at least once in the past 30 days, by population groups (2014)

	%
All children	**10.0**
Traveller status	
Traveller children	16.8
All other children	10.0
Immigrant status	
Immigrant children	8.9
All other children	10.3
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	11.6
All other children	9.6

Source: HBSC Survey, 2014

Differences by age, gender, social class and over time

- Statistically significant differences were observed across age and gender, with a lower percentage of young children and of girls reporting having been drunk at least once in the past 30 days (*see Table 88*).
- There was a statistically significant difference across social class categories with, overall, children in higher social class categories more likely to report having been drunk at least once in the past 30 days.
- The percentage of children aged 10–17 who reported having been drunk at least once in the past 30 days decreased from 18.3% in 2010 to 10% in 2014.

Table 88: Percentage of children aged 10–17 who reported having been drunk at least once in the past 30 days, by age, gender and social class (2010 and 2014)

	2010	2014		
	Total (%)	Boys (%)	Girls (%)	Total (%)
All children	**18.3**	**10.5**	**9.6**	**10.0**
Age				
10–11	2.0	0.4	0.3	0.3
12–14	9.0	2.5	2.8	2.6
15–17	36.6	21.8	19.9	20.9
Social class				
SC 1–2	17.0	10.7	9.0	9.8
SC 3–4	17.8	9.3	9.4	9.3
SC 5–6	18.6	7.8	10.0	8.9

Source: HBSC Surveys

Differences by geographic location

- Statistically significant differences were observed across regions (*see Table 89*). Overall, 10.0% of children reported having been drunk at least once in the past 30 days. This ranged from 7.2% in the Midlands to 12.1% in the Border region. This difference was statistically significant.

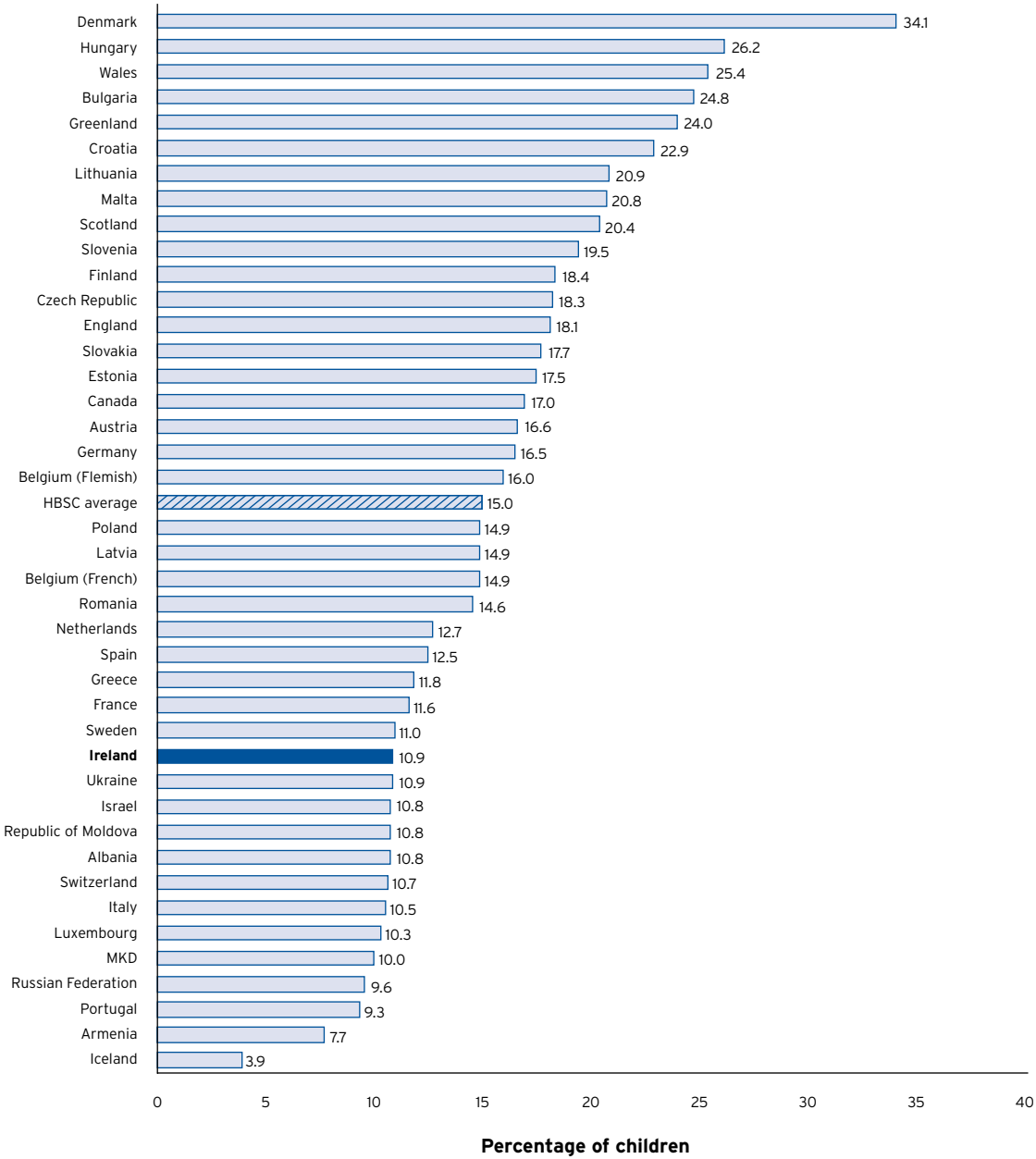
Table 89: Percentage of children aged 10–17 who reported having been drunk at least once in the past 30 days, by NUTS Region (2014)	
	%
All children	**10.0**
NUTS Region	
Border	12.1
Dublin	11.4
Midlands	7.2
Mid-East	8.9
Mid-West	11.3
South-East	10.5
South-West	7.3
West	9.5

Source: HBSC Survey, 2014

International comparisons

- Across 42 countries and regions, the average percentage of children who reported that they had been drunk at least once in the past 30 days was 15% (*see Figure 19*). This ranged from 3.9% in Iceland to 34.1% in Denmark. The corresponding percentage in Ireland was 10.9%. This was below the HBSC average. (Note: international comparisons are based on data from children aged 15 only).

Figure 19: Percentage of children aged 15 who reported having been drunk at least once in the past 30 days, by country (2014)



Source: HBSC Survey, 2014

ALCOHOL USE: NEVER DRINKING ALCOHOL

The percentage of children aged 10–17 who reported never having had an alcoholic drink increased from 47.2% in 2006 to 58.3% in 2014.

Measure

The percentage of children aged 10–17 who report never having had an alcoholic drink.

Key findings

- In 2014, 58.3% of children aged 10–17 reported never having had an alcoholic drink.

Differences by population groups

- When individual population groups were compared to all other children, immigrant children and children with a disability and/or chronic illness were less likely to report never having had an alcoholic drink (*see Table 90*). These differences were statistically significant.
- Traveller children were more likely to report never having had an alcoholic drink when compared with all other children. This difference was statistically significant.

Table 90: Percentage of children aged 10–17 who reported never having had an alcoholic drink, by population groups (2014)

	%
All children	**58.3**
Traveller status	
Traveller children	60.5
All other children	58.0
Immigrant status	
Immigrant children	56.4
All other children	58.6
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	54.6
All other children	59.1

Source: HBSC Survey, 2014

Differences by age, gender, social class and over time

- Statistically significant differences were observed across age and gender, with a lower percentage of older children and of boys reporting never having had an alcoholic drink (*see Table 91)*.
- Overall, children in the middle social class category were more likely to report never having had an alcoholic drink.
- The percentage of children who reported never having had an alcoholic drink increased from 47.2% in 2006 to 58.3% in 2014.

Table 91: Percentage of children aged 10–17 who reported never having had an alcoholic drink, by age, gender and social class (2006, 2010 and 2014)

	2006	2010	2014		
	Total (%)	Total (%)	Boys (%)	Girls (%)	Total (%)
All children	**47.2**	**54.1**	**55.7**	**61.0**	**58.3**
Age					
10–11	78.5	83.5	81.6	90.8	86.3
12–14	57.1	65.5	71.4	77.0	74.1
15–17	24.9	29.0	31.5	33.9	32.6
Social class					
SC 1–2	47.1	53.9	53.5	61.8	57.8
SC 3–4	47.5	55.9	58.1	61.7	59.9
SC 5–6	48.1	52.9	55.9	59.4	57.7

Source: HBSC Surveys

Differences by geographic location

- Differences were observed across regions (*see Table 92*). Overall, 58.3% of children reported that they had never had an alcoholic drink. This ranged from 53.5% in the South-East to 64% in the South-West. This difference was statistically significant.

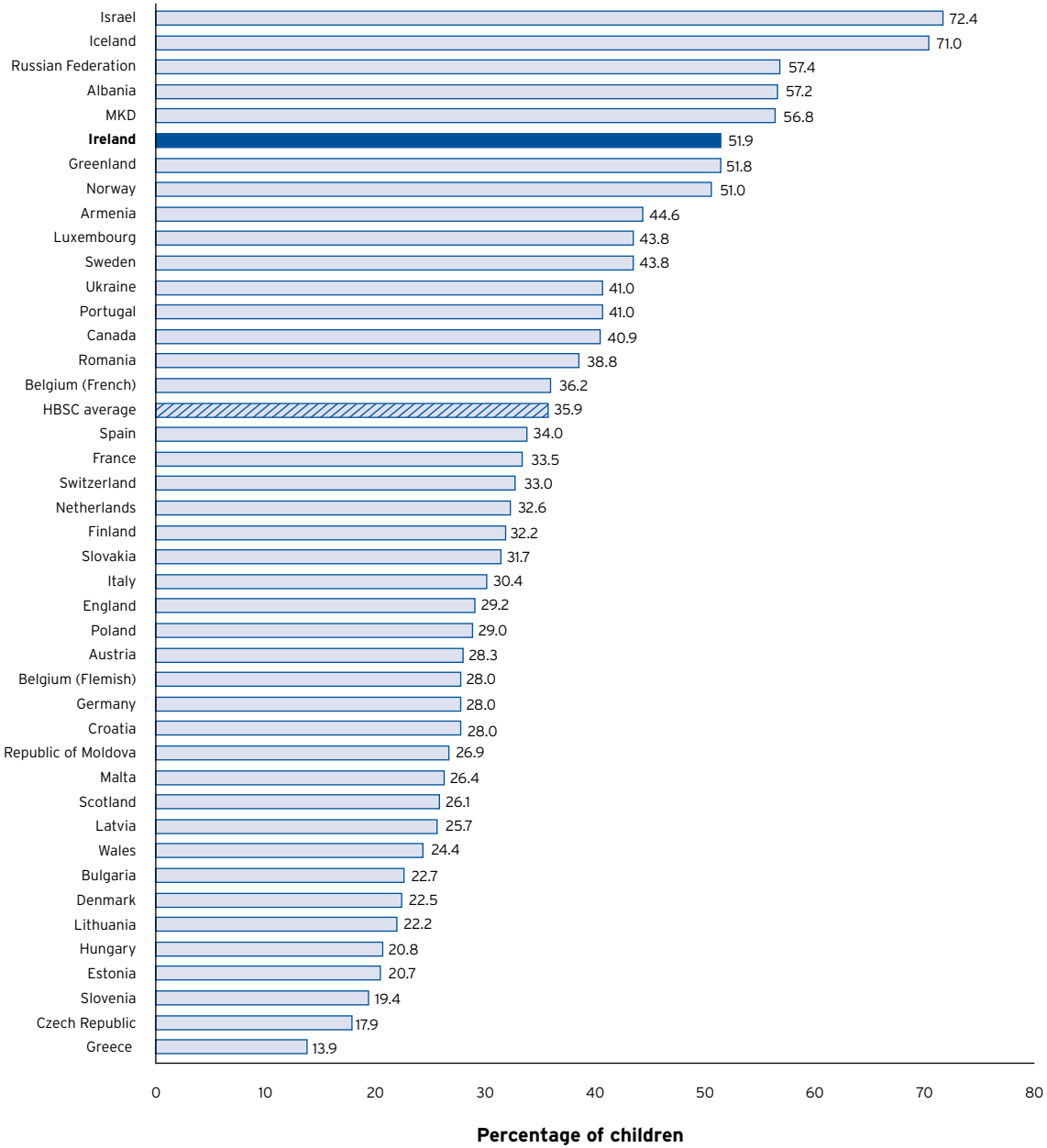
Table 92: Percentage of children aged 10–17 who reported never having had an alcoholic drink, by NUTS Region (2014)	
	%
All children	**58.3**
NUTS Region	
Border	59.3
Dublin	57.5
Midlands	54.9
Mid-East	57.9
Mid-West	59.3
South-East	53.5
South-West	64.0
West	58.7

Source: HBSC Survey, 2014

International comparisons

- Across 42 countries and regions, the average percentage of children who reported never having had an alcoholic drink was 35.9% (*see Figure 20*). This ranged from 13.9% in Greece to 72.4% in Israel. The corresponding percentage in Ireland was 51.9%. This was above the HBSC average. (Note: International comparisons are based on data from children aged 15 only.)

Figure 20: Percentage of children aged 15 who reported never having had an alcoholic drink, by country (2014)



Source: HBSC Survey, 2014

CANNABIS USE

The percentage of children who reported taking cannabis at least once in their lifetime decreased from 15.7% in 2006 to 8.8% in 2014.

Measure

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

Key findings

- In 2014, 8.8% of children aged 10–17 reported that they had taken cannabis at least once in their lifetime.

Differences by population groups

- When individual population groups were compared to all other children, Traveller children, immigrant children and children with a disability and/or chronic illness were more likely to have taken cannabis in their lifetime (*see Table 93*). These differences were statistically significant.

Table 93: Percentage of children aged 10–17 who reported having taken cannabis at least once in their lifetime, by population groups (2014)

	%
All children	**8.8**
Traveller status	
Traveller children	18.2
All other children	8.7
Immigrant status	
Immigrant children	10.9
All other children	8.3
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	10.0
All other children	8.4

Source: HBSC Survey, 2014

Differences by age, gender and over time

- Statistically significant differences were observed across age and gender (*see Table 94*). A higher percentage of older children and boys were more likely to report taking cannabis at least once in their lifetime.
- The percentage of children who reported taking cannabis at least once in their lifetime decreased from 15.7% in 2006 to 8.8% in 2014.

Table 94: Percentage of children aged 10–17 who reported having taken cannabis at least once in their lifetime, by age, gender and social class (2006, 2010 and 2014)

	2006	2010	2014		
	Total (%)	Total (%)	Boys (%)	Girls (%)	Total (%)
All children	**15.7**	**10.5**	**10.7**	**6.9**	**8.8**
Age					
10–11	0.7	1.1	0.8	0.4	0.6
12–14	8.3	5.2	3.7	2.5	3.1
15–17	29.0	20.8	20.9	13.6	17.3
Social class					
SC 1–2	14.5	8.9	10.1	5.7	7.8
SC 3–4	15.2	9.5	10.3	6.4	8.4
SC 5–6	15.2	11.6	7.7	7.7	7.7

Source: HBSC Surveys

Differences by geographic location

- Statistically significant differences were observed across regions (*see Table 95*). Overall, 8.8% of children reported having taken cannabis at least once in their lifetime. This ranged from 5.8% in the West to 11.2% in Dublin. This difference was statistically significant.

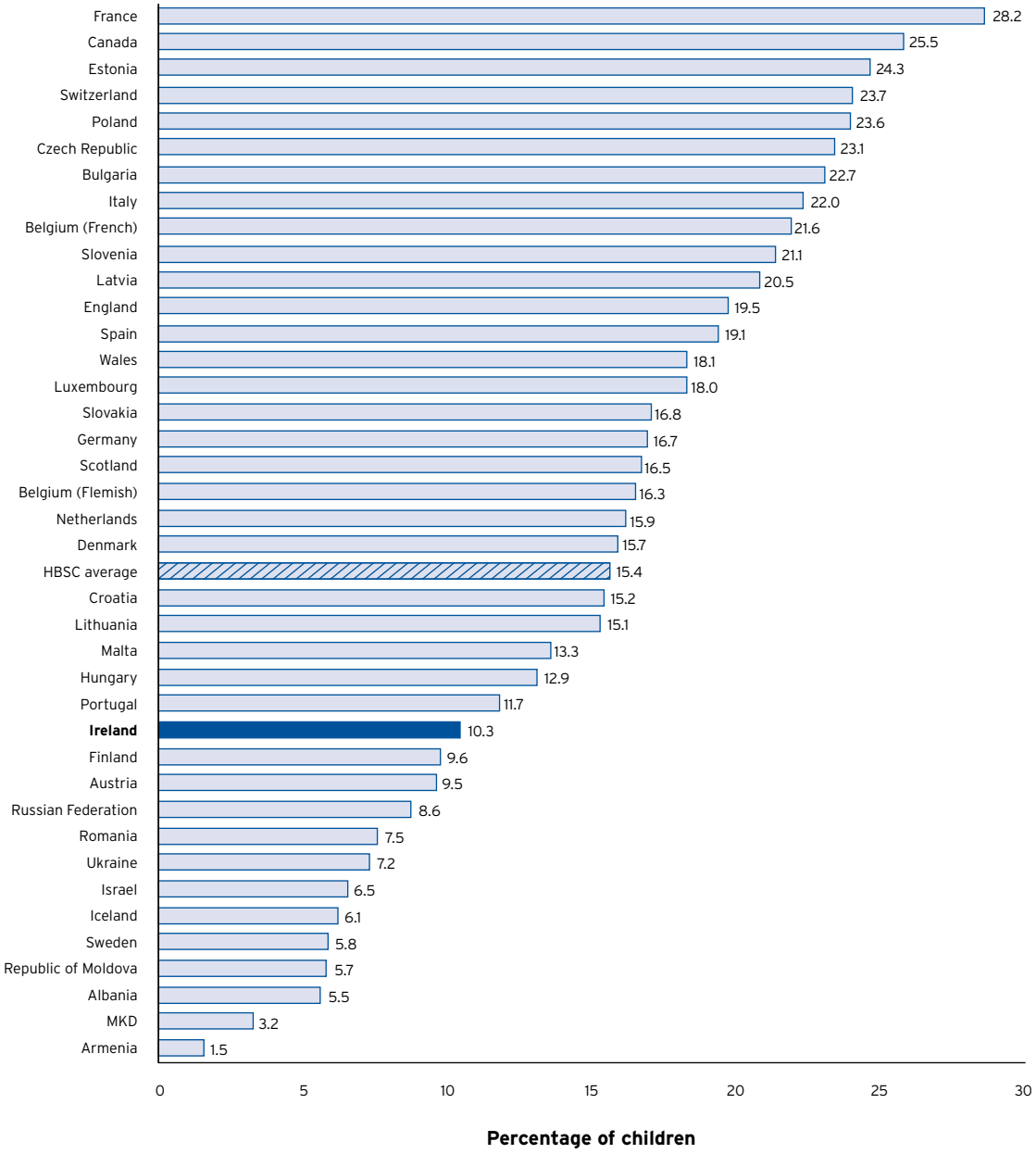
Table 95: Percentage of children aged 10–17 who reported having taken cannabis at least once in their lifetime, by NUTS Region (2014)	
	%
All children	**8.8**
NUTS Region	
Border	8.9
Dublin	11.2
Midlands	8.8
Mid-East	10.4
Mid-West	6.7
South-East	8.9
South-West	6.4
West	5.8

Source: HBSC Survey, 2014

International comparisons

- Across 39 countries and regions, the average percentage of children who reported having ever used cannabis in their lifetime was 15.4% (*see Figure 21*). This ranged from 1.5% in Armenia to 28.2% in France. The corresponding percentage in Ireland was 10.3%. This was below the HBSC average. (Note: International comparisons are based on data from children aged 15 only.)

Figure 21: Percentage of children aged 15 who reported having taken cannabis at least once in their lifetime, by country (2014)



Source: HBSC Survey, 2014

SEXUAL HEALTH AND BEHAVIOUR: TEEN BIRTHS

The number of babies born to girls aged 17 and under decreased by 23% between 2011 and 2015.

Measure

The number of births to mothers aged 10–17.

Key findings

- In 2015, there were 301 births to mothers aged 10–17 (*see Table 96*).

Table 96: Number and rate of births (per 100,000 of population), by mothers' age (2011–2015)

	2011		2012		2013		2014*		2015*	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Total (all ages)	**74,033**	**6,322**	**71,674**	**6,193**	**68,954**	**6,062**	**67,462**	**5,979**	**65,909**	**5,890**
Age										
15–17**	391	479	351	422	302	357	280	323	301	344
18–24	8,620	4,192	8,155	4,283	7,468	4,253	6,989	4,163	6,618	4,043
25+	65,010	7,357	63,162	7,147	61,184	6,974	60,190	6,682	58,990	6,797
Not stated	12	–	6	–	–	–	3	–	–	–

* 2014 and 2015 figures are provisional. Note: 2012 and 2013 figures finalised and updated from *State of the Nation's Children Report: Ireland, 2014.*

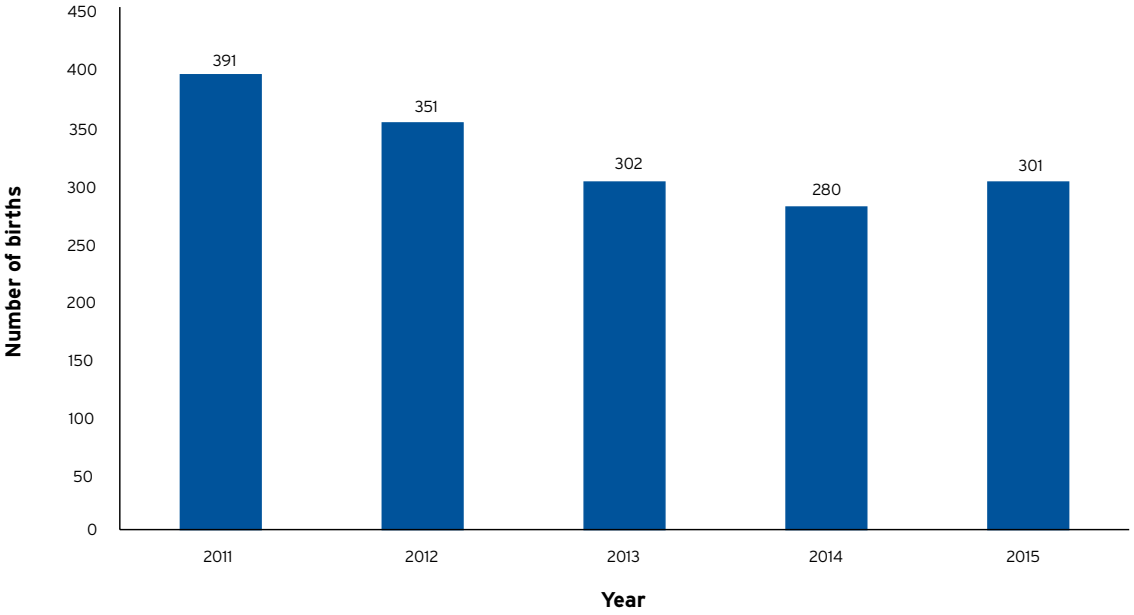
** The number of births to mothers aged 15–17 includes a small number to mothers aged 10–14 years.

Source: Vital Statistics and Population Estimates (CSO)

Differences over time

- Over the five-year period 2011–2015, the number of births to mothers aged 10–17 decreased by 23% (*see Figure 22*).

Figure 22: Number of births to mothers aged 10-17 (2011-2015)



Source: Vital Statistics and Population Estimates (CSO)

Differences by geographic location

- Overall, 4.6 per 1,000 births were to mothers aged 10-17 in 2015 (*see Table 97*). This rate was highest in Co Wexford, at 8 per 1,000 births, and lowest in Co Leitrim, which had no births to 10-17 year-olds in 2015.

Table 97: Number and rate (per 1,000) of births to mothers aged 10–17, by county (2015)			
	No. of births to 10–17 year-olds in State/County	No. of births to all ages in State/County	Rate of births to 10–17 year-olds per 1,000 births in State/County
Total	**301**	**65,909**	**4.6**
County			
Carlow	5	828	6.0
Cavan	2	1,070	1.9
Clare	11	1,542	7.1
Cork	34	7,551	4.5
Donegal	12	1,896	6.3
Dublin	89	19,688	4.5
Galway	6	3,539	1.7
Kerry	5	1,704	2.9
Kildare	22	3,391	6.5
Kilkenny	9	1,219	7.4
Laois	5	1,182	4.2
Leitrim	0	414	0.0
Limerick	11	2,710	4.1
Longford	4	563	7.1
Louth	8	1,819	4.4
Mayo	4	1,577	2.5
Meath	10	2,799	3.6
Monaghan	4	817	4.9
Offaly	4	1,040	3.8
Roscommon	2	751	2.7
Sligo	4	808	5.0
Tipperary	12	2,143	5.6
Waterford	7	1,565	4.5
Westmeath	5	1,274	3.9
Wexford	16	1,988	8.0
Wicklow	10	2,031	4.9

Source: Vital Statistics, 2015 (CSO)

SEXUAL HEALTH AND BEHAVIOUR: SEXUAL ACTIVITY

In 2014, approximately one in four children aged 15–17 reported that they have had sex.

Measure

The percentage of children aged 15–17 who report having ever had sex.

Key findings

- In 2014, 26.9% of children aged 15–17 reported that they have had sex.

Differences by population groups

- When individual population groups were compared to other children, Traveller children, immigrant children and children with a disability and/or chronic illness were more likely to report that they have had sex (*see Table 98*). These differences were statistically significant.

Table 98: Percentage of children aged 15–17 who reported having ever had sex, by population groups (2014)

	%
All children	**26.9**
Traveller status	
Traveller children	54.8
All other children	26.5
Immigrant status	
Immigrant children	29.1
All other children	25.9
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	30.4
All other children	25.8

Source: HBSC Survey, 2014

Differences by gender and social class

- Statistically significant differences were observed across gender and social class categories, with a higher percentage of boys and of children in the lower social class categories reporting that they had ever had sex (*see Table 99*).

Table 99: Percentage of children aged 15–17 who reported having ever had sex, by age, gender and social class (2014)

	Boys (%)	Girls (%)	Total (%)
All children	**32.2**	**21.4**	**26.9**
Social class			
SC 1–2	26.4	18.5	22.4
SC 3–4	31.1	21.1	26.1
SC 5–6	34.3	27.0	30.9

Source: HBSC Survey, 2014

Differences by geographic location

- Overall, 26.9% of children aged 15–17 reported that they had ever had sex (*see Table 100*). The rate was highest in Dublin, where 33.1% of children reported that they had ever had sex and was lowest in the South-West region, where 18.6% of children reported that they had ever had sex. This difference was statistically significant.

Table 100: Percentage of children aged 15–17 who reported having ever had sex, by NUTS Region (2014)

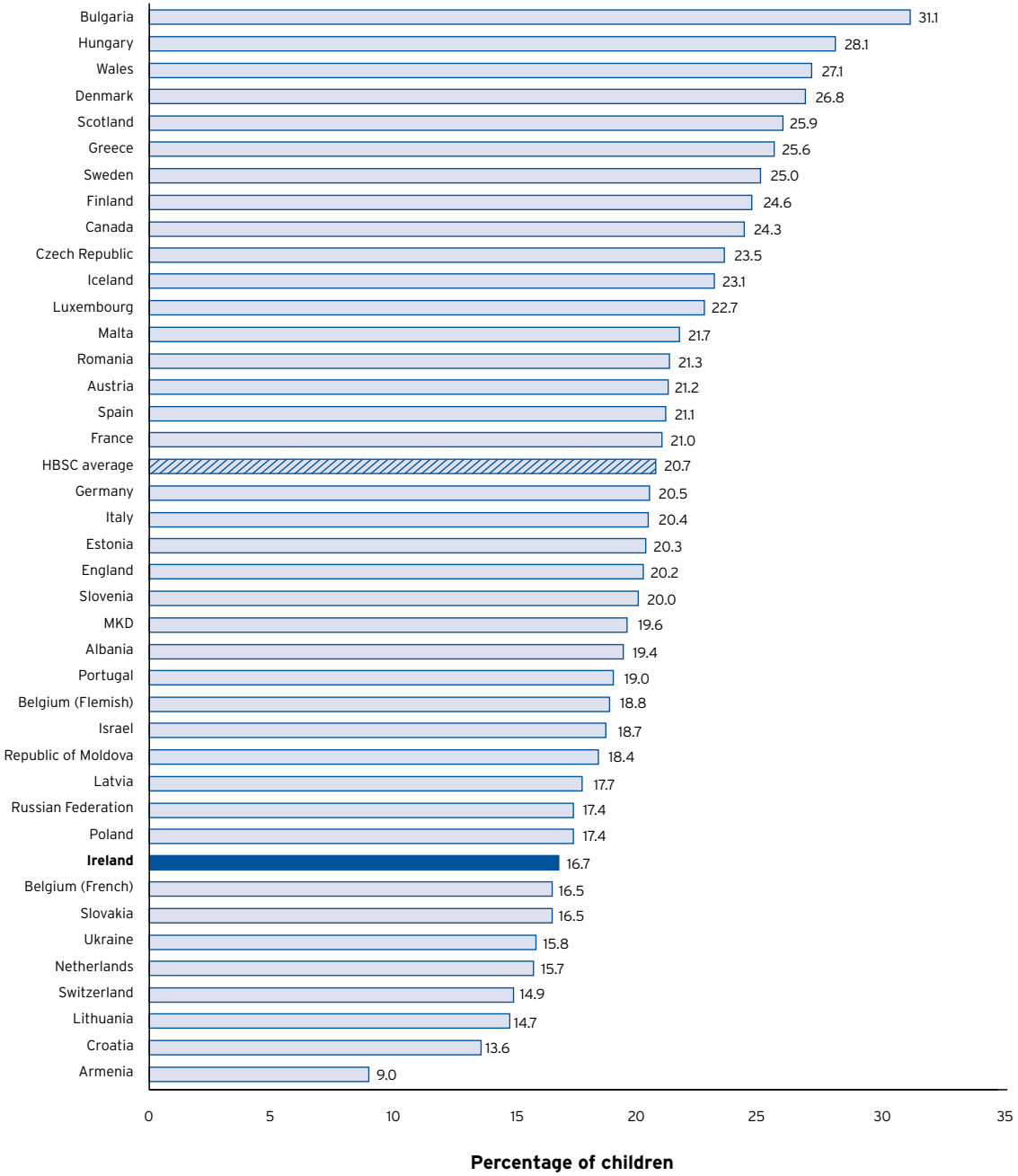
	%
All children	**26.9**
NUTS Region	
Border	26.9
Dublin	33.1
Midlands	23.9
Mid-East	25.0
Mid-West	24.5
South-East	31.3
South-West	18.6
West	24.1

Source: HBSC Survey, 2014

International comparisons

- Across 40 countries and regions, the average percentage of children aged 15 who reported that they had ever had sex was 20.7% (*see Figure 23*). This ranged from 9% in Armenia to 31.1% in Bulgaria. The corresponding percentage in Ireland was 16.7%. This was below the HBSC average. (Note: International comparisons are based on data from children aged 15 only.)

Figure 23: Percentage of children aged 15 who reported having ever had sex, by country (2014)



Source: HBSC Survey, 2014

SELF-ESTEEM

Approximately three out of ten girls aged 15–17 report feeling happy with the way they are.

Measure

The percentage of children aged 10–17 who report feeling happy with the way they are.

Key findings

- In 2014, 57.5% of children aged 10–17 reported feeling happy with the way they are.

Differences by population groups

- When individual population groups were compared to all other children, immigrant children and children with a disability and/or chronic illness were less likely to report feeling happy with the way they are (*see Table 101*). These differences were statistically significant.
- When compared to all other children, Traveller children were more likely to report feeling happy with the way they are. This difference was statistically significant.

Table 101: Percentage of children aged 10–17 who reported feeling happy with the way they are, by population groups (2014)

	%
All children	**57.5**
Traveller status	
Traveller children	62.4
All other children	57.2
Immigrant status	
Immigrant children	56.1
All other children	57.6
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	53.7
All other children	58.4

Source: HBSC Survey, 2014

Differences by age, gender and social class

- Statistically significant differences were observed across age, gender and social class categories, with a lower percentage of older children, girls and those in the lowest social class categories reporting feeling happy with the way they are (*see Table 102*).

Table 102: Percentage of children aged 9–17 who reported feeling happy with the way they are, by age, gender and social class (2010 and 2014)

	2010	2014		
	Total (%)	Boys (%)	Girls (%)	Total (%)
All children*	**57.3**	**64.2**	**50.5**	**57.5**
Age				
9**	74.9	77.0	80.0	78.4
10–11	71.1	76.5	75.6	76.1
12–14	59.9	66.4	51.5	59.1
15–17	49.0	53.3	31.5	42.6
Social class				
SC 1–2	58.4	65.2	51.5	58.2
SC 3–4	57.6	66.6	50.7	58.7
SC 5–6	55.6	63.9	47.4	55.7

* Refers to children aged 10–17 only.

** Refers to data collected separately in a Middle Childhood Study. These children are not part of the core HBSC sample. Further details can be found in the technical notes in Appendix 1.

Source: HBSC Surveys

Differences by geographic location

- Statistically significant differences were observed across regions (*see Table 103*). Overall, 57.5% of children reported feeling happy with the way they are. This ranged from 55.5% in Dublin to 60.2% in the South-West.

Table 103: Percentage of children aged 10–17 who reported feeling happy with the way they are, by NUTS Region (2014)	
	%
All children	**57.5**
NUTS Region	
Border	57.2
Dublin	55.5
Midlands	56.0
Mid-East	59.6
Mid-West	59.2
South-East	55.8
South-West	60.2
West	57.9

Source: HBSC Survey, 2014

SELF-REPORTED HAPPINESS

Approximately nine out of ten children aged 10–17 reported being happy with their lives at present.

Measure

The percentage of children aged 10–17 who report being happy with their lives at present.

Key findings

- In 2014, 89.8% of children aged 10–17 reported being happy with their lives at present.

Differences by population groups

- When individual population groups were compared to all other children, children with a disability and/or chronic illness and immigrant children were less likely to report being happy with their lives at present (*see Table 104*). These differences were statistically significant.
- There were no statistically significant differences in the percentages of Traveller children and all other children who reported being happy with their lives at present.

Table 104: Percentage of children aged 10–17 who reported being happy with their lives at present, by population groups (2014)

	%
All children	**89.8**
Traveller status	
Traveller children	89.3
All other children	89.7
Immigrant status	
Immigrant children	88.2
All other children	90.1
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	87.1
All other children	90.5

Source: HBSC Survey, 2014

Differences by age, gender, social class and over time

- Statistically significant differences were observed across age, gender and social class categories (*see Table 105*), with a lower percentage of girls, older children and children in lower social class categories reporting feeling happy with their lives at present.

Table 105: Percentage of children aged 9–17 who reported being happy with their lives at present, by age, gender and social class (2002, 2006, 2010 and 2014)

	2002	2006	2010	2014		
	Total (%)	Total (%)	Total (%)	Boys (%)	Girls (%)	Total (%)
All children*	**89.5**	**90.8**	**91.0**	**92.6**	**86.8**	**89.8**
Age						
9**	*n/a*	*n/a*	93.9	95.9	96.2	96.0
10–11	94.8	95.4	94.5	95.1	95.2	95.1
12–14	90.1	91.5	91.9	93.4	86.7	90.1
15–17	86.5	88.5	88.6	90.0	80.9	85.6
Social class						
SC 1–2	91.4	91.8	92.0	94.1	87.6	90.8
SC 3–4	90.1	90.4	91.7	93.1	88.2	90.7
SC 5–6	89.9	91.0	89.7	90.1	84.3	87.2

* Refers to children aged 10–17 only.

** Refers to data collected separately in a Middle Childhood Study. These children are not part of the core HBSC sample. Further details can be found in the technical notes in Appendix 1.

n/a = not available

Source: HBSC Surveys

Differences by geographic location

- Differences were observed across regions (*see Table 106*). Overall, 89.8% of children reported feeling happy with their lives at present. This ranged from 88.6% in the South-East to 91.4% in the South-West. This difference was statistically significant.

Table 106: Percentage of children aged 10–17 who reported being happy with their lives at present, by NUTS Region (2014)	
	%
All children	**89.8**
NUTS Region	
Border	90.4
Dublin	88.7
Midlands	89.7
Mid-East	90.0
Mid-West	89.4
South-East	88.6
South-West	91.4
West	90.6

Source: HBSC Survey, 2014

YOUTH SUICIDE

In 2015, there were 14 suicides by children aged 10–17.

Measure

The number of suicides by children aged 10–17.

Key findings

- In 2015, there were 14 suicides by children aged 10–17.

Differences by gender and over time

- Over the five-year period 2011–2015, the number and rate (per 100,000) of suicides by children aged 10–17 was consistently higher among boys (*see Table 107*).

Table 107: Number and rate (per 100,000) of suicides, by age and gender (2011–2015)

Year	15–17 years**				18–24 years				All ages	
	Boys		Girls		Males		Females		Total	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
2011	11	12.7	2	2.4	67	32.8	14	6.8	554	12.1
2012	10	11.4	3	3.6	49	25.5	13	6.8	541	11.8
2013	8	9	3	3.5	36	19.6	6	3.4	487	10.6
2014*	4	4.4	3	3.5	41	23.2	9	5.4	459	10.0
2015*	12	13	2	2.3	45	26	7	4.3	451	9.7

* 2014 and 2015 figures are provisional. Note: 2011, 2012 and 2013 figures finalised and updated from *State of the Nation's Children Report: Ireland, 2014*.

** The number of suicides aged 15–17 includes a small number of children aged 10–14 years.

Source: Vital Statistics (CSO)

- Overall, suicide accounted for approximately one in five (21.9%) of all deaths of children aged 10–17 in 2015 (*see Table 108*).

Table 108: Suicides as a percentage of total deaths of children aged 10–17, by gender (2011–2015)					
	2011	2012	2013	2014*	2015*
Total	**17.3**	**23.9**	**22.0**	**20.0**	**21.9**
Gender					
Boys	24.4	28.9	25.6	18.8	25.0
Girls	6.7	15.4	15.0	23.1	12.5

* 2014 and 2015 figures are provisional. Note: 2011, 2012 and 2013 figures finalised and updated from *State of the Nation's Children Report: Ireland, 2014*.

Source: Vital Statistics (CSO)

SELF-HARM

In 2015, 2.5 times as many girls as boys presented at hospital emergency departments following self-harm.

Measure

The number of children aged 10–17 who presented at a hospital emergency department following self-harm.

Key findings

- In 2015, 1,246 children aged 10–17 presented at a hospital emergency department following self-harm.
- In 2015, 2.5 times as many girls as boys presented at hospital emergency departments following self-harm.

Differences by gender and over time

- Over the seven-year period 2009–2015, the number and rate (per 1,000) of children aged 10–17 who presented at a hospital emergency department following self-harm was approximately twice as high among girls as among boys (*see Table 109*).
- Over the period 2009–2015, the number of girls who presented at a hospital emergency department following self-harm rose by 38.6%, whereas the corresponding number of boys rose by 3.7%.

Table 109: Number and rate (per 1,000) of children aged 10–17 who presented at a hospital emergency department following self-harm, by gender (2009–2015)

Year	Boys		Girls		Total	
	No.	Rate	No.	Rate	No.	Rate
2009	343	1.5	642	2.9	985	2.1
2010	317	1.3	661	2.9	978	2.1
2011	316	1.3	588	2.6	904	1.9
2012	295	1.2	662	2.9	957	2.0
2013	279	1.1	707	3.0	986	2.0
2014	350	1.4	835	3.4	1,185	2.4
2015	356	1.4	890	3.7	1,246	2.5

Sources: Population and Migration Estimates; National Self-Harm Registry Ireland, 2015

Differences by geographic location

- Overall, 2.6 per 1,000 children aged 10–17 presented at a hospital emergency department following self-harm in 2015 (*see Table 110*). Rates ranged from 1.8 per 1,000 in HSE West to 3.1 per 1,000 in HSE Dublin North-East.

Table 110: Number of children aged 10–17 who presented at a hospital emergency department following self-harm, by HSE Region (2015), and rate (per 1,000) in State/County (2011)*

	No. of children aged 10–17 who presented at a hospital emergency department following self-harm, in 2015, by HSE Region	No. of children aged 10–17 in HSE Region in 2011*	Rate in 2015 per 1,000 children in HSE Region in 2011
Total	**1,246**	**471,588**	**2.6**
HSE Region			
Dublin Mid-Leinster	374	131,862	2.8
Dublin North-East	320	102,058	3.1
South	341	122,535	2.8
West	211	115,133	1.8

* 2011 Census data have been used to calculate rate (per 1,000 children). County-level population estimates not available for 2015.

Sources: Census of the Population, 2011; National Self-Harm Registry Ireland, 2015

PHYSICAL ACTIVITY

Children in Ireland have one of the highest levels of physical activity among 42 WHO countries and regions.

Measure

The percentage of children aged 10–17 who report being physically active for at least 60 minutes per day on more than four days per week.

Key findings

- In 2014, 68.1% of children aged 10–17 reported being physically active for at least 60 minutes per day on more than four days per week.

Differences by population groups

- When individual population groups were compared to all other children, immigrant children and children with a disability and/or chronic illness were less likely to report being physically active for at least 60 minutes per day on more than four days per week (*see Table 111*). These differences were statistically significant.
- When compared to other children, Traveller children were significantly more likely to report being physically active for at least 60 minutes per day on more than four days per week. This difference was statistically significant.

Table 111: Percentage of children aged 10–17 who reported being physically active for at least 60 minutes per day on more than four days per week, by population groups (2014)

	%
All children	**68.1**
Traveller status	
Traveller children	71.1
All other children	68.1
Immigrant status	
Immigrant children	61.5
All other children	69.4
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	66.5
All other children	68.5

Source: HBSC Survey, 2014

Differences by age, gender, social class and over time

- Statistically significant differences were observed across age, gender and social class categories, with a lower percentage of older children, girls and those in the lowest social class categories reporting being physically active for at least 60 minutes per day on more than four days per week (*see Table 112*).

Table 112: Percentage of children aged 9–17 who reported being physically active for at least 60 minutes per day on more than four days per week, by age, gender and social class (2006, 2010 and 2014)

	2006	2010	2014		
	Total (%)	Total (%)	Boys (%)	Girls (%)	Total (%)
All children*	**54.8**	**50.5**	**75.9**	**59.9**	**68.1**
Age					
9**	79.5	70.6	*n/a*	*n/a*	*n/a*
10–11	75.1	61.7	84.5	78.3	81.3
12–14	61.5	54.2	79.5	66.0	72.9
15–17	39.9	41.4	69.5	47.1	58.7
Social class					
SC 1–2	55.2	51.4	77.2	61.4	69.0
SC 3–4	54.3	50.5	75.9	60.3	68.3
SC 5–6	55.3	48.6	73.1	57.4	65.2

* Refers to children aged 10–17 only.

** Refers to data collected separately in a Middle Childhood Study. These children are not part of the core HBSC sample. Further details can be found in the technical notes in Appendix 1.

n/a = not available

Source: HBSC Surveys

Differences by geographic location

- Differences were observed across regions (*see Table 113*). Overall, 68.1% of children reported being physically active for at least 60 minutes per day on more than four days per week. This ranged from 65.3% in the Midlands to 69.8% in the West.

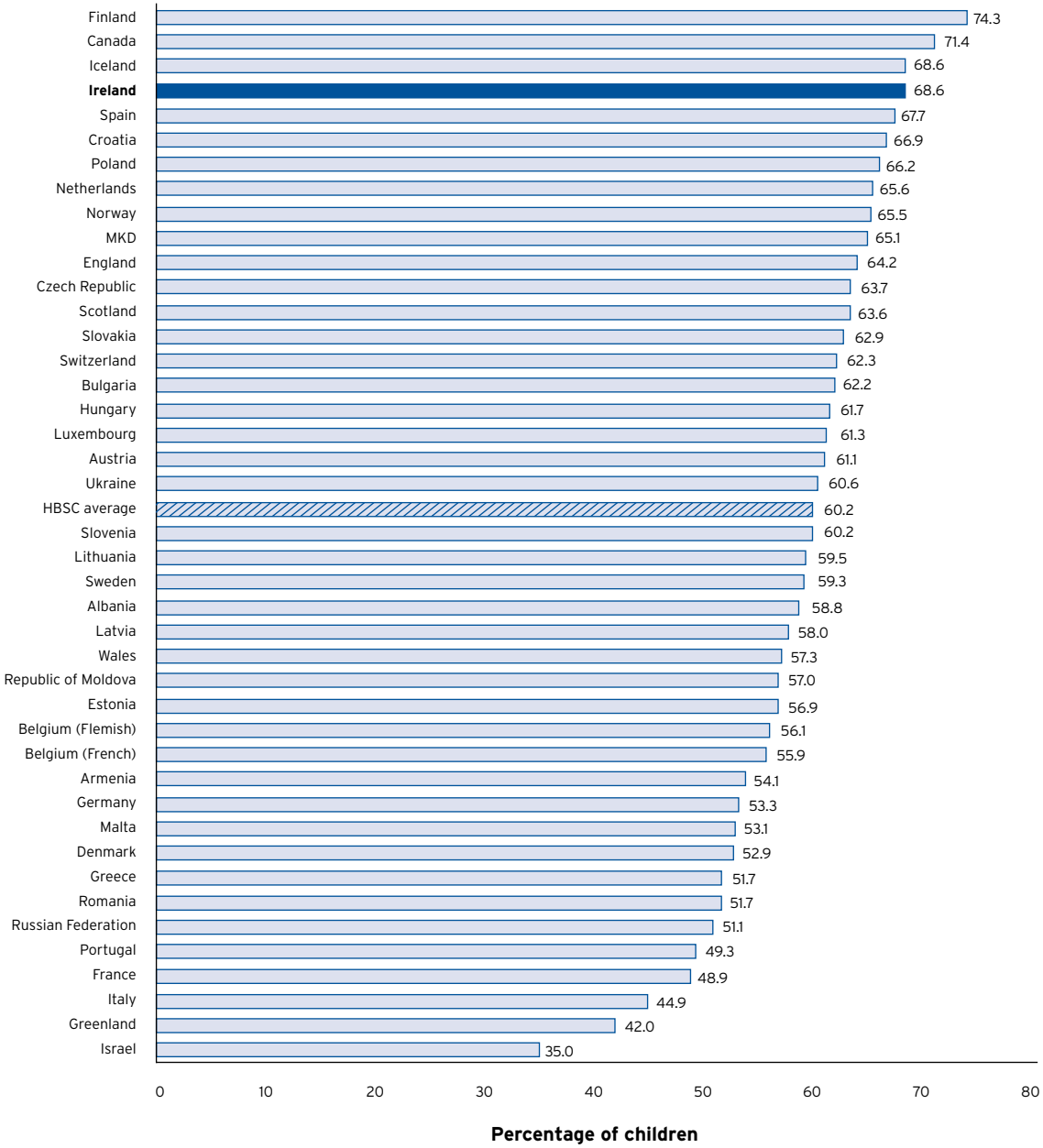
Table 113: Percentage of children aged 10–17 who reported being physically active for at least 60 minutes per day on more than four days per week, by NUTS Region (2014)	
	%
All children	**68.1**
NUTS Region	
Border	66.4
Dublin	68.8
Midlands	65.3
Mid-East	67.8
Mid-West	68.1
South-East	67.3
South-West	69.4
West	69.8

Source: HBSC Survey, 2014

International comparisons

- Across 42 countries and regions, the average percentage of children aged 11, 13 and 15 who reported being physically active for at least 60 minutes per day on more than four days per week was 60.2% (*see Figure 24*). This ranged from 35% in Israel to 74.3% in Finland. The corresponding percentage in Ireland was 68.6%. This was above the HBSC average. (Note: International comparisons are based on data from children aged 11, 13 and 15 only.)

Figure 24: Percentage of children aged 11, 13 and 15 who reported being physically active for at least 60 minutes per day on more than four days per week, by country (2014)



Source: HBSC Survey, 2014

NUTRITION: BREAKFAST CONSUMPTION

Children in higher social class categories are more likely to eat breakfast on five or more days per week.

Measure

The percentage of children aged 10–17 who report eating breakfast on five or more days per week.

Key findings

- In 2014, 78.1% of children aged 10–17 reported eating breakfast on five or more days per week.

Differences by population groups

- When individual population groups were compared to all other children, Traveller children, immigrant children and children with a disability and/or chronic illness were less likely to report eating breakfast on five or more days per week (*see Table 114*). These differences were statistically significant.

Table 114: Percentage of children aged 10–17 who reported eating breakfast on five or more days per week, by population groups (2014)

	%
All children	**78.1**
Traveller status	
Traveller children	65.9
All other children	78.3
Immigrant status	
Immigrant children	75.5
All other children	78.9
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	76.4
All other children	78.6

Source: HBSC Survey, 2014

Differences by age, gender and social class

- Statistically significant differences were observed across age, gender and social class categories, with a higher percentage of boys, younger children and children in the higher social class categories reporting that they eat breakfast on five days or more per week (*see Table 115*).

Table 115: Percentage of children aged 10–17 who reported eating breakfast on five or more days per week, by age, gender and social class (2006, 2010 and 2014)

	2006	2010	2014		
	Total (%)	Total (%)	Boys (%)	Girls (%)	Total (%)
All children	**76.0**	**76.6**	**81.1**	**75.0**	**78.1**
Age					
10–11	83.2	83.8	88.4	88.0	88.2
12–14	78.6	78.3	81.8	75.2	78.5
15–17	71.0	71.9	78.0	70.2	74.2
Social class					
SC 1–2	80.9	81.1	85.0	80.2	82.5
SC 3–4	75.7	76.0	83.4	73.8	78.6
SC 5–6	74.5	72.7	76.3	70.2	73.2

Source: HBSC Surveys

Differences by geographic location

- Differences were observed across regions (*see Table 116*). Overall, 78.1% of children reported eating breakfast on five or more days per week. This ranged from 74.9% in Dublin to 82.2% in the West. This difference was statistically significant.

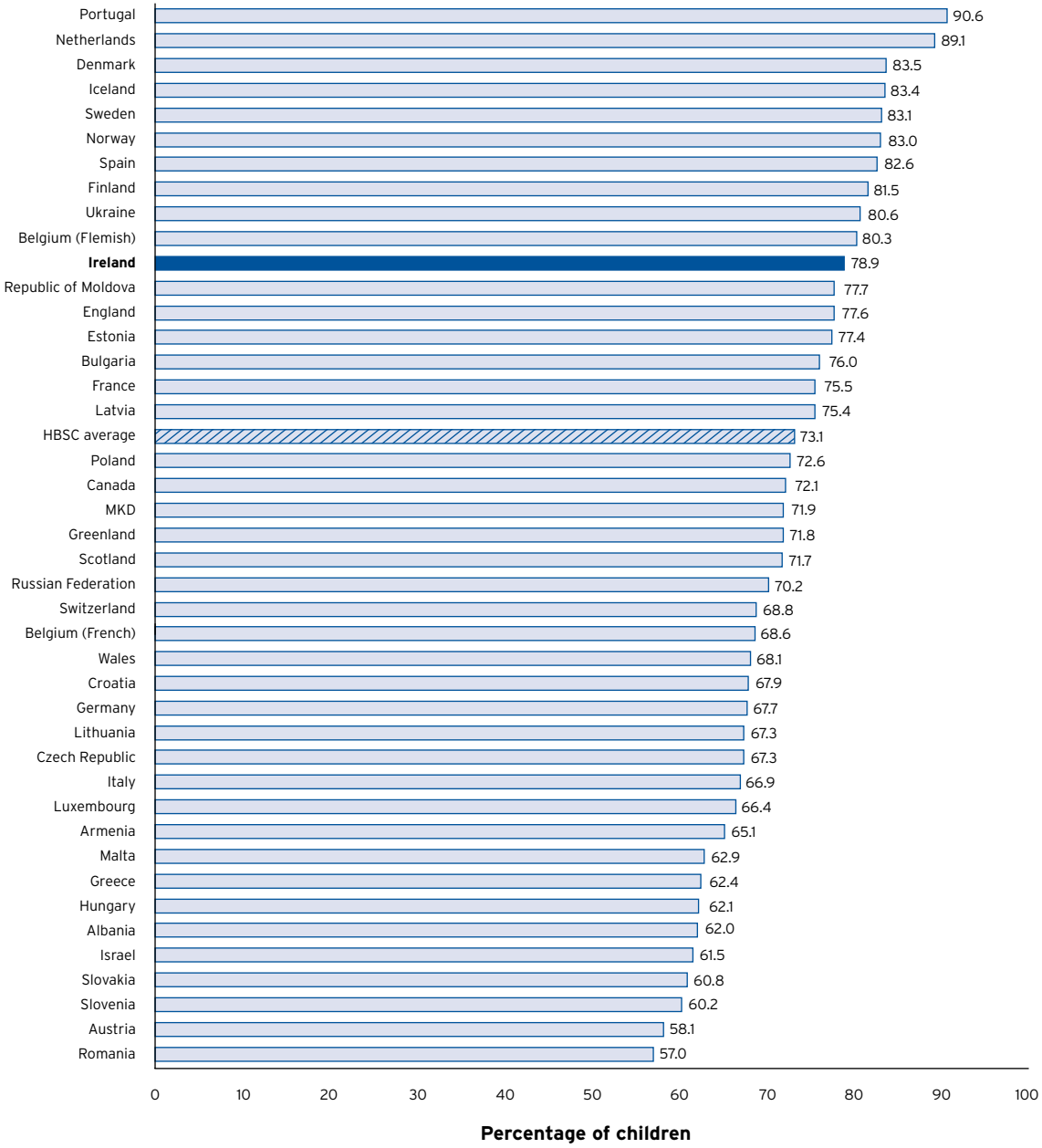
Table 116: Percentage of children aged 10–17 who reported eating breakfast on five or more days per week, by NUTS Region (2010)	
	%
All children	**78.1**
NUTS Region	
Border	78.2
Dublin	74.9
Midlands	78.4
Mid-East	78.6
Mid-West	78.0
South-East	75.8
South-West	81.8
West	82.2

Source: HBSC Survey, 2014

International comparisons

- Across 42 countries and regions, the average percentage of children who reported eating breakfast on five or more days per week was 73.1% (*see Figure 25*). This ranged from 57% in Romania to 90.6% in Portugal. The corresponding percentage in Ireland was 78.9%. This was above the HBSC average. (Note: International comparisons are based on data from children aged 11, 13 and 15 only.)

Figure 25: Percentage of children aged 11, 13 and 15 who reported eating breakfast on five or more days per week, by country (2014)



Source: HBSC Survey, 2014

NUTRITION: SOFT DRINKS CONSUMPTION

The percentage of children aged 10–17 who report drinking soft drinks that contain sugar at least once a day has fallen from 26% in 2006 to 12.6% in 2014.

Measure

The percentage of children aged 10–17 who report drinking soft drinks that contain sugar at least once a day.

Key findings

- In 2014, 12.6% of children aged 10–17 reported drinking soft drinks that contain sugar at least once a day.

Differences by population groups

- When individual population groups were compared to all other children, Traveller children and children with a disability and/or chronic illness were more likely to report drinking soft drinks that contain sugar at least once a day (*see Table 117*). These differences were statistically significant.
- When compared to all other children, immigrant children were less likely to report drinking soft drinks that contain sugar at least once a day. This difference was statistically significant.

Table 117: Percentage of children aged 10–17 who reported drinking soft drinks that contain sugar at least once a day, by population group (2014)

	%
All children	**12.6**
Traveller status	
Traveller children	23.5
All other children	12.4
Immigrant status	
Immigrant children	10.5
All other children	13.0
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	12.9
All other children	12.3

Source: HBSC Survey, 2014

Differences by gender, age, social class and over time

- Statistically significant differences were observed across gender, age and social class categories (*see Table 118*). A lower percentage of girls and a higher percentage of older children and children in lower social class categories reported drinking soft drinks that contain sugar daily or more frequently.
- In 2014, 12.6% of children aged 9–17 reported drinking soft drinks that contain sugar daily or more frequently. This is less than half the proportion reported in 2006.

Table 118: Percentage of children aged 9–17 who reported drinking soft drinks that contain sugar at least once a day, by age, gender and social class (2006, 2010 and 2014)

	2006	2010	2014		
	Total (%)	Total (%)	Boys (%)	Girls (%)	Total (%)
All children*	**26.0**	**20.8**	**13.7**	**11.4**	**12.6**
Age					
9**	*n/a*	16.3	10.5	10.2	10.3
10–11	18.7	14.7	8.8	9.3	9.1
12–14	25.3	20.8	14.3	11.8	13.0
15–17	29.3	22.9	16.5	12.4	14.5
Social class					
SC 1–2	20.0	15.5	8.4	6.4	7.4
SC 3–4	27.3	20.9	14.1	12.0	13.1
SC 5–6	28.5	26.8	16.4	18.0	17.2

* Refers to children aged 10–17 only.

** Refers to data collected separately in a Middle Childhood Study. These children are not part of the core HBSC sample. Further details can be found in the technical notes in Appendix 1.

n/a = not available

Source: HBSC Surveys

Differences by geographic location

- Differences were observed across regions (*see Table 119*). Overall, 12.6% of children reported that they drink soft drinks containing sugar at least once a day. This ranged from 8.4% in the West to 16.8% in Dublin. This difference was statistically significant.

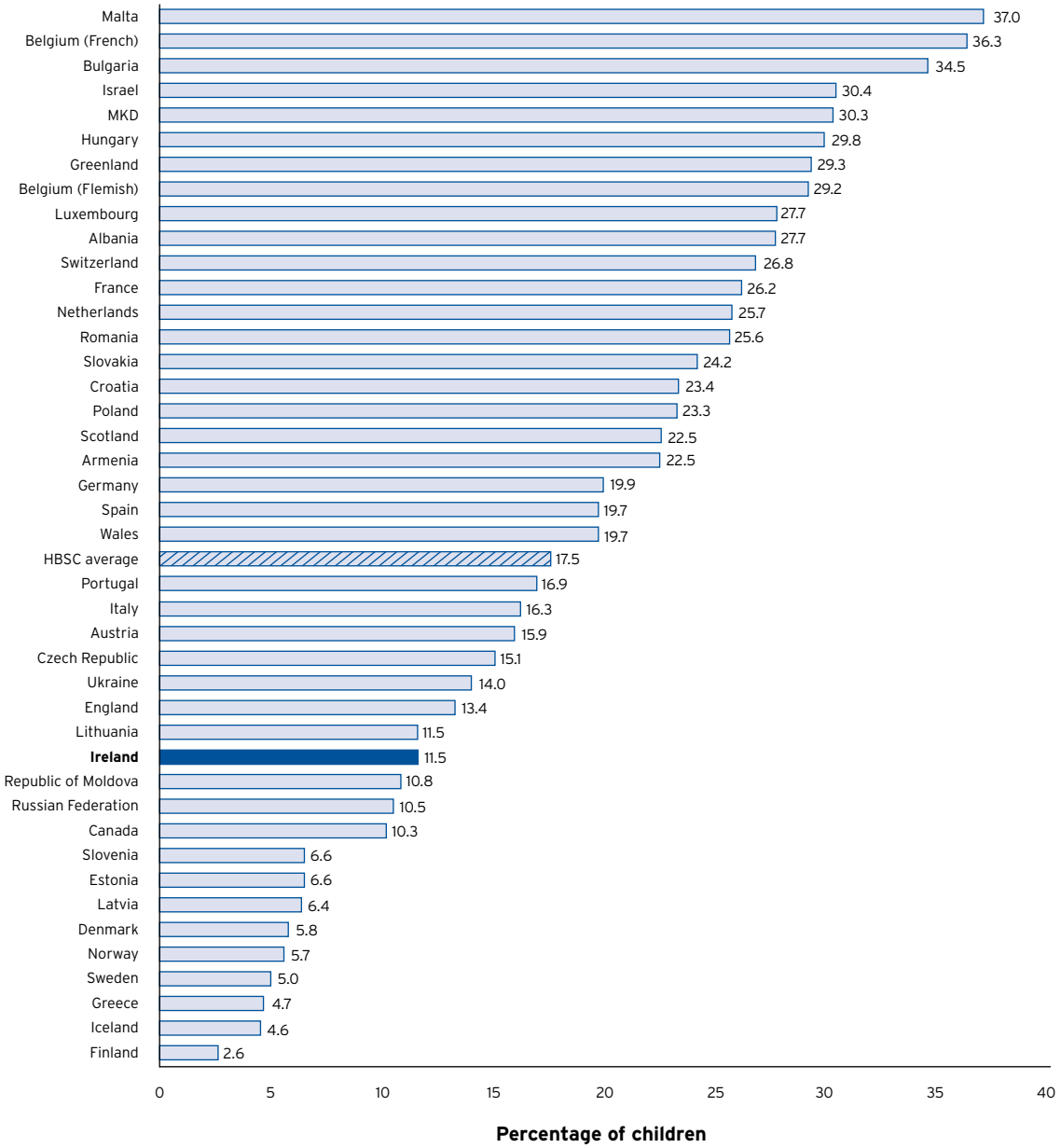
Table 119: Percentage of children aged 10–17 who reported drinking soft drinks that contain sugar at least once a day, by NUTS Region (2014)	
	%
All children	**12.6**
NUTS Region	
Border	11.4
Dublin	16.8
Midlands	9.0
Mid-East	11.8
Mid-West	11.3
South-East	14.8
South-West	10.6
West	8.4

Source: HBSC Survey, 2014

International comparisons

- Across 42 countries and regions, the average percentage of children who reported drinking soft drinks that contain sugar at least once a day was 17.5% (*see Figure 26*). This ranged from 2.6% in Finland to 37% in Malta. The corresponding percentage in Ireland was 11.5%, which was below the HBSC average. (Note: International comparisons are based on data from children aged 11, 13 and 15 only.)

Figure 26: Percentage of children aged 11, 13 and 15 who reported drinking soft drinks that contain sugar at least once a day, by country (2014)



Source: HBSC Survey, 2014

PART 4: FORMAL AND INFORMAL SUPPORTS

PUBLIC EXPENDITURE ON CHILDREN'S EDUCATION

In 2013, Ireland's public expenditure on educational institutions between primary and tertiary level was 5.2% of gross domestic product (GDP) and was above the EU-28 average.

Measure

Public expenditure on education.[1]

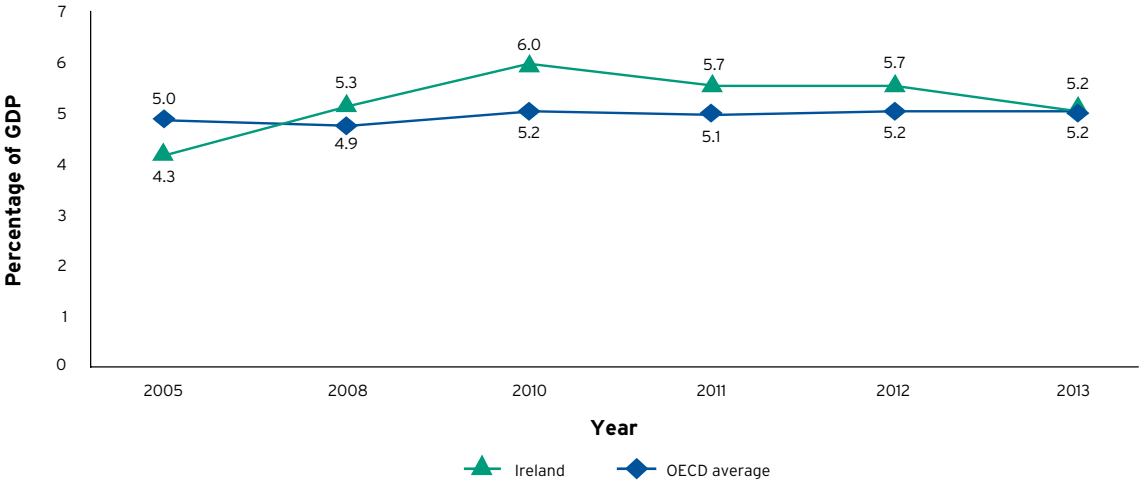
Key findings

- In 2013, public expenditure on educational institutions between primary and tertiary level in Ireland represented 5.2% of gross domestic product (GDP).

Differences over time

- Public expenditure on educational institutions between primary and tertiary level in Ireland increased from 4.3% of GDP in 2005 to 5.2% of GDP in 2013. In this time period expenditure reached a peak of 6% in 2010 (*see Figure 27*).

Figure 27: Public expenditure on educational institutions between primary and tertiary level in Ireland and in OECD countries as a percentage of GDP (2005-2013)



Sources: Department of Education and Skills; OECD report *Education at a Glance*, 2016. See Technical notes in Appendix 1 for more details.

[1] 'Public expenditure on educational institutions between primary and tertiary level' as outlined in this report does not include expenditure on pre-primary education, and is not comparable to 'public expenditure on education' which was reported in previous editions of *State of the Nation's Children*, as this included all levels of education.

Differences by geographic location

- In 2013, the EU-28 average expenditure on educational institutions as a percentage of GDP was 5% (*see Table 120*). This ranged from 3.5% in Luxembourg to 6.7% in the United Kingdom. Ireland's expenditure on education as a percentage of GDP in 2013 was 5.2%. This was above the EU-28 average.

Table 120: Public expenditure on educational institutions between primary and tertiary level as a percentage of GDP in EU-28 (2011–2013)

	2011	2012	2013
EU-28	**5.0**	**4.9**	**5.0**
Country			
Austria	*n/a*	4.9	5.0
Belgium	5.6	5.7	5.8
Bulgaria	*n/a*	*n/a*	*n/a*
Cyprus	*n/a*	*n/a*	*n/a*
Croatia	*n/a*	*n/a*	*n/a*
Czech Republic	4.1	4.2	4.0
Denmark	6.1	*n/a*	6.4
Estonia	4.9	4.8	5.2
Finland	5.8	5.8	5.7
France	5.3	5.3	5.3
Germany	4.4	4.4	4.3
Greece	*n/a*	*n/a*	*n/a*
Hungary	*n/a*	3.8	3.8
Ireland	**5.7**	**5.7**	**5.2**
Italy	4.0	3.9	4.0
Latvia	*n/a*	4.2	4.5
Lithuania	*n/a*	*n/a*	4.4
Luxembourg	*n/a*	3.8	3.5
Malta	*n/a*	*n/a*	*n/a*
Netherlands	5.4	5.4	5.5
Poland	4.7	4.8	4.8
Portugal	4.9	5.8	6.1
Romania	*n/a*	*n/a*	*n/a*
Slovakia	3.7	3.7	3.8
Slovenia	5.0	4.9	4.8
Spain	4.5	4.3	4.3
Sweden	5.3	5.4	5.4
United Kingdom	*n/a*	6.2	6.7

n/a = not available

Sources: Department of Education and Skills; OECD report *Education at a Glance*, 2016. See Technical notes in Appendix 1 for more details.

- Real non-capital public expenditure per student in Ireland increased by 15% for first level and by 4.2% for second level over the period 2003–2013, when measured in constant 2013 prices (*see Table 121*). At third level, there was a decrease in expenditure per student of 23.8% in real terms over the same period.

Table 121: Real current public expenditure on education, by educational level (2003–2013)

Year	€ per student at constant 2013 prices Educational level			€m (at constant 2013 prices)
	First	Second*	Third**	Real current public expenditure
2003	5,456	7,921	10,668	6,768
2004	5,865	8,011	10,458	6,977
2005	5,970	8,363	10,820	7,220
2006	6,178	8,730	11,353	7,589
2007	6,323	9,196	11,267	7,918
2008	6,439	9,319	11,133	8,160
2009	6,686	9,420	10,568	8,445
2010	6,573	9,120	10,140	8,394
2011	6,534	9,020	9,389	8,304
2012	6,348	8,842	8,627	8,102
2013	6,274	8,252	8,126	7,869

* Includes further education sector (i.e. post-Leaving Certificate courses).

** Based on full-time equivalents.

Source: Department of Education and Skills

AT RISK OF POVERTY

In 2014, 18.6% of children were considered to be at risk of poverty.

Measure

The percentage of children at risk of poverty (i.e. living in households with an equivalised household disposable income below the 60% median).

Key findings

- In 2014, 18.6% of children were considered to be at risk of poverty (*see Table 122*).
- Children had a higher risk of being poor than did the population as a whole (18.6% compared with 16.3%).
- The percentage of children at risk of poverty was relatively static across the period 2010 to 2014 .

Table 122: Percentage of population at risk of poverty, by age and household composition (2010–2014)

	2010	2011	2012	2013	2014
Total (population all ages)	**14.7**	**16**	**16.5**	**15.2**	**16.3**
Total (population age 0–17)	**18.4**	**18.8**	**18.8**	**17.9**	**18.6**
Age					
0–5	13.3	14.0	12.4	12.9	13.1
6–11	17.1	16.0	17.2	17.2	17.1
12–17	23.8	26.8	27.4	23.9	25.5
Household composition*					
Households without children	10.9	12.4	14.5	12.5	14.1
One adult, with children aged under 18	25.2	27.4	29.6	33.4	32.6
Two adults, with 1–2 children aged under 18	14	12.7	13.7	10.9	11.1
Two adults, with 3+ children aged under 18	19.2	19.8	19.1	16.1	19.7
Other households with children	21.6	25.8	23.0	26.3	25.9

*All data based on individuals (not households). See technical notes in Appendix 1 for further details.

Source: CSO, SILC

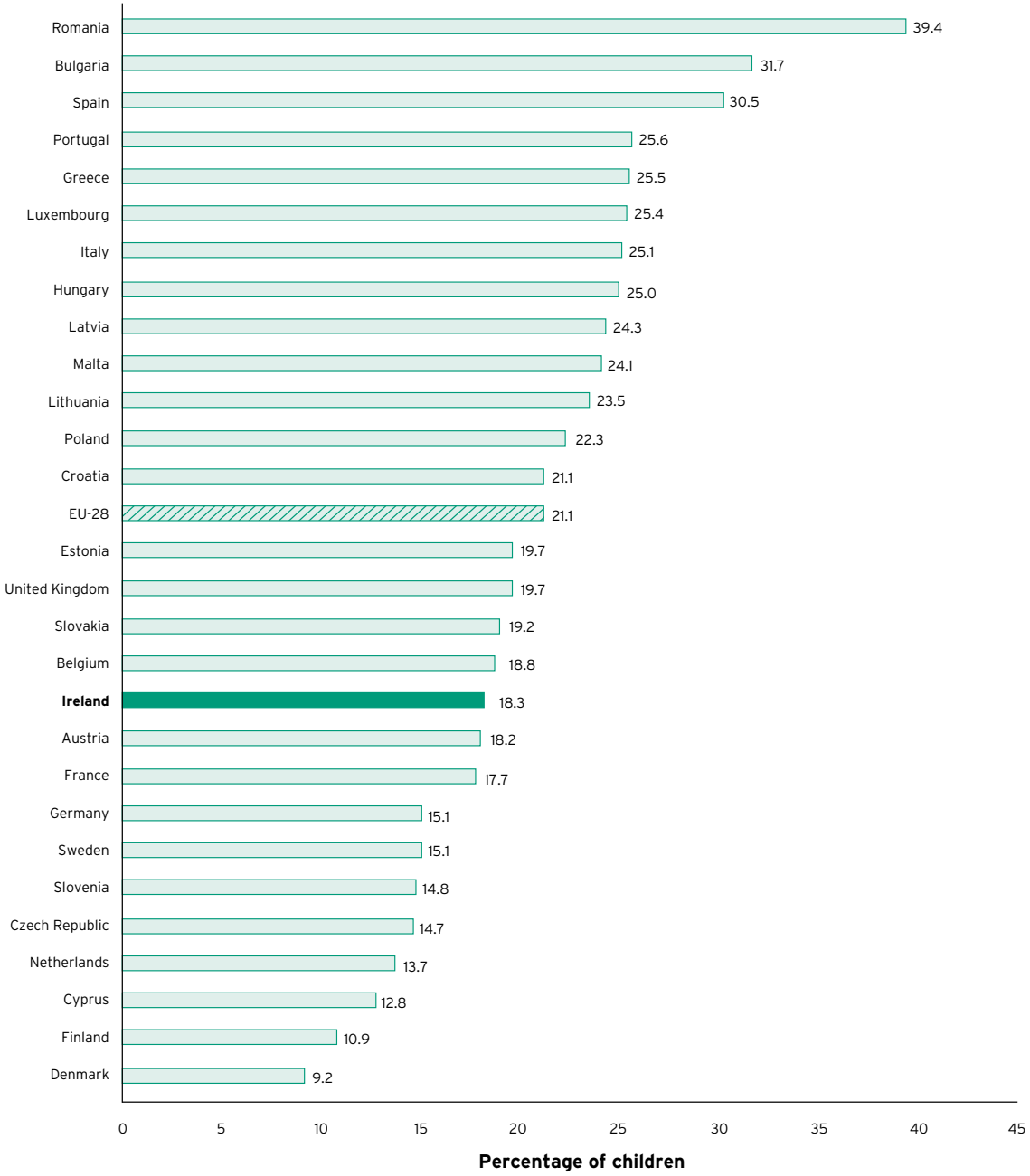
Differences by age, household composition and over time

- The highest 'at risk of poverty' rate for children occurred among those aged 12–17. This rate was 25.5% in 2014 compared with a rate of 17.1% for children aged 6–11 and a rate of 13.1% for those aged 0–5 (*see Table 122*).
- In 2014, the 'at risk of poverty' rate of persons living in households comprising a single adult with children was 32.6%. This was substantially higher than the 'at risk of poverty' rate in households with two adults and 1–2 children (11.1%) and households with two adults and 3+ children aged under 18 years (19.7%).
- Over the period 2010–2014, the percentage of children considered to be 'at risk of poverty' was consistently higher than that of the population as a whole.

International comparisons

- In 2014, the percentage of children at risk of poverty across the EU-28 ranged from 9.2% in Denmark to 39.4% in Romania (*see Figure 28*). The percentage of children at risk of poverty in Ireland was 18.3%. This was below the EU-28 average of 20.7%.

Figure 28: Percentage of children at risk of poverty in EU-28, by country (2014)



Source: European Union Survey on Income and Living Conditions 2014 (EU-SILC); Eurostat

CONSISTENT POVERTY

In 2014, 11.2% of children experienced consistent poverty.

Measure

The percentage of children experiencing consistent poverty (i.e. living in households with an equivalised household disposable income below the 60% median who experienced at least two forms of enforced deprivation).

Key findings

- In 2014, 11.2% of children experienced consistent poverty (*see Table 123*).
- Children were more likely to experience consistent poverty than were the population as a whole (11.2% compared with 8%).
- The percentage of children experiencing consistent poverty increased from 8.8% in 2010 to 11.2% in 2014.

Table 123: Percentage of population experiencing consistent poverty, by age and household composition (2010–2014)

	2010	2011	2012	2013	2014
Total (population all ages)	**6.3**	**6.9**	**7.7**	**8.2**	**8.0**
Total (population age 0–17)	**8.8**	**9.3**	**9.9**	**11.7**	**11.2**
Age					
0–5	5.8	7.6	7.2	7.4	7.6
6–11	8.4	8.5	9.4	11.1	9.9
12–17	11.6	11.8	13.3	16.6	16.1
Household composition					
Households without children	3.6	4.0	5.9	4.7	4.7
One adult, with children aged under 18	13.8	17.0	18.3	24.7	22.6
Two adults, with 1–2 children aged under 18	4.8	6.1	5.8	6.0	6.4
Two adults, with 3+ children aged under 18	11.9	8.8	10.4	11.4	12.7
Other households with children	9.5	11.4	12.7	15.9	12.4

Note: All data based on individuals (not households). See technical notes in Appendix 1 for further details.

Source: CSO, SILC

Differences by age, household composition and over time

- The highest consistent poverty rate for children occurred among those aged 12–17. This rate was 16.1% in 2014 compared with a rate of 9.9% for children aged 6–11 and a rate of 7.6% for those aged 0–5 (*see Table 123*).
- In 2014, the consistent poverty rate of persons living in a household comprising a single adult with children was 22.6%. This was substantially higher than the consistent poverty rate in households with two adults and 1–2 children (6.4%) and in households with two adults and 3+ children aged under 18 years (12.7%).
- Over the period 2010–2014, the percentage of children experiencing consistent poverty was consistently higher than that of the population as a whole.

AVAILABILITY OF HOUSING FOR FAMILIES WITH CHILDREN

In 2016, there were 46,294 households with children identified as being in need of social housing.

Measure

The number of households with children identified as being in need of social housing.

Key findings

- In 2016, there were 46,294 households with children identified as being in need of social housing.

Differences by household structure and over time

- 48% (22,204) of households with children identified as being in need of social housing were households with one child; 32.8% (15,194) were households with two children; 12.4% (5,737) were households with three children; and the remaining 6.9% (3,159) were households with four or more children (*see Table 124*).
- The number of households with children identified as being in need of social housing increased by 107% between 2005 and 2016 (*see note, Table 124*).

Table 124: Number and percentage of households with children identified as being in need of social housing, by number of children (selected years 2005–2016)

	2005	2008	2011	2013	2016	
	No.	No.	No.	No.	No.	%
Total	**22,335**	**27,704**	**43,578**	**44,875**	**46,294**	**100.0**
No. of children						
1	13,703	15,369	24,819	23,566	22,204	48.0
2	5,385	7,479	11,792	13,403	15,194	32.8
3	1,991	2,924	4,434	4,923	5,737	12.4
4	772	1,210	1,677	1,938	2,115	4.6
5 or more	484	722	856	1,045	1,044	2.3

Note: Further details can be found in the technical notes in Appendix 1.

Source: Triennial Assessment of Housing Needs, Summary of Social Housing Assessments, 2016

Differences by household structure and geographic location

- In 2016, 60.2% (27,851) of households with children identified as being in need of social housing were one-parent households, 39.1% (18,112) were two-parent households and the remaining 0.7% (331) were multi-adult households.
- 40.4% (18,699) of households with children identified as being in need of social housing were in Co Dublin (*see Table 125*).

Table 125: Number and percentage of households with children identified as being in need of social housing, by household structure and County (2016)

	Single with child/children	Couple with child/children	Multi-adult households with children	All households with child/children	
	No.	No.	No.	No.	%
Total	**27,851**	**18,112**	**331**	**46,294**	**100.0**
County					
Carlow	253	163	2	418	0.9
Cavan	197	207	4	408	0.9
Clare	543	349	15	907	2.0
Cork	2,469	1,790	29	4,288	9.3
Donegal	369	196	1	566	1.2
Dublin	11,837	6,753	109	18,699	40.4
Galway	1,342	1,099	12	2,453	5.3
Kerry	984	660	16	1,660	3.6
Kildare	1,585	1,326	9	2,920	6.3
Kilkenny	470	360	9	839	1.8
Laois	394	287	5	686	1.5
Leitrim	73	75	1	149	0.3
Limerick	865	500	11	1,376	3.0
Longford	159	167	2	328	0.7
Louth	743	537	0	1,280	2.8
Mayo	320	216	10	546	1.2
Meath	1,095	799	55	1,949	4.2
Monaghan	140	95	2	237	0.5
Offaly	270	266	2	538	1.2
Roscommon	146	144	0	290	0.6
Sligo	197	94	1	292	0.6
Tipperary	581	253	0	834	1.8
Waterford	511	253	20	784	1.7
Westmeath	479	448	2	929	2.0
Wexford	945	541	5	1,491	3.2
Wicklow	884	534	9	1,427	3.1

Source: Summary of Social Housing Assessments, 2016

COMMUNITY CHARACTERISTICS

In 2014, nine out of ten children reported feeling safe in the area where they live.

Measure

The percentage of children aged 10–17 who report feeling safe in the area where they live.

Key findings

- In 2014, 89.2% of children aged 10–17 reported feeling safe in the area where they live.

Differences by population groups

- When individual population groups were compared to all other children, Traveller children, immigrant children and children with a disability and/or chronic illness were less likely to report feeling safe in the area where they live (*see Table 126*). These differences were statistically significant.

Table 126: Percentage of children aged 10–17 who reported feeling safe in the area where they live, by population groups (2014)

	%
All children	**89.2**
Traveller status	
Traveller children	83.0
All other children	89.3
Immigrant status	
Immigrant children	86.2
All other children	89.8
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	86.0
All other children	90.1

Source: HBSC Survey, 2014

Differences by age, gender, social class and over time

- Statistically significant differences were observed across age, gender and social class categories, with younger children, boys and children in the higher social class category more likely to report feeling safe in the area where they live (*see Table 127*).

Table 127: Percentage of children aged 9–17 who reported feeling safe in the area where they live, by age, gender and social class (2006, 2010 and 2014)

	2006	2010	2014		
	Total (%)	Total (%)	Boys (%)	Girls (%)	Total (%)
All children*	**90.4**	**90.8**	**89.6**	**88.8**	**89.2**
Age					
9**	90.2	89.8	92.9	87.7	90.4
10–11	89.9	90.8	91.7	91.2	91.4
12–14	90.7	91.1	89.7	89.5	89.6
15–17	90.7	90.4	87.8	86.5	87.2
Social class					
SC 1–2	93.9	93.7	93.6	92.0	92.8
SC 3–4	90.5	90.7	88.7	88.2	88.4
SC 5–6	90.5	88.4	86.0	85.0	85.5

* Refers to children aged 10–17 only.

** Refers to data collected separately in a Middle Childhood Study. These children are not part of the core HBSC sample. Further details can be found in the technical notes in Appendix 1.

Source: HBSC Surveys

Differences by geographic location

- Differences were observed across regions (*see Table 128*). Overall, 89.2% of children reported feeling safe in the area where they live. This ranged from 81.6% in Dublin to 94.2% in the West. This difference was statistically significant.

Table 128: Percentage of children aged 10–17 who reported feeling safe in the area where they live, by NUTS Region (2014)	
	%
All children	**89.2**
NUTS Region	
Border	92.2
Dublin	81.6
Midlands	91.2
Mid-East	88.7
Mid-West	92.5
South-East	90.1
South-West	92.9
West	94.2

Source: HBSC Survey, 2014

ENVIRONMENT AND PLACES

The percentage of children who reported that there are good places in their area to spend their free time increased from 51.2% in 2010 to 61.5% in 2014.

Measure

The percentage of children aged 10–17 who report that there are good places in their area to spend their free time.

Key findings

- In 2014, 61.5% of children aged 10–17 reported that there are good places in their area to spend their free time.

Differences by population groups

- When individual population groups were compared to all other children, Traveller children and immigrant children were more likely to report that there are good places in their area to spend their free time (s*ee Table 129*). These differences were statistically significant.
- When compared to all other children, children with a disability and/or chronic illness were less likely to report that there are good places in their area to spend their free time. This difference was statistically significant.

Table 129: Percentage of children aged 10–17 who reported that there are good places in their area to spend their free time, by population groups (2014)

	%
All children	**61.5**
Traveller status	
Traveller children	73.5
All other children	61.0
Immigrant status	
Immigrant children	64.7
All other children	60.3
Disability and/or chronic illness status	
Children with a disability and/or chronic illness	58.4
All other children	62.2

Source: HBSC Survey, 2014

Differences by age, gender, social class category and over time

- Statistically significant differences were observed across age, gender and social class categories, with a higher percentage of boys, younger children and children in lower social class categories reporting that there are good places in their area to spend their free time (*see Table 130*).
- The percentage of children who reported that there are good places in their area to spend their free time increased from 51.2% in 2010 to 61.5% in 2014.

Table 130: Percentage of children aged 9–17 who reported that there are good places in their area to spend their free time, by age, gender and social class (2006, 2010 and 2014)

	2006	2010	2014		
	Total (%)	Total (%)	Boys (%)	Girls (%)	Total (%)
All children*	**42.2**	**51.2**	**64.5**	**58.5**	**61.5**
Age					
9**	77.1	71.1	76.7	74.3	75.6
10–11	55.6	64.7	73.2	73.2	73.2
12–14	45.9	56.2	69.6	62.5	66.1
15–17	33.3	39.7	52.8	43.9	48.4
Social class					
SC 1–2	38.6	49.8	62.9	56.9	59.8
SC 3–4	42.1	51.5	64.8	50.9	62.0
SC 5–6	45.2	49.6	65.5	60.3	62.9

* Refers to children aged 10-17 only.

** Refers to data collected separately in a Middle Childhood Study. These children are not part of the core HBSC sample. Further details can be found in the technical notes in Appendix 1.

Source: HBSC Surveys

Differences by geographic location

- Differences were observed across regions (*see Table 131*). Overall, 61.5% of children reported that there are good places in their area to spend their free time. This ranged from 54.4% in the South-West to 77.4% in Dublin. This difference was statistically significant.

Table 131: Percentage of children aged 10–17 who reported that there are good places in their area to spend their free time, by NUTS Region (2014)	
	%
All children	**61.5**
NUTS Region	
Border	57.2
Dublin	77.4
Midlands	59.7
Mid-East	59.7
Mid-West	54.7
South-East	55.3
South-West	54.4
West	55.3

Source: HBSC Survey, 2014

GARDA DIVERSION PROGRAMME REFERRALS

Over the five-year period 2010–2014, the number of children referred to the Garda Diversion Programme decreased by 44.5%.

Measure

The number of children aged 10–17 referred to the Garda Diversion Programme.

Key findings

- In 2014, 9,991 children aged 10–17 were referred to the Garda Diversion Programme. The number of incidents referred did not correspond to the number of children referred, as some children were referred more than once. The total number of referrals received amounted to 19,854, a ratio of two referrals per child.

Differences by age, gender, offence and over time

- 74.5% of children referred were aged 15–17 years (*see Table 132*).
- The number and rate (per 1,000) of children referred was almost three times higher among boys than among girls.
- The majority of children referred were dealt with by way of a formal (25.3%) or informal (49.3%) caution, and 15.8% were considered unsuitable for inclusion in the programme. A child is recorded as being 'unsuitable' if (a) the child does not accept responsibility for his or her behaviour, (b) the child is offending persistently or (c) it would not be in the interest of society to caution the child.
- '*Theft and Related Offences*' were the single highest cause of referrals to the Garda Diversion Programme, representing 28.5% of all referrals (*see Figure 29*).
- Over the five-year period 2010–2014, the number of children referred to the Garda Diversion Programme decreased by 44.5%.

Table 132: Number, percentage and rate (per 1,000) of children aged 10–17 referred to the Garda Diversion Programme, by age, gender and outcome (2010–2014)

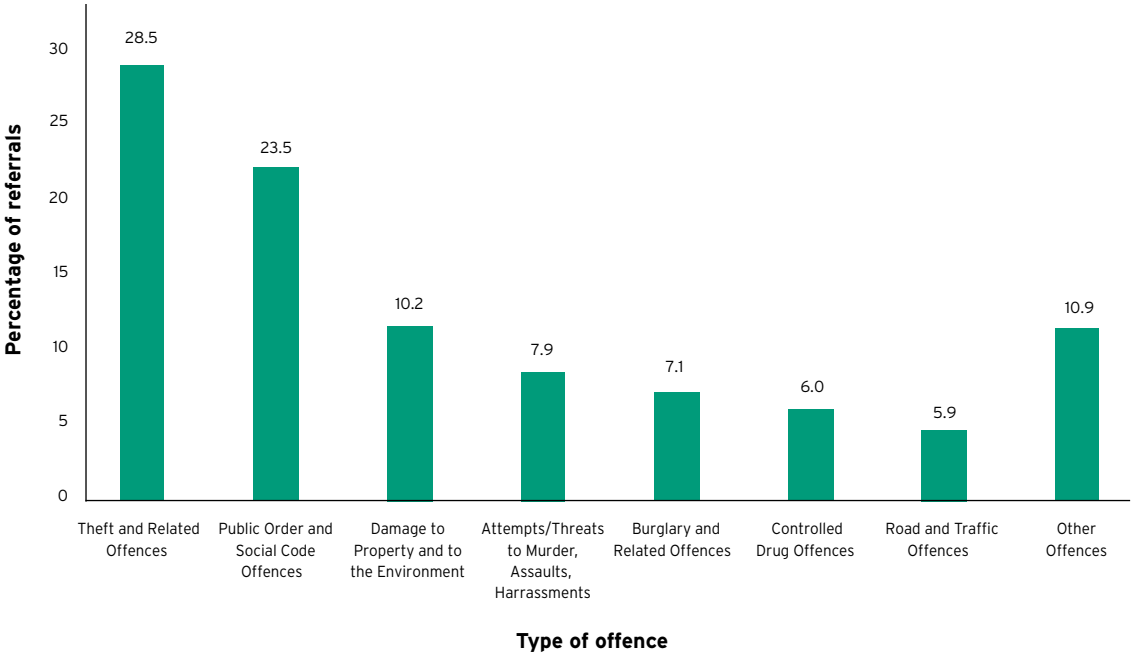
	2010	2011	2012	2013	2014		
	No.	No.	No.	No.	No.	%	Rate per 1,000 children aged 10–17
Total (incidents referred)	**27,257**	**27,384**	**24,069**	**20,536**	**19,854**	**100.0**	**40.5**
Total (children referred)	**17,986**	**12,809**	**12,246**	**10,420**	**9,991**	**100.0**	**20.4**
Gender							
Boys	14,034	9,627	9,194	7,815*	7,487	75.0	29.9
Girls	3,952	3,182	3,052	2,605*	2,504	25.0	10.4
Age							
10–14	4,376	3,146	3,085	2,578	2,468	24.7	7.9
15–17**	13,610	9,663	9,161	7,842	7,523	74.5	41.6
Outcome							
Formal	3,567	2,777	2,840	2,544	2,526	25.3	5.2
Informal	9,332	6,944	6,265	5,188	4,925	49.3	10.1
No further action	856	738	648	587	648	6.5	1.3
Pending	1,165	515	671	449	310	3.1	0.6
Not suitable	3,066	1,835	1,822	1,652	1,582	15.8	3.2

* Exact figures not available; estimate based on percentage of referrals.

** Includes a small number of 18 year-olds.

Sources: Population and Migration Estimates, April 2014; 2014 *Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme; Tackling Youth Crime – Youth Justice Action Plan 2014-2018: Progress Report 2014/2015*

Figure 29: Referrals to the Garda Diversion Programme, by type of offence (2014)



Source: 2014 Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme

Differences by geographic location

- The rate of children referred to the Garda Diversion Programme in 2014 (per 1,000 children in State/County in 2011*) ranged across Garda Divisions, from 14.4 children per 1,000 in Kildare to 53.9 children per 1,000 in Dublin North Central (*see Table 133*).
- The rate of referrals also ranged across Garda Divisions, from 23.3 referrals per 1,000 children in Mayo to 259.9 referrals per 1,000 children in Dublin North Central.

Table 133: Number of children aged 10–17 referred/referrals to the Garda Diversion Programme, by Region and Division (2014), and rate (per 1,000) in State/County (2011)*

	Total number of children referred		Total number of referrals		Average ratio of referrals to number of children referred
	No.	2014 referral rate per 1,000 children aged 10–17 in 2011 Census*	No.	2014 referral rate per 1,000 children aged 10–17 in 2011 Census*	
Total	**9,991**	**21.2**	**19,854**	**42.1**	**2.0**
Eastern Region	**1,354**	**15.8**	**2,798**	**32.7**	**2.1**
Kildare	333	14.4	551	23.8	1.7
Laois/Offaly	273	15.8	662	38.4	2.4
Meath	302	15.1	590	29.5	2.0
Westmeath	154	14.9	391	37.9	2.5
Wicklow	292	19.7	604	40.7	2.1
Dublin Metropolitan Region (DMR)	**3,112**	**27.0**	**6,838**	**59.4**	**2.2**
DMR East	302	16.4	753	40.8	2.5
DMR North	715	21.8	1,244	37.9	1.7
DMR North Central	240	53.9	1,158	259.9	4.8
DMR South	712	31.4	1,163	51.2	1.6
DMR South Central	216	33.9	963	150.9	4.5
DMR West	927	30.5	1,557	51.2	1.7
Northern Region	**1,004**	**17.3**	**1,893**	**32.7**	**1.9**
Cavan/Monaghan	253	16.6	545	35.7	2.2
Donegal	327	17.4	569	30.3	1.7
Louth	265	19.3	489	35.5	1.8
Sligo/Leitrim	159	15.7	290	28.7	1.8
South Eastern Region	**1,191**	**19.1**	**2,102**	**33.7**	**1.8**
Kilkenny/Carlow	281	17.5	451	28.2	1.6
Tipperary	303	17.3	531	30.2	1.8
Waterford	356	28.3	646	51.3	1.8
Wexford	251	15.4	474	29.1	1.9

continued

Table 133 (*continued*)

	Total number of children referred		Total number of referrals		Average ratio of referrals to number of children referred
	No.	2014 referral rate per 1,000 children aged 10–17 in 2011 Census*	No.	2014 referral rate per 1,000 children aged 10–17 in 2011 Census*	
Southern Region	**1,958**	**22.1**	**4,025**	**45.4**	**2.1**
Cork City	569	25.9	1,341	61.1	2.4
Cork North	270	16.8	472	29.4	1.7
Cork West	236	15.4	395	25.7	1.7
Kerry	293	19.7	595	40.0	2.0
Limerick	590	28.9	1,222	59.8	2.1
Western Region	**1,269**	**20.5**	**2,198**	**35.6**	**1.7**
Clare	311	25.7	659	54.5	2.1
Galway	569	22.8	951	38.2	1.7
Mayo	224	15.7	332	23.3	1.5
Roscommon/Longford	165	15.7	256	24.4	1.6
Outside jurisdiction	**103**	**–**	**–**	**–**	**–**

* 2011 Census data have been used to calculate rate (per 1,000 children). Regional-level population estimates not available for 2014.

Sources: Census of the Population, 2011; *2014 Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme*

ANTENATAL CARE

Early antenatal care is lowest among younger pregnant women.

Measure

The percentage of pregnant women attending for antenatal care in the first trimester of pregnancy.

Key findings

- In 2015, 88% of pregnant women attended for antenatal care in the first trimester of pregnancy.

Differences by age, social class and over time

- The percentage of women attending for antenatal care in the first trimester of pregnancy increased from 82.7% in 2011 to 88% in 2015.
- In 2015, antenatal care in the first trimester of pregnancy was lowest among pregnant women aged 15–19 (77%) (*see Table 134*). This follows a year on year trend between 2011 and 2015.
- Women who were primarily 'unemployed' or engaged in 'home duties' had the lowest percentages of antenatal visits in the first trimester of pregnancy (81.5% and 81.1% respectively) (*see Figure 30*).

Table 134: Percentage of pregnant women attending for antenatal care in the first trimester of pregnancy, by mothers' age (2011–2015)*					
	2011	**2012**	**2013**	**2014**	**2015[p]**
Total	**82.7**	**85.5**	**86.2**	**86.0**	**88.0**
Age					
15–19	71.8	74.9	73.4	71.7	77.0
20–24	77.0	80.5	81.4	80.8	83.0
25–29	81.9	85.0	85.8	85.0	87.2
30–34	84.7	86.9	88.0	87.9	89.5
35–39	84.1	87.1	86.9	87.2	89.2
40–44	81.9	84.5	86.1	84.0	87.3
45 and over	78.9	79.3	81.7	79.5	83.9

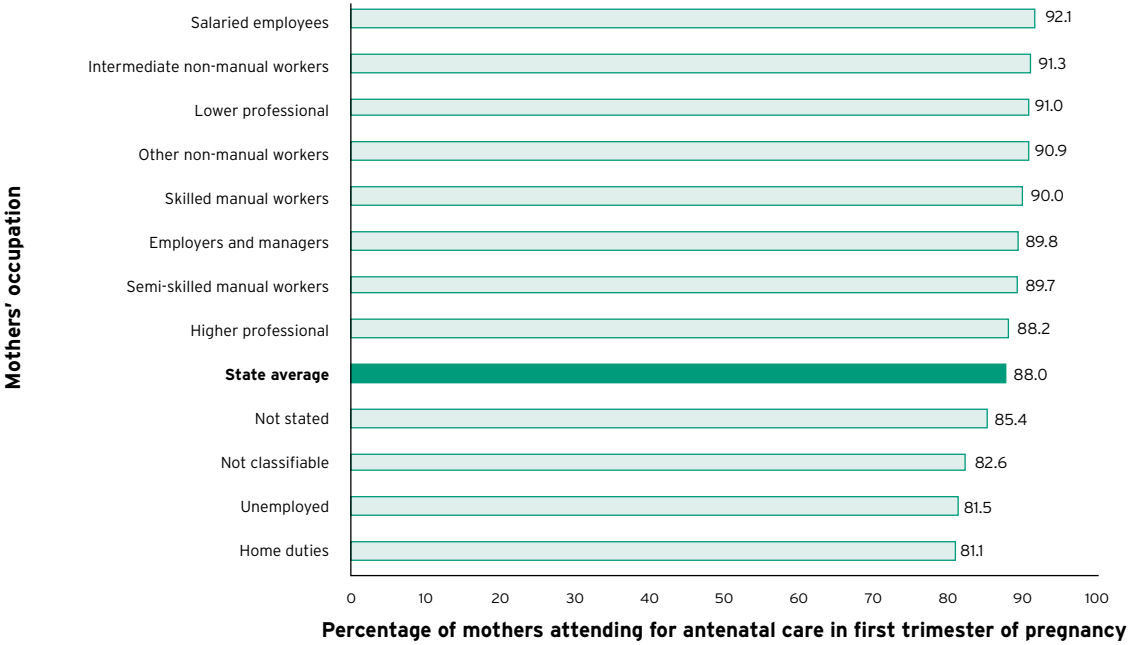
* Based on maternities

[p] Data for 2015 are provisional.

Note: Categories where percentages are based on fewer than 100 maternities (i.e. under 15 years and age not stated) have been omitted from this table.

Sources: National Perinatal Reporting System (NPRS), Healthcare Pricing Office, October 2016

Figure 30: Percentage of pregnant women attending for antenatal care in the first trimester of pregnancy, by occupation of mother (2015[p])*



* Based on maternities

[p] 2015 data are provisional.

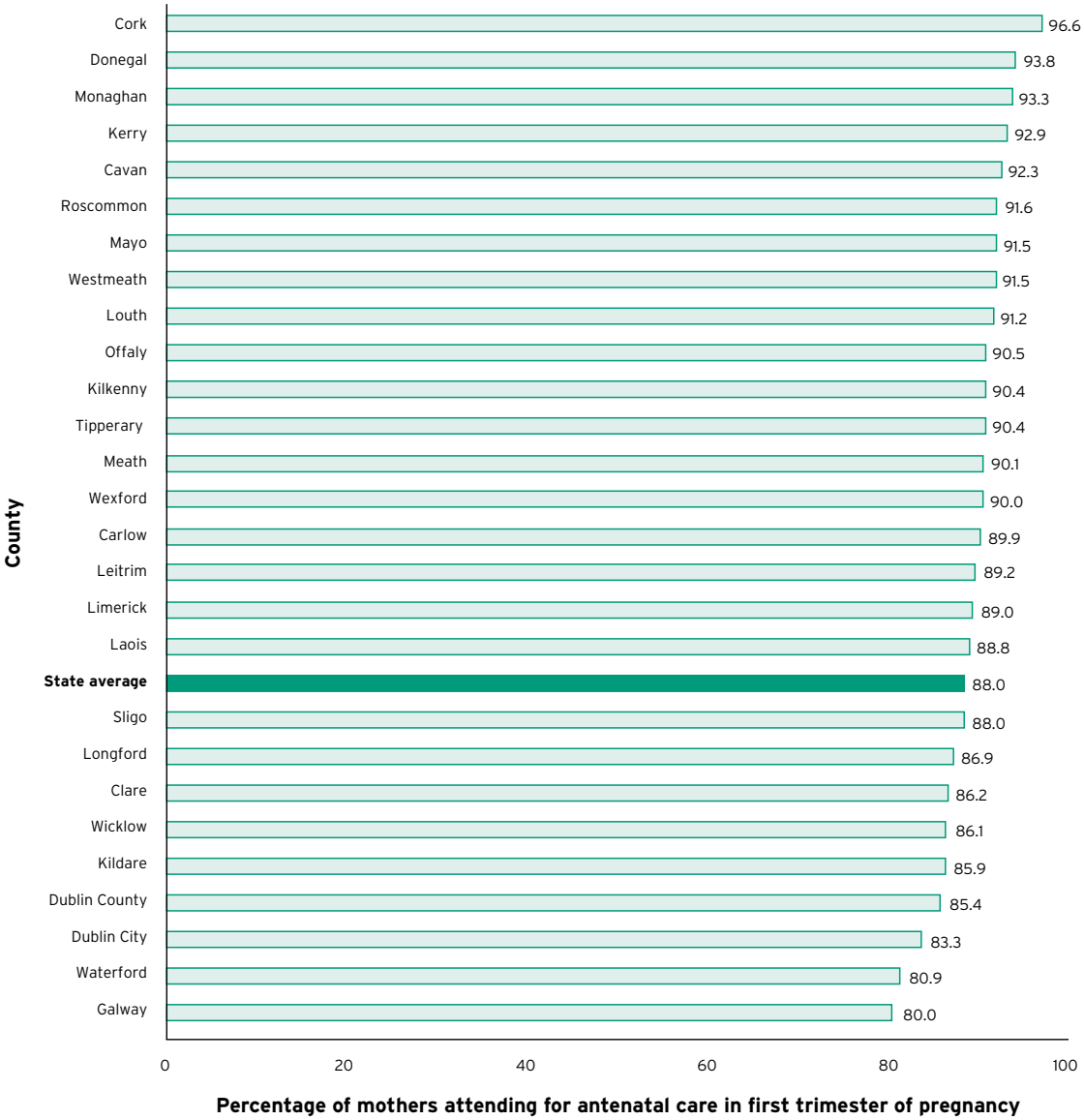
Note: Categories where percentages are based on fewer than 100 maternities have been omitted from this table (i.e. farmers and farm managers, unskilled manual workers and other agricultural occupations and fishermen).

Sources: National Perinatal Reporting System (NPRS), Healthcare Pricing Office, 2016

Differences by geographic location

- Overall, 88% of pregnant women attended for antenatal care in the first trimester of pregnancy (*see Figure 31*). This ranged from 80% in Co Galway to 96.6% in Co Cork.

Figure 31: Percentage of pregnant women attending for antenatal care in the first trimester of pregnancy, by mothers' county of residence (2015[p])*



* Based on maternities

[p] 2015 data are provisional.

Sources: National Perinatal Reporting System (NPRS), Healthcare Pricing Office, 2016

PUBLIC HEALTH NURSE VISIT

In 2015, 97.5% of newborn babies were visited by a public health nurse within 72 hours of discharge from hospital for the first time.

Measure

The percentage of newborn babies visited by a public health nurse within 72 hours of discharge from hospital for the first time.

Key findings

- In 2015, 97.5% of newborn babies were visited by a public health nurse within 72 hours of discharge from hospital for the first time.

Differences over time

- The percentage of newborn babies who were visited by a public health nurse within 48 hours of discharge from hospital for the first time increased from 83.6% to 85.7% between 2011 and 2014.

Table 135: Percentage of newborn babies visited by a public health nurse for the first time within 48 hours (2011–2014) and 72 hours (2015) of discharge from hospital

	2011	2012	2013	2014	2015*
Percentage within 48 hours (2011–2014) and within 72 hours in 2015*	83.6	83.9	84.2	85.7	97.5

* In 2015, the HSE collected data on the percentage of newborn babies who were visited by a public health nurse within 72 hours of discharge from hospital for the first time. This replaced data collection on visits within 48 hours of discharge from hospital.

Source: Outturn of Quarterly Performance Indicator Returns (HSE)

Differences by geographic location

- In 2015, the percentage of newborn babies who were visited by a public health nurse within 72 hours of discharge from hospital for the first time ranged from 88.1% in Meath to 100%* in 11 HSE Region and Local Health Office (LHO) areas (*see Table 136*).

Table 136: Percentage of newborn babies visited by a public health nurse within 72 hours of discharge from hospital for the first time, by HSE Region and Local Health Office (LHO) Area (2015)	
	%
Total	**97.5**
HSE Dublin North East	**95.2**
Cavan/Monaghan	94.9
Dublin North	97.7
Dublin North Central	96.7
Dublin North West	94.6
Louth	99.5
Meath	88.1
HSE Dublin Mid-Leinster	**97.7**
Dun Laoghaire	92.5
Dublin South City	100.0
Dublin South East	98.2
Dublin South West	100.0
Dublin West	90.5
Kildare/West Wicklow	100.0
Laois/Offaly	100.0
Longford/Westmeath	98.9
Wicklow	100.0
HSE South	**100.1***
Carlow/Kilkenny	99.7
Kerry	100.2*
North Cork	99.4
North Lee	98.8
South Lee	99.8
South Tipperary	101.3*
Waterford	101.4*
West Cork	100.0
Wexford	100.7*
HSE West	**97.3**
Clare	95.3
Donegal	97.0

continued

Table 136 (*continued*)

	%
Galway	99.3
Limerick	94.2
Mayo	99.7
Roscommon	100.0
Sligo/Leitrim	99.9
North Tipperary/East Limerick	93.1

* Numbers greater than 100% are due to newborn babies being present in one area for the first 24/48 hours after birth and then moving to another area within 72 hours of birth.

Source: Outturn of Quarterly Performance Indicator Returns, 2015 (HSE)

DEVELOPMENTAL SCREENING

In 2015, 93.7% of children had their 7–9 Month Developmental Check on time.

Measure

The percentage of children reaching 10 months who have had their 7–9 Month Developmental Check on time (i.e. before reaching 10 months of age).

Key findings

- In 2015, 93.7% of children had their 7–9 Month Developmental Check on time.

Differences by geographic location

- The percentage of children who had their 7–9 Month Developmental Check on time ranged from 87.7% in Louth to 98.7% in West Cork (*see Table 137*).

Table 137: Percentage of those children reaching 10 months within the reporting period who have had their Child Development Health Screening on time before reaching 10 months of age (2015)

	%
Total	**93.7**
HSE Dublin North East	**94.8**
Louth	87.7
Cavan/Monaghan	98.3
Meath	96.6
Dublin North West	95.4
Dublin North Central	94.9
Dublin North	95.9
HSE Dublin Mid-Leinster	**91.5**
Dun Laoghaire	91.5
Dublin South East	88.1
Wicklow	92.8
Dublin South City	88.3
Dublin South West	88.3

continued

Table 137 (*continued*)	
	%
Dublin West	94.9
Kildare/West Wicklow	93.6
Laois/Offaly	91.1
Longford/Westmeath	95.1
HSE South	**94.8**
North Lee	93.2
South Lee	94.2
North Cork	93.5
West Cork	98.7
Kerry	96.1
South Tipperary	96.4
Carlow/Kilkenny	95.6
Waterford	91.2
Wexford	94.8
HSE West	**94.2**
Limerick	91.8
Clare	89.5
North Tipperary/East Limerick	91.8
Galway	95.8
Mayo	97.9
Roscommon	96.6
Donegal	95.3
Sligo/Leitrim	94.9

Source: Outturn of Monthly Activity Data Returns, 2015 (HSE)

CHILDHOOD IMMUNISATION

In 2014, the national uptake rates of D_3, P_3, T_3, Hib_3, $Polio_3$ and $HepB_3$ for children at 24 months of age reached the target of 95%.

Measure

The percentage uptake of the recommended doses of vaccines among children at (a) 12 months and (b) 24 months of age.

List of vaccines presented below (*see technical notes in Appendix 1 for immunisation schedule*):

D_3	Three doses of vaccine against diphtheria
P_3	Three doses of vaccine against pertussis
T_3	Three doses of vaccine against tetanus
Hib_3	Three doses of vaccine against *Haemophilus influenzae* type b
$Polio_3$	Three doses of vaccine against polio
$HepB_3$	Three doses of vaccine against hepatitis B
$MenC_2$	Two doses of vaccine against meningococcal group C
$MenC_3$	Three doses of vaccine against meningococcal group C
$MenC_b$	One dose of vaccine against meningococcal group C on or after 12 months of age
PCV_2	Two doses of pneumococcal conjugate vaccine
PCV_3	Three doses of pneumococcal conjugate vaccine
PCV_b	One dose of pneumococcal conjugate vaccine on or after 12 months of age
Hib_b	One booster dose of vaccine against *Haemophilus influenzae* type b on or after 12 months of age
MMR_1	One dose of vaccine against measles, mumps and rubella
BCG	One dose of bacillus Calmette-Guerin (BCG) vaccine

Key findings

- In 2014, the national uptake rates for children at **12 months** of age were 92% for D_3, P_3, T_3, Hib_3, $Polio_3$, $HepB_3$, $MenC_2$, and PCV_2 and 87% (based on available data) for BCG.
- The national uptake rates of D_3, P_3, T_3, Hib_3, $Polio_3$ and $HepB_3$ for children at **24 months** of age in 2014 reached or exceeded the target of 95%. The national uptake rates at 24 months of age were 93% for MMR_1 and PCV_b, 92% for PCV_3 and $Hib_{b,}$ 91% for $MenC_b$ and 88% for $MenC_3$.

Differences over time

- Over the five-year period 2010–2014, for children at **12 months** of age the national uptake rates (based on available data) increased from 89% to 92% for D_3, P_3, T_3, Hib_3, $Polio_3$, $HepB_3$, $MenC_2$ and PCV_2 (*see Table 138*).
- Over the same period, for children at **24 months** of age the national uptake rates (based on available data) increased from 94% to 96% for D_3, P_3, T_3, Hib_3 and $Polio_3$; from 85% to 92% for Hib_b; and from 90% to 93% for MMR_1.
- Over the same period, for children at **24 months** of age the national uptake rates for $MenC_3$ decreased from 86% in 2010 to 84% in 2011 and then increased to 88% by 2014.

Table 138: Immunisation uptake rates, by age and vaccine type (2010–2014)*

	2010	2011	2012	2013	2014
At 12 months					
BCG	95	85	80	86	87
D_3	89	90	91	91	92
P_3	89	90	91	91	92
T_3	89	90	91	91	92
Hib_3	89	90	91	91	92
$Polio_3$	89	90	91	91	92
$HepB_3$	89	90	91	91	92
$MenC_2$	89	90	91	91	92
PCV_2	89	90	91	91	92
At 24 months					
D_3	94	95	95	96	96
P_3	94	95	95	96	96
T_3	94	95	95	96	96
Hib_3	94	95	95	95	96
Hib_b	85	88	89	90	92
$Polio_3$	94	95	95	96	96
$HepB_3$	94	95	95	95	95
$MenC_3$	86	84	85	87	88
$MenC_b$	*n/a*	*n/a*	90	90	91
PCV_3	*n/a*	90	91	91	92
PCV_b	*n/a*	*n/a*	93	93	93
MMR_1	90	92	92	93	93

n/a = not available.

* Please see technical notes in Appendix 1 for caveats to data (as a number of figures presented here are incomplete).

Source: Health Protection Surveillance Centre, *Annual Epidemiological Report 2014*

Differences by geographic location

- For children at **12 months** of age, uptake rates among Local Health Offices (LHOs) in 2014 for D_3, P_3, T_3, and $Polio_3$ ranged from 89% to 97% (*see Table 139*).
- Uptake rates among LHOs for $MenC_2$ and PCV_2 ranged from 84% to 97%.
- Uptake rates for $HepB_3$ and Hib_3 ranged from 88% to 97%.
- The target uptake of 95% was reached or exceeded in Laois/Offaly, Longford/Westmeath and Roscommon for D_3, P_3, T_3, $Polio_3$, Hib_3, $HepB_3$, $MenC_2$ and PCV_2. The target uptake of 95% was reached or exceeded for BCG in 13 LHOs that reported data.

Table 139: Immunisation uptake rates (%) at 12 months, by HSE Region and Local Health Office (LHO) Area (2014)

	Immunisation uptake (%)					
	BCG	D_3, P_3, T_3, $Polio_3$	Hib_3	$HepB_3$	$MenC_2$	PCV_2
Total	**87**	**92**	**92**	**92**	**92**	**92**
HSE East	**93**	**91**	**91**	**91**	**91**	**91**
Dublin South	89	92	92	92	91	92
Dublin South East	88	93	93	93	92	92
Dublin South City	93	93	93	93	93	93
Dublin South West	97	93	93	93	93	93
Dublin West	91	92	92	92	92	92
Dublin North West	93	90	90	90	90	90
Dublin North Central	91	89	89	89	89	89
Dublin North	94	89	89	89	89	89
Kildare/West Wicklow	96	92	92	92	92	92
Wicklow	93	92	92	92	92	92
HSE Midland	**95**	**96**	**96**	**96**	**96**	**96**
Laois/Offaly	96	95	95	95	95	95
Longford/Westmeath	95	96	96	96	96	96
HSE Mid-West	**96**	**92**	**92**	**92**	**92**	**93**
Clare	96	93	92	92	92	92
Limerick	97	92	92	92	92	92
Tipperary North/East Limerick	97	93	93	93	93	93

continued

Table 139 (*continued*)

	Immunisation uptake (%)					
	BCG	**D_3, P_3, T_3, $Polio_3$**	**Hib_3**	**$HepB_3$**	**$MenC_2$**	**PCV_2**
HSE North East	***n/a***	**92**	**92**	**92**	**93**	**93**
Cavan/Monaghan	*n/a*	93	93	93	95	95
Louth	*n/a*	90	90	90	91	91
Meath	*n/a*	92	92	92	93	93
HSE North West	**95**	**94**	**94**	**93**	**93**	**94**
Donegal	95	94	94	93	93	94
Sligo/Leitrim	96	94	94	94	93	94
HSE South East	**96**	**93**	**93**	**93**	**92**	**93**
Carlow/Kilkenny	96	91	91	91	91	91
South Tipperary	97	94	94	94	94	94
Waterford	94	92	92	92	92	92
Wexford	96	94	94	94	94	94
HSE South	**93**	**90**	**90**	**91**	**88**	**88**
North Cork	94	91	91	92	89	89
North Lee/South Lee	94	91	91	91	89	88
West Cork	91	88	88	88	84	84
Kerry	92	91	91	91	87	86
HSE West	**16***	**94**	**94**	**94**	**94**	**94**
Galway	*n/a*	94	94	94	94	94
Mayo	*n/a*	93	93	93	93	93
Roscommon	*n/a*	97	97	97	97	97

n/a = not available

* While North Lee and South Lee are two separate Local Health Offices, their combined immunisation uptake data are reported here.

Source: Health Protection Surveillance Centre, *Annual Epidemiological Report 2014*

- For children at 24 months of age, uptake rates among LHOs in 2014 for D_3, P_3, T_3, $Polio_3$, $HepB_3$ and Hib_3 ranged from 93% to 98% (*see Table 140*).
- Uptakes rates for MMR_1 ranged from 90% to 97%.
- Uptake rates for PCV_3 ranged from 88% to 98%.
- Uptake rates for PCV_b ranged from 90% to 97%.
- Uptake rates for $MenC_3$ ranged from 84% to 96%.
- Uptake rates for $MenC_b$ ranged from 85% to 95%.
- The target uptake rate of 95% was exceeded in Roscommon for all vaccines for which data are available.

Table 140: Immunisation uptake rates (%) at 24 months, by HSE Region and Local Health Office (LHO) Area (2014)

	Immunisation uptake (%)								
	$D_3, P_3, T_3,$ $Polio_3$	Hib_3	Hib_b	$HepB_3$	$MenC_3$	$MenC_b$	PCV_3	PCV_b	MMR_1
Total	**96**	**96**	**92**	**95**	**88**	**91**	**92**	**93**	**93**
HSE Dublin North East	**95**	**95**	**90**	**95**	**87**	**90**	**91**	**93**	**92**
Dublin South	95	95	91	95	89	91	91	92	92
Dublin South East	95	95	92	95	90	92	92	94	94
Dublin South City	95	95	89	95	86	89	90	92	92
Dublin South West	96	96	93	96	89	93	92	95	94
Dublin West	96	96	90	96	86	89	90	93	93
Dublin North West	93	93	87	93	84	87	89	90	90
Dublin North Central	93	93	88	93	85	88	88	90	90
Dublin North	94	94	90	94	88	90	91	93	93
Kildare/West Wicklow	96	96	92	96	89	91	92	94	93
Wicklow	95	95	86	95	84	86	90	91	91
HSE Midland	**98**	**98**	**98**	**98**	**93**	**95**	**95**	**97**	**97**
Laois/Offaly	98	98	98	98	92	95	94	96	96
Longford/Westmeath	98	98	98	98	93	95	95	97	97
HSE Mid West	**95**	**95**	**90**	**95**	**87**	**90**	**91**	**93**	**92**
Clare	96	96	93	96	90	93	92	94	93
Limerick	94	94	88	94	85	88	90	92	90
Tipperary North/ East Limerick	95	95	89	95	86	89	91	93	92
HSE North East	**95**	**95**	**89**	**95**	**87**	***n/a***	**91**	***n/a***	**92**
Cavan/Monaghan	97	97	91	97	88	*n/a*	92	*n/a*	93
Louth	93	93	87	93	84	*n/a*	89	*n/a*	91
Meath	95	95	90	95	87	*n/a*	91	*n/a*	92
HSE North West	**97**	**96**	**93**	**96**	**87**	**92**	**91**	**95**	**94**
Donegal	96	96	93	95	88	93	91	94	94
Sligo/Leitrim	97	96	92	96	86	92	90	95	95
HSE South East	**96**	**96**	**95**	**96**	**89**	**93**	**93**	**95**	**94**
Carlow/Kilkenny	96	96	94	96	88	93	93	94	95
South Tipperary	97	97	97	96	89	95	94	95	95
Waterford	96	96	93	96	88	92	93	94	94
Wexford	96	96	95	96	89	93	93	95	94

continued

Table 140 (*continued*)

	Immunisation uptake (%)								
	$D_3, P_3, T_3,$ $Polio_3$	Hib_3	Hib_b	$HepB_3$	$MenC_3$	$MenC_b$	PCV_3	PCV_b	MMR_1
HSE South	**96**	**95**	**91**	**96**	**87**	**89**	**91**	**92**	**93**
North Cork	95	94	90	95	88	89	92	91	93
North South Lee	96	95	90	96	87	89	91	93	93
West Cork	93	93	88	93	85	85	89	90	91
Kerry	97	97	92	97	90	91	93	94	94
HSE West	**97**	**97**	**96**	**97**	**92**	***n/a***	**96**	***n/a***	**95**
Galway	97	97	96	97	92	*n/a*	95	*n/a*	95
Mayo	97	97	94	97	91	*n/a*	96	*n/a*	93
Roscommon	98	98	97	98	96	*n/a*	98	*n/a*	97

Note: While North Lee and South Lee are two separate Local Health Offices, their combined immunisation uptake data are reported here

Source: Health Protection Surveillance Centre, *Annual Epidemiological Report 2014*

International comparisons

- In 2014, uptake rates of the recommended doses of vaccines among children of relevant age reported in countries across the EU-28 for D_3, P_3, T_3 and $Polio_3$ ranged from 83% in Austria to 99% in Belgium, Cyprus, Czech Republic, France, Greece, Hungary, Luxembourg and Malta (*see Table 141*).
- Uptake rates for the first dose of measles-containing vaccine ranged from 76% in Austria to 99% in Czech Republic, Hungary and Luxembourg.
- The equivalent uptake rates in Ireland were 96% for D_3, P_3, T_3 and $Polio_3$, and 93% for first dose of measles-containing vaccine.

Table 141: Immunisation uptake rates among children of relevant age, by vaccine type and EU-28 (2013)			
Country	**D_3, P_3, and T_3**	**$Polio_3$**	**Measles-containing vaccine**
Austria	83	83	76
Belgium	99	99	96
Bulgaria	88	88	93
Croatia	95	95	94
Cyprus	99	99	86
Czech Republic	99	99	99
Denmark	94	94	90
Estonia	93	93	93
Finland	98	98	97
France	99	99	90
Germany	96	95	97
Greece	99	99	97
Hungary	99	99	99
Ireland	**96**	**96**	**93**
Italy	94	94	86
Latvia	92	92	95
Lithuania	93	93	93
Luxembourg	99	99	99
Malta	99	99	98
Netherlands	96	96	96
Poland	99	95	98
Portugal	98	98	98
Romania	94	94	89
Slovakia	97	97	97
Slovenia	95	95	94
Spain	97	97	96
Sweden	98	98	97
United Kingdom	95	95	93

Source: Centralised Information System for Infectious Diseases, 2014

ACCESSIBILITY OF BASIC HEALTH SERVICES

The number of children on an inpatient/day case waiting list awaiting treatment increased by 44.4% between 2011 and 2015.

Measure

The number of children on hospital waiting lists.

Key findings

- In 2015, 7,069 children were known to be on an inpatient/day case waiting list, awaiting treatment.

Differences by waiting time and over time – Inpatient

- Of the 7,069 children who were on an inpatient/day case (IPDC) waiting list, 33.6% were on an IPDC waiting list for more than six months (*see Table 142*).
- The number of children on an IPDC waiting list awaiting treatment increased by 44.4% between 2011 and 2015.

Table 142: Number and percentage of children on IPDC waiting lists, by waiting time (2011–2015)

	2011	2012	2013	2014	2015	
	No.	No.	No.	No.	No.	%
Total	**4,894**	**3,065**	**5,141**	**5,914**	**7,069**	**100.0**
Age						
Less than three months	2,045	2,116	3,019	2,751	2,775	39.3
3–6 months	1,443	756	1,422	1,736	1,910	27.0
6–9 months	773	133	373	625	1,078	15.2
9–12 months	261	44	265	640	554	7.8
12 months or more	372	16	62	162	752	10.6

Source: Patient Treatment Register

Differences by waiting time and over time – Outpatient

- Of the 62,616 children who were on an outpatient (OP) waiting list in 2015, 42.36% were on an OP waiting list for more than six months (*see Table 143*).

- The number of children on an OP waiting list awaiting treatment decreased by 6.4% between 2014 and 2015.

Table 143: Number and percentage of children on outpatient (OP) waiting lists, by waiting time (2014–2015)

	2014	2015	
	No.	No.	%
Total	**66,927**	**62,616**	**100.0**
Age			
Less than 3 months	24,789	22,047	35.21
3–6 months	17,445	14,049	22.44
6–12 months	17,281	16,814	26.85
12–24 months	7,182	9,556	15.26
24–36 months	168	135	0.22
36–48 months	60	10	0.02
48+ months	2	5	0.01

Source: Patient Treatment Register

CHILDREN AND YOUNG PEOPLE IN CARE

The number of children in the care of Tusla, the Child and Family Agency increased by approximately 3.6% between 2011 and 2015.

Measure

The number of children who are in the care of Tusla, the Child and Family Agency.

Key findings

- In 2015, 6,384 children were in the care of Tusla, the Child and Family Agency.

Differences by age, gender, type of placement and over time

- The number of children in the care of the HSE (2011–2013) and Tusla (2014–2015) increased by approximately 3.6% between 2011 and 2015 (*see Table 144*).
- Overall, 5.3 per 1,000 children were in the care of Tusla in 2015.
- The majority of children in the care of Tusla (92%) live in foster families.
- In 2015, there was a slightly higher number and rate (per 1,000) of boys (52%) than girls (48%) in the care of Tusla.

Table 144: Number, percentage and rate (per 1,000) of children in the care of the HSE and Tusla, the Child and Family Agency, by age, gender and type of placement (2011–2015)

	2011	2012	2013	2014	2015		
	No.	No.	No.	No.	No.	%	Rate per 1,000 children
Total	**6,160**	**6,332**	**6,469**	**6,454**	**6,384**	**100.0**	**5.3**
Age							
0–4	1,021	1,058	1,085	1,087	1,020	16%	2.8
5–9	1,647	1,670	1,664	1,642	1,630	26%	4.6
10–14	2,007	2,120	2,200	2,193	2,173	34%	6.9
15–17	1,480	1,484	1,520	1,532	1,561	24%	8.7
Not available	5	–	–	–	–	–	–

continued

Table 144 (*continued*)							
	2011	2012	2013	2014	2015		
	No.	No.	No.	No.	No.	%	Rate per 1,000 children
Gender							
Boys	3,182	3,245	3,262	3,324	3,297	52%	5.3
Girls	2,973	3,087	3,207	3,130	3,087	48%	5.2
Not available	5	–	–	–	–	–	–
Type of placement							
Foster care general	3,776	3,979	4,147	4,134	4,110	64%	3.4
Relative foster care	1,788	1,837	1,862	1,869	1,816	28%	1.5
Residential care	443	379	357	345	351	5%	0.3
Other care placements	153	137	103	106	107	2%	0.1

Sources: Census of the Population, 2011; Q4 Addendum returns 2015 (Addendum 6) Tusla, the Child and Family Agency

Differences by geographic location

- Rates ranged across Administrative Area from 3.6 per 1,000 in Dublin North to 14.5 per 1,000 in Dublin City North (*see Table 145*).

Table 145: Number of children in the care of Tusla, the Child and Family Agency, by Region and Administrative Area (2015)*, and rate (per 1,000) in the State/Tusla Administrative Area (2011)

	No. of children in the care of Tusla, the Child and Family Agency, by Region/ Administrative Area	No. of children, by Tusla, the Child and Family Agency Region/ Administrative Area in 2011**	Rate in 2015 per 1,000 children in Tusla, the Child and Family Agency Region/ Administrative Area in 2011**
Total	**6,384**	**1,148,687**	**5.6**
Tusla, the Child and Family Agency Dublin North East	**1,515**	**258,569**	**5.9**
Cavan/Monaghan	171	35,085	4.9
Dublin North	331	92,951	3.6
Dublin City North	623	42,971	14.5
Louth/Meath	390	87,562	4.5
Tusla, the Child and Family Agency Dublin Mid-Leinster	**1,540**	**324,955**	**4.7**
Dublin South Central	393	62,438	6.3
Dublin South East/Wicklow	306	81,991	3.7
Dublin South West/Kildare/ West Wicklow	461	102,800	4.5
Midlands	380	77,726	4.9
Tusla, the Child and Family Agency South	**1,873**	**292,796**	**6.4**
Carlow/Kilkenny/South Tipperary	382	57,800	6.6
Cork	899	128,448	7.0
Kerry	145	34,940	4.1
Waterford/Wexford	447	71,608	6.2
Tusla, the Child and Family Agency West	**1,456**	**272,367**	**5.3**
Donegal	210	44,534	4.7
Galway/Roscommon	402	77,270	5.2
Mayo	136	32,514	4.2
Midwest	598	94,989	6.3
Sligo/Leitrim/West Cavan	110	23,060	4.8

* Children in care refers to children aged between <1 and 17 years inclusive in the care of child protection services under the Child Care Act, 1991.

** 2011 Census data have been used to calculate rate (per 1,000 children). County-level population estimates not available for 2015.

Sources: Census of the Population, 2011; Q4 Addendum returns 2015 (Addendum 6) Tusla, the Child and Family Agency

MENTAL HEALTH REFERRALS

In 2015, among children, 'depressive disorders' were the most common reason for admission to psychiatric hospitals/units and child and adolescent units.

Measure

The number of admissions of children to psychiatric hospitals/units and child and adolescent units.

Key findings

- In 2015, there were 503 admissions of children to psychiatric hospitals/units and child and adolescent units.
- Overall, 41.6 per 100,000 children were admitted to psychiatric hospitals/units and child and adolescent units in 2015.

Differences by age, gender, diagnosis and over time

- 80.9% of children admitted to psychiatric hospitals/units and child and adolescent units were aged 15–17 years (*see Table 146*).
- 39.8% of children admitted to psychiatric hospitals/units and child and adolescent units were boys and 60.2% were girls. This equates to a rate of 32.4 per 100,000 boys and 51.2 per 100,000 girls.
- Among children, 'depressive disorders' (32.4%) followed by 'neuroses' (25%) were the most common reason for admission to hospitals/units and child and adolescent units. Other common reasons included 'psychoses' (8.8% combined) and 'personality disorders (7%).
- The number of admissions to psychiatric hospitals/units and child and adolescent units among children remained relatively stable between 2011 and 2014 and then increased by 15.4% between 2014 and 2015.

Table 146: Number, percentage and rate (per 100,000) of admissions to psychiatric hospitals/units and child and adolescent units, of children by age, gender and diagnosis (2011–2015)

	2011	2012	2013	2014	2015		
	No.	No.	No.	No.	No.	%	Rate per 100,000 children
Total	**435**	**438**	**415**	**436**	**503**	**100.0**	**41.6**
Age							
0–4	0	0	0	0	0	0.0	0.0
5–9	2	1	0	0	1	0.2	0.3
10–14	74	73	68	76	95	18.9	30.1
15–17	359	364	347	360	407	80.9	226.6
Gender							
Boys	190	167	151	146	200	39.8	32.4
Girls	245	271	264	290	303	60.2	51.2
Diagnosis							
Alcoholic disorders	4	5	3	1	1	0.2	0.08
Depressive disorders	157	164	152	153	163	32.4	13.5
Drug dependence	15	12	10	18	15	3.0	1.2
Mania	28	31	19	29	25	5.0	2.1
Mental handicap	0	1	1	1	1	0.2	0.08
Neuroses	101	109	82	107	126	25.0	10.4
Organic psychoses	12	4	5	2	5	1.0	0.4
Other psychoses	24	33	32	36	39	7.8	3.2
Personality disorders	23	18	18	26	35	7.0	2.9
Schizophrenia	37	24	31	14	18	3.6	1.5
Unspecified	34	37	62	49	75	14.9	6.2

Sources: Population and Migration Estimates, 2015; National Psychiatric In-Patient Reporting System

Differences by geographic location

- Rates ranged across counties, with the highest rate being 83.6 per 100,000 in Co Sligo (*see Table 147*).

Table 147: Number and rate (per 100,000) of admissions to psychiatric hospitals/units and child and adolescent units, of children, by county (2015)			
	No. of children admitted to psychiatric hospitals/ units and child and adolescent units	**No. of children in State/County in 2011 Census**	**2015 rate of admissions per 100,000 children in State/County in 2011***
Total	**503**	**1,148,687**	**43.8**
County			
Carlow	4	14,139	28.3
Cavan	8	20,194	39.6
Clare	14	30,666	45.7
Cork	23	128,448	17.9
Donegal	10	43,732	22.9
Dublin	169	287,258	58.8
Galway	20	61,194	32.7
Kerry	20	39,940	50.1
Kildare	34	59,449	57.2
Kilkenny	6	25,015	24.0
Laois	7	22,932	30.5
Leitrim	6	8,051	74.5
Limerick	11	46,067	23.9
Longford	6	10,593	56.6
Louth	4	33,292	12.0
Mayo	18	32,514	55.4
Meath	18	53,400	33.7
Monaghan	6	16,031	37.4
Offaly	12	21,149	56.7
Roscommon	7	16,076	43.5
Sligo	13	15,541	83.6
Tipperary	26	40,760	63.8
Waterford	16	28,908	55.3
Westmeath	7	23,052	30.4
Wexford	24	38,842	61.8
Wicklow	13	36,444	35.7
Non-resident	1		

* 2011 Census data have been used to calculate rate (per 100,000 children). County-level population estimates not available for 2015.

Sources: Census of the Population, 2011; National Psychiatric In-Patient Reporting System, 2015

APPENDICES

APPENDIX 1: MAIN DATA SOURCES, DEFINITIONS AND TECHNICAL NOTES

Census of the Population and Population Estimates: Central Statistics Office

The Census of the Population is conducted by the Central Statistics Office (CSO) on a quinquennial basis. The following indicators, which draw on data from this source, define children as 'all population under 18 years of age' when the data were collected. Figures are based on either place of usual residence and present on Census night or de facto presence on Census night:

- Number of children (de facto)
- Number of children living in a lone-parent household (usual residence and present)
- Percentage of children whose mothers have attained (a) primary, (b) lower secondary, (c) upper secondary or (d) third-level education (usual residence and present)
- Number of Traveller children (de facto)
- Number of foreign national children (usual residence and present)
- Number of children with a disability (de facto)
- Number of children who provide regular unpaid personal help for a friend or family member with a long-term illness, health problem or disability (de facto).

Parental education level data refer to the highest educational attainment of the mother rather than the head of household. All information supplied is for those whose full-time education has ceased. Where no mother is present, the highest educational attainment of the father is used instead. The figures are based on responses to Question 25 of the 2011 Census, which distinguishes between the following main categories:

1. No formal education or just primary education: NFQ Levels 1 or 2 (FETAC Level 1 or 2 Cert. or equivalent).
2. Lower secondary education: NFQ Level 3 (Junior/Inter/Group Cert., FETAC Level 3 Cert., FÁS Introductory Skills, NCVA Foundation Cert. or equivalent).
3. Upper secondary: NFQ Levels 4, 5 or 6 (Leaving Cert. (including Applied and Vocational programmes) or equivalent), Technical or Vocational (FETAC Level 4/5 Cert., NCVA Level 1/2, FÁS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent), Advanced Certificate/Completed Apprenticeship (FETAC Advanced Cert., NCVA Level 3, FÁS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent).

4. Third level: NFQ Levels 6, 7, 8, 9 or 10 (Higher Certificate, Ordinary Bachelor's Degree or National Diploma, Honours Bachelor's Degree/Professional qualification or both, Postgraduate Diploma or Degree, Doctorate (PhD) or higher).

A person is classified as a **Traveller** in the 2011 Census if the answer is 'Irish Traveller' to Question 11: '*What is your ethnic or cultural background?*'

A person is identified as a **foreign national** in the 2011 Census if the answer is not 'Irish' to Question 10: '*What is your nationality?*'

A person is defined as having a **disability** in the 2011 Census if they answer 'Yes' to any of the options in Question 16 or Question 17.

- Question 16: '*Do you have any of the following long-lasting conditions or difficulties?*'
  (a) Blindness or a serious vision impairment.
  (b) Deafness or a serious hearing impairment.
  (c) A difficulty with basic physical activities, such as walking, climbing stairs, reaching, lifting or carrying.
  (d) An intellectual disability.
  (e) A difficulty with learning, remembering or concentrating.
  (f) A psychological or emotional condition.
  (g) A difficulty with pain, breathing or any other chronic illness or condition.

- Question 17: '*If Yes to any of the conditions specified in Question 16, do you have any difficulty in doing any of the following?*'
  (a) Dressing, bathing or getting around inside the home.
  (b) Going outside the home alone to shop or visit a doctor's surgery.
  (c) Working at a job or business or attending school or college.
  (d) Participating in other activities, for example, leisure or using transport.

Calculation of annual population estimates

The annual population estimates for mid-April are calculated by trending forwards the previous Census of the Population data. For example, the base population data for estimating the April 2012 figure was the number of males and females in each region by single year of age and nationality as established by the 2011 Census. From this base, each person was aged by one

year, births for the period were added and deaths were subtracted. The estimated number of immigrants was then added and the number of emigrants was subtracted. The population estimates are subject to revision once the definitive results of the next census become available.

No estimates are made of the population of children in counties or regions for intercensal years. In this publication, 'Rates per county' calculations for years subsequent to 2011 continue to use the 2011 Census of the Population county figures.

Centralised Information System for Infectious Diseases: World Health Organization

The Centralised Information System for Infectious Diseases (CISID) is compiled by the World Health Organization (WHO) European Region. The following indicator draws on data from the CISID:

- The percentage uptake of the recommended doses of vaccines among children at (a) 12 months and (b) 24 months of age.

Early Childhood Care and Education (ECCE) Database: Department of Children and Youth Affairs

The Early Childhood Care and Education (ECCE) Database was an administrative data source managed by the Department of Children and Youth Affairs that was established in 2010 to administer the Early Childhood Care and Education (ECCE) Programme. The database was transferred in 2014 to the Programmes Implementation Platform (PIP). The following indicator draws on data from this source:

- Percentage of pre-school services under contract to deliver the Early Childhood Care and Education (ECCE) Programme that meet basic and higher capitation criteria.

The Early Childhood Care and Education (ECCE) Programme offers every child in the eligible age cohort up to 15 hours per week of free early childhood care and education provision for 38 weeks per year. From September 2016 children were eligible to avail of ECCE once they had turned three (and were not more than four years and eight months), and can continue in free pre-school until they start primary school (once the child is not older than five years and six months at the end of the relevant pre-school year). Children are able to enrol in ECCE at three different points in the year – September, January and April. Pre-school services may enter into a Grant Funding Agreement with the State to provide the ECCE Programme on the basis of meeting a number of criteria, including qualifications of staff. Two capitation rates are available:

The **basic capitation rate** requires the following qualification profile:

Pre-school Leaders must hold certification for a major award in childcare/early education at a minimum of Level 6 on the National Framework of Qualifications of Ireland (NFQ) or an equivalent nationally recognised qualification or a higher award in the childcare/early education field. A standard rate of €64.50 per registered child per week for 38 weeks is applicable.

The **higher capitation rate** is awarded based on the following criteria:

A higher capitation fee, equivalent to €75 per week for 38 weeks, will be payable to ECCE sessions where the Pre-school Leader for that session holds a Bachelor's degree in childcare/early education (minimum of Level 7 on the National Framework of Qualifications (NFQ) or equivalent) and have three years' experience working in the sector, and where all Pre-school Assistants hold a relevant major award in childcare/early education at Level 5 on the NFQ or its equivalent.

Education Statistics Database: Department of Education and Skills

The following indicators draw on data from the Department of Education and Skills:

- Leaving Certificate retention rates
- Public expenditure on education.

Leaving Certificate retention rates are drawn from the school-based returns collated by the Department of Education and Skills. Rates are adjusted for emigration and transfer to non-aided second-level schools, but not for transfer to other destinations (e.g. Youthreach). From 2005 onwards, an updated methodology was employed to calculate adjusted rates, so these rates are not completely comparable to those for previous cohorts.

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

The expenditure has been deflated to real prices by using the National Accounts series for net expenditure by Central and Local Government on current goods and services at base year 2013.

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

In the mid-1990s, undergraduate tuition fees were abolished in Ireland.

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

Data on total public expenditure on education are expressed as a percentage of gross domestic product (GDP). GDP is the central aggregate of National Accounts. It represents the total value added (output) in the production of goods and services in the country.

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

Please note: 'Public expenditure on educational institutions between primary and tertiary level' as outlined in this report does not include expenditure on pre-primary education and is not comparable to 'public expenditure on education' which was reported in previous editions of *State of the Nation's Children*, as this included all levels of education.

European Union Survey on Income and Living Conditions (EU-SILC): Central Statistics Office

The European Union Survey on Income and Living Conditions (EU-SILC) is conducted in Ireland by the Central Statistics Office. The EU-SILC collects information on poverty, deprivation and social exclusion. The following indicators draw on data from this source:

- **At risk of poverty:** The percentage of children living in households with an equivalised household disposable income below 60% of the median equivalised household disposable income.
- **Consistent poverty:** The percentage of children living in households with an equivalised household disposable income below 60% of the median equivalised household disposable income who experienced at least two forms of enforced deprivation.

There are two definitions of income and **'at risk of poverty'** used in the measures shown in this report. These include national, (i.e. 'CSO, SILC'), and EU, (i.e. 'EU-SILC') measures. The key difference between the national and EU definition of income is that the national definition includes the value of goods produced for own consumption and non-cash employee income (i.e. benefit-in-kind/BIK), while the EU definition does not. The calculation of national and EU 'at risk of poverty' measures involves the use of different equivalence scales. The purpose of an equivalence scale is to account for the size and composition of different income units (households) and thus allows for a more accurate comparison between households.

The national equivalence scale used to obtain the equivalised household size attributes a weight of 1.0 to the first adult in a household, 0.66 to each subsequent adult (aged 14+ living in the household) and 0.33 to each child aged less than 14 years.

For EU 'at risk of poverty' rates, the equivalised disposable income for each person is calculated as the total net income figure divided by the equivalised household size according to the modified OECD scale (which gives a weight of 1.0 to the first adult, 0.5 to other persons aged 14 or over who are living in the household and 0.3 to each child aged less than 14 years).

In the tables/graphs shown in this report, tables with national data only use the national income definition and equivalence scale to calculate the 'risk of poverty' rate, while tables showing EU comparisons use the corresponding EU definitions.

The indicators shown in this report refer to income after social transfers are included.

In 2014, the 'at risk of poverty' threshold for an individual was €10,926.*

'Consistent poverty' is a measure designed to examine the extent to which persons at risk of poverty may be excluded and marginalised from participating in activities that are considered the norm for other people in society. To this end, a set of basic deprivation indicators (*listed below*) has been agreed. Persons in consistent poverty are defined as persons who are at risk of poverty (national measure) and who live in households deprived, through inability to afford them, of two or more of the following basic deprivation items:

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

Note: 'Household composition' data provided in Tables 122 and 123 of *State of the Nation's Children: Ireland, 2014* related to households. However, all data presented in Tables 122 and 123 of *State of the Nation's Children: Ireland, 2016* are based on individuals (not households).

* Central Statistics Office (2015) *Survey on Income and Living Conditions: 2014.*

Health Behaviour in School-aged Children (HBSC) Survey: Health Promotion Research Centre

The Health Behaviour in School-aged Children (HBSC) Survey is conducted in Ireland by the Health Promotion Research Centre on a quadrennial basis. This comprises self-report, self-completion questionnaires completed by children in schools. The following indicators draw on data from this source:

- Percentage of children aged 10–17 who report that they find it easy to talk to their mother when something is really bothering them*
- Percentage of children aged 10–17 who report that they find it easy to talk to their father when something is really bothering them*
- Percentage of children aged 10–17 who report having three or more friends of the same gender*
- Percentage of children aged 10–17 who report having a pet of their own or a pet in their family*
- Percentage of children aged 10–17 who report having been bullied in school (in the past couple of months)*
- Percentage of children aged 10–17 who report that students at their school participate in making the school rules*
- Percentage of children aged 10–17 who report smoking cigarettes every week*
- Percentage of children aged 10–17 who report never smoking cigarettes
- Percentage of children aged 10–17 who report who report having been drunk at least once in the past 30 days
- Percentage of children aged 10–17 who report never having had an alcoholic drink
- Percentage of children aged 10–17 who report having taken cannabis at least once in their lifetime
- Percentage of children aged 15–17 who report having ever had sex
- Percentage of children aged 10–17 who report feeling happy with the way they are*
- Percentage of children aged 10–17 who report being happy with their lives at present*
- Percentage of children aged 10–17 who report being physically active for at least 60 minutes per day on more than four days per week
- Percentage of children aged 10–17 who report that they eat breakfast five or more days per week
- Percentage of children aged 10–17 who report drinking soft drinks that contain sugar at least once a day*
- Percentage of children aged 10–17 who report feeling safe in the area where they live*
- Percentage of children aged 10–17 who report that there are good places in their area to spend their free time*

* **Indicators marked with an asterisk (*) include data on children aged nine.** These indicators use data collected separately in a Middle Childhood Study. These children are not included in the core HBSC sample. Therefore, these data have been excluded from overall percentages and from analyses by population group, social class and geographic location.

Data are subject to potential bias in relation to self-presentation and memory. They may also suffer from social desirability bias.

The overall percentages for HBSC 2014 presented in this report have been weighted. The data were probability weighted prior to analysis to account for a gender imbalance which arose due to response variations during data collection in 2014. The sample weights were constructed using census data and accounted for using gender, age group and region. The weights were constructed as W=1/P. W can be interpreted as the inverse selection probability.

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

Social Class I:	Professional
Social Class II:	Managerial
Social Class III:	Non-manual
Social Class IV:	Skilled manual
Social Class V:	Semi-skilled
Social Class VI:	Unskilled

The method to categorise social class for HBSC 2014 is different to that used in previous survey cycles. The highest social class in the household was used. In previous survey cycles, social class was categorised using the father's social class (or the mother's social class where the father's social class was not available or was missing data).

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

Children are identified as Traveller children if they answered 'Yes' to the question '*Are you a member of the Travelling community?*'

Children are identified as having a disability and/or chronic illness if they answered 'Yes' to the question '*Do you have a long-term illness, disability, or a medical condition (like diabetes, asthma, allergy or cerebral palsy) that has been diagnosed by a doctor?*'

Children are identified as immigrants if both their parents were born outside of Ireland.

Hospital In-Patient Enquiry: Healthcare Pricing Office

The Hospital In-Patient Enquiry (HIPE) system is an administrative data source managed by the Healthcare Pricing Office (HPO), which was established on an administrative basis in January 2014 and attached to the HSE. Between 1990 and 2013 HIPE was managed by the Economic and Social Research Institute (ESRI) on behalf of the Department of Health and the Health Service Executive. HIPE provides information on each hospital discharge. The following indicators draw on data from this source:

- The number of hospital discharges among children
- The number of hospital discharges among children with a principal diagnosis of injury, poisoning and certain other consequences of external causes.

HIPE data for 1994–2004 were classified using ICD-9-CM. All HIPE discharges from 2005 have been coded using ICD-10-AM (the Australian Modification of ICD-10, incorporating the Australian Classification of Health Interventions) specifically the ICD-10-AM 4th edition from 2005–2008, 6th edition from 2009 to 2014 and the 8th edition from 2015 onwards, which includes significant changes in the classification of diagnoses and procedures. This means that it is not possible to directly compare the data published for 2009–2013 in this report with previously reported data for 1994–2004.

The principal diagnosis is defined as: "The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment, as represented by a code." (Health Data Standards Committee (2006), National Health Data Dictionary, Version 13, AIHW). [Extracted from NCCH eBook, July 2008, General Standards for Diseases]

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

HIPE has covered close to 100% of the discharges from publicly funded acute hospitals in recent years. However, please note the following: Bantry General Hospital has been included in HIPE since 2009 and had 65.3% coverage for that year; its coverage for 2010 was estimated to be only 1.4%. In 2011, it did not submit any HIPE data, in 2012 its coverage was 97.3% but in 2013 it was 16.5%. Coverage was 100% in 2014 and 2015. In 2014, Connolly Hospital had 92.3% coverage and Mallow General Hospital recorded 96.7% coverage. In 2015, all hospitals recorded greater than 99% coverage.

Immunisation Uptake Statistics: Health Protection Surveillance Centre

National data on immunisation uptake in children at 12 and 24 months of age are collated by the Health Protection Surveillance Centre using data provided by the HSE Regions on a quarterly basis. There is no national database on childhood immunisations. The following indicator draws on data from this source:

- The percentage uptake of the recommended doses of vaccines among children at (a) 12 months and (b) 24 months of age.

The immunisation uptake data presented relate to children who reached their first or second birthday (uptake at 12 and 24 months respectively) during the quarters/years in question and who have received the following as appropriate (i.e. depending on their age/birth cohort):

- BCG – one dose of BCG vaccine
- D_3 – three doses of vaccine against diphtheria
- $HepB_3$ – three doses of vaccine against hepatitis B
- Hib_3 – three doses of vaccine against *Haemophilus influenzae* type b
- Hib_b – one booster dose of vaccine against *Haemophilus influenzae* type b on or after 12 months of age
- $MenC_2$ – two doses of vaccine against meningococcal group C
- $MenC_3$ – three doses of vaccine against meningococcal group C
- $MenC_b$ – one dose of vaccine against meningococcal group C on or after 12 months of age
- MMR_1 – one dose of vaccine against measles, mumps and rubella
- P_3 – three doses of vaccine against pertussis
- PCV_2 – two doses of pneumococcal conjugate vaccine
- PCV_3 – three doses of pneumococcal conjugate vaccine
- PCV_b – one dose of pneumococcal conjugate vaccine on or after 12 months of age
- $Polio_3$ – three doses of vaccine against polio
- T_3 – three doses of vaccine against tetanus

Since 18 September 2006, a Hib booster (Hib_b) was recommended. This followed the national Hib campaign from November 2005 to May 2006 among children aged less than four years. Since 1 September 2008, the childhood immunisation schedule outlined in the table below has been implemented for children born on or after 1 July 2008. Compared with the previous schedule, the changes to the primary schedule for children born on or after 1 July 2008 include:

- Introduction of a hepatitis B vaccine (as part of a 6-in-1 vaccine) given at two, four and six months of age

- Introduction of pneumococcal conjugate vaccine given at two, six and twelve months of age
- Change in timing of meningococcal serogroup C conjugate vaccination, now given at four, six and thirteen months of age
- Change in timing of the *Haemophilus influenzae* type b booster vaccination, now given at thirteen months of age.

Change in Primary Childhood Immunisation Schedule (introduced on 1 September 2008)

Age	Children born before 1 July 2008	Children born on or after 1 July 2008
Birth	BCG	BCG
2 months	DTaP/Hib/IPV + MenC	DTaP/Hib/IPV/HepB + PCV
4 months	DTaP/Hib/IPV + MenC	DTaP/Hib/IPV/HepB + MenC
6 months	DTaP/Hib/IPV + MenC	DTaP/Hib/IPV/HepB + PCV + MenC
12 months	MMR + Hib	MMR + PCV
13 months	–	MenC + Hib

Please see www.immunisation.ie for complete information on the Irish childhood immunisation schedule and the immunisation guidelines for Ireland.

KEY:

BCG	bacillus Calmette-Guerin vaccine	IPV	Inactivate Polio Virus vaccine
DTaP	Diptheria, Tetanus and acellular Pertussis vaccine	MMR	Measles, Mumps and Rubella vaccine
Hib	*Haemophilus influenzae* type b vaccine	MenC	Meningococcal group C vaccine
HepB	Hepatitis B vaccine	PCV	Pneumococcal conjugate vaccine

Caveats to immunisation uptake rates at 12 months, 2010–2014

BCG uptake data at 12 months of age has been incomplete since reporting to HPSC began in Quarter 3 2003. This has occurred due to differences in implementation of a neonatal BCG programme across the HSE Areas, as well as difficulties in providing these data to the HPSC where the programme was implemented. Prior to the establishment of the HSE, each former health board determined its own BCG vaccination policy and some health boards (Western and parts of the Southern Health Board) stopped routine neonatal BCG vaccination but provided BCG vaccination for adolescents or high-risk groups. The neonatal programme has now been routinely implemented for all neonates in most, but not all, HSE Areas. Additionally, more complete data on neonatal BCG vaccination are now available. However, in the HSE North-East, where a neonatal programme is implemented, data are not currently available for reporting. In the HSE West, the neonatal programme is not routinely or comprehensively implemented in all LHOs. Therefore, data provided for the HSE West reflect BCG vaccination data for just a

small proportion of all babies born in this Area. Galway and Roscommon BCG LHO data became available for reporting for the first time in Quarter 4 2014. Mayo LHO BCG data were not available for reporting purposes prior to 2015. The numbers vaccinated with BCG in Mayo were not included in the HSE West BCG figures prior to 2015. National data for 2014 are presented in this report and compared with 2013 data. The available national BCG cohort data may be around 89% of the national birth cohort in 2014 and 90% in 2013 (these figures are estimates only).

Since 1 September 2008, the new primary childhood immunisation schedule has been implemented. The changes to the primary schedule for children born on or after 1 July 2008 include introduction of a hepatitis B vaccine (as part of a 6-in-1 vaccine) given at two, four and six months of age; introduction of pneumococcal conjugate vaccine given at two, six and twelve months of age; and a change in timing of meningococcal serogroup C conjugate vaccination, now given at four, six and thirteen months of age.

The 2010 data are incomplete, as the following were unavailable: the Quarter 1 2010 data for six LHOs and the $MenC_2$ data for an additional three LHOs; the Quarter 2 2010 data for six LHOs; and the Quarter 4 2010 data for three LHOs. The available 2010 national 12-month D_3, T_3, P_3, Hib_3, $HepB_3$, $Polio_3$ and PCV_2 cohort data may be around 87% (this figure is an estimate only) of the 2010 national birth cohort, and the available $MenC_2$ cohort may be around 85% (this figure is an estimate only) of the 2010 national birth cohort.

Caveats to immunisation uptake rates at 24 months, 2010–2014

The 2010 data for those at 24 months are incomplete, as the following were unavailable: all the Quarter 1 2010 data for six LHOs and the Hib_b data for one additional LHO; the Quarter 2 2010 data for two LHOs; and the Quarter 4 2010 data for three LHOs. The available 2010 national 24-month cohort data may be around 89–90% (this figure is an estimate only) of the 2010 national birth cohort. As a new childhood immunisation schedule was introduced in 2008, for those born on or after 1 July 2008, the 2010 $HepB_3$ and PCV_3 data at 24 months are for those born between 1 July and 31 December 2008 (i.e. Quarters 3 and 4 2010 data only).

As uptake of $MenC_3$ was low since Q3 2010 and as those over 12 months of age need only one dose of MenC and those aged 12–23 months need only one dose of PCV, data on $MenC_b$ (one dose of MenC on or after first birthday and before second birthday) and PCV_b (one dose of PCV on or after first birthday and before second birthday) were requested in 2012 for the first time. Six HSE Areas (HSE East, Midland, Mid West, North West, South East and South) were able to provide data representing approximately 81% of the national birth cohort in 2014 and 80% in 2013 (these figures are estimates only).

National Intellectual Disability Database: Health Research Board

The National Intellectual Disability Database (NIDD) is an administrative data source managed by the Health Research Board. The NIDD was established in 1995 to provide a comprehensive and accurate information base for decision-making in relation to the planning, funding and management of services for people with an intellectual disability.

The following indicator draws on data from this source:

- The number of children aged under 18 years registered as having an intellectual disability.

The nature of service provision in the intellectual disability area in Ireland ensures that an almost complete capture of data on all individuals with a moderate, severe or profound intellectual disability is possible and expected. Inclusion of individuals with a mild level of intellectual disability is sought if they are in special classes or in special schools for children with intellectual disabilities, attending an intellectual disability service in the case of adults, or if it is considered likely that they will require any of these services within the next five years. Participation in the database is voluntary.

For the reasons stated above, the NIDD may not include all people living in Ireland who have an intellectual disability.

National Perinatal Reporting System: Health Pricing Office

The National Perinatal Reporting System (NPRS) was established in the 1980s and was managed by the Department of Health. From 1999 to 2013, the Economic and Social Research Institute was contracted by the Department of Health and the Health Service Executive to oversee the collection, processing, management and reporting of data submitted to the NPRS. The system has been managed by the Healthcare Pricing Office (www.hpo.ie) since January 2014.

The NPRS is an administrative, clinical and demographic data source and provides details of national statistics on perinatal events (live births, still births and early neonatal deaths). The information collected includes data on pregnancy outcomes, with particular reference to perinatal mortality and important aspects of perinatal care. In addition, descriptive social and biological characteristics of mothers giving birth and their babies are recorded.

The following indicators draw on data from this source:

1. The percentage of babies born weighing less than 2,500 grams (live and still births)
2. The percentage of infants who are breastfed (exclusive or combined) on discharge from hospital
3. The percentage of pregnant women attending for antenatal care in the first trimester of pregnancy. Note: first trimester = 0–14 completed weeks; second trimester = 15–27 completed weeks; third trimester = 28 weeks or more.

NOTE:

(A) The collection of data on the variable 'timing of first antenatal contact' attempts to capture important information on Irish women's first contact with the healthcare services during pregnancy. This variable acts as an indicator of the length of antenatal care each mother has received and can be examined with birth, still birth and mortality rates. The completion of this indicator at present, however, may not provide an accurate estimation of this information. Although 81.6% of total births were recorded as receiving combined antenatal care in 2015, the date of the first visit to the doctor was recorded as 'not known' for 34.9% of these births. As a result of the absence of these data, the timing of first contact with health professionals within this category will reflect the date of the first hospital visit, even though this is likely to have been later than the first doctor visit.

(B) Data for 2015 are the data collected via part 3 of the Birth Notification Form (BNF01) for the National Perinatal Reporting System for births occurring in 2015.

(C) Calculation on data on all variables has been provided for all years 2011–2015p. Revised data as provided in October 2016.

(D) Tipperary North Riding and Tipperary South Riding have been combined for County Tipperary.

National Physical and Sensory Disability Database: Health Research Board

The National Physical and Sensory Disability Database (NPSDD) is an administrative data source managed by the Health Research Board. The NPSDD was established in 2000 to provide a comprehensive and accurate information base for decision-making in relation to the planning, funding and management of services for people with a physical and/or sensory disability. Data collection began in 2004. For an individual to be eligible to register on the NPSDD, he/she must meet all five registration criteria (*see below*). Information is collected from people with a physical and/or sensory disability who are receiving or who need a specialised health or personal social service, and/or who are receiving a specialised hospital service currently or within the next five years, and who:

1. Have a persistent physical or sensory disability arising from disease, disorder or trauma
2. In the case of dual disability, have a predominant disability that is physical, sensory or speech/language
3. Are less than 66 years of age
4. Are receiving, or require, a specialised health or personal social service, and/or are receiving a specialised hospital service, which is related to their disability
5. Have consented to being included on the database.

Therefore, the NPSDD may not include all people living in Ireland who have a physical and/or sensory disability.

The following indicator draws on data from the NPSDD:

- The number of children registered as having a physical and/or sensory disability.

National Psychiatric In-Patient Reporting System: Health Research Board

The National Psychiatric In-Patient Reporting System (NPIRS) is an administrative data source managed by the Health Research Board. The data collected for the NPIRS include demographic data relating to each patient (such as gender, date of birth, marital status, address from which admitted and socioeconomic group), together with clinical and diagnostic information (such as date of admission/discharge, legal category, order of admission, diagnosis on admission and discharge in accordance with ICD-10, the World Health Organization International Statistical Classification of Diseases and Related Health Problems, 10th Revision and reason for discharge).

The following indicator draws on data from the NPIRS:

- Number and percentage of admissions to psychiatric hospitals/units and child and adolescent units among children.

National Self-Harm Registry Ireland: National Suicide Research Foundation

Data for the National SelfHarm Registry Ireland are recorded by data registration officers of the National Suicide Research Foundation who register self-harm presentations to all of the country's hospital emergency departments. They follow standard operating procedures and apply standardised inclusion/exclusion criteria in line with an internationally recognised definition of self-harm. The Registry's Annual Reports are available at www.nsrf.ie.

Some individuals make more than one self-harm presentation to hospital. But the figures presented relate to the number of individuals annually rather than presentations.

Population estimates data were used in the calculation for the rates for 2012–2015. HSE regional-level population estimates are not available for intercensal years, and therefore Census 2011 population data were used in the calculation of the regional-level rates for 2015.

Outturn of Quarterly Performance Indicator Returns: Health Service Executive

The Outturn of Quarterly Performance Indicator Returns is collated by the Health Service Executive (HSE). The following indicators draw on data from this source:

- The percentage of newborn babies visited by a public health nurse within 48/72* hours of discharge from hospital for the first time
- The percentage of children reaching 10 months who have had their 7–9 Month Developmental Check on time (i.e. before reaching 10 months of age).

* In 2015, HSE collected data on the percentage of newborn babies visited by a public health nurse within 72 hours of discharge from hospital for the first time.

Patient Treatment Register: National Treatment Purchase Fund

The Patient Treatment Register (PTR) is an administrative data source managed by the National Treatment Purchase Fund. This register of patients on inpatient/day case (surgical and medical) and outpatient waiting lists in Ireland has been operational since September 2005* and now includes information from 45 hospitals (see below). Not all of the 45 hospitals on the PTR treat paediatric patients. The following indicator draws on data from the PTR:

- Number of children on IPDC hospital waiting lists in September of each year
- Number of children on OP hospital waiting lists in September of each year.

*OP waiting list commenced March 2013.

Hospitals contributing to PTR:

Bantry General Hospital; Beaumont Hospital, Dublin; Cappagh Orthopaedic Hospital; Cavan–Monaghan Hospital Group; Children's University Hospital, Temple Street, Dublin; Connolly Hospital, Blanchardstown; Cork University Hospital; Galway University Hospital; Kerry General Hospital; Letterkenny General Hospital; Lourdes Orthopaedic Hospital, Kilcreene; Louth County Hospital; Mallow General Hospital; Mater Hospital, Dublin; Mayo General Hospital; Mercy University Hospital, Cork; Midlands Regional Hospital, Mullingar; Midlands Regional Hospital, Portlaoise; Midlands Regional Hospital, Tullamore; Mid-Western Regional Hospital, Croom; Mid-Western Regional Hospital, Dooradoyle; Mid-Western Regional Hospital, Ennis; Mid-Western Regional Hospital, Nenagh; Naas General Hospital; Our Lady of Lourdes Hospital, Drogheda; Our Lady's Hospital for Sick Children, Crumlin; Our Lady's Hospital, Navan; Portiuncula Hospital, Galway; Roscommon County Hospital; The Rotunda Hospital Dublin; Royal Victoria Eye and Ear Hospital, Dublin; Sligo General Hospital; South Infirmary – Victoria Hospital, Cork; South Tipperary General Hospital; St. Colmcille's Hospital, Loughlinstown; St. James's Hospital,

Dublin; St. John's Hospital, Limerick; St. Luke's General Hospital, Kilkenny; St. Michael's Hospital, Dun Laoghaire; St. Vincent's University Hospital, Dublin; Tallaght Hospital (AMNCH); Tallaght Children's Hospital, Dublin; Waterford Regional Hospital; Wexford General Hospital.

Notes:
Kilcreene OP waiting list included with St. Luke's General Hospital Kilkenny.
The Rotunda Hospital Dublin provides OP data only.

Primary and Post-Primary Pupil Annual School Attendance Reports: Tusla, the Child and Family Agency

National data on school attendance are drawn from annual attendance reports based on returns submitted by individual schools at primary and post-primary level under Section 21(6) of the Education (Welfare) Act 2000 and collated by Tusla, the Child and Family Agency. The following indicator draws on data from this source:

- Percentage of children who are absent from (a) primary school and (b) post-primary school for 20 days or more in the school year

For the 2013/2014 school year, 99.8% of primary schools and 99.9% of post-primary schools returned Pupil Absence Reports to Tusla, the Child and Family Agency.

Data in Tables 47 and 50 use student-level data. In contrast, for Tables 48, 49, 51 and 52, the school is the unit of analysis.

Programme of International Student Assessment (PISA) Survey: Educational Research Centre

The Programme of International Student Assessment (PISA) Survey is conducted in Ireland by the Educational Research Centre on a triennial basis. In addition to achievement tests, it employs self-report, self-completion questionnaires, which are completed by participating children in their schools. The following indicators draw on data from this source:

- Percentage of children aged 15 who report that their parents spend time just talking with them several times a week
- Percentage of children aged 15 who report that their parents discuss with them how well they are doing at school more than once a week
- Percentage of children aged 15 who report that their parents eat a main meal with them around a table more than once a week.

These data may be subject to bias in relation to self-presentation and memory. They may suffer from social desirability bias.

In 2015, PISA was administered on computer for the first time in most participating countries, including Ireland. In 2015, science literacy was the major assessment domain in PISA, meaning that it was comprehensively assessed, using a large number of test items. Reading literacy and mathematics literacy were minor assessment domains. The following indicators draw on data from this source:

- Mean score for children aged 15 based on the OECD-PISA Reading Literacy Scale
- Mean score for children aged 15 based on the OECD-PISA Mathematics Literacy Scale
- Mean score for children aged 15 based on the OECD-PISA Science Literacy Scale

The OECD 'mean score' refers to the OECD 'country average', i.e. it is the average of the country means and not of all the OECD students pooled together.

The measure of the social class status is based on the PISA ESCS (economic, social and cultural status) index, which was divided into thirds.

Children are identified as immigrants based on the questions that ask about the country in which they and their parents were born. The variable IMMIG in the OECD database is based on responses to these questions. For the analyses reported here, it was recoded into two categories: (1) first- and second-generation immigrant children; and (2) other (i.e. native) children. Children with missing responses for either their own country of birth or those of both parents were assigned a missing value on IMMIG.

In PISA 2015, the identification of children as 'Traveller children' was not included.

In PISA 2015, reading as a leisure activity was not included as an indicator.

Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme: An Garda Síochána

The *Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme* is published by An Garda Síochána. The following indicator draws on data from this source:

- Number of children aged 10–17 referred/referrals to the Garda Diversion Programme.

Review of Adequacy Reports: Tusla, the Child and Family Agency

The data used to calculate the number of children in care for any given year for the Review of Adequacy and historically used to populate the *State of the Nation's Children* report are extracted from Tusla Q4 Addendum Return, which replaced the Department of Health and Children Child Care Interim Dataset and these data are returned from March of the following year onwards and have gone through a rigorous validation process. The previous *State of the Nation's Children* report was based on data from the HSE and its 32 LHO areas. Tusla, the Child and Family Agency report on 17 Administrative Areas. The following indicator draws on data from this source:

- The number of children in the care of Tusla, the Child and Family Agency.

Data for the Review of Adequacy Report are also extracted from the Child Care Quarterly PI Metrics. A breakdown of the number of referrals of child protection (abuse reports) for 2012 was unavailable due to the transition within the HSE Local Health Offices from the Child Care Interim Dataset reporting, which was deemed not suitable in its current format, to a new collection process called the Quarter 4 Addendum Return. As part of a process of transition, a review of the dataset metrics took place and an agreement was formulated to incorporate any of the dataset metrics that could be collected quarterly as part of the PI suite of metrics. The review formed the opinion that it was appropriate to report on the abuse referrals quarterly (in arrears) as part of the PI suite of metrics. Due to the timing of the change for 2012, it was not possible to collect the breakdown of abuse types for 2012; however, a process was put in place to return to collecting abuse referrals by type format for 2013, which has occurred successfully. The previous *State of the Nation's Children* report was based on data from the HSE and its 32 LHO areas. Tusla, the Child and Family Agency reports on 17 Administrative Areas. The following indicator draws on data from this source:

- The number of child welfare and protection reports to Tusla, the Child and Family Agency.

Summary of Social Housing Assessments: Department of Housing, Planning, Community and Local Government

Under section 21 of the Housing (Miscellaneous Provisions) Act 2009, the Minister may, from time to time, direct housing authorities to prepare a summary of the social housing assessments carried out in their administrative area. This summary replaces the triennial statutory summaries of need which were carried out under Section 9 of the Housing Act 1988.

The following indicator draws on data from this source:

- The number of households with children identified as being in need of social housing.

The 2013 summary was the first to be carried out under the new assessment regime commenced by the Social Housing Assessment Regulations 2011. In light of the statutory changes introduced in 2011, the methodology used to collect the 2013 data differs substantially from that used in previous years and therefore the 2013 figures are not directly comparable to previous years. The methodologies used to collect the 2008 and 2011 data also differed. These differences limit comparisons between the years. 2013 and 2016 are the only two years that are directly comparable in terms of the data collected. In preparing the 2013 assessment, Local Authorities reviewed their waiting lists to confirm that those on the list were still seeking and in need of social housing.

Data represent net need for social housing support, meaning households that have been assessed as being qualified for support (i.e. deemed eligible and in need of support) and whose housing need has not been met. These figures are net of duplicate applications (i.e. applicants who have applied to more than one Local Authority), those households appearing on multiple lists in different authorities, and households already in receipt of Social Housing Support, e.g. those in RAS, in receipt of HAP, or those that have applied for a transfer.

The 2013 figures on the breakdown of households with children in Templemore, Co Tipperary are unavailable. Due to this omission, percentages are calculated on the basis of 89,744 households on the waiting list for social housing, as opposed to the complete figure of 89,872 households.

Vital Statistics: Central Statistics Office

Vital statistics relating to births, deaths and marriages are compiled by the Central Statistics Office on an annual basis. The following indicators draw on data from this source:

- Number of deaths of children
- Number of births to mothers aged 10–17
- Number of suicides by children aged 10–17.

Deaths are coded according to the 10th Revision of the International Statistical Classification of Diseases, Injuries and Causes of Death. Stillborn babies are excluded from infant mortality figures, which refer to deaths of children aged less than one year. The CSO reports quarterly on births, deaths and marriages registered during a three-month period. They also produce annual summary reports of births, deaths and marriages registered during the reference year.

Differences in Ireland's 2014 infant mortality rates as presented in Tables 4 and 7 are due to differences in the numbers of deaths registered and numbers of deaths occurring in a given year. Not all deaths registered in a particular year will have occurred in that year. For example, a death occurring at the end of one year might not be registered until the beginning of the next year. There can be a delay of some months between occurrence and registration in the case of a death where an inquest is required. To account for this, the CSO also publishes an annual report of births and deaths that occurred during a particular year.

Births to mothers aged 10–17 years include a small number of births to mothers aged 10–14 years. The denominator used to calculate the birth rate of mothers aged 10–17 is based on the population age group 15–17 years (rather than 10–17 years). Births relate to registered live births and exclude stillborn babies.

Suicides by children aged 10–17 years include a small number of suicides by children aged 10–14 years. The denominator used to calculate the suicide rate of children aged 10–17 is based on the population age group 15–17 years (rather than 10–17 years).

Data for the most recent year (in this case 2015) are provisional.

WHO European Childhood Obesity Surveillance Initiative: National Nutrition Surveillance Centre

The WHO European Childhood Obesity Surveillance Initiative is conducted in Ireland by the National Nutrition Surveillance Centre. This survey collects the weight, height and waist circumference of primary school children aged 7.0–7.9 years. The following indicator draws on data from this source:

- The percentage of children aged seven in BMI categories: normal, overweight and obese.

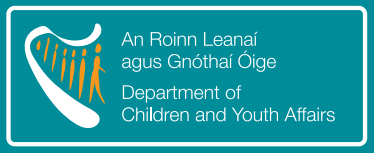
Height is recorded to the last 0.1cm, weight recorded to the last 0.1kg and waist circumference to the last mm. Training in standardised measurement techniques and standard equipment is provided to qualified nutritionists who carry out the fieldwork.

Data are drawn from the report: Heinen MM, Murrin C, Daly L, O'Brien J, Heavey P, Kilroe J, O'Brien M, Scully H, Mulhern LM, Lynam A, Hayes C, O'Dwyer U, Eldin N and Kelleher CC [2014]. *The Childhood Obesity Surveillance Initiative (COSI) in the Republic of Ireland: Findings from 2008, 2010 and 2012*. Dublin: Health Service Executive.

APPENDIX 2: NUTS CLASSIFICATIONS

NUTS is an acronym for the EU Nomenclature of Territorial Units for Statistics. This classification was legally established by EU Regulation No. 1059/2003 on 29 May 2003. The eight Regional Authorities for Ireland (NUTS 3 Regions), which were established under the Local Government Act 1991, are set out below:

NUTS 2 Regions	Regional Authorities (NUTS 3 Regions)	Constituent counties (NUTS 4 Regions)	Type of area
Border, Midland and Western	**Border**	Cavan Donegal Leitrim Louth Monaghan Sligo	Administrative county Administrative county Administrative county Administrative county Administrative county Administrative county
	Midlands	Laois Longford Offaly Westmeath	Administrative county Administrative county Administrative county Administrative county
	West	Galway Galway Mayo Roscommon	County Borough Administrative county Administrative county Administrative county
Southern and Eastern	**Dublin**	Dublin Dun Laoghaire/Rathdown Fingal South Dublin	County Borough Administrative county Administrative county Administrative county
	Mid-East	Kildare Meath Wicklow	Administrative county Administrative county Administrative county
	Mid-West	Clare Limerick Limerick Tipperary North Riding	Administrative county County Borough Administrative county Administrative county
	South-East	Carlow Kilkenny Tipperary South Riding Waterford Waterford Wexford	Administrative county Administrative county Administrative county County Borough Administrative county Administrative county
	South-West	Cork Cork Kerry	County Borough Administrative county Administrative county



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