

#### **Convention on the Rights of the Child**

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WRITTEN REPLIES BY THE GOVERNMENT OF IRELAND CONCERNING THE LIST OF ISSUES (CRC/C/IRL/Q/2) RECEIVED BY THE COMMITTEE ON THE RIGHTS OF THE CHILD RELATING TO THE CONSIDERATION OF THE SECOND PERIODIC REPORT OF IRELAND (CRC/C/IRL/2)

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<sup>\*</sup> In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

#### A. Data and Statistics, if Available

## 1. Please provide disaggregated data (by sex, age, ethnic and minority groups, urban and rural areas) covering the years 2003, 2004 and 2005 on the number and percentage of children under 18 living in Ireland.

Table<sup>1</sup> 1.1 shows children as a percentage of the population by EU member State for 2005. Tables 1.2-1.4 provide details of numbers of children in the years 2003-2005 disaggregated by sex, age and region. These data are based on the *Population and Migration Estimates* release. Table 1.5 shows the numbers of Irish Travellers under 18 by age and gender in 2002. Table 1.6 shows the number of Irish Travellers under 18 by county and as a percentage of the total population in 2002. Table 1.7 shows the number and proportion of non-Irish nationals under 18 by age group and gender in 2002. Table 1.8 shows the numbers of non-Irish national children by county in 2002. Table 1.9 shows the nationality of non-Irish national children in 2002. Detailed information will be available in April 2007 from the *Census of Population 2006* which was undertaken on April 23<sup>rd</sup> of this year. No further data is available for the population in question classified by ethnicity, minority groups or urban/rural split for the years 2003-2005 pending the finalisation of the Census 2006 figures in April 2007.

# 2. In light of article 4 of the Convention, please provide additional disaggregated data for 2004, 2005 and 2006, on budget allocations and trends (in percentages of the national budget or GDP) regarding the implementation of the Convention, evaluating also the priorities for budgetary expenditures given to the following:

Disaggregated data for the years in question across the full range of children's services is difficult to obtain. Data has been provided below for key programmes where it is possible to identify expenditure which relates directly to children. In addition, where it is not possible to disaggregate the expenditure related solely to children, overall budgets have been identified and the proportion of children as recipients of services has been given where identifiable.

## (a) education (different types of education, i.e. pre-primary, primary and secondary education)

Table 2.1 shows the total expenditure for the education sector (including special needs education) expressed as a percentage of GNP and GDP for the years 2004, 2005 and 2006. Table 2.2 gives an indication of the split between non-capital spend across primary, secondary and third level education as well as the overall trend in per capita spend on pupils from the period 1995-2004. Real expenditure per student in Ireland increased by 77.1% for first level students and by 53.9% for second level students in the period 1995-2004 when measured in constant 2003 prices.

<sup>&</sup>lt;sup>1</sup> For all references to Table numbers please refer to Appendix 1

However, the corresponding increase in at third level over the period was a more modest 5.4%. These contrasting trends are partly explained by the trend in student numbers. The

numbers of students decrease by 9.2 at first level and by 9.0% at second level between 1994/1995 and 2003/2004. However, over the same period, the number of third level students increased by over 50%.

### Please also indicate the estimated expenses of the private sector, in particular for health and education.

Table 2.3 shows expenditure by all sources (State and private) on private and public educational institutions as a percentage of GDP.

#### (b) childcare services, including day-care centres

The many social, demographic and economic changes that have taken place in Ireland over the last ten years have resulted in a number of challenges in the area of early childcare and education and these are:

- An increase in the need for non-parental care;
- An increase in the cost of early childcare and education; and
- An increased recognition that good quality care and education is needed to ensure positive outcomes for children.

Many important developments have taken place over the last five years, including:

- The Equal Opportunities Childcare Programme;
- An increase in the universal child benefit payments to parents;
- Pre-school regulation development;
- Funding of a Centre For Early Childhood Development And Education;

Direct sources of funding for Early Childhood Education and Care include

- €499 million allocated under the National Development Plan for the EOCP for the period 2000 2006.
- €7.76 million per annum allocated in grants disbursed by the Health Service Executive to crèches catering for children in disadvantaged areas
- €7.8 million per annum allocated to in respect of early education programmes funded by the Department of Education and Science and the work of the Centre for Early Childhood Development and Education

It is also important to consider the main funding allocated to this group through Child Benefit, which amounted to some €1.67bn in 2003. This is a universal payment paid in respect of every child.

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Key Impact Indicators Associated with the Equal Opportunities Programme to end December 2005

Funding	€ 307 million expended, including €117 million in capital and €190 million on current. Community and Voluntary projects account for 92% of this expenditure and private projects account for 8%.
Places	29,000 new childcare places (92.5% of the target set) = overall total stands at over 52,200 places
Staffing	2,417 childcare staff under the staffing grant scheme to end December 2005 : 98.5% are female and 1.5% are male
Training delivered between January 2004 and December 2005	County Childcare Committees : 450 accredited courses (6,540 participants) National Voluntary Childcare Organisations: 155 accredited courses (2,141 participants).

#### Profile of Beneficiaries

Services Offered by Facilities	Preschool/Playgroup 64%, Crèche/Nursery 38%, After School 36%, Montessori 27% and Naíonra 6%			
Full Day Care	Increased from 30.7% in 2002 to 38.2% in 2004			
Average operating hours for services	29.6 hours per week in 2002 to 33.4 in 2004 Proportion of services offering more than 40 hours per week has increased from 32.4% to 36.1% over the period			
Percentage of parents engaged in employment, education or training	Increased from 77.1% in 2002 to 79.0% in 2004.			

#### Urban and Rural Regeneration

#### Funding Committed to end May 2006

Programme	Funding
RAPID	€115.2 million
CLAR	€64.7 million

	At least one child from lone parent headed family	Number of children from lone parent families attending services	At least one Traveller Child	At least one child from an ethnic community	Total number of children from ethnic minorities attending services
2002	459 services	3,780 children	84 services	N/A	N/A
2004	727 services	5,864 children (19% of total number of children)	160 services	504 services (49.6% of total number of children)	2,288

#### Social Inclusion

In 2004, more than 820 or 80% of beneficiaries reported having children with either a physical, learning or sensory disability attending their services. In all 1,916 such children were attending services supported under the Programme.

The **National Childcare Investment Programme** succeeds the Equal Opportunities Childcare Programme and runs from 2006 to 2010. The new Programme aims to provide a proactive response to the development of quality childcare supports and services which will be planned for and developed locally and centred on the needs of the child and the family.

The Government has also introduced the Early Childcare Supplement as part of a range of measures to support parents of children under 6. This is intended to assist in the cost of childcare and allow parents to make the best childcare choices for their children.

Table 2.4 shows budgetary allocations for 2004, 2005 and 2006 in relation to the National Childcare Investment Programme. The financial bundle for the National Childcare Investment Programme 2006 – 2010 is of the order of  $\notin$ 574.8 million of which  $\notin$ 358.8 will be capital and  $\notin$ 218 will be current costs. The capital funding will be rolled out between 2006 and 2010, initially with an increased emphasis on the private sector. The current funding will distinguish between community sector projects which are sustainable in the short term and those which require longer term supports. In all  $\notin$ 461.8 million has been allocated to community and voluntary sector projects and  $\notin$ 113.0 million to private sector projects.

Table 2.5 shows Health Service Executive (HSE) expenditure on pre-school services for 2003, 2004 and 2005. This includes services relating to pre-school inspection and supports to pre-school services funded by the HSE.

### (c) health care (different types of health services, i.e. primary health care, vaccination programmes, adolescent health care and other health-care services for children)

Table 2.6 provides details for the period 2003-2005 for a range of health programmes including child health examinations; childhood immuisations; domiciliary care allowances for children with disabilities; supply of milk to expectant and nursing mothers and children under five covered by medical cards. It is not possible to disaggregate the costs for children in relation to GP services (i.e. primary care) health promotion, or children in hospital. Figures for 2006 are not yet available.

### Please also indicate the estimated expenses of the private sector, in particular for health and education.

It is not possible to provide disaggregated detail for children related to private expenditure in this sector.

#### (d) programmes and services for children with disabilities

It is not possible to disaggregate the expenditure which relates solely to children in this sector. Table 2.7 provides the total expenditure on intellectual and physical/sensory disability services by the Health Services Executive and provides indicative data on the percentage of children served as a percentage of the total disabled population receiving services. This does not include the costs associated with the education of children being educated in mainstream schools.

#### (e) support programmes for families

Table 2.8 and 2.9 show the expenditure on child related social welfare payments for the period 2003-2005. Child benefit is a universal payment which is delineated separately in the table, rising from  $\in 1.67$  billion in 2003,  $\in 1.77$  in 2004 and  $\in 1.9$  billion in 2005. In 2003 this level of provision equated to 534,009 families benefiting with 1,034,851 children. The estimated cost of the new Early Childhood Supplement is also provided in Table 2.10. Table 2.12 show the overall expenditure on maternity and adoptive leave for the period 1995 – 2004.

### (f) support for children living below the poverty line (please also specify the criteria for "poverty" and indicate the number of children living below the poverty line)

Table 2.8 and 2.9 referred to above show income support levels (highlighting child related payments) for the period 2003-2005. Please see question 10 below for further commentary on children and poverty.

### (g) the protection of children who are in need of alternative care including the support of care institutions

Table 2.12 shows expenditure on foster care services<sup>2</sup> and other child care services<sup>3</sup>, including residential care for 2003, 2005 and 2005.

## (h) programmes and activities for the prevention of and protection from child abuse, child sexual exploitation and child labour

See (g) above.

#### (i) juvenile justice, juvenile crime prevention and social reintegration

In 2004, the Irish Government established a team to review the current youth justice system. It found that there were significant data gaps in the sector. These data gaps mean that at this time it is not possible to provide a comprehensive overview of expenditure in the area of juvenile justice. The review found that in excess of  $\notin$ 56 million was spent annually for the provision of services to young offenders. It should be noted that many projects funded in respect of increasing social inclusion and supporting those who are experiencing disadvantage as part of society also promote juvenile crime prevention and social integration.

#### Garda Youth Diversion Projects

The Department of Justice, Equality and Law Reform has responsibility for funding Garda Youth Diversion Projects. The projects are intended to divert young people from becoming involved in crime. Up to 2005 the funding allowed for the operation of 64 projects nationwide. The number of projects is to be increased to 100 by 2007 and at least 10 of the new projects are to be in place during 2006. The costs for running the Garda Diversion projects were as follows:

2003	€5.4 million
2004	€5.31 million
2005	€5.4 million
2006 (Estimate)	€6.6 million

#### Garda National Juvenile Office

The Garda National Juvenile Office operates the Youth Diversion Programme. This Programme has been operated since the 1960's and was placed on a statutory footing under the Children Act 2001. The diversion programme is a formal part of the justice system and is intended to divert children away from a prosecution. Of cases referred to the GNJO in 2005 over 75 % of the children were cautioned. This compares with less than 50% in 2003.

The main budget requirement for the Programme is the salary cost of the Garda Juvenile Liaison Officers. In 2004, there were 86 Juvenile Liaison Officers and 8 Juvenile Liaison Sergeants. In 2005 there were 87 Juvenile Liaison Officers and 8 Sergeants.

#### Irish Prisons Service and the Children Court

Data for the period is not disaggregated in these services by age as they are provided as part of the overall service.

<sup>&</sup>lt;sup>2</sup> This refers to foster care allowances paid to foster carers

<sup>&</sup>lt;sup>3</sup> This includes services primarily related to child at risk in need of protection which may include residential care, family support as well as other intervention/support services.

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Probation Service

The Probation Service has responsibility for the majority of the community sanctions provided for under the Children Act 2001. Data on expenditure by the Probation Service on Youth Offending Initiatives is not available for 2003 and 2004. Funding provided specifically under the heading "juvenile offending initiatives" was  $\notin$ 460,000 in 2005, rising to  $\notin$ 1.971 million in 2006.

#### Irish Youth Justice Service

The Irish Youth Justice Service has been recently established as an executive office in the Department of Justice, Equality and Law Reform. In 2006 a budget of €1.15 million is available for administrative costs and projects related to youth justice and crime prevention. The IYJS will be seeking appropriate levels of resources as the relevant youth justice services, projects and the related staff are incorporated into the IYJS.

#### (j) other social services

The Department of Community and Gaeltacht Affairs (DCRGA) funds, and in some cases administers, a range of programmes of support for community development so that socially excluded groups and local communities can be active participants in identifying and meeting their own development needs, working alongside the Statutory Agencies and others involved in local development initiatives.

The <u>Local Development Social Inclusion Programme</u> is a series of measures designed to counter disadvantage and to promote equality and social and economic inclusion.

Measure C of the Programme refers to Community Based Youth Initiatives. Under this measure Partnerships and Community Partnerships develop actions in this area that target young people who are considered to be educationally disadvantaged, in addition to targeting key groups who interact with them such as parents, teachers and youth workers. The following actions are typical of those undertaken:

- Homework clubs, and supervised study
- Summer camps, after school support
- Additional literacy/numeracy and language education
- Supplementary psychological services
- Small-scale grants to support young people to remain in third level education
- Awareness training for teachers/educators who are dealing with educational disadvantage
- Education access programmes
- Programmes to support retention and achievement, such as in-school mentoring, guidance, study supports, personal development and social development
- Transition programmes from primary to second level education; training and capacity building programmes for parents.

Many of the actions aim to increase the range of community-based education and youth development opportunities available from early years through to early adulthood, in areas of disadvantage. The Local Development Social Inclusion Programme specifically targets disadvantaged children and young people as well as people with disabilities, homeless people and ethnic minority groups and travellers. The total expenditure on the programme and the specific spend on community based youth initatives is provided in Table 2.14.

The <u>Community Development Programme</u> was established in 1990 in recognition of the role of community development in tackling the causes and effects of poverty and disadvantage. The programme is designed to reduce social exclusion by targeting support at disadvantaged and socially excluded communities in order to improve their capacity to benefit from social and economic development. 182 projects are currently supported under the programme. These are located in recognised disadvantaged areas nationwide, in both urban and rural areas. Funding of €23.947m has been allocated to the programme for 2006. Funding for 2003, 2004 and 2005 respectively was €19.9m, €20.604m and €22.369m.

All projects have an anti-poverty, anti-exclusion focus and are managed by local voluntary management committees. Projects provide facilities such as meeting rooms, crèches, office facilities, training or education projects designed to meet the needs of disadvantaged groups in their communities. Projects are typically concerned with the needs of women, young people including children, lone parents families, the unemployed, the elderly, young people at risk, Travellers, those with disabilities, new communities and other disadvantaged groups. Though children are not targeted specifically, they are included in the target groups of many projects.

The <u>RAPID</u> Programme is a Government initiative, which targets 45 of the most disadvantaged areas in the country. The Department provides funding for a range of projects designed to improve the living environment for children in the 45 areas designated under the RAPID Programme.  $\in$ 3m is provided annually to support the development of playgrounds in each RAPID area. Other interventions supported by DCRGA directly or indirectly improve the living conditions of children. These interventions for 2006 include investment in estate enhancement ( $\in$ 1.5m), traffic calming measures ( $\in$ 2.25m), locally-based health facilities ( $\in$ 1.5m) and the development of sports facilities ( $\in$ 3m).

The <u>CLÁR programme</u> (Ceantair Laga Árd-Riachtanais) is a targeted investment programme in rural areas. CLÁR complements both the RAPID programme for disadvantaged urban areas and RAPID 11, the programme for provincial towns. They were introduced on foot of commitments in the Programme for Prosperity and Fairness for a targeted investment programme in both urban and rural disadvantaged areas. CLÁR provides funding and co-funding to Government Departments, State Agencies and Local Authorities in accelerating investment in selected priority developments. These investments support physical, economic and social infrastructure across a variety of measures. The measures introduced under the programme reflect the priorities identified by the communities in the selected areas whom the Minister consulted at the outset.

The total expenditure on the programme and the specific spend on projects related to children is provided in Table 2.15.

## 3. With reference to children deprived of a family environment and separated from parents, please provide disaggregated data (by sex, age, and ethnic and minority groups, urban and rural areas) for the last three years on the number of children:

Data in relation to the numbers of children deprived of a family environment or separated from their parents is provided for the years 2002-2004. The analysis of child care interim dataset for 2002, 2003 and 2004(provisional) is provided as an appendix (Appendix 2) to this document. Summaries of key information which demonstrate overall trends are provided in Tables

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Tables 3.1 - 3.3 provide the number of children in the care of the state by sex and region for the years 2002-2004 respectively.

Tables 3.4-3.6 provide the numbers by age and region for the same years.

Tables 3.7 - 3.9 provide the numbers of children by type of care and region for the same years.

Tables 3.10-3.12 provide the numbers by primary reason for being in care and region for the same years.

Table 13.5 to 13.7 provides data on separated children seeking asylum who have been placed in the care of the HSE during the years 2002-2004 by sex, region and outcome. (See question 13 in this section.)Disaggregation by ethnic and minority groups, urban and rural areas is not available for these data.

Table 3.13 shows the number of children adopted under Irish law for the years 2003, 2004 and 2005. Tables 3.14 and 3.15 provide the number of children adopted, by age of child, indicating where these adoptions were by family members or non-family members for 2003 and 2004.

It is important to note that the majority of "domestic" adoptions are "family" adoptions in which the mother of the children and her husband (not the father) seek to have an adoption order made in respect of her child(ren). The necessity for this approach has to do with adoption legislation in Ireland in which joint adoption orders may only be made in respect of a married couple. There are an ever decreasing number of Irish children available for adoption. On the other hand there has been a growing number of children being adopted internationally by Irish citizens domiciled in Ireland. Table 3.16 shows the number of children adopted by sex and registration<sup>4</sup> for the years 2003, 2004 and 2005.

### 4. Please specify the number of children with disabilities, disaggregated by sex, age and ethnic and minority groups covering the years 2003, 2004 and 2005

- **a.** living with their families;
- **b.** in institutions;
- c. attending regular schools;
- d. attending special schools;
- e. not attending any school

Tables 4.1- 4.4 provide details of the numbers of children in a home setting; in a residential setting; attending regular or special schools and not attending school. Breakdown by sex and age group are included. Data disaggregated by ethnic or minority groups is not available.

<sup>&</sup>lt;sup>4</sup> Children adopted abroad are registered on the Register of Foreign Adoption. In cases where the adoption in the country of origin of the child is not a full adoption under Irish law, children may be adopted under the domestic adoption provisions subject to meeting the requirements of Irish law regarding standards and proofs of consents etc. This means some children coming from abroad are registered in the Domestic Adoption Register under the provisions of the Adoption Acts, 1952 or 1988.

Data in respect of children with physical and sensory disabilities is being compiled and will be forwarded as soon as possible.

#### 5. Please provide information on the number of children abducted from or to Ireland

The Central Authority for Child Abduction in Ireland is under the aegis of the Minister for Justice, Equality and Law Reform. It operates under the Child Abduction and Enforcement of Custody Orders Act 1991, which gives force of law in Ireland to the Hague and Luxembourg Conventions on child abduction.

The most recent information available is for the year 2004. Table 5.1 provides data on the number of new cases received and numbers of children involved 2000 - 2004. Table 5.2 shows the number of cases in 2003 and 2004 by status. Table 5.3 shows the number of new cases for 2003 and 2004 by contracting state. The data shows that there were 66 cases involving 99 children received in 2003 and 70 new cases involving 97 children in 2004. The greatest number of cases in both years came from the United Kingdom with 56% of cases in 2003 and 66% of cases in 2004.

- 6. With reference to child abuse, please provide disaggregated data (by sex, age, and ethnic and minority groups and types of violations reported) covering the last three years on the:
  - a. number of reported cases of child abuse;
  - b. number and percentage of reports which have resulted in either a court decision or other types of follow-up.

The number of reported cases of child abuse and confirmed cases of child abuse for the years 2002, 2003 and 2004 is provided in Tables 6.1-6.3. This is the latest available data. Disaggregation by age, sex, ethnic and minority groups is not available. However tables 3.10 and 3.12 provide information on the primary reason for being in care which disaggregates by types of abuse for the years 2002-2004.

Information regarding prosecutions or resultant court decisions to respond to these questions is still being compiled and a response will be forwarded as soon as is practicable.

- 7. Please provide disaggregated data (including by sex, age, and ethnic and minority groups, urban and rural areas) covering the years 2003, 2004 and 2005 on:
  - a. the enrolment and completion rates in percentages of the relevant group in pre-primary schools, in primary schools and in secondary schools;

Tables 7.1 and 7.2 provide data on overall enrolment levels for primary and secondary education. These tables also show levels of retention for primary school children and levels of repeat of leaving certificate for secondary school students.

#### b. rates of literacy under 18 years old

Appendix 3 provides detailed information on assessment of literacy levels in Ireland both through the OECD Programme for International Student Assessment (PISA) process and the National Assessment of English Reading.

#### c. rate of children completing primary and secondary school

#### d. number and percentage of dropouts and repetitions;

See Tables 7.1 and 7.2 above. Table 7.3 shows the number of early school leavers classified by sex, March-May 2002 to March-May 2005.

#### e. teacher per child ratio.

Table 7.4 shows Pupil Teacher Rates for academic years 2002/3, 2003/2004 and 2004/5 for first (including special national schools) and second level students.

Please provide disaggregated statistical data (including by sex, age, ethnic and minority groups, urban and rural areas) on early pregnancy, sexually transmitted infections (STIs), mental health problems (e.g. suicide rates, eating disorders, depression), drug use, alcohol and tobacco abuse covering the 2003, 2004 and 2005.

The numbers of births registered to teenage mothers, classified by age of mother and disaggregated by sex of child and showing the number of births outside of marriage is provided in Tables 8.1-8.3 for the years 2003, 2004 and 2005. However, disaggregation by ethnic and minority groups and urban and rural areas is not

available. There has been an overall decline between 2001, where the numbers of teenage pregnancies for girls under 18 was 343, and 2004, where the number of teenage pregnancies for girls under 18 was 295). Births to girls aged 10-17 as a percentage of all births have also declined from 1.4% in 2001 to 1.1% in 2004.

Notified sexually transmitted infections by age group 0-19 years for years 2003 and 2004 derived from the *Sexually Transmitted Infections Annual Summary Reports* are provided in Table 8.4. Data for 2005 is not yet available. Disaggregation by sex, ethnic and minority groups or urban and rural areas is not available.

The number of and rate of registered deaths by suicide, by sex for 2000-2004 is provided in Tables 8.5. Suicides as a percentage of total deaths by sex is provided in table 8.6. Disaggregation by age, ethnic and minority groups is not available.

Tables 8.7 – 8.9 provide analysis of all admissions aged under 18 years of age from the HRB's National Psychiatric In-Patient Reporting System (NPIRS) for 2003-2005. It should be noted that the analysis only reflects those children admitted as in-patients and does not include those children being diagnosed or treated in a community setting for mental health illnesses. It is worth noting that in response to changing patterns of patient care, the Health Research Board is in the process of developing a new web-based database, COMCAR, designed to record activity at COMmunity CARe level, including outpatient clinics, day centres and day hospitals.

Ireland has good sources of detailed information on the health behaviours of children including smoking, alcohol and drug usage. The primary source of data is the HBSC surveys. The HBSC is a World Health Organisation (European) collaborative study. It runs on an academic 4-year cycle and in 2001/2 32 individual countries participated.

Comparative data from the first two phases of the survey (1998 and 2002) have been extracted and are included in Appendix 4. These data are disaggregated by age and sex. However,

disaggregation by ethnic and minority groups is not available. Some regionalised data is available but data disaggregated by urban / rural area is not available. The next phase of the survey is currently underway.

To complement this, data from the ESPAD survey, which includes three sweeps of data (1995, 1999 and 2003) is also provided in Appendix 4. This provides information for 15 year-olds by sex for:

- number of children aged 15 who report to have had five or more alcoholic drinks in a row at least once in the last 30 days, expressed as a proportion of children in the same age group for each sweep.
- The number of children aged 15 who report having used any illicit drugs in their lifetime, expressed as a proportion of children in the same age groups for each sweep.
- Percentage of children aged 15 who report having used any illicit drugs other than marijuana in their lifetime by country in 2003

## Please also provide numbers of health professionals working in the health-care services for children.

Table 8.10 provides information on the numbers of qualified social work staff employed by the Health Service Executive. The numbers of staff working in two the countries largest paediatric hospitals is also provided in Table 8.11.

However, this does not include staff employed in large paediatric units attached to major hospitals. Census returns are made on a hospital basis not on a unit by unit basis. Neither do these data encompass the numbers of other care / therapy grades working with children as these are not delineated in the employment census returns.

In order to give an indication of the level of these services Tables 8.12-8.15 provides information on the numbers of persons with physical and sensory disabilities in receipt of a range of therapeutic interventions, rehabilitation and personal assistance and support in 2004 and 2005. Levels of therapeutic interventions provided to persons with intellectual disabilities are also provided for 2004 and 2005 in Tables 8.17 and 8.19.

## 8. Please provide disaggregated statistical data (including by sex, age groups, ethnic and minority groups, urban and rural areas) on children infected or affected by HIV/AIDS.

Data in relation to diagnoses of AIDs in 2003, 2004 and 2005 are provided in Table 9.1. In addition, the cumulative total for all children infected with HIV is provided for 2003, 2004 and 2005 data. Further disaggregation of this data is not available.

## 9. Please specify the criteria for "poverty" and indicate the number of children living below the poverty line. Please also specify the support for children living below the poverty line.

Children defined as being at risk of poverty are living in households where the income is less than 60% of the median income of the population as a whole. A second definition, the consistent

poverty measure, is used to identify those who are at risk of poverty and who are also deprived of certain items, which people consider are necessary to ensure a basic standard of living in Ireland.

The most recent statistics on poverty rates showed that 9.7 per cent of children under the age of 17 are in consistent poverty, down from 12.0 per cent in 2003. There was a slight rise in the numbers of children under the age of 17 at risk of poverty from 21.0 per cent in 2003 to 22.7 per cent in 2004. An alternative definition in which the income definition and equivalence scales used are comparable at an EU level is also provided. This indicates a slight rise in the numbers of children under the age of 17 at risk of poverty from 19.5 per cent in 2003 to 22.5 per cent in 2004.

Table: At risk of poverty rates after social transfers for	persons aged 0-17
	0/

Age group	2003	<sup>%</sup> 2004
At risk of poverty rate (60% median), National definition Consistent poverty rate (60% median), National definition	21.0 12.0	
At risk of poverty rate (60% median), EU definition	19.5	22.5

Prior to the introduction of the EU Survey on Income and Living Conditions (EU-SILC), the Living in Ireland Survey (LIIS), undertaken by the Economic and Social Research Institute (ESRI) between 1994 and 2001, was the main source of data on poverty in Ireland. Results from the 2001 LIIS showed that 6.5 per cent of children were living in consistent poverty, having continuously fallen from a level of 15.3 per cent in 1997. Due to methodological differences between the LIIS and EU-SILC, it is not possible to draw any conclusion on how the situation of children in consistent poverty changed between 2001 and 2003.

It is estimated that there are currently about 65,000 children remaining in consistent poverty with at least 100,000 children having been removed from consistent poverty during the last decade as a result of targeted measures and supports.

#### Strategies and Measures to Combat Child Poverty

This multi-dimensional approach is reflected in a number of strategic processes which are in place to combat poverty and social exclusion, including child poverty, in Ireland. These include Ireland's

- National Social Partnership Agreement,
- National Action Plan against Poverty and Social Exclusion (NAP/inclusion)
- National Development Plan and
- National Children's Strategy.

"Ending Child Poverty" was one of ten special initiatives identified for priority action under the National Social Partnership agreement, Sustaining Progress 2003-2005. The successor National

Partnership Agreement - Towards 2016<sup>5</sup>, has adopted a lifecycle framework, with children identified as one of the lifecycle stages for cross-cutting attention. Key areas to be addressed in relation to children include early childhood development and care, improving education outcomes, improving health outcomes, promoting recreation, sports, arts and culture, income support and children and their families.

The Office for Social Inclusion, located within the Department of Social and Family Affairs, which is the Government office with overarching responsibility for tackling poverty, is in the process of preparing Ireland's next National Action Plan against Poverty and Social Exclusion (NAP/inclusion) 2006–2008. This plan is due to be submitted to the EU in September of this year and will add further impetus to the process.

#### Income support

The Department of Social and Family Affairs has sought to support families with children through increased Child Benefit rates, among other measures.

- Between 1997 and 2006, the rate of Child Benefit rose from €38.09 per month for the first two children and €49.52 for each child thereafter to €150.00 per month for each of the first two children and to €185.00 per month for the third and each subsequent child. Child Benefit is paid to over half a million families in respect of approximately 1.1 million children at a cost in 2006 of more than €2 billion.
- Child Dependent Allowances, in the range of €16.80 to €21.60 are also paid each week in respect of some 256,700 children, while payments at half this level are paid in respect of 84,500 more.

[Tables 2.9 and 2.10 provide information on income support delineating child related payments.]

In addition, the Department of Social and Family Affairs provides cash support by way of weekly payments to families at work on low pay, through the Family Income Supplement (FIS) scheme. A number of improvements have been made to the scheme over the years, including assessment of entitlement on the basis of net rather than gross income and progressive increases in the income thresholds, making it easier for lower income households and larger families to qualify for payment. The Department of Social and Family Affairs undertook a nationwide awareness campaign in March 2006 to promote and encourage take up of the scheme. As a result, there are currently about 18,650 families receiving a weekly FIS payment, reaching approximately 35,000 children. The estimated cost of the scheme for 2006 is €104m.

In addition to the above improvements, the introduction of an Early Childcare Supplement was announced in Budget 2006. More than 350,000 children under 6 years of age, in 250,000 families, will qualify for the new annual  $\notin$ 1,000 Supplement. The cost of the Supplement will be approximately  $\notin$ 360 million in a full year.

#### Lone parents

<sup>&</sup>lt;sup>5</sup> *Towards 2016* is not required to go through the Houses of the Oireachtas (Irish Parliament). It has the status of an agreed approach between Government and the Social Partners. Final agreement on the document is subject to ratification in line with the internal procedures within each social partner pillar and organisation. The social partners (other than trade unions) have ratified the approach/ Trade Unions are currently balloting their members.

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One of the key tasks in the "Ending Child Poverty" initiative under Sustaining Progress was to address obstacles to employment for lone parents, whose children are among those most at risk of poverty. Arising from work done in this area, a Government discussion paper, "Proposals for Supporting Lone Parents" was launched in March 2006. The report puts forward radical proposals for reform of the income support system for all parents on a low income. It proposes an expanded availability and range of education and training opportunities; the extension of the National Employment Action Plan; focused provision of childcare; improved information services and the introduction of a new Parental Allowance for low income families with young children. These proposals are currently the subject of an extensive consultation process.

Preparation of an implementation plan regarding the non-income recommendations of the discussion paper is in progress.

### **10.** Please provide information on the number of children dead or seriously wounded from road accidents.

Tables 11.1 and 11.2 provides data on the Casualties Classified by Road User Type and Age for 2003 and 2004. Statistics on traffic collisions were compiled by the National Roads Authority (NRA) in 2003 and 2004. Statistics for 2005 are currently being compiled by the recently established Road Safety Authority. These data are based on road collision information supplied by An Garda Siochana for processing and analysis. Table 11.3 and 11.4 uses the Hospital In-Patient Enquiry system. This provides analysis of the external causes of injury. Table 11.3 provides the number of children by sex and age group treated as an inpatient where the primary external cause of injury was road traffic accident for the years 2000 - 2004. Table 11.4 provides a breakdown by sex and age group for the year 2004.

## 11. Please provide appropriate disaggregated data (including by sex, age and type of crime) covering the years 2003, 2004 and 2005, in particular on the number of:a. persons below 18 who have allegedly committed a crime, reported to the police;

Under the Children Act 2001, a child must be assessed for their suitability for participation in the Diversion Programme. The Children Act requires that there is no prosecution in respect of the behaviour in respect of which the child has been admitted to the Diversion Programme. There has been a clear trend in the increasing use of the Diversion Programme. Between 2003 and 2005 the numbers unsuitable for inclusion in the Programme decreased from 17% to 14%. Similarly in the period the number of cautions issued rose from 50% to 75% of all children referred to the Garda National Juvenile Office. Table 12.1 provides the number of children referred to Diversion Programme and Outcomes 2003 - 2005. Table 12.2 provides the percentage of referrals and outcomes by gender. Table 12.3 gives the age profile of referrals. Table 12.4 gives the percentage breakdown of principle offences recorded in respect of referrals.

- b. persons below 18 who have been sentenced and type of punishment or sanctions related to offences including length of deprivation of liberty;
- c. persons below 18 who have been tried as adults;

Table 12.5 provides details of outcomes of cases<sup>6</sup> for the Dublin Metropolitan district involving young people including children returned for trial in a higher court. Data is only available for the Dublin Metropolitan District in 2004. Data is not available for 2003. Table 12.6 gives data for 2005 which covers all Districts for the full year (not only the Dublin Children Court). Information is collated by date of the child's birth and not the age of the child at the time.

Numbers of children tried as adults are those where the Court determination is "Children Referred to Higher Court for Trial" in these Tables (12.5 and 12.6).

The Young Persons Probation Service has responsibility for the supervision of young people and is working with approximately 600 young offenders nationally. The YPP has a role in seeking to reduce offending and has responsibility for certain aspects of the Children Act 2001. Table 12.7 provides the numbers of young offenders under supervision of Young Persons Probation in 2003 and 2004 by county.

#### d. detention facilities for persons below 18 in conflict with the law and their capacity;

Currently, male offenders under the age of 16 and female offenders under the age of 17 are detained in children detention schools under the Department of Education and Science. (Please see Section B Question 1 regarding the developments in juvenile justice and in particular legislative changes and the establishment of the Irish Youth Justice Service regarding the future arrangements for the detention of young people.) Table 12.8 shows the current capacity of these facilities.

#### Irish Prison Service

Pending the implementation of the recent changes in the area of juvenile justice (referred to above and in section B.1), the Irish Prison Service normally has responsibility for the custody of male offenders from the age of 16 and over and of female offenders aged 17 and over. In the period 2003 to 2005 the average number of young offenders who were under the age of 18 years in prison custody was just over 70, of which 1 or 2 would have been female. (See table in Qn. 12 (e) below). In 2005 the average number of under 18 years olds in prison custody was approximately 60 young offenders.

#### Male young offenders

The principal facility in respect of male offenders aged 16 to 21 years is St. Patrick's Institution, Dublin. It is a medium security closed prison with an overall capacity of 217 for 16 to 21 year old males. As far as is practical, young offenders under 18 years of age are kept separate from those over the age of 18 years. In addition to St. Patrick's Institution, a small number of male offenders under 18 years are accommodated in other prisons.

Female young offenders

<sup>&</sup>lt;sup>6</sup> Cases involving children under the age of 18 years are heard as part of District Court sittings. Outside of Dublin, the Children Court is held in conjunction with sittings of the District Court but children cases are heard separately at designated times. In Dublin, there is a dedicated Children Court building.

The Irish Prison Service normally has responsibility for the custody of female offenders aged 17 and over. There are generally few female young offenders and there are occasions when there are no girls under 18 years of age committed to prison. As such the segregation of those under

18 years from the general population would represent an additional burden on individual girls which would be inappropriate.

#### e. persons below 18 detained in these facilities and those detained in adult facilities;

The number of children committed in care or on remand in children detention schools, by sex, on 30<sup>th</sup> June 2003 and 2004 is shown in Tables 12.9 and 12.10<sup>7</sup>. Tables 12.11 and 12.12<sup>8</sup> show the numbers of children, by circumstances under which children were committed to care, by sex, for the school year ending 30<sup>th</sup> of June 2003 and 30<sup>th</sup> of June 2004. Table 12.13 and 12.14 show the destination of children discharged during the school year ending in June of each year.

Over the period 2003 to 2005 the number of young offenders who were under the age of 18 years in prison custody has shown a decline. The majority of the young offenders are male. The average number of female offenders involved has been consistently low, with an average of 1.2 female young offenders over the period.

Tables 12.15-12.16 shows the average number of offenders under 18 years in prison custody by gender and by sentenced and remand for the years 2003, 2004 and 2005.

In the period January 2005 to June 2006 there were 206 children, of which 177 boys were committed to St. Patrick's Institution and 21 boys and 8 girls were committed to adult prisons. Table 12.17 shows the number of children under 18 years of age committed to prison between January 2005 and June 2006. Provisions under the Children Act 1908 allow for the committal to places of detention, operated by the Irish Prisons Service, of 15 year old boys and 15 and 16 year old girls. Between 2001 and 2004 8 boys under the age of 16 were committed to St. Patrick's Institution. Since January 2005 there have been no committals to prison custody for these age ranges.

## f. persons below 18 kept in pre-trial detention and the average length of their detention;

See tables under (e) above. Average length of detention is not readily available.

## g. reported cases of abuse and mistreatment of children occurred during their arrest and detention.

Information to respond to this question is still being sourced.

<sup>&</sup>lt;sup>7</sup> NB: these tables show a "snapshot" for that date.

<sup>&</sup>lt;sup>8</sup> NB: these tables reflect an analysis of all committals in the school year.

- 12. With reference to special protection measures, please provide statistical data (including by sex, age, ethnic and minority groups, urban and rural areas) covering the years 2003, 2004 and 2005:
  - a. the number of children involved in sexual exploitation, including prostitution, pornography and trafficking and the number of those children who were provided access to recovery and social reintegration services;

Gardai have encountered only a small number of cases of human trafficking in this jurisdiction and the UN ranks Ireland at the low end of destination or transit countries Proposed legislation i.e. Criminal Justice (Trafficking in Persons and Sexual Offences) Bill due to be published later in 2006 will allow Ireland to adopt the Framework Decisions EU Framework Decision on combating trafficking in Human Beings (19th July 2002), EU Framework Decision on Combating Sexual Exploitation of Children and Child Pornography (22nd December 2003) and will also take into account the criminal law aspects of the other International Instruments.

Children who require special protection are looked after under the child care welfare and protection services of the Health Services Executive. Tables 3.10-3.12 regarding the numbers of children in care indicate the primary reasons for being in care for each year 2002-2004 showing those children who have arrived unaccompanied from aboard and came into the care of the State.

Children who appear to arrive unaccompanied in the State are referred by immigration officials or the Office of the Refugee Applications Commissioner to the Health Service Executive. The provisions of the Child Care Act, 1991, which require the HSE to promote the welfare of children in its area who are not receiving adequate care and protection, will then apply in relation to the child. The Refugee Act, 1996 (as amended) also provides that the HSE will determine what is in the best interests of the child including the option of whether an application for refugee status should be made on the child's behalf. In the event that an application is made, the HSE then assists the minor throughout the asylum process. Data on the number of unaccompanied minor asylum applications is provided in Tables 13.1 for 2002, 2003 and 2004. Data dissagregated by age is provided in Table 13.2, by gender in Table 13.3, by nationality in Table 13.4. Data on the numbers of children who are in care as a result of arriving unaccompanied in the State during the years 2002, 2003 and 2004 is provided in Tables 13.7. This also indicates the outcomes for these children.

### b. the number of children involved in substance abuse and the number of those children who received recovery and reintegration services;

Information relating to drug usage is provided under question 8 and the related Appendix 4. Appendix 5 provides information from the National Drug Treatment Reporting System. Data is collected in respect of each person who is assessed or receives treatment for problem drug use at each treatment centre in a calendar year. 6.9% of those seeking treatment in 2003 where children. Data by age, sex, county of residence, by age left school as well as data on the main problem drugs, usage by more than one drug and injector status are included in the Appendix.

**c.** the number of migrant, unaccompanied, asylum-seeking and refugee children Please see (a) above and related Tables 13.1-13.7.

#### d. the number of children involved in labour who are under 16

#### e. street and homeless children

Please see Tables 13.9 - 13.11 relating to numbers of children who appeared to be homeless by age group and region for 2002, 2003, 2004. Table 13.12 provides a breakdown by sex and region for 2004.

#### **B.** General measures of implementation

1. The Committee would appreciate receiving information on intended or planned activities related to recommendations contained in the Committee's previous concluding observations on the initial report of Ireland (CRC/C/15/Add.85) which have not yet been fully implemented, in particular regarding: the implementation of the recommendation of the Constitutional Review Group (para. 24); the Convention being fully incorporated as part of the domestic law para. 25); corporal punishment within the family (para. 39); and the juvenile justice system (para. 40). Please explain the obstacles to implementation of the Convention and how the State party envisages overcoming them.

<u>The implementation of the recommendation of the Constitutional Review Group / Incorporation</u> of the Convention into domestic law

The All Party Oireachtas Committee was established on the 17th December 2002 to complete a full review of the Constitution and as part of its terms of reference it was required in undertaking this review to have regard to the report of the Constitutional Review Group. This Group under the chairmanship of Dr. T.K. Whitaker reported in 1996 and in relation to the Articles of the Constitution concerned with the family made recommendations that Article 41 and 42 should be significantly amended.

The All Party Oireachtas Committee in preparing for its tenth report which was dedicated to the family and the same two articles of the Constitution, consulted widely. It received 7,989 submissions in total and 16,148 petitions and it conducted oral hearings. It is noted in the Report that the vast majority of communications to the Committee supported leaving the articles related to the family unchanged. Nevertheless the Committee made several recommendations on ways in which the Constitution could be changed to recognise the realities of life in Ireland in the 21st Century.

In relation to the rights of children the Committee recommended that a new section should be inserted in Article 41 dealing with specifically with children's rights. The suggested text of this new article read "all children irrespective of birth, gender, race or religion are equal before the law. In all cases where the welfare of the child so requires, regard shall be had to the best interest of that child". This wording was considered to be a balanced approach to ensuring that the rights of the child were recognised in the Constitution taking into consideration not only the report of the Constitutional Review Group but the views of the many individuals and organisations that made representations to it.

The tenth report of the Oireachtas Committee was published on the 24th January. In launching the report the Taoiseach stated "all aspects of this valuable report and its many recommendations

will be given careful consideration by the Government. This will be of huge assistance to us in our work to ensure that the diversity of family life in Ireland is given due protection today".

The Government in its deliberations is free to follow the recommendations of the Committee or not as it sees fit. It is however important to note that to implement change to the wording of the Constitution a Constitutional Referendum will be required. Any proposals to incorporate the Convention on the Rights of the Child into Domestic law would require such amendment. The matter is still under consideration by the Government and no referendum to amend the Constitution has to date been proposed.

#### Corporal Punishment within the Family

In relation to corporal punishment within the family the position remains as set out in the Ireland's Second Report. A comprehensive statement of the situation regarding corporal punishment was prepared recently for the Council of Europe's Committee of Ministers. This is included at Appendix 6.

#### Juvenile Justice System

The youth justice system is undergoing a period of significant reform at present. In October 2004, a youth justice project team was set up within the Department of Justice, Equality and Law

Reform to examine the structures in place for the delivery of the State's youth justice services and to make recommendations for improvements.

The project team consulted widely to assess the current structures. The project team detailed their findings in the *Report on the Youth Justice Review*. The Minister for Children brought forward proposals to Government based on the report's recommendations. In December 2005, the Government approved a series of youth justice reforms. Among the reforms was the establishment of the Irish Youth Justice Service (IYJS) to bring leadership and strategic direction to the area. The Government brought forward a number of legislative changes to give effect to the youth justice reforms. The amendments were made by way of inclusion as part of the Criminal Justice Act 2006, including:

- the transfer of all detention facilities for offenders under 18 years of age from the Minister for Education and Science to the Minister for Justice, Equality and Law Reform;
- the expansion of the children detention school as the model for all detention of children under 18;
- the replacement of the existing provisions in the Children Act 2001 on the age of criminal responsibility so as to prohibit the charging of children under 12 with most offences;
- the introduction of a form of behaviour order which is separate from that provided for adults and is subject to the provisions of the Children Act 2001, as amended.

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## 2. Please indicate whether the Convention on the Rights of the Child has been invoked directly in domestic courts during the reporting period, and if so, please provide examples of such cases.

In some cases which were taken before the Irish Courts by or on behalf of children seeking to vindicate their Constitutional rights occasionally the pleadings will contain a claim based on the rights of the child under the United Nations Convention. However, these cases are largely decided on the basis of the Constitutional rights of the child and arguments on the Convention rights have not been made in the course of the hearing nor are they referred to directly in the judgments of the Court to our knowledge. It would therefore not be accurate to suggest that the Convention has been invoked directly in domestic courts.

#### 3. Please provide additional information on the status of the measures taken to improve the system for collection of disaggregated data on children under 18 in all areas under the Convention.

Reference is made in the State's Report to the work already being supported by the National Children's Office (now an integral part of the Office of the Minister for Children) to improve research and data in relation to children.

The most recent social partnership agreement (*Towards 2016* – referred to in questions 4 and 8 below) commits the Government to continuing to undertake research and data development to assist good policy formulation. Central to this is the National Longitudinal Study of Children in Ireland (NLSCI). In addition, the findings from other national studies such as Health Behaviours in School-going Children, and tools such as the National Set of Child Well-Being Indicators, will assist in monitoring the impact of services and programmes in terms of child outcomes, including children at risk and needing preventative services, and in planning and evaluating policies, programmes and resource allocations.

A new National Data Strategy to support the planning and delivery of policy and services in relation to early childhood care and education and school age childcare is also to be developed by the OMC in liaison with the HSE and CECDE and other relevant agencies. The strategy will identify additional key areas where data is required to inform policy and, in the longer-term, to evaluate both the impact of investment on the quality of life experienced by children and where specific targeting of resources is most needed.

The development of data strategies is a strong element throughout the new partnership agreement. There is a strong commitment to the development of more comprehensive and detailed data which allows for the appropriate level of analysis to support evidence-based policy development as well as the appropriate delivery of services based on need. The National Statistics Strategy 2003-2008 specifically refers to the need to provide for adequate disaggregation. The Strategy refers to the need for statistical frameworks setting out data groups and sub-groups, in which the data produced and the data sought can be matched. This matching will help identify gaps, determine priorities and ensure efficiency in collection, compilation and analysis.

An important part of these statistical frameworks will be to identify the key cross-classifications and disaggregations required for the different statistical variables. There will also need to be agreed definitions of the cross-classifications to be used for different statistics, e.g. the age group that denotes dependent children.

## 4. Please provide information on the processes and mechanisms that exist for the efficient coordination of policy and strategy development with regard to programmes, services and laws for the implementation of the Convention.

The National Children's Strategy, published in November 2000, is a ten year action plan covering all aspects of children's lives. The setting up of the OMC in December 2005 coincided with the National Children's Advisory Council's midterm review of implementation of the Strategy. This provides a renewed impetus to the implementation of the Strategy through the second half of its lifespan, which will run unto 2010.

Reference was made in the state party's report to the social partnership arrangements which operate in Ireland as a basis for sustained progress in macroeconomic and social policy terms. The new agreement *Towards 2016* includes a specific chapter based on a life cycle approach and a section on children. The Vision for Children incorporates reference to Ireland's commitment to the implementation of the UN Convention on the Rights of the Children as well as setting out priority actions based on a range of relevant strategies across Government including, inter alia, the National Children's Strategy – Ireland's National Action Plan for Children.

The overlap between the commitments in *Towards 2016* in relation to children and the commitments in the National Children's Strategy is significant. New national and local level structures are set out in *Towards 2016* to support the implementation of these priorities.

- The Cabinet Committee on Social Inclusion and Children will continue to be the mechanism which provides for an interface between the political system and the structures outlined above. The production of a cross-Departmental business plan for children for 2007, which has been agreed by all relevant Departments, will be co-ordinated by the Office of the Minister for Children (OMC) and will be presented to the Cabinet Committee, and progress will be monitored against the plan. It is further intended that monitoring of progress against the Strategy will be integrated with the monitoring processes for *Towards 2016*, NAPs incl. and the social inclusion chapter of the next National Development Plan.
- An Assistant Secretary level Senior Officials Group on Social Inclusion [SOGSI], representing the main Government Departments will provide a policy and monitoring function in relation to the National Children's Strategy, and the OMC will use this group to drive progress forward across Departments in the next five years.
- A National Implementation Group chaired by the OMC, involving the relevant Departments, the HSE, representatives of local authorities, the education sector and other key agencies as required, will link with the Expert Advisory Group on Children being established by the HSE.
- At local level a multi-agency Children's Committee within each of the City/County Development Boards, chaired by the HSE who are best placed to drive this initiative to achieve coordinated and integrated services.

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These new structures and process have been established with a view to ensuring (1) the development of detailed plans for delivery on priorities; (2) the identification of barriers to delivery; and (3) the development of solutions to facilitate implementation of the National

Children's Strategy. The decision mandated the Office of the Minister for Children to engage with Government Departments to identify priorities from the National Children's Strategy for implementation in the period 2007-2010 including the preparation of cross-departmental business plans and a co-ordinated approach to budgetary processes.

## 5. Please inform the Committee about the process of bringing legislation into force and the reasons to why some parts of legislation may take longer to enter into force than others, in particular, some parts of the Children's Act of 2001.

#### General

It is the case, in the Irish context, that some legislation is commenced on a phased basis. The reasons for this generally relate to legislation which requires significant reform processes involving the co-ordination of large change management programmes across sectors; or which depend on a phased investment programme which involves a significant build up of infrastructure which cannot be achieved in one step. It is true to say that in recent years the Irish Government has been in a position to make significant additional investments across a range of service areas which affect children. Where these have been underpinned by legislative provisions, it has been the case that a phased approach to implementation has been adopted. This is a pragmatic approach to the processes required to give effect to statutory provision of services including, for example, assessment of need, the strategic planning and development of appropriate services and the inevitable time taken to complete capital projects associated with delivery of some programmes. In the Irish context, the need for careful workforce planning has also been a feature of the planning process to ensure the range of appropriately trained staff are available to staff new and expanded services.

#### The Children Act, 2001

The Children Act was passed by the Houses of the Oireachtas (upper and lower houses of parliament) and signed into law in 2001. It was always the intention to implement the Act on a phased basis over several years. Parts of the Act relating to the Diversion Programme, the treatment of child suspects in Garda stations, the Children Court, protection of children and a number of other provisions were brought into force by order of the Minster for Justice, Equality and Law Reform in 2002. Further sections of the Act including those in respect of the Special Residential Services Board and Family Welfare conferences have also been commenced by Ministerial order.

The main elements of the Act which have not yet been commenced include provisions relating to the age of criminal responsibility, community alternatives to detention and children detention schools. These sections required additional preparatory work to bring them into force. In addition a review of the youth justice system, initiated in 2004, made a number of recommendations for improvements to the legislative basis for the youth justice system. As a matter of urgency the Government brought these reforms forward and they were passed into law in July 2006.

In preparing the Children Act 2001, as amended by the Criminal Justice Act 2006, careful consideration was given to international obligations and the international guidelines and rules for the detention of young offenders. The guidelines and rules, namely the Beijing rules, the Riyadh

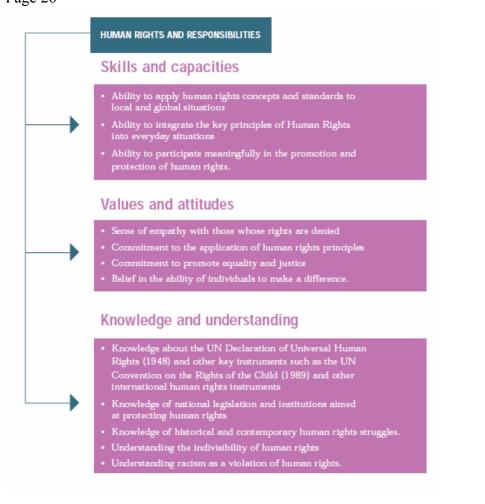
guidelines and the UN Rules for the Protection of Juveniles Deprived of their Liberty, have been reflected in the Children Act and the recent amendments.

Considerable progress has been made in respect of this preparatory work and it is anticipated that the main outstanding provisions of the Act will be implemented within the next twelve months.

## 6. Please provide updated information on efforts to provide training and undertake awareness raising about the Convention on the Rights of the Child, and on efforts to bring human rights education in curricular of educational and pedagogical institutions.

The National Council for Curriculum Assessment recently produced guidelines on intercultural education in June 2006. These Guidelines on Intercultural Education in the Post-Primary School are accompanied by Guidelines on Intercultural Education in the Primary School (published May 2005). Both sets of guidelines are based on the same key principles and themes. These guidelines emphasise education which promotes equality and human rights, challenges unfair discrimination and promotes the values upon which equality is built. The document provides guidance on a range of issues including the integration of intercultural themes–identity and belonging, similarity and difference, human rights and responsibilities, discrimination and equality, conflict and conflict resolution across a range of Junior Certificate subjects. These guidelines are designed to provide support for all the members of the school community, including teachers, school managers, support staff and parents. The lesson content guidance in relation human rights is summarized below.

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#### 7. Please provide information on established consultation processes with the civil society.

Many existing regulatory authorities, including the independent regulatory bodies, have quite sophisticated consultation processes. The Government has acknowledged the need for greater consistency in the approach to consultation across the public service. In Ireland, the principles of accessibility and transparency in administration are supported by legislation such as the Freedom of Information Acts, the Ombudsman Act, the Data Protection Acts, the Ethics in Public Office Act and prompt payment legislation. The Government decided that against the background of existing legislative provisions, the need for legislation to underpin administrative procedures would be kept under review. However, the Government committed itself to introducing guidelines for consultation setting out the range of consultation mechanisms and options available to regulators, be they central Government Departments or otherwise, and the circumstances in which they should be applied.

These *Guidelines on Consultation for Public Bodies*, published in August, 2006, have been produced as a practical guide for use by Government Departments, public bodies and any other organisations that may wish to consult with stakeholders. The Guidelines are aimed at giving stakeholders a clear sense of the standards of consultation that should be expected from public bodies. The Guidelines are particularly relevant to public bodies with regulatory responsibilities, as consultation in advance of making regulations is accepted good practice and, in a number of

cases, mandatory. The adoption of a consistent and transparent approach to consultation is considered to be good for public governance; it will assist the public service in its key role in contributing to policy formulation; and it will enhance the regulatory environment in which business must operate. It is the Government's view that access to shaping how law is made is at the heart of the democratic process and this has been underpinned by the guidelines.

As regards the voice of children and young people, the Office of the Minister for Children has a particular role in this regard. The Office works directly with young people in all of the projects under its direct remit. In addition, it advocates in relation to the participation of and consultation with children on a wide range of projects across Government. The Minister for Children also has a strong role in encouraging and advising Government colleagues on the need to consult with children in relation to issues which affect their lives. The Minister now attends Cabinet meetings of the Government and has a regular opportunity to raise this issue on a consistent basis. As mentioned in the State's Second Report, participation guidelines have been published and widely promulgated across statutory and non-statutory bodies whose work affects children's lives.

## 8. Please indicate the issues affecting children that the State party considers to be priorities requiring the most urgent attention with regard to the implementation of the Convention.

Reference is made under question 4 of this section to the new social partnership agreement *Towards* 2016. In the agreement social partners identified the need to work together in pursuit of these goals through relevant strategies and processes, including NAPinclusion, the National Development Plan 2007-2013 (NDP) and the National Children's Strategy. The proposed agreement specifically identified the following priority areas in order to make progress towards these long-term goals during the first phase of the agreement.

- 1. Early Childhood Development and Care
- 2. Improving Education Outcomes for Children
- 3. Improving Health Outcomes for Children
- 4. Promoting Recreation, Sport, Arts and Culture in the Lives of our Children
- 5. Income Support (in terms of tackling child poverty)
- 6. Supports for Children and their Families (strengthening systems of support including family support measures, child protection and welfare and other family friendly policies)

The Agreement includes specific action points in relation to each of these priority areas.

In addition, a number of innovative measures were also specifically identified for children. These include:

- 1. Establishment of the New Irish Youth Justice Service to facilitate reform of the youth justice area and provide the leadership necessary to implement the key remaining provisions of the Children Act 2001.
- 2. An initiative to test models of best practice which promote integrated, locally-led, strategic planning for children's services. The objective of the initiative is to secure better

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developmental outcomes for disadvantaged children through more effective integration of existing services and interventions at local level.

- 3. The further development of children's and young people's participation (referred to in the State's Report) including
  - establishment of a Comhairle Na nÓg Implementation Group to ensure the development of effective Comhairlí na nÓg<sup>9</sup> throughout the country.
  - promotion of the establishment and operation of democratic student councils in schools, in accordance with the Education Act 1998 and the National Children's Strategy as well as
  - support for specific participation projects in partnership with statutory bodies, Government Departments and non-Government organisations.

#### <u>Part II</u>

## Please provide the Committee with copies of the text of the Convention on the Rights of the Child in all official languages of the State party as well as in other languages or dialects, when available. If possible, please submit these texts in electronic form.

The National Children's Strategy incorporates a copy of the Convention on the Rights of the Child (Appendix D). This document is available in both English and Irish, the official languages of the State. Hard copies of both documents are enclosed. Electronic versions will also be made available as part of this response.

#### <u>Part III</u>

Under this section, the State party is invited to briefly (3 pages maximum) update the information provided in its report with regard to:

#### Legislation enacted since July 2005

Children Act, 2001 Amendments

(Criminal Justice (Amendment) Act, 2006)(July 2006)Part I B Question 1 refers.

#### Criminal Law (Sexual Offences), Act 2006

Act provides for offences in relation to the commission of sexual acts with children under the age of 17 years; and provides for matters connected therewith.

#### Parental Leave (Amendment) Act, 2006

This Act amends the Parental Leave Act 1998 to implement recommendations of the Social Partnership *Working Group on the Review and Improvement of the Parental Leave Act 1998*. The Act provides for the following:-

- raising the maximum age of the eligible child from 5 to 8 years;
- an increase in the maximum age of the eligible child to 16 years in the case of children with disabilities;

#### (May 2006)

### (June 2006)

<sup>&</sup>lt;sup>9</sup> Children and Young Peoples Committee at county level

- extension of parental leave entitlements to persons acting *in loco parentis* in respect of an eligible child;
- extension of the *force majeure/compassionate leave* provisions.

#### Maternity Protection Act, 1994 (Extension of Periods of Leave) Order 2006

This Order legislates for major increases to be made in 2006 and 2007 to the length of paid and unpaid Maternity Leave. The effect will be an increase of 8 weeks to paid maternity leave (total of 26 weeks) and an increase of 8 weeks to unpaid maternity leave (total of 16 weeks).

#### Adoptive Leave Act, 2005

#### (November 2005)

The Adoptive Leave Act 2005 amends the Adoptive Leave Act 1995 to apply the appropriate recommendations of the Social Partnership Working Group on the Review and Improvement of the Maternity Protection Legislation to adoptive leave. The Act provides for the following:

- Increase in the adoptive leave period by 2 weeks to 16 weeks (already implemented by Statutory Instrument No 667 of 2004 with effect from 19 November, 2004);
- adopting parent(s) to attend required preparation classes and pre-adoption meetings with social workers/health board officials during work hours without loss of pay;
- termination of additional adoptive leave in the event of illness, subject to the agreement of the employer;
- splitting the period of adoptive leave/additional adoptive leave in the event of the hospitalisation of the child, subject to the agreement of the employer
- absence from work on additional adoptive leave will count for all employment rights (except remuneration and superannuation benefits) such as seniority and annual leave.

#### Disability Act, 2005

#### (July 2005)

Under the Disability Act 2005, all public bodies, subject to certain considerations provided for in the Act, are required to ensure that access to services is integrated and to assist a person in accessing services. Services and goods supplied to all public bodies are required to be accessible and communications and information provided by public bodies must also be accessible. It establishes, inter alia, a statutory basis for -

- an independent assessment of individual health (including personal social services) needs and, where appropriate, educational services for persons with disabilities over age 18 years, a related service statement and access to complaints, appeals and enforcement mechanisms, where entitlements are not delivered.
- access to mainstream public services and actions to support access to public buildings, services and information.
- obligations on public bodies to be proactive in employing people with disabilities and the monitoring of compliance with those obligations.

These new requirements are underpinned by a new Code of Practice signed into law by the Minister for Justice, Equality and Law Reform in April 2006.A key element of the National Disability Strategy, in terms of the delivery of services to persons with disabilities, is the suite of Sectoral Plans to be implemented by six Ministers and their Government Departments under Part 3 of the Disability Act 2005. The Plans set out how services will be improved to make them more accessible to people with a disability, including physical access to buildings, public transport and communications services. The Plans have been developed following extensive

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consultation with relevant stakeholders and between Departments. Delivery of the planned outputs in key service delivery areas such as health, transport and employment will be the benchmark for progress in improving the level and quality of services experienced by persons with disabilities.

#### **Bills published**

#### Child Care (Amendment) Bill, 2006 Guardianship/Long Term Foster-Care

The Child Care (Amendment) Bill, 2006 which has just been published (June 2006) provides that a foster parent or a relative who has had a child in their care for a continuous period of five years (the child having been placed with them by the Health Service Executive) may apply for a court order in relation to the care of the child. The purpose of the Bill is to give foster parents and relatives increased autonomy in the care of children or young people, for whom they have been caring for more than five years and to provide greater coherence and stability for their foster children. It provides increased autonomy to long-term foster parent in consenting to medical examinations and treatment and to the issue of passports as well as in day-to-day care issues. The Bill is not yet law but will be debated in Parliament in the next session.

#### New institutions

#### Office of the Minister for Children

In order to bring greater coherence to policy making for children, the Government has established the *Office of the Minister for Children (OMC)*. The *OMC* is an integral part of the Department of Health and Children. Children now have a stronger voice on issues that affect them through the Minister for Children, Brian Lenihan TD, who attends Cabinet meetings. The *OMC* focuses on harmonising policy issues that affect children in areas such as early childhood care and education, youth justice, child welfare and protection, children and young people's participation, research on children and young people and cross-cutting initiatives for children. The *OMC* also maintains a general strategic oversight of bodies with responsibility for developing and delivering children's services.

Staff working on childcare (from the Department of Justice, Equality and Law Reform), on child welfare and child protection (from the Department of Health and Children) and from the National Children's Office have amalgamated to form the *OMC*. Staff working in the areas of youth justice in the Department of Justice, Equality and Law Reform and education for early years in the Department of Education and Science, will be co-located in the *OMC*, to provide a joined-up government approach to the development of policy and delivery of services for children.

#### Irish Youth Justice Service

Part I B Question 1 refers to developments in relation to juvenile justice. The most significant development has been the establishment of the Irish Youth Justice Service and the associated legislative amendments also referred to. The IYJS, an executive office of the Department of Justice, Equality and Law Reform, will bring all youth justice-related services together under a single body. The new Service has a remit to:

• develop a unified youth justice policy including crime prevention;

- devise and implement a national youth justice strategy with links to other child related strategies;
- manage all youth detention facilities;
- manage the implementation of the provisions of the Children Act, 2001 in relation to community sanctions, restorative justice conferencing and diversion projects; and
- establish and administer a national youth justice oversight group and local youth justice teams.

The first National Director of the Irish Youth Justice Service was appointed in April 2006.

#### **Child Protection Rapporteurs**

The appointment of two special rapporteurs to audit legal developments for the protection of children took place in June 2006. The special rapporteurs, who have significant legal expertise in the areas of child and family law at national and international level will review and audit legal developments and assess what impact, if any, litigation in national and international courts will have on child protection. They will be independent and accountable to the Oireachtas, to whom they will report annually. The Office of the Minister for Children will liaise with the special rapporteurs on behalf of the Government.

**Implementation Structures Committed to in** *Towards 2016* (Social Partnership Agreement) Part I B Question 4 refers to the new structures agreed under *Towards 2016*. These are currently being established.

#### **Newly implemented policies**

#### Extension of Vetting for persons working with Children / The Garda Central Vetting Unit

The GCVU was established in 2002 to deal with criminal record vetting, which then arose primarily in the health and social services sectors. In June 2006 it was decided that vetting would be expanded on a phased basis to <u>all</u> persons who would have substantial, unsupervised access to children and vulnerable adults, irrespective of whether they work in a full-time or part-time capacity or whether they are volunteers or students on placements.

During the remainder of 2006, this phased roll-out involves the extension of vetting to all remaining prospective employees of the Health Services Executive, all new teachers and non-teaching staff in primary and post-primary schools, all new employees and volunteers working in the youth work sector and all new employees and volunteers of selected sports organisations. During 2007, vetting will be further extended to such sectors as private hospitals, residential childcare centres, agencies working with the homeless, local community initiatives, arts organisations, and private tuition centres and organisations.

In order to strengthen the capacity of the GCVU to deal with the additional work involved, the Minister has secured significant additional human and other resources for the Unit, including an increase in staff numbers from 13 to 30.

In March 2006 the Government published **Report of the High Level Group on Traveller Issues.** This report summarises the current situation in relation to the provision of services to Travellers in the key areas of accommodation, health, education and employment. The

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recommendations of the High Level Group include general structural and strategic issues as well as matters specific to particular sectors. The report examines the extent to which data on Travellers is available. The report also reviews the two local pilot projects operated in South Dublin County Council and Clare County Council. The objective of these projects was to bring all of the agencies working with Travellers together in partnership, to tackle local issues at a local level. In August 2006, as part of the implementation of the Report, the Government announced details of a special fund of approximately €1 million to be used to fund projects at County level to support the Traveller Community. A copy of the Report is enclosed.

#### Newly implemented programmes and projects and their scope

#### National Childcare Investment Programme

The new National Childcare Investment Programme 2006-2010 was announced in December 2005. The Programme will be an important element in a multitude of high level policy objectives ranging from the removal of barriers to employment, education or training to tackling educational disadvantage. A total of  $\notin$ 575 million in Exchequer funding has been allocated to the new Programme over a period of five years and ambitious targets have been set for the creation of 50,000 additional childcare places, including 10,000 pre-school places and 5,000 after school places. It is proposed that the new Programme will adopt a proactive response to identified local childcare needs. In addition, a new National Childcare Training Strategy will be developed which will aim to achieve a target of 17,000 additional training places in childcare during 2006-2010.

#### **Childcare Payments**

A new Early Childhood Supplement (ECS) was announced in Budget 2006 and has been introduced with effect from 1 April 2006 under the OMC. The payment is being made to parents of children aged under 6 years to assist in the costs associated with children, particularly in their younger years. It will amount to  $\notin$ 1,000 in a full calendar year and will be paid in arrears in quarterly instalments. The cost of the ECS scheme is expected to amount to  $\notin$ 265 million in 2006, rising to over  $\notin$ 350 million in a full calendar year. Work has been on-going since the Budget announcement to finalise the necessary administrative arrangements for the ECS and a letter to all expected recipients of the ECS has been issued.

#### National Longitudinal Study of Children in Ireland

In April 2006, the contract to undertake the National Longitudinal Study of Children in Ireland was awarded. It is envisaged that data collection will commence in May 2007 for the nine-year-old cohort and in December 2007 for the nine-month cohort.

#### <u>Part IV</u>

The following is a preliminary list of major issues (that does not contain issues already covered in Part I) that the Committee may take up during the dialogue with the State party. <u>They do not require written answers</u>. This list is not exhaustive as other issues might be raised in the course of the dialogue.

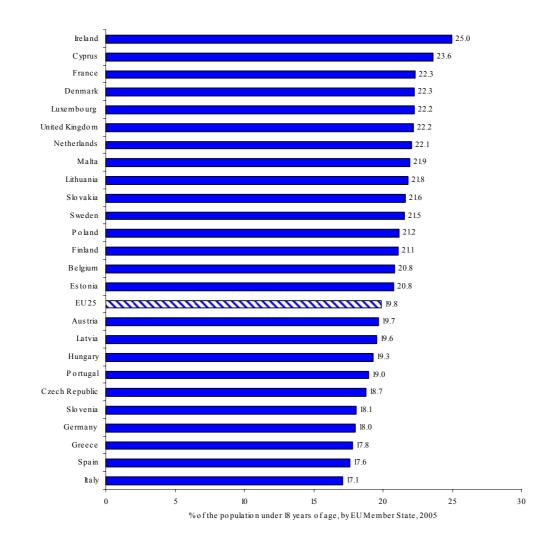
- 1. Developments regarding the constitutional protection of the rights of the child.
- 2. Protection from discrimination in particular with respect to children belonging to ethnic minorities and asylum-seeking children.
- 3. The State party's strategy to significantly strengthen the Convention's overall implementation with particular attention to the general principles of the Convention (non-discrimination (art. 2), the best interests of the child (art. 3), survival and

development (art.6), and the right of the child to express his/her views and be heard (art. 12)).

- 4. Placement of children in alternative care.
- 5. Domestic violence, including corporal punishment, and sexual abuse.
- 6. Children with disabilities, in particular access to social and health services.
- 7. Child care services and facilities, in particular the level of public services provisions.
- 8. Children at risk of experiencing poverty.
- 9. Children and education, including measures to handle bullying in schools, special needs of children, the possibilities to be heard, and human rights education.
- 10. Administration of juvenile justice, in particular with regard to the age of criminal responsibility, and places of detention for children.
- 11. Alcohol and substances abuse.
- 12. Trafficking in persons and sexual exploitation.
- 13. Children belonging to a minority or an indigenous group, in particular children of the Traveller community.

Ireland has noted the list of major issues which may be taken up during dialogue with the State Party. It is acknowledged that this is not an exhaustive list.

#### **APPENDIX 1**



#### Question 1

## Table 1.1Percentage of the population under 18 years of age, by EU Member State2005

Table 1.2	Population 0-17 year olds in 2003 by sex, age and region
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	Border	Dublin	Mid- East	Midland	Mid- West	South- East	South- West	West	State
Males									
0 to 4	16,563	39,056	18,140	9,217	12,351	16,283	20,630	13,336	145,576
5 to 9	16,301	35,169	16,340	8,810	12,086	15,731	20,029	13,261	137,727
10 to 14	17,097	36,441	16,285	9,067	12,522	16,699	21,253	14,790	144,154
15 to 17	11,446	23,413	10,255	6,022	8,278	10,724	13,649	9,593	93,380
0 to 17	61,407	134,079	61,020	33,116	45,237	59,437	75,561	50,980	520,837
Females									
0 to 4	15,870	37,163	17,135	8,826	12,010	15,490	19,770	12,943	139,207
5 to 9	15,147	33,141	15,301	8,397	11,351	14,906	19,520	12,573	130,336
10 to 14	16,478	34,644	15,355	8,483	11,894	15,830	20,217	13,866	136,767
15 to 17	10,812	22,382	9,927	5,542	7,732	10,277	13,035	9,327	89,034
0 to 17	58,307	127,330	57,718	31,248	42,987	56,503	72,542	48,709	495,344
Total									
0 to 4	32,433	76,219	35,275	18,043	24,361	31,773	40,400	26,279	284,783
5 to 9	31,448	68,310	31,641	17,207	23,437	30,637	39,549	25,834	268,063
10 to 14	33,575	71,085	31,640	17,550	24,416	32,529	41,470	28,656	280,921
15 to 17	22,258	45,795	20,182	11,564	16,010	21,001	26,684	18,920	182,414
0 to 17	119,714	261,409	118,738	64,364	88,224	115,940	148,103	99,689	1,016,181

	Border	Dublin	Mid-East	Midland	Mid-West	South-East	South-West	West	State
Males									
0 to 4	16,613	40,303	18,675	9,515	12,552	16,574	21,075	13,474	148,781
5 to 9	16,671	35,676	17,087	9,287	12,338	16,194	20,440	13,549	141,242
10 to 14	17,081	35,581	16,559	9,206	12,269	16,480	20,908	14,348	142,432
15 to 17	11,044	22,774	10,151	5,966	8,038	10,560	13,290	9,431	91,254
0 to 17	61,409	134,334	62,472	33,974	45,197	59,808	75,713	50,802	523,709
Females									
0 to 4	15,732	38,579	17,895	9,241	12,171	15,843	19,810	13,032	142,303
5 to 9	15,808	33,506	15,976	8,655	11,478	15,241	19,904	12,819	133,387
10 to 14	16,073	33,852	15,268	8,391	11,779	15,897	19,938	13,832	135,030
15 to 17	10,793	21,830	9,644	5,377	7,395	10,098	12,607	8,983	86,727
0 to 17	58,406	127,767	58,783	31,664	42,823	57,079	72,259	48,666	497,447
Total									
0 to 4	32,345	78,882	36,570	18,756	24,723	32,417	40,885	26,506	291,084
5 to 9	32,479	69,182	33,063	17,942	23,816	31,435	40,344	26,368	274,629
10 to 14	33,154	69,433	31,827	17,597	24,048	32,377	40,846	28,180	277,462
15 to 17	21,837	44,604	19,795	11,343	15,433	20,658	25,897	18,414	177,981
0 to 17	119,815	262,101	121,255	65,638	88,020	116,887	147,972	99,468	1,021,156

#### Table 1.3Population 0-17 year olds in 2004 by sex, age and region

	Border	Dublin	Mid- East	Midland	Mid- West	South- East	South- West	West	State
Males									
0 to 4	16,676	41,564	19,705	9,543	12,805	16,684	21,698	13,755	152,430
5 to 9	17,207	36,112	17,703	9,727	12,695	16,730	20,718	13,704	144,596
10 to 14	16,943	35,081	16,627	9,137	12,140	16,409	20,581	14,145	141,063
15 to 17	10,715	22,315	9,912	5,818	7,808	10,353	13,096	9,283	89,300
0 to 17	61,541	135,072	63,947	34,225	45,448	60,176	76,093	50,887	527,389
Females									
0 to 4	15,613	39,265	18,661	9,315	12,397	16,206	20,129	13,349	144,935
5 to 9	16,207	33,955	16,481	8,906	11,839	15,835	20,140	13,251	136,614
10 to 14	15,945	32,809	15,451	8,318	11,661	15,761	20,078	13,629	133,652
15 to 17	10,630	21,515	9,442	5,291	7,249	9,891	12,547	8,725	85,290
0 to 17	58,395	127,544	60,035	31,830	43,146	57,693	72,894	48,954	500,491
Total									
0 to 4	32,289	80,829	38,366	18,858	25,202	32,890	41,827	27,104	297,365
5 to 9	33,414	70,067	34,184	18,633	24,534	32,565	40,858	26,955	281,210
10 to 14	32,888	67,890	32,078	17,455	23,801	32,170	40,659	27,774	274,715
15 to 17	21,345	43,830	19,354	11,109	15,057	20,244	25,643	18,008	174,590
0 to 17	119,936	262,616	123,982	66,055	88,594	117,869	148,987	99,841	1,027,880

#### Table 1.4Population 0-17 year olds in 2005 by sex, age and region

Table 1.5	Number of Travellers a	nged under 18 by	age and gender, 2002
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Age	Boys	Girls	Total
0-4	1,786	1,622	3,408
5-9	1,727	1,648	3,375
10-14	1,575	1,643	3,218
15-17	893	831	1,724
Total <18	5,981	5,744	11,725
Total (all ages)	11,708	11,973	23,681

Source: Census of the Population, Central Statistics Office

County	Travellers	Population	Travellers
Longford	298	8,636	3.5%
Galway	1,582	53,293	3.0%
Offaly	316	18,214	1.7%
Westmeath	318	20,147	1.6%
Wexford	518	32,239	1.6%
Clare	401	27,931	1.4%
Laois	229	16,669	1.4%
Limerick	637	44,166	1.4%
	459	31,676	1.4%
Mayo			1.3%
Roscommon	182	14,302	
Sligo	202	15,018	1.3%
Tipperary	470	37,938	1.2%
Carlow	139	12,345	1.1%
Dublin	2,828	262,048	1.1%
Kerry	338	33,110	1.0%
Leitrim	70	6,764	1.0%
Louth	287	27,949	1.0%
Waterford	255	26,616	1.0%
Kilkenny	205	22,310	0.9%
Meath	345	38,428	0.9%
Monaghan	113	14,737	0.8%
Wicklow	251	31,323	0.8%
Cork	849	114,833	0.7%
Cavan	83	15,845	0.5%
Donegal	153	39,595	0.4%
Kildare	201	46,899	0.4%
State	11,725	1,013,031	1.2%

Table 1.6Number of Irish Travellers aged under 18 by county, 2002

Source: Census of the Population, Central Statistics Office

Table 1.7	Number and proportion of non-Irish nationals under 18 by age group and
	gender, 2002

Boys		Girls		Total		
Age	Number	Percent	Number	Percent	Number	Percent
0-4	4,166	2.9	4,131	3.1	8,297	3.0
5-9	6,583	4.9	6,296	4.9	12,879	4.9
10-14	6,373	4.4	6,339	4.6	12,712	4.5
15-17	2,956	3.1	2,994	3.3	5,950	3.2
Total	20,078	3.9	19,760	4.0	39,838	4.0

Source: Census of the Population, Central Statistics Office

County	Total Children	% of non-national children
Carlow	464	1.2
Dublin	9,250	23.2
Kildare	1,891	4.7
Kilkenny	701	1.8
Laois	561	1.4
Longford	352	0.9
Louth	1,073	2.7
Meath	1,520	3.8
Offaly	593	1.5
Westmeath	1,017	2.6
Wexford	1,137	2.9
Wicklow	1,124	2.8
Clare	1,465	3.7
Cork	4,004	10.1
Kerry	1,694	4.3
Limerick	1,317	3.3
Tipperary	1,488	3.7
Waterford	988	2.5
Galway	2,763	6.9
Leitrim	393	1.0
Mayo	1,717	4.3
Roscommon	713	1.8
Sligo	695	1.7
Cavan	630	1.6
Donegal	1,794	4.5
Monaghan	494	1.2
State	39,838	100

Table 1.8Number of Non-Irish national children, by county, 2002

Source: Census of the Population, Central Statistics Office

Nationality	Persons	%
United Kingdom	20,403	51.2
USA	4,073	10.2
Nigeria	2,314	5.8
Romania	916	2.3
South Africa	875	2.2
Germany	794	2.0
Pakistan	654	1.6
Australia	449	1.1
Canada	449	1.1
Russia	440	1.1
France	403	1.0
Netherlands	380	1.0
Other	7,688	19.3
Total	39,838	100.0

### Table 1.9Non-Irish national children by nationality, 2002

Source: Census of the Population, Central Statistics Office

### **Question 2**

# Table 2.1Expenditure in Education in the years 2004, 2005 and 2006 expressed as a %<br/>of GNP/GDP

GROSS EDUCATION EXPENDITURE							
Year	Total Education Expenditure €'000	GNP €m	GDP €m	Education Exp as % of			
				GNP	GDP		
2004	6,597,296	124,250	148,556	5.3	4.4		
2005 OT prov.	7,217,782	134,475	159,900	5.4	4.5		
2006	7,888,969	144,650	172,550	5.5	4.6		

	€perp	€ per pupil/student at 2003 prices		€m at 2003 prices
		Level	Real non-capital	
Year	First	<sup>1</sup> Second	<sup>2</sup> Third	public expenditure
1995	2,641	4,127	8,148	3,662
1996	2,767	4,249	8,561	3,818
1997	2,888	4,463	9,545	4,094
1998	3,046	4,551	8,402	4,079
1999	3,154	4,628	8,608	4,174
2000	3,403	4,874	8,386	4,358
2001	3,524	5,335	8,717	4,599
2002	3,893	5,729	8,807	4,939
2003	4,362	6,308	8,876	5,399
2004	4,677	6,350	8,584	5,548

#### Real non-capital public expenditure on education 1995-2004 Table 2.2

Source: Department of Education and Science, CSO

<sup>1</sup> Second level includes further education (e.g. post-Leaving Certificate programmes).

<sup>1</sup> Second rever incluses running of each of the second reversion of the second reversion

#### Expenditure by all sources on private and public educational institutions as a 2.3 percentage of GDP

	Institution		
Year	Public Private		Total
rear	%		
2002	4.1	0.3	4.4
2001	4.1	0.3	4.5
2000	4.1	0.4	4.6
1999	4.1	0.4	4.6
1998	4.3	0.4	4.7

Source: Department of Education and Science

	2004	2005	2006
	€m	€m	€m
Capital	24.419	39.633	57.564
Current	43.814	43.799	57.047
Total	68.233	83.432	114.611

# Table 2.4Budget allocations to childcare 2004-2006 (see Part III – Child Care<br/>Investment Programme 2006-2010)

Note: an additional  $\notin 3.963m$  (Capital), added to the 2006 allocation, has not been included in the figures above, because it represents a carryover of unspent capital funding from 2005. The actual outturn for 2005 was  $\notin 28.782m$  (Capital) and  $\notin 43.799m$  (Current), totalling  $\notin 72.581$ .

### Table 2.5 Health Service Executive expenditure on pre-school services

	€million		
	2003	2004	2005
Pre-school support services	19,863	21,116	21,777

## Table 2.6Estimated non-capital health expenditure 1990 to 2005 categorised<br/>by programme and service

Programme and Service	Expenditure	Expenditure	Estimate
(Non-Capital)	2003	2004	2005
	€000	€000	€000
Child health examinations	22,359	23,727	24,469
Childhood Immunisation Schemes (estimated			
proportion of prevention of infectious			
diseases)	76,500	76,500	82,500
Domiciliary care allowances for children with			
disabilities	34,472	51,749	50,397
Supply of milk to expectant and nursing			
mothers and children under five covered by			
medical cards	1,510	1,545	1,545
<b>GROSS NON-CAPITAL EXPENDITURE</b>	134,841	153,521	158,911

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Table 2.7Expenditure on programmes and services for children with disabilities by<br/>Health Service Executive

	€000s		
	2003	2004	2005
Intellectual Disability	770,715	816,181	901,944
Children as a % of population served*	34.3%		·
Estimated expenditure	264,355	279,950	309,367
Physical and Sensory Disability	385,174	414,543	466,303
Children as a % of population served**	31.4%		
Estimated expenditure	120,945	130,138	146,419

\* Taken from National Intellectual Disability Database Committee Annual Report 2005

\*\* Taken from Physical and Sensory Disability Database Committee Annual Report 2005

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### Support for children and families

8 Expenditure of Type of Payment		2003	-	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		€000		
Old Age (Contributory) Pension		946,902		
Retirement Pension		898,981		
Old Age (Non-Contributory) Pension		565,006		
Pre-Retirement Allowance		89,077		
otal Old Age		2,499,966		
Vidow/er's (Contributory) Pension		826,135		
Vidow/er's (Non-Contributory) Pension	1	116,834		
Deserted Wife's Benefit		89,234		
Deserted Wife's Allowance		10,605		
risoner's Wife's Allowance		13		
One Parent Family Payment		660,586		
Widowed Parent Grant (Contributory)		2,867		
Widowed Parent Grant ( Non-Contribute		290		
otal Widows, Widowers and One Pa	rent Families	1,706,564		
Aaternity Benefit		107,336		
lealth and Safety Benefit		213		
Adoptive Benefit		532		
Orphan's (Contributory) Allowance		8,895		
Orphan's (Non-Contributory) Pension		5,805		
Child Benefit		1,666,530		
otal Child Related Payments		1,789,311		
Disability Benefit		433,455		
nvalidity Pension		440,263		
njury Benefit		11,883		
Disablement Benefit		60,810		
Death Benefit Disability Allowance		5,813		
Disability Allowance Aedical Care		463,608 251		
Carer's Allowance		183,273		
Carer's Benefit		6,943		
Blind Pension		14,816		
otal Illness, Disability and Caring		1,621,115		
Jnemployment Benefit		477,129		
Jnemployment Assistance		565,952		
otal Unemployment Supports		1,043,081		
amily Income Supplement		45,360		
Employment Support Services (1)		139,407		
arm Assist		62,806		
otal Employment Supports		247,573		
upplementary Welfare Allowance		587,813		
otal Supplementary Welfare Allowa	ance	587,813		
reatment Benefits <sup>(1)</sup>		63,348		
Rent Allowance		675		
ree Schemes 🕫		340,514		
Aiscellaneous ®		68,489		
qual Treatment - Insurance payments		5		
qual Treatment- Assistance payments		-		
Redundancy and Insolvency @		97,636		
otal Miscellaneous Payments and G	rants	570,667		
Administration - Insurance Schemes		184,042		
Administration - Assistance Schemes		242,987		
otal Adminstration		427,029		
Grand Total		10,493,119		

See Additional Expenditure Details in Table A4.
 These schemes are administered by the Department of Enterprise, Trade and Employment.

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Type of Payment	2004	2005 Provisional	Change	
	€000	€000	96	
Old Age (Contributory) Pension	1.050.348	1,152,894	9,8%	
Retirement Pension	983,706	1.059.992	7.89	
Old Age (Non-Contributory) Pension	599,988	631.299	5.29	
Pre-Retirement Allowance	94,726	102,879	8.69	
Total Old Age	2,728,768	2,947,064	8.0%	
Widow/er's (Contributory) Pension	906,449	998,502	10.29	
Widow/er's (Non-Contributory) Pension	122,300	126,944	3.8%	
Deserted Wife's Benefit	89,749	90,624	1.09	
Deserted Wife's Allowance	10,967	11,468	4.69	
Prisoner's Wife's Allowance	15	14	-6.79	
One Parent Family Payment	694,835	751,102	8.19	
Widowed Parent Grant (Contributory)	3,068	3,304	7.79	
Widowed Parent Grant (Non-Contributory)	323	269	-16.79	
Total Widows, Widowers and One Parent Families	1,827,706	1,982,227	8.5%	
Maternity Benefit	121,571	132,412	8.99	
Health and Safety Benefit	143	293	104.99	
Adoptive Benefit	609	709	16.49	
Orphan's (Contributory) Allowance	9,659	7,516	-22.29	
Orphan's (Non-Contributory) Pension	6,223	4,096	-34.29	
Child Benefit	1,765,117	1,899,936	7.69	
Total Child Related Payments	1,903,322	2,044,962	7.49	
Disability Benefit	479,611	540,957	12.89	
Invalidity Pension	487,375	548,224	12.59	
Injury Benefit	13,598	14,220	4.69	
Disablement Benefit	62,599	67,016	7.19	
Death Benefit	6,185	6,523	5.59	
Disability Allowance	544,489	630,728	15.89	
Medical Care	275	298	8.49	
Carer's Allowance	210,277	257,360	22.49	
Carer's Benefit	7,698	9,589	24.69	
Blind Pension Total Illness, Disability and Caring	15,868 1,827,975	16,661 2,091,576	5.09	
Total Index, Distonly and Caring	2,027,970	2,002,010	14.47	
Unemployment Benefit	455,586	418,560	-8.19	
Unemployment Assistance	613,817	667,483	8.79	
Total Unemployment Supports	1,069,403	1,086,043	1.6%	
Family Income Supplement	55,812	72,152	29.39	
Employment Support Services (1)	115,956	106,613	-8.19	
Farm Assist	66,343	67,284	1.49	
Total Employment Supports	238,111	246,049	3.3%	
Supplementary Welfare Allowance	601,582	624,029	3.79	
Total Supplemetary Welfare Allowance	601,582	624,029	3.7%	
Treatment Benefits (1)	70,454	65,497	-7.09	
Rent Allowance	754	855	13.49	
Free Schemes (1)	364,272	383,381	5.29	
Miscellaneous (1)	76,767	89,748	16.9%	
Equal Treatment - Insurance payments	1	-	-100.09	
Equal Treatment- Assistance payments			-	
Redundancy and Insolvency (2) Total Miscellaneous Payments and Grants	147,643 659,891	148,147 687,628	0.39	
Administration - Insurance Schemes	191,313	202,577	5.99	
Administration - Assistance Schemes	243,566	256,331	5.29	
Total Administration	434,879	458,908	5.59	
Grand Total	11,291,637	12,168,486	7.8%	

See Additional Expenditure Details in Table A4.
 These schemes are administered by the Department of Enterprise, Trade and Employment.

Type of Payment	2004	2005 Provisional	Change	
	€000	€000	96	
Old Age (Contributory) Pension	1,050,348	1,152,894	9.8%	
Retirement Pension	983,706	1,059,992	7.8%	
Old Age (Non-Contributory) Pension	599,988	631,299	5.2%	
re-Retirement Allowance	94,726	102,879	8.6%	
fotal Old Age	2,728,768	2,947,064	S.0%6	
Vidow/er's (Contributory) Pension	906,449	998,502	10.2%	
Vidow/er's (Non-Contributory) Pension	122,300	126,944	3.8%	
Deserted Wife's Benefit	89,749	90,624	1.0%	
Deserted Wife's Allowance Prisoner's Wife's Allowance	10,967 15	11,468	4.6%	
Due Parent Family Payment	694,835	751,102	8,1%	
Vidowed Parent Grant (Contributory)	3,068	3,304	7,7%	
Vidowed Parent Grant (Non-Contributory)	323	269	-16.7%	
fotal Widows, Widowers and One Parent Families	1,827,706	1,982,227	8.5%	
Asternity Benefit	121,571	132,412	8,9%	
Health and Safety Benefit	143	293	104.9%	
doptive Benefit	609	709	16.4%	
Orphan's (Contributory) Allowance	9,659	7,516	-22.2%	
Orphan's (Non-Contributory) Pension	6,223	4,096	-34.2%	
hild Benefit	1,765,117	1,899,936	7.6%	
otal Child Related Payments	1,903,322	2,044,962	7.4%	
Disability Benefit	479,611	540,957	12.8%	
nvalidity Pension	487,375	548,224	12.5%	
njury Benefit	13,598	14,220	4.6%	
Disablement Benefit	62,599	67,016	7.1%	
Death Benefit	6,185 544,489	6,523	5.5% 15.8%	
Disability Allowance Aedical Care	275	630,728 298	15.8%	
Carer's Allowance	210.277	257,360	22.4%	
Carer's Benefit	7,698	9,589	24,6%	
Blind Pension	15.868	16.661	5.0%	
Total Illness, Disability and Caring	1,827,975	2,091,576	14.4%	
Jnemployment Benefit	455,586	418,560	-8.1%	
Inemployment Assistance	613,817	667,483	8.7%	
Total Unemployment Supports	1,069,403	1,086,043	1.6%	
amily Income Supplement	55,812	72,152	29.3%	
imployment Support Services (1)	115,956	106,613	-8.1%	
arm Assist	66.343	67,284	1.4%	
otal Employment Supports	238,111	246,049	3.3%	
upplementary Welfare Allowance	601,582	624.029	3.7%	
fotal Supplemetary Welfare Allowance	601,582	624,029	3.7%	
Densfer (1)	20.421	<i>cc</i> 102	5.00/	
reatment Benefits (1) Sent Allowance	70,454	65,497 855	-7.0% 13.4%	
ree Schemes (1)	364,272	383,381	5.2%	
discellaneous (1)	76,767	89,748	16.9%	
qual Treatment - Insurance payments	1	-	-100.0%	
qual Treatment- Assistance payments	·			
tedundancy and Insolvency (2)	147,643	148,147	0.3%	
otal Miscellaneous Payments and Grants	659,891	687,628	4.2%	
dministration - Insurance Schemes	191,313	202,577	5.9%	
Administration - Assistance Schemes Total Administration	243,566 434,879	256,331 458,908	5.2% 5.5%	
VIALAMBENT HUVE	11,291,637	12,168,486	5.5% 7.8%	
Frand Total	11 791 6471			

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#### Expenditure on Social Welfare by payment type, 2004 and 2005 Table 2.9

<b>Table 2.10</b>	Expenditure on new Early Childcare Supplement
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Year	Estimated Cost
	in € millions
2006	265
2007	350
2008	350

### Expenditure on Maternity, Adoptive and Health and Safety & Benefits, 1995 **Table 2.11** to 2004

Year	Maternity Benefit	Adoptive Benefit <sup>(1)</sup>
	€000	€000
1995	34,630	77
1996	37.888	69
1997	43,245	103
1998	48,514	151
1999	52,733	211
2000	58,041	185
2001	78,933	260
2002	99,129	578
2003	107,336	532
2004	121.572	609

Adaptive Benefit was introduced in April 1995.
 Heasth & Safety Benefit was inboduced in October 1994.
 Provisional.

#### **Table 2.12** Programmes and activities for the prevention and protection of child abuse, child sexual exploitation and child labour

Programme and Service (Non-Capital)	Expenditure 2003	Expenditure 2004	Estimate 2005
Foster Care Services (formally Boarding out of Children) Other child care services, including residential	57,953	67,043	69,142
care	264,629	287,338	303,041
GROSS NON-CAPITAL EXPENDITURE	322,582	354,381	372,183

1 abit 2.15	Expenditure under the Local Deve			ciopinent Soc	lai inclusion i rogramme		
			€				
				2005	2004	2003	
Total				46,820,581	42,911,999	45,443,936	
of which	- Community	Based	Youth				
Initiatives				5,887,914	5,206,907	5,653,589	

### Table 2.13 Expenditure under the Local Development Social Inclusion Programme

### Table 2.14CLÁR expenditure for years 2003, 2004, 2005

	2003	2004	2005	Total
CLÁR Expenditure	€8,612597	€12,116,364	€13,423,235	€34,452,196
of which is related to childr	en			
Flashing Safety Lights	€269,200	€302,920	€446,885	€1,019,005
Sports Top-Up*	€511,700	€800,977	€893,263	€2,205,940
School Play Facilities	-	€283,048	€481,052	€764,100
Total	€780,900	€1,386,945	€1,821,200	€3,989,045

\* A portion of this funding may have been for adult clubs.

### Question 3

# Table 3.1Number of Children in Care in former health board areas by sex and region<br/>- 2002

Health Board	Males	Females	Total
ERHA	1,113	1,003	2,116
MHB	140	118	258
MWHB	230	187	417
NEHB	204	217	421
NWHB	111	101	212
SEHB	304	270	574
SHB	332	321	653
WHB	139	131	270
National	2,573	2,348	4,921

# Table 3.2Number of Children in Care in former health board areas by sex and region<br/>- 2003

Health Board	Males	Females	Total
ERHA	1,106	1,057	2,163
MHB	153	140	293
MWHB	226	181	407
NEHB	213	210	423

National	2,553	2,431	4,984
WHB	159	150	309
SHB	302	319	621
SEHB	289	269	558
NWHB	105	105	210
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Table 3.3	Number of Children in Care in former health board areas by sex and region
- 2004	

former Health Board Area	Males	Females	Total
Eastern Region	1,043	1,037	2,080
Midland	164	136	300
Mid-Western	237	201	438
Nth-Eastern	223	214	437
Nth-Western	113	91	204
Sth-Eastern	316	259	575
Southern	344	360	704
Western	169	153	322
National	2,609	2,451	5,060

## Table 3.4Age of Children in Care by region - 2002

	0-1	1-2	3-5	6-12	13-14	15-16	17-18	Total
	Age group	Age group	U	Age group	Age group	Age group	Age group	Age group
ERHA	42	54	222	796	240	306	456	2,116
MHB	8	12	29	120	30	27	32	258
MWHB	16	14	52	163	53	54	65	417
NEHB	9	9	65	179	54	53	52	421
NWHB	5	5	26	87	31	28	30	212
SEHB	14	21	58	235	69	71	106	574
SHB	25	24	85	251	94	82	92	653
WHB	9	12	33	110	34	36	36	270
National	128	151	570	1,941	605	657	869	4,921

	0-1	1-2	3-5	6-12	13-14	15-16	17-18	Total
	Age group							
ERHA	42	61	216	795	276	284	489	2,163
MHB	14	21	30	121	38	34	35	293
MWHB	9	11	52	156	65	57	57	407
NEHB	6	10	57	172	60	51	67	423
NWHB	4	3	24	76	34	38	31	210
SEHB	13	9	67	242	75	78	74	558
SHB	17	18	74	257	90	97	68	621
WHB	11	9	43	136	34	34	42	309
National	116	142	563	1,955	672	673	863	4,984

### Table 3.5Age of Children in Care by region - 2003

Table 3.6

Age of Children in Care by region - 2004

	Age group	Age group						
	1.0>1	2.1>2	3.2>5	4. 5>12	5. 12-13	6. 14-15	7.16-18	
ER	37	46	240	768	298	280	411	2,080
М	7	16	37	129	40	39	32	300
MW	11	15	56	176	60	65	55	438
NE	8	9	45	185	64	64	62	437
NW	2	2	20	80	36	35	29	204
SE	12	12	66	252	86	82	65	575
S	25	28	79	280	88	119	85	704
W	12	12	48	134	35	46	35	322
National	114	140	591	2,004	707	730	774	5,060

Health Board	Foster Care General	Foster Care Special	Foster Care Relative	Pre-Adopt. Placement		Residen. Special Care	Resident. High Support	At Home Under Superv ision Order	Other	Total
ERHA	895	0	524	0	300	20	6	21	350	2,116
MHB	153	0	83	2	16	1	0	3	0	258
MWHB	250	12	111	5	15	2	8	9	5	417
NEHB	258	0	85	1	19	1	1	0	56	421
NWHB	142	0	48	6	10	0	0	0	6	212
SEHB	335	8	118	6	74	6	20	0	7	574
SHB	438	1	146	7	36	3	7	1	14	653
WHB	177	2	69	6	14	1	0	0	1	270
National	2,648	23	1,184	33	484	34	42	34	439	4,921

Table 3.7Type of Care of Children in Care by region - 2002

Table 3.8	Type of Care of Children in Care by region – 2003
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Health Board	Foster Care General	Foster Care Special		Pre- Adopt. Placeme nt	al	Residenti al Special Care		At Home Under Supervis ion Order	Other	Total
ERHA	978	0	550	0	261	18	12	25	319	2,163
MHB	179	0	79	3	23	0	6	1	2	293
MWHB	238	14	116	4	7	0	11	11	6	407
NEHB	259	7	88	1	21	0	2	1	44	423
NWHB	131	0	49	3	18	0	1	0	8	210
SEHB	334	7	116	9	55	6	22	0	9	558
SHB	408	2	161	3	30	3	3	0	11	621
WHB	191	1	78	7	26	2	0	1	3	309
National	2,718	31	1,237	30	441	29	57	39	402	4,984

Former Health Board Area	Foster Care General	Foster Care Special	Foster Care Relative	Pre-Adopt. Placement	Residential General	Residential Special Care	Residential High Support	At Home Under Care Order	Other	Total
ER	988	0	603	5	221	12	12	10	229	2,080
Mid	199	0	74	2	18	4	2	0	1	300
MW	266	13	121	3	4	1	12	10	8	438
NE	274	10	97	2	14	0	2	0	38	437
NW	126	0	47	0	16	1	1	7	6	204
SE	367	2	121	9	48	5	16	2	5	575
S	446	0	197	9	30	1	4	3	14	704
W	203	0	89	8	14	3	1	0	4	322
National	2,869	25	1,349	38	365	27	50	32	305	5,060

### Table 3.9Type of Care of Children in Care by region – 2004

# Table 3.10Primary Reasons for Total Number of Children being in Care at 31stDecember and region – 2002

	Abus	e			Child P	roblems		1	1		7
Former Health Board Area	Emotio nal Abuse of Child	Neglect of Child	Physical Abuse of Child	Sexual Abuse of Child	Child abusing drugs/ alcohol	Child involved in crime	Child pregnancy	Child with emotional/ behaviour al problems	Mental health problem/ intellectual disability in child	Other - Please Specify	Physical illness/ disability in child
ERHA	57	601	96	94	21	12	5	63	0	85	1
MHB	12	73	16	6	0	0	0	5	0	8	0
MWH B	10	84	23	10	1	0	0	12	3	0	0
NEHB	8	194	39	15	0	0	0	1	0	22	0
NWHB	4	32	16	18	0	0	1	2	1	10	0
SEHB	6	163	15	23	0	2	0	35	2	17	4
SHB	39	218	58	17	1	1	0	6	0	5	0
WHB	15	51	20	10	1	0	0	4	0	1	1
National	151	1,416	283	193	24	15	6	128	6	148	6

	Family Pro	blems						Total
former Health Board Area	Asylum Seekers - Unaccompanie d Minors	Domestic violence	Family member abusing drugs/ alcohol	Mental health problem/ intellectual disability in other family member	Please Specify	Parent unable to Cope/ Family difficulty re housing/finan ce	other family	
ERHA	277	10	171	116	91	396	20	2116
MHB	0	7	22	0	9	100	0	258
MWHB	0	4	85	5	33	147	0	417
NEHB	0	10	14	0	1	113	4	421
NWHB	0	0	16	1	23	88	0	212
SEHB	3	5	45	39	61	151	3	574
SHB	1	0	25	1	251	29	1	653
WHB	1	4	50	32	20	59	1	270
National	282	40	428	194	489	1,083	29	4,921

Table 3.10Primary Reasons for Total Number of Children being in Care at 31stDecember and region – 2002 (continued)

Table 3.11Primary Reasons for Total Number of Children being in Care at 31stDecember and region – 2003

	Abus	e			Child	Proble	ms				
Form er Healt h Board Area	Emoti onal Abus e of Child	Negle ct of Child	Physi cal Abus e of Child	Sexua l Abus e of Child	Child abusing drugs/ alcohol	Child involve d in crime	Child pregna ncy	Child with emotio nal/ behavi oural proble ms	Mental health proble m/ intellect ual disabilit y in child	Other - Pleas e Specif y	Physi cal illnes s/ disabi lity in child
ERH A	23	644	107	64	0	0	1	41	1	97	3
MH B	18	83	21	16	2	0	0	12	2	8	0
MW HB	12	83	24	12	0	0	0	11	2	5	1
NE HB	12	200	30	7	0	0	0	4	0	0	0
NW HB	5	38	17	16	2	0	1	3	2	0	0
SEH	18	135	17	28	0	0	0	36	0	13	2

В											
SHB	33	202	50	13	1	0	1	11	0	3	0
WH B	7	80	14	10	2	0	2	18	1	8	2
Nati onal	128	1,46 5	280	166	7	0	5	136	8	134	8

Table 3.11Primary Reasons for Total Number of Children being in Care at 31stDecember and region – 2003 (continued)

			I	Family Pro	blems			Total
Former Health Board Area	Asylum Seekers - Unaccompanie d Minors	Domestic violence	Family member abusing drugs/ alcohol	Mental health problem/ intellectual disability in other family member	Other - Please Specify	Parent unable to Cope/ Family difficulty re housing/financ e	Physical illness/ disability in other family member	
ERHA	281	4	222	124	108	432	11	2163
MHB	0	7	20	0	10	93	1	293
MWHB	1	5	79	6	29	136	1	407
NEHB	0	3	13	4	15	131	4	423
NWHB	0	1	12	7	16	90	0	210
SEHB	1	5	52	55	42	149	5	558
SHB	2	0	32	1	239	30	3	621
WHB	0	2	36	21	37	58	11	309
National	285	27	466	218	496	1,119	36	4,984

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# Primary Reasons for Total Number of Children being in Care at 31<sup>st</sup> December and region – 2004

	Abuse				Child Pr	oblems					
Former Health Board Area	Emotiona l Abuse of Child	of	Physical Abuse of Child	Abuse of	Child abusing drugs/ alcohol	Child involve d in crime	Child pregnancy	Child with emotional/ behavioura l problems	health	- Please	hysical illnFitness/ Jisability in Jhild
ERHA	13	618	120	59	0	0	2	35	1	98	0
MHB	36	59	13	9	3	4	0	19	0	0	0
MWH B	16	80	23	15	0	0	0	11	2	5	1
NEHB	17	202	28	9	0	0	0	2	0	10	0
NWH B	6	28	18	12	2	0	0	4	0	0	2
SEHB	11	117	23	29	0	0	4	39	14	27	4
SHB	40	206	53	12	3	0	1	14	1	1	1
WHB	8	76	12	14	1	0	0	10	1	5	0
National	147	1,386	290	159	9	4	7	134	19	146	8

			Fami	ily Probl	ems			
Separated Children Seeking Asylum	Domest ic violence	Family member abusing drugs/ alcohol	Mental health problem/ intellectu al disability in other family member	Other Please Specify	- Parent unable to Cope/ Family difficulty re housing/finance	Physical illness/ disability in other family member		
185	11	242	93	107	451	45	2,080	ERHA
0	3	22	5	1	126	0	300	MHB
4	11	91	6	34	134	5	438	MWH B
0	2	13	8	13	127	6	437	NEHB
0	1	15	5	20	89	2	204	NWH B
0	3	36	32	63	156	17	575	SEHB
1	8	30	12	246	72	3	704	SHB
0	4	45	19	16	92	19	322	WHB
190	43	494	180	500	1,247	97	5,060	Nation al

<b>Table 3.12</b>	Primary	Reasons	for	Total	Number	of	Children	being	in	Care	at	31 <sup>st</sup>
December an	d region –	2004 (con	ntinu	ed)								

## Table 3.13Children adopted domestically in years 2003, 2004 and 2005

Year	2003	2004	2005
Total number of adoption orders granted	263	273	253
Of which were family adoptions	171	185	191

×

### Table 3.14Age of child at date of Adoption Order - 2003

### Table 3.15Age of child at date of Adoption Order - 2004

Table 3.16Sex of child for children adopted into Ireland whose adoptions have been<br/>entered in the Register of Foreign adoptions or whose adoptions have been or<br/>are being processed under the Adoption Acts 1952 and 1988 for years 2003 to<br/>2005

	2003	2003		2004		-	2005		T ( )
	Boys	Girls	1	Boys	Girl s	Total	Boys	Girls	Total
Entries into the Register of									
Foreign Adoptions under the									
Adoption Act, 1991	201	146	347	180	195	375	141	200	341
Adoption Act, 1952 applications	10	9	19	10	13	23	8	7	15
Adoption Act, 1988 applications	0	0	0	0	0	0	1	1	2
Total	211	155	366	190	208	398	150	208	358

# Table 4.1Number of children with Intellectual disabilities in a home setting,<br/>disaggregated by sex and age for years 2004/5 and 2005/6

	2004/2	2005		2005/2	2006	
		Femal			Fem	
0-5years	Male	e	Total	Male	ale	Total
At home, with both parents	342	259	601	788	502	1,290
At home, with one parent	69	32	101	154	73	227
At home with relative	2	0	2	2	2	4
Foster Care (includes "boarding out						
arrangements)	6	1	7	11	5	16
Adoption	0	0	0	1	1	2
At home with sibling	0	0	0	1	0	1
		Femal			Fem	
6-12 years	Male	e	Total	Male	ale	Total
At home, with both parents	1,018	597	1615	1,603	883	2,486
At home, with one parent	237	108	345	395	216	611
At home with relative	5	3	8	9	6	15
Adoption	2	1	3	3	3	6
Foster Care (includes "boarding out						
arrangements)	31	15	46	51	20	71
		Femal			Fem	
13-19 years	Male	e	Total	Male	ale	Total
					1,08	
At home, with both parents	1,176	744	1,920	1,681	1	2,762
At home, with one parent	275	169	444	471	275	746
At home with sibling	4	0	4	10	1	11
At home with relative	12	16	28	22	21	43
Lives with non-relative (e.g.						
neighbour or family friend)	1	0	1	0	3	3
Adoption	2	0	2	7	1	8
Foster Care (includes "boarding out	42	27	70	()	4.1	105
arrangements)	43	27	70	64	41	105

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Living semi-independently	0	0	0	2	1	3
Living independently	0	0	0	2	0	2
	0	0	U	2	0	2
					3,13	
Total	3,225	1,972	5,197	5,277	5	8,412

# Table 4.2Number of children with Intellectual disabilities in a residential setting,<br/>disaggregated by sex and age for years 2004/5 and 2005/6

	2004/2	2005		2005/2	2006	
0 - 5 yrs	Male	Female	Total	Male	Female	Total
7-day x 52-week village-type/residential						
centre	1	0	1	5	0	5
5-day community group home - goes						
home for weekends and holidays	0	0	0	1	0	1
Intensive placement with special						
requirements due to profound or multiple	0	0	0	0	1	1
handicap		-				-
6 - 12 yrs	Male	Female	Total	Male	Female	Total
5-day community group home - goes home for weekends and holidays	2	0	2	5	1	6
7-day x 48-week community group home						
- goes home for holidays	0	1	1	0	1	1
7-day x 52-week community group home	1	1	2	1	4	5
7-day x 48 week village-type/residential						
centre - goes home for holidays	3	1	4	5	1	6
7-day x 52 week village-type/residential	_			-	-	
centre	5	3	8	6	6	12
Intensive placement with special requirements due to profound or multiple						
handicap	1	0	1	3	5	8
Intensive placement with special	1	•	-	5	5	Ū
requirements due to challenging						
behaviour	0	0	0	2	0	2
5-day villiage-type/residential centre -						
goes home for weekends and holidays	0	0	0	3	2	5
13 - 19 yrs	Male	Female	Total	Male	Female	Total
5-day community group home - goes						
home for weekends and holidays	10	4	14	17	17	34
7-day x 48-week community group home						
- goes home for holidays	10	6	16	14	8	22
7-day x 52-week community group home	21	17	38	42	27	69
5-day village-type/residential centre -						
goes home for weekends and holidays	4	3	7	13	3	16
7-day x 48 week village-type/residential						
centre - goes home for holidays	11	6	17	19	8	27
7-day x 52 week village-type/residential	1.6				10	
centre	16	6	22	32	12	44
Intensive placement with special						
requirements due to challenging behaviour	6	1	7	12	2	14
UCHAVIUUI	U	1	/	14	4	14

Intensive placement with special requirements due to profound or multiple						
handicap	0	1	1	14	6	20
Mental Health Community Residences	0	0	0	1	0	1
Total	91	50	141	195	104	299

# Table 4.3Number of children with Intellectual disabilities in an educational setting,<br/>disaggregated by sex and age for years 2004/5 and 2005/6

	2004/2	005		2005/2	006	
0 - 5 yrs	Male	Female	Total	Male	Female	Total
Mainstream pre-school	28	25	53	132	70	202
Special pre-school for intellectual						
disability	161	79	240	323	165	488
Special School	7	3	10	53	19	72
Child Education and Development Centre (Programme for Children with Severe or Profound Intellectual						
Disability)	7	2	9	13	9	22
Mainstream school	0	0	0	20	15	35
Special class - primary level	3	0	3	13	3	16
6 - 12 yrs	Male	Female	Total	Male	Female	Total
Mainstream pre-school	48	30	78	44	22	66
Special pre-school for intellectual disability	135	72	207	50	27	77
Mainstream school	285	176	461	495	303	798
Special class - primary level	118	50	168	172	74	246
Special Class - secondary level	1	0	1	1	0	1
Special School	571	306	877	1009	568	1577
Child Education and Development Centre (Programme for Children with Severe or Profound Intellectual Disability)	38	22	60	97	51	148
13 - 19 yrs						
Mainstream school	149	105	254	184	116	300
Special class - primary level	82	49	131	52	45	97
Special Class - secondary level	68	57	125	92	71	163
Special School	1,117	683	1,800	1,639	977	2,616
Child Education and Development Centre (Programme for Children with Severe or Profound Intellectual Disability)	35	25	60	67	54	121
Vocational training (e.g. FAS, Work Experience, VEC, CERT)	7	5	12	27	21	48
Rehabiliative Training	14	8	22	121	83	204

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Activation Centre/Adult Day Centre	6	4	10	51	33	84
Special high support day service (e.g.						
relating to challenging behaviour)						
less than 1:1 staff ratio	3	0	3	13	1	14
Special high support day service						
(e.g. relating to challenging						
behaviour) 1:1 staff ratio contact						
or greater	1	0	1	12	7	19
Sheltered work centre - may	1	0	1	12	/	17
include long term training						
schemes	2	0	2	14	3	17
	2	0	2	14	3	1/
Supported employment	1	0	1	0	0	0
Open employment	1	0	1	0	0	0
Total	2,888	1,701	4,589	4,694	2,737	7,431

# Table 4.4Number of children with Intellectual disabilities not attending school,<br/>disaggregated by sex and age for years 2004/5 and 2005/6

	2004/2005			2005/2	2006	
0 - 5 yrs	Male	Female	Total	Male	Female	Total
No day service	6	4	10	35	14	49
Home support	9	10	19	13	16	29
Other	1	1	2	8	2	10
Home help	0	1	1	0	0	0
Annual Review	1	0	1	1	0	1
Centre-based day respite						
service	1	0	1	0	0	0
6 - 12 yrs	Male	Female	Total	Male	Female	Total
No day service	4	3	7	83	13	96
Home support	7	5	12	7	7	14
Other	2	4	6	19	0	19
Annual Review	0	1	1	1	0	1
13 - 19 yrs	Male	Female	Total	Male	Female	Total
No day service	10	3	13	27	11	38
Home support	3	0	3	4	1	5
Supported employment	1	0	1	0	0	0
Open employment	1	0	1	1	1	2
Other	6	2	8	30	23	53
Annual Review	6	3	9	2	7	9
Centre-based day respite						
service	1	1	2	3	0	3
Generic Day Services	0	0	0	0	1	1
Total	59	38	97	234	96	330

### <u>Question 5</u> Child Abduction in Ireland

Table.5.1Child Abduction: Number of new cases received and Numbers ofChildren involved 2000 - 2004

Year	<b>Cases Received</b>	Children involved
2000	71	114
2001	65	96
2002	72	112
2003	66	99
2004	70	97

Table 5.2	<b>Child Abduction:</b>	Status of	cases in	2003 and 2004

	2003		2004	
	Incoming	Outgoing	Incoming	Outgoing
Court Order return	11	13	11	9
Court Refused	1	3	3	3
return				
Voluntary	14	7	11	9
return/Settled by				
consent				
Withdrawn	8	8	5	6
Access Order	1	0	1	-
registered				
Access Application	N/A	N/A	1	-
Refused				
Awaiting	17	7	16	16
Resolution				
Application	2	1	1	2
Refused by Central				
Authority				
	54	39	49	45

*Note:* 2003 includes 28 cases carried forward from 2002; 2004 includes 24 cases carried forward from 2003.

Country	2003		2004	
	Incoming	Outgoing	Incoming	Outgoing
Australia	5	1	2	-
Bosnia	N/A	N/A	-	1
Brazil	N/A	N/A	-	1
Canada	1	-	1	2
Cyprus	N/A	N/A	1	-
Denmark	1	-	N/A	N/A
England &	21	16	19	19
Wales				
France	1	1	1	-
Germany	1	2	2	-
Isle of Man	1	-	N/A	N/A
Israel	1	-	1	-
Italy	N/A	N/A	-	1
Netherlands	3	-	N/A	N/A
New Zealand	N/A	N/A	-	1
Northern	N/A	N/A	-	5
Ireland				
Romania	N/A	N/A	-	1
Scotland	N/A	N/A	-	3
South Africa	N/A	N/A	1	-
Spain	2	3	-	1
Sweden	1	-	N/A	N/A
Trinidad &	N/A	N/A	1	-
Tobago				
USA	3	2	3	3
Total	41	25	32	38

### Table 5.3Child Abduction: New cases by Contracting State for 2003 and for 2004

### **Question 6**

Health Board	Reported Cases	Confirmed Abuse	Confirmed Non- Abuse/ Unfounded	Inconclusive Outcome	Assessment Ongoing
ERHA	1,891	633	157	210	891
MHB	1,849	272	62	141	1,374
MWHB	555	217	12	100	226
NEHB	1,037	103	4	73	857
NWHB	392	17	0	12	363
SEHB	1,041	179	86	139	637
SHB	879	44	53	75	707
WHB	777	168	90	27	492
NATIONAL	8,421	1,633	464	777	5,547

### Table 6.1Number of Reported Cases and outcomes of child abuse cases – 2002

### Table 6.2Number of Reported Cases and outcomes of child abuse cases – 2003

Health Board	Reported Cases	Confirmed Abuse	Confirmed Non- Abuse/	Inconclusive Outcome	Assessment Ongoing
			Unfounded		
ERHA	1,624	417	221	117	869
MHB	1,573	448	131	372	622
MWHB	433	185	10	57	181
NEHB	556	142	22	36	356
NWHB	313	21	2	0	290
SEHB	540	368	25	104	43
SHB	666	84	24	86	472
WHB	631	248	95	121	167
NATIONAL	6,336	1,913	530	893	3,000

Former Health Board Area	Total number of reported cases	Child Welfare Cases	No concern/ closed	Abuse Cases	Confirmed Abuse	Confirmed Non-Abuse/ Unfounded	Inconclusive Outcome	Assessment Ongoing
ERHA	3422	1440	130	1301	407	109	254	531
MHB	2386	1046	7	1564	287	127	364	786
MWH	1710	597	684					
В				448	98	10	33	307
NEHB	2046	72	152	353	140	17	14	182
NWHB	1267	455	351	301	10	1	7	283
SEHB	2071	314	356	887	173	37	55	622
SHB	2712	258	308	794	40	8	24	722
WHB	2828	1664	15	540	270	54	92	124
National	18,442	5,846	2,003	6,188	1,425	363	843	3,557

 Table 6.3
 Number of Reported Cases and outcomes of child abuse cases – 2004

### **Question 7**

Table 7.1Retention of <u>Primary School</u> Pupils in same standard as previous year<br/>(Ordinary Classes only) for academic years 2002/3, 2003/4 and 2004/5

	Pupils	Retained	in	<b>Overall Enrolment in</b>	e
Year	Ordinary	v Classes		Ordinary Classes	Retained
2002/2003	4,811			427,529	1.1
2003/2004	4,377			429,971	1.0
2004/2005	3,692			433,530	0.9

Table 7.2Pupils in Second Level schools repeating Leaving Certificate for<br/>academic years 2002/3, 2003/4 and 2004/5

	Pupils Repeating	<b>Overall Enrolment in</b>	Percentage
Year	Leaving Cert	Second Level	Repeating
2002/2003	3,628	339,231	1.1
2003/2004	3,272	337,851	1.0
2004/2005	2,971	335,162	0.9

Early School Leaver Rates 2003-2005

## Table 7.3Early School Leavers Classified by Sex, March-May 2002 to March-May 2005

	200	2002		2003		2004		5
	'000	%	000	%	000	%	'000'	%
Male early school leavers	41.3	17.9	34.0	14.7	36.4	15.8	33.7	14.5
Female early school leavers	23.8	10.6	21.3	9.4	21.2	9.5	21.0	9.3
Total early school leavers	65.1	14.3	55.2	12.0	57.6	12.7	54.6	11.9

Table 9a Early school leavers<sup>1</sup> classified by sex, March-May 2002 to March-May 2005

<sup>1</sup> Early school leavers are defined as persons aged 18 to 24 whose highest level of education attained is lower secondary or below and have not received education (either formal or non formal) in the four weeks prior to the survey. See Background Notes.

Figure 1 Figure 2

### Table 7.4Pupil Teacher Rates for academic years 2002/3, 2003/2004 and 2004/5

Pupil Teacher Ratio (PTR)					
Year	First Level (National/Special National Schools)	Second Level (Secondary/Vocational/Community & Comprehensive Schools)			
2002/2003	18.0	13.2			
2003/2004	17.1	13.6			
2004/2005	17.1	13.4			

### **Question 8**

# Table 8.1Births registered, classified by sex and age of mother at maternity showing<br/>the number of births outside marriage, years 2003

Age of mother at	(including	Total births g births outside ı	marriage)	Births outside marriage			
maternity	Males	Females	Total	Males	Females	Total	
15 and under	31	27	58	30	27	57	
16 17 18 19	107 256 444 633	80 233 408 584	187 489 852 1,217	104 241 412 573	75 224 376 518	179 465 788 1,091	
Under 20	1,471	1,332	2,803	1,360	1,220	2,580	

Figure 3

# Table 8.2Births registered, classified by sex and age of mother at maternity showing<br/>the number of births outside marriage, years 2004

Age of mother at	Total births (including births outside marriage)			Births outside marriage			
maternity	Males	Females	Total	Males	Females	Total	
15 and under	37	16	53	37	16	53	
16 17 18 19	109 205 418 584	93 194 361 543	202 399 779 1,127	106 196 385 513	90 187 335 475	196 383 720 988	
Under 20	1,353	1,207	2,560	1,237	1,103	2,340	

Figure 4

Figure 5

## Table 8.3Births registered, classified by sex and age of mother at maternity showing<br/>the number of births outside marriage, years 2005

Age of mother at	Total births (including births outside marriage)			Births outside marriage		
maternity	Males	Females	Total	Males	Females	Total
15 and under	22	20	42	22	19	41
16 17 18	98 205 405	84 183 367	182 388 772	98 197 385	83 177 340	181 374 725
19	538	505	1,043	482	458	940
Under 20	1,268	1,159	2,427	1,184	1,077	2,261

*Figure 6 Figure 7* 

# Table 8.4Notified sexually transmitted infections by age group 0-19 years for years<br/>2003 and 2004 (data for 2005 unavailable)

<u>STI</u>	2003	<u>2004</u>	
<b>Ano-Genital Warts</b>	464	367	
Chancriod	184	0	
Chlamydia trachomatis	0	395	
Genital Herpes Simplex	274	44	
Gonorrhoea	16	17	
Granuloma inguinale	0	0	
Infections Hepatitis B	6	10	
Lynphogranuloma			
venereum	0	0	

Non-specific Urethritis	24	333
Pediculosis Pubis	7	n/a
Syphilis	9	4
Trichomoniasis	6	4
Total	1,226	1,174

### Number and rate (per 100, 000) of suicides among persons aged 10-17, Table 8.5 2000-2004

	2000		2001		2002		2003		2004	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
Boys	21	8.3	13	5.3	10	4.1	17	7.2	14	6.0
Girls	4	1.7	3	1.3	5	2.2	4	1.8	4	1.8
Total	25	5.1	16	3.3	15	3.2	21	4.5	18	4.0
Total (all	486	12.8	519	13.5	478	12.2	497	12.5	457	11.3
ages)										
Source: Vital Sta	tistics,	Centra	l Statisi	tics Offi	ice					

#### Table 8.6 Suicides as percentage of total deaths by age groups, 2000-2004

	2000	2001	2002	2003	2004
Boys	24.7	16.3	13.2	26.6	23.7
Girls	6.9	7.3	10.4	14.3	17.4
Total	17.5	13.2	12.1	22.8	22.0

Source: Vital Statistics, Central Statistics Office

### CRC/C/IRL/Q/2/Add.1 Page 68 <u>Mental Health</u>

Gender	Total	%	
Male	163	41.5	
Female	230	58.5	
TOTAL:	393	100.0	

# Table 8.7Analysis of all admissions aged under 18 years of age from the HRB's<br/>National Psychiatric In-Patient Reporting System (NPIRS), 2003

Age	Total	%	
6	1	0.3	
8	1	0.3	
9	2	0.5	
11	4	1.0	
12	10	2.5	
13	13	3.3	
14	16	4.1	
15	53	13.5	
16	119	30.3	
17	174	44.3	
Total	393	100.0	

Diagnosis	Total	%
Organic Psychoses	4	1.0
Schizophrenia	32	8.1
Other Psychoses	20	5.1
Depressive Disorders	111	28.2
Mania	13	3.3
Neuroses	71	18.1
Personality Disorders	44	11.2
Alcoholic Disorders	24	6.1
Drug Dependence	31	7.9
Mental Handicap	3	0.8
Unspecified	40	10.2
Total	393	100.0

Of which

Diagnosis	Total	%		
Eating Disorders	30	7.6		
Depressive disorders	111	28.2		
Alcoholic disorders	24	6.1		
Other Drug Disorders	31	7.9		

# Table 8.8Analysis of all admissions aged under 18 years of age from the HRB's<br/>National Psychiatric In-Patient Reporting System (NPIRS), 2004

Note: Diagnostic categories were amended in 2004

Gender	Total	%
Male	185	52.4
Female	168	47.6
TOTAL	353	100.0

Age	Total	%		
6 years	0	0		
7 years	0	0		
8 years	2	0.6		
9 years	3	0.8		
10 years	1	0.3		
11 years	4	1.1		
12 years	5	1.4		
13 years	9	2.5		
14 years	19	5.4		
15 years	37	10.5		
16 years	101	28.6		
17 years	172	48.7		
TOTAL	353	100.0		

Diagnosis	Total	%
Organic Disorders	1	0.3
Alcoholic Disorders	17	4.8
Other Drug Disorders	32	9.1
Schizophrenia,		
Schizotypical and		
Delusional Disorders	37	10.5
Depressive Disorders	78	22.1
Mania	18	5.1
Neuroses	37	10.5
Eating Disorders	35	9.9
Personality and		
Behavioural Disorders	24	6.8
Intellectual Disability	5	1.4
Development Disorders	4	1.1
Disorders of Childhood		
and Adolescence	26	7.4
Other and Unspecified	39	11.0
Total	353	100.0

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Table 8.9Analysis of all admissions aged under 18 years of age from the HRB's<br/>National Psychiatric In-Patient Reporting System (NPIRS), 2005

Gender	Total	%
Male	181	54.4
Female	152	45.6
TOTAL:	333	100.0

Age	Total	%		
6 years	1	.3		
11 years	2	.6		
12 years	6	1.8		
13 years	9	2.7		
14 years	29	8.7		
15 years	42	12.6		
16 years	95	28.5		
17 years	149	44.7		
TOTAL	333	100.0		

Diagnosis	Total	%
Alcoholic Disorders	13	3.9
Other Drug Disorders	33	9.9
Schizophrenia,		
Schizotypal and		
Delusional Disorders	41	12.3
Depressive Disorders	88	26.4
Mania	11	3.3
Neuroses	28	8.4
Eating Disorders	32	9.6
Personality and		
Behavioural Disorders	19	5.7
Intellectual Disability	6	1.8
Development Disorders	4	1.2
Behavioural & Emotional		
Disorders of Childhood &		
Adolescence	24	7.2
Other and Unspecified	34	10.2
Total	333	100.0

### **Health Professionals**

Table 8.10Number of Social Care Workers and Social Workers employed in the Public<br/>Health Service, March 2006 (all figures expressed as whole-time equivalents)

	Grade	WTE
--	-------	-----

	Total end- March 2006
Social Care Leader	771
Social Care Manager	50
Social Care Worker	2,183
Social Care Worker, Trainee	72
Total	3,076
Social Worker	989
Social Worker, Medical	110
Social Worker (Non-professionally	175
qualified)	
Social Worker, Principal	202
Social Worker, Psychiatric	29
Social Worker, Psychiatric Senior	1
Social Worker, Senior Medical	135
Social Worker, Team Leader	274
Social Work Practitioner, Senior	147
Total	2,062
Source: Health Service Personnel Census	

Many other health service grades work with children, e.g. physiotherapists, speech and language therapists, etc.

### Table 8.11 Details of staff employed in the children's voluntary hospitals

### Voluntary Hospitals - Personnel Census, March 2006

(All figures expressed as whole-time equivalents - excludes those on career break)

Organisation Name	Medical/ Dental	Nursing	Health and Social Care Professionals	Management/ administrative	General Support Staff	Other Patient and Client Care	Total
Our							
Lady's							
Hospital,							
(Crumlin)	147	618	200	189	160	62	1,376
Temple							
Street							
Children's							
Hosp.							
(Dublin)	104	377	137	177	81	32	909
Total	251	995	337	366	241	94	2,285

Source: Health Service Personnel Census

	Und	Under 19		18 and over		ages
	n	% of 6412	n	% of 13265	n	% of 19677
General services						
Physiotherapist	2108	32.9	3190	24.0	5296	26.9
Occupational therapist	1764	27.5	2555	19.3	4319	21.9
Speech and language therapist	2895	45.1	425	3.2	3320	16.9
Chiropodist	107	1.7	2372	17.9	2479	12.6
Clinical nutritionist	862	13.4	1782	13.4	2644	13.4
Orthotist/prosthetist	870	13.6	1065	8.0	1935	9.8
Public health nurse	1526	23.6	3336	25.2	4884	24.7
Continence advisor	228	3.6	629	4.7	856	4.4
Social worker	1023	16.0	969	7.3	1991	10.1
Psychologist	1558	24.3	595	4.5	2151	10.9
Counsellor	218	3.4	572	4.3	790	4.0
Play therapist	194	3.0	25	0.2	219	1.1
Creative therapy	211	3.3	329	2.5	539	2.7
Complementary therapy	320	5.0	857	6.5	1177	6.0
Assistive technology/client technical service	377	5.9	814	6.1	1191	6.1
Community resource worker	269	4.2	1441	10.9	1710	8.7
Visual impairment-specific services						
Mobility/rehabilitation worker for the blind	84	1.3	282	2.1	366	1.9
Hearing Impairment-specific services						
Audiologist	1108	17.2	817	6.2	1923	9.6
Aural rehabilitation	63	1.3	62	0.5	145	0.7
Tinnitus retraining	9	0.1	36	0.3	47	0.2

Table 8.12National Physical and Sensory Disability Database, Ireland 2004Use of therapeutic intervention and rehabilitation services by age group

(Note: because of quality of reproduction of some tables – copies of original reports have been included with this document)

	Und	er 18	18 an	d over	All a	ages
	n	% of 6412	n	% of 13265	n	% of 19677
General services						
Personal assistant	404	6.3	678	4.3	960	5.0
Home help	265	4.1	1658	12.5	1923	9.8
Homecare assistant	164	2.6	369	2.9	553	2.6
Twilight nurse	16	0.3	33	02	51	0.3
Driving instructor (adapted car)	34	0.5	364	2.9	419	21
Communication assistant	30	0.5	53	0.4	83	0.4
Peer support	260	4.1	1098	8.3	1359	6.9
Visual Impairment-specific services						
Guide dog service	4	0.1	94	0.7	96	0.5
Personal reader	16	0.2	29	0.2	45	0.2
Tape (library support)	79	1.2	598	4.5	675	3.4
Braile (library support)	15	0.2	92	0.7	107	0.5
Large print (library support)	69	1.1	174	1.3	242	1.2
Sighted guide	11	0.2	57	0.4	66	0.3
Hearing Impairment-specific services						
Sign language interpreter	87	1.4	96	0.7	183	0.9
Speed text	10	0.2	64	0.5	74	0.4
Lip speaking	39	0.6	52	0.4	91	0.5
Sign language tuition	39	0.6	119	0.9	158	0.8

## Table 8.13National Physical and Sensory Disability Database, Ireland 2004Use of personal assistance and support by age group

Figure 8

	Und	er 18	18 an	d over	All ages		
	n	% of 7039	n	% of 15390	n	% of 22429	
General services							
Personal assistant	412	5.9	630	4.1	1042	4.6	
Home help	276	3.9	1787	11.6	2063	9.2	
Homecare assistant	172	2.4	430	2.8	602	2.7	
Twilight nurse	20	0.3	38	0.2	58	0.3	
Driving instructor (adapted car)	32	0.5	406	2.6	438	2.0	
Communication assistant	31	0.4	58	0.4	69	0.4	
Peer support	335	4.8	1476	9.6	1611	6.1	
Visual impairment-specific services	1.000	0.425.07		10.00			
Guide dog service	4	0.1	101	0.7	105	0.5	
Personal reader	14	0.2	35	0.2	49	0.2	
Tape (library support)	77	1.1	630	4.1	707	3.2	
Braille (library support)	14	0.2	101	0.7	115	0.5	
Large print (library support)	69	1.0	191	1.2	260	1.2	
Sighted guide	10	0.1	60	0.4	70	0.3	
Hearing-impairment-specific services							
Sign language interpreter	80	1.1	120	0.8	200	0.9	
Speed text	8	0.1	67	0.4	75	0.3	
Lip speaking	37	0.5	60	0.4	97	0.4	
Sign language tuition	42	0.6	131	0.9	173	0.8	

## Table 8.14National Physical and Sensory Disability Database, Ireland 2005<br/>Use of personal assistance and support services, by age group

Figure 9 Figure 10

	Und	er 18	18 an	d over	All :	ages
	n	% of 7039	n	% of 15390	n	% of 22429
General services						
Physiotherapist	2247	31.9	3696	25.3	6145	27.4
Occupational therapist	1913	27.2	3106	20.2	5021	22.4
Speech and language therapist	3270	46.5	559	3.6	3829	17.1
Chiropodist	116	1.6	2706	17.6	2824	12.6
Clinical nutritionist	973	13.8	2325	15.1	3298	14.7
Orthotist/prosthetist	923	13.1	1305	8.5	2228	9.9
Public health nurse	1734	24.6	3842	25.0	5576	24.9
Continence advisor	240	3.4	737	4.8	977	4.4
Social worker	1144	16.3	1255	8.2	2399	10.7
Psychologist	1761	25.0	786	5.1	2547	11.4
Counsellor	240	3.4	757	4.9	997	4.4
Play therapist	208	3.0	27	0.2	235	1.0
Creative therapy	206	2.9	355	2.3	561	2.5
Complementary therapy	339	4.8	1049	6.8	1368	6.2
Assistive technology/client technical service	365	5.5	897	5.8	1282	5.7
Community resource worker	278	3.9	1669	10.8	1947	8.7
Visual impairment-specific services					-	
Mobility/rehabilitation worker for the blind	84	1.2	310	2.0	394	1.8
Hearing impairment-specific services						
Audiologist	1202	17.1	1086	7.1	2288	10.2
Aural rehabilitation	82	1.2	73	0.5	155	0.7
Tinnitus retraining	8	0.1	42	0.3	50	0.2

## Table 8.15National Physical and Sensory Disability Database, Ireland 2004<br/>Use of therapeutic intervention and rehabilitation services by age group

Figure 11

# Table 8.16National Intellectual Disability Database, Ireland 2004<br/>Overall provision of multidisciplinary support services by age and access to<br/>early intervention teams (EIT)

cui		and unde			7-18		19 and	Total
	Provided by an EIT	Not provided by an EIT	Total	Provided by an EIT	Not provided by an EIT	Total	over	
Community nursing	621	61	682	4	462	466	1138	2286
Medical services	795	119	914	9	1228	1237	5570	7721
Nutrition	150	38	188	2	313	315	1480	1893
Occupational therapy	728	103	831	13	1172	1185	1426	3442
Physiotherapy	1013	135	1148	16	1215	1231	1948	4327
Psychiatry	101	36	137	3	617	620	5216	5973
Psychology	1005	195	1200	24	2401	2425	4017	7642
Social work	956	160	1116	16	2370	2386	5448	8950
Speech & language therapy Other	1222 427	212 93	1434 520	28 4	2487 468	2515 472	738 1786	4687 2778
Number of people	1532	263	1795	35	4087	4122	11339	17256

#### Note

Therapeutic inputs are only recorded if the individual has received, or will receive, at least four inputs of that service in a twelve-month period. The number of therapeutic inputs received exceeds the number of people as many people receive more than one input.

Figure 12

# Table 8.17National and Intellectual Disability Database, Ireland 2005<br/>Overall provision of multidisciplinary support services by age and access to<br/>early intervention teams (EIT)

	Aged	6 and u	nder	1	Aged 7-18	3	Aged	Total
	Provided by an EIT	Not provided by an EIT	Total	Provided by an EIT	Not provided by an EIT	Total	19 and over	
Medical services	789	94	883	22	940	962	5264	7109
Nursing	717	67	784	19	814	833	3083	4700
Nutrition	211	39	250	6	389	395	1806	2451
Occupational therapy	801	101	902	15	1238	1253	1482	3637
Physiotherapy	1064	119	1183	20	1202	1222	2116	452
Psychiatry	79	13	92	7	410	417	5379	5888
Psychology	911	161	1072	27	2038	2065	3906	7043
Social work	1015	113	1128	22	2290	2312	5715	915
Speech & language								
therapy	1199	198	1397	35	2696	2731	805	493
Other	522	92	614	13	995	1008	3017	463
Number of people	1569	253	1822	49	4441	4490	12087	1839

### Note

Therapeutic inputs are only recorded if the individual has received, or will receive, at least four inputs of that service in a twelve-month period. The number of therapeutic inputs received exceeds the number of people as many people receive more than one input.

Figure 13

### **Question 9**

### Table 9.1Cumulative total of AIDS cases diagnosed (reported up to the end of Quarter<br/>3 2005)

	AIDS cases		
	Total	0-16 years	0-19 years
Cumulative to end 2003	775	35	41
Cumulative to end 2004	813	37	45
Cumulative to end 2005	876	37	46

### Table 9.2Cumulative total of HIV infected patients in Ireland – 2003, 2004, 2005

	HIV cases	
	Total	0-16 years
Cumulative to end 2003	3,408	77
Cumulative to end 2004	3,746	82
Cumulative to end 2005	4,082	85

### Question 11

Age group	P	edestria	n	Pedal Cyclist			Motor Cyclist C			Car Drivers			Car P	assenge	Total No. of Deaths	Total No. inj.	
	K i l e d	Inj.	Total	K i l ed	Inj.	Tot al	Kill ed	Inju red	Tot al	Kille d	Inju red	Tot al	Kill ed	Inju red	Tot al		
0-5	3	72	75	0	8	8	0	0	0	0	0	0	4	86	90	7	166
6-9	3	76	79	1	12	13	0	1	1	0	0	0	1	82	83	5	171
10- 14	1	96	97	2	22	24	0	4	4	0	3	3	1	10 8	10 9	4	233
15- 17	1	59	60	0	17	17	1	74	75	0	45	45	8	15 5	16 3	10	350

### Table 11.1Casualties classified by road user type and age - 2003

<b>Table 11.2</b>	Casualties classified by road user type and age – 2004
	eusualities elassified by foud user type and user

Age grou p	Pedestrian     Pedal Cyclist       Kill     Inju       Tot     Kill						Motor Cyclist			Car Drivers			Car I	Passenge	ers	Tota l Nu mbe r of	Total Num ber Injur ed
	Kill ed	Inju red	Tot al	Kill ed	Inju red	Tot al	Kill ed	Inju red	Tot al	Kill ed	Inju red	Tot al	Kill ed	Inju red	Tot al	Deat hs	eu
0-5	2	54	56	0	3	3	0	0	0	0	0	0	0	80	80	2	137
6-9	0	62	62	0	17	17	0	0	0	0	0	0	1	61	62	1	140
10-	0	95	95	0	42	42	0	3	3	0	5	5	3	92	95		
14																3	237
15-	1	56	57	2	13	15	1	68	69	2	49	51	8	14	15		
17														8	6	14	334

### Table 11.3Hospitalisation for Children as a result of Road Traffic Accidents 2000-2004,number and percentage of total admissions

	2000		2001		2002		2003		2004		
	Num	%	Num	%	Num	%	Num	%	Num	%	
Road traffic	2 2 1 0	12 700/	2.295	12 100/	1.027	12 100/	1 001	11.000/	1.022	11.000/	
accidents	2,219	13.70%	2,285	13.10%	1,927	12.10%	1,801	11.80%	1,822	11.90%	

## Table 11.4Hospitalisation for Children as a result of Road Traffic Accidents 2000-2004,by age and gender

	<1 Ye	Year 1-4 Years			5-9 Years			10-14 Years			15-17 Years			Total				
	Ma le	Fem ale	Tota l	Mal e	Femal e	Tota l	Mal e	Femal e	Tota l	Mal e	Femal e	Tota l	Mal e	Femal e	Tota l	Mal e	Femal e	Tota l
Road traffic accidents	6	9	15	164	77	241	282	200	482	358	230	588	351	145	496	116 1	661	1822

### **Question 12**

## Table 12.1Numbers of children referred to Diversion Programme and Outcomes 2003 -<br/>2005

Year	Referrals		Cautions		No furthe	er action	Unsuitab Program		Pending*	
	Children	Referr	Children	Referr.	Childre n	Referr.	Childre n	Referr.	Child.	Referr
2003	17,043	19,91 5	7,950	8,808	979	1,017	2,857	4,093	5,257	5,997
2004	17,656	20,60 7	12,799	13,896	910	946	2,718	4,332	1,229	1,433
2005	17,567	21,49 7	13,093	14,676	981	1,073	2,515	4,605	978	1,143

\*In 2003 'Pending' relates to cases at year end where a decision had been taken regarding suitability for the programme but where the administration of cautions remained outstanding. In 2004 and 2005 'Pending' only relates to cases where a decision regarding suitability for the programme remains outstanding at year end.

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Table 12.2Percentage of children by sex referred to the Diversion Programme and<br/>Outcomes 2003-2005

Year	Refer (%)	rals	Cautio	ons (%)	No action	further (%)	Unsuitable for Programme (%)		Pending	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
2003	N/A	N/A	76%	24%	N/A	N/A	84%	16%	N/A	N/A
2004	79%	21%	77%	23%	74%	26%	86%	14%	89%	11%
2005	79%	21%	78%	22%	77%	23%	86%	14%	85%	12%

### Table 12.3Age profile of Referrals (%)

Age	2003 (%)	2004 (%)	2005 (%)
7 to 10 years	3%	2%	2%
11 to 13 years	14%	13%	13%
14 year	14%	12%	13%
15 years	20%	19%	20%
16 years	26%	26%	24%
17 years	24%	28%	28%

### Table 12.4Principle offences recorded in respect of referrals (%)

Offence	2003	2004	2005
Alcohol related	21%	20%	20%
Offences			
Theft	18%	18%	18%
Criminal Damage	11%	10%	10%
Public Order	8%	8%	9%
Traffic Offences	7%	7%	8%
Assault	7%	6%	7%
Drugs possession	5%	5%	6%
Burglary	5%	5%	4%
Vehicle Offences	5%	5%	4%

## Table 12.5 Outcome of Cases of Young People Aged 18 years or less at year end – 2004 Dublin only

		Dublin N	<b>Aetropolit</b>	an Distri	ct Court	only. 200	4	
	Nur		hildren b			ř.		
Court Determination	Children whose date of birth is 1992	Children whose date of birth is 1991	Children whose date of birth is 1990	Children whose date of birth is 1989	Children whose date of birth is 1988	Children whose date of birth is 1987	Children whose date of birth is 1986	Court Determination Totals
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	
Strike Out	2	4	11	25	85	138	161	426
No Order	1	0	3	4	27	27	35	97
Probation	1	0	4	13	44	65	63	190
Withdrawn	1	0	4	5	20	13	18	61
Dismiss	0	3	10	14	55	89	121	292
Detention	0	2	2	8	43	67	100	222
Children Returned to Higher Court for Trial	0	0	0	4	15	26	20	65
Fine	0	0	1	0	16	39	41	97
Peace Bond	0	0	1	4	15	31	45	96
Community Service Order	0	0	0	0	1	3	6	10
Poor Box	0	0	0	0	4	12	21	37
Total Number of Children	5	9	36	77	325	510	631	1593

### CRC/C/IRL/Q/2/Add.1 Page 82 Table 12.6Outcome of Cases of Young People Aged 18 years or less at year end – 2005

		Ag	ge in Chil	d as of 31	Decembe	er 2005			
	12	13	14	15	16	17	18	Date of birth not recorded	Total
Strike Out	4	4	18	37	67	142	160	126	558
No Order	0	2	2	9	19	35	36	5	108
Probation	2	1	7	19	49	80	90	73	321
Withdrawn	0	1	4	7	15	44	34	39	144
Dismiss	0	5	6	6	18	35	37	37	144
Detention	0	0	3	19	53	150	129	87	441
Children Returned to Higher Court for Trial	0	0	1	12	16	50	40	12	131
Fine	0	0	0	2	3	20	25	8	58
Peace Bond	0	0	0	2	2	12	8	18	42
Community Service Order	0	0	0	0	2	11	17	10	40
Poor Box	0	0	0	3	5	8	8	0	24
Disqualified from driving	0	0	0	2	10	29	30	17	88
Dismissed under the Probation Act	0	2	3	11	32	42	76	109	275
Other	0	1	0	9	8	15	13	14	60
Total	6	16	44	138	299	673	703	555	2,43 4

#### Young Offenders under supervision of Young Persons Probation by county **Table 12.7**

Juvenile Justice:	2003	2004	
Waterford	31	31	
Kilkenny/Carlow	22	22	
Clonmel/Thurles	21	17	
Wexford/Arklow	17	18	
Cork	81	96	
Limerick	31	34	
Tralee	22	16	
Navan/Drogheda	35	27	
Dundalk	18	31	
Sligo/Donegal	20	21	
Castlebar	13	20	
Athlone	30	36	
Port Laoise	25	18	

TOTAL	584	594	
Dublin	202	197	
Galway	16	10	

### (c) persons below 18 who have been tried as adults;

Please see tables in Qn. 12 (b) under the heading "Children returned for trial in a higher court".

### (d) detention facilities for persons below 18 in conflict with the law and their capacity;

### Table 12.8 Current capacity of Children Detention Schools

*Note: 'Available Beds' has been used as an indicator of capacity rather than licensed capacity* 

Detention School	Available Beds				
Detention School	Committal	Remand			
Trinity House	22	5			
Oberstown Boys School	12	8			
Oberstown Girls School	7	8			
Finglas Child and Adolescent Centre	6	6			
St. Joseph's Clonmel	40*				
Total	87	27			
Grand Total		114			

\*The majority of the beds are occupied by non-offending children who are placed there for their own care or protection via referrals from the Health Service Executive

### (e) persons below 18 detained in these facilities and those detained in adult facilities;

## Table 12.9Number of children in care on 20th June, 2003 under the Health Act, 1953<br/>(Section 55)

STATEMENT showing (a) number of committed children in care, (b) number of children on remand, (c) number of children admitted under Section 55 Health Act, 1953.

SPECIAL SCHOOLS	(a) Committed		· · · · · · · · · · · · · · · · · · ·	o) emand	(e Healt		Total		Grand
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
Trinity House, Lusk	17		2		1		20		20
Finglas Children's Centre	12	-	9	-	-	-	21	•	21
St. Joseph's, Clonmel	11	•			19		30	•	30
Oberstown Boys Centre, Lusk	12	-	8	-	-	•	20	•	20
Oberstown Girls Centre, Lusk		4	-	4	-	-		8	8
TOTAL	52	4	19	4	20	-	91	8	99

Figure 14

## Table 12.10Number of children in care on 20th June, 2004 under the Health Act, 1953<br/>(Section 55)

Special Schools	(a) Committed		(b) On Remand		(c) Health Act		Total		Grand
•	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
Trinity House, Lusk	17	-	2	-			19		19
Finglas Children's Centre	4	•	7	-	*	•	11	-	11
St. Joseph's, Clonmel	8	-	-		19	-	27	-	27
Oberstown Boys Centre, Lusk	12	•	8	-		-	20	*	20
Oberstown Girls Centre, Lusk	-	5	-	3	-	-	-	8	8
TOTAL	41	5	17	3	19		77	8	85

Figure 15

## Table 12.11Circumstances under which children were committed to care during the<br/>school year ended 30<sup>th</sup> June, 2003 under the Children Acts, 1907 to 1957

BASIS OF COMMITMENT	S	pecial Scho	ols
BASIS OF COMMITMENT	Boys	Girls	Total
Indictable offenses	44	4	48
School attendance	2	-	2
Out of parental control	1		1
Section 58(4), Children's Act 1908			-
High Court Civil Judicial Review	2		2
Ward of Court		-	-
TOTAL	49	4	53

## Table 12.12Circumstances under which children were committed to care during the<br/>school year ended 30<sup>th</sup> June, 2004 under the Children Acts, 1907 to 1957

BASIS OF COMMITMENT	5	Special Schools		
	Boys	Girls	Total	
Indictable offenses	59	3	62	
School attendance	3		3	
Out of parental control	1	-	1	
Section 58 (4), Childrens Act 1908	•	<b>.</b>		
High Court Civil Judicial Review	-	-	-	
Ward of Court	-	•	*	
TOTAL	63	3	66	

Figure 16

## Table 12.13Destination of Children discharged during the school year ended 30<sup>th</sup> June,<br/>2003

MODE OF DISCHARGE		Special Schools		
		Girls	Total	
To parents or guardians	36	2	38	
To other Detention Centre	7		7	
Remaining in care for further education	-	-	-	
To Health Board	6		6	
Prison Service	4	-	4	
Other reason	7	1000	7	
TOTAL	60	2	62	

Figure 17

## Table 12.14Destination of Children discharged during the school year ended 30<sup>th</sup> June,<br/>2004

MODE OF DISCHARGE	Special Schools		
	Boys	Girls	Total
To parents or guardians	50	5	55
To other Detention Centre	9	-	9
Remaining in care for further education	-	•	-
To Health Services Executive	2	-	2
Prison Service	4	-	4
Other reason	3	1	4
TOTAL	68	6	74

Figure 18

## Table 12.15 Average Numbers of Offenders Under 18 years in Prison Custody by Gender\*

Year	Male	Female	Total	
2003	79	1	80	
2004	76	2	77	
2005	61	1	62	

\*Note: rounded to nearest whole number

### Table 12.16 Average Numbers of Offenders Under 18 years in Prison Custody by Sentence or Remand\*

Year	Sentenced	Remand	Total
2003	68	12	80
2004	61	16	77
2005	50	13	62

\*Note: rounded to nearest whole number

### Table 12.17Children under 18 years of age committed between January 2005 and June2006

	Male	Female
St. Patrick's Institution	177	0
Castlerea Prison	2	0
Cloverhill Prison	9	0
Cork Prison	6	0
Limerick Prison	4	1
Dochas (Womens Prison)	0	7
Total	198	8

Provisions under the Children Act 1908 allow for the committal to places of detention, operated by the Irish Prisons Service, of 15 year old boys and 15 and 16 year old girls. Between 2001 and 2004 8 boys under the age of 16 were committed to St. Patrick's Institution. Since January 2005 there have been no committals to prison custody for these age ranges.

## (f) persons below 18 kept in pre-trial detention and the average length of their detention;

### see Table 12.16 above

## (g) reported cases of abuse and mistreatment of children occurred during their arrest and detention.

Information to respond to this question is still being sourced.

### **Question 13**

- (a) see earlier tables (question 3)
- (b) See Appendix 4
- (c) the number of migrant, unaccompanied, asylum-seeking and refugee children;

## Table 13.1Number of unaccompanied minor asylum applications in years 2003-<br/>2005

Unaccompanied Minor Asylum Applications					
Year 2003 2004 2005					
No. of applications	271	128	132		

### Table 13.2Unaccompanied minor asylum applications disaggregated by age for<br/>years 2003, 2004 and 2005

Age	2003	2004	2005
Less than 1	0	0	*
year			
1	0	0	0
2	0	0	0
3	0	0	0
4	0	0	0
5	0	0	0
6	0	0	0
7	0	*	0
8	0	0	0
9	0	0	0
10	0	0	0
11	*	0	0
12	*	0	0
13	*	*	*
14	*	*	*
15	23	19	19
16	99	55	52
17	132	44	53
Total	271	128	132

\* For confidentiality reasons it is not the practice to provide detailed numbers for years where less than ten applications were received to ensure that applicants are not identified.

Gender	2003	2004	2005	
Male	127	56	72	
Female	144	72	60	
Total	271	128	132	

<b>Table 13.3</b>	Unaccompanied minor asylum applications disaggregated by gender for	
years 2003, 2	04 and 2005	

## Table 13.4Unaccompanied minor asylum applications disaggregated by nationality<br/>for years 2003, 2004 and 2005

Year	2003	2004	2005
Afghanistan	0	*	10
Albania	*	*	*
Algeria	*	0	*
Angola	13	0	*
Armenia	0	0	*
Azerbaijan	*	*	0
Bangladesh	0	*	0
Belarus	0	0	*
Burundi	*	*	*
Cameroon	*	*	0
China	*	*	*
Congo	*	0	*
DR Congo	16	*	*
Eritrea	0	*	*
Estonia	*	0	0
Ethiopia	*	*	*
Georgia	16	*	*
Ghana	*	*	*
Guinea	*	*	*
Iran	0	*	*
Iraq	*	0	*
Ivory Coast	*	*	*
Kenya	14	*	*
Kosovo	*	0	0
Kuwait	*	0	0
Latvia	*	0	0
Liberia	*	*	*
Lithuania	*	0	0
Moldova	*	*	*
Nigeria	77	31	18
Pakistan	0	0	*
Palestine	*	0	*

Romania	*	*	*	
Russia	*	*	*	
Rwanda	*	*	*	
Sierra Leone	*	*	0	
Somalia	21	13	32	
South Africa	*	*	0	
Sri Lanka	*	0	0	
Stateless	*	0	0	
Sudan	*	*	*	
Togo	*	*	*	
Uganda	*	*	0	
Ukraine	*	*	0	
Uzbekistan	*	0	*	
Zambia	*	0	0	
Zimbabwe	*	*	*	
Total	271	128	132	

\* For confidentiality reasons it is not the practice to provide detailed numbers for years where less than ten applications were received to ensure that applicants are not identified.

(c) Number of migrant, unaccompanied, asylum-seeking and refugee children

Table 13.5Number of separated children seeking asylum - 2002

	Re-un with f		Placed Care	in	Foun be a r	d not to ninor			Totals Male Female Total	
Health Board	Male	Female	Male	Female	Male	Female	Male	Female		
ERHA	192	206	156	121	2	2	8	12	358 699	341
MHB	0	0	0	0	0	0	0	0	0 0	0
MWHB	2	1	0	0	2	0	14	3	18 22	4
NEHB	10	3	0	0	2	0	0	0	12 15	3
NWHB	0	0	0	0	0	0	0	1	0 1	1
SEHB	0	0	1	2	0	0	3	0	4 6	2
SHB	6	5	1	0	3	2	7	8	17 32	15
WHB	2	0	1	0	0	0	0	1	3 4	1
National	212	215	159	123	9	4	35	25	412 779	367

	Re-un with f		Placed Care	d in	Found be a n	l not to ninor	Other	r	Totals Male	Female	Total
Health Board	Male	Fema le	Male	Fem ale	Male	Female	Mal e	Female			
ERHA	217	220	134*	143	24	19	15	17	394	399	793
MHB	0	0	0	0	0	0	0	0	0	0	0
MWHB	0	1	1	0	0	0	3	2	4	3	7
NEHB	0	0	0	0	0	0	0	0	0	0	0
NWHB	0	0	0	0	0	0	2	0	2	0	2
SEHB	0	0	1	0	0	0	5	1	6	1	7
SHB	10	3	2	0	3	4	13	8	28	15	43
WHB	1	4	0	0	0	0	1	0	2	4	6
National	228	228	142	143	27	23	39	28	436	422	858

Table 13.6Number of separated children seeking asylum – 2003

\*+4 in current care order

	Re-un with f	nited Family	Placed Care	in		Found not to be a minor			Totals Male Total	Female
Former Health Board Areas	Male	Female	Male	Fem.	Male	Fem.	Male	Fem		
ERHA	19 2	226	87	87	6	2	9	8	294 617	323
Midland	0	0	0	0	0	0	0	0	0 0	0
Mid- Western	1	0	1	0	0	0	0	1	2 3	1
North- Eastern	6	10	0	0	0	0	0	0	6 16	10
North- Western	0	0	0	0	1	3	0	0	1 4	3
South- Eastern	5	6	0	0	0	0	0	0	5 11	6
Southern	3	1	0	1	0	1	7	4	10 17	7
Western	0	0	5	3	0	0	1	2	6 11	5
National	20 7	243	93	91	7	6	17	15	324 355	679

### Table 13.7Number of separated children seeking asylum - 2004

Numbers 2005 and c		u (ILC	) class	sified	by sex and	i age g	roup	VNH2	2003	5q2 to q2
	1				Age Group					Thousands
	15 only	16- 19	20- 24	25- 34	35-44	45- 54	55- 59	60- 64	65 +	Total
QNHS										
2006q1 QNHS	1.3	66.9	237.2	582.8	473.6	383.3	136.0	79.5	37.4	1,998.1
2005q1 QNHS	1.5	66.0	232.4	546.7	458.1	369.6	128.3	70.1	35.6	1,908.3
2004q1 QNHS	1.1	67.0	228.0	521.6	442.6	353.6	122.4	64.5	35.1	1,835.9
2003q1	2.1	71.5	221.4	503.3	435.7	338.6	114.8	61.4	34.9	1,783.6
Note: Data Note: Data in respect of Reference	n may also of smaller	o be su values	bject t s and e	o samp stimate	oling or oth	e.	vey err	ors, wł	nich a	re greate

## Table 13.8Numbers employed (ILO) classified by sex, age group for first quarter 2003,<br/>2004, 2005 and 2006

Source: Quarterly National Household Survey, Central Statistics Office, Ireland.

Table	13.9
-------	------

Age of children who appeared to be homeless - 2002

	Under 12	12 - 14	15 - 16	17 - 18	Total
ERHA	18	29	64	131	242
MHB	1	0	8	24	33
MWHB	0	0	2	32	34
NEHB	1	1	0	16	18
NWHB	0	0	0	1	1
SEHB	1	0	22	54	77
SHB	0	1	23	78	102
WHB	0	2	9	16	27
National	21	33	128	352	534

	Under 12	12 - 14	15 - 16	17 - 18	Total
ERHA	11	21	67	108	207
MHB	0	0	6	11	17
MWHB	0	0	3	30	33
NEHB	0	0	3	17	20
NWHB	0	0	0	2	2
SEHB	3	7	14	37	61
SHB	0	2	21	79	102
WHB	0	5	14	15	34
National	14	35	128	299	476

### Table 13.10Age of children who appeared to be homeless - 2003

Table 13.11Age of Children who appeared to be homeless - 2004

Former Health Board Area	Under 12	12 > 14	14 - 15	16 > 18	Total
ERHA	20	38	65	87	210
MHB	1	2	4	11	18
MWHB	0	0	5	38	43
NEHB	0	1	7	7	15
NWHB	0	0	0	5	5
SEHB	0	0	0	23	23
SHB	0	1	21	110	132
WHB	0	1	15	30	46
National	21	43	117	311	492

	Boys	Girls	Total	
Eastern Area	113	97	210	
Midland Area	9	9	18	
Mid-Western Area	18	25	43	
North-Eastern Area	3	12	15	
North-Western Area	3	2	5	
South-Eastern Area	8	15	23	
Southern Area	64	68	132	
Western Area	21	25	46	
State	239	253	492	
Rate per 100,000	45.6	50.9	48.2	
Source: Childcare I	nterim Dataset,	Department of Health	and Children	

Table 13.12Number and rate (100,000) of homeless children by gender and HSE area,<br/>2004

### Appendix 2 – Child Care Interim Data set 2004

Available on request data summarised in tables 3.1-3.12

### Appendix 3 Literacy Performance of Children in Ireland

Ireland participates in the OECD **Programme for International Student Assessment (PISA)**<sup>10</sup>. With regard to literacy the mean performance of Irish 15-year-olds (the majority of whom were in Third year, post-primary level) in the first cycle of PISA (2000) was significantly higher than the OECD country average, and ranked 5th of 41 participating countries and 5th of 27 OECD countries (OECD/UNESCO-UIS, 2003). Only Finland had a significantly higher mean score. Just 11% of Irish students achieved at or below Level 1 (Level 5 being the highest proficiency level), indicating that these students had very poor literacy skills. In the second cycle of PISA (PISA 2003), students in Ireland again achieved a mean score that was significantly above the OECD country average, ranking 7th of 40 participating countries and 6th of 29 OECD countries (OECD, 2004b). Ireland's mean score was significantly lower in PISA 2003 than in PISA 2000, while the scores of Irish students at the 75th, 90th, and 95th percentiles were also significantly lower in PISA 2003.

The 2004 National Assessment of English Reading (NAER) in Irish primary schools is the most recent in a series of national assessments conducted at regular intervals since 1972. It examined the achievement of samples of pupils in First and Fifth class. Data on Fifth class pupils are available from assessments dating back to 1980, while data on First class pupils were collected for the first time in 2004. As the current assessment of Fifth class pupils used a test instrument similar to that used in 1993 and 1998, comparisons at this grade level are possible for 1993, 1998 and 2004 data.

At each grade level, close to 4000 pupils completed tests of reading achievement, while contextual data were obtained in questionnaires completed by pupils, parents, class and learning-support teachers, principals, and members of the Inspectorate. Response rates were high. Given this, and the sampling methods used, we can generalize from the results of the assessment to the equivalent populations nationally.

The results of the assessment indicate that the mean scores obtained by Fifth class pupils in the 1998 and 2004 assessments are almost identical. Further, scores on the three domains (narrative, expository, and documents) vary little across the two assessments, indicating that no change in 'national reading standards' has occurred since 1998. Indeed, based on linkages between this and earlier assessments, it can be inferred that overall standards have not changed since 1980. However, there has been an improvement on the documents subscale in the performance of high-achieving pupils, but not enough to lift overall achievement.

There are some achievement differences of note, both within the 2004 sample, and between the 2004 and 1998 samples. As in 1998, girls achieved a significantly higher mean score than boys on the overall scale at Fifth class (there is a similar gender difference at First class, but no

<sup>&</sup>lt;sup>10</sup> OECD: the Paris-based Organisation for Economic Cooperation and Development, which advises member countries, including Ireland, on policy development in a range of areas, including education, and oversees implementation of the Programme for International Student Assessment (PISA).

comparable data for 1998). However, in 1998, girls also outperformed boys on each of the three domains, whereas in 2004, this was so only on the narrative and documents domains. Such gender differences are not unexpected, and are not unique to Ireland.

There were a number of other expected findings in the present study. For example, lower pupil achievement was linked to a number of pupil background characteristics, including medical card coverage, low socioeconomic status (SES), unemployment, and low parental educational attainment. Other factors associated with poorer average scores include being a member of the Traveller community, speaking a first language other than English or Gaeilge, living in a loneparent household, or being part of a large family. However, it was not simply family demographic and socioeconomic characteristics that were related to achievement: home 'process' variables such as parents reading to their child, parents reading for enjoyment, the availability of resources such as books in the home, and parental rules for leisure activities (such as TV viewing) are all associated with higher mean achievement scores. Some demographic changes are apparent between the 1998 and current assessments. For example, the percentage of Fifth class pupils without an employed parent dropped from 18% to 8%; there was a decrease of 6% in the percentage of pupils covered by the medical card; and the percentage living in loneparent households increased by 5%. In contrast, there were no significant changes in home process variables such as parent-child interactions related to literacy or educational resources in the home.

### Appendix 4 HBSC

The HBSC is a World Organisation (European) collaborative study. It runs academic 4-year cycles and in 2001-2 32 individual countries participated. Principal investigators from all countries co-ooperate in relation to survey content, methodology and timing and an international protocol has developed. Strict adherence to the protocol is required for inclusion in the International database and this has been achieved with the current study. The HBSC protocol aims for sample sizes of 1, 536 in each of three age groups, 11, 13 an 15 in order to approximate a 95% confidence interval of +/-3%.

### Tobacco

	1998			2002			
	Boys	Girls	Total	Boys	Girls	Total	
Total	10.3	9.1	9.7	9.3	10.4	10.0	
Age							
10-11 year old	1.0	0.1	0.5	0.5	0.3	0.4	

Percentage of child who report to smoke cigarettes <u>every day</u> by age, social class, gender and year

12-14 year	8.4	6.3	7.3	5.1	6.1	5.7
old						
15-17 year	19.2	20.1	19.7	19.0	20.2	19.7
old						
Social class						
SC 1-2	9.6	7.0	8.2	7.1	7.2	7.2
SC 3-4	10.6	8.3	9.4	7.7	10.7	9.5
SC 5-6	9.2	10.2	9.7	10.1	10.6	10.4

Source: HBSC Survey

SC1: Professional workers

SC2: Managerial and technical

SC3: Non-manual

SC4: Skilled manual

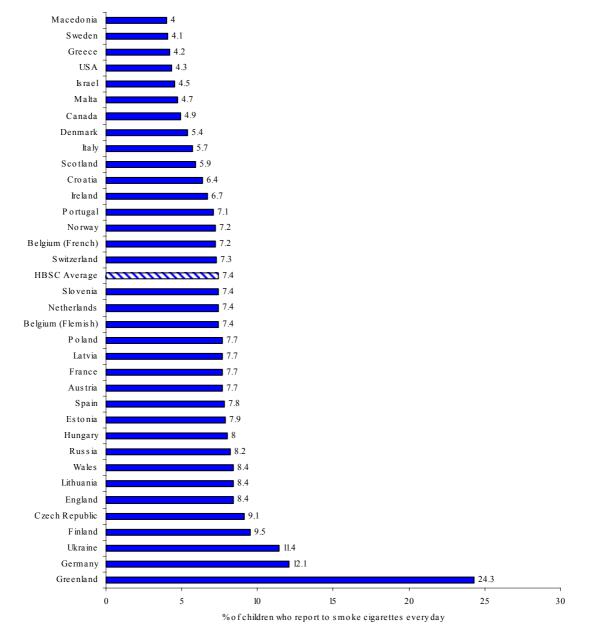
SC5: Semi-skilled SC6: Unskilled

Figure 19

Percentage of children who report to smoke cigarettes everyday by geo-graphical area

	199	200
	8	2
South-Eastern Area	10.2	14.6
Mid-Western Area	8.2	10.7
Eastern Area	10.4	9.9
North-Western Area	8.4	9.5
Southern Area	7.4	9.4
Midland Area	7.4	9.3
Western Area	9.8	9.2
North-Eastern Area	13.1	6.6
Total	9.7	10
Source.		HBSC

Survey



### Percentage of children who report to smoke cigarettes every day



	1998			2002		
	Boys	Girls	Total	Boys	Girls	Total
Total	14.6	14.3	14.5	12.7	13.9	13.4
Age						
10-11 year old	2.5	1.6	2.0	2.1	1.2	1.6
12-14 year old	13.1	11.4	12.2	8.3	9.1	8.7
15-17 year old	24.5	28.2	26.3	23.6	25.2	24.6
Social class						
SC 1-2	14.1	12.3	13.1	10.8	9.9	10.3
SC 3-4	14.9	13.3	14.1	11.7	14.6	13.4
SC 5-6	13.4	15.2	14.4	13.1	14.6	13.9

Percentage of children who report to smoke cigarettes <u>every week</u>, by age, social class, gender and year

Source: HBSC Survey

Percentage of children who report to smoke cigarettes <u>every week</u> by geographical area and year

	1998	2002
South-Eastern Area	15.5	20.2
Mid-Western Area	11.7	13.9
Southern Area	12.2	13.6
Eastern Area	15.3	13.1
Western Area	15.2	12.1
North-Western Area	12.1	12.0
Midland Area	11.9	11.8
North-Eastern Area	18.0	9.8
Total	14.5	13.4

Source: HBSC Survey

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### Page 100

Percentage of children who report to smoke cigarettes every week, by country

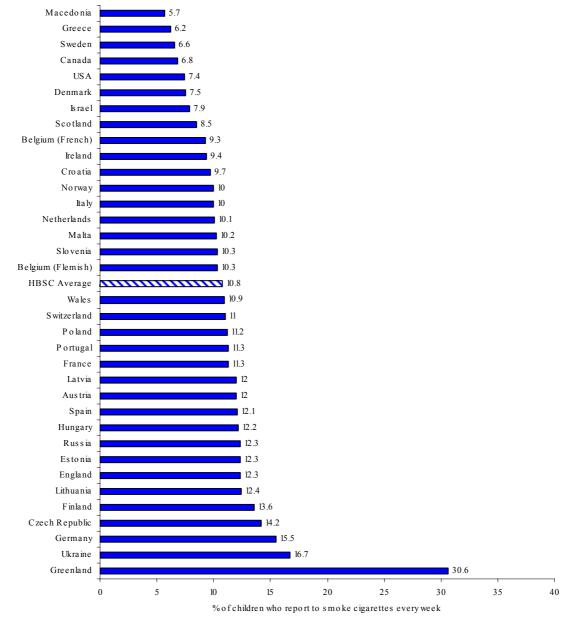




Figure 21

### ESPAD

The European Schools Project on Alcohol and Drugs (ESPAD) Survey is conducted every three years. The basic purpose of the ESPAD project is to collect comparable data on alcohol, tobacco and other drugs use among students in as many European countries as possible (35 countries participated in 2003). Data is collected in cooperation between countries using a strictly standardised methodology.

The target population of the ESPAD project is students that are or will become 16 years old during the year data is collected. The most important goal in the long run is to monitor trends in alcohol and drug habits among students in Europe and to compare trends between countries.

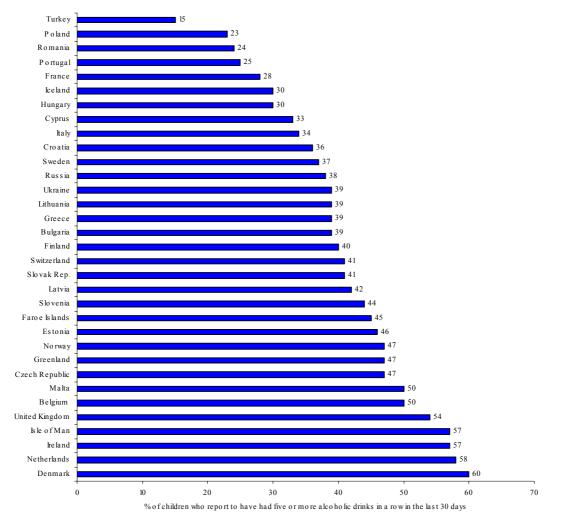
### Alcohol

Percentage of children aged 15 who report to have five or more alcoholic drinks in a row at least once in the last 30 days by gender and year

1995			1999		2003			
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
52	42	47	57	56	57	57	57	57

Percentage of children aged 15 who report to have had five or more alcoholic drinks in a row at least once in the last 30 days by parents' level of education, 2003

Parents' level of	Boys	Girls	Total
education			
Primary or less	61	60	60
Some secondary school	58	59	59
Completed secondary school	62	56	59
Some college or University	53	54	53
Completed college or University	56	55	56
Don't know or does not apply	52	57	54



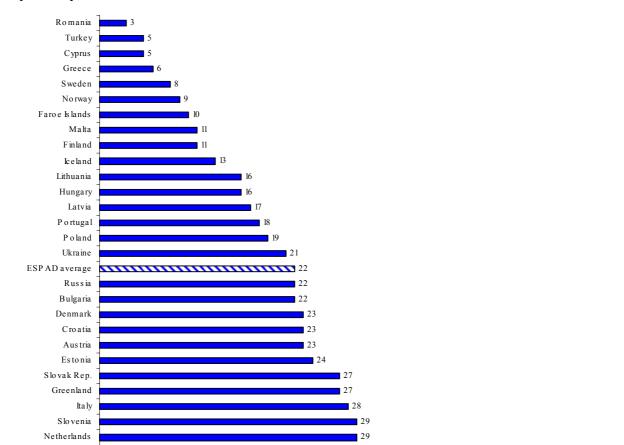
Percentage of children who report to have had five or more alcoholic drinks in a row in the last 30 days by country, 2003



#### Drugs

Percentage of children who report having used any illicit drugs in their lifetime by gender

1995	1999 2003			1999				
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
42	32	37	35	29	32	41	40	40



30

30

33

35

36

38

38

40

40

40

44

45

50

Children who report to have had five or more alcoholic drinks in a row in the last 30 days by county, 2003

Figure 23

0

5

10

15

20

25

% of children who report having used any illicit drugs in their lifetime

Germany

Belgium

United Kingdom

Spain

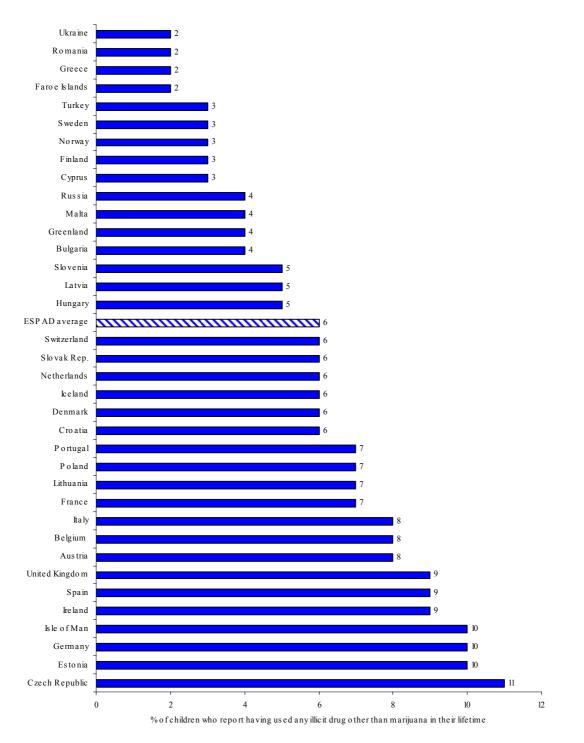
France

Ire land

Is le of Man

S witze rland Czech Republic CRC/C/IRL/Q/2/Add.1 Page 104

Percentage of children who report having used any illicit drug other than marijuana in their lifetime by country, 2003





### Appendix 5

### Question 13 – children in drug treatment

### Treatment of children with problem drug use

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated problem drug use in Ireland. It was established in 1990 in the Greater Dublin Area and was extended in 1995 to cover other areas of the country. The reporting system was originally developed in line with the Pompidou Group's Definitive Protocol (Hartnoll 1994) and subsequently refined in accordance with the Treatment Demand Indicator Protocol (EMCDDA and Pompidou Group 2000). The NDTRS is co-ordinated by staff at the Drug Misuse Research Division (DMRD) of the Health Research Board (HRB) on behalf of the Department of Health and Children.

Drug treatment data are viewed as an indirect indicator of drug misuse as well as a direct indicator of demand for treatment services. These data are used at national and European levels to provide information on the characteristics of clients entering treatment, and on patterns of drug misuse, such as types of drug used and consumption behaviours. They are 'valuable from a public health perspective to assess needs, and to plan and evaluate services' (EMCDDA 1998: 23). Information from the NDTRS is made available to service providers and policy makers and is used to inform local and national drug policy and planning. For example, in 1996 NDTRS data were used to identify a number of local areas with problematic heroin use (Ministerial Task Force 1996). These areas were later designated as Local Drugs Task Force Areas and are continuing to provide strategic responses to drug misuse in their communities.

Compliance with the NDTRS requires that one form be completed for each person who is assessed or receives treatment for problem drug use at each treatment centre in a calendar year. Service providers at drug treatment centres throughout Ireland collect data on each individual treated for problem drug use. At national level, staff at the DMRD of the HRB compile anonymous, aggregated data.

For the purpose of the NDTRS, treatment is broadly defined as 'any activity which aims to ameliorate the psychological, medical or social state of individuals who seek help for their drug problems'. Clients who attend needle-exchange services are not included in this reporting system. Up to 2004, clients who reported alcohol as their main problem drug were not included in this reporting system. Treatment options include one or more of the following: medication (detoxification, methadone reduction and substitution programmes), addiction counselling, group therapy, psychotherapy and/or life skills training.

The data presented in this document provide a description of children treated for problem drug use in Ireland in 2003.

Of the 9.084 cases who sought treatment for problem drug use, 630 (6.9%) were children.

## Age (in years) of children treated for problem drug use in Ireland and reported to the National Drug Treatment Reporting System in 2003

Age in years	Frequency	Percent
11	3	.5
12	3	.5
13	19	3.0
14	63	10.0
15	134	21.3
16	197	31.3
17	211	33.5
Total	630	100.0

The age range of children seeking treatment for problem drug use was between 11 and 17 years.

Grouped age (in years) of children treated for problem drug use in Ireland and reported to the National Drug Treatment Reporting System in 2003

Grouped age in years	Frequency	Percent
10-14	88	14.0
15-17	542	86.0
Total	630	100.0

The vast majority of children were between 15 and 17 years old.

### Gender of children treated for problem drug use in Ireland and reported to the National Drug Treatment Reporting System in 2003

Gender	Frequency	Percent
Male	437	69.4
Female	162	25.7
Not	31	49
known	51	4.9
Total	630	100.0

As expected, the ratio of males to females was 2.7:1.

County of residence	Frequency	Percent
Cork	101	16.0
Dublin	100	15.9
Louth	63	10.0
Tipperary	56	8.9
Waterford	47	7.5
Wexford	39	6.2
Meath	35	5.6
Limerick	34	5.4
Sligo	28	4.4
Donegal	16	2.5
Galway City	12	1.9
Laois	12	1.9
Clare	10	1.6
Kilkenny	10	1.6
Mayo	10	1.6
Westmeath	10	1.6
Roscommon	9	1.4
Longford	8	1.3
Offaly	7	1.1
Kildare	6	1.0
Kerry	6	1.0
Wicklow, Carlow, Cavan	Less than five cases per County	.6
Address missing	4	.6
Total	630	100.0

Children treated for problem drug use in Ireland, by county of residence and reported to the National Drug Treatment Reporting System in 2003

The majority of cases treated lived in the Eastern half of the county.

Children treated for problem drug use in Ireland, by age left school, and reported to the
National Drug Treatment Reporting System in 2003

Age in Years	Frequency	Percent
Still at school	395	62.7
11	1	.2
12	6	1.0
13	24	3.8
14	44	7.0
15	62	9.8
16	58	9.2
17	17	2.7
Age not Known but has left school	23	3.7
Total	630	100.0

Of note, less than two thirds of the children were still at school. Over one-fifth had left school before they were sixteen years old.

Main	problem	Frequency	
drug		1 2	Percent
Cannabis		514	81.6
Opiates heroin)	(mainly	45	7.1
Ecstasy		29	4.6
Volatile i	nhalants	26	4.1
Cocaine		9	1.4
Ampheta	mines	3	.5
Benzodia	zepines	2	.3
Other sub	ostances	2	.3
Total		630	100.0

Children treated for problem drug use in Ireland, by main problem drug, and reported to the National Drug Treatment Reporting System in 2003

Over four–fifths of the children reported cannabis as their main problem drug. A small number reported an opiate as their main problem drug.

### Children treated for problem drug use in Ireland, by use of more than one drug, and reported to the National Drug Treatment Reporting System in 2003

Use more than one drug	Frequency	Percent
Yes	423	67.1
No	207	32.9
Total	630	100.0

Over two-thirds of the children used more than one drug.

Children treated for problem drug use in Ireland, by injector status, and reported to the National Drug Treatment Reporting System in 2003

		1 8	Valid	Cumulative
Ever injected	Frequency	Percent	Percent	Percent
Yes	23	3.7	3.7	3.7
No	600	95.2	95.2	98.9
Not known	7	1.1	1.1	100.0
Total	630	100.0	100.0	

Almost four per cent of the children had injected an illicit drug.

### Appendix 6

### **Corporal Punishment in Ireland**

The Irish Government is satisfied that it has been taking all appropriate and necessary measures designed to protect children and young persons against negligence, violence and exploitation. One of the policies underlining the National Children's Strategy is to ensure the protection of children from violence. In addition there exists a wide body of legislative and constitutional provisions, regulations, standards, registration schemes and inspections to protect children.

### Legislation

Violence against children is prohibited under the general criminal law of Ireland. The Children Act provides that:

"It shall be a an offence for any person who has custody, charge or care of a child wilfully to assault, ill-treat, neglect, abandon or expose the child, or cause or procure or allow the child to be assaulted, ill-treated, neglected, abandoned or exposed, in a manner likely to cause unnecessary suffering or injury to the child's health or seriously to affect his or her wellbeing."

The reference to "a child's health or wellbeing includes a reference to the child's physical, mental or emotional health or well-being", while "ill treatment of a child includes any frightening, bullying or threatening of the child".

The statutory provisions in this Act supplement the guarantee to bodily integrity and to freedom from cruel and degrading treatment guaranteed in the Irish Constitution, which any child is entitled to invoke.

Please see attached Appendix which details the very significant legislative and policy changes in recent years, which indicate a firm desire to eradicate the physical punishment of children in Ireland.

### **Home/Family Setting**

Policy in this area evolves from our common law tradition and the Irish Constitution. At the moment, the right of a parent to use moderate and reasonable chastisement of a child continues to be recognised in common law. Any such chastisement is subject to objective and independent review, by reference to developing social norms.

The National Children's Strategy acknowledges that family relationships have undergone enormous change in recent decades and parental behaviour is much more open to scrutiny and criticism in the present climate. In keeping with the rapid societal changes, new methods of parenting and family support have to be identified and explored. This includes the following specific action:-

"Quality parenting programmes are to be made available to all parents...As part of a policy of ending physical punishment, parenting courses will focus on alternative approaches to managing difficult behaviour in children." CRC/C/IRL/Q/2/Add.1 Page 110

Considerable progress has been made in relation to the above mentioned objective since the publication of the Strategy. The implementation of the Strategy is ongoing and further measures will be taken in the remaining years until 2010. In particular, measures have already been adopted aimed at imparting parenting and personal development skills and heightening awareness of family responsibilities. Support has also been provided for community based alternatives for the protection of adolescent children who are at risk.

#### **Pre-Schools and childminders**

Corporal punishment is expressly prohibited by way of primary legislation in detention and in other schools. It is also prohibited in pre-schools coming within the definition of the Pre-school Services Regulations, 1996 (S.I. 398 1996) and childminders caring for more than three children are covered under these regulations.

Children are also protected from corporal punishment from childminders looking after children of relatives, children of the same family or not more than three children of the same family by section 246 of the Children Act 2001 which expressly makes it an offence to ill-treat children. In addition, Childminding Ireland, the national childminding organisation, which is funded mainly by the Government and is open to all childminders, adopted guidelines in 1989 for the Provision of Quality Family Day Care which highlights the organisation's "No Smack Plan".

National guidelines are currently being prepared to govern the practice of childminders. Among the core requirements and good practice recommendations to be included in these guidelines is a "no corporal punishment" policy.

### Foster care

As regards children in foster care, the relevant regulations (S.I. 260 1995) require that such placements must be suitable. Similarly, the current regulations applying to children in residential care require that appropriate and suitable care practice must be in place. It must be emphasised though that corporal punishment is not used in respect of children in these settings and its use would not only constitute a breach of Government policy but of the Regulations as they stand. Notwithstanding that the Minister for Children intends in the near future to amend the regulations applying in these areas to strengthen the provisions.

### **Special Care**

The Child Care (Special Care) Regulations were adopted in September 2004. These regulate Special Care Units which provide secure residential care for a small number of **non-offending children in need of special care or protection**. The Regulations prohibit, inter alia, "corporal punishment or any form of physical violence".

#### **Detention schools**

The legal advice available to the Department of Education and Science indicates that the Minister has power to require industrial or reformatory schools to make rules for the management and discipline of the school, subject to the Minister's approval. The Department proposes, in the very near future, to direct the managers of these schools to make rules prohibiting certain forms of discipline. These would include rules prohibiting corporal punishment, any other form of physical violence, deprivation of food or drink, treatment that could reasonably be expected to be detrimental to physical, psychological or emotional well-

being or treatment that is cruel, inhuman or degrading. This approach is based on section 201 of the Children Act 2001.

This will be in addition to the existing policy on child protection and welfare issued by the Department of Education and Science to each of the industrial and reformatory schools which provides that physical punishment is unacceptable in the schools and that agreed disciplinary procedures are in place to deal with employees guilty of such actions.

In December 2005 the Government established the Irish Youth Justice Service as a non-statutory executive office of the Department of Justice, Equality and Law Reform operating in the strategic policy environment of the Office of the Minister for Children. The new Service will assume responsibility for the management of all youth detention facilities for children aged under 18, including the industrial and reformatory schools currently the responsibility of the Department of Education and Science. It is envisaged that this transfer will take place in early 2007 at which time the provisions of the Children Act prohibiting corporal punishment will also take effect.

### Summary

Ireland is cognisant of the fact that putting children at the heart of policy and practice is a new way of working and is at an early stage of development. This shift is significantly helping to change attitudes to and understanding of children and young people in Ireland. This positive and constructive approach is the best means of ensuring that children are valued and respected at all times, by all adults in all situations.

As regards the situation of corporal punishment in the home, it is considered that there is no legislative half-way house. Ireland's view is that there is a balance to be found in trying to dissuade parents from using physical chastisement, supporting them in effective parenting and, at the same time, acknowledging parents as the best judges of how to bring up their children within the letter of the law. As previously stated, the issue is under continuous review. It is anticipated that there will be an appropriate time for the introduction of an outright ban on corporal punishment in the family setting, which will be widely accepted and endorsed by society. Ireland's approach will continue to be the development and promotion of both policy and legislation which work in partnership with the family and other agencies.

In the meantime, outside of the family setting, measures are in place and are being strengthened (including giving statutory effect to existing policy and guidelines) to reflect the unacceptability of corporal punishment of children and young people.

### **Legislative Provisions**

### Child Care Act, 1991

Statutory Instrument no. 398 of 1996 deals with Child Care (Pre-school Services) Regulations. Part II, Section 8 of the Regulations deals with corporal punishment as follows:

"A person carrying on a pre-school service shall ensure that no corporal punishment is inflicted on a pre-school child attending the service". CRC/C/IRL/Q/2/Add.1 Page 112

#### Criminal Law Act, 1997

Section 12 of the Criminal Law Act, 1997 which abolishes the power of a court to impose a sentence of corporal punishment

### Non-Fatal Offences against the Person Act, 1997

Section 24 of the Non-Fatal Offences against the Person Act 1997 abolished the common law rule under which teachers had immunity from criminal liability for physically punishing pupils. Section 24 states that "the rule of law under which teachers are immune from criminal liability in respect of physical chastisement of pupils is hereby abolished". Therefore, teachers are no longer permitted to use corporal punishment as a means of disciplining children.

### Children Act, 2001

Section 201 relates to discipline of children in detention schools. Children who breach the rules of the residential unit may be disciplined in a way that is "both reasonable and within the prescribed limits". "The following forms of discipline shall be prohibited – (a) corporal punishment or any other form of physical violence".

**Section 246** of the Children Act, 2001 makes it an offence for a person who has the custody, charge or case of a child to wilfully assault, ill-treat, neglect, abandon or expose the child or to cause or procure or allow the child to be assaulted, ill-treated, neglected, abandoned or exposed, in a manner likely to cause unnecessary suffering or injury to the child's health or seriously to affect his or her well-being;

### **Policy Provisions**

The Department of Health and Children has published a number of documents in recent years which deal with principles and best practice around child protection and welfare.

**National Standards for Children's Residential Centres** were developed for the purpose of inspecting residential centres across the country. The guidelines state that young people should not be subjected to any form of treatment that is humiliating or degrading. Staff are encouraged to consider the underlying causes of inappropriate behaviour and day-to-day practices should be in place to support children in managing their behaviour.

**Children First** (1999) are the national guidelines for the protection and welfare of children. The Guidelines were drafted to improve policies, procedures and practices to safeguard children and young people. They were intended to support and guide health professionals, teachers, members of the Garda Síochána as well as the voluntary organisations who deal with children and young people. While the focus of the Children First Guidelines is the prevention and reporting of child abuse, it does state clearly that "challenging behaviour by a child or young person should not render them liable to abuse.

The definition of physical abuse in the Guidelines is:

"any form of non-accidental injury that causes significant harm to a child, including:

- (i) shaking;
- *(ii) use of excessive force in handling;*
- *(iii) deliberation poisoning*

- *(iv) suffocation;*
- (v) Munchasen's syndrome by proxy
- (vi) Allowing a creating a substantial risk of significant harm to a child."

In addition to "Children First", a document titled "Our Duty to Care" was published in 2002. This publication was aimed at community and voluntary workers to be used in conjunction with "Children First". It is a practical guide which outlines the fundamental principles of good practice. Under the **Code of Behaviour between Workers and Children**, it says: "Workers should never physically punish or be in any way verbally abusive to a child".

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