

# The Development of a National Set of Child Well-Being Indicators

## EXECUTIVE SUMMARY

June 2005

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# ACKNOWLEDGEMENTS

DR. SINÉAD HANAFIN AND MS. ANNE-MARIE BROOKS, CO-DIRECTORS OF THE DEVELOPMENT OF THIS NATIONAL SET OF CHILD WELL-BEING INDICATORS, ARE GRATEFUL TO ALL THE PEOPLE WHO ASSISTED IN THE PROJECT. WE WERE FORTUNATE TO HAVE HAD AN ADVISORY GROUP WHO HELD CONSIDERABLE EXPERTISE IN DIFFERENT AREAS. THEIR WILLINGNESS TO SHARE THEIR EXPERIENCES AND KNOWLEDGE WITH US AND TO PROVIDE INSIGHTFUL GUIDANCE AT ALL TIMES WAS OF ENORMOUS BENEFIT IN UNDERTAKING THIS STUDY. THE MEMBERS OF THE ADVISORY GROUP WERE:

- DR. ED. CARROLL, INDEPENDENT RESEARCHER
- MS. DEIRDRE CULLEN, CENTRAL STATISTICS OFFICE
- MS. ETHNE FITZGERALD, NATIONAL DISABILITY AUTHORITY
- DR. MAEVE HENCHION, TEAGASC

WE WOULD ALSO LIKE TO THANK:

- MS. ETHNE FITZGERALD FOR HER WORK ON DATA SOURCES ON CHILDREN'S LIVES;
- DR. SAOIRSE NICGABHAINN AND MS. JANE SIXSMITH FOR THEIR CONTRIBUTION ON CHILDREN'S UNDERSTANDINGS OF WELL-BEING;
- MEMBERS OF THE PANEL OF EXPERTISE WHO GAVE FREELY OF THEIR TIME AND KNOWLEDGE;
- INDIVIDUALS AND ORGANISATIONS WHO PROVIDED SPECIFIC DETAILS ABOUT INDIVIDUAL INDICATOR AREAS; AND
- PEOPLE WHO PROVIDED TECHNICAL AND OTHER SUPPORT FOR THE STUDY.

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# 1. INTRODUCTION

The identification of a national set of child well-being indicators to form the basis for the State of the Nation's Children report was identified as a key objective in the National Children's Strategy<sup>1</sup>. This objective reflects a growing national and international awareness of the need to understand and represent the complexity and multi-dimensional nature of children's lives in a way that is easily understood by different stakeholders<sup>2</sup>.

A child well-being indicator is a measure that assesses well-being at [a point in time, over time and across geographic areas and population groups] (p.6). Ben-Arieh et al., drawing on the work of Adamson and Morrison, note that when used to their greatest potential, child well-being indicators 'enable societies to inform their policies, galvanise and reward effort, mark their achievement, introduce accountability and be a means by which sustained pressure can be brought to bear for the fulfilment of political promises' (p.7)<sup>2</sup>.

Although there was no overall policy focus on measuring child well-being in Ireland prior to National Children's Strategy<sup>4</sup>, several important developments by individuals<sup>5, 6, 7</sup>, agencies<sup>8-11</sup> and Government Departments<sup>12-15</sup> had already taken place. Their work, coupled with Ireland's participation in a number of international initiatives<sup>16-20</sup> and surveys<sup>21, 22</sup> to advance the measurement of child well-being has provided a basis on which a national set of child well-being indicators can now be developed.

The multi-dimensional nature of the work already undertaken highlights the complexity of the challenge in developing a national set of well-being indicators and supports the observation made by the National Statistics Board<sup>23</sup> that there is an increasing proliferation of indicators and a need for stakeholders to come to agreement about the most appropriate ones. Such a task however, is greatly complicated by the many different understandings of children and their lives and also by the many different understandings of well-being itself.

Well-being is not the preserve of any single discipline, professional group or sector and developments and understandings of well-being have been reported on in many different literatures, including, among others, economics, health, psychology and sociology<sup>24, 25</sup>. The various literatures have addressed different aspects of well-being and consequently different concerns have emerged<sup>24-28</sup>. Other difficulties have also arisen because of the ways in which different terms are used. Some authors use terms such as [life satisfaction] and [quality of life] interchangeably with [well-being]<sup>5, 6, 29-35</sup>, while others stress differences between them<sup>36-39</sup>. All of these issues combine to increase the levels of conceptual confusion that exist around this area<sup>26</sup>.

This is also true of the literature and practice around children's lives where various groups, organisations and Government Departments, among others, have different foci, roles and responsibilities. Within the National Children's Strategy<sup>1</sup> however, a common conceptualisation of children's lives was presented and this [whole child perspective] provides a unifying lens for understanding children's lives. The perspective recognises the child as an active participant in shaping their own lives and, takes as its starting point, a domain of the child's own capacity, which includes nine dimensions of children's development:

- physical and mental well-being;
- emotional and behavioural well-being;
- intellectual capacity;

- spiritual and moral well-being;
- identity;
- self care;
- family relationships;
- social and peer relationships; and
- social presentation.

These dimensions are manifested in different ways as children grow, develop and express themselves. Two other domains are also identified as important and these are formal and informal supports and children's relationships. The use of the whole child perspective to underpin the development of a national set of child well-being indicators facilitated a broad and holistic understanding of children's lives and ensured that key principles, such as respect for the voice of the child, permeated every part of the process.

The definition of well-being used to guide this Study was that of Andrews et al.<sup>40</sup> who note that well-being is:

healthy and successful individual functioning (involving physiological, psychological and behavioural levels of organisation), positive social relationships (with family members, peers, adult caregivers, and community and societal institutions, for instance, school and faith and civic organisations), and a social ecology that provides safety (e.g. freedom from interpersonal violence, war and crime), human and civil rights, social justice and participation in civil society (p 103)<sup>40</sup>

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This definition was used because the inclusion of many different dimensions of children's lives along with children's relationships and formal and informal supports meant it was coherent with the conceptualisation of the child as described in the whole child perspective.

Recent developments in the field of child well-being measurement also provided some direction in this Study. Specifically, the need to recognise that:

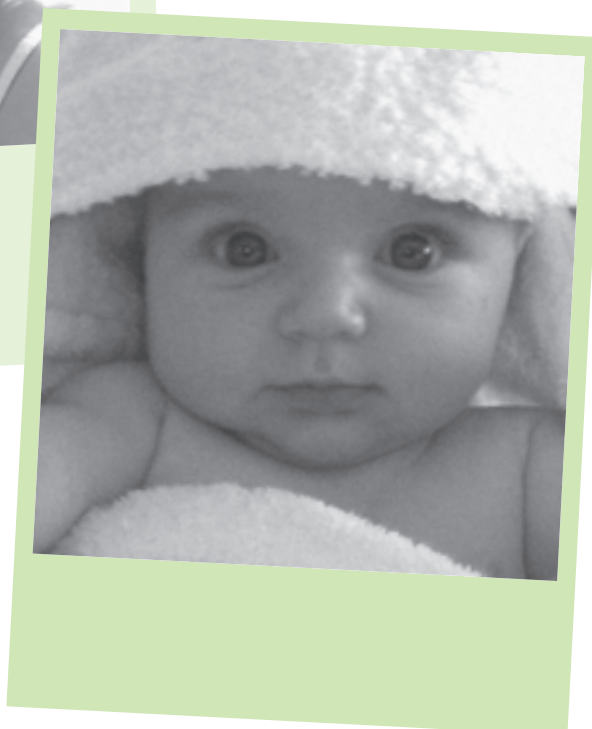
- well-being goes beyond survival and it is important, therefore, to include indicators other than, for example, basic indicators on mortality or school enrolment<sup>41</sup>;
- well-being indicators that examine current well-being, such as play and recreation, in addition to well-being indicators that examine future well-being, such as school completion rates, are important<sup>42</sup>; and
- well-being focuses on both positive as well as negative aspects of a child's life and refers to both objective conditions for well-being and to the subjective perceptions and experiences of the individual and indicators chosen should reflect this<sup>43, 44</sup>.

An indicator set should have a manageable number of indicators, which adequately cover the wide range of issues associated with the topic<sup>30, 45</sup>. According to National Economic and Social Council<sup>46</sup>, a small number of indicators are important for three reasons:

1. A SMALL NUMBER OF INDICATORS KEEPS THE PROJECT MANAGEABLE AND FOCUSED;
2. A SMALL NUMBER OF INDICATORS HAVE A GREATER CHANCE OF ACCEPTANCE IN THE POLICY ARENA AND AMONG THE POTENTIAL AUDIENCE OF POLICY MAKERS AND POLITICIANS; AND

### 3.A SMALL NUMBER OF INDICATORS, WHICH ARE READILY UNDERSTOOD, ARE MORE LIKELY TO BECOME PART OF A GENERALISED UNDERSTANDING (OF CHILD WELL-BEING) THAN A MORE EXHAUSTIVE LIST.

They suggest that the number of indicators within an indicator set should range between fifteen and twenty. Maryland Partnership for Children, Youth and Families in the United States<sup>47</sup> in developing their indicator set, noted that three to five indicators was usually accepted as a manageable number of indicators per domain of interest while the New Policy Institute<sup>10</sup> suggested that the total number of indicators should range between fifty to one hundred, with one hundred indicators reaching the absolute limits of manageability. Given the multiplicity of potential indicators to be included in the national set, a key challenge in this development was to identify the smallest number of indicators that would yield the most comprehensive representation of children's lives in Ireland.



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## 2. METHODOLOGY

A multi-stage incremental approach was taken for the development of the national set of child well-being indicators and there were four main components. These were

1. A BACKGROUND REVIEW OF INDICATOR SETS IN USE ELSEWHERE AND THE COMPILATION OF AN INVENTORY OF KEY INDICATORS, DOMAINS AND INDICATOR SELECTION CRITERIA<sup>48</sup>;
2. A FEASIBILITY STUDY OF THE AVAILABILITY OF NATIONAL STATISTICS TO CONSTRUCT THE INDICATORS IDENTIFIED IN THE PREVIOUS STEP<sup>4</sup>;
3. A STUDY ON CHILDREN'S UNDERSTANDINGS OF WELL-BEING<sup>49</sup>; AND
4. A CONSENSUS PROCESS REFERRED TO AS A DELPHI TECHNIQUE, WHERE PARTICIPANTS ON A PANEL OF EXPERTISE AGREED INDICATORS FOR USE IN THE IRISH CONTEXT<sup>50,51</sup>

A small Advisory Group (N = 4) was convened at the outset of the Delphi Study and each member was chosen for their capacity to provide expertise in a specific area

A short synopsis of each component is now presented. A report on each, however, is available elsewhere and can be accessed through the National Children's Office website at [www.nco.ie](http://www.nco.ie).

### INVENTORY OF KEY INDICATORS, DOMAINS AND INDICATOR SELECTION CRITERIA

A systematic examination of eighty international, national and regional indicator sets resulted in the identification of more than 2,500 indicators for potential inclusion in the indicator set. An analysis of these indicator sets allowed for commonly used, and previously validated, indicators and domains of child well-being to be identified as well as key indicator selection criteria

The analysis also highlighted a number of challenges in respect of identifying indicators capable of drawing international comparisons (due to different situations and different circumstances, reference to country-specific systems and/or policies and variations in indicator definitions used across countries)

In some indicator sets, for example, local circumstance meant that the incidence of malaria or the percentage of young people carrying guns to school was important. These indicators however, clearly have less relevance to the Irish context.

In other indicator sets, wide variations in indicator definitions emerged. The threshold for poverty for example, was set by some at 50% of the median household income while for others it was set at 60%.

Other challenges also emerged particularly around the different age groupings used and because of the imbalance in the availability of data for all periods of childhood from infancy to adolescence, where a notable paucity of data for the middle childhood period emerged.

## FEASIBILITY STUDY ON DATA SOURCES<sup>4</sup>

A Feasibility Study of the availability of national statistics to construct the indicators identified in the Inventory was commissioned and findings from this Study are included in a larger report published in 2004<sup>4</sup>.

The aim of this Study was to identify indicators that could be readily compiled from data currently available in Ireland.

The results of this Study demonstrated that Ireland has good data, compiled to international standards, on population, employment status of parents, household living standards, and maternal and infant health. These can all be examined by the main social and demographic variables such as social group, family size, marital status and geographic area.

The results of this Study also showed the absence of qualitative data on childhood, on children's relationships, parenting styles and children's use of time. The absence is most acute in respect of younger children. In addition there are gaps in our information on children at risk, such as children in homes where there is domestic violence and children showing behavioural problems.

## STUDY ON CHILDREN'S UNDERSTANDINGS OF WELL-BEING<sup>49</sup>

This Study was commissioned and explicitly designed to reflect Goal One of the National Children's Strategy, that of giving children a voice in matters that affect them.

The design of this Study, which used photography as a core method, incorporated individual level data collection, group level data analysis and feedback with a final group level integration process with children aged 8–19 years.

The findings of this Study demonstrated the breadth of perspective that children have on well-being; the centrality of inter-personal relationships with family and friends (including school friends); the importance of pets and animals in their lives; and the value of activities or things to do. A full description of the integration of the findings from this Study into the overall development is available elsewhere<sup>50</sup>.

## DELPHI STUDY<sup>51</sup>

The Delphi technique provided an over-arching mechanism for integrating data from the three previously described studies as well as enabling consensus to be achieved around the final set of child well-being indicators. The Delphi technique has been defined as a research approach used to gain consensus through a series of rounds of questionnaire surveys, usually two or three, where information and results are fed back to panel members between each round<sup>52</sup>.

The main purpose of adopting a Delphi technique to decision-making is to provide a structured approach to collecting data in situations where the only available alternative may be an anecdotal or an entirely subjective approach<sup>52</sup>. A systematic review of empirical studies (N = 25) comparing the Delphi technique with standard interacting groups concluded, with some caution, that Delphi groups outperform groups in decision-making and forecasting<sup>53</sup>.

A panel of expertise (Appendix 1) comprising policy-makers, service providers, researchers and parents (N = 87) were drawn together and we are grateful to the members of the Research Development Advisory Group (N = 18) at the National Children's Office who provided a starting point for this panel.

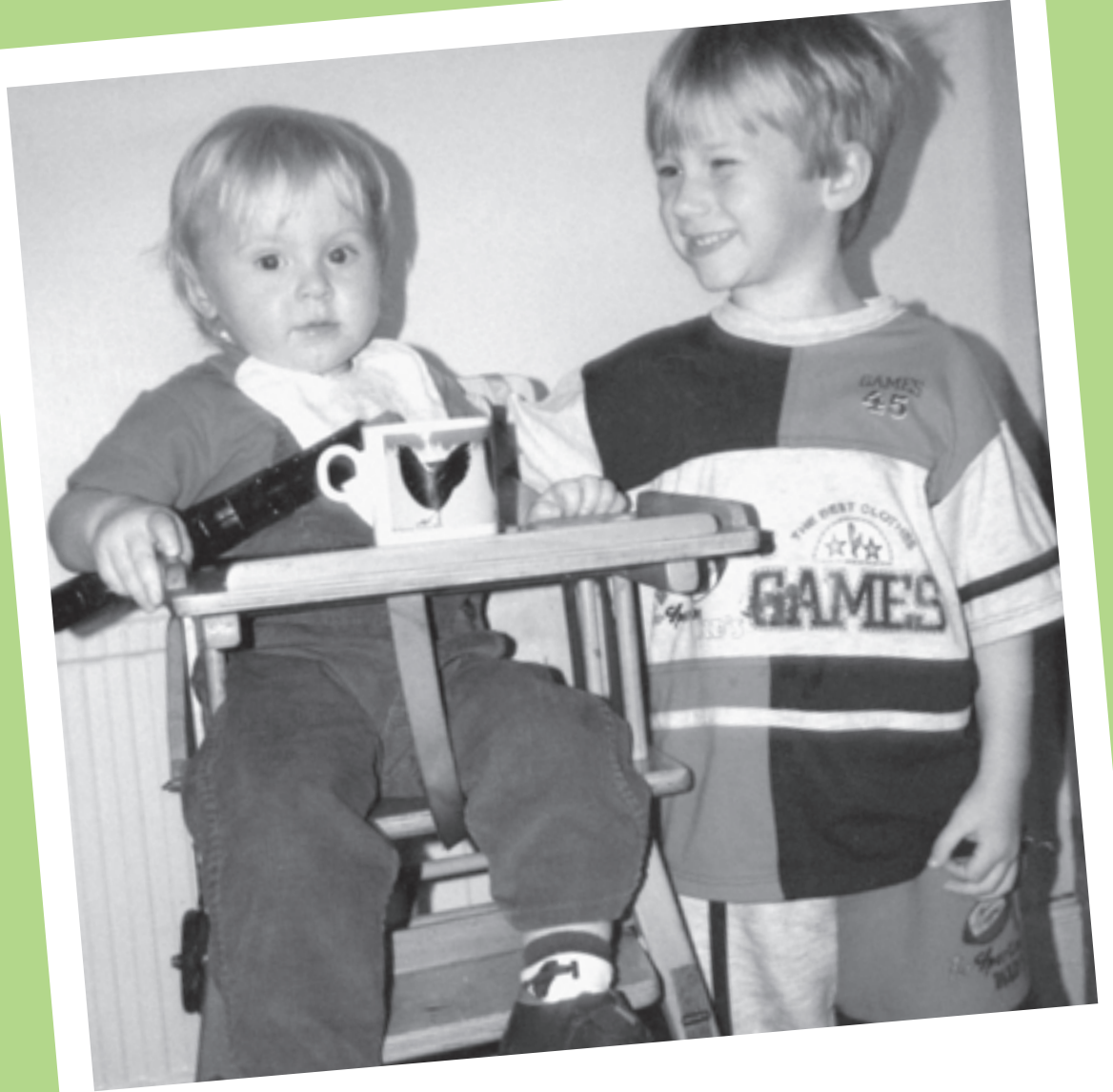
Three questionnaire rounds were undertaken and response rates varied between 70% and 87%. Additional consultation took place between the second and third questionnaire rounds with Government Departments, Agencies and other stakeholders in order to identify specific indicators for each key area prioritised by the panel of expertise (Appendix 2).

Almost 98% of participants in the Delphi Study indicated that they were satisfied (48%) or very satisfied (50%) with the approach used and this, coupled with the high response rates, is a reflection of the suitability of this approach to indicator set development.

Findings from each support Study were integrated into the Delphi Study as appropriate. Data from the Study of [Children's Understandings of Well-Being], for example, were integrated at each questionnaire round and this Study was particularly useful for identifying the importance of pets and animals to child well-being. Findings from the scientific review of literature and Inventory were used to develop each questionnaire and to identify the selection criteria. Individual indicators for inclusion in the indicator set were also identified using the Inventory and this facilitated a focused consultation with Government Departments, Agencies and other stakeholders between rounds two and three. The Feasibility Study on data sources ensured the best possible data source was identified in the course of indicator selection.



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# 3. NATIONAL SET OF CHILD WELL-BEING INDICATORS

The agreed indicator set comprises forty-two child well-being indicators and seven socio-demographic indicators, which will be used to contextualise children's lives in Ireland. Some key areas have more than one indicator and this reflects the advice given from relevant stakeholders. More than 90% of participants in the Delphi Study indicated they were satisfied with the overall indicator set.

Specific indicators were chosen using the following guiding selection criteria:

- rigorous methods;
- geographically detailed;
- cost efficient; and
- international comparability.

Other selection criteria were applied to the overall indicator set and participants were asked to indicate whether they agreed that these selection criteria had been met.

These criteria included:

- comprehensiveness;
- children of all ages;
- clear;
- positive and negative;
- reflective of social goals;
- objective and subjective; and
- well-being and well-becoming.

There was agreement by more than 80% of participants that the indicator set met all the selection criteria and this level of agreement was above 90% for all but two criteria. These criteria were [children of all ages] and [well-being and well-becoming].

In respect of the selection criteria [children of all ages], 15% (N = 8) of participants in the third round questionnaire felt there were insufficient measures for the middle childhood period. While this is a problem that besets indicator sets in many other countries, we are committed to further development in this area in order to address this gap. Issues raised in respect of [well-being and well-becoming] primarily related to the key areas around which indicators remain to be developed. These are

- pets and animals;
- the quality of early childhood care and education;
- values and respect; and
- nutritional outcomes.

Work is already underway in this regard. Other indicators in the indicator set require further development including, for example, the measure of [public expenditure on services for children and young people], which currently takes account of expenditure on education only and the measure of [breastfeeding], which currently takes account of breastfeeding initiation rates only.

We recognise therefore, that despite the comprehensiveness of this approach, the systematic nature of the development and the integration of children's voices within the process, the developed indicator set is but the first step in the process of ensuring that the lives of children living in Ireland are measured in a comprehensive and multi-dimensional way. This indicator set will be reviewed periodically to ensure it reflects changing policy interests, scientific views and advances in our national statistical systems.

The agreed national set of child well-being indicators along with the data sources used to compile and construct the indicators is now presented. The indicators requiring further development are also highlighted. These indicators require significant work, either to formulate an appropriate definition or create an appropriate data source, before they can be measured.

## CHILD WELL-BEING INDICATORS

### Abuse and Maltreatment

*Definition:* The number of children referred to the Child Protection Notification System, expressed as a proportion of all children. This can be sub-divided by the most serious types of harm: a) physical; b) emotional; c) sexual; and d) neglect

*Source:* Child Care Interim Data Set, Department of Health and Children

*Definition:* The number of children subject to substantiated notification, expressed as a proportion of all children. This can be sub-divided by the most serious types of harm: a) physical; b) emotional; c) sexual; and d) neglect

*Source:* Child Care Interim Data Set, Department of Health and Children

### Accessibility of Basic Health Services for Children and Young People

*Definition:* The number of children on hospital waiting lists for in-patient admission, expressed as a proportion of all children

*Source:* Health Services National Performance Indicators, Department of Health and Children

### Attendance at School

*Definition:* The number of children who are absent from school for 20 days or more in the school year, expressed as a proportion of all children

*Source:* Education Welfare Board Database, National Education Welfare Board

### Availability of Housing for Families with Children

*Definition:* The number of children in families on a local authority housing waiting list, expressed as a proportion of all children

*Source:* Housing Needs Assessments published in the Quarterly Bulletin on Housing Statistics, Department of the Environment, Heritage and Local Government

### Children and Young People in Care

*Definition:* The number of children who are in the care of the Health Services Executive (HSE), expressed as a proportion of all children. This can be sub-divided by the types of care arrangement: a) foster care – general; b) foster care – special; c) foster care – relatives; d) pre-adoptive placement; e) residential – general; f) residential – special; g) at home under care order; and h) other

*Source:* Child Care Interim Data Set, Department of Health and Children

### Chronic Health Conditions and Hospitalisation

*Definition:* The ten most frequent conditions resulting in hospitalisation among children

*Source:* Hospital In-Patient Enquiry Statistics, Economic and Social Research Institute

## Community Characteristics

*Definition:* The number of children aged 11, 13 and 15 who report to feel safe in the area where they live, expressed as a proportion of children in the same age groups

*Source:* Health Behaviour of School-Aged Children Survey, National University of Ireland, Galway

## Crimes Committed by Children and Young People

*Definition:* The number of children referred to the Garda Juvenile Liaison Programme, expressed as a proportion of all children

*Source:* Annual Report, An Garda Síochána

## Economic Security

*Relative Poverty:*

*Definition:* The number of children living in households with a household income below the national 60% median, equivalised using the modified OECD equivalence scale, expressed as a proportion of all children

*Source:* European Union Survey on Income and Living Conditions, Central Statistics Office

*Consistent Poverty:*

*Definition:* The number of children living in households with a household income below the national 70% median, equivalised using the modified OECD equivalence scale and experiencing basic deprivation, expressed as a proportion of all children

*Source:* European Union Survey on Income and Living Conditions, Central Statistics Office

## Enrolment in Childhood Care and Education

*Definition:* The number of children under 13 in various early childhood care and education arrangements expressed as a proportion of all children in the same group. This can be subdivided into: a) pre-school; b) compulsory school; c) centre-based care outside school hours; d) crèche or day-care; e) professional childminder; and f) family relative

*Source:* European Union Survey of Income and Living Conditions, Central Statistics Office

## Enrolment in Education/Completion of School

*Definition:* The number of children who leave school (voluntarily or by exclusion) before the statutory school leaving age, expressed as a proportion of all children

*Source:* Post-Primary Pupil Database, Department of Education and Science

## Environment and Places

*Definition:* The number of children aged 11, 13 and 15 who report that there are good places in their area to spend their free time, expressed as a proportion of children in the same age groups

*Source:* Health Behaviour of School-Aged Children Survey, National University of Ireland, Galway

## Health of the Infant at Birth

*Definition:* The number of births within each 500g-weight interval, expressed as a proportion of all registered live and stillbirths. This can be subdivided into: a) healthy birth weight (between 2,500 and 4,000 grams); b) low birth weight (less than 2,500 grams); and c) high birth weight (more than 4,000 grams)

*Source:* National Perinatal Reporting System, Economic and Social Research Institute

*Definition:* The distribution of timing of first antenatal visit by trimester of pregnancy for all women delivering live or stillborn babies. Trimesters are as follows: a) 1st trimester = < 15 weeks; b) 2nd trimester = 15 – 27 weeks; and c) 3rd trimester = 28 weeks or more

*Source:* National Perinatal Reporting System, Economic and Social Research Institute

### Immunisation

*Definition:* The percentage uptake of D3/P3/T3/Hib3/Polio3 and Meningococcal C3 vaccinations at: a) 12 months; b) 24 months of age

*Source:* Immunisation Uptake Statistics for Ireland, National Disease Surveillance Centre

*Definition:* The percentage uptake of MMR1 vaccinations at 24 months of age

*Source:* Immunisation Uptake Statistics for Ireland, National Disease Surveillance Centre

### Mental Health

*Definition:* The number of children referred to child and adolescent mental health services, expressed as a proportion of all children.

*Source:* Health Service Executive Statistics, Health Services Executive

*Definition:* The number of suicides among children in age categories 10-14, 15-17 and in total, expressed as a proportion of all children in the same age groups

*Source:* Vital Statistics, Central Statistics Office

### Nutrition

#### Eating habits

*Definition:* The number of children aged 11, 13 and 15 who report eating breakfast five or more days per week, expressed as a proportion of all children in the same age groups

*Source:* Health Behaviour of School-Aged Children Survey, National University of Ireland, Galway

#### Feeding practice

*Definition:* The number of newborn babies who are: a) exclusively breastfed and; b) partially breastfed throughout the first 48 hours of age, expressed as a proportion of all newborn babies (to be developed further)

*Source:* National Perinatal Reporting System, Economic and Social Research Institute

#### Nutritional outcomes

*Definition:* To be developed

*Source:* To be developed

### Parental Time with Children

*Definition:* The number of children aged 15 who report that their parents: a) discuss how well they are doing at school; b) eat a main meal with them around a table; and c) spend time just talking with them more than once a week, expressed as a proportion of children in the same age group

*Source:* Programme for International Student Assessment Survey, Education Research Centre, Drumcondra

### Participation in Decision-Making

*Definition:* The number of children aged 11, 13 and 15 who report that students at their school participate in making the school rules, expressed as a proportion of children in the same age groups

*Source:* Health Behaviour of School-Aged Children Survey, National University of Ireland, Galway

### Pets and Animals

*Definition:* To be developed

*Source:* To be developed



## Public Expenditure on Services for Children and Young People

*Definition:* Public expenditure on education as a percentage of GDP (to be developed further)

*Source:* Tuarasclil Staitistiil, Department of Education and Science

## Quality of Childhood Care and Education

*Definition:* To be developed

*Source:* To be developed

## Relationship with Parents and Family

*Definition:* The number of children aged 11, 13 and 15 who report that they find it easy or very easy to talk with their :a) mother; and b) father when something is really bothering them, expressed as a proportion of all children in the same age groups

*Source:* Health Behaviour of School-Aged Children Survey, National University of Ireland, Galway

## Relationships with Peers

*Definition:* The number of children aged 11, 13 and 15 who report to having been bullied at school, expressed as a proportion of children in the same age groups

*Source:* Health Behaviour of School-Aged Children Survey, National University of Ireland, Galway

*Definition:* The number of children aged 11, 13 and 15 who report to have three or more friends of the same gender, expressed as a proportion of children in the same age groups

*Source:* Health Behaviour of School-Aged Children Survey, National University of Ireland, Galway

## Screening for Growth and Development

*Definition:* The percentage of mothers of new born children contacted by a Public Health Nurse (PHN) within 48 hours of hospital discharge

*Source:* Health Services National Performance Indicators, Department of Health and Children

*Definition:* The percentage uptake of developmental screening at seven to nine months

*Source:* Health Services National Performance Indicators, Department of Health and Children

## Self-Esteem

*Definition:* The number of children in age categories 8-11 and 12-17 who report feeling happy with the way they are, expressed as a proportion of all children in the same age groups

*Source:* KIDSCREEN, Programme of Action for Children

## Self-Reported Happiness

*Definition:* The number of children aged 11, 13 and 15 who report being happy with their life at present, expressed as a proportion of children in the same age groups

*Source:* Health Behaviour of School-Aged Children Survey, National University of Ireland, Galway

## Sexual Health and Behaviour

*Definition:* The number of births to females in age categories 10-14 and 15-17 and in total, expressed as a proportion of all children in the same age groups

*Source:* Vital Statistics, Central Statistics Office

## Things to Do

*Definition:* The number of children aged 11, 13 and 15 who report to be physically active for : a) at least two hours; and b) more than four hours per week, expressed as a proportion of children in the same age groups

*Source:* Health Behaviour of School-Aged Children Survey, National University of Ireland, Galway

*Definition:* The number of children aged 15 who report that reading is one of their favourite hobbies, expressed as a proportion of children in the same age group

*Source:* Programme for International Student Assessment Survey, Education Research Centre, Drumcondra

### Use of Tobacco, Alcohol and Drugs

*Definition:* The number of children aged 11, 13 and 15 who report to smoke cigarettes: a) every day; and b) every week, expressed as a proportion of children in the same age groups

*Source:* Health Behaviour of School-Aged Children Survey, National University of Ireland, Galway

*Definition:* The 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

*Source:* European Schools Project on Alcohol and Drugs Survey, St. Patrick's College, Drumcondra

*Definition:* The number of children aged 15 who report to have used any illicit drugs in their lifetime, expressed as a proportion of children in the same age groups. This can be sub-divided by type of drug used

*Source:* European Schools Project on Alcohol and Drugs Survey, St. Patrick's College, Drumcondra

### Values and Respect

*Definition:* To be developed

*Source:* To be developed

## SOCIO-DEMOGRAPHIC INDICATORS

### Child Population

*Definition:* The number of children under 18, expressed as a proportion of the total population

*Source:* Census of the Population, Central Statistics Office

### Family Structure

*Definition:* The number of children under 18 who live in family household units with only one parent or primary caregiver resident, expressed as a proportion of all children

*Source:* Census of the Population, Central Statistics Office

### Parental Education Level Attained

*Definition:* The number of children under 18 whose parents have attained: a) primary; b) lower secondary; c) upper secondary; and d) third level education, expressed as a proportion of all children

*Source:* Census of the Population, Central Statistics Office

### Child Mortality

*Definition:* The number of deaths among children under 18, expressed as a proportion of all children. This may be sub-divided by principal cause of death

*Source:* Vital Statistics, Central Statistics Office

### Children and Young People with Additional Needs

*Definition:* The number of children under 18 registered as having an intellectual disability, expressed as a proportion of all children. This can be sub-divided by grade of disability: a) mild; b) moderate; c) severe; and d) profound

*Source:* National Intellectual Disability Database, Health Research Board

*Definition:* The number of children under 18 recorded as having a physical or sensory disability, expressed as a proportion of all children

*Source:* Census of the Population, Central Statistics Office

*Definition:* The number of: a) children seeking asylum, alone or as part of a family; b) non-national children; c) homeless children; and d) traveller children, expressed as a proportion of all children

*Source:* Census of the Population, Central Statistics Office and Child Care Interim Data Set, Department and Children



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# APPENDIX 1

## PEOPLE INVITED TO TAKE PART ON THE PANEL OF EXPERTISE

Ms. Margaret Rogers	Bamardos
Ms. Liz Leonard	Bamardos
Mr. Heino Schonfeld	Centre for Early Childhood Development and Education
Dr. Saoirse NicGabhainn	Centre for Health Promotion Studies, National University of Ireland, Galway
Dr. Níall Hayes	Centre for Social and Educational Research, Dublin Institute of Technology
Prof. Patricia Noonan-Walsh	Centre for the Study of Developmental Disabilities, University College Dublin
Ms. Mary Hargaden	Childcare Policy Unit, Department of Health and Children
Ms. Mary O'Connor	Children in Hospital Ireland
Mr. Ray Dooley	Children's Rights Alliance
Prof. Robbie Gilligan	Children's Research Centre, University of Dublin, Trinity College
Dr. Jean Whyte	Children's Research Centre, University of Dublin, Trinity College
Dr. Jim Walsh	Combat Poverty Agency
Ms. Catriona Dwan	Community Worker
Dr. Nollaig Byrne	Department of Child and Family Psychiatry, Mater Misericordiae Hospital, Dublin
Ms. Breda Naughton	Department of Education and Science
Mr. Gerry Hayes	Department of Justice, Equality and Law Reform
Ms. Sylva Langford	Department of Justice, Equality and Law Reform
Ms. Eimhar Fisher	Department of Justice, Equality and Law Reform
Mr. Frank Martin	Department of Law, National University of Ireland, Cork
Dr. Ursula Kilkelly	Department of Law, National University of Ireland, Cork
Dr. Anthony Staines	Department of Public Health and Epidemiology, University College Dublin
Mr. Heber McMahon	Department of Social and Family Affairs
Mr. Michael Rush	Department of Social Policy and Social Work, University College Dublin
Dr. Valerie Richardson	Department of Social Policy and Social Work, University College Dublin
Ms. Valerie O'Brien	Department of Social Policy and Social Work, University College Dublin
Dr. Helen Buckley	Department of Social Studies, University of Dublin, Trinity College
Dr. Colette McAuley	Department of Social Work, Queens University, Belfast
Dr. Rebecca King-O'Riain	Department of Sociology, National University of Ireland, Maynooth
Ms. Elaine Kelly	Department of the Taoiseach
Ms. Yvonne O'Neill	Eastern Regional Health Authority
Prof. Brian Nolan	Economic and Social Research Institute
Dr. Joan Hanafin	Education Department, National University of Ireland, Cork
Dr. Peter Archer	Education Research Centre, St. Patrick's College, Drumcondra
Ms. Liz Kerrins	End Child Poverty Coalition
Mr. Pat Bennett	Family Support Agency
Mr. Niall O'Boill	Fatima Groups United
Ms. Olive McGovern	Health Promotion Unit, Department of Health and Children
Ms. Breda Cleary	Institute of Community Health Nursing
Mr. Owen Metcalfe	Institute of Public Health in Ireland
Ms. Frances Fletcher	Intellectual Disability Services, Department of Health and Children
Ms. Irene Gunning	IPPA, the Early Childhood Organisation
Ms. Catherine Carthy	Irish Association of Young People in Care



Dr. Ailis Ní Riain	Irish College of General Practitioners
Mr. Sean Cottrell	Irish Primary Principals Network
Ms. Michele Clarke	Irish Social Services Inspectorate
Mr. Paul Gilligan	Irish Society for the Prevention of Cruelty to Children
Mr. Liam O'Dwyer	Irish Youth Foundation
Ms. Margaret Burns	Jesuit Centre for Faith and Justice
Dr. Barney O'Reilly	Kerry Education Service
Ms. Liz O'Sullivan	Kildare Youth Service
Dr. Anne Good	National Disability Authority
Ms. Sarah Craig	National Economic and Social Forum
Mr. Feargal O'Neill	National Educational Psychological Service
Ms. Anne Colgan	National Parents Council
Ms. Christine McMaster	North Western Health Board
Mr. Seamus McLoughlin	Department of Education and Science
Ms. Geraldine Brereton	One Family, The National Association of Single Parent Families
Ms. Maeve Crosbie	Parent
Ms. Ria Williams	Parent
Mr. Jim Symons	Parent
Ms. Breda Sammon	Parent
Ms. Carol Purcell	Parent
Ms. Janey Troy	Parent
Dr. Paula Byrne	Parent
Mr. David Brooks	Parent
Ms. Sandra Cahill	Parent
Ms. Susan Kenna	Parent
Ms. Deirdre Lynch	Parent
Mr. Kieran Ryan	Parent
Ms. Catriona de Bourca	Parent
Ms. Anna-May Harkin	Planning and Evaluation Unit, Department of Health and Children
Mr. Pat Dolan	Political Science and Sociology, National University of Ireland, Galway
Dr. Sean Denyer	Programme of Action for Children
Ms. Celia Keenaghan	Programme of Action for Children
Dr. Eilish Hennessy	Psychology Department, University College Dublin, Trinity College
Dr. Diane Hogan	Psychology Department, University of Dublin
Ms. Margaret Casey	Queen of Angels National School
Ms. Rosemary Horgan	Ronan Daly Jermyn Solicitors
Mr. Kieran McKeown	Social and Economic Research Consultant
Dr. John Pinkerton	Social Work Department, Queens University, Belfast
Dr. Deirdre Murray	South Eastern Health Board
Ms. Ann Godfrey	Southern Health and Social Services Board, Northern Ireland
Ms. Elizabeth Burke	Southern Health Board
Ms. Anne Halliday	St. John of God Kildare Services
Ms. Hilary Kenny	Trainer/Consultant
Sr. Frances Murphy	Warrenmount Presentation Secondary School
Mr. Dermot Stokes	Youthreach

# APPENDIX 2

## LIST OF GOVERNMENT DEPARTMENTS, AGENCIES AND STAKEHOLDERS

### Government Departments

- Department of Education and Science
- Department of Health and Children
- Department of Justice, Equality and Law Reform
- Department of Social and Family Affairs
- Department of Community, Rural and Gaeltacht Affairs
- Department of the Environment, Heritage and Local Government

### Agencies and Stakeholders

- An Garda Síochána
- Centre for Early Childhood Development and Education
- Central Statistics Office
- Combat Poverty Agency
- Economic and Social Research Institute
- Irish Social Services Inspectorate
- Mental Health Commission
- National Advisory Council on Drugs
- National Alcohol Advisor
- National Breastfeeding Co-ordinator
- National Disability Authority
- National Disease Surveillance Centre
- National Education Welfare Board
- National Juvenile Office
- National Nutrition Surveillance Centre
- National Treatment Purchase Fund
- Programme of Action for Children

# APPENDIX 3

## OVERVIEW OF THE MAIN DATA SOURCES

<b>Title:</b>	Census of the Population
<b>Source:</b>	Central Statistics Office ( <a href="http://www.cso.ie">www.cso.ie</a> )
<b>Description:</b>	Population statistics including housing, employment, education and family structure.
<b>Frequency:</b>	Every five years
<b>Title:</b>	Childcare Interim Data Set
<b>Source:</b>	Department of Health and Children ( <a href="http://www.doh.ie">www.doh.ie</a> )
<b>Description:</b>	Statistics on children in care or at risk.
<b>Frequency:</b>	Annual
<b>Title:</b>	Education Welfare Board Database
<b>Source:</b>	National Education Welfare Board ( <a href="http://www.newb.ie">www.newb.ie</a> )
<b>Description:</b>	Statistics on children absent from school twenty or more days.
<b>Frequency:</b>	Annual
<b>Title:</b>	European Schools Project on Alcohol and Drugs (ESPAD) Survey
<b>Source:</b>	St. Patrick's College, Drumcondra ( <a href="http://www.spd.dcu.ie">www.spd.dcu.ie</a> )
<b>Description:</b>	European survey of the behaviours, knowledge and beliefs concerning cigarettes, alcohol, solvents and illegal drugs among 15-year-old children.
<b>Frequency:</b>	Every four years
<b>Title:</b>	European Union Survey on Income and Living Conditions (EU-SILC)
<b>Source:</b>	Central Statistics Office ( <a href="http://www.cso.ie">www.cso.ie</a> )
<b>Description:</b>	European survey on income, living conditions and basic deprivation.
<b>Frequency:</b>	Annual
<b>Title:</b>	Garda Annual Report
<b>Source:</b>	An Garda Síochána ( <a href="http://www.garda.ie">www.garda.ie</a> )
<b>Description:</b>	Crime statistics including arrests and diversions to the Garda Juvenile Liaison Programme.
<b>Frequency:</b>	Annual
<b>Title:</b>	Health Behaviour of School-Aged Children (HBSC) Survey
<b>Source:</b>	National University of Ireland, Galway ( <a href="http://www.nuig.ie">www.nuig.ie</a> )
<b>Description:</b>	International survey of the health behaviours of 11-, 13-, and 15-year-old children covering areas such as general health, food and nutrition, exercise and alcohol consumption and children's perceptions of happiness.
<b>Frequency:</b>	Every four years
<b>Title:</b>	Health Services National Performance Indicators
<b>Source:</b>	Department of Health and Children ( <a href="http://www.doh.ie">www.doh.ie</a> )
<b>Description:</b>	Statistics on health and healthcare services including mental health, child and adolescent health and child care.
<b>Frequency:</b>	Annual
<b>Title:</b>	Hospital In-Patient Enquiry (HIPE)
<b>Source:</b>	Economic and Social Research Institute ( <a href="http://www.esri.ie">www.esri.ie</a> )
<b>Description:</b>	Statistics on hospital stays including date of birth, gender, marital status, medical card status, diagnosis, procedure and length of stay.
<b>Frequency:</b>	Annual

**Title:** Housing Needs Assessments published in the Quarterly Bulletin on Housing Statistics.

**Source:** Department of the Environment, Heritage and Local Government ([www.environment.ie](http://www.environment.ie))

**Description:** Statistics on families on housing lists and homelessness.

**Frequency:** Every three years

**Title:** National Intellectual Disability Database

**Source:** Health Research Board ([www.hrb.ie](http://www.hrb.ie))

**Description:** Statistics on those with an intellectual disability (mild, moderate, severe and profound) in receipt of, or on a waiting list for, specialist services.

**Frequency:** Annual

**Title:** KIDSCREEN

**Source:** Programme of Action for Children ([www.hse.ie](http://www.hse.ie))

**Description:** European survey of the Health-Related Quality of Life of 8-11-year-old and 12-17-year-old children.

**Frequency:** Currently being piloted

**Title:** National Disease Surveillance Statistics

**Source:** National Disease Surveillance Centre ([www.ndsc.ie](http://www.ndsc.ie))

**Description:** Statistics on infectious diseases and vaccinations.

**Frequency:** Quarterly

**Title:** National Perinatal Reporting System

**Source:** Economic and Social Research Institute ([www.esri.ie](http://www.esri.ie))

**Description:** Demographic statistics including stillbirths, perinatal and maternal deaths, mother and fathers' date of birth, nationality, occupation and marital status and basic clinical information including birth weight, period of gestation, type of feeding and congenital anomalies for every birth.

**Frequency:** Annual

**Title:** Post-Primary Pupil Database

**Source:** Department of Education and Science ([www.education.ie](http://www.education.ie))

**Description:** Statistics on pupil participation and retention rates.

**Frequency:** Annual

**Title:** Programme for International Student Assessment (PISA) Survey

**Source:** Education Research Centre, St. Patrick's College, Drumcondra ([www.erc.ie](http://www.erc.ie))

**Description:** International survey of reading, mathematics and science achievement of 15-year old children.

**Frequency:** Every three years

**Title:** Tuairascúil Staitistíúil

**Source:** Department of Education and Science ([www.education.ie](http://www.education.ie))

**Description:** Statistics on schools and examinations.

**Frequency:** Annual

**Title:** Vital Statistics

**Source:** Central Statistics Office ([www.cso.ie](http://www.cso.ie))

**Description:** Statistics on births, marriages, deaths.

**Frequency:** Quarterly