

**Child poverty and child-well being in the European Union**  
**Policy overview and policy impact analysis**  
**A case study: Ireland**

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# 1. 1 The nature of child poverty and the underlying factors

## The children affected and their characteristics

### 1.1.1 Overall situation – financial and material deprivation

#### *Risk of poverty*

The at-risk-of-poverty rate for children Ireland in 2007 was 19.3%<sup>1</sup>. This was 0.2% higher than the EU25 (excluding Malta) average of 19.1%. However the rate was high when compared with the best performing EU countries such as Denmark, Finland, Cyprus, Germany, Netherlands, Slovenia and Sweden with a rate of between 10 and 14%. Irish children generally follow the EU pattern of older children having a high risk of poverty than younger children. In Ireland, the lowest risk is for 0-2 year olds (14.9%) followed by 3-5 year olds (15.2%), then by 6-11 year olds (20.8%) and finally 12-17 year olds (21.4%). However, the variation between the lowest and highest rates is higher in Ireland (6.5%) than in the EU as a whole (4.3%).

#### *Intensity and depth of poverty*

When one looks at lower poverty thresholds, Ireland's position improves relative to other Member States. For instance, at the 50% of median income threshold Ireland's rate was 11% compared to the EU average of 11.4% and at the 40% threshold, Ireland's performance (4.1%) bettered the EU average (6.2%). This tends to suggest that, by overall EU standards, Ireland has an extensive child poverty problem but not necessarily a very severe one. This is borne out when looking at the 2007 figures for the intensity and depth of poverty. The at-risk-of-poverty gap in Ireland was 18.8% which is significantly lower than the EU average of 21.4%, though again Ireland lags slightly behind the best performing countries such as Finland, France and Cyprus (between 12 and 16%). In this regard Ireland provides a contrast to the overall EU pattern as in most cases in countries where the poverty rate is above the EU average the depth of poverty also tends to be above average.

#### *Material deprivation*

The picture is reinforced when one examines the level of material deprivation experienced by Irish children in 2007. Using the primary indicator of deprivation, which is the proportion of children lacking at least three of nine deprivation items<sup>2</sup>, Ireland, at 13.9% was significantly better than the EU average of 17.4%. However, Ireland lagged well behind the best performing Member States such as Luxembourg, Sweden, Netherlands, Finland and Denmark, all of whom were below 10%. In terms of the severity of deprivation, which is measured by showing the mean number of deprivation items among the deprived, Ireland was at the EU average of 3.7 but again lagged behind the best performing countries such as Luxembourg (3.2) and Estonia, Netherlands and Finland (3.4).

When one looks at the share of children being both materially deprived and experiencing relative income poverty (i.e. at-risk-of-poverty) Ireland at 7.81%, was, in 2007, slightly below the EU average of 8.00% but significantly higher than the best performing countries such as Denmark, Sweden, Netherlands, Luxembourg, Finland, Slovenia, Austria, Germany and France (2.5-6%).

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<sup>1</sup> All figures on child poverty for 2007 referred to in this case study are, unless otherwise stated in the text, taken from the analysis of EU-SILC data.

<sup>2</sup> This list of items comprises the inability of the household to afford a meal with meat every second day, the inability to keep home adequately warm, the inability to pay for arrears, the inability to face unexpected expenses and the inability to afford one week annual holiday away from home. In addition, the list of deprivation items contains enforced lack of certain consumer durables (washing machine, colour TV, telephone, car).

This picture is reinforced by the Irish government's own preferred measurement of "consistent poverty", that is the percentage of children living in households with a household income below the national 60% median, equivalised using the national equivalence scale, and experiencing basic deprivation. This showed that, in 2006, 10.3% of children under 18 experienced consistent poverty. The consistent poverty rate of children under 18 living in households comprising a single adult with children was 33.9% (Office of the Minister for Children and Youth Affairs 2008).

### *Duration and persistence*

An important dimension of child poverty in Ireland is its duration and persistence. A recent study (Layte et al 2006) found that half of Irish children observed during an 8 year time period spent some time in income poverty. Of these a quarter (23%) spent a relatively short amount of time in poverty (one or two years). However, a higher proportion (27%) spent three or more years in income poverty. Within this latter category, 17 % spent five plus years in income poverty (approximately 182,000 children).

Analysis of the duration of poverty periods suggests that a majority (60 %) of poverty periods are of a single year, while a quarter (23 %) are of three or more years' duration. Spells in poverty have an average duration of approximately two years for children (1.7 years). Comparative analysis at an EU level showed that for most of the old 15 member states of the EU the levels of persistent income poverty for children were lower in Ireland than in southern member states and the UK, but higher than in other northern member states.

The study by Layte et al (2006) also showed that persistence of child poverty is affected by various household characteristics. The age of the child and the presence of other children have an impact on the duration of child poverty. Household expenses are likely to rise with the arrival of a child. In addition, children influence the risk of poverty which the household faces through their impact on the labour force status of the parents, particularly the mother. Having a youngest child aged under 12 has a greater impact on a household's experience of poverty than when he or she is aged 13-17, with no difference between a child aged under 5 versus 5-12. While teenagers entail higher direct costs than younger children, this is generally outweighed by their lower indirect costs, as parental work is much less affected. Having three or more children in the household has a particularly marked increase on the persistence of child poverty.

### *Children at greater risk than adults*

In Ireland children have a slightly higher risk of poverty than adults. In 2007, the at-risk-of-poverty rate for children was 1.8 percentage points higher than for the overall population whereas for the EU as a whole the average gap was 2.8 percentage points. Similarly, in terms of material deprivation, Irish children had a rate 3.6 percentage points higher than adults compared to 2.1 percentage points for the EU population as a whole.

The consistently worse position of children compared to adults is borne out in *A Social Portrait of Children in Ireland* (Dunne et al 2007) which shows that over the period 1994-2001 children were slightly more likely to be persistently poor than adults (21% of children versus 19% of adults) and to experience recurrent poverty, with the figures being about 10% and 8%.

The report also showed that over the same period children were a lot more likely than adults to be exposed to sustained consistent poverty. While 3.6% of adults had been in consistent poverty for four or more years between 1994 and 2001, this rises to 8.4% for children. Children were also slightly more likely than adults to have been consistently poor for one to three years: 16% versus 12%. As a result, while no adult has spent eight consecutive years in consistent poverty, a very small percentage of children (1%) have. The authors conclude that "children are more vulnerable to being disadvantaged than households without children".

### *Higher risk for rural children*

Ireland has a higher proportion of children (38%) living in thinly populated areas compared to children in the EU as a whole (25%), a similar proportion in intermediate areas (30% compared to 29%) but a much lower proportion in densely populated areas (31% compared to 46%). This is relevant as the at-risk-of-poverty rate for children living in thinly populated areas (20%) and intermediate areas (23%) is significantly higher than the rate for children in a densely populated area (16%).

## 1.1.2 Overall picture – non financial and material

As Mary Daly (2007) has pointed out, it is difficult to locate material on how poverty is associated with health or education, housing or sport or leisure related deprivation for children. While the EU-SILC analyses report some of these (especially with respect to health) linkages for adults, they do not report them for children. She highlights that while it is known that poverty is related to educational and health problems or disadvantages, there are no recent studies in the public domain outlining these relationships in detail, although naturally statistics are available on health and educational outcomes for children (Daly 2007). However, there is evidence of important inequalities for Irish children in areas that significantly affect their well-being such as health, education and housing and environment.

### *Educational disadvantage*

Overall education outcomes for Irish children are fairly positive. In 2006, Ireland ranked 5<sup>th</sup> in reading literacy among the 29 countries participating in the OECD Programme for International Student Assessment (PISA). On mathematical literacy Ireland ranked 16<sup>th</sup> out of 30 countries and on scientific literacy 14<sup>th</sup>. However, there are very significant differences for the outcomes of children from the highest and lowest social classes (OMCYA, 2008). The PISA study shows that a quarter of Irish students tested (at about age 15) scored in the top three levels on a scale for numeracy. This compares with an average of one-third for all countries in the OECD. At the other end of the scale, 40% of Irish students were in the bottom three levels, compared with an average of one-third of all OECD-country students (OECD 2006). In 2006, the mean score of children from the highest social class category was much higher (551.2) than the mean score of children in the lowest social class category (490.2) (OMCYA, 2008).

The fact that there are a significant minority of Irish children doing poorly in education is borne out by other evidence. For instance the Combat Poverty Agency has estimated that up to 5,000 young people leave school early each year and that one in ten leave primary school with serious literacy problems. The EU-LFS indicator on early school leaving shows that 11.5% of 18-24 year olds in 2007 had at most lower secondary education and were not in further education or training (an improvement from 12.3% in 2005 and better than the EU15 average of 16.9%). As B. Cullen points out (Cullen, 2000) and is reiterated in the *State of the Nation's Children* (OMCYA, 2007), the consequences of early school-leaving in Ireland include an increased likelihood of long-term unemployment, low-skilled and poorly paid employment, and an inability to access life changes, leading to social exclusion. A study for the Ombudsman for Children (Kilkelly, 2007) pointed to a two-tier education system at second level, leading to an absence of equal educational opportunity and that those children from poorer socio-economic groups who cannot afford to pay for their education at second level, or part of it, are significantly less likely to go on to university. A study by Barnardos (2006) concluded that a child's ability to benefit from all the educational opportunities on offer is obviously affected by household income and that for some parents, the combined cost of school uniforms, books, sports gear and school trips can be excessive, particularly at the onset of the school year. These costs can result in families getting into debt or having to sacrifice essential items like healthy food. The UN Committee on the Rights of the Child (CRC, 2006) also expressed concern about this issue in 2006.

Barnardos in 2006 highlighted research by the National Education Welfare Board (NEWB) highlighting the higher levels of absenteeism from school from students from disadvantaged areas (1 in 5 students from disadvantaged areas miss more than 20 days in primary and secondary school in a given year) and point out that absenteeism is one of the strongest factors associated with early school leaving and that it also places great stress on the parents of children who are absent from school.

Barnardos also highlight research from the Economic and Social Research Institute (ESRI) showing that the numbers who are leaving school without qualifications has remained unchanged since the 1990's and that geographic areas with schools in disadvantaged areas more likely to experience students leaving school early. Barnardos is particularly concerned about the children who fail to make the transition between primary and secondary school. It is estimated that up to 1,000 pupils fail to make this transition every year (Barnardos 2006).

### *Health inequalities*

The overall health of Irish children is relatively good by EU standards. Infant mortality rate in Ireland fell from 7.9 per 1,000 live births in 1987 to 3.1 in 2007. At EU25 level, the corresponding decrease was from 10.7 in 1987 to 4.2 in 2007 (CSO 2008a). However, Ireland still lags behind the best performing EU Member States. The *State of the Nation's Children* report (OMCYA 2008) showed that in 2006 Ireland's rate was 3.7 compared to Luxembourg which reported the lowest infant mortality rate (2.5 per 1,000 live births), followed by Sweden and Finland (each 2.8 per 1,000 live births). Calculating the percentage of babies born at low birth rate (less than 2,500 grams) in 2004, based on live births only for the purpose of international comparisons, the percentage of Irish babies born weighing less than 2,500 grams was 5.7%. This compares with the EU average of 7.3%.

Ireland also rates quite well in the Health Behavior in School-aged Children (HBSC) study (Currie, 2008) which shows that fewer Irish children at 11, 13 and 15 (except for 15 year old boys) rate their health as fair or poor when compared to the average for the 41 countries and regions across Europe and North America participating in the HBSC study<sup>3</sup>. The gap is particularly large for 11 year olds but decreases with age. Indeed more Irish 15 year olds rate their health as fair or poor than in 13 participating EU Member States. The study also shows that in Ireland, like most other countries, higher levels of poor/fair self-related health are significantly associated with lower family affluence.

A further indication of the impact of poverty on the health of some Irish children is that children from poorer socio-economic groups have poorer levels of nutrition. Research now clearly shows that a significant number of children are going to school hungry, and are often too hungry to do their schoolwork. According to one study on early school leaving, almost 20 per cent of children attending primary schools in one of the most disadvantaged areas of Ireland are either often, or very often, 'too hungry' to do their schoolwork (Holland, 2006). The correlation between poor health and low income is reinforced by the first findings from Ireland's new longitudinal study on children (ESRI, 2009) which shows that chronic illness or disability was more heavily concentrated among children from lower socioeconomic backgrounds. For example, 14% of those from semi-skilled/unskilled backgrounds, compared with 10% of those from the other two class categories, had a chronic illness or disability.

### *Housing exclusion and poor environment*

The Office for the Minister for Children and Youth Affairs (OMCYA 2008) report that 22,335 households with children were identified as being in need of social housing in the 2005 assessment of housing needs. 61.4% of family households in need of social housing were households with one child, while 5.7% of households included 4 or more children. Only preliminary figures are available for 2008 but these show an overall increase in housing need from 42,946 to 56,249 so this is likely to include an increase for households with children (DoEH&LG 2008).

Given that a well-designed environment is important for ensuring the physical and emotional well-being of children it is striking that the 2006 HBSC Survey (WHO 2006) showed that only 45.7% of Irish children reported that there are good places in their area to spend their free time compared with the HBSC average of 64.3%. Among the 7 countries and regions that used this HBSC item, the lowest percentage for this indicator was found among Irish children (45.7%) and the highest among children from Germany (75.7%).

## **1.1.3 Main groupings**

Three things in particular stand out about the overall composition of child poverty in Ireland: the very high proportion of children who are at-risk-of-poverty who live in lone parent households, the large proportion of children living in large households (i.e. 2 adults with 3+ dependent children) with a high risk of poverty and the strong correlation of children at-risk-of-poverty with jobless households.

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<sup>3</sup> The 41 countries covered in the study are listed in Table 1 on page 7 of the HBSC report.

### *Lone parent and large families*

In Ireland in 2007, 20% of children lived in single parent households (cf. EU 11%) and they accounted for 42% of all poor children (cf. EU 22%). The at-risk-of-poverty rate for these children was 41% (cf. EU 37%). 31% of children lived in large households (i.e. 2 adults with 3+ dependent children) (cf. EU 21%) and they made up 32% of all poor children (cf. EU 27%). The at-risk-of-poverty rate for these children was 20% (cf. EU 24%). On the other hand children living in households with 2 adults and 2 dependent children only accounted for 13% of poor children (cf. EU 29%) and had an at-risk-of-poverty rate of 10% (cf. EU 14%).

The adverse position of lone parent households is reinforced by analysis of 2007 EU SILC data by the Central Statistics Office (CSO, 2008). This showed that despite a fall in the deprivation levels of members of lone parent households in 2007, they remained the single most deprived group and reported the highest rates for all eleven of the deprivation indicators.

Thus:

- ✓ over one third of persons living in lone parent households (35.6%) reported experiencing at least two of the deprivation indicators;
- ✓ the most commonly experienced forms of deprivation for lone parents were an inability to afford to have family or friends for a drink or meal once a month (35.3%), an inability to afford to replace worn out furniture (35.2%) and an inability to afford heating at some stage in the previous twelve months (21.4%);
- ✓ lower proportions of the members of lone parent households reported other measures of deprivation but still at much higher rates than other types of households. These included the inability to afford a meal with meat, chicken or fish every second day (8.4%), the inability to afford a warm waterproof coat
- ✓ (9.1%), the inability to afford new (not second-hand) clothes (11.8%) and the inability to afford two pairs of strong shoes (12.2%).

### *Unemployment and low work intensity*

The work intensity of households is a key factor in explaining Ireland's high level of children at-risk-of-poverty. In 2007, 44% of children at-risk-of-poverty in Ireland lived in households where no one was working. This compared to an EU average of 25%. The risk of poverty for this group of children was 71%. There was also a high risk (38%) for children living in households where the work intensity was 0.01-0.49 and they made up 28% of all children at-risk-of-poverty. On the other hand, children living in households where the work intensity is 0.51-0.80 constitute only 11% of poor children and children in households where work intensity is 1, although making up 22% of all children, make up only 5% of all children at-risk-of-poverty.

The high risk of poverty for children in jobless households is particularly clear for single parents. In 2006 the poverty risk for children of jobless single parents was 66.4% and they constituted 31.8% of all poor children (cf. EU 18.2%). The rate was also very high (62.6%) when both parents in a couple were jobless and they constituted 21.2% of all poor children. While the risk was much lower (17.5%) where one partner worked full time and one was jobless they made up 22.8% of all children who were poor. By contrast it is striking that when both parents worked full time the poverty rate for children fell to 2.9% and when a lone parent worked full time it fell to 7.9%. However when both partners worked part-time or a lone parent worked part-time the poverty risk for children was quite high (38.4% and 28.5% respectively).

It is also striking that research on the persistence of poverty (Layte et al, 2006) shows that parental employment status influences the risk of poverty persistence among children. Children in households where parents are unemployed or inactive, have a higher risk of spending time in poverty than children in households where two parents are employed. Analysis over an 8 year period shows that where neither parent was employed nearly all children spent some time in income poverty. Where both parents were employed, children spent no time in poverty. The average number of persons employed, for children who

avoided income poverty entirely, was close to two and for those experiencing persistent income poverty the average was only 0.5.

### **1.1.4 Underlying factors**

The previous section already served to highlight that family structure, levels of work intensity and health, education and housing/environmental inequalities are key factors affecting the poverty and well-being of Irish children. There are in addition a number of areas that also merit consideration.

#### *Parental educational attainment*

Research shows that the educational attainment of parents is important in determining which children experience longer periods in income poverty. Living in a household where parents have lower levels of education increased the risk of children experiencing poverty. Parents with no second-level qualification in particular faced much greater risks of sustained low income than others. Children in lone parent households spend more time in poverty than children in two adult households. Almost half of children in lone parent households, where the parent was not working, were in persistent poverty (three or more years in poverty). In addition, the probability of a lone parent, with a child under 5, leaving poverty was 66% lower than a lone parent with a child aged 12 to 17 (Layte et al 2006).

#### *High level of dependence on welfare benefits*

The analysis of 2007 EU-SILC data shows a relatively large number of families with children depend on welfare benefits for a substantial part of their income. In 2006, in poor households with children, family and child-related payments accounted for 41% of income compared to 16% in the EU-25. Social transfers as a whole accounted for 65% compared to 37% for the EU-25. It is thus not surprising to find that the poverty reduction impact of social transfers in Ireland is somewhat higher than in the EU-25 – 30% for family and child related payments and 50% for social transfers compared to the EU-25 average of 21% and 42% respectively. However, transfers in Ireland seem quite well targeted at the groups at high risk with higher proportions of family/child related payments (56%) and social transfers (49%) going to single parents and couples with 3+ children when compared to the EU-25 average (38% and 40% respectively).

The study of persistent poverty (Layte et al 2006) also reports that “there is a strong relationship between *welfare dependence* and the duration of child poverty. Two thirds of children in households where less than one-quarter of the household income was retrieved through social welfare payments avoided income poverty. At the other extreme, only 3% of children in households where social welfare accounted for more than three-quarters of a household income, avoided income poverty altogether and 62% were persistently poor (approximately 19% of children were in this category)”. This of course reflects the fact that social transfers tend to be insufficient to bring income of families above the poverty threshold. In addition, the study suggests that the likelihood of persistent income poverty is higher for children where parents report less than good health.

#### *Age of child and numbers of children*

The persistence of child poverty is affected by the age of the child and the presence of other children. Household expenses are likely to rise with the arrival of a child. In addition, children influence the risk of poverty which the household faces through their impact on the labour force status of the parents, particularly the mother. Having a youngest child aged under 12 has a greater impact on a household's experience of poverty than when he or she is aged 13-17, with no difference between a child aged under 5 versus 5-12. While teenagers entail higher direct costs than younger children, this is generally outweighed by their lower indirect costs, as parental work is much less affected. Having three or more children in the household has a particularly marked increase on the persistence of child poverty (Layte et al 2006).

### *Intergenerational inheritance*

The issue of the inter-generational transfer of disadvantages and the extent to which such disadvantages tend to be passed on from parents to their children, implying a lack of equality of opportunity and of social mobility, was examined by Layte et al in their study on persistent poverty (Layte et al 2006). Their study looks at the childhood background of adults in poverty and the social factors which impact on adult outcomes. The chances of experiencing sustained poverty in adulthood are related to *childhood socio-economic environment*, especially childhood poverty. The pathways through which such effects operate not only include the financial constraints on parental capacity to invest in their children's "human capital", but also socio-economic status, parenting styles, home environment and role modeling. The effects of social origins work through two rather different mechanisms, the first involving family conditions and parental stimulation in early childhood in particular, the other reflecting the decisions people make at crucial transition points in the education system and labour market. The study shows that *childhood educational opportunities* impact on the likelihood of adult poverty. An individual whose parents had no educational qualifications beyond primary level had 23 times the risk of having no formal qualification compared to someone whose parents had third level education.

## Trends

Irish data from the Central Statistics Office (CSO) and based on EU SILC 2007 shows that children had the highest risk of poverty of any age group, with one in five being at risk of poverty (19.9%) in 2007. As there are approximately 1,050,000 children in Ireland aged less than 18 years this amounts to approximately 200,000 children. However, the 2007 figure is a decrease of 2.4% from 22.3% in 2006. There was a particularly significant decline in the at-risk-of-poverty rate for persons living in lone parent households, where the rate fell from 45.6% in 2006 to 37.6% in 2007. However, members of lone parent households continued to be the most at risk when compared with people living in other household types.

The CSO's 2007 figures also show that the consistent poverty rate<sup>4</sup> for children fell from 10.3% in 2006 to 7.4% in 2007. However children continued to have a higher consistent poverty rates than working age adults (4.7%) or older people (2.0%). Children account for nearly 40% of all those in consistent poverty. Just over 69% of all the persons in consistent poverty lived in households with children compared with 63.8% of the persons at risk of poverty. This indicates that having children in a household has a clear impact on the likelihood of experiencing deprivation. Members of lone parent households showed a sharp fall in their consistent poverty rate from 33.9% in 2006 to 20.1% in 2007. While too much significance should not be read into changes over consecutive years, some improvement was to be expected given significant increases in child income support in recent years. However, the relatively large difference in some cases raises a question about the margin of error surrounding the data.

Looking over a slightly longer period, Ireland's *National Report for Ireland on Strategies for Social Protection and Social Inclusion 2008-2010* provides a table showing changes in at-risk-of-poverty and consistent poverty for children (0-14) between 2003 and 2006.

	2003	2004	2005	2006
At risk of poverty	21.0%	21.2%	21.2%	20.2%
Consistent Poverty	11.7%	9.3%	10.2%	9.8%

Source: EU-SILC

The downward trend in consistent poverty goes back further. A report for the Office for Social Inclusion (Allison Dunne et al 2007) reports that "levels of consistent poverty have fallen sharply for both children and for adults over the past ten years, reflecting declining levels of deprivation and real improvements in living standards. However, the fall for children has been sharper. In the 1994 Living in Ireland Survey, 25% of children versus 14% of adults were in consistent poverty (based on the list of eight deprivation items). This meant that the rate for children was nearly 80% higher than that for adults. But in 2004, this gap

<sup>4</sup> The consistent poverty rate used in Ireland refers to the proportion of people who are at risk of poverty and experience two or more of a list of eleven deprivation indicators.



narrowed to 64%. Although the gap between children and adults has narrowed in terms of consistent poverty over the 10 years, children are still more likely than adults to be in households experiencing basic deprivation”.

## **Absolute poverty**

The overall figures on child poverty and well-being based on major national and international studies tend not to highlight sufficiently some groups of children who experience particularly extreme levels of poverty. In this regard three groups stand out: Traveller children, children from a migrant background, children living in or leaving care, children with a disability and homeless children.

### *Traveller children*

According to Census 2006, there were 10,929 Traveller (or Roma) children in Ireland. This accounts for 1.1% of the total child population and 48.7% of the total Traveller population. Children from the Travelling community have significantly poorer outcomes than children in the general population. The 2002 Census report on the Travelling community, for example, showed considerable demographic differences compared with the settled community, including a higher birth rate, lower life expectancy and larger family size. Travellers of all ages have higher mortality rates than people in the general population. For instance at a 2005 conference on Traveller health organized by the Department of Health and Children Mary Murphy highlighted that the perinatal (1<sup>st</sup> week) mortality for Traveller children was 28 per 1000 births compared to 10 for the general population and that infant mortality rate was 17 compared to 7 (Mary Murphy 2005). Mary Daly points out that a recent Survey of Traveller Education Provision found that Traveller children living on unofficial halting sites had lower levels of school attendance rates (on average 68%) than those living on official halting sites (on average 78%) or in houses (on average 82%); the same survey found a learning disability rate of 15%, which is considered to be some 7% higher than the overall school-going population (Mary Daly 2007).

### *Immigrant children*

In 2006, there were 569 children separated from their parents seeking asylum. Approximately one in 3 (34.6%) separated children seeking asylum were less than 10 years of age. According to Census 2006, there were 62,800 non-Irish national children in Ireland. 28.3% of these children were living in Dublin.

The number of non-Irish national children has increased by 57.6%, from 39,838 in 2002 to 62,800 in 2006 (OMCYA 2008). In spite of the increase in numbers there is still a lack of detailed information on poverty rates of immigrant children. However, as Kilkelly (2007) points out children seeking asylum are more likely to experience poverty and social exclusion than many other groups in Irish society due to: higher levels of dependence on social welfare, direct provision of accommodation and food, lower levels of welfare payments and higher levels of housing deprivation. Language difficulties, racism and institutional barriers, in addition to having fewer rights and entitlements also mean that asylum seekers experience greater degrees of social exclusion than many other vulnerable groups. She highlights research by the Children's Research Centre in Trinity College Dublin showing that lone asylum-seeking and refugee mothers face particular problems of poverty and social isolation compounded by the lack of childcare, an inability to work and language barriers (Kilkelly, 2007).

The EU-SILC 2007 data suggest that the risk of poverty rate of children both of whose parents were born in another EU country (6% of all children) is particularly high (34%) and they make up 10% of all poor children. However, when both parents were born outside the EU (3% of all children) the risk for children is relatively low at 12% and they make up only 2% of all poor children.

### *Children in or leaving care*

The number of children in the care of the Health Service Executive (HSE) in 2006 was 5,247. This equates to an overall rate of 50.6 children per 10,000. 87.6% of all children in the care of the HSE lived in foster family homes (OMCYA 2008). Kilkelly (Kilkelly 2007) has pointed out young people with care experience

are significantly more disadvantaged in terms of education, income and employment. Statistics show that 'neglect' is the primary reason why children are taken into care, and poverty is the underlying cause; about half enter care due to neglect, family difficulties such as housing or finance, or their parents' inability to cope (Department of Health 2004). One study found that 68% of young people had experienced homelessness two years after leaving HSE care. The UN Committee on the Rights of the Child has recommended that the Government strengthen its efforts to ensure and provide for follow-up and after-care to young persons leaving care centres (CRC 2006).

### *Children with a disability*

A study for the National Disability Authority and the Equality Authority analysing the relationship between chronic illness or disability and poverty, controlling for other characteristics, suggests that the predicted risk of poverty is between 11 and 22 percentage points higher where the individual has a severely hampering disability, and between 5 and 12 percentage points higher where he or she is hampered to some extent. In terms of consistent poverty, a severely hampering illness or disability raised the incidence of poverty by between 6 and 13 percentage points, while an illness or disability that hampers to some extent increases the consistent poverty rate by 2 to 4 percentage points. The study also highlights the strong correlation between educational disadvantage and disability (B Gannon).

### *Homeless children*

In 2006, the total number of children who appeared to the Health Service Executive (HSE) to be homeless was 449. This equates to an overall rate of youth homelessness of 43.3 children per 100,000.

55% (247) of children who appeared to the HSE to be homeless were aged 16-17; 27.8% (125) were aged 14-15; 8% (36) were aged 12-13; and the remaining 9.1% were less than 12 years-old. A recent report for the Office of Social Inclusion (B. Nolan 2009) highlights a 2005 study on homelessness in Dublin for the Homeless Agency which showed that of the 2,015 persons counted as homeless in Dublin 463 or 23% were children (aged under 18). Of homeless children more than 40% are aged five or under, while a much smaller proportion, 27%, are aged 12 or over. Nobody aged 16 or less, and only one person aged 17, was reported as on their own and homeless – that is, a single person household – in 2005.

## **2. Impact and effectiveness of policies in place**

### **2.1 Overall policy approach**

#### *Main features of policy*

The issue of child poverty and child well-being has become a key concern in Irish policy making in recent years. The increased focus on children in general and child poverty in particular is reflected in a number of key policy documents such as the *Programme for Government 2007-2012*, *Towards 2016*, Ireland's social partnership agreement; the *National Development Plan 2007-2013*, the *National Action Plan for Social Inclusion 2007-2016*, the *National Strategy Report on Social Protection and Social Inclusion 2008-2010* and the *National Children's Strategy 2000-2010*.

The key feature of Ireland's policy approach, as outlined in *Towards 2016*, is to adopt a lifecycle framework to address key social challenges which individuals face at each stage of life, including childhood. The approach is replicated and elaborated the *National Action Plan for Social Inclusion 2007-2016* (NAPSI). The *National Children's Strategy 2000-2010* acknowledges that child poverty is among the main areas of children's concerns and needs which must be addressed and states that "Children in poverty, homeless youth and children in crisis will continue to be a priority".

Another key feature is to emphasise improved mainstreaming and coordination of policies. In recent years, the creation of the Office for the Minister of Children and Youth Affairs (OMCYA) and the Office for Social Inclusion (OSI) has brought a more mainstreamed and coordinated approach to the development, implementation and monitoring of policies for children and, to a certain extent, to policies to address child poverty and social exclusion and the appointment of an Ombudsman for children has increased the focus

on children's rights. Coordination and mainstreaming is further ensured through a number of institutional arrangements such as the Cabinet Committee on Social Inclusion, Drugs and Rural Development – the OMCYA submits an annual progress report to the Cabinet Committee on Social Inclusion about measures taken by Government departments to implement relevant actions of the National Children's Strategy - and the Senior Officials Group on Social Inclusion (SOGSI) which maintains a broad overview of social inclusion issues and brings emerging issues to the attention of the Cabinet and ensures coordination at senior official level (Assistant Secretary) on issues of social inclusion. In addition there are the NDP Monitoring Committee and the Partnership Steering Group which have an ongoing oversight role in relation to implementation of the lifecycle framework.

In spite of the quite elaborate structures in place a recent study (Devlin et al, 2009) has concluded that from the perspective of child poverty there remain some significant problems to be addressed. In particular there is insufficient coordination between the OMCYA and OSI. The OMCYA, while bringing a very important new focus on the well-being of children in general, gives insufficient attention to the specific problem of child poverty and social exclusion. Links between the children's rights agenda and efforts to address poverty and social exclusion are insufficiently developed. The OSI has not been effective in driving forward the child poverty agenda across the policy system and "does not seem to be very successful in dynamically bringing together departments and agencies either in preparing a comprehensive strategy where their efforts are reinforcing or in solving particular problems in a collective manner." Although both the Ombudsman for Children and the OMCYA have done much to promote the idea of consulting children and ensuring their participation in the development of policies that affect them there is little evidence that the voice of children have been taken into account in developing or implementing the NAPSI.

A third key feature of the Irish approach is to strengthen the evidence-based approach to policy making. The work of the research division of the OMCYA is particularly important in this regard both in terms of improving research and data on issues affecting children and developing indicators on children's well-being. The new National Longitudinal Study of Children in Ireland, *Growing up in Ireland*, which has been instituted, will in the future be a very important source of data to assist the development of policies to tackle child poverty and promote the well-being of children. However, Devlin et al conclude that there are still important gaps. There is a need for more qualitative data about why some children and families cope better than others with growing up in poverty, for more sharing of data at local level between agencies to make more effective assessment of risks, more detailed information on the particular situation of different groups of children at high risk is needed and on the ways in which different aspects of disadvantage interact and reinforce merits more study. The lack of such data may explain why there is insufficient targeting of children experiencing the most serious disadvantages.

### *Clarity of objectives and targets*

While a clear and ambitious vision for all children has been set out in both *Towards 2016* and the *National Action Plan for Social Inclusion 2007-2016* (see the box below) when one examines the NAPSI 2007-2016 more closely, although there are a small number of high level goals and a lot of specific goals for different policy areas, there is a lack of a clear overall objective for preventing and reducing child poverty.

#### **Government's and Social Partnership's vision and goals for Irish children until 2016**

The parties to this agreement share a vision of an Ireland where children are respected as young citizens with a valued contribution to make and a voice of their own; where all children are cherished and supported by family and the wider society; where they enjoy a fulfilling childhood and realise their potential.

To achieve this vision, the Government and social partners will work together over the next ten years towards the following long-term goals for children in Ireland: every child should grow up in a family with access to sufficient resources, supports and services, to nurture and care for the child, and foster the child's development and full and equal participation in society; every family should be able to access childcare services which are appropriate to the circumstances and needs of their children; every child should leave primary school literate and numerate; every student should complete a senior cycle or equivalent programme, (including ICT) appropriate to their capacity and interests; every child should

have access to world-class health, personal social services and suitable accommodation; every child should have access to quality play, sport, recreation and cultural activities to enrich their experience of childhood, and every child and young person will have access to appropriate participation in local and national decision-making.

*Towards 2016*

The NAPS I prioritises the issue of child poverty and contains four high-level goals for children as follows:

- 1) ensure that targeted pre-school education is provided to children from urban primary school communities covered by the Delivering Equality of Opportunity in Schools (DEIS) action plan;
- 2) reduce the proportion of pupils with serious literacy difficulties in primary schools serving disadvantaged communities. The target is to halve the proportion from the current 27%-30% to less than 15% by 2016;
- 3) work to ensure that the proportion of the population aged 20-24 completing upper second-level education or equivalent will exceed 90% by 2013;
- 4) maintain the combined value of child income support measures at 33%-35% of the minimum adult social welfare payment rate over the course of this Plan and review child income supports aimed at assisting children in families on low income.

However, there is no clearly stated overall objective in relation to child poverty. Neither is there an overall target to reduce child poverty or any commitment to move towards the standards of the best performing EU countries. There is an overall anti-poverty target set in the NAPS I which is "To reduce the number of those experiencing consistent poverty to between 2% and 4% by 2012, with the aim of eliminating consistent poverty by 2016, under the revised definition". Of course this figure contains within it children but given that children have a significantly higher level of poverty than adults it is surprising that a specific target in relation to children has not been set (even though there was one in earlier plans).

In addition, while the use of the consistent poverty measure to set a target is well justified, the failure to also set a relative income poverty target is striking given the analysis in the earlier part of this report. The NAPS I devotes some space to emphasising the "limitations" of the EU's relative income poverty measure (60% of median income). It argues that "It takes no account of overall living standards" though in fact the EU Social Inclusion process has always emphasised that the value of the at-risk-of-poverty threshold should always accompany the indicator of those at risk of poverty i.e. what it means in monetary terms - purchasing power in terms of Euros. While the NAPS I suggests that the EU's at-risk-of-poverty indicator is not suited to making comparisons between countries at different stages of economic development the evidence in the earlier part of this case study shows how badly Ireland does in relation to children at-risk-of-poverty when compared to other EU Member States at comparable high levels of economic development. It is thus surprising that Ireland does not also set a target in the area of relative income poverty.

The setting of clear objectives and appropriate and quantified outcome and input targets in several key policy domains are missing. For instance, on income support, while there is a clear commitment on the value of child income support the NAPS I does not spell out what the overall objective is in terms of ensuring that all children have an income sufficient to lift them out of poverty or set a target in this regard. Also, in spite of the evidence earlier in this report of the importance of joblessness, there is no target on reducing the level of joblessness among families with children. Nor is there a clear objective and target in relation to housing exclusion and homelessness. On the other hand, the three education goals outlined in the NAPS I can certainly contribute to a significant reduction in educational disadvantage and early school leaving but even this is not spelled out as an objective and no overall quantified outcome target is set. For instance the agreed EU indicator covering the dimension of educational outcome and human capital formation which measures early school leaving could have been used.

Also clearly missing are targets for improving the position of the most vulnerable groups and for improving processes and governance. Given the evidence highlighted earlier in this case study one could expect, if

one wants to reduce child poverty overall, some specific targets to be set for reducing poverty amongst lone parent and large families. There is also a lack of targets in relation to groups in extreme situations such as Traveller children, children with disabilities, immigrant children and children living in or leaving care.

The NAPSI does list lots of actions that are relevant to addressing child poverty across a wide range of policy areas and sometimes mentions specific objectives or targets in different policy areas. It also does mention specific measures in relation to Traveller and homeless children. However, even though the NAPSI is the key strategic document on tackling child poverty, it reads more like an accumulation of a range of rather disparate measures and does not relate these to a series of overall objectives or targets on reducing child poverty and social exclusion.

## 2.2 Income support

### *Main measures*

Ireland has quite a complex set of income support measures in respect of children which combine both general and targeted payments and schemes. The main payments are Child Benefit, Qualified Child Payments, Early Childcare Supplement, Family Income Supplement, Early Childcare Supplement, Family Income Supplement, Back to School Clothing and Footwear Allowance, One Parent Family Payment and the National Minimum Wage.

#### **Main Income Support Schemes for Families with Children**

**Child Benefit** is a monthly payment for each qualified child normally living with you and being supported by you. Expenditure in 2008 was €2,456 million and the total number of children in respect of whom Child Benefit was paid was 1,141,938. The monthly rate for one child under 18 is currently €166.

**Qualified Child Increase** is paid to social welfare recipients with dependent children. The rate of payment is €26 weekly for each qualified child.

**Early Childcare Supplement (ECS)** is a payment to assist with the childcare costs of children under six years of age. Payment is made automatically to you if you get Child Benefit and have a child or children under six. In March 2009 the rate was €83 per month per child up to and including the month the child reaches 5 years. The June 2009 payment, in respect of May, will be €41.50 per month per child until the month the child reaches 5 or until December 2009, whichever comes first. It is being replaced from January 2010 by ECCE.

**Early Childhood Care and Education Scheme (ECCE)** will replace ECS from January 2010 ECS and will provide a free pre-school year of early childhood care and education for all children between the ages of 3 years 3 months and 4 years 6 months.

**Family Income Supplement (FIS)** is a weekly payment for families, including one parent families, at work on low pay. It is not subject to income tax and does not affect whether you can get a medical card. In order to qualify for Family Income Supplement, either you or your spouse must be engaged in insurable employment. FIS payment is 60% of the difference between your average weekly family income and the income limit for your family size, rounded up to the nearest euro. Expenditure in 2008 was €170 million. There were 27,798 recipients.

**Back to School Clothing and Footwear Allowance** is intended to help towards the cost of children's school uniforms and footwear at the beginning of the school year and is a means tested benefit. The rate of the allowance paid for each eligible child aged 2-11 before 1st October 2009 is €200 (and €305 for each eligible child aged 12-17).

**One Parent Payment** is a payment for men and women who are bringing up a child without the support of a partner. Expenditure in 2008 was €1,067 million. There were 87,840 recipients.

Child Benefit is paid in respect of every child under the age of 16 years, who is ordinarily resident in the State. The most significant measure taken in recent years to support families with children has been the very substantial real increases in Child Benefit rates. Qualified child payments are made to persons in receipt of a social welfare payment in respect of their dependent children under the age of 18 (or 22 if the

child is in full-time education). The Early Childcare Supplement was introduced in 2006 and is intended to help parents of children under the age of six to meet their childcare needs. The Supplement is a direct, non-taxable payment, paid at the end of each quarter for each child under six years of age for whom Child Benefit is paid. The Back to School Clothing and Footwear Allowance provides a one-off payment to eligible families to assist with the extra costs when their children start school each autumn. The allowance is intended as a contribution towards meeting the full cost of school clothing and footwear. One-Parent Family Payment is a means tested payment made to men and women who are bringing up a child without the support of a partner. Payment is made up of a personal rate and extra amounts for qualified children. Recipients may also qualify for extra benefits including Fuel Allowance and Family Income Supplement. The upper earnings limit for the existing One Parent Family Payment was increased in the 2007 Budget to €400 per week in accordance with a recommendation contained in the Government discussion paper, *Proposals for Supporting Lone Parents*. A new social assistance payment for lone parents and parents on low income, informed by this discussion paper, is being developed by the Department of Social and Family Affairs.

### *Main strengths and weaknesses*

The extent and value of state supports has undoubtedly increased significantly in recent years, particularly as result of the very significant increases in child benefit (Child Benefit payment rates were significantly increased over an eight year period by between 248% and 280% and cost €2.4 billion in 2008), the introduction of the Early Childcare Supplement since 2006 and improvements in the Family Income Supplement (though take up still remains a problem). The impact of the increases is borne out by the EU-SILC data which shows that in Ireland family/child benefits in 2007 accounted for 18% of household income for all households with children and 41% for poor households with children compared to an EU25 average of 8% and 22% respectively. Social transfers accounted for 28% for all households with children and 65% for poor households with children compared to an EU-25 average of 16% and 37% respectively. The increased investments help to explain the fall in the latest at-risk-of poverty and consistent poverty figures for children. On the other hand, in spite of these improvements child poverty levels still remain quite high when compared to the best performing Member States. Levels of income support are not sufficient to lift families with children out of poverty. This is borne out by recent research by the Vincentian Partnership for Social Justice Welfare showed that rates are not adequate to meet minimum essential budgets. The research shows that only 15 out of a sample of 27 low-income household types are able to afford minimum essential budgets. The remaining 12 households experience significant budget shortfalls and are vulnerable to indebtedness in order to make ends meet. The experience of the Society of St Vincent de Paul in having to supplement household expenditure on basic living costs supports this conclusion. The increases do, however, probably explain why, in relation to the depth of poverty, Ireland is an exception to the EU norm that where the poverty rate is above the EU average the depth of poverty also tends to be above average.

It is possible that the recent improvements in income support for children could be at risk as a result of Ireland's severe economic and financial crisis. Already in two Budgets in 2009 the amount of Early Childcare Supplement and the age to which it is paid have been severely reduced and from January 2010 it will be replaced by a pre-school Early Childhood and Education scheme (ECCE) for all children between the ages of 3 years and 3 months and 4 years and 6 months.

The ECCE is in itself seen as a positive development by many commentators (CORI Justice, 2009 and CRA, 2009). However, it will cost less and cover fewer children than the Early Childcare Supplement. Also in an emergency Supplementary Budget in March 2009 the Government announced the intention to in future either tax or means test the universal child benefit. This is a major change in policy direction. At the same time the Special Group on Public Service Numbers and Expenditure Programmes (2009) has recommended annual savings in child benefit per year of €513 million and in Family Income Supplement of €20 million as well as a 5% general reduction in social welfare rates. Analysing the changes the Justice Desk of the Conference of Religious in Ireland (CORI Justice, 2009) concluded that "This series of proposals is moving policy in the wrong direction at the very time when many families' incomes are under serious threat". The Children's Rights Alliance has also strongly criticized the proposals on child benefit on the grounds that "the universality of Child Benefit is a way of demonstrating the value the State places on children and families." They have suggested that "taxing it would be an unacceptable move, which would hit the poorest families hardest, and would save little money after administrative costs are considered"

(CRA, 2009). However, in its submission on the 2009 Budget the Combat Poverty Agency (2009) argued that its “preferred approach to restricting the payment, if this is required for budgetary reasons, would be to tax it. An across the board reduction in rates or means testing of the payment are not favored.” The forthcoming report by the Commission on Taxation is likely to add further to this debate and a Government decision is expected later in 2009.

### *Strengthening policy*

The main problem with existing income support policies is that, while there have been significant improvements, on their own they are not sufficient to lift children in the poorest families out of poverty. The Government has recognized this and in *Towards 2016* promised to progress, as a priority, further work aimed at assisting children in families on low incomes, including reviewing child income supports which avoid employment disincentives. This work is to be informed by a study by the National Economic and Social Council (NESC, 2007) on new ways to target child income support. The *Programme for Government* commits to the amalgamation of Qualified Child Allowances and Family Income Supplements in order to develop a second tier of income support targeted at the poorest families. However, the Children’s Rights Alliance point out that “there is no indication that a second tier payment will be introduced” (CRA, 2009). Indeed the current economic and financial crisis makes further improvements unlikely in the foreseeable future. There is a serious risk that the existing coverage and the adequacy of income supports may be at risk from cut backs. However, the CRA argue that existing mechanisms for targeting payments at poor families – the Family Income Supplement (FIS) and the Qualified Child Increase (QCI) – need reform. The FIS payment is complicated to access, while the QCI – paid to families that are dependent on social welfare for their income – is paid at a low rate, and can make little real difference to the life chances of children in poor families. Moreover, moving between the two payments is difficult, creating problems for parents shifting between welfare and work. They argue that a second tier, employment-neutral payment, would allow movement between welfare and work, and improve access to the payment by joining up the tax and social welfare systems. They suggest that “The primary and overriding objective of such a payment should be to combat child poverty, and ensure that all children in low income families have adequate resources regardless of their parents’ employment status” (CRA, 2009a).

Overall maintaining improvements that have been made in income support for children is very important for maintaining progress in reducing child poverty and helping families to cope with the economic and financial crisis. Then in the medium term making the sort of improvements outlined above is necessary for further progress. However, looking at the very high proportion of the income of poor families with children which comes from welfare and given the very high correlation with joblessness it is equally important to also look at how policies to help more parents, especially lone parents, into decent work and to increase its availability and also to increase investment in key public services for children.

## **2.3 Access to the labour market and income from employment**

### *Main measures to facilitate access of parents*

While there are significant policies and initiatives in place in relation to active labour market policies, promoting flexible working arrangements and childcare arrangements it is striking that very little direct connection is made between these measures and efforts to tackle child poverty in any of the key strategic documents relation to child poverty and social exclusion such as the *NAPSI 2007-2016*, the *NSRSPSI 2008-2010*, the *National Children’s Strategy* nor in *Towards 2016*. However, in *Towards 2016* the chapter on people of working age does stress that “employment is a major factor for people exiting out of poverty and that it also influences quality of life and social well-being” and there are significant goals set to increase employability and improved access to employment. The need for a specific initiative in relation to lone parents is highlighted.

### *Active labour market policies and flexible working arrangements*

Ireland’s National Strategy Report on Social Protection and Social Inclusion 2008-2010 (NSRSPSI) recognises that the most vulnerable include those who are jobless or in low income employment, mainly

due to family responsibilities or disabilities, and the long term unemployed and acknowledges that many of these households have children. Thus facilitating access to quality work and learning opportunities with appropriate incentives is a major Government priority.

This involves: (i) active engagement with the unemployed/inactive to achieve increased employment participation, and (ii) improving access to learning opportunities.

Priority is being given in Ireland's labour market schemes to the long term unemployed, those unemployed aged 15-24, 'non-progression ready' unemployed, and other groups including lone parents, Travellers, people with disabilities and others that are marginalised from the labour market. The main such labour market schemes are: the National Employment Service and the Local Employment Services; the National Employment Action Plan (including the Prevention and Activation and Expanding the Workforce Programmes), High Supports, Bridging/Foundation and Pathways to Employment processes, and other training and employment programmes.

In the area of lifelong learning and access to quality work and learning opportunities policy measures will focus on: low-skilled workers through enhancing opportunities to access education and training; adults from disadvantaged communities, including those in rural areas with particular emphasis on basic literacy, numeracy and IT skills; providing guidance/counseling services to those on literacy programmes, language learning, the Back to Education Initiative and the Vocational Training Opportunities Scheme; and expanding the Back to Education Initiative to build on the adult literacy services, community education, Youthreach, Senior Traveller Training Programmes, Vocational Training Opportunities Scheme and Post Leaving Certificate courses (OSI, 2008).

The NSRSPSI also notes that women disproportionately face barriers to labour market participation, especially lone mothers and mothers of larger families and that the labour market participation of lone mothers is similar to those who are married, but their quality of employment is on average poorer, a higher proportion are unemployed, and have low education and skill levels. Under the Social and Economic Participation Programme the Department of Social and Family Affairs is in the process of developing a wider activation agenda. This approach involves treating all people of working age in a similar way, whether they are unemployed, lone parents, people with a disability or in some other category. The aim is to facilitate progression regardless of the circumstances that led the person to require income maintenance. It also builds on the Departments existing experience and income maintenance relationship with the people concerned, in co-operation with other relevant service providers such as FÁS (the national training agency), Vocational Education Committees (VECs), Health Service Executive (HSE) and other local agencies.

Legislative measures which provide for more family friendly workplaces include statutory entitlements to maternity leave, adoptive leave, carer's leave and parental leave along with all the other employment rights legislation e.g. payment of wages etc. While not explicitly targeting jobless households, single-parent households and larger families, these categories of families would also benefit. Provision is also made allowing employees to take *force majeure* leave with pay, for urgent family reasons owing to illness or injury of a family or household member. There is also significant emphasis on a voluntary approach based on co-operation of the Social Partners at enterprise, national and EU level, to advance the work-life balance agenda. There is a National Framework Committee for Work Life Balance Policies, which has been established under the Social Partnership agreements. The Committee, under Towards 2016, is charged with supporting and facilitating the development of family friendly policies at the level of the enterprise rather than to focus on any specific type of employee.

All these arrangements make a contribution to addressing the problem of joblessness or low work intensity in households with children highlighted earlier in this report. However, although they cover the parents of children at most risk of poverty and social exclusion, they are often not sufficiently targeted or adapted to meet their needs. This is especially noticeable in the case of lone parents. The Department of Social and Family Affairs notes that payment of One Parent Family (OPF) support is made from the time a child is born until 18 or 22 years of age, if in full time education. There are no conditions set regarding working and "there is little active engagement with recipients of OPF supports, unless they seek it themselves" and the Minister has pointed to "the need for a more active process in order to give lone parents the encouragement as well as the confidence to seek assistance and access to the supports that are available. There are many thousands of lone parents actively balancing their parenthood and work



responsibilities. The challenge for us now is to provide the right supports at the right time to those lone parents who are welfare dependent” (DSFA, 2008).

A recent study on lone parents and employment (One Family, 2008) demonstrates a high level of motivation among lone parents on the OPF to participate in employment. However, it highlights that there are a range of barriers that must be removed if lone parents are to be able to participate in sustainable employment. The report stresses that activation measures should seek to ensure that lone parents are better enabled to participate in financially viable and fulfilling employment. The key barriers identified are: lack of childcare; barriers to accessing skills and qualifications including the cost of participating in such programmes; housing barriers particularly relating to rent supplement; lack of confidence and therefore the need to ensure that personal development programmes are widely available and accessible to lone parents as part of the activation process. It makes a series of practical recommendations as to how this could be better achieved.

### *Childcare arrangements*

The limited availability and high cost of childcare is probably the single biggest barrier to enabling parents to access the labour market in Ireland. A recent UNICEF Report Card (UNICEF, 2008) shows that Ireland comes bottom of a league table of early childhood education and care in 25 economically advanced countries. Ireland achieves only one out of the ten internationally applicable benchmarks for early childhood care and education – a set of minimum standards for protecting the rights of children in their most vulnerable and formative years – proposed by UNICEF. Ireland has a history of under-investment and weak policies in ECCE. National investment in this area is less than 0.2% of GDP compared to the EU average of 0.5% (OECD, 2008). The European Foundation for the Improvement of Living and Working Conditions (2009) study on childcare in Europe shows that the enrolment rates of children up to two years of age in childcare and early education services, in 2005 for Ireland were low at around 12% for children up to 2 and at nearly 50% for children 3-5 years old. A Eurydice (2009) Network study shows that the participation of 3-year-olds in education at ISCED level 0 is 1.9% compared to an EU-27 average of 72.3. Eurostat (2008) figures show that in Ireland in 2006 13% of children less than 3 (EU average 14%) attended formal childcare for between 1 and 29 hours a week and 5% (EU average 12%) for 30 hours or more a week. For children between 3 years and compulsory school age 80% (44%) attended for between 1 and 29 hours a week and 13% (EU average 40%) for 30 or more hours a week. The OECD heavily criticised Ireland’s record on early childhood care and education in 2001 (OECD, 2001) and repeated many of its criticisms in 2006 (OECD, 2006). The OECD has shown that for families on average or lower earnings childcare costs are higher in Ireland than anywhere else in the OECD. As well as cost and availability there is a need to improve quality of provision. Currently implementation of *Síolta* – the National Quality Framework for Early Childhood Care and Education – is voluntary, and not yet linked to funding provided by the National Childcare Investment Programme (NCIP).

There is a recognition by the government of the need to address Ireland’s childcare gap and in recent years increased investment is evident but progress has been slow and fragmented. *Towards 2016* (Government of Ireland, 2006) outlines the agreement between Government and the Social Partners to continue to work together over a ten-year period to develop an infrastructure to provide quality, affordable childcare and to work towards increasing the supply of childcare places (of all types) by 100,000 by 2016. Policy actions include new childcare places, training in childcare, a national quality framework, and a national standardized inspection framework, provision of after school facilities, targeting the needs of disadvantaged children, and improving maternity leave entitlements. The main approach in recent years had been to provide payments directly to parents, through the Early Childcare Supplement rather than invest in a quality early childhood care and education infrastructure and universal pre-school services. The Children’s Rights Alliance (CRA, 2009) has concluded that “Effectively, the Government has chosen to pay more for an inferior system. Furthermore, there is still no specific regulation which outlines the qualifications, competencies or skills required to work in childcare services.” However, the decision in the supplementary 2009 Budget to replace the Early Child Care Supplement with a pre-school Early Childhood and Education scheme (ECCE) for all children between the ages of 3 years and 3 months and 4 years and 6 months represents a shift in direction which has been generally welcomed. However, even with the €170 million allocated to ECCE in the Supplementary Budget, Ireland’s investment will still fall well below the OECD average with considerably less than 0.2% of GDP spent on pre-primary education. There have also been efforts to increase the availability of childcare places through The Community Childcare

Subvention Scheme, introduced in 2008. However this has had a mixed response from stakeholders. Concerns about the Scheme include two undesirable side-effects: it creates a poverty trap by making childcare too expensive to justify for those on a low wage and segregates children by socio-economic status.

The importance of resolving Ireland's childcare crisis as a key part of addressing child poverty is well illustrated by a recent study of lone parents and employment (One Family, 2008) which concluded that "unless childcare needs are met, 'unsuitable hours' and 'lack of access to flexible employment' are likely to remain key barriers to sustainable employment. 70% agree that childcare problems mean that they will not be able to get a decent job until their children grow up".

### *Ensuring adequate income from work*

The main measures in place to ensure adequate levels of income for parents who work are Family Income Supplement (FIS) and the National Minimum Wage (NMW). Of these the FIS is the more important as it is directly targeted at low wage families with children. FIS is a weekly tax-free payment for families, including one-parent families, at work on low pay. This preserves the incentive to remain in employment in circumstances where the employee might only be marginally better off than if he or she were claiming other social welfare payments. There are currently some 21,000 people in receipt of FIS. Income thresholds have recently been re-focused to include additional gains for larger families. Some 23,200 persons claimed the supplement in 2006. The National Minimum Wage (NMW) was introduced in Ireland in 2000. It was introduced as a social policy commitment of Government in the framework of an assault on exclusion, marginalisation and poverty with an aim to protect vulnerable workers who were prone to be exploited. The rate set for the minimum wage was intended to ensure that vulnerable sectors of the workforce, mainly women and young people, were not exploited and that employment and competitiveness were maintained. The National Minimum Wage Act 2000 provides that the minimum wage rate for an experienced adult employee since 1 July 2007 is €8.65 an hour. In 2009, 1.3% (2,800) of all employees in the industrial sector were on the NMW rate of €8.65 in the first quarter of 2009 (CSO, 2009) when the average hourly earnings in industry were €20.82. Workers on the minimum wage are not required to pay tax or pay related social insurance.

A major problem with FIS is that, as a means tested benefit take up has always been low. In their 2004 Budget submission Comhairle, the Government's citizens information service, estimated take up to be as low as 35% (Comhairle, 2004). Using data from the EU Survey of Income and Living Conditions (EU SILC) for the year 2005 and SWITCH, the ESRI tax-benefit model, Callan and Keane (2008) calculate FIS eligibility. They show that from a sample of 215 cases, 55 were eligible and receiving FIS, 30 were not eligible and receiving FIS while 130 were eligible but not receiving FIS. The Department of Social and Family Affairs is currently undertaking research into how best to increase uptake of the Family Income Supplement (FIS). The Childrens Rights Alliance have estimated that full uptake of FIS would reduce child poverty by 3% (CRA, 2009a).

Research undertaken by NESC (NESC 2007) and the ESRI (Callan 2006) has made a case for a new payment to reduce child poverty, targeted specifically at families on low incomes, regardless of parents' employment status. Indeed the *Programme for Government* commits to the amalgamation of Qualified Child Allowances and Family Income Supplements in order to develop a second tier of income support targeted at the poorest families. However, in the current adverse economic and financial crisis this seems unlikely although organizations like CRA continue to press for the introduction of an employment-neutral payment targeted at low income families with children (CRA, 2009).

The need to give more attention to increasing income from employment is one of the key findings of the recent study on lone parents and employment (One Family, 2008). This concludes that if activation is to be successful in reducing poverty in one-parent families it must ensure that greater employment results in greater income; such an outcome is also required if increased labour force participation is to improve rather than reduce family well-being. The report suggest that addressing the issue of low pay means ensuring access to adequate childcare, removing the rent supplement poverty trap and supporting greater access to education, training and qualifications.

## 2.4 Access to other enabling services

A recent report for the Ombudsman for Children (Kilkelly, 2007) argues that Ireland places a far greater emphasis on income support (both universal and targeted measures) for families with children than most European countries, but invests less in subsidised services and levels of subvention for childcare and health care for children. The report is also very critical of investment in housing supports. From a child well-being perspective it is clearly important to develop a comprehensive approach that encompasses housing and environment, education and training, health care, child protection and participation in sport, leisure and cultural activities. Indeed a positive feature of the work of the Office of the Minister for Children and Youth Affairs and also in the focus on child poverty in the NAPS I is that all these areas are acknowledged as important. For instance, the NAPS I chapter on children covers Early Childhood Development and Care, health, nutrition, education, Traveller Children, Youth Homelessness and Sport and Leisure (OSI, 2007). There is not space to cover all these areas in this report but particular attention is given to education as it is so critical to children's well-becoming and to breaking the intergenerational inheritance of disadvantage. Health and housing are also covered briefly as they are the other two areas that are most fundamental to well-being.

### *Educational disadvantage*

Improving education provision is a key part of the government's strategy on child poverty with 3 out of the 4 targets set in the NAPS I focusing on education. A 2007 study (Daly, 2007) concluded that "there is quite a lot of activity and significant resources being devoted to 'educational disadvantage' and it is a budget heading that has been growing over the years". A key element of the policy approach, particularly for disadvantaged children, is DEIS – 'Delivering Equality of Opportunity in Schools'. DEIS identifies levels of disadvantage in schools and provides an integrated programme of support to schools identified as disadvantaged. The plan is one of a number of interventions to address educational disadvantage, which include second-chance education and training, increased participation by under-represented groups in further and higher education and the development of provisions for pupils with special educational needs. The School Completion Programme directly targets those in danger of dropping out of the education system. The Home School Community Liaison (HSCL) Scheme is concerned with maximising active involvement of children in the learning process, in particular those who might be at risk of failure. The National Educational Welfare Board (NEWB) is the national agency for encouraging and supporting regular school attendance and has a key role in following up on children who are not attending school regularly, and where there is a concern about the child's educational welfare.

An area whose importance grew significantly in recent years was ensuring the education of the children of refugees and migrant workers. They are entitled to avail of primary and post-primary education regardless of their legal status. The admissions policy of a school cannot discriminate on grounds of nationality or legal status and extra teachers have been provided for language supports. Guidelines have been developed by the National Council for Curriculum and Assessment (NCCA) to support teachers and schools in developing a more inclusive learning environment and in providing students with knowledge and skills they need to participate in a multicultural world. In terms of children with a disability the Government has committed to developing special educational needs services in the framework of the Education for Persons with Special Educational Needs (EPSEN) Act 2004 which provides a legislative basis for assessment, for individual educational plans and for the delivery of services on foot of these plans. The National Council for Special Education is responsible for improving the delivery of education services to persons with special educational needs arising from disabilities with particular emphasis on children. In relation to Traveller children the NAPS I recognizes that they have specific vulnerabilities in relation to education and that additional measures are required. It states that between 2007 and 2011: segregated provision at primary and post-primary level will be phased out to ensure that Travellers are integrated into mainstream schools by 2009; pre-schools for Travellers will be integrated over a longer period with current and new pre-school provision, so that young Travellers may experience an inclusive integrated education from an early age.

In fact Towards 2016 and NAPS I propose many additional actions to achieve the objectives that have been set on tackling educational disadvantage. These include: to tackle literacy and numeracy in primary schools; a reduction in the number of children per classroom teacher at primary level to 27:1 in 2007/8

(20:1 in junior classes and 24:1 in senior classes in disadvantaged urban primary schools) and resources for special needs pupils; an integrated approach to support attendance and retention in schools, including an additional 100 posts by 2009 (for the National Educational Welfare Board and the National Educational Psychological Service) to address absenteeism, early school leaving, behavioural problems and special needs; fostering an inclusive school environment through admission policies; future provision of schools to recognise the diverse nature of pupil enrolment, including the provision of an extra 550 language support teachers by 2009 and support for the integration of international children at primary and second level; and an additional 1,000 places for Youthreach by 2009 and recognition through a national framework of qualifications. Other initiatives relate to curricula developments, special needs services, services for Traveller children, Community Training Centres, school transport, technology enhancements, anti-racism proposals and resources for youth work. However, the Children's Rights Alliance has documented how many of these commitments are now being abandoned in the light of the economic and financial crisis (CRA, 2009a).

Apart from the failure to follow through on commitments Barnardos (2006) has suggested that the Irish approach to educational disadvantage needs to be expanded and altered. In their view, educational disadvantage policy in Ireland should move beyond the DEIS strategy, which is largely school based, to an approach that focuses on educational equality, which would integrate the school based responses with a whole child approach to educational and social inclusion. Barnardos also recommends that an effective tracking system be put in place to ensure that all children make the transition from primary to secondary school.

### *Health services*

The Irish health system combines public and private institutions and funders. It is primarily tax-financed and is available to all inhabitants, subject to rules on residency and ability to pay. For those on low income, there exists a means-tested medical Card Scheme which includes children based on their parents' income and number of dependent children. It includes a range of free services such as GP services, medicines, in-patient public hospital services, outpatient services, dental, optic and aural services and infant care services (Daly, 2007).

Criticisms of Irish health care include the following. Although expenditure has increased and Ireland spends 7.3% of GDP on public healthcare this is still insufficient when compared to France and Germany which spend 9.7% and 10.9% respectively; and the USA spends 14.6%. The two-tier system of health care favors children in better off families and overall healthcare services for children remain unsatisfactory and uncoordinated (CRA, 2009a). The UN Committee on the Rights of the Child (UNCRC, 2006) has expressed concern about the lack of a comprehensive legal framework in regard to health services and the absence of statutory guidelines safeguarding the quality of and access to health care services as stipulated in article 24 of the Convention, in particular for children in vulnerable situations. It recommended that Ireland adopt all-inclusive legislation that addresses the health needs of children and establish statutory guidelines for the quality of these services. It also underlined the need to pay special attention to needs of refugee and asylum-seeking children, and children belonging to the Traveller community by implementing the existing National Strategy for Traveller Health. The Committee also raised the matter of the mental health of children. Barnardos have called for the extension of the full medical card to all families whose total income is equivalent to that which would make them eligible to pay tax at the standard rate (currently 20%). They also suggest that a targeted programme of investment is needed to ensure that health services are available, accessible and appropriate for children requiring them.

In 2005 the Combat Poverty recommended increased funding for primary health care as one area likely to make the greatest impact among less well off families with children, who are struggling to make ends meet and are unlikely to be able to afford the financial pressures arising from ill health. Initiatives targeted at the community level, like GPs in disadvantaged areas, need additional funding. Other recommendations include greater coverage of the medical card for vulnerable families, and undertaking preventive and other health-improving initiatives (CPA, 2005). Encouragingly *Towards 2016* made a commitment to plan and implement a programme of re-organisation and re-alignment of existing resources in order to deliver a

person-centred primary care service through multidisciplinary teams and networks, serving defined populations, as outlined in the *Primary Care Strategy, 2001*. The target is to have 300 primary care teams in operation by 2008, 400 by 2009 and 500 by 2011. The CRA point out that to date progress has been slow. However, the introduction of a new financing programme for Primary Care Teams in Budget 2009 is a step towards meeting the existing 2011 target.

Towards 2016 also commits to delivering a significant number of child and adolescent community mental health teams (CMHTs) within the context of a 7-10 year target of 1 CMHT per 100,000 of the population by 2008, subject to sufficient resources being made available, and two CMHTs per 100,000 of the population by 2013. However a recent assessment by CRA shows that progress in implementing this by the Health Services Executive is very slow.

Another potentially important development highlighted by Mary Daly is the commitment made in *Towards 2016* to develop integrated services and interventions for children at local level. The objective of this initiative is to secure better developmental outcomes for disadvantaged children through more effective integration of existing services and interventions at local level. In addition, the agreement overall puts an emphasis on services at community level. Among its commitments for example is the plan to develop 500 community care teams by 2011, to provide access to services with particular attention to the needs of medical card holders.

### *Housing*

Increasing the provision of affordable and/or social housing for low income families with children is a key issue. The Combat Poverty Agency has argued that net housing costs for families with children can be burdensome, and those on low incomes in the private rental sector are particularly vulnerable. However, Ireland has a relatively small proportion of social housing compared to European neighbours. Meeting supply targets for social and affordable housing is necessary to allow potential homeowners on modest incomes to acquire a property that is fit and appropriate for their means. In response, in *Towards 2016*, the Government and the Social Partners acknowledged the view taken in the NESC Report on housing in Ireland that an additional 73,000 new social housing units should be provided between 2004 and 2012. However, the Children's Rights Alliance has commented that although new houses are being built it is not enough to keep pace with the sale and demolition of existing social housing and have calculated that the actual net increase in social housing units between 2004 and 2007 was a maximum of 4,200 units per year, just 46% of the NESC target. The collapse of house prices and the rise in vacant houses during the current economic crisis may create new opportunities to expand housing social housing stock. However, at the same time rising unemployment may lead to more people being unable to afford to buy their own house and put more demands on social housing.

The problem of youth homelessness has been tackled since 2001 through a Youth Homelessness Strategy. *Towards 2016* commits to implementing the *Youth Homelessness Strategy* with the objective of reducing and if possible eliminating youth homelessness through preventive strategies. The Strategy is currently being reviewed by the Office of the Minister for Children and Youth Affairs, in conjunction with the HSE. The Children's Rights Alliance comments that further progress has been indicated for 2009, but it is not yet clear what that progress will be. Although the link between children leaving state care and youth detention facilities and youth homelessness has been established, there are still insufficient aftercare services to support children leaving care in their transition to independent living or returning to their families (CRA, 2009a).

## **3. Conclusions**

Overall this study has reinforced the findings of EU Task Force on Child Poverty and Well-Being (SPC, 2008). This placed Ireland in the group of EU countries with relatively good to below average poverty outcomes and stressed that "the main matter of concern is the high numbers of children living in jobless households".

However, the study also shows the importance of comparing Ireland's performance with countries with similar levels of economic development rather than just with the EU average. When this is taken into account Ireland's performance, although improving in recent years, has, overall, been disappointing.

An effective balance between improving income support, increasing access to decent employment and ensuring high quality services for children (i.e. an active inclusion approach) is still to be found.

On the basis of the foregoing analysis it is suggested that there are eight key areas in which policies to tackle child poverty and social exclusion need to be strengthened:

- ✓ first, given the scale of child poverty, the overall approach is too fragmented and lacks a sufficiently clear strategic approach. Clear overall outcome targets and specific targets in relation to each key policy domain and in relation to each of the most marginalised groups need to be set;
- ✓ secondly, policies in relation to early childhood education and care are inadequate and fragmented and are a key factor in low participation in the labour force and low income from work for many families and need to be urgently addressed. They are also a key factor in relation to educational disadvantage;
- ✓ thirdly, active inclusion policies need to be much more targeted on lone parents and parents with three or more children. There also needs to be a more tailor made approach in the implementation of these policies;
- ✓ fourthly, Family Income Supplement (FIS) and the Qualified Child Increase (QCI) should be replaced by a second tier, employment-neutral payment, which would allow movement between welfare and work, and improve access to the payment by joining up the tax and social welfare systems;
- ✓ fifthly, for families where parents can not access work (either temporarily or permanently) the policy aim should be to ensure that the combined income of a household from adult and child welfare payments is sufficient to lift families to at least the 60% median income poverty line;
- ✓ sixthly, the expansion of primary health care teams needs to be continued and accelerated;
- ✓ seventhly, there needs to be a significant increase in the availability of social housing for families with children;
- ✓ eighthly, in the immediate future the establishment of children's services committees covering every county should be accelerated and these should fully involve NGO as well as statutory providers of services to children and their families. In the longer term consideration should be given to structural changes aimed at establishing a stronger statutory basis for coordinating the delivery of services to children and families at local level (possibly by giving a statutory remit in this regard to the Children's Services Committees or to local authorities).

Finally, it is important to stress that, in the current very difficult economic climate, commitments to invest in services and supports for children and their families should be maintained. As far as possible, children and their families should be protected from cut-backs in public expenditure and should not be made to pay for the economic and financial crisis.

Also, faced by the need for budgetary savings, it is important that Government policy does not make the error of resorting to increased means testing and targeting of supports for children.

The well-being of children here and now and their well-becoming in the future and thus the future well being of Irish society and economy is dependent on continued efforts to improve the position of all children and especially those at risk of poverty and social exclusion.

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