STATE OF THE NATION'S CHILDREN

APPENDICES

Department of Children, Equality, Disability, Integration, and Youth
Block 1, Miesian Plaza, 50–58 Lower Baggot Street, Dublin 2
D02 XW14
Tel: +353 (0)1 647 3000
Email: dataandanalytics@equality.gov.ie
Web: www.gov.ie/dcediy


STATE OF
THE NATION'S
CHILDREN

Appendix 1: Main data sources, definitions, and technical notes

Census of the Population and Population Estimates: Central Statistics Office

The Census of the Population is conducted by the Central Statistics Office (CSO) every five years. The following indicators, which draw on data from this source, define children as "all population under 18 years of age" when the data were collected. Figures are based on either the de facto population, i.e. the total of all persons present within the boundaries of the state on Census night or the usually resident population:

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

Parental education level data refer to the highest educational attainment of the mother rather than the head of household. All information supplied is for those whose full-time education has ceased. Where no mother is present, the highest educational attainment of the father is used instead. The figures are based on responses to Question 25 of the 2016 Census, which distinguishes between the following main categories:

1. No formal education or just primary education: NFQ Levels 1 or 2 (FETAC Level 1 or 2 Cert. or equivalent).
2. Lower secondary education: NFQ Level 3 (Junior/Inter/Group Cert., FETAC Level 3 Cert., FAS Introductory Skills, NCVA Foundation Cert. or equivalent).
3. Upper secondary: NFQ Levels 4, 5 or 6 (Leaving Cert. [including Applied and Vocational programmes] or equivalent), Technical or Vocational (FETAC Level 4/5 Cert., NCVA Level 1/2, FAS Specific Skills, Teagasc Cert. in Agriculture, CERT Craft Cert. or equivalent), Advanced Certificate/Completed Apprenticeship (FETAC Advanced Cert., NCVA Level 3, FAS National Craft Cert., Teagasc Farming Cert., CERT Professional Cookery Cert. or equivalent).
4. Third level: NFQ Levels 6, 7, 8, 9 or 10 (Higher Certificate, Ordinary Bachelor's Degree or National Diploma, Honours Bachelor's Degree/Professional qualification or both, Postgraduate Diploma or Degree, Doctorate (PhD) or higher).

A person is classified as a **Traveller** in the 2022 Census if the answer is "Irish Traveller" to Question 11: "*What is your ethnic group/background?*"

A person is identified as a **foreign national** in the 2022 Census if the answer is not "Ireland" to Question 10: "*What is your country of citizenship?*"

A person is defined as **having a disability** in the 2022 Census if they answer "Yes" to any of the options in Question 15 or Question 16.

Question 15: "*Do you have any of the following long-lasting conditions or difficulties?*"

(a) Blindness or a serious vision impairment.
(b) Deafness or a serious hearing impairment.
(c) A difficulty with basic physical activities, such as walking, climbing stairs, reaching, lifting or carrying.
(d) An intellectual disability.
(e) A difficulty with learning, remembering or concentrating.
(f) A psychological or emotional condition or mental health issue
(g) A difficulty with pain, breathing or any other chronic illness or condition.

Question 16 "*As a result of a long-lasting condition, do you have difficulty doing any of the following? Include issues due to old age*"

(a) Dressing, bathing or getting around inside the home.
(b) Going outside the home alone to shop or visit a doctor's surgery.
(c) Working at a job or business or attending school or college.
(d) Participating in other activities, for example, leisure or using transport.

Unlike in Census 2016, there was no filter between Q15 and Q16, meaning that all respondents were expected to answer both questions. Respondents were also instructed to answer 'Yes' to any of the difficulties listed in Q15 which were experienced due to old age.

For the publication of the results, three categories were created based on the response options in Q15 and Q16. These are as follows:

Long-lasting condition or difficulty experienced to any extent
Long-lasting condition or difficulty experienced to some extent
Long-lasting condition or difficulty experienced to a great extent

Respondents who ticked any of the 'Yes' boxes in Q15 or Q16 were also included in the 'disability to any extent' rate.

Respondents who ticked at least one of the boxes for 'Yes, to some extent' in Q15 or 'Yes, a little' in Q16 but did not tick any of the 'Yes to a great extent' in Q15 or 'Yes, a lot' in Q16

were used as part of the calculation of the 'Long-lasting condition or difficulty experienced to some extent' category.

Respondents who ticked at least one of the 'Yes, to a great extent' boxes in Q15 or 'Yes, a lot' boxes in Q16 were used as part of the calculation of the 'Long-lasting condition or difficulty experienced to a great extent' category.

Calculation of annual population estimates

The annual population estimates for mid-April are calculated by trending forwards the previous Census of Population data. For example, the base population data for estimating the April 2023 figure was the number of males and females in each region by single year of age and nationality as established by the 2022 Census. From this base, each person was aged by one year, births for the period were added and deaths were subtracted. The estimated number of immigrants was then added and the number of emigrants was subtracted. Allowance was also made for estimated inter-regional migration in arriving at the final 2023 figures. No estimates are made for the population of children in counties for intercensal years. In this publication, "Rates per county" calculations for years subsequent to 2022 continue to use the 2022 Census of Population county figures. Where regional breakdowns using 2022 Census of Population have not yet been published by the CSO 2016 Census of Population is used.

Centralised Information System for Infectious Diseases: World Health Organization

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

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

Programmes Implementation Platform: Pobal

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

- Percentage of pre-school services under contract to deliver the Early Childhood Care

and Education (ECCE) Programme that meet basic and higher capitation criteria.

The Early Childhood Care and Education (ECCE) Programme offers every child in the eligible age cohort up to 15 hours per week of free early childhood care and education provision for 38 weeks per year. The programme is available to children who have turned 2 years and 8 months of age before 1 September. Children can continue in the programme until they transfer to primary school if they are not older than 5 years and 6 months at the end of the pre-school year on 30 June. There are some exemptions from the age limit. Children are eligible to start the ECCE scheme in the September of the year that they turn 3 years old. Pre-school services may enter into a Grant Funding Agreement with the State to provide the ECCE Programme on the basis of meeting a number of criteria, including qualifications of staff.

In September 2022, a new Core Funding model was launched. The First 5 Government Strategy commits to having a graduate-led ELC workforce by 2028. There are two types of graduate premiums under Core Funding: The Graduate Lead Educator Premium and the Graduate Manager Premium. The Graduate Lead Educator Premium is paid as a top-up on the number of hours of provision that is led by a graduate with a relevant qualification and three years of experience. The Graduate Manager Premium is also a paid top-up for a service whose manager has a relevant qualification and three years experience. These graduate premiums are replacing the ECCE Higher Capitation. Providers who offer the ECCE scheme but who choose not to apply for Core Funding will no longer be able to access higher capitation funding.

The standard weekly ECCE capitation is €69.00. Where a child is attending a part-time or full-time service the approved provider must reduce the fee paid by the parent/guardian by a minimum of €64.50.

Prior to the introduction of Core Funding, higher capitation could apply to services that had suitably qualified staff in place. This amounted to an extra €11.25 per child per week. The ECCE higher capitation funding is now being replaced by the Core Funding Graduate Premium from the 2022/2023 programme year onwards.

The information in Table 46 shows the number and percentage of ECCE services which were also contracted under Core Funding and therefore had access to funding for graduates. The information signifies if the service: (i) has at least one staff member who is QQI L7 or above; or, (ii) does not have any staff member with such qualifications. Not every staff member who is QQI L7 or above will be attracting graduate premiums, as the premiums under Core Funding do not apply to graduate Lead Educators or Managers with fewer than 3 years' experience or graduate Educators. Therefore, not every service included in these figures may have been in receipt of funding for graduates.

Education Statistics Database: Department of Education

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

- Leaving Certificate retention rates
- Public expenditure on education.

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

Non-capital **public expenditure on education** includes direct public expenditure on educational institutions, public subsidies to other private entities for education matters and public subsidies to households, such as scholarships and loans to students for tuition fees and student living costs. The expenditure has been deflated to real prices by using the National Accounts series for net expenditure by Central and Local Government on current goods and services at base year 2013. Public expenditure on education as used for the international comparison includes both current and capital expenditure. In the mid-1990s, undergraduate tuition fees were abolished in Ireland. Educational institutions are defined as entities that provide instructional services to individuals or education-related services to individuals and other educational institutions. Data on total public expenditure on education are expressed as a percentage of gross domestic product (GDP). GDP is the central aggregate of National Accounts. It represents the total value added (output) in the production of goods and services in the country. National public expenditure as a percentage of GDP is calculated using figures in national currency both for public expenditure and for GDP. European averages are weighted and therefore take into account the relative proportion of the student population or the education expenditure of the considered countries. They are calculated taking into account all relevant countries for which data are available. They are considered of sufficient quality if countries with available data exceed 70% of the population or of the GDP of the European aggregate.

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

European Union Survey on Income and Living Conditions (EU-SILC): Central Statistics Office

The European Union Survey on Income and Living Conditions (EU-SILC) is conducted in Ireland by the Central Statistics Office. The EU-SILC collects information on poverty, deprivation and social exclusion. The following indicators draw on data from this source:

- **At risk of poverty**: The percentage of individuals (children in the case of this report) living in households with an equivalised household disposable income below 60% of the median equivalised household disposable income.
- **Consistent poverty**: The percentage of individuals (children in the case of this report) living in households with an equivalised household disposable income below 60% of the median equivalised household disposable income who experienced at least two forms of enforced deprivation.

There are two definitions of income and **"at risk of poverty"** used in the measures shown in this report. These include national, (i.e. "CSO, SILC"), and EU, (i.e. "EU-SILC") measures. The key difference between the national and EU definition of income is that the national definition includes the value of goods produced for own consumption and non-cash employee income (i.e. benefit-in-kind/BIK), while the EU definition does not. The calculation of national and EU "at risk of poverty" measures also involves the use of different equivalence scales. The purpose of an equivalence scale is to account for the size and composition of different income units (households) and thus allows for a more accurate comparison between households.

The national equivalence scale used to obtain the equivalised household size attributes a weight of 1.0 to the first adult in a household, 0.66 to each subsequent adult (aged 14+ living in the household) and 0.33 to each child aged less than 14 years. For EU "at risk of poverty" rates, the equivalised disposable income for each person is calculated as the total net income figure divided by the equivalised household size according to the modified OECD scale (which gives a weight of 1.0 to the first adult, 0.5 to other persons aged 14 or over who are living in the household and 0.3 to each child aged less than 14 years). In the tables/graphs shown in this report, tables with national data only use the national income definition and equivalence scale to calculate the "risk of poverty" rate, while tables showing EU comparisons use the corresponding EU definitions. The indicators shown in this report refer to income after social transfers are included.

"Consistent poverty" is a measure designed to examine the extent to which persons at risk of poverty may be excluded and marginalised from participating in activities that are considered the norm for other people in society. To this end, a set of basic deprivation indicators (listed below) has been agreed. Persons in consistent poverty are defined as persons who are at risk of poverty (national measure) and who live in households deprived, through inability to afford them, of two or more of the following basic deprivation items:

- Two pairs of strong shoes.
- A warm waterproof overcoat.
- Buy new (not second-hand) clothes.
- Eat a meal with meat, chicken, fish (or vegetarian equivalent) every second day.
- Have a roast joint or its equivalent once a week.
- Had to go without heating during the last year through lack of money.
- Keep the home adequately warm.
- Buy presents for family or friends at least once a year.
- Replace any worn-out furniture.
- Have family or friends for a drink or meal once a month.
- Have a morning, afternoon or evening out in the last fortnight for entertainment.

Note: Changes were introduced in the 2020 SILC survey which result in a break in the series. These changes include changes to income definition, private household definition, income reference period, collection and processing methods and weighting and calibration methods. For further information see https://www.cso.ie/en/releasesandpublications/in/silc/informationnote-breakintimeseriessilc2020.

Health Behaviour in School-aged Children (HBSC) Survey: Health Promotion Research Centre

The Health Behaviour in School-aged Children (HBSC) Survey is conducted in Ireland by the Health Promotion Research Centre every four years. This comprises self-report, self-completion questionnaires completed by children in schools. The following indicators draw on data from this source:

- Percentage of children aged 10–17 who report that they find it easy to talk to their mother when something is really bothering them*
- Percentage of children aged 10–17 who report that they find it easy to talk to their father when something is really bothering them*
- Percentage of children aged 10–17 who report having three or more friends of the same gender*

- Percentage of children aged 10–17 who report having a pet of their own or a pet in their family*
- Percentage of children aged 10–17 who report having been bullied in school (in the past couple of months)*
- Percentage of children aged 10–17 who report that students at their school participate in making the school rules*
- Percentage of children aged 10–17 who report smoking cigarettes every week*
- Percentage of children aged 10–17 who report never smoking cigarettes
- Percentage of children aged 10–17 who report who report having been drunk at least once in the past 30 days
- Percentage of children aged 10–17 who report never having had an alcoholic drink
- Percentage of children aged 10–17 who report having taken cannabis at least once in their lifetime
- Percentage of children aged 15–17 who report having ever had sex
- Percentage of children aged 10–17 who report feeling happy with the way they are*
- Percentage of children aged 10–17 who report being happy with their lives at present*
- Percentage of children aged 10–17 who report being physically active for at least 60 minutes per day on more than four days per week
- Percentage of children aged 10–17 who report that they eat breakfast five or more days per week
- Percentage of children aged 10–17 who report drinking soft drinks that contain sugar at least once a day*
- Percentage of children aged 10–17 who report feeling safe in the area where they live*
- Percentage of children aged 10–17 who report that there are good places in their area to spend their free time*.

Indicators marked with an asterisk (*) include data on children aged nine. These indicators use data collected separately in a Middle Childhood Study. These children are not included in the core HBSC sample. Therefore, these data have been excluded from overall percentages and from analyses by population group, social class and geographic location.

Data are subject to potential bias in relation to self-presentation and memory. They may also suffer from social desirability bias. The overall percentages for HBSC 2014 presented in this report have been weighted. The data were probability weighted prior to analysis to account for a gender imbalance which arose due to response variations during data collection in 2014. The sample weights were constructed using census data and accounted for using gender, age group and region. The weights were constructed as W=1/P. W can be interpreted as the inverse selection probability.

Social class is determined by inclusion in the following social class groups (introduced in 1996 by the CSO), which are defined on the basis of occupation:

- High: Social Class I (Professional) and Social Class II (Managerial),
- Middle: Social Class III (Non-manual) and Social Class IV (Skilled manual),
- Low: Social Class V (Semi-skilled) and Social Class VI (Unskilled).

The method to categorise social class for HBSC 2014 is different to that used in previous survey cycles. The highest social class in the household was used. In previous survey cycles, social class was categorised using the father's social class (or the mother's social class where the father's social class was not available or was missing data). Social class is missing for some records. This should be taken into account when comparing classifications by social class to overall totals.

NUTS is an acronym for the EU Nomenclature of Territorial Units for Statistics. This classification was legally established by EU Regulation No. 1059/2003 on 29 May 2003. The eight Regional Authorities (NUTS 3 regions) were established under the Local Government Act 1991. In Ireland, it is classified hierarchically as Level 1 — Ireland; Level 2 — Regions; and Level 3 — Regional Authorities (see Appendix 2).

Children are identified as **Traveller children** if they answered "Yes" to the question "*Are you a member of the Travelling community?*"

Children are identified as **having a disability and/or chronic illness** if they answered "Yes" to the question "*Do you have a long-term illness, disability, or a medical condition (like diabetes, asthma, allergy or cerebral palsy) that has been diagnosed by a doctor?*"

Children are identified as **immigrants** if both of their parents were born outside of Ireland.

Notes:

- The overall percentages in the data for 2010 were weighted and therefore results may differ to earlier years.
- The data for 2014 referred to "Percentage of children who reported being physically active for at least 60 minutes per day on four or more days per week". This has been amended to "Percentage of children who reported being physically active for at least 60 minutes per day on more than four days per week" in line with the data presented for earlier years.
- International comparisons are based on data from children aged 11, 13, and 15 only.

Hospital In-Patient Enquiry: Healthcare Pricing Office

The Hospital In-Patient Enquiry (HIPE) scheme, established in 1971, is a health information system designed to collect clinical and administrative data on discharges from, and deaths in, acute hospitals in Ireland. Since the 1st of January 2014, the Healthcare Pricing Office (HPO) within the Health Service Executive has overseen the administration and management of this scheme. Between 1990 and 2013 HIPE was managed by the Economic and Social Research Institute (ESRI) on behalf of the Department of Health and the Health Service Executive. The following indicators draw on data from this source:

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

HIPE data for 1994–2004 were classified using ICD-9-CM. All HIPE discharges from 2005 have been coded using ICD-10-AM (the Australian Modification of ICD-10, incorporating the Australian Classification of Health Interventions) specifically the ICD-10-AM 4th edition from 2005–2008, 6th edition from 2009 to 2014 and the 8th edition from 2015 onwards, which includes significant changes in the classification of diagnoses and procedures. This means that it is not possible to directly compare the data published for 2009–2013 in these reports with previously reported data for 1994–2004.

The **principal diagnosis** is defined as "The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment, as represented by a code" (METeOR: 391326) (Australian Institute of Health and Welfare 2012) [extracted from NCCC eBook, July 2013, General Standards for Diseases].

In-patient and day case discharges are reported only. ED and out-patient attendances are not recorded on HIPE. Care must be taken not to use hospitalisation rates as a proxy for incidence or prevalence of ill-health in children. Rates are based on episodes of care, such that an individual case will be counted separately in the statistics for each admission to hospital. In addition, hospital data will reflect changes in treatment protocols as well as issues of access to care. The data does not include any public activity performed in private hospitals under the private hospitals agreements.

HIPE has covered close to 100% of the discharges from publicly funded acute hospitals in recent years. Please see www.hpo.ie for further information on the HIPE System.

Immunisation Uptake Statistics: Health Protection Surveillance Centre

National data on immunisation uptake in children at 12 and 24 months of age are collated by the Health Protection Surveillance Centre using data provided by the HSE Regions on a quarterly basis. There is no national database on childhood immunisations. All immunisation uptake statistics in this report should only be read alongside caveats to data which is contained in the annual reports published on the website of the Health Protection Surveillance Centre (www.hpsc.ie). The following indicator draws on data from this source:

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

The vaccines included are:

- D_3 — three doses of vaccine against diphtheria
- $HepB_3$ — three doses of vaccine against hepatitis B
- Hib_3 — three doses of vaccine against Haemophilus influenzae type B
- Hib_b — one booster dose of vaccine against Haemophilus influenzae type B on or after 12 months of age
- $MenC_1$ — one dose of vaccine against meningococcal group C
- $MenC_2$ — two doses of vaccine against meningococcal group C
- $MenC_b$ — one dose of vaccine against meningococcal group C on or after 12 months of age
- MMR_1 — one dose of vaccine against measles, mumps and rubella
- P_3 — three doses of vaccine against pertussis
- PCV_2 — two doses of pneumococcal conjugate vaccine
- PCV_3 — three doses of pneumococcal conjugate vaccine
- PCV_b — one dose of pneumococcal conjugate vaccine on or after 12 months of age
- $Polio_3$ — three doses of vaccine against polio
- T_3 — three doses of vaccine against tetanus.

Since 18 September 2006, a Hib booster (Hib_b) was recommended. This followed the national Hib campaign from November 2005 to May 2006 among children aged less than four years. Since 1 September 2008, the childhood immunisation schedule outlined in the table below has been implemented for children born on or after 1 July 2008. Compared with the previous schedule, the changes to the primary schedule for children born on or after 1 July 2008 include:

- Introduction of a hepatitis B vaccine (as part of a 6-in-1 vaccine) given at two, four and six months of age

- Introduction of pneumococcal conjugate vaccine given at two, six and twelve months of age
- Change in timing of meningococcal serogroup C conjugate vaccination, now given at four, six and thirteen months of age
- Change in timing of the Haemophilus influenzae type b booster vaccination, now given at thirteen months of age.

Age	Children born before 1 July 2008	Children born on or after 1 July 2008
Birth	BCG	BCG
2 months	DTaP/Hib/IPV + MenC	DTaP/Hib/IPV/HepB + PCV
4 months	DTaP/Hib/IPV + MenC	DTaP/Hib/IPV/HepB + MenC
6 months	DTaP/Hib/IPV + MenC	DTaP/Hib/IPV/HepB + PCV + MenC
12 months	MMR + Hib	MMR + PCV
13 months	—	MenC + Hib

KEY:

BCG	Bacillus Calmette-Guerin vaccine	IPV	Inactive Polio Virus vaccine
DTaP	Diptheria, Tetanus and acellular Pertussis vaccine	MMR	Measles, Mumps and Rubella vaccine
Hib	*Haemophilus influenza* type B vaccine	MenC	Meningococcal group C vaccine
HepB	Hepatitus B vaccine	PCV	Pneumococcal conjugate vaccine

Please see www.immunisation.ie for complete information on the Irish childhood immunisation schedule and the immunisation guidelines for Ireland

National Ability Support System: Health Research Board

The National Ability Supports System (NASS) is an administrative data source managed by the Health Research Board. NASS is a national database that records information about disability-funded services that are received or required as a result of an intellectual disability, developmental delay, physical, sensory, neurological, learning, autism spectrum or speech/language disability. Mental health as a type of disability is also recorded on NASS where an individual is in receipt of a disability-funded service. The purpose of NASS is to gather information to aid the planning, development and organisation of disability funded services.

NASS began collecting data in September 2019 following consultation with the Health Service Executive (HSE), Department of Health (DoH) and disability service providers. NASS replaces two disability databases - the National Intellectual Disability Database (NIDD) and the National Physical and Sensory Disability Database (NPSDD). The NIDD and NPSDD were decommissioned in January 2018.

Since 2019, when data were first available from NASS, only some special schools and a small

number of the HSE's Early Intervention Teams and School-Age Teams were returning information to NASS. In order to improve the coverage of children on NASS in 2022, the Health Research Board (HRB) NASS team and HSE NASS personnel in the CHO areas undertook a project to register the caseloads of the Children's Network Disability Teams (CDNTs) on NASS. As part of the 2022 data collection, the 91 new CDNTs were asked to submit all relevant available data from their current caseloads to NASS, where possible, given the teams' existing resourcing issues. A total of 43,759 children were recorded as being on the caseload of a CDNT in 2022. Of these, 30,251 were new registrations on NASS. The remainder (13,508) were existing records previously held on NASS. A total of 47,550 children were registered on NASS in 2022 for various disability types.

The following indicators draw on data from NASS:

- The number of children with an intellectual disability registered for HSE funded disability services
- The number of children with a physical and/or sensory disability registered for HSE funded disability services

Data for these indicators prior to 2020 are no longer comparable with current data due to the above changes in database.

National Perinatal Reporting System: Health Pricing Office

The National Perinatal Reporting System (NPRS) was established in the 1980s and was managed by the Department of Health. From 1999 to 2013, the Economic and Social Research Institute was contracted by the Department of Health and the Health Service Executive to oversee the collection, processing, management and reporting of data submitted to the NPRS. The system has been managed by the Healthcare Pricing Office (www.hpo.ie) since January 2014. The NPRS is an administrative, clinical and demographic data source and provides details of national statistics on perinatal events (live births, still births and early neonatal deaths). The information collected includes data on pregnancy outcomes, with particular reference to perinatal mortality and important aspects of perinatal care. In addition, descriptive social and biological characteristics of mothers giving birth and their babies are recorded. The following indicators draw on data from this source:

- The percentage of babies born weighing less than 2,500 grams (live and still births)
- The percentage of infants who are (a) exclusively breastfed and (b) partially breastfed on being discharged from hospital
- The percentage of pregnant women attending antenatal care in the first trimester of pregnancy.

The birthweight categories are defined as: Low: < 2,500 g; Healthy: 2,500 g–3,999 g; High: ≥ 4,000 g.

The trimesters are defined as: First: ≤ 14 weeks; Second: 15–27 weeks; Third: ≥ 28 weeks.

The collection of data on the variable "timing of first antenatal contact" attempts to capture important information on Irish women's first contact with the healthcare services during pregnancy. This variable acts as an indicator of the length of antenatal care each mother has received and can be examined with birth, still birth and mortality rates. The completion of this indicator at present, however, may not provide an accurate estimation of this information. Although 85.3% of total births were recorded as receiving combined antenatal care in 2021, the date of the first visit to the doctor was recorded as "not known" for 28.5% of these births. As a result of the absence of these data, the timing of first contact with health professionals within this category will reflect the date of the first hospital visit, even though this is likely to have been later than the first doctor visit.

National Psychiatric In-Patient Reporting System: Health Research Board

The National Psychiatric In-Patient Reporting System (NPIRS) is an administrative data source managed by the Health Research Board. The data collected for the NPIRS include demographic data relating to each patient (such as gender, date of birth, marital status, address from which admitted and socioeconomic group), together with clinical and diagnostic information (such as date of admission/discharge, legal category, order of admission, diagnosis on admission and discharge in accordance with ICD-10, the World Health Organization International Statistical Classification of Diseases and Related Health Problems, 10th Revision and reason for discharge).
The following indicator draws on data from the NPIRS:

- Number and percentage of admissions to psychiatric hospitals/units and child and adolescent units among children.

National Self-Harm Registry Ireland: National Suicide Research Foundation

The National Self-Harm Registry Ireland is a national system of population monitoring for the occurrence of hospital-treated self-harm. The Registry is operated by the National Suicide Research Foundation and is funded by the HSE's National Office for Suicide Prevention. Data for the Registry are recorded by independently trained data registration officers, who register self-harm presentations to all of the country's hospital emergency departments. They follow standard operating procedures and apply standardised inclusion/exclusion criteria in line with an internationally recognised definition of self-harm. Note that although some individuals make more than one self-harm presentation to hospital, the figures presented relate to the number of individuals annually rather than the total number of presentations.

The Registry's Annual Reports are available at www.nsrf.ie.

Outturn of Quarterly Performance Indicator Returns: Health Service Executive

The Outturn of Quarterly Performance Indicator Returns is collated by the Health Service Executive (HSE). The following indicators draw on data from this source:

- The percentage of newborn babies visited by a public health nurse within 48 hours of discharge from hospital for the first time

- The percentage of children who have had their 9–11 month developmental check on time (i.e. before reaching 12 months of age).

Notes:

- The indicator "The percentage of newborn babies visited by a public health nurse within 48 hours of discharge from hospital for the first time" was changed from "The percentage of newborn babies visited by a public health nurse within 48 hours of discharge from hospital for the first time" in 2016
- The indicator "The percentage of children who have had their 9–11 month developmental check on time (i.e. before reaching 12 months of age)" was changed from "The percentage of children reaching 12 months who have had their 7–9 month developmental check on time (i.e. before reaching 10 months of age)" in 2020.

Patient Treatment Register: National Treatment Purchase Fund

The Patient Treatment Register (PTR) is an administrative data source managed by the National Treatment Purchase Fund. This register of patients on inpatient/day case (surgical and medical) and outpatient waiting lists in Ireland has been operational since September 2005 and now includes information from 45 hospitals (see below). Not all of the 45 hospitals on the PTR treat paediatric patients. The following indicator draws on data from the PTR:

- Number of children on IPDC hospital waiting lists in December of each year
- Number of children on OP hospital waiting lists in December of each year.

Hospitals contributing to PTR:
Bantry General Hospital; Beaumont Hospital; Cappagh National Orthopaedic Hospital; Cavan General Hospital; CHI at Crumlin; CHI at Tallaght; CHI at Temple St; Connolly Hospital Blanchardstown; Cork University Hospital; Cork University Maternity Hospital; Croom Orthopaedic Hospital; Ennis Hospital; Galway University Hospitals; Letterkenny University Hospital; Lourdes Orthopaedic Hospital Kilcreene; Louth County Hospital; Mallow General Hospital; Mater Misericordiae University Hospital; Mayo University Hospital; Mercy University Hospital; Merlin Park Hospital Galway; Midland Regional Hospital Mullingar; Midland Regional Hospital Portlaoise; Midland Regional Hospital Tullamore; Monaghan Hospital; Naas General Hospital; Nenagh Hospital; Our Lady of Lourdes Hospital Drogheda; Our Lady's Hospital Navan; Portiuncula University Hospital; Roscommon University Hospital; Rotunda Hospital; Royal Victoria Eye and Ear Hospital; Sligo University Hospital; South Infirmary Victoria University Hospital; South Tipperary General Hospital; St. Columcille's Hospital; St. James's Hospital; St. John's Hospital Limerick; St. Luke's General Hospital Kilkenny; St. Michael's Hospital; St. Vincent's University Hospital; Tallaght University Hospital; University Hospital Kerry; University Hospital Limerick; University Hospital

Waterford; Wexford General Hospital.

Note: Kilcreene OP waiting list included with St. Luke's General Hospital Kilkenny. The Rotunda Hospital Dublin provides OP data only.

Primary and Post-Primary Pupil Annual School Attendance Reports: Tusla, the Child and Family Agency

National data on school attendance are drawn from annual attendance reports based on returns submitted by individual schools at primary and post-primary level under Section 21(6) of the Education (Welfare) Act 2000 and collated by Tusla, the Child and Family Agency. The following indicator draws on data from this source:

- Percentage of children who are absent from (a) primary school and (b) post-primary school for 20 days or more in the school year.

Response rates and further information can be found on the Tusla Website.

Programme of International Student Assessment (PISA) Survey: Educational Research Centre

The Programme of International Student Assessment (PISA) Survey is conducted in Ireland by the Educational Research Centre every three years. In addition to achievement tests, it employs self-report, self-completion questionnaires, which are completed by participating children in their schools. The following indicators draw on data from this source:

- Percentage of children aged 15 who report that their parents spend time just talking with them several times a week
- Percentage of children aged 15 who report that their parents discuss with them how well they are doing at school more than once a week
- Percentage of children aged 15 who report that their parents eat a main meal with them around a table more than once a week.

In 2015, PISA was administered on computer for the first time in most participating countries, including Ireland. In 2015, science literacy was the major assessment domain in PISA, meaning that it was comprehensively assessed, using a large number of test items. Reading literacy and mathematics literacy were minor assessment domains. The following indicators draw on data from this source:

- Mean score for children aged 15 based on the OECD-PISA Reading Literacy Scale
- Mean score for children aged 15 based on the OECD-PISA Mathematics Literacy

Scale

- Mean score for children aged 15 based on the OECD-PISA Science Literacy Scale

The "OECD average" refers to the OECD country average, i.e. it is the average of the country means and not of all the OECD students pooled together.

The measure of the social class status is based on the PISA ESCS (economic, social and cultural status) index, which was divided into thirds.

Children are identified as immigrants based on the questions that ask about the country in which they and their parents were born. The variable IMMIG in the OECD database is based on responses to these questions. For the analyses reported here, it was recoded into two categories: (1) first- and second-generation immigrant children; and (2) other (i.e. native) children. Children with missing responses for either their own country of birth or those of both parents were assigned a missing value on IMMIG.

Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme: An Garda Síochana

The Annual Report of the Committee Appointed to Monitor the Effectiveness of the Diversion Programme is published by An Garda Síochana. The following indicator draws on data from this source:

- Number of children aged 10–17 referred and total referrals to the Garda Diversion Programme.

Review of Adequacy Reports: Tusla, the Child and Family Agency

The data used to calculate the number of children in care for any given year for the Review of Adequacy and historically used to populate the State of the Nation's Children report are extracted from Tusla Q4 Addendum Return, which replaced the Department of Health and Children Child Care Interim Dataset and these data are returned from March of the following year onwards and have gone through a rigorous validation process. The previous State of the Nation's Children report was based on data from the HSE and its 32 LHO areas. Tusla, the Child and Family Agency report on 17 Administrative Areas. The following indicator draws on data from this source:

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

Data for the Review of Adequacy Report are also extracted from the Child Care Quarterly PI (performance indicator) Metrics. A breakdown of the number of referrals of child protection (abuse reports) for 2012 was unavailable due to the transition within the HSE Local Health Offices from the Child Care Interim Dataset reporting, which was deemed not suitable in its current format, to a new collection process called the Quarter 4 Addendum Return. As part of a process of transition, a review of the dataset metrics took place and an agreement was formulated to incorporate any of the dataset metrics that could be collected quarterly as part of the PI suite of metrics. The review formed the opinion that it was appropriate to report on the abuse referrals quarterly (in arrears) as part of the PI suite of metrics. Due to the timing of the change for 2012, it was not possible to collect the breakdown of abuse types for 2012; however, a process was put in place to return to collecting abuse referrals by type format for 2013, which has occurred successfully. Starting in 2020, the number of referrals also includes cases not requiring a social work response following screening. The counting of all reports of concern provides a more accurate account of activity and demand on child protection and welfare services. The following indicator draws on data from this source:

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

Summary of Social Housing Assessments: Department of Housing, Local Government, and Heritage

Under section 21 of the Housing (Miscellaneous Provisions) Act 2009, the Minister may, from time to time, direct housing authorities to prepare a summary of the social housing assessments carried out in their administrative area. This summary replaces the triennial (every three years) statutory summaries of need which were carried out under Section 9 of the Housing Act 1988. The following indicator draws on data from this source:

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

The 2013 summary was the first to be carried out under the new assessment regime commenced by the Social Housing Assessment Regulations 2011. In light of the statutory changes introduced in 2011, the methodology used to collect the 2013 data differs substantially from that used in previous years and therefore the 2013 figures are not directly comparable to previous years. The methodologies used to collect the 2008 and 2011 data also differed. These differences limit comparisons between the years. 2013 and 2016 are the only two years that are directly comparable in terms of the data collected. In preparing the 2013 assessment, Local Authorities reviewed their waiting lists to confirm that those on the list were still seeking and in need of social housing. Data represent net need for social housing support, meaning households that have been assessed as being qualified for support

(i.e. deemed eligible and in need of support) and whose housing need has not been met. These figures are net of duplicate applications (i.e. applicants who have applied to more than one Local Authority), those households appearing on multiple lists in different authorities, and households already in receipt of Social Housing Support, e.g. those in RAS, in receipt of HAP, or those that have applied for a transfer. The 2013 figures on the breakdown of households with children in Templemore, Co Tipperary are unavailable. Due to this omission, percentages are calculated on the basis of 89,744 households on the waiting list for social housing, as opposed to the complete figure of 89,872 households.

Prior to 2021, the household composition variable resulted in some anomalies, with most multi-adult households having been classified as single adult households (with and without children) and as couple households. The variable has been changed in 2021 to correct for this.

Vital Statistics: Central Statistics Office

Vital statistics relating to births, deaths and marriages are compiled by the Central Statistics Office on an annual basis. The following indicators draw on data from this source:

- Number of deaths of children
- Number of births to mothers aged 15–17
- Number of suicides by children aged 10–17.

Deaths are coded according to the 10th Revision of the International Statistical Classification of Diseases, Injuries and Causes of Death. Stillborn babies are excluded from infant mortality figures, which refer to deaths of children aged less than one year. The CSO reports quarterly on births, deaths and marriages registered during a three-month period. They also produce annual summary reports of births, deaths and marriages registered during the reference year. Not all deaths registered in a particular year will have occurred in that year. For example, a death occurring at the end of one year might not be registered until the beginning of the next year. There can be a delay of some months between occurrence and registration in the case of a death where an inquest is required. To account for this, the CSO also publishes an annual report of births and deaths that occurred during a particular year.

Suicides by children aged 10–17 years include a small number of suicides by children aged 10–14 years. Data for the most recent year are provisional.

WHO European Childhood Obesity Surveillance Initiative: National Nutrition Surveillance Centre

The WHO European Childhood Obesity Surveillance Initiative is conducted in Ireland by the

National Nutrition Surveillance Centre. This survey collects the weight, height and waist circumference of first class children (aged 6—7 years). The following indicator draws on data from this source:

- The percentage of first class children in BMI categories "normal", "overweight", and "obese".

Height is recorded to the last 0.1 cm, weight recorded to the last 0.1 kg and waist circumference to the last mm. Training in standardised measurement techniques and standard equipment is provided to qualified nutritionists who carry out the fieldwork.

Appendix 2: EU country classifications

EU-27

The EU-27 countries are: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, and Sweden.

EU-28

The EU-28 (including the United Kingdom), and the EU-27 (excluding the United Kingdom) are used in different sections of SONC according to the most recently available data.

Appendix 3: NUTS classifications

NUTS is an acronym for the EU Nomenclature of Territorial Units for Statistics. This classification was legally established by EU Regulation No. 1059/2003 on 29 May 2003. The eight Regional Authorities for Ireland (NUTS 3 Regions), which were established under the Local Government Act 1991, are set out below.

NUTS2 Code	NUTS 2 Name	NUTS3 Code	NUTS 3 Name	County
IE04	Northern & Western	IE041	Border	Donegal
				Sligo
				Leitrim
				Cavan
				Monaghan
		IE042	West	Galway
				Mayo
				Roscommon
IE05	Southern	IE051	Mid-West	Clare
				Tipperary
				Limerick
		IE052	South East	Waterford
				Kilkenny
				Carlow
				Wexford
		IE053	South-West	Cork
				Kerry
IE06	Eastern & Midland	IE061	Dublin	Dublin
		IE062	Mid-East	Wicklow
				Kildare
				Meath
				Louth
		IE063	Midlands	Longford
				Westmeath
				Offaly
				Laois

STATE OF THE NATION'S CHILDREN

An Roinn Leanaí, Comhionannais, Míchumais, Lánpháirtíochta agus Óige
Department of Children, Equality, Disability, Integration and Youth