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Access for children in need to the key services covered by the European Child Guarantee

Ireland

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Social Europe

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EUROPEAN COMMISSION

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Summary

On 14 June 2021, the Council of the European Union adopted a Recommendation establishing a "European Child Guarantee" (ECG), with a view to guaranteeing access to six key services for "children in need":

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities; at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

The purpose of the present report is to assess the extent to which low-income children in Ireland do indeed have effective (or effective and free) access to these services.

Ireland does not provide effective and free access to early childcare for all children, but rather provides a statutory entitlement to financial support towards these via the national childcare scheme (NCS). A recent review of the NCS found that it successfully targets higher payments at more disadvantaged areas. Within pre-school settings, Ireland has a universal two-year early childhood care and education (ECCE) programme: however, its coverage is capped at three hours a day, five days a week, and so further hours beyond this are charged. The COVID-19 pandemic has significantly affected the use and development of the NCS, while staffing issues continue to affect the accessibility and affordability of the ECEC system. Children in full-time pre-schooling and daycare receive two free meals, but low-income children are less likely to participate in full-time care. The majority of school-related provision in public primary and secondary schools is not free for all or lower-income children, although free books will be provided to all public primary school pupils from September 2023. Cash benefits for school clothing and footwear for low-income children are available. A targeted publicly funded schools meals scheme for schools in disadvantaged areas has expanded to include more schools, but there are concerns over the omission of low-income children who do not attend the eligible schools, and the impact of school closures on children reliant on these meals. The government promotes various healthy food schemes in and outside schools to reduce health inequalities, primarily through educational campaigns. There are no government-funded programmes that provide healthy food subsidies or vouchers. Publicly provided school meals in general remain largely processed.

All children under 6 are eligible for free general practitioner (GP) visits, which will soon be extended to children aged 6 and 7. Currently, low-income children's qualification for free healthcare in most services and products in Ireland is dependent on a household qualifying for a means-tested medical card, which covers free GP visits, most medicines, eye tests, ear tests and dental checks. The accessibility of healthcare and dental care is under severe strain, particularly due to critical staffing issues, resulting in a service that is inadequately responsive. Distance and lack of effective transport also contribute to limited accessibility.

Ireland provides a comprehensive system of housing allowances to enable low-income households to pay rents in the private (for profit) sector, as well as linking rents for social housing to tenants' incomes to ensure they are affordable. Access to both is means-tested, and the test takes account of the number of children in the household. Income limits for access to social housing and housing allowances have not kept pace with increases in incomes and private rents over the last decade – although, in an effort to address this, they were increased in 2022. A more significant impediment to access is lack of housing supply, however.

Introduction

On 14 June 2021, the EU Member States unanimously adopted the Council Recommendation (EU) 2021/1004 establishing a "European Child Guarantee" (ECG).[1]

The objective of the ECG is to offset the impact of poverty on children and to prevent and combat their social exclusion. To this end, it is recommended that Member States guarantee for "children in need" (defined as people **under 18** who are at risk of poverty or social exclusion – AROPE):

- effective and free access to four services: high-quality early childhood education and care (ECEC); education and school-based activities[2]; at least one healthy meal each school day; and healthcare; and
- effective access to two services: healthy nutrition and adequate housing.

According to the ECG Recommendation, ***effective access*** means "*a situation in which services are readily available, affordable, accessible, of good quality, provided in a timely manner, and where the potential users are aware of their existence, as well as of entitlements to use them*" (Article 3d). ***Effective and free access*** means "effective access" to the services, as well as free-of-charge provision – either by organising and supplying such services or by providing "*adequate benefits to cover the costs or the charges of the services, or in such a way that financial circumstances will not pose an obstacle to equal access*" (Article 3e).

The Recommendation directs the Member States to prepare action plans, covering the period until 2030, to explain how they will implement the Recommendation.[3] These plans are to be submitted to the European Commission.

The purpose of the present report is to assess the extent to which children AROPE have effective and free access to four of the six services covered by the ECG and effective access to the other two (see above). Given that the eligibility criterion (or criteria) for accessing those services in individual Member States (at national and/or sub-national level, depending on how the service is organised) is/are not based on the EU definition of the risk of poverty or social exclusion,[4] the report focuses on access for **low-income children** to each of these services, using the national low-income criterion (or criteria) that apply (e.g. having a household income below a certain threshold or receiving the minimum income). Throughout this report, "low-income children" is to be understood as children living in low-income households.

In Ireland, all six services covered by the ECG are primarily or solely regulated at national level. Therefore, the report seeks to provide a general picture of the (effective/free) access for low-income children in the country.

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[1] The full text of the ECG Recommendation is available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2021.223.01.0014.01.ENG&toc=OJ%3AL%3A2021%3A223%3ATOC.

[2] According to the Recommendation (Article 3f), "school-based activities" means *"learning by means of sport, leisure or cultural activities that take place within or outside of regular school hours or are organised by the school community*".

[3] Once they have been submitted to the European Commission, the plans are made publicly available online at: https://ec.europa.eu/social/main.jsp?catId=1428&langId=en.

[4] According to the EU definition, children are AROPE if they live in a household that is at risk of poverty (below 60% of median income; hereafter AROP) and/or severely materially and socially deprived, and/or (quasi-)jobless. For the detailed definition of this indicator and all other EU social indicators agreed to date, see: https://ec.europa.eu/social/main.jsp?catId=756&langId=en. In 2021, EU Member States agreed a target to be reached by 2030: a reduction in the number of people AROPE in the EU by at least 15 million, including at least **5 million children**.

The report is structured by service:

- effective and free access to high-quality ECEC;
- effective and free access to education and school-based activities;
- effective and free access to at least one healthy meal each school day;
- effective and free access to healthcare (e.g. free regular health examinations and follow-up treatment, and access to medicines, treatments and support);
- effective access to healthy nutrition;[5] and
- effective access to adequate housing.[6]

1. Early childhood education and care (ECEC)

This section describes the situation regarding effective and free access for low-income children to ECEC services.

1.1 Mapping accessibility and affordability of ECEC

Table 1.1: Accessibility and affordability of ECEC

Childcare (usually under age 3)		Pre-school setting (usually age 3 to compulsory school age)	
Accessibility	**Affordability**	**Accessibility**	**Affordability**
ENT-ALL6months	NO	ENT-ALL2years	FREE-ALL2years

Note: "ENT-ALLxxx" means a legal entitlement for all children from the age of xxx. "FREE-ALL2years" means free for all children from the age of 2. "NO" in the affordability column means not free for low-income households. If the information differs between centre-based and home-based care, the information provided applies to centre-based care.

Table 1.1 shows that all children from the age of 6 months have a legal entitlement to access childcare. This is aided by the national childcare scheme (NCS), established in 2019. There is no legal entitlement or priority access specifically for low-income children.

Childcare is not free for low-income or all households. Pre-schooling is accessible and free to all children through the Irish early childhood care and education (ECCE) programme, a universal two-year pre-school programme for all children who have turned 2 years and 8 months before 31 August of each programme year. The programme runs during the primary school year (i.e. from September to June), for three hours per day, five days per week, for 39 weeks (Department of Children, Equality, Disability, Integration and Youth, 2022b). There is no charge to parents for playschool or daycare hours provided under the ECCE scheme, although parents may be charged for extra activities and for any hours of childcare beyond the three hours funded by government.

[5] According to the Recommendation (Article 3g), "healthy meal" or "healthy nutrition" means "*a balanced meal consumption, which provides children with nutrients necessary for their physical and mental development and for physical activity that complies with their physiological needs*".

[6] According to the Recommendation (Article 3h), "adequate housing" means "*a dwelling that meets the current national technical standards, is in a reasonable state of repair, provides a reasonable degree of thermal comfort, and is available and accessible at an affordable cost*".

1.1.1 Conditions for qualifying as a "low-income child"

Not Applicable

1.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Not applicable: there are no groups of children who have free access to childcare under age 3. Regarding pre-school settings, this is not applicable, as access is free for all children from age 2.

1.2 Main barriers to effective and free access to ECEC for low-income children

1.2.1 Financial barriers

Financial barriers to participation in ECEC in Ireland are significant. Childcare costs are among the highest in the OECD (OECD, 2020). These costs have been found to be a significant factor contributing to low levels of participation in education and training, and employment for mothers (Paull, 2021).

As shown in Table 1.1, access to childcare is available to all children over the age of 6 months, but childcare is not free for all or low-income children, nor are low-income children given priority access. One policy response to tackling financial barriers to ECEC is the NCS, established in 2019, which provides the first-ever statutory entitlement to financial support towards childcare costs. The NCS is designed to:

- improve outcomes for children and support lifelong learning;
- reduce poverty;
- facilitate labour market activation; and
- tangibly reduce the cost of early learning care (ELC) and school-age childcare (Pobal, 2022).

The scheme provides two subsidies: a universal subsidy and an income-assessed subsidy. The universal hourly subsidy is for children from age 24 weeks until they are eligible for ECEC. It is available for all qualifying households irrespective of income. The income-assessed hourly subsidy is for children aged from 24 weeks to 15 years in lower-income households. Only one subsidy can be claimed at a time. The income-assessed subsidy is means-tested and available to households below a specific annual reckonable income.

As part of the central government budget for 2023, additional funding was allocated to implement the NCS, designed to improve affordability and access for parents and improve pay and conditions for the staff of the service (Department of Children, Equality, Disability, Integration and Youth, 2022a).

A 12-month review of the NCS revealed that up until the end of March 2021, applications on behalf of 93,902 children were made to the NCS, 94% (88,088 children) of which were successful (Paull, 2021). However, only 55% (51,782 children) of applicants went on to make a claim and benefit from a subsidy payment. More than half (58%) of applicants had applied for the income-assessed subsidy (58%), while 26% had applied for the universal subsidy, and 14% had multiple applications covering both types. Paull (2021) estimated that, as a proportion of the population, around 9% of children up to age 15 had made an application to the scheme and around 5% had a claim. These proportions were highest for children under 3, reflecting

use of the ECCE programme for children from age 3 and lower use of formal childcare for children from age 5.

With respect to uptake of the scheme, this research revealed that almost a quarter (23%) of applicants were from disadvantaged areas, some two thirds from areas of around average disadvantage, and almost 1 in 10 (9%) from affluent areas. In the report concerned, these geographical variations were captured using the Pobal Haase-Pratschke deprivation index – a multi-level index of disadvantage constructed from the census.

Among claimants of the income-assessed subsidy provided by the NCS, around a third were single parents, around a third were households with just one child, and around three quarters met the work-study test and had an award for enhanced hours (Paull, 2021). The 12-month review found that the NCS was successfully targeting higher payment amounts to more disadvantaged areas, as indicated by patterns in weekly claims (Paull, 2021).

While the government provides both universal and targeted financial support to meet these costs, the provision of childcare in Ireland primarily relies on the private sector, contributing to the high and variable cost of non-parental childcare (Curristan, McGinnity, Russell and Smyth, 2023).

Regarding pre-school settings, the Irish ECCE programme provides a universal two-year pre-school programme for all children who have turned 2 years and 8 months before 31 August of each programme year. The provision of ECEC is for 15 hours per week in term time. Exemptions apply to the upper age limit where a child requires additional/special needs.

Participating playschools and daycare services are paid a set amount per child by the state to offer the ECCE service. In return, participating centres and playschools provide a pre-school service free of charge to all children within the qualifying age range. The service is for a set number of hours over a set period of weeks.

In 2019, the proportion of AROPE children aged 0-2 participating in ECEC was 18.7%, much lower than the EU average of 27.3% of AROPE children, and significantly lower than the proportion of non-AROPE children in Ireland, at 39.5%. However, the proportion of AROPE children in Ireland participating in ECEC increases with age. Among children aged between 3 and compulsory school age, 87.6% of AROPE children participated in the ECEC, compared with 89.3% of non-AROPE children (European Commission, 2022). In 2020/2021, over 95% of the total eligible cohort (104,137 children), were enrolled in the ECEC programme (Government of Ireland, 2022).

The NCS is most beneficial to parents who are employed or who participate in training or education, entitling them to an enhanced hours' subsidy of up to 45 hours of weekly childcare, compared with a standard hours' subsidy of up to 20 hours a week for a parent who is not working, studying or training.

Prior to May 2022, deductions would be made to a family's entitlement to subsidised hours under the NCS, according to the hours a child spent in pre-schooling or school during term time. As part of a review, the scheme has been reformed to allow low-income parents who are not employed or participating in training to benefit from full NCS standard hourly subsidies while the child is enrolled in ECEC. It has been suggested that further monitoring is needed to find out if the scheme supports children from disadvantaged backgrounds in the ECEC, irrespective of their parents' working situation (OECD, 2020).

Fees charged by services vary depending on the level of affluence of an area and its geographical location. A report found that full day fees in affluent areas were 27% higher than those in disadvantaged areas, but average weekly full-day fees were 4% higher in disadvantaged locations than those in marginally below-average areas (Pobal, 2022). This is because the most disadvantaged areas are more highly concentrated in urban environments.

1.2.2 Non-financial barriers

An OECD report (2021) found that the NCS was perceived as complex by stakeholders, particularly those who had low digital and literacy competencies. This is despite the efforts by government to streamline the service and attempts to make it as user-friendly as possible. Many Traveller households, an over-represented group within the AROPE population, have been found to be unaware of the financial subsidies available and can lack the literacy skills and or the digital infrastructure to complete the applications (Children's Rights Alliance, 2022).

A recent 12-month review of the NCS found that vulnerable households, often also on low incomes, lacked digital capabilities or did not have ready access to IT to apply online, while there was a high burden for offline applications. In special cases where childcare is needed on child welfare, child protection, family support, or other specific grounds, designated statutory bodies (such as the Child and Family Agency or the Health Services Executive) can act as sponsors and refer children to the scheme. The process for sponsor referrals was found to have a number of issues, such as a lack of consistency around criteria for sponsorship, poor internal knowledge of the scheme, bureaucratic confusion, and unwillingness of parents to share information with state bodies (Paull, 2021). The COVID-19 pandemic significantly affected both the development and use of the NCS (Paull, 2021). The closure of services from March 2020, such as support services for providers regarding registration and on-boarding, affected the roll-out and development of the NCS. As services began to reopen, changes in work patterns, such as remote working, further affected the demand for full- and part-time ECEC and applications for NCS subsidies (Children's Rights Alliance, 2022). Low levels of awareness of the NCS further acted as non-financial barriers, for parents at all income levels (Paull, 2021).

Spatial variances in childcare fees outlined in Section 1.1.2 contribute to increases in waiting lists and geographical disparities in availability.

In addition, the provision of ECEC services is challenging due to difficulties in recruiting and retaining sufficient staff, primarily because rates of pay in the childcare sector are low. and this may disproportionately affect access for low-income households. The inability of most non-relative childminders to administer the NCS adds further challenges to the accessibility and affordability of ECEC services. Currently, only childminders who are registered with Tusla, the state's Child and Family Agency, can provide the NCS. Legislative and regulatory barriers prevent most childminders from being able to register. The national action plan for childminding is aimed at developing specific regulations that will enable increased participation in the NCS, including tailored qualification requirements that will act as a prerequisite to access the NCS.

In 2020-2021, it was reported by ELC service-providers that up to 38,987 children nationally were on waiting lists, which would signify a 68% increase since 2018-2019 (Pobal, 2022).

1.3 Free meals provision for low-income children in ECEC

Under the terms the Child Care Act 1991 (Early Years Services) Regulation 2016, full-time participants in pre-schooling and daycare of more than five hours must be freely provided with two nutritious meals each day, one of which must be a hot meal, and two snacks. Children in pre-schooling and daycare for up to a maximum of five hours can receive at least two meals and one snack, though it is not necessary to provide a hot meal. Children in pre-schooling and daycare for up to 3½ hours are to be offered one meal and one snack. The meal does not have to be a hot meal (Tusla, 2018). Low-income children may be less likely to use full-time ECEC (OECD, 2022) and therefore less likely to have access to the additional free hot meal and extra snack.

In November 2022, the Irish government announced funding for a scheme piloting the provision of meals for children in ECEC settings in disadvantaged areas, and particularly for those children who use childcare services for shorter periods. The scheme will test a range of meal options. Pilot settings will have the assistance of a dietician to support the selection of meal options. The scheme will be evaluated and include a consultation process to inform discussions about a wider roll-out. It is envisaged that these new arrangements will be similar to the DEIS (delivering equality of opportunities in schools) programme which provides additional support for primary and secondary schools in disadvantaged areas (Department of Children, Equality, Disability, Integration and Youth, 2022b).

2. Education and school-based activities

This section describes the situation regarding effective and free access for low-income children to education and school-based activities.

Section 2.1 maps the main school costs in public primary and secondary education, distinguishing between the following:[7]

- compulsory basic school materials (schoolbag, pens, glue, scissors, etc.);
- compulsory school materials (textbooks, school supplies, notebooks, etc.);
- compulsory specific clothing (uniform, sports clothing);
- IT equipment requested by the school;
- sports equipment or musical instruments requested by the school;
- compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum;
- other compulsory fees or costs; and
- transport costs to or from school.

Section 2.2 briefly describes the cash benefits specifically intended to help meet educational costs.

Finally, Section 2.3 seeks to identify the main barriers that prevent low-income children from having effective and free access to “school-based activities” as defined in the Council Recommendation establishing the ECG (see "Introduction" section). Given that the distinction between these activities and some of the activities covered above – especially the “compulsory extramural activities (e.g. school trips, sport, culture) that are part of the curriculum” – may not always be clear-cut, the focus of Section 2.3 is specifically on school-based activities which are not part of the curriculum.

[7] Tuition fees charged by private schools are not covered.

2.1 Mapping the main school costs in public primary and secondary education

Table 2.1a: School costs of primary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
NO	ALL(*)	NO	NA	NA	NO	NA	POOR

Note: (*) The situation regarding books is the situation that will be in place from the 2023/2024 school year. "ALL" means that this category is free for all children. "NO" means that most/all items in the category are not free for low-income children. "NA" (not applicable) means that this category is not requested/compulsory in the country.

The costs of books in primary and secondary schools in Ireland have not historically been subsidised by government for the majority of pupils. However, the government has recently announced that this situation will change.

The central government expenditure budget for 2023 provided funding for the Department of Education to provide free books for all public primary school pupils from September 2023. This extends the government's free schoolbook pilot scheme, which piloted the provision of free books to low-income students in 102 primary schools that are part of the DEIS programme.

The Irish government does not currently cover the other costs of attending primary school listed in Table 2.1a above, either for all children or for all lower-income children. However, there are several subsidies, grants and one-off schemes that are aimed at easing costs for low-income children. This is explained in more detail in Section 2.2.

A 2022 survey estimated that the full costs to parents of sending a child to primary school were €424 per annum, and for secondary school between €722 and €814 (Barnardos, 2022a). These estimates did not include costs for transport, sport or music equipment, or extracurricular activities, but did include voluntary contributions to the costs of running schools (which are commonly requested from parents by schools) and the costs of classroom resources (pens, pencils etc.).

According to the report, 73% of secondary school households were asked to voluntarily contribute an average of €81 for primary schools and €124 for secondary schools, per annum. School costs have been increasing due to the rising costs of living, with the price of books in secondary schools estimated at €211 per year, while spending on sports equipment and gym gear has also risen for households (Irish Independent, 2021).

Table 2.1b: School costs of secondary education (free for all/low-income children)

Basic material	Books	Clothing	IT	Sports or music equipment	Extra-mural activities	Other fees or costs	Transport
NO	NO	NO	NO	NO	NO	POOR	POOR

Note: "POOR" means that it is free for low-income children. "NO" means that most/all items in the category are not free for low-income children. "NA" (not applicable) means that this category is not requested/compulsory in the country.

Ireland does not provide free secondary school educational provisions, such as those listed in Table 2.1b above, for all children or for lower-income children. However, there are a number of subsidies, grants and one-off schemes that are aimed at easing costs for low-income children under "other fees or costs". These forms of support are explained further in Section 2.2, and the qualifying conditions in Section 2.1.1.

2.1.1 Conditions for qualifying as a "low-income child"

Secondary school pupils whose parent or guardian has a medical card do not have pay for state examinations at the junior and leaving certificate levels. A medical card provides free access to general practitioner (GP) care and prescriptions.

Medical cards are provided to all individuals aged over 70, but other households must satisfy a means test to qualify for a medical card. This means test takes account of age, income, savings and investments and household composition.

Low income is a weekly income (gross, less tax and social insurance) of €266.50 or less for single parents, couples, and married/cohabiting/civil partners (aged under 66) with dependent children. This weekly income limit is increased by €38 for each of the first two children aged under 16 in the household, by €41 for the third and each subsequent child under 16, by €39 for each of the first two children aged over 16 with no income, and by €42.50 for the third and each subsequent child with no income.

Savings and investments are taken into account: however, income from the first €36,000 of capital for a single person or €72,000 for a couple is not counted, and the value of the family home is not assessed.

If a household's only income is derived from social security allowances or benefits, a card will be granted even if payments are above the income guideline for the given age and situation.

Expenses such as childcare costs, rent (exclusive of amounts paid by rent supplement or housing assistance payments – HAPs), reasonable mortgage payments (after the deduction of tax relief and mortgage repayments) and associated insurance and life assurance, maintenance payments, and costs of travelling to work, are all allowable and will increase the income limit (Citizens Information, 2023b).

2.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

This is not applicable in most cases, as no groups of children have free access to most of the various school costs. In the case of books in primary schools, this is not applicable either, as they are free for all children.

The cost of state examinations is free for children whose families have a medical card. State examinations are typically taken by children between the ages of 15 and 18. There are no specific figures on the proportion of children who avail themselves of free state examination fees, but recent statistics show that over 35% of those with medical cards or with access to medical cards through their household were aged 12-15, while over 20% of people aged 16-24 had medical cards (Department of Health, 2022). The latest figure for the percentage of children AROPE for those aged 12-17 is 23.7% of the population (Eurostat, 2023). There is a lack of sufficient data and analysis to compare medical card holders and the wider AROPE population in the relevant age groups.

2.2 Cash benefits whose specific purpose is to help meet educational costs

The back-to-school clothing and footwear allowance is a non-statutory scheme that provides one-off cash payments to low-income parents to help with the costs of uniforms and footwear for children going to school. This payment is made once per year in the early autumn immediately prior to the start of the school year. This cash benefit is currently €160 for children aged 4-11 and €285 for children aged 12-22, although a one-off €100 increase per eligible child in both age ranges was announced in 2022, due to the cost-of-living crisis. This €100 increase will now be repeated for 2023. This is another temporary measure and it is not yet known whether the government plans to permanently increase this cash benefit, or revert to the original payments in 2024.

To qualify for this allowance, the parent(s) must be a beneficiary of a relevant social insurance or assistant payment or support scheme, and the total household income must be less than the following weekly income limits (before tax, but excluding pay-related social insurance): €642 for households with one child, €692 for households with two children, €742 for households with three children, €792 for households with four children, and an extra €50 for any additional children. Savings and investments are also included, excluding the household property, and income from the first €5,000 of capital is not taken into account (Citizens Information, 2023a). School uniforms are very common in Irish schools, particularly at secondary level. These can reduce the costs of providing clothing for children: however, the costs of school uniforms are also often high due to the common practice of requiring that uniforms have special school crests printed on them, or stipulating that only specific brands be used.

2.3 Main barriers to effective and free access to school-based activities for low-income children

2.3.1 Financial barriers

There are no comprehensive data available on this issue, but several ad hoc surveys have been conducted showing that low-income children face significant financial barriers to effective and free access to school-based activities.

An annual survey carried out by the Irish League of Credit Unions (2022) showed that 67% of households surveyed could not facilitate their children in their pursuit of extracurricular activities because they could not afford them. This survey did not focus on low-income households specifically but is indicative of the current costs of school-based activities for the general population.

Barnardos, a national children's charity, has observed that the low-income families they support are using all disposable income towards bills, energy, food and travel, without income left for school activities or trips, due to the increased cost of living (Barnardos, 2022b).

2.3.2 Non-financial barriers

There is evidence indicating that the promotion of particular school-based activities and the availability of adequate facilities influence participation rates in school-based activities by low-income children.

A study of arts and cultural participation among young people aged 17 found that school-based provision of extracurricular art and music was most prevalent in fee-paying secondary schools

and least prevalent in DEIS secondary schools, particularly in relation to music (Smyth, 2020). However, involvement in certain structured cultural extracurricular activities, such as drama and dancing, in DEIS schools was found to be equal to that in non-DEIS and fee-paying schools, reflecting higher levels of promotion and access to these kinds of activities within DEIS schools.

An earlier study of children and young people in Ireland found that while DEIS schools actively promoted cultural activities, children in the most disadvantaged schools were only 62% as likely to take part in a cultural club or lesson as those in non-DEIS schools (Smyth, 2016).

3. Free meals at school

This section describes the situation regarding effective and free access for low-income children to at least one free healthy meal each school day.

3.1 Mapping free provision of school meals

3.1.1 Conditions for qualifying as a "low-income child"

Public funding of €57 million was provided by central government in 2020 for low-income children to access free school meals, including a hot meal. The hot school meal element of the scheme was introduced in 2019 as a pilot project and has since been extended to over 500 schools. The hot meals have been found to be of much better quality than previous publicly provided cold food meals (Children's Rights Alliance, 2022). To access funding under the school meals programme, a primary or secondary school must prove that they are in disadvantaged areas with low socio-economic means (Darmody, 2020). Therefore, only low-income children attending primary or secondary schools in disadvantaged areas can receive free school meals, rather than all low-income children.

Access is not free for all low-income children. The school meals programme is targeted at schools in disadvantaged areas, with priority funding for schools that are currently part of the DEIS programme. Entitlement to the scheme is not automatic, and budgetary considerations are part of the application process (Department of Social Protection, 2023). To access the publicly funded meals scheme, students must therefore be enrolled in the chosen DEIS schools. Within the schools that have school meals funding, all students are eligible to receive the meals. While the provision of meals under the school meals scheme is free, in a very small number of cases, parents contribute to the cost. Some schools require students to make a voluntary payment, if they can afford to do so. This could be in the form of a daily charge of €1, or a weekly or annual payment (RMS, 2022). This is noted as being an uncommon practice.

The DEIS programme uses a standardised process to determine schools' eligibility, based on a deprivation index that includes variables such as employment status, parenthood status, education levels and dependency rates (Fleming and Harford, 2021). DEIS bands also base themselves on the schools' locations and the level of concentrated educational disadvantage in the area. In 2022, out of the 3,240 primary schools and 729 post-primary schools in the public system, a total of 1,489 schools provided school meals, affecting almost 230,000 children (RMS, 2022). The school meals scheme was extended in 2022 to include 320 schools that were given DEIS status. There are concerns about the viability of the school meals scheme due to the current cost of living crisis, which is causing food suppliers to withdraw (Irish Independent, 2022).

In March 2023, the Department for Social Protection announced the extension of the free hot meals scheme to all DEIS primary schools from the 2023/2024 school year, with a phased extension of this initiative to all non-DEIS primary schools from 2024, resulting in universal hot meals by 2030. The department is also increasing the rates of the school meals to help tackle food suppliers withdrawing from the market and the quality of food provided (Department of Social Protection, 2023).

3.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Low-income children who do not attend the chosen DEIS schools, or do not come from dense disadvantaged areas, cannot access publicly funded school meal programmes. Research has shown that a significant proportion of disadvantaged children do not attend DEIS schools, a percentage that could be as high as 50% (Smyth *et al*., 2015). It is therefore likely that a significant proportion of AROPE children do not attend DEIS schools and do not have access the free meals provided to these schools, but no definitive data are available on this issue.

3.2 Main barriers to effective and free access to school meals for low-income children

3.2.1 Financial barriers

A large proportion of low-income children do not attend DEIS schools and so face financial barriers to effective and free access to school meals. As part of the government's new cost-of-living measures in February 2023, it announced that it is starting preparations for the hot school meals programme to be extended to non-DEIS primary schools (Department of the Taoiseach, 2023).

In a recent evaluation of the school meals scheme, funding rates per meal were identified as the most common financial concern as the funding rate per meal had not changed for more than 17 years, causing suppliers to leave the market, particularly in schools in rural areas with lower economies of scale and higher transport costs (RMS, 2022).

Eligible schools must also meet various smaller costs not funded by the school meals programme. While the cost of the food is covered by the scheme, additional expenses are not, such as bank maintenance fees, purchasing cutlery and napkins, and waste disposal (RMS, 2022). This could result in some schools requesting voluntary payments from children to offset costs.

3.2.2 Non-financial barriers

While the food meets basic nutritional standards, it is produced on a large-scale, usually pre-packed and generally heavily processed. Perceptions of the food can affect the stigma attached to use of school meals. An Irish study concluded that meals cooked from scratch were better perceived by both parents and children, and had less stigma attached, which increased overall consumption (O'Neill *et al*., 2020).

In principle, all students who are enrolled in schools that are funded for school meals are eligible to participate in the programme, but in practice funding is based on student enrolment rates from the previous year. Students who join mid-year may not be factored into the funding, and as enrolment rates continue to rise, administrative calculations from the previous year may not be adequate (RSM, 2022). The majority of Irish schools do not have infrastructure such as

canteens or cooking facilities, making the school meals programme heavily reliant on the ability of schools to secure deliveries of hot food from external suppliers. For the 2021/2022 school year, 31 DEIS schools that were eligible to participate in the school meals programme for that year could not do so, primarily due to their geographical location and a lack of availability of suppliers in their area (RSM, 2022).

4. Healthcare

This section describes the situation regarding effective and free access for low-income children to healthcare, focusing on vaccinations, care from a GP or infant nurses, specialist care, dental care (but not orthodontics) and prescribed medicines.

4.1 Mapping the provision of free healthcare services and products

Table 4.1: Healthcare costs (free for all/low-income children)

Vaccination	GP	Infant nurses	Specialist care	Dental care (not orthodontics)	Prescribed medicines
ALL	ALL under 6, POOR	ALL	ALL	MOST S&P	MOST S&P

Note: "ALL" means that all services/products in the category are free for all children. "POOR" means that they are free for low-income children. "MOST S&P" means that most but not all services/products in the category are free for low-income children. "NO" means that most/all services/products are not free for low-income children.

Effective and free access to most vaccination services and products are provided for low-income children. Effective and free GP visits are available for all children under 6, with free GP visits for all low-income children who qualify for medical cards (see Table 4.1). Free and effective access to infant nurses and specialist care is provided for all children, while most services and products are available and accessible to low-income children for dental care and prescribed medicines.

Vaccinations

The Irish government has a national strategy to protect children from infectious diseases through vaccination. It comprises the primary childhood immunisation programme and the school immunisation programme. Under these programmes the vast majority of vaccines are free to all children, including low-income children.

The primary childhood immunisation programme usually involves five visits to the GP, at which the child gets a series of immunisations between the age of 2 and 13 months, according to an immunisation schedule Immunisation (Schedule – HSE.ie). Vaccines are sometimes administered in other healthcare settings or in schools. All immunisations listed and their administration are free.

The school immunisation programme protects children against certain diseases using named vaccines. These are offered according to a schedule in the first year of primary school and first year of secondary school. Additional vaccinations are provided free to all children aged 2-17, including the nasal flu vaccine, and the HPV vaccine for boys and girls at specified ages in secondary school. Vaccinations are not compulsory but strongly advised by the Department of Health.

Since 2000, the Health Protection Surveillance Centre (HPSC) (www.hpsc.ie) has been collating data and reports on the uptake of vaccines provided through the childhood vaccination programme. Since 2013, the HPSC has been providing annual reports on those vaccines provided to children and teenagers in the booster immunisation programme, provided by GPs or school medical teams. HPSC data for 2021 showed that immunisation uptake rates for the most common infectious disease was above 90% and had remained mostly stable over time. Exceptions were the uptake of the pneumococcal conjugate vaccination and meningococcal vaccination, at 87% and 79% respectively in 2021.

The data also show that, while where was a significant increase in HPV vaccine uptake between 2018 and 2020 following a drop-off in the previous period, there has been a slight fall in uptake of 2% from 2020-2021 (Department of Health, 2022). The HSE reported that 92.2% of children aged 24 months received three doses of the 6-in-1 vaccine in the first half of 2022, while 89.3% of children aged 24 months received the MMR vaccine against a target of 95% (HSE, 2022).

The public health service and the National Immunisation Office make efforts to engage with community healthcare operations and support them to maximise the uptake of all publicly funded immunisation programmes. Support includes the provision of advice regarding best practice and standardised delivery of immunisation programmes.

National communication campaigns have been designed to promote immunisation uptake rates and provide accurate and trusted information to the public, healthcare professionals and staff, including working with the Vaccine Alliance, established by the Department of Health to boost the uptake of childhood vaccines and reduce vaccine hesitancy. This approach has proven to be successful for increasing the uptake of the HPV vaccine in girls over recent years (HSE, 2022).

GP care

GP care in Ireland is not currently free at the point of use for all sections of the population. Free GP care is only provided to holders of medical or GP visit cards. The remainder of the Irish population pay their GP, who are not generally government employees, for a consultation. Under the terms of Sláintecare plan for reform of health services, the Irish government has committed to extending free GP care to all the population, on a phased basis. A GP visit card entitles people to GP visits that are free at the point of use (Citizens Information, 2023b)

There are two ways for children to be eligible for a GP visit card: age and income. In 2015, children under 6 became eligible for GP care, and are entitled to a GP visit card on the grounds of income. Free GP visits for all children under 6 include preventative assessments and care management for children with chronic health conditions such as asthma. The Irish government has spent €89m on this programme (Government of Ireland, 2022).

For children aged 6 and over, eligibility for the GP visit card is dependent on household income. The 2023 central government budget statement included an announcement that GP visit cards will be extended to children aged 6-7, but this will require legislative changes (Citizen's Information, 2023).

The government aims to provide a phased expansion of these arrangements to all children aged 12 and under, over time. At the time of writing, for children aged 6 and over, the GP visit card is means-tested.

Free GP visits are also covered under the medical card scheme, which includes free access to GP care, most medicines (with prescription charges), eye tests, ear tests and dental checks. Eligibility for a medical card is based on an assessment of household income, which must be below a qualifying financial threshold. The conditions for qualifying are outlined below.

Data show that the percentage of children aged 0-15 covered under the medical card scheme was 29.7% in 2021. It had been declining since 2012, when it peaked at 41.3%. The fall may be partly attributed to the introduction in 2015 of the free GP visit card for children under 6 (Department of Health, 2022).

Infant nurses

To ensure that infants are healthy and developing normally, every child up to age 5 has access to free health and development checks including hearing, eyesight, speech development and physical development. Health services for children up to age 5 are provided by public health nurses (as well as other health professionals) employed by the government (specifically by Health Service Executive, which provides public healthcare in Ireland). Public health nurses are notified of births in their area and there is no requirement to apply for these health checks. Infant development is checked at different stages up to age 5.

Within the reporting period, the percentage of children reaching 12 months who have had their child health and development assessment was reported by the HSE to be 83.3% in the first eight months of 2022, against a target of 95% (HSE, 2022). However, the monthly performance had improved during 2022, up from 74.3% in January to 87.8% in August (HSE, 2022).

Specialist care

Specialist healthcare is free for all children, including low-income children. This includes mental health services and rehabilitation services. The Child and Adolescent Mental Health Services (CAMHS) is a free specialist assessment and treatment service for children and young people up to age 18 who are experiencing moderate to severe mental health difficulties and need treatment from a team of mental health professionals. The CAMHS service is accessed through GP services. The paediatric family-centred rehabilitation programme, at the National Rehabilitation Hospital, is the national medical rehabilitation service offered free on an in-patient, day patient and out-patient basis for children and young people up to age 18 requiring a complex specialised rehabilitation service.

Dental Care (not orthodontics)

The Health Service Executive operates a children's dental service that provides dental care to all children up to age 16 in dental clinics located across the country. It is a free service available to children under 6, children attending primary and secondary school, and children who have left school and are under 16 and are dependants of medical card holders (which include low-income children). Children attending primary school can access the service through their schools' dental screening programme. All children are offered an appointment for a free dental examination in certain classes in primary schools, and in some cases are offered treatment.

Apart from this, children are offered dental treatment in HSE dental clinics for emergency treatment. All children under 16 can access emergency treatment without an appointment.

The Department of Health (2019) has highlighted that children from poorer socio-economic backgrounds are at high risk of dental disease. It has been estimated that 1 in 10 children in Ireland (or up to approximately 1 in 5 children, depending on their socio-economic status and their access to water fluoridation) have disproportionately more dental decay than their peers. In 2014, social class or mother's education was positively correlated with better oral health among children aged 12 and 15 (Department of Health, 2019).

Prescribed medicines

Approved prescribed medicines are either free or subsidised for all residents of Ireland, including children. For households with a medical card, the cost of approved prescribed medicines, including those prescribed for children in these households, is reduced. A list of approved medicines is provided by the HSE primary care reimbursement service (PCRS). There is a charge to medical card holders for approved prescribed medicines. The charge is currently €1.50 per item dispensed under the medical card scheme, with a maximum monthly limit of €15 per person or family (HSE, 2023). Certain groups of people and products are not liable for the prescription charge.

A number of other schemes in operation provide for free or subsidised approved prescribed medicines. People with a medical condition under the long-term illness scheme are eligible for free prescribed medicines, irrespective of income or other circumstances. Those not eligible for the medical card scheme or long-term illness scheme can apply for the drugs payment scheme, whereby a family pays a maximum of €80 per month for approved medicines. Those with a medical card who are prescribed a medicine that is not on the PCRS list can apply for the discretionary hardship scheme.

Medical expenses for prescribed medicines are also tax-deductible for all Irish residents, and parents may claim these deductions for medical expenses incurred on behalf of their children.

4.1.1 Conditions for qualifying as a “low-income child”

The conditions for low-income children to qualify for free healthcare in most services and products in Ireland are dependent on a medical card. Medical cards are means-tested, with separate rules for those who are under and over 70. Weekly income, family composition (rather than household), and savings and investments are taken into account in the means test. If income is gained solely through social security benefits, medical cards can still be granted even if the payments exceed income guidelines for the age or situation (HSE, 2023).

As previously outlined in Section 2.1.1, the weekly income limit to qualify for a medical card (gross less tax, universal social charges and pay-related social insurance) is €266.50 for single parents, couples, and married/cohabiting/civil partners (aged under 66) with dependent children. This weekly limit is increased by €38 for each of the first two children aged under 1, by €41 for the third and each subsequent child under 16, by €39 for each of the first two children aged over 16 with no income, and by €42.50 for the third and each subsequent child with no income.

Savings and investments are taken into account: however, income from the first €36,000 of capital for a single person or €72,000 for a couple is not counted, and the value of the family home is not assessed.

If a household’s income is derived solely from social security benefits, a medical card will be granted even if payments are above the income guideline for the given age and situation.

Expenses such as childcare costs, rent (net of rent supplement or HAPs), reasonable mortgage payments (net of tax relief and mortgage repayments) and associated insurance and life assurance, maintenance payments, and costs of travelling to work, are all allowable and will increase the income limit (Citizens Information, 2023b).

At the time of writing, for children aged 6 and over, the GP visit card is means-tested. Income limits vary by household composition, and there are income allowances that vary according to the number of dependent children in the household. Expenses such as childcare costs, rent and mortgage payments are also allowable. The income limit for the GP visit card will be

increased to include people on a median annual household income of €46,000 or less from April 2023.

4.1.2 Relation between the group(s) of children who have free access and the AROPE population of children in the relevant age group(s)

Data on the percentage of children who have access to medical cards are outlined in Table A.1 in the Annex. These children have free access to all healthcare. As mentioned above, all children under 6 have a GP visit card, which affords free access to GP-provided healthcare. Notably Table A.1 suggests that the percentage of children who had medical cards was slightly higher than the percentage of children who were AROPE in 2019.

This finding is supported by a 2020 study on social transfers and deprivation in Ireland, which found that, overall, the most vulnerable social risk groups were likely to receive a medical card, particularly vulnerable children under 16; 71% of children from lower-class groups and 97% of children from unemployed class groups were found to have a medical card. It also concluded that most single parents were in receipt of medical cards (Maître, Privalko and Watson, 2020).

The social security ministry has acknowledged that those just above the prescribed poverty and deprivation thresholds for access to a medical card may still face difficulties when paying for medical care, and are investigating the effectiveness of other schemes to improve impact and reduce deprivation levels in medical settings (Department of Social Protection, 2021).

4.2 Cash benefits whose specific purpose is to help meet healthcare costs

Not applicable. In Ireland medical cards and GP visit cards are used to cover healthcare costs for low-income people.

4.3 Non-financial barriers to effective and free access to healthcare

Vaccine hesitancy, defined as a delay in acceptance, or refusal, of vaccines, has been identified as a barrier to vaccination. An Irish study conducted in 2018 to assess hesitancy among parents or care-givers of children attending general paediatric clinics in an acute children's hospital found that 5.5% reported non-vaccination. Safety and efficacy concerns were the main contribution to non-vaccination (Whelan *et al*., 2021).

There is no automatic enrolment system for medical cards; opting in can require knowledge of the social security system and there can be confusion about entitlement. Additionally, recent research showed that a lack of take-up of medical cards in Ireland among those who fulfil the eligibility criteria indicates a social stigma caused by basing eligibility on income. In contrast, there is near 100% take-up of GP visit cards provided to all children under 6 and those over 70 (Keane, Regan and Walsh, 2021).

Waiting times for access to many forms of healthcare in Ireland are long, due to near-complete capacity at public hospitals, which hinders effective and free access for low-income children. Those with higher incomes often purchase private health insurance, and have more means and options to access effective healthcare. Geographical disparities are also an issue for those with medical cards as workforce issues have resulted in a lack of availability of GPs in many counties in Ireland, such as Laois and Kildare. The government is trying to resolve this issue through its 2019 agreement on reforming GP contracts to provide healthcare services. This

agreement is designed to increase the number of GPs working in Ireland and provide better access for medical card holders (House of the Oireachtas, 2022).

The availability of qualified staff and associated workforce planning has been identified by the government as "*the most significant contributory factor in limited-service accessibility*" (Government of Ireland, 2022: 19), including the area of health. Difficulties recruiting health professionals across a range of professional disciplines is leading to limited service access and service that is poorly responsive.

There are therefore significant problems with access to specialist healthcare due to long waiting times, particularly for treatment of chronic (but non-emergency) conditions such as scoliosis. To access health services more quickly, many higher-income households in Ireland use private healthcare and have private health insurance to help defray the costs. Low-income children are therefore more likely to be forced to queue for access to public specialists.

To address accessibility, the government aims to develop a dedicated child health workforce, initially focusing on areas that are disadvantaged and with high population density. COVID-19 has hindered the initial development of a pilot model (Department of Children, Equality, Disability, Integration and Youth, 2022a). In addition, in 2022, the government announced additional one-off funding to reduce the waiting times for access to children's specialist health with scoliosis and spina bifida – a priority focus within the paediatric orthopaedic specialty.

With respect to dental services, the HSE children's dental service is a salaried service, provided by dental staff engaged by the HSE in premises owned and maintained by the HSE (Department of Health, 2019). The number of public dentists is reported to have fallen dramatically, driven by poor pay and conditions. The number of whole-time equivalents fell from 330.1 in 2006 to 252.2 in 2021, or by 24%. The understaffing of the HSE children's dental service at a time when the population under 16 is growing is leading to children receiving a reduced number of dental checks or delays in their dental checks.

This has been exacerbated by the COVID-19 pandemic and the resulting redeployment of dentists and dentist team members (Irish Dental Association, 2022). According to the Irish Dental Association (2022: 5), "*the severe under-resourcing of the public dental sector for well over a decade has led to a significant deterioration in the level of service provided and particularly the extent to which preventative care and screening is taking place in schools, with the consequence that children are seeing their dentist for the first time at far too late a stage in their development*".

In addition to waiting lists, unmet healthcare needs due to distance or transport issues have been identified (Connolly *et al*., 2022).

With respect to infant nursing, the number of child development checks was lower than expected in 2022 due to a combination of factors mainly related to the COVID-19 pandemic. Improvements are expected as staff illnesses due to COVID-19 reduce, and as non-attendance and cancellations from clients also lessens for the same reason (HSE, 2023). Concern has been expressed that the redeployment of public health nursing during the COVID-19 pandemic has acted as a barrier to developmental checks for children born during that period (Irish Times, 2022).

5. Healthy nutrition

This section describes the situation regarding effective access for low-income children to healthy nutrition.

5.1 Main barriers to effective access to healthy nutrition

5.1.1 Financial barriers

Low incomes are significant barriers to healthy nutrition in Ireland. A 2021 report found that the cost of a healthy diet would account for 13-35% of the weekly take-home income of low-income families, depending on the household composition and location (Safefood, 2021).

Issues of affordability arising from increases in the cost of living were highlighted in a study by Barnardos and Aldi (2022). The study focused on families and children under 18 and involved a nationally representative survey of adults aged 18 and over. Of the 477 parents/guardians who responded, 25% said that they could not provide their children with sufficiently nutritious food in October 2022, up from 17% in January 2022. Almost two thirds (64%) of parents said that they had cut down on other essential items to afford food costs.

Research has found that children by the age of 3 from lower socio-economic backgrounds are less likely to have eaten fresh vegetables or fruit, but more likely to have eaten energy-dense and unhealthy foods such as crisps and hamburgers (Williams, Murray, McCrory and McNally, 2013). Further research found that a lack of access to healthy nutrition in lower-income households was mainly due to financial constraints (Children's Rights Alliance, 2022).

5.1.2 Non-financial barriers

Non-financial barriers to healthy nutrition, as reported by parents (including low-income parents), consist of a lack of time to cook, a lack of the knowledge about fresh food and cooking needed to confidently cook nutritious meals, and a lack of facilities to cook (Barnardos and Aldi, 2022). Access to fresh fruit and vegetables is another barrier; in the study by Barnardos and Aldi (2022), almost a quarter (24%) of parents agreed that it was difficult to get hold of fresh fruit and vegetables. The survey also found that the majority of parents had positive attitudes regarding the provision of healthy nutrition for their children (Barnardos and Aldi, 2022).

Food and nutrition literacy are non-financial barriers to healthy food.

5.2 Publicly funded measures supporting access to healthy nutrition

There are no government programmes that supplement food budgets with healthy food subsidies or food vouchers for low-income families to buy healthy food. In Ireland, the focus on healthy nutrition for children (including low-income children) has been to support all parents to take responsibility for improving their children's nutrition through the provision of public health campaigns and healthy nutrition programmes.

6. Adequate housing

This section describes the situation regarding effective access for low-income children to adequate housing.

6.1 Publicly funded measures supporting access to adequate housing – Housing allowances

Ireland has a comprehensive system of housing allowances that is designed to enable low-income households, both with and without children, to pay their rents. However, in contrast to most other EU Member States, in Ireland these allowances are only available to tenants renting accommodation from private (for profit) landlords. They are not available to social housing tenants or home-buyers. Two housing allowance schemes are currently in operation: these are rent supplement and HAPs.

Rent supplement was introduced in the late 1970s and is designed to provide short-term housing support for households during periods of unemployment or while awaiting the allocation of a social housing tenancy. It is only available to households with incomes below a specified level and only to social security benefit claimants and those engaged in part-time employment. If a rent supplement claimant is engaged in paid employment for more than 26 hours per week, the allowance is withdrawn in full.

The level of rent supplement varies regionally (it is higher in cities and in regions where rents are higher) and according to household size (it is lower for single-person households and higher for multi-person households including households with children). In return the claimant makes a flat-rate contribution towards the rent costs. In 2020, 17,983 households were in receipt of rent supplement – no data are available on the number of these that included children.

HAPs were introduced in 2014 to address concerns that many rent supplement claimants were relying on this allowance over the long term and also that arrangements for its withdrawal when claimants entered paid employment were creating an “unemployment trap” which discouraged transfer into a job. Under HAPs, local authorities pay the market rent to private landlords on behalf of claimants. The maximum rent that is eligible for this subsidy varies regionally (it is higher in cities and in regions where rents are higher) and according to household size (it is lower for single-person households and higher for multi-person households including households with children). In return the claimant pays the local authority a rent which varies according to their income (higher-income claimants pay higher rents, and vice versa). The same income-related rents are used in social housing in Ireland (see Section 6.2 below).

Critically, unlike rent supplement, HAPs are available to both social security benefit claimants and those in low-paid employment. Therefore, if an HAP claimant who is reliant on social security benefits enters employment they retain their HAP subsidy, but they must pay a higher income-related rent to the local authority. In addition, local authorities have discretionary powers to provide higher levels of HAP payments to households that cannot secure housing to rent with the standard HAP payment. In 2020, 68,398 households were in receipt of HAPs – no data are available on the number of these that included children.

HAPs play an important role in preventing homelessness among families with children and enabling them to exit homelessness. According to the Central Statistics Office (2019b), 42.78% of first-time claimants of HAPs in 2019 were single parents with children and a further 24.2% were couples with children. Furthermore, in the same year, 21.1% of all HAP claimant households were referred from emergency accommodation for homeless people.

However, there is significant evidence indicating that HAP payment rates are no longer sufficient to meet housing need effectively for many low-income families with children. The maximum rents eligible for HAP subsidies have not been increased since 2016, despite very significant private rent inflation during this period and declining numbers of dwellings available for rent. As a result, the number of dwellings available for rent to HAP claimants has declined radically in recent years. A survey of dwellings advertised for rent in Q4 2021 estimated that

only 80 dwellings were available for rent to HAP claimants nationwide – 46% less than the same time the previous year (Simon Communities of Ireland, 2021). Housing ministry data suggest that the number of households exiting homelessness with the help of HAPs declined by 28% over the course of 2021 (Department of Local Government and Heritage, 2022).

6.2 Publicly funded measures supporting access to adequate housing – Social housing

6.2.1 Mapping the provision of social housing

Social rented housing in Ireland is provided by local government and non-profit sector housing associations (called approved housing bodies). According to the latest census data, 9.7% of Irish households were accommodated in social housing in 2016 – 89.5% of whom lived in dwellings rented from local authorities (Central Statistics Office, 2016).

Social housing is allocated by each of the 31 local authorities in Ireland on the basis of an income qualification and an assessment of housing need. The income limit for access to social housing is higher for households with children than for single-person or two-adult households. In addition, some local authorities also take account of time on the waiting list when prioritising social housing applicants for allocation of social housing tenancies.

59,247 households were on waiting lists for access to social housing in 2021 (the latest year for which data are available. 64.2% of these households did not include children. 20% were single-parent households with children and 8.6% were couples with children (Housing Agency, various years).

6.2.2 Main barriers to effective access to social housing

6.2.2.1 Financial barriers

Income limits for access to housing allowances and social housing are identical. These were set in 2011 and not reviewed until 2021, when a government assessment concluded that they had not kept pace with increases in incomes or private rents over this period (Government of Ireland, 2021). On the basis of its recommendations, these income limits were increased in 2022.

6.2.2.2 Non-financial barriers

As mentioned above, there is a very acute shortage of private rented housing for all categories of HAP claimants, including claimant households that include children. Output of social housing has increased in recent years. However there remains a significant shortage, which is most acute in Ireland's cities. Consequently, households with children living in these areas are likely to have to wait significantly longer for a social housing tenancy. As a result of these pressures, homelessness of all types, including child homelessness, is much higher in cities. In December 2022, 3,442 children were members of homeless households, 2,583 of whom lived in Dublin, Ireland's capital and largest city (Department of Housing, Local Government and Heritage, 2022).

In addition to shortages of social housing in specific locations, there is also a shortage of housing for households of different sizes. Most of the local authority social housing stock consists of three-bedroomed dwellings, which means that small families (single parents with one child) and large households (e.g. households with five or more children) are likely to wait

longer to be allocated a social housing tenancy (National Oversight and Audit Commission, 2017).

6.3 Publicly funded measures supporting access to adequate housing – Other measures

There are no other publicly funded housing support measures specifically targeted at low-income households with children. Like all households, if they pass a means test they can access grants to adapt or extend the home they occupy to make it more suitable for their family size as an alternative to being allocated social housing. Grants are also available to adapt owner-occupied homes to meet the needs of a family member with a disability, which may include a child.

In October 2022 a temporary ban on evictions from private rented accommodation was introduced. This ban deferred the termination date of tenancies originally meant to end between 28 October 2022 and 31 March 2023. The deferment was staggered, based on the original date of tenancy termination. The eviction ban applied to all tenants of private (for profit) rented accommodation, irrespective of income and whether the household included children or not.

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Annex

Table A.1: Medical Card Holders by Age Group Compared with AROPE Children, 2019

Age group	Medical care holders 2019	Age group	AROPE children
0-4 years	24.7	0-6 years	19.6
5-11 years	32.6	6-10 years	25.0
12-15 years	35.5	11-15 years	26.4
16-24 years	24.4		

Source: Central Statistics Office (2019b).

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