A Vision for the Health and Wellbeing of Children and Young People in Ireland

Supporting document – Children and Young People Health Indicators

A collaboration of:

- National Child Health Public Health Programme
- National Clinical Advisor and Group Lead for Children and Young People
- National Clinical Programme for Paediatrics and Neonatology
- National Health Service Improvement Team

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Executive summary

Children and young people (CYP) account for nearly one-third of the population in the Republic of Ireland.[1] Investing in CYP is one of the most important things a society can do to build a better future.[2] To enable all CYP to live their best, healthiest life, it is necessary to understand their distinct and evolving needs. To do so, a population health approach is essential – one that systematically uses data to assess the health of CYP in Ireland and co-ordinate proactive care across local services.[3] However, systematic monitoring of CYP health indicators is currently lacking in Ireland.

This document outlines a **robust and actionable set of indicators**, intended for use by those involved in shaping population health strategies and designing health and social care services for CYP in Ireland.

This indicator set was developed through a multi-step process.

1) International health indicator frameworks were reviewed to identify best practices.
2) Existing Irish datasets were reviewed to assess data availability.
3) A draft set of CYP health indicators was then selected through a series of collaborative workshops involving representatives from the National Child Health Public Health Programme, the National Clinical Advisor and Group Lead for CYP, and the National Clinical Programme for Paediatrics and Neonatology.
4) Further input was gathered from clinicians in disability, obesity, diabetes, oral and mental health, as well as from the National Health Service Improvement Team.

Forty-three indicators were identified as important for understanding and monitoring the health of CYP in Ireland. All can be estimated from existing, routinely collected datasets. **Nineteen** of these indicators were deemed critical to monitor based on international practices, existing literature and consensus discussions.

The proposed list is not exhaustive but offers a pragmatic starting point by focusing on measurable and relevant indicators. The list can be refined over time as data availability improves and priorities evolve. This report also highlights critical data gaps that must be addressed to enable comprehensive monitoring.

Systematic monitoring of these indicators will provide a quantitative basis to support a population health approach. It will help facilitate equitable policy decisions and service development, identify intervention priorities, and track progress in CYP health in Ireland.

Recommendations arising from this work are as follows:

1. Establish **routine monitoring of CYP indicators within health and social care** regionally and nationally.
2. Use indicator estimates and trends to inform **population based planning, equitable health and social care provision, resource allocation, policy initiatives**, and **to monitor the impact of interventions**.
3. **Advocate for enhanced collection of health and social care data** by implementing standardised minimum datasets across all care settings, ideally linked by a unique patient identifier. Improvements are necessary for existing data to allow regional disaggregation by HSE health regions, and stratification by key equity factors such as socioeconomic status and ethnicity.

Introduction

Children and young people in Ireland

In 2023, children and young people (CYP) – defined as those aged 0 to 24 years – made up 31.8% of Ireland's population.[1] It is widely recognised that protecting and improving the health of this group is among the most vital responsibilities of any society.[2] Investing in the health of CYP is both a moral responsibility and an essential building block for a just and thriving society into the future.

To enable all CYP to live their best, healthiest life, it is necessary to understand their distinct and evolving needs. "*A Vision for the Health and Wellbeing of Children and Young People in Ireland*" outlined 3 core recommendations to enable this.[3]

1. Develop a unified governance structure at HSE centre, the aim of which is to support the development and lead implementation of national planning to support CYP health and wellbeing. This structure would provide appropriate national health functions and provide a framework to support regional areas. It would also enable cross-sectoral collaboration for CYP.
2. Develop a HSE National Integrated Care Plan for CYP that focuses on the delivery of optimal prevention, early intervention and healthcare aligned with the HSE Corporate Plan 2021-24. The Integrated Care Plan should be based on the distinct needs of the CYP population and their families.
3. New HSE health regions should use this population health approach to plan, develop and integrate local services to better meet the needs of their CYP population and CYP-specific governance should be clearly defined within each health region with a clinical lead appointed and supported to implement this vision.

Determinants of CYP health

The health of CYP is shaped by a complex interplay of genetic, social, environmental and healthcare-related factors. In the Republic of Ireland, access to appropriate health and social care services for this population has consistently been challenged — particularly in areas such as mental health and disability.[4,5] As the Irish healthcare system transitions to new regional structures in 2025, there is an opportunity to consider the design and delivery of integrated, holistic strategies that address the full range of health determinants and respond to the specific needs of CYP and their families. To support this work for CYP, a robust and routinely monitored set of health indicators is essential.

What is a health indicator?

A health indicator is a measurable characteristic that reflects the health status of a population or the distribution of factors that influence health. Indicators can capture a wide range of information— from health outcomes (such as rates of chronic illness or mortality) to determinants of health (such as housing conditions, education or access to services) and health system performance (such as waiting times or service coverage).

How can health indicators be used?

Health indicators can be used to track trends, identify inequalities, set priorities, and evaluate the effectiveness of policies and interventions. A well-designed indicator set helps ensure that decision-making is evidence-informed and responsive to the evolving needs of CYP across the life course.

Why are CYP health indicators needed?

As outlined in "*A Vision for the Health and Wellbeing of Children and Young People in Ireland*", there is a clear need for a population health approach, one that systematically uses data to monitor the health of CYP and to coordinate proactive care across services for CYP.[3] In addition to supporting population health surveillance and management, health indicators play a key role in identifying needs, informing decisions, and evaluating the effectiveness of policies, programmes, and services for CYP. A well-designed indicator set provides the evidence base needed not only to prioritise interventions but also to assess whether those interventions are delivering the intended impact for CYP, or whether further adjustments are required for the benefit of CYP health.

Health indicators should align with each stage of the Health System Improvement (HSI) cycle, offering a continuous feedback loop to support better planning, prioritisation, delivery, and evaluation of services. Without consistent measurement, it is not possible to assess whether services are meeting the needs of CYP or to identify areas where targeted improvement is required. Reliable indicators are essential to support effective planning, track progress, evaluate impact, and hold systems accountable. A robust and routinely monitored set of health indicators is essential to guide decision-making and enable services to respond effectively to the specific and evolving needs of children, young people, and their families. The successful delivery of "*A Vision for the Health and Wellbeing of Children and Young People in Ireland*" depends on the availability of reliable, timely, and meaningful health indicators that can support evidence-informed planning, service improvement, and accountability.[3]

Purpose and scope

This document aims to build on the recommendations made in "*A Vision for the Health and Wellbeing of Children and Young People in Ireland"* by outlining a robust, actionable set of indicators that could be used to monitor and evaluate the health of CYP in Ireland. These indicators can be used to support a population health approach that informs equitable policy and service development, ultimately aiming to enable all CYP to live their best, healthiest life.[3]

Objectives

- To identify international best practices in CYP health monitoring by reviewing established indicator sets from comparable high-income countries and international organisations.
- To assess the availability and suitability of existing datasets in Ireland for estimating these indicators, and to identify key data gaps or limitations.
- To engage key stakeholders - including clinicians, public health professionals, researchers and policy leads in selecting a relevant and feasible set of indicators tailored to the Irish context.

Target audience - This document is intended for use by those involved in shaping population health strategies and designing health and social care services for CYP in Ireland.

Process

Review of international indicator sets - International frameworks for CYP health indicators were reviewed. These included examples from New Zealand,[6] the United Kingdom,[7,8] the World Health Organization and the Child Health Accountability Tracking Technical Advisory Group.[9,10]

Mapping of available Irish data sources - Currently available datasets in Ireland were reviewed to identify data sources that could be used to estimate indicators and the extent to which they support key stratifiers (e.g. age, sex, socioeconomic status, ethnicity and region). Datasets with national coverage were prioritised over those limited to specific regions. This review also identified data gaps, highlighting areas where further development is required.

Stakeholder engagement - Collaborative discussions with the National Child Health Public Health Programme, the National Clinical Advisor and Group Lead for CYP and the National Clinical Programme for Paediatrics and Neonatology were held to inform indicator selection. Input was also sought from clinicians in obesity, disability, diabetes, oral health and mental health.

Selection criteria and decision process - CYP health indicators were selected based on their clinical and public health importance, and aligned with indicators used in international monitoring frameworks where possible.[6,7,9,10] The selected indicators span health outcomes, risk factors and intermediary determinants, each of which if monitored over time would provide valuable insights to support regional and national actions aimed at improving the health and wellbeing of CYP in Ireland.

The indicators are organised according to six of the seven cohorts outlined in the national strategy "*A Vision for the Health and Wellbeing of CYP in Ireland*" (Figure 1).[3]

- **Essential Needs** (e.g. care, housing, food and education)
- **Universal Health Needs** (e.g. immunisation, developmental checks)
- **Chronic Health Conditions** (e.g. asthma, diabetes)
- **Unexpected Severe Injury or Illness** (e.g. emergency admissions, injury rates)
- **Vulnerable with Social Needs** (e.g. children in care, school exclusion)
- **Complex Health Needs** (e.g. children with multiple service inputs or long-term disability)

Due to the absence of systematically collected, comprehensive data from general practice (GP), outpatient departments (OPD) and emergency departments (ED) in Ireland, no indicators were proposed for the "**Mild injury and illness**" cohort. The list of selected indicators is not exhaustive but represents a selection of indicators that can be assessed, refined, and expanded over time as national and regional priorities evolve, and data availability improves.

Universal and integrated health needs for children

Essential needs: Required by all to thrive

Universal health needs: Experienced by all to enable prevention and early detection of illness (e.g. universal child health programme)

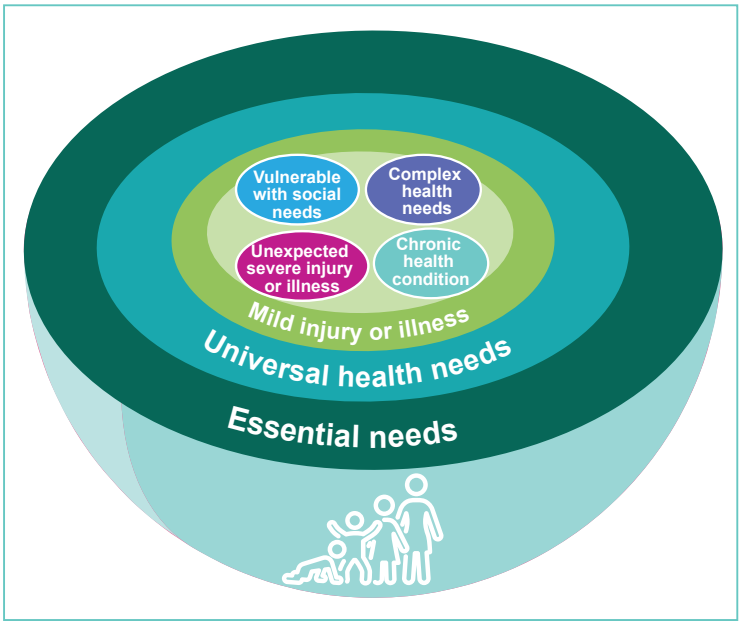
Mild injury or illness: Experienced by all

Chronic health condition: Some will experience a chronic health condition which may be longstanding or new onset, that requires extra help or support

Unexpected severe injury or illness: Experienced by some. Will require unscheduled care

Vulnerable with social needs: Experienced by some. Will require comprehensive care co-ordination with access to multiple health and social services and follow-up

Complex health needs: Experienced by some. Will require comprehensive care co-ordination and follow-up



For each cohort presented, consideration should also be given to each of:

- safeguarding
- mental health and wellbeing
- neurodiversity and development
- schooling
- transition of care
- ethics
- inequities
- communications/ technology

Figure 1. Seven cohorts of CYP according to health need as identified in *"A Vision for the Health and Wellbeing of CYP in Ireland".* [3]

Addressing health inequalities - To support a targeted and evidence-based approach to reducing health inequalities among CYP in Ireland, all proposed indicators should, where feasible, be analysed and considered by age group, sex, socioeconomic status, ethnicity and geographic region. This stratification is essential for identifying and following inequities and inequalities across the life course, and for informing the design of focused policies and interventions aiming to close health gaps. This is essential for alignment with the Sláintecare vision of delivering integrated, person-centred care within communities,[11] while addressing the wider social determinants of health and health inequalities.[12]

Approach to denominators - The Central Statistics Office (CSO) of Ireland provides census counts every five years and intercensal population estimates for the years between.[13] These estimates can be used as the denominators to calculate health indicator rates. Census data give exact population counts at specific points, while intercensal estimates update these figures using demographic methods. Using these population estimates allows accurate calculation and comparison of health rates over time to support monitoring and policy planning. For indicators presented as "per 1,000" or "per 100,000," it is recommended that CSO census or intercensal estimates be used as the denominator. Indicators reported as percentages ("%") are typically based on survey data and use the surveyed population or relevant subgroups as the denominator.

Indicators

The above process led to the identification of forty-three indicators considered important for understanding the health of CYP in Ireland. Each of these indicators can be estimated from datasets that are already systematically collated in Ireland. However, existing datasets vary in the level of regional granularity and their ability to be disaggregated by key standardised characteristics – such as socioeconomic status, ethnicity and region – which are essential for informing equitable strategy and service development across the island of Ireland.

An additional technical document to assist with the completion of a CYP profile is also available. See website or email healthy.childhood@hse.ie for more information.

"Top 19" indicators - A subset of nineteen indicators that were considered particularly important to monitor were also identified, based on use in international indicator sets, expert input, literature and current data availability.

Table 1. "Top 19" indicators

	Indicator	Data sources
1	Homelessness per 100,000	The Housing Agency, the Department of Housing and the International Protection Accommodation Service (IPAS), Department of Children, Disability and Equality[14,15*]
2	Children living in poverty (%)	Survey on Income and Living Conditions[16]
3	Chronic school absenteeism (≥20 days per school year) per 100,000 (stratify by primary and secondary school)	Tusla Education Support Service[17,18]
4	Breastfeeding (%)	National Qlikview System**, National Perinatal Reporting System
5	Newborn blood spot screening uptake (%)	National Newborn Bloodspot Screening Programme
6	Newborn hearing screening uptake (%)	Universal Newborn Hearing Screening Programme
7	% of MMR vaccination coverage (2nd dose) at 4–5 years	Health Protection Surveillance Centre (HPSC)[19]
8	Oral health: number of extractions and fillings per 100,000	Primary Care Reimbursement System (PCRS)[20***]
9	Overweight and obesity (%)	Childhood Obesity Surveillance Initiative (COSI)[21]
10	Infant mortality rate per 100,000 live births aged <1	Central Statistics Office (CSO), National Paediatric Mortality Register (NPMR)[22]
11	Child mortality rate per 100,000 aged 1–9	CSO, NPMR[22]

12	Adolescent mortality rate per 100,000 aged 10–17	CSO, NPMR[22]
13	Young adult mortality rate per 100,000 aged 18–25	CSO, NPMR[22]
14	Suicide per 100,000	CSO, NPMR[22]
15	Major trauma per 100,000	Major Trauma Audit (compiled by NOCA)[23]
16	Chlamydia case notification rate per 100,000	Computerised Infectious Disease Reporting (CIDR)[24]
17	Tobacco use (current) (%)	Growing Up in Ireland (GUI),[25] Healthy Ireland (HI), Health Behaviour in School-aged Children (HBSC), European Schools Project for Alcohol and Other Drugs (ESPAD)
18	Disability per 100,000	National Ability Supports System (NASS)[26]****
19	Cancer incidence rate per 100,000	National Cancer Registry Ireland (NCRI)

Footnote

* = The Housing Agency data refers to individuals resident in Ireland accessing emergency accommodation. IPAS estimates refer to international applicants arriving and seeking emergency accommodation upon arrival.[14,15] As both estimates include CYP, it is recommended to consider both as part of the numerator.

** = This data arises from the Public Health Nurse first postnatal visit in the community.

*** = PCRS includes medical card holders only.

**** = NASS includes those using HSE disability services only.

Indicators representing Essential Needs

Three indicators are proposed to represent essential needs of care, food, shelter and education, which are required by all CYP to thrive.[3] (Table 2)

Table 2. Indicators representing Essential Needs

Indicator	Data source
Homelessness per 100,000	The Housing Agency, the Department of Housing and the IPAS, Department of Children, Disability and Equality[14,15]*
Children living in poverty (%)	Survey on Income and Living Conditions[16]
Chronic school absenteeism (≥20 days per school year) per 100,000 (stratify by primary and secondary school)	Tusla Education Support Service[17,18]

Footnote

* = The Housing Agency data refers to individuals resident in Ireland accessing emergency accommodation. IPAS estimates refer to international applicants arriving and seeking emergency accommodation upon arrival.[14,15] As both estimates include CYP, it is recommended to consider both as part of the numerator.

Indicators representing Universal Health Needs

Seven indicators are proposed to represent Universal Health Needs, which are needed by all CYP to ensure prevention and/or early detection of illness. (Table 3)

Table 3. Indicators representing Universal Health Needs

Indicator	Data source
Breastfeeding (%, exclusively & partially)*	National Qlikview System
Newborn blood spot screening uptake (%)	National Newborn Bloodspot Screening Programme
Newborn hearing screening uptake (%)	Universal Newborn Hearing Screening Programme
Children who have had their 9-11/12 PHN child health and development assessment before reaching 12 months (%)	National Qlikview System
% of MMR vaccination coverage (2nd dose) at 4–5 years	Health Protection Surveillance Centre[19]
Paediatric consultants per 100,000	National Doctors Training & Planning[27]
Number of children under 8 registered for a GP visit card per 100,000**	Primary Care Reimbursement Service[20]

Footnote

* = this data arises from the Public Health Nurse (PHN) first postnatal visit in the community.
** = this indicator is intended to serve as a proxy of GP access for children.

Indicators representing Chronic Health Conditions

Five indicators are proposed to measure chronic health conditions, which are experienced by some CYP. These chronic health conditions may be longstanding or new onset, and will require extra help or support. (Table 4)

Table 4. Indicators representing Chronic Health Conditions

Indicator	Data source
Oral health: number of dental extractions and fillings (restorations) per 100,000 of medical card holders	Primary Care Reimbursement Service *
Overweight and obesity (%)	Childhood Obesity Surveillance Initiative[21]
Hospital admission rate for asthma per 100,000	Hospital In-Patient Enquiry (HIPE)[28]
Hospital admission rate for epilepsy per 100,000	HIPE[28]
Type 1 diabetes mellitus prevalence per 100,000	The Irish Childhood Diabetes National Register[29]

Footnote

* = The PCRS is part of the HSE and provides payments to dentists for the free or reduced-cost services they offer to medical card holders. However, it is important to note that PCRS will only provide information for this indicator on individuals with medical cards. Additionally, not all dentists accept medical cards.

Indicators representing Unexpected Severe Injury or Illness

Fourteen indicators are proposed to measure unexpected severe injury or illness, which are experienced by some CYP and will require unscheduled care. (Table 5)

Table 5. Indicators representing Unexpected Severe Injury or Illness

Indicator	Data sources
Mortality	
Stillbirths per 1,000 births	National Perinatal Reporting System (NPRS)[30]
Infant mortality rate per 1,000 live births aged <1	CSO, National Paediatric Mortality Register (NPMR)[22]
Child mortality rate per 1,000 aged 1-9	CSO, NPMR[22]
Adolescent mortality rate per 1,000 aged 10-17	CSO, NPMR[22]
Young adult mortality rate per 1,000 aged 18-25	CSO, NPMR[22]
Suicide per 100,000	CSO
Morbidity	
Pre-term birth per 1,000 births	NPRS[30]
Low-birth weight per 1,000 births	NPRS[30]
Self-harm per 100,000 (treated at hospital emergency rooms)	National Self-Harm Registry Ireland[31]
Hospital admission rate for sepsis per 100,000	HIPE[28]
Major trauma per 100,000	Major Trauma Audit[23]
Hospital admission rate with alcohol intoxication and withdrawal or alcohol use and dependence per 100,000	HIPE[28]
Hospital admission rate with drug intoxication and withdrawal or drug use and dependence per 100,000	HIPE[28]
Hospital admission rate with mental or behavioural disorder per 100,000	National Psychiatric Inpatient Reporting System (NPIRS),[32] HIPE[28]

Indicators representing Vulnerable with Social Needs

Eleven indicators are proposed to represent those CYP who are vulnerable with social needs. This is a proportion of the CYP population who will require comprehensive care co-ordination with access to multiple health and social care services and follow-up. (Table 6)

Table 6. Indicators representing Vulnerable with Social Needs

Indicator	Data sources
Under 18s conception rate per 1,000	NPRS (mothers date of birth and admission date available)[30]
Chlamydia case notification rate per 1,000	Health Protection Surveillance Centre based on computerised infectious disease reporting (CIDR)[24,33]
Alcohol Use Disorder Identification Test (AUDIT) scores (%)	GUI[25]
Tobacco use (current) (%)	GUI,[25] HI, HBSC or ESPAD
E-cigarette use (current) (%)	GUI,[25] HI, HBSC or ESPAD
Cannabis use (current) (%)	GUI[25], HBSC or ESPAD
Other drug use (current) (%)	GUI[25] or ESPAD
Number in alcohol treatment per 100,000	National Drug Treatment Reporting System (NDTRS)[34]
Number in drug (other than alcohol) treatment per 100,000	NDTRS[34]
Children in care per 100,000	TUSLA[35]
Not in employment, education or training (NEET) aged 16-25 (%)	GUI[36]

Indicators representing Complex Health Needs

Three indicators are proposed to measure complex health needs, which are experienced by some and will require comprehensive care co-ordination and follow-up. (Table 7)

Table 7. Indicators representing Complex Health Needs

Indicator	Data source
Disability per 1,000 (consider stratification by sub-type e.g. intellectual disability, neurological, autism, etc.) *	National Ability Support System (NASS)[26]
Cancer incidence rate per 100,000	National Cancer Registry Ireland[37]
Hospital admission rate with an eating disorder per 100,000	National Psychiatric Inpatient Reporting System (NPIRS),[32] HIPE[28]

Footnote

* = NASS only includes those using HSE-funded disability services

Limitations

Quality - Data sources suggested for the indicators vary in regional details, available equity stratifiers and data quality. However they reflect some of the best quality and available data for CYP in Ireland and their use can lead to improvements for CYP.

Comprehensiveness - The indicators list recommended is not exhaustive but represents a selection of indicators that can be assessed, refined and expanded over time as national and regional priorities evolve, and data availability improves.

Gaps - This process highlighted significant gaps in existing health data in Ireland. There is an urgent need for systematic and standardised data collection in general practice, community care, emergency departments, hospital outpatient departments and dental practices (both public and private) in Ireland. Many CYP receive care in these settings without requiring hospital admission, making the lack of systematically collated data a critical gap that must be addressed to enable a population health approach to planning, development and integration of local services to meet the needs of the CYP population. Formalised healthcare registries, such as those in place in Sweden, Denmark and many other countries with comparable resources to Ireland, are needed to accurately estimate the prevalence and incidence of different conditions. These data gaps make it especially challenging to monitor the full spectrum of CYP health needs, with oral and mental health being among the areas most affected.

Conclusion

This document builds on the recommendations made in "*A Vision for the Health and Wellbeing of Children and Young People in Ireland*" by outlining a set of indicators considered essential for understanding the health needs of CYP.[3]

Each indicator can be estimated using existing, routinely collected datasets,

Regular, structured monitoring of these indicators by teams involved in developing population health strategies, designing and providing health and social care services, is critical to evaluate progress, refine approaches and ultimately improve the health and wellbeing of CYP in Ireland.

Limitations of available data always exist, but the datasets and indicators recommended are some of the best currently available which span the different cohorts of CYP according to health need as identified in *"A Vision for the Health and Wellbeing of CYP in Ireland"*.[3]

As mentioned earlier, the proposed list of indicators is not intended to be exhaustive. This document will be kept under review as the Digital for Care framework develops. It focuses on a selection of indicators that can be assessed, refined and expanded over time, as national and regional priorities shift and data availability improves.

Recommendations

1. Establish **routine monitoring of CYP indicators within health and social care** regionally and nationally.
2. Use indicator estimates and trends to inform **population health approaches for equitable service provision, resource allocation and policy initiatives** at regional and national levels.
3. **Advocate for enhanced collation of health and social care data** by implementing standardised collection across all care settings especially; general practice, emergency departments, hospital outpatient departments, and dental practices — ideally linked by a unique patient identifier, and improving existing data to allow regional disaggregation by HSE health regions, with stratification by key equity factors such as age, sex, socioeconomic status and ethnicity.

Contributors

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Appendix

Appendix A. Additional recommended CYP Indicators without suitable data sources

Indicator
Essential Needs
Stunting at age 5 per 100,000
Universal Health Needs
Maternal overweight and obesity during pregnancy per 1,000
Maternal alcohol use during pregnancy per 1,000
Maternal drug use during pregnancy per 1,000
Maternal tobacco use during pregnancy per 1,000
Folic acid supplementation pre-conception/during early pregnancy per 1,000
Maternal mental health disorder per 1,000
Iron deficiency anaemia per 1,000
Chronic health conditions
Number of diabetic patients (%) with a HbA1c <53 mmol/mol (excluding those in year 1 post diagnosis, denominator here is number of diabetic patients)
Oral health: one or more decaying, missing or filled teeth per 1,000*
Vulnerable with social needs
First time entrants to the youth justice system per 100,000
Children without school placement due to complex needs e.g. autism/intellectual disability/ mental health per 100,000
Suicide attempts (%)**
Complex health needs
Congenital anomalies at birth per 100,000.***
Eating disorder diagnoses per 1,000

Footnote

*= This measure is currently reported to the Sole Health database by HSE dental practices. However, reporting on decayed, missing, or filled teeth within Sole Health is not currently mandatory, which affects existing data completeness. Furthermore, there are approximately 1,100 private dental practices in Ireland (relative to 180 HSE public dental practices), which do not report to the Sole Health database.

** = Suicide attempts were asked about in the Healthy Ireland survey, but the question was voluntary and participation was low and not considered representative. The Planet Youth surveys also ask about this, but these are limited to regional coverage at present.

*** = Currently, there is no national register collating congenital anomalies at birth in Ireland. Regional registers exist (Cork and Kerry & South East Congenital Anomaly registers), but also face issues with completeness.[38]

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