



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Annual Review on the Adequacy of Child Care and Family Support Services Available

2019

Version 2.0

November 2021

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ABBREVIATIONS

CCA	Child Care Act 1991
CW/KK/ST	Carlow/Kilkenny/South Tipperary
CFSN	Child and Family Support Network
CIS	Crisis Intervention Service
CN/MN	Cavan/Monaghan
CPC	Child Protection Conference
CPNS	Child Protection Notification System
CPW	Child Protection and Welfare
CSO	Central Statistics Office
CSP	Calais Special Project
DCYA	Department of Children and Youth Affairs
DML	Dublin Mid-Leinster
DNC	Dublin North City
DNE	Dublin North East
DSC	Dublin South Central
DSE/WW	Dublin South East/Wicklow
DSW/K/WW	Dublin South West/Kildare/West Wicklow
ECO	Emergency Care Order
EOHS	Emergency Out of Hours Service
FCO	Full Care Order
FSS	Family Support Services
FWC	Family Welfare Conference
GNIB	Garda National Immigration Bureau
GY/RN	Galway/Roscommon
HIQA	Health Information Quality Authority
ICO	Interim Care Order
IRPP	Irish Refugee Protection Programme
LH/MH	Louth/Meath
NCCIS	National Child Care Information System
NSDF	National Service Delivery Framework
NSPCC	National Society for the Prevention of Cruelty to Children (UK)
ORAC	Office of the Refugee Applications Commissioner
PPFS	Prevention, Partnership and Family Support
SCO	Special Care Order
SCSA	Separated Children Seeking Asylum
SLWC	Sligo/Leitrim/West Cavan
WD/WX	Waterford/Wexford

GLOSSARY

Emergency Care Order	Tusla can apply to the District Court for an emergency care order when there is reasonable cause to believe that there is an immediate and serious risk to the health or welfare of a child. An emergency care order can be for a period of up to 8 days [Section 13 Child Care Act 1991]
Interim Care Order	Tusla applies to the Court for an interim care order where an application for a care order has been or is about to be made (whether or not an emergency care order is in force) and, there is reasonable cause to believe that it is necessary for the child's health or welfare, for the child to be placed or maintained in the care of Tusla pending the determination of the application of the care order. The limit on an Interim Care Order is 28 days; however, a Court can grant an extension to that period if it is satisfied it is still necessary [Section 17 Child Care Act 1991]
Care Order	<p>A care order is applied for when a child needs protection and is unlikely to receive it without the use of one. The Court may make a care order when: the child has been or is being neglected, assaulted, ill-treated, or sexually abused; or the child's health, development, or welfare has been or is being avoidably impaired or neglected; or the child's health, development or welfare is likely to be avoidably impaired or neglected.</p> <p>A care order is usually made for as short a period as possible and this decision is made by the Court. However, if necessary the Court may decide to place a child in care up to their 18th birthday [Section 18 Child Care Act 1991]</p>
Supervision Order	A supervision order is granted by a District Court Judge and allows Tusla to visit and monitor the health and welfare of the child and to give the parents any necessary advice and support. The order is for up to a maximum of 12 months but can be renewed [Section 19 Child Care Act 1991]
Voluntary care	This is where the parents request or agree to their child being taken into the care of Tusla. In these cases, Tusla must consider the parents' wishes on aspects of how care is provided. As long as a child requires safety and welfare - Tusla must provide this. If this arrangement breaks down, Tusla may still seek a care order through the Court [Section 4 Child Care Act 1991]

Foster care	Foster care is full-time or part-time substitute care for children outside their own home by people other than their biological or adoptive parents or legal guardians. Foster care is the preferred option for children who cannot live with their parents as a result of abuse and /or neglect and their parents' inability to care for them due to a combination of difficulties in their own lives [Child Care Act 1991]
General foster carer	A general foster carer is a person approved by the Child and Family Agency having completed a process of assessment and who has been placed on the panel of approved foster carers, in accordance with the Child Care Act 1991 and the Child Care (Placement of Children in Foster Care) Regulations 1995.
Relative foster care	A relative foster carer is defined as a person who is a friend, neighbour or relative of a child, or a person with whom the child or the child's family has had a relationship prior to the child's admission to care (Child Care (Placement of Children with Relatives) Regulations 1995). A relative foster carer takes care of a child on behalf of and by agreement with the Child and Family Agency, having completed (or having agreed to undertake) an assessment of suitability within 12 weeks of a child being placed with them.
Residential care	Any home or institution for the residential care of children in the care of Tusla or other children who are not receiving adequate care or attention (Child Care Act 1991). Residential care aims to meet in a planned way the physical, educational, emotional, spiritual, health and social needs of each child. Residential care can be provided by a statutory, voluntary or private provider [Child Care Act 1991]
Special Care	Special care provides for short-term, stabilising intervention that prioritises safe care in a therapeutic environment for children at risk and with challenging behaviour. It is an exceptional intervention restricting the liberty of the child and involves detention of the child for his/her own welfare and protection in a Special Care Unit. The child is detained under a High Court Order and not on the basis of criminal activity [Child Care (Amendment) Act 2011]
Separated children	"Children under 18 years of age who are outside their country of origin and separated from parents, or previous/legal customary primary care giver". <i>Separated Children in</i>

	<i>Europe Programme (as cited by Ombudsman for Children, 2009)</i>
Aftercare	<p>Aftercare services are support services that build on and support the work that has already been undertaken by foster carers, social workers, residential workers and others in preparing young people for adulthood. Section 45A of the Child Care Amendment Act 2015 places a statutory duty on Tusla to form a view in relation to each person leaving care as to whether there is a “need for assistance” and if it forms such a view to provide services in accordance with the section and subject to resources.</p>

TECHNICAL NOTES

- In this report, the term ‘children’ is used to describe all children under the age of 18 years other than a person who is or has been married.
- In most tables the figures are presented as whole numbers while in some tables percentages are displayed to one decimal point. The rounding convention is as follows: any fractions of 0.5 and above are rounded up, anything less than 0.5 are rounded down. Due to this rounding, percentages may not total 100.
- Data presented in this report may vary from data previously reported and published due to the on-going validation of data that is done at a local level.
- Tusla implemented its national child care information system (NCCIS) for child protection and welfare services including children in care in 2017 / 2018. The roll-out of this system involved a review and validation of data held on a number of legacy systems maintained by the areas and as a result the data presented in this report needs to be interpreted with this in mind.
- During 2014, Dublin 15 transferred from Dublin North City administrative area to Dublin North administrative area, due to a reconfiguration of services in these two areas. This transfer should be noted when comparing year on year data for each of these areas.

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November 2021

SUMMARY FINDINGS 2019

This report presents data and information on Tusla's child protection and welfare services, children in the care of Tusla and children referred to family and community support services for the year 2019. It is submitted in fulfilment of the requirement for an annual report on the adequacy of child care and family support services available (Section 8 Child Care Act 1991). The data in this report are drawn from the activity and performance metric data collated on a routine basis by the Agency. Additional information on the quality and adequacy of services delivered can be found in other reports published by the Agency along with reports published by oversight bodies including the Health Information and Quality Authority (HIQA), the Ombudsman and the Ombudsman for Children.

CHILD PROTECTION AND WELFARE SERVICES

- 56,561 referrals to Child Protection and Welfare Services in 2019 the highest number for the five-year period 2014 – 2019. Referrals are up 3% (1,425) on 2018 (55,136) and 30% (12,965) on 2015. Year on year increase in referrals since 2015.
- Number of referrals equates to about 155 a day or 48 for every 1,000 children living in Ireland¹.
- Welfare is the most common concern reported, accounting for 55% (31,134) of all referrals. Emotional abuse is the most common type of child protection concern² reported, accounting for 42% (10,722) of all child protection referrals (25,427).
- 12,214 mandated reports were received in 2019, accounting for 22% of all referrals and 48% of all child protection referrals; a similar pattern to 2018.
- 76% (9,089) of mandated reports were from five sources: members of An Garda Síochána (31%), teachers (20%), social workers (14%), social care workers (6%) and medical practitioners (5%); a similar pattern to 2018.
- 24,827 cases open to social work at the end of December 2019, 6% (1,606) fewer than December 2018 and the fewest number for the period 2014 – 2019. This means that 2.1% of children under 18 years were being assessed or in receipt of a social work service.
- 79% (19,536) of open cases were allocated to a social worker, up three percentage points from 2018 and ten percentage points from December 2014 when a low of 69% was reported. A total of 5,291 children were awaiting an allocated social worker, 1,141 (18%) fewer than December 2018 (6,432). Of these, almost a third (1,668) was being progressed by dedicated duty teams or rotating social workers on a duty roster.
- 876 children were “active” (i.e., at ongoing risk of significant harm or abuse including neglect and still residing with their parents/carers) on the National Child Protection Notification System (CPNS) at the end of December 2019, 153 (15%) fewer than December 2018 and the fewest number for the period 2015 -2019. Year on year decrease from 2017.
- All children “active” on the CPNS had an allocated social worker.

¹ Based on Census 2016

² Child protection concerns refer to concerns of physical abuse, emotional abuse, sexual abuse and neglect

ALTERNATIVE CARE SERVICES

Admissions to Care

- 670 children admitted to care for the first-time in 2019, 18 (3%) more than 2018 (652) and 31 (5%) more than 2017 (639). Equates to 5.6 children for every 10,000 under 18 years.
- Most common reason for first-time admission was neglect accounting for 38% (257) of all first-time admissions. Percentage of admissions due to neglect was down seven percentage points from 2018 (45%).
- 89% (595) of children admitted to care for the first-time were placed in foster care and of these one in five (21%; 122) was placed in relative foster care.
- First-time admissions accounted for 79% (670) of all admissions (844) in 2019; one in five (21%; 174) admissions was a second or subsequent admission the lowest percentage for the four years 2016 – 2019.
- Total number of admissions (844) down 4% (34) on 2018 and the fewest number for the four years 2016 - 2019
- 54% (453) of all admissions (844) were voluntary, where there was an agreement with the parents/guardians. The number of voluntary admissions has decreased year on year since 2016 and is down 22% (131) overall.
- Some 176 (21%) admissions were under an emergency care order, the highest number for the four years 2016 -2019. Admissions under an emergency care order were up five percentage points from 2018.

Children in Care

- 5,951³ children in care at the end of 2019, 23 (<1%) fewer than 2018 (5,974) and 433 (7%) fewer than 2015 (6,384). Year on year decrease for the period 2015 - 2019.
- The number of children in care equates to about 50 children per 10,000 under 18 years.
- 92% (5,482) of children in care were in foster care and of these 28% (1,558) were in relative foster care, similar to previous years.
- Neglect is the most common reason for being in care, accounting for 45% (2,668) of children in care.
- 74% (4,415) of children in care were in care under a care order, up six percentage points from 2018 (68%) and nine percentage points from 2015 (65%).
- 51% (3,033) of children in care were in care for < 5 years and of these one in five (21%; 634) was in care for < 1 year. Similar pattern to 2018.
- 2.3% (137) of children in care were in their third or greater placement within the previous 12 months. Slight increase (23) from 2018 (114/5,974; 1.9%).
- 11% (656) of children in care were in placements with private providers; 46 (8%) more than 2018 (610) and the highest number for the four-year period 2015 – 2019.

³ This figure excludes children in care under Tusla Social Work Team for Separated Children Seeking Asylum

- 91% (5,445) of children in care had an allocated social worker; 506 children were awaiting an allocated social worker, 16 more than December 2018 (490).
- 93% (5,517) of children in care had an up-to-date care plan; 434 children did not have an up-to-date care plan, 103 fewer than December 2018 (537).
- 96% (3,741) of children 6-15 years and 93% (970) of 16-17 year olds in care were in full-time education. Consistent with previous years.

Discharges from Care

- 946 discharges from care in 2019, 94 (9%) fewer than 2018 (1,040) and 278 (23%) fewer than 2016 (1,224). Year on year decrease for the period 2016 - 2019.
- Majority (55%; 519) of those discharged were young people turning 18 years.
- Almost half (47%; 447) of all discharges were to home/extended family with a further 35% (335) remaining with their carers.
- Majority (62%; 320) of those discharged by virtue of turning 18 years remained with their carers.
- 102 more discharges from care than admission to care in 2019.

Foster Carers

- 4,130 foster carers on the panel of approved foster carers at the end of 2019, 194 (5%) fewer than 2018 and 407 (9%) fewer than 2016. Year on year decrease for the period 2016 - 2019. *Decrease between 2018 and 2019 needs to be interpreted with caution due to a discrepancy in the number of private foster carers identified in one area following validation of their foster carers' register in 2019.*
- 240 relative foster carers awaiting approval at the end of December 2019, 17 fewer than 2018 (257) and 140 (37%) fewer than December 2015 (380). Year on year decrease for the period 2015 – 2019.
- 94% (2,428) of general foster carers and 91% (995) of relative foster carers had a link worker at the end of December 2019. An increase on 2018 and the highest percentages for the period 2015 -2019.

Aftercare

- 2,676⁴ young persons/adults in receipt of aftercare services at the end of December 2019, 180 (7%) more than 2018 (2,496). Increase mainly due to an increase in those < 18 years.
- 75% (1,121) of 18-20 year olds in receipt of aftercare services were in education / accredited training.
- Almost half (48%; 971) of those 18-22 years in receipt of aftercare services were continuing to live with their carers. One in four (23%; 461) had moved to independent living arrangements.
- 81% (2,168) of all young persons/adults in receipt of aftercare services had an aftercare plan and 90% (1,792) of those assessed as needing an aftercare worker had an aftercare worker.

⁴ This figure excludes young people under the Tusla Social Work Team for Separated Children Seeking Asylum

Adoption Services

- 194 applications for assessment as adoptive parents in 2019; 18 (8%) fewer than 2018.
- Almost half (48%; 94) of applications were for step-parent adoption.
- 179 new children referred for adoption in 2019; 18 (10%) fewer than 2018.
- Majority (61%; 109) of children referred were going forward for step-parent adoption.
- 152 adoption assessments presented to local adoption committees in 2019, one more than 2018.
- 8 children were placed with prospective adoptive carers with a view to adoption.
- 10 High Court applications were taken by the Agency.
- 75 adoption orders were granted.

FAMILY AND COMMUNITY SUPPORT SERVICES

- At least 37,024 children referred to family support services in 2019 with 18,343 children in receipt of family support services at the end of 2019.
- Number of children referred to family support services equates to about 3% of children under 18 years.
- 67% (24,828) of children referred to family support service in 2019 received a service.
- 2,330 Meitheal processes requested in 2019, 34% (596) more than 2018 and 65% (921) more than 2017.
- 72% (1,670) of Meitheal requests were direct or self-initiated; 18% (413) were diverted from social work and 11% (247) were stepped-down from social work.
- 115 Child and Family Support Networks operating at the end of 2019, a further 17 were planned/ at pre planning stage.

OTHER SERVICES

National Out of Hours Service

- 2,186 referrals to the National Out of Hours Service in 2019, 13% (258) more than 2018 and the highest number for the five years 2015 – 2019. Increase most likely due to the reconfiguration and development of the service.

Services for Separated Children Seeking Asylum

- 184 referrals to Tusla's Service for Separated Children Seeking Asylum, 55 (43%) more than 2018 and the highest number since 2009.
- 104 children placed in care in 2019, 23 more than 2018
- 67 children in care at the end of 2019, no change from 2018
- 48% (32) of children in care were in residential care, 33% (22) were in supported lodgings and 19% (13) were in foster care

- 55% (37) of children in care were in placements with private providers
- All but four children in care were 15-17 years.
- All children in care had an allocated social work and up-to-date care plan.
- 98 young persons/adults in receipt of aftercare services at the end of December 2019.
- 93% (71/76) of the 18-20 years cohort in receipt of aftercare services were in education / accredited training.
- 66% (55) of the 18-22 years cohort were in independent living.

1.0 INTRODUCTION

Tusla – Child and Family Agency (“the Agency”) holds statutory responsibility under the Child Care Act 1991 (“the Act”) and other legislation to safeguard children who are not receiving adequate care and protection. This means assisting vulnerable children, who have been, or are at risk of being abused, neglected or otherwise harmed, or whose parents are unable to provide adequate care or protection. The aim is to intervene early to provide a timely response that is appropriate and proportionate to the identified need. Tusla conducts this work in partnership with other statutory services, such as health, education, An Garda Síochána, local authorities, the voluntary sector and most importantly families and their communities.

Tusla’s Child Protection and Welfare Services, including services for children being looked after by the State are delivered across 17 geographical areas, configured into four regions (Figure 1). Each area is managed by an area manager and each region is managed by a service director. Service directors report to the Director of Services & Integration who in turn reports to the Chief Executive Officer (CEO). The CEO reports to the Chairperson of the Board and is responsible for leading the Agency in all of its management decisions and for implementing the Agency’s long and short-term plans. The Board, consisting of a Chairperson, a Deputy Chairperson and a number of ordinary members, all appointed by the Minister for Children and Youth Affairs, is accountable to the Minister for the performance of its functions in accordance with Section 21 (3) Child and Family Agency Act 2013.

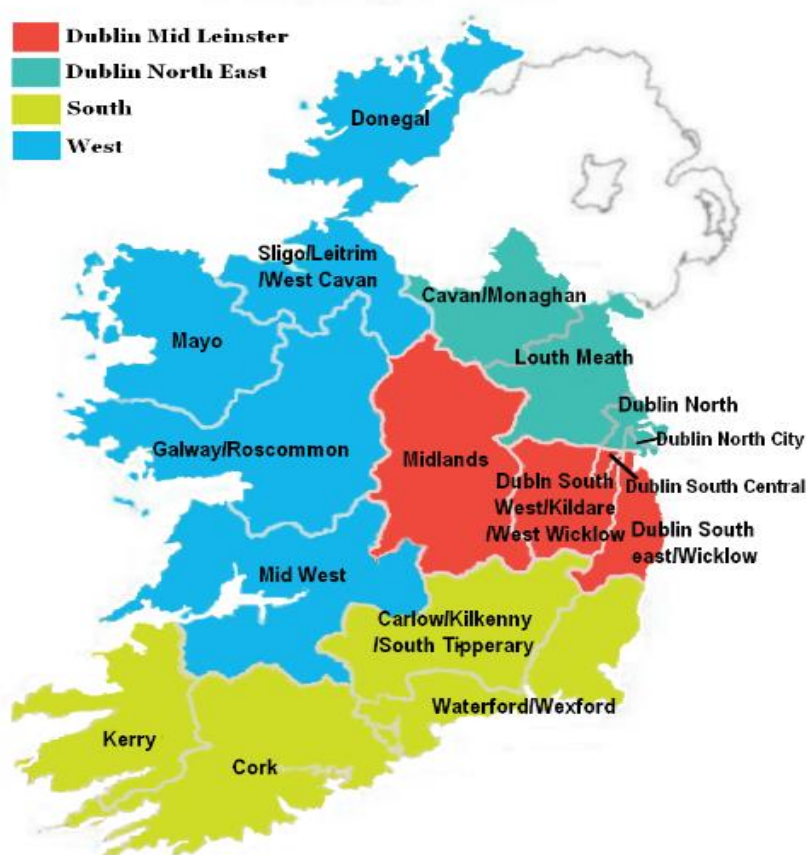


Figure 1: Tusla's Regional and Area Management Structure

In 2019, Tusla had a budgetary allocation of about €785 million⁵ and had 4,122 staff (whole-time equivalents) on its payroll⁶. The majority (65%; 2,674) of the workforce are social workers (1,533; 37%) and social care staff (1,141; 28%).

Service delivery in Tusla is guided by the Agency's overarching National Service Delivery Framework (NSDF) (Figure 2). It provides for a co-ordinated, multi-disciplinary and multi-agency approach to the delivery of services, from universal and community services to targeted support for those most in need of urgent assistance. The intent is that children will have access to the right service at the right time proportionate to their need, whether that is a social work response or a family support/community-based response. Since the establishment of the Agency in 2014, there has been an increasing focus on early intervention and family support to help prevent families entering or re-entering the child protection and welfare system and to help minimise the need for more intrusive interventions.

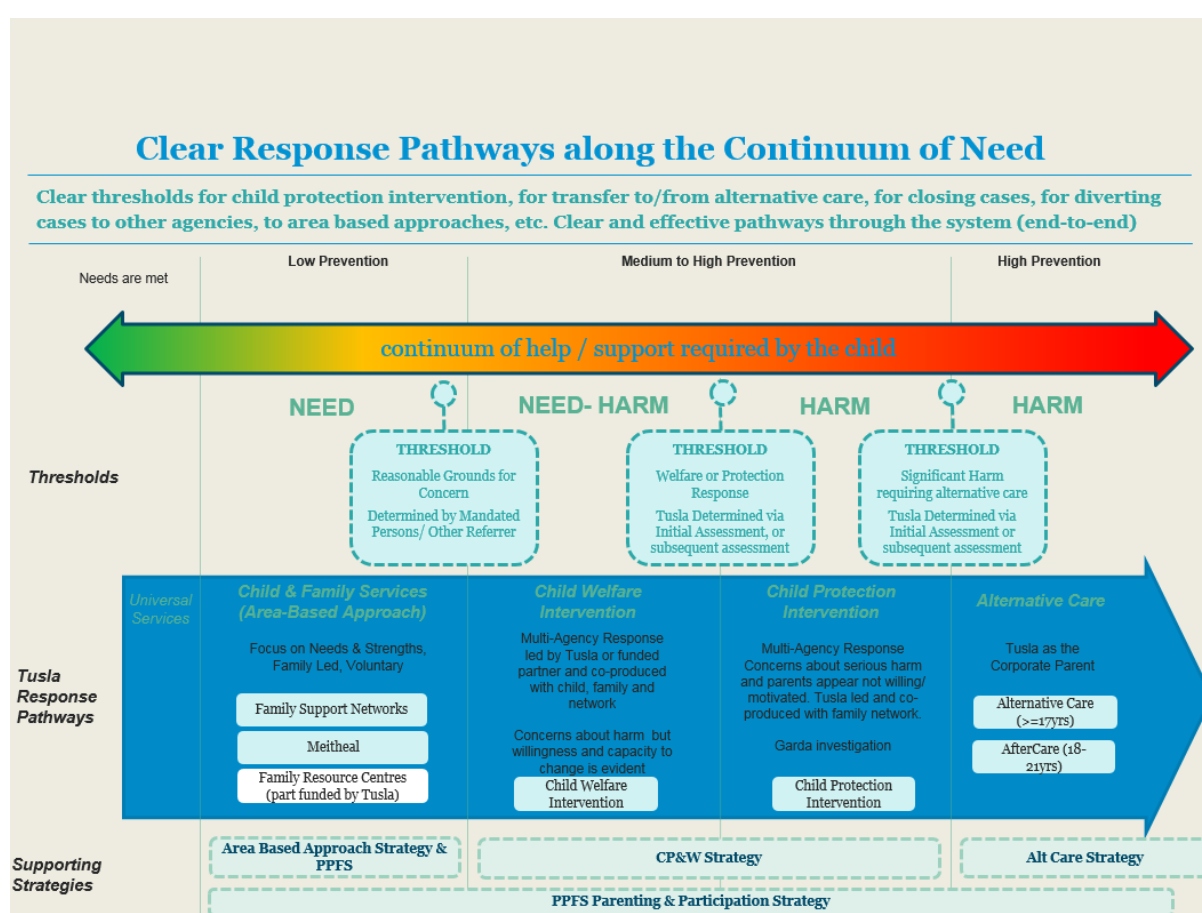


Figure 2: Tusla's Response Pathways along the Continuum of Need

⁵ Budget allocation is for all services delivered by Tusla including: Child Protection and Welfare Services; Alternative Care & Adoption; Family Support; Children's Services Regulation including Early Years Inspectorate; Tusla Education Support and Services (TESS); Domestic, Sexual and Gender Based Violence Services etc.

⁶ Figure at 31 December 2019

In 2019, Tusla progressed the implementation of its Child Protection and Welfare Strategy 2017 – 2020⁷, including its new national approach to practice, the *Signs of Safety*⁸. The *Signs of Safety* which originated in Australia, is a whole systems approach designed to expand the investigation of risk to encompass strengths and *signs of safety* that can be built upon to stabilise and strengthen a child's and family's situation. This is done in partnership and collaboration with the child and family and their wider networks. Implementation of this practice model means one uniform assessment and intervention approach in use across the country, bringing consistency to practice.

All data and information presented in this report needs to be interpreted in the context of a changing environment in terms of approach to practice and recording of data and information. Tusla introduced a national case management system for child protection and welfare cases including children in care in 2017 / 2018. For the first time in the history of the State, all 17 social work areas have access to a single integrated information system to manage child protection and welfare cases. It captures critical data on children who are the subject of a child protection and welfare referral, including children in care. The roll-out of the system involved a review and validation of data held on a number of legacy systems maintained by the individual areas and as a result the data presented in the report needs to be interpreted with this in mind.

This report presents data and information on Tusla's Child Protection and Welfare Services including children looked after by the State and children referred to family and community support services for the year 2019. It is submitted in fulfilment of the requirement for an annual report on the adequacy of child care and family support services available (Section 8 Child Care Act 1991).

In preparing the report the Act states that the Agency shall have regard to the needs of children who are not receiving adequate care and protection and, in particular:

- (a) Children whose parents are dead or missing;
- (b) Children whose parents have deserted or abandoned them;
- (c) Children who are in the care of the Agency;
- (d) Children who are homeless;
- (e) Children who are at risk of being neglected or ill-treated; and
- (f) Children whose parents are unable to care for them due to ill health or for any other reason.

The data in this report is drawn from the activity and performance metric data collated on a routine basis by the Agency. Additional information on the quality and adequacy of services can be found in other reports published by the Agency along with reports published by oversight bodies including the Health Information Quality Authority (HIQA), the Ombudsman, and the Ombudsman for Children.

⁷ [Tusla Child Protection and Welfare Strategy 2017 - 2020](#)

⁸ [Signs of Safety](#)

Other services provided by the Agency (e.g., Tusla Education Support Services, Regulatory Services including the Early Years Inspectorate, Domestic, Sexual and Gender-Based Violence Services, Adoption Information and Tracing Service) are outside the scope of this report.

Following this introductory chapter, there are four chapters as follows:

Chapter 2 presents data on the child protection and welfare referral and assessment process including children subject to a child protection plan (i.e., listed on the national Child Protection Notification System);

Chapter 3 presents data on children in the care of the Agency including admissions to, and discharges from care;

Chapter 4 presents data on family support services including Meitheal (early intervention national practice model for all agencies working with children, young people and their families);

Chapter 5: presents data on two separate but related services provided by the Agency. These services are the Out of Hours Service and services delivered by the Social Work Team for Separated Children Seeking Asylum.

2.0 CHILD PROTECTION AND WELFARE SERVICES

2.1 Referrals

A referral or a report is the first stage of the child protection and welfare process. It is a request for services to be provided and can be made by anyone who has concerns about the safety or welfare of a child. To be considered a referral the subject of the report must be a child and the essence or character of the report a concern (for the subject) that can be categorised as one of the following report types: Physical Abuse, Sexual Abuse, Emotional Abuse, Neglect or a Welfare Concern⁹.

On receipt of a referral the first consideration for social work teams is the immediate safety of the child and whether protective action is required. All reports to Tusla are normally reviewed (screened) on the day they are received.

If the concern is not appropriate to Tusla's Child Protection and Welfare Services, Tusla will give information and advice on the most appropriate ways of addressing the needs of the child(ren) and their family.

In December 2017, mandatory reporting was introduced under the Children First Act 2015¹⁰, placing a legal obligation on certain people, many of whom are professionals (reference Schedule 2 Children First Act 2015), to report child protection concerns at or above a defined threshold to Tusla.

2.1.1 Number of Referrals

Referrals to Child Protection and Welfare Services continue to increase

In 2019, local offices received 56,561 child protection and welfare referrals¹¹, the highest number for the six years 2014-2019 (Figure 3). Referrals were up 3% (1,425) on 2018, similar to that observed between 2017 and 2018 (3%; 1,381). Since 2015, there has been a year on year increase in referrals with the number up 30% (12,965) overall.

The number of referrals for 2019 (56,561) equates to about 155 referrals a day or 48 referrals per 1,000 children living in Ireland (Census 2016). *More than one referral can be received in relation to a child and as a result the number of children involved is likely to be fewer than the number of referrals.*

⁹ [Children First: National Guidance for the Protection and Welfare of Children \(DCYA 2017\)](#)

¹⁰ [Children First Act 2015](#)

¹¹ The count of referrals is, for the most part, based on referrals deemed appropriate for child protection and welfare services. In some areas a small number of referrals screened out may be included.

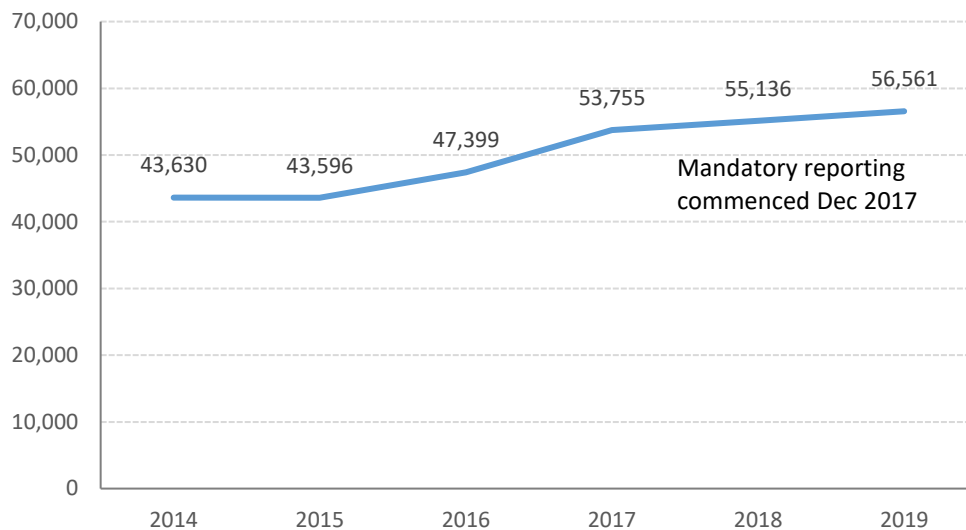


Figure 3: Referrals to Tusla's Child Protection and Welfare Services, 2014 – 2019

An increase in referrals most likely reflects a combination of socioeconomic and other factors including, the increase in the 0-17 years population over the same period¹²; the increase in the number of families becoming homeless in recent years¹³; variation in local practice in terms of applying thresholds (i.e., whether the referral meets the threshold for Child Protection and Welfare Services) and possibly a greater societal awareness around the safety and welfare of children (media attention) and particularly with the commencement of mandatory reporting in December 2017¹⁴. Mandatory reporting refers to child protection concerns that meet a threshold specified in the Children First Act 2015.

2.1.2 Mandated Reports

22% (12,214) of referrals in 2019 were mandated reports

Of the 56,561 referrals received in 2019, one in five (22%; 12,214) was a mandated report¹⁵. This figure (12,214) is down slightly (396; 3%) on the number received in 2018 (12,610). *However, it should be noted that data from mid-2019 is a count of mandated reports where an intake record had been created on NCCIS at the time of collating the data. Reports where an intake record had not been created at the time of collating the data are not included. Prior to mid-2019 the count included all reports i.e., those where an intake had / had not been created at the time of collating the data.*

¹² Census 2016 Central Statistics Office

¹³ [Homelessness data](#). Department of Housing Planning and Local Government

¹⁴ [Children First Act 2015](#), Section 14 (1) Subject to subsections (3), (4), (5), (6) and (7), where a mandated person knows, believes or has reasonable grounds to suspect, on the basis of information that he or she has received, acquired or becomes aware of in the course of his or her employment or profession as such a mandated person, that a child— (a) has been harmed, (b) is being harmed, or (c) is at risk of being harmed, he or she shall, as soon as practicable, report that knowledge, belief or suspicion, as the case may be, to the Agency. (2) Where a child believes that he or she— (a) has been harmed, (b) is being harmed, or (c) is at risk of being harmed, and discloses that belief to a mandated person in the course of the mandated person's employment or profession as such a person, the mandated person shall, subject to subsections (5), (6) and (7), as soon as practicable, report that disclosure to the Agency.

¹⁵ Based on the determination of the referrer (mandated reporter) and not the assessment of a social worker

Although there has been some increase in referrals since mandatory reporting was introduced in 2017, it would appear that the level of increase experienced by other jurisdictions has not materialised.

2.1.3 Type of Referrals

Welfare is the most common concern reported (55%)

Based on information provided by the referrer, referrals are categorised as either child welfare or child protection concerns (i.e., where there were grounds to believe that there was a risk of physical, sexual or emotional abuse or neglect).

In 2019, more than half (55%; 31,134) of referrals were categorised as welfare concerns while the remaining 45% (25,427) were categorised as child protection concerns (Figure 4); a similar pattern to 2018. Although difficult to conclude with certainty, the increased proportion of child protection referrals received in 2018 and 2019 most likely reflects the introduction of mandatory reporting. However, it should be noted that the category of referral at this point is based on the assessment of the referrer and not the social worker and hence could change following assessment by the social worker.

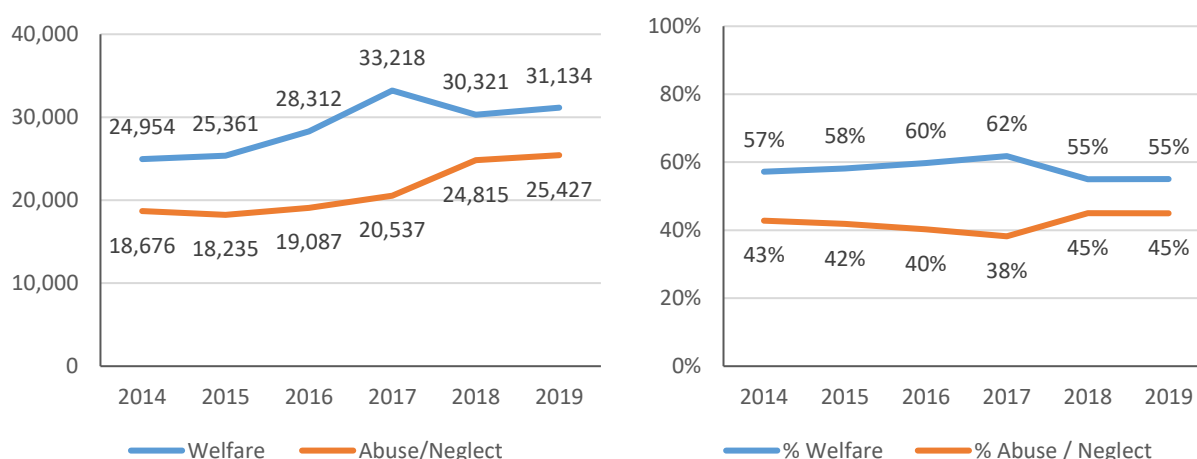


Figure 4: Number and percentage of referrals by type 2014 – 2019

Emotional abuse is the most common type of child protection concern reported (42%)

The most common type of child protection concern reported in 2019 was emotional abuse accounting for 42% (10,722) of all child protection referrals, followed by physical abuse (26%; 6,488) and neglect (17%; 4,308) (Figure 5). Sexual abuse was the least common type of abuse reported, comprising about one in seven (15%; 3,909) referrals.

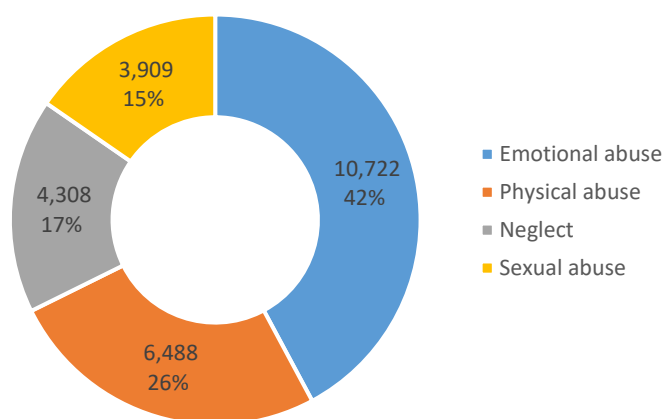


Figure 5: Breakdown of child protection referrals, 2019

All types of abuse (physical, emotional and sexual) show an increase from 2018 with the largest increase observed for emotional abuse with some 592 (6%) more referrals (Table 1 and Figure 6). In contrast, referrals for neglect were down 14% on 2018 with 692 fewer referrals.

Percentage of referrals for neglect down; percentage for emotional abuse up

Over the period 2014-2019, referrals for emotional abuse have increased year-on-year and are up 72% (4,489) overall. Proportionately, the percentage of emotional abuse referrals has gone from 33% in 2014 to 42% in 2019, an increase of nine percentage points.

Referrals for physical abuse are showing a year on year increase from 2015 and are up 63% (2,497) overall, and as proportion of all child protection referrals are up four percentage points.

Referrals for sexual abuse are also showing a year on year increase from 2015 and are up 33% (969) overall, but as a proportion of all child protection referrals are down one percentage point.

Referrals for neglect, although showing a slight increase from 2016 to 2018, as a proportion of all child protection referrals have fallen year on year since 2014 and are down 11 percentage points overall. The reason for this decrease is not easily understood. However, it should be noted that the category of abuse reported at this point is based on the assessment of the referrer and not the social worker and hence could change following assessment by the social worker.

Table 1: Breakdown of child protection referrals by year, 2014 - 2019

Category	2014	2015	2016	2017	2018	2019	Δ 2019 v 2018
Physical	4,066 (22%)	3,991 (22%)	4,450 (23%)	4,942 (24%)	6,137 (25%)	6,488 (26%)	+351 (6%)
Emotional	6,233 (33%)	6,535 (36%)	6,871 (36%)	7,615 (37%)	10,130 (41%)	10,722 (42%)	+592 (6%)
Sexual	3,114 (17%)	2,940 (16%)	3,042 (16%)	3,170 (15%)	3,548 (14%)	3,909 (15%)	+361 (10%)
Neglect	5,263 (28%)	4,769 (26%)	4,724 (25%)	4,810 (23%)	5,000 (20%)	4,308 (17%)	-692 (14%)
Total	18,676	18,235	19,087	20,537	24,815	25,427	+612 (2%)

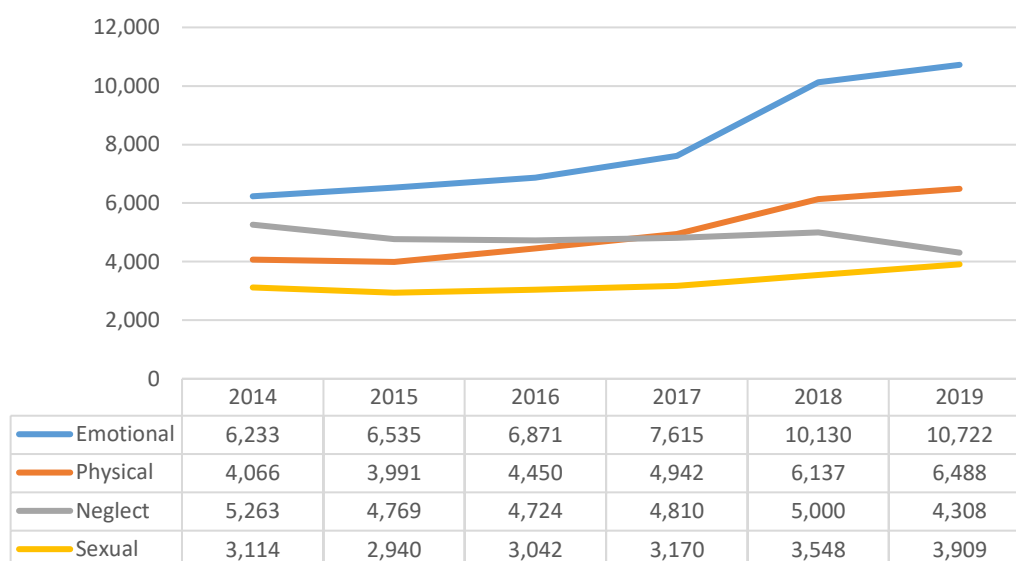


Figure 6: Breakdown of child protection referrals by year, 2014 – 2019

At least 48% (12,214) of child protection referrals were mandated reports

Of the 25,427 child protection referrals received in 2019, 48% (12,214) were mandated reports.

Of the mandated reports where the report type was available (12,089), the highest number (4,380; 36%) was for emotional abuse, followed by physical abuse (3,330; 28%), sexual abuse (2,357; 19%) and neglect (2,022; 17%). The percentage breakdown is consistent with 2018 (Table 2) and the breakdown of all child protection referrals referred above.

Table 2: Mandated reports by type, 2018 and 2019

Category	2018 # Reports	% Total	2019 # Reports	% Total
Physical abuse	3,661	29%	3,330	28%
Emotional abuse	4,242	34%	4,380	36%
Sexual abuse	2,421	19%	2,357	19%
Neglect	2,286	18%	2,022	17%
Total	12,610	100%	12,089*	100%

*2019 – report type not available for 125 reports

Gardaí and teachers account for half of all mandated reports in 2019

The top five sources of mandated reports in 2019 (where source was available, 11,955 reports) were members of An Garda Síochána (31%; 3,676), teachers (20%; 2,434), social workers (14%; 1,661), social care workers (6%; 737) and medical practitioners (5%; 581). These five sources account for 76% (9,089) of all reports received. Similar pattern to 2018 (Table 3).

Table 3: Mandated reports by mandated person, 2018 and 2019 (ranked by top sources 2019)

Source	# Reports 2018	% of Total 2018	# Reports 2019	% of Total 2019
An Garda Síochána Member	3,349	26.6%	3,676	30.7%
Teacher registered with the Teaching Council.	2,790	22.1%	2,434	20.4%
Social worker who practises as such and who is eligible for registration	1,704	13.5%	1,661	13.9%
Social care worker who practises as such and who is eligible for registration	893	7.1%	737	6.2%
Medical practitioner (Registered)	635	5.0%	581	4.9%
Safeguarding officer, child protection officer or other person (howsoever described) who is employed for the purpose of performing the child welfare and protection function of religious, sporting, recreational, cultural, educational and other bodies and organisations offering services to children;	409	3.2%	501	4.2%
Nurse or registered midwife (Registered)	510	4.0%	424	3.5%
Psychologist who practises as such and who is eligible for registration	442	3.5%	300	2.5%
Psychotherapist or a person providing counselling who is registered with one of the voluntary professional bodies	388	3.1%	300	2.5%
Domestic violence shelter manager	317	2.5%	288	2.4%
Youth worker holds a professional qualification and who is employed in a youth work service	224	1.8%	194	1.6%
Homeless provision or emergency accommodation facility manager	113	0.9%	149	1.2%
Physiotherapist (Registered)	106	0.8%	117	1.0%
Youth work service - person responsible for the care or management within the meaning of section 2 of the Youth Work Act 2001	101	0.8%	82	0.7%
Child care staff member employed in a pre-school service within the meaning of Part VIIA of the Child Care Act 1991;	82	0.7%	82	0.7%
Pre-school service within the meaning of Part VIIA of the Child Care Act 1991.	60	0.5%	69	0.6%
Probation officer within the meaning of section 1 of the Criminal Justice (Community Service) Act 1983.	81	0.6%	59	0.5%
Foster carer registered with the Agency.	52	0.4%	58	0.5%
Guardian ad litem appointed in accordance with section 26 of the Child Care Act 1991	56	0.4%	48	0.4%
EMT, paramedic and advanced paramedic registered with the Pre-Hospital Emergency Care Council	53	0.4%	42	0.3%
Speech & language therapist (Registered)	46	0.4%	37	0.3%
Addiction counsellor employed by a body funded, wholly or partly, out of moneys provided by the Oireachtas	90	0.7%	33	0.3%
Occupational therapist (Registered)	41	0.3%	32	0.3%
Asylum seeker accommodation (direct provision) centre manager	22	0.2%	18	0.2%
Institution where a child is detained by an order of a court (Director)	12	0.1%	14	0.1%
Clergy member (howsoever described) or pastoral care worker (howsoever described) of a church or other religious community;	23	0.2%	11	0.1%
*Registered dentist / Language school or other recreational school where children reside away from home manager	11	0.1%	8	0.1%
Total	12,610	100.0%	11,955**	100%

*Registered dentist and language school combined due to small numbers

**Source not available for 259 reports

2.1.4 Distribution of Referrals by Area

Rate of referrals ranges from 26 / 1,000 children (Dublin South East / Wicklow) to 83 / 1,000 children (Midlands)

The number of referrals (including mandated reports) varies widely across Tusla's 17 operational areas and in 2019 ranged from 1,249 (2%) (Kerry) to 7,287 (13%) (Cork) (Table 4).

The rate of referrals per 1,000 children under 18 years ranged from 26 per 1,000 (Dublin South East/Wicklow) to 83 per 1,000 (Midlands area). Cork - with the highest number of children under 18 years - ranked 5th highest overall (out of 17) in terms of rate while Sligo/Leitrim/West Cavan - with the fewest number of children ranked - 4th highest overall. This would imply that there are certainly other factors influencing referral rates, and possibly include factors like deprivation rates, the level of access to family and community services within an area, differences across areas in how thresholds for accepting referrals are applied and publicity regarding the handling of a particular case in an area. Nine areas reported a rate equal to or higher than the national average of 48 referrals per 1,000 children.

Table 4: Number and rate of referrals by area, 2019 (ranked by rate)

Area	# Referrals	0-17 years population	Rate/1,000 population
Midlands	6,666	80,193	83
Dublin North City	3,489	44,927	78
Carlow / Kilkenny / South Tipperary	3,781	63,009	60
Sligo / Leitrim / West Cavan	1,300	23,554	55
Cork	7,287	134,015	54
Cavan / Monaghan	1,970	36,446	54
Dublin North	5,165	100,654	51
Midwest	4,931	96,266	51
Waterford / Wexford	3,504	68,513	51
Galway / Roscommon	3,567	79,912	45
Mayo	1,362	31,968	43
Kerry	1,249	34,527	36
Dublin South West / Kildare /West Wicklow	3,881	108,186	36
Dublin South Central	2,083	65,564	32
Donegal	1,324	42,865	31
Louth / Meath	2,708	93,093	29
Dublin South East / Wicklow	2,294	86,810	26
Total	56,561	1,190,502	48

Population: Census 2016

2.2 Assessment

Referrals deemed appropriate for child protection and welfare services move to the next stage of the referral process where a preliminary enquiry is carried out. During this step the social worker

- Gathers and considers relevant information regarding the reported concern about the child;
- Considers the immediate safety of the child and takes necessary immediate protective action, if required;
- Decides the priority status of the referral and responds in a proportionate and timely manner.

Under the *Signs of Safety (SofS)* approach introduced in February 2018, the practitioner gathers information using a questioning approach and records this information on an Intake Record. The *Signs of Safety* Harm Matrix is used to map harm and determine whether the harm meets the threshold for an initial assessment. The outcome of the preliminary enquiry step will be either:

- An initial assessment is required;
- The case can be appropriately diverted for an alternative response through the Child and Family Support Networks;
- The case will be closed with no further action.

The timeline for the preliminary enquiry is five working days

The purpose of the initial assessment is to determine whether there is harm or future harm and if there is any existing safety present to address this harm. The initial assessment will recommend whether the child/children require a child welfare safety plan; a child protection safety plan or whether the harm to the child is at a level where the children should be removed from the care of their parents until such time as a safety plan can be established. The initial assessment will also determine whether the report can be closed or diverted to an early intervention response that doesn't require Tusla social work intervention.

A summary of the response process is depicted in Figure 7.

In 2019, preliminary enquiries were done on 53,858 (95%) referrals and of these 27% (14,533) were completed within the 5-day timeline recommended for the management of referrals. *Due to the introduction of the new approach to practice (Signs of Safety) in February 2018 these data are not comparable with data for previous years.*

Almost one in five (17%; 9,181) referrals that had a preliminary enquiry required an initial assessment.

Response Pathways

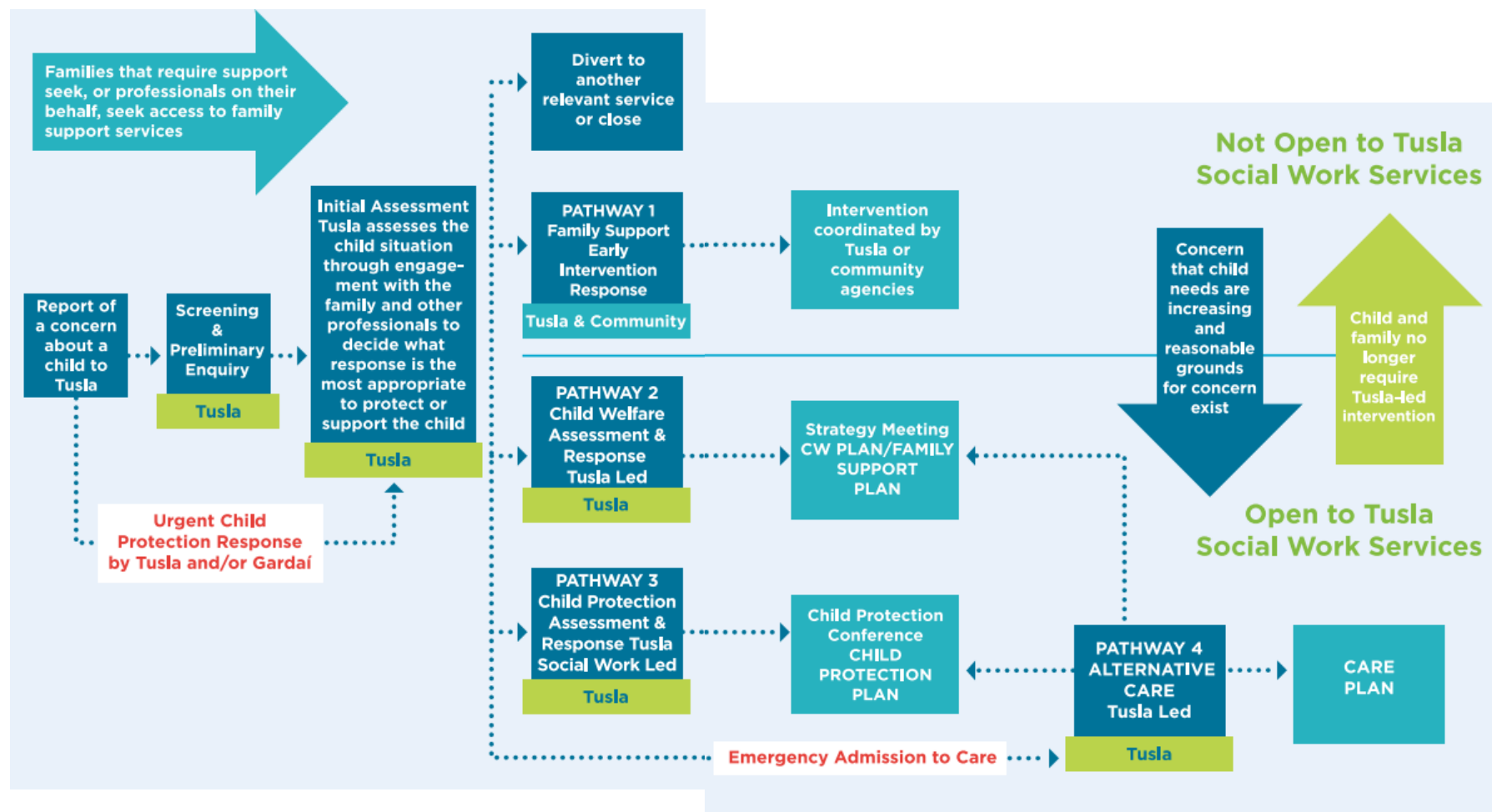


Figure 7: Child Protection and Welfare Services, Response Pathways

Table 5: Initial assessments, 2014-2019

Year	# Preliminary enquiries	# Requiring initial assessment	% Requiring initial assessment
2019	53,858	9,181	17%*
2018	50,251	10,318	24%*
2017	52,703	18,932	36%
2016	46,448	20,117	43%
2015	42,579	20,388	48%
2014	41,382	21,010	51%

*% for 2018 and 2019 adjusted to account for missing/incomplete data

Although difficult to comment with any degree of certainty at this early stage, it is possible that the new approach to practice with its more detailed and thorough preliminary enquiry process is resulting in fewer referrals requiring an initial assessment (Table 5 above). Referrals are being diverted to other more appropriate community and family support services or closed earlier than they would have been previously. It is also possible that an increasing number of referrals are being diverted to more appropriate community and family support services as they become more developed in the areas. Development of early intervention and family support services to help prevent children and families entering or re-entering a more intrusive child protection and welfare system has been a key aim of the Agency since establishment.

In 2019, the outcome of assessment (initial) was recorded for 4,863 (53%) referrals that required an initial assessment. The outcome of assessment was not available for the remaining referrals requiring an initial assessment (47%) due to assessments ongoing or not started at the time of collation of the data.

Of the referrals where the outcome was recorded, 44% (2,131) required no further action/closed to social work. Over one in ten (13%; 618) required a child protection response while 3% (145) required admission to care (Figure 8).

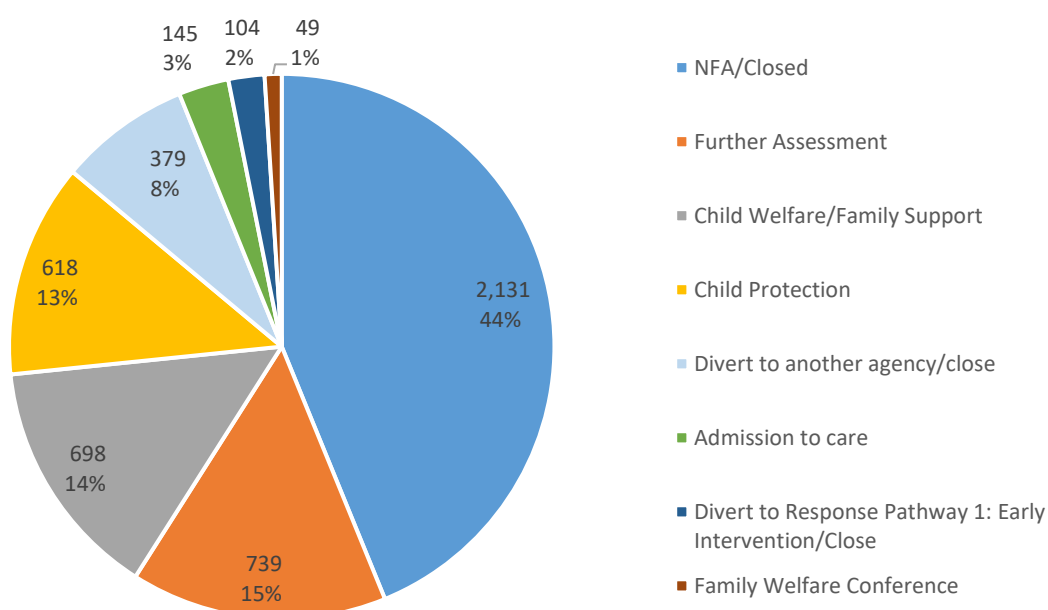


Figure 8: Outcome of initial assessments, 2019

2.3 Cases Open to Social Work

Cases open to social work include all children going through the preliminary enquiry/ assessment process, children requiring social work support including children in the care of the Agency and children “active” on the Child Protection Notification System. Open cases include cases both allocated and awaiting allocation to a named social worker. It is Tusla policy that all children requiring social work intervention are allocated a named social worker.

2.1% (24,827) of children under 18 years in receipt of a social work service

At the end December 2019, there were 24,827 cases open to social work, 1,606 (6%) fewer than December 2018 (26,433) and the fewest number for the period 2014 - 2019 (Table 6). As open cases are recorded on a per child basis we can say that 2.1% of children under 18 years (Census 2016) were in receipt of a social work service (for child protection and welfare concerns) at the end of December 2019.

The decrease in open cases is consistent with the decrease in referrals requiring an initial assessment described in the previous chapter.

79% of cases allocated to a social worker, up three percentage points from December 2018

79% of cases open to social work at the end of December 2019 were allocated to a named social worker, up three percentage points from December 2018 and ten percentage points from December 2014 when a low of 69% was reported (Table 6). Since that time (2014) and with the exception of 2018 there has been year on year improvement.

5,291 (21%) cases awaiting allocation at the end of December 2019, down 18% on 2018

The remaining 21% (5,291) of cases were awaiting allocation, 1,141 (18%) fewer than December 2018 and 3,251 (38%) fewer than December 2014 (Table 6). Almost a third (1,668) of cases awaiting allocation at the end of December 2019 were being progressed by dedicated duty teams or rotating on a duty roster e.g., children were being visited, initial assessments were being completed, child in care reviews were taking place. All cases awaiting allocation are reviewed and monitored on an ongoing basis and prioritised accordingly.

Table 6: Cases open to social work, 2014 - 2019

Year	# Open cases	# Allocated	% Allocated	# Unallocated	% Unallocated
2019	24,827	19,536	79%	5,291	21%
2018	26,433	20,001	76%	6,432	24%
2017	24,891	19,999	80%	4,892	20%
2016	25,034	19,621	78%	5,413	22%
2015	26,655	19,937	75%	6,718	25%
2014	27,967	19,425	69%	8,542	31%

12% (653) of cases awaiting allocation categorised as high priority, down from 16% in 2018

12% (653) of cases awaiting allocation at the end of December 2019 were categorised as high priority¹⁶, 350 (35%) fewer than December 2018 (1,003) and 2,183 (77%) fewer than December 2014 when a high of 2,836 was reported (Table 7). It should be noted that high priority does not imply that a child is at immediate risk and requires an urgent or immediate response. Children identified at immediate risk receive an immediate response. In addition, cases awaiting allocation are monitored on an ongoing basis for a change in circumstance.

53% (2,782) of cases awaiting allocation were categorised as medium priority while the remaining 35% (1,856) were categorised as low priority.

Table 7: Cases awaiting allocation by priority level, 2014 - 2019

Year	# High Priority Awaiting	# Medium Priority Awaiting	# Low Priority Awaiting	Total
2019	653 (12%)	2,782 (53%)	1,856 (35%)	5,291
2018	1,003 (16%)	3,296 (51%)	2,133 (33%)	6,432
2017	818 (17%)	2,925 (60%)	1,149 (23%)	4,892
2016	801 (15%)	3,262 (60%)	1,350 (25%)	5,413
2015	999 (15%)	3,617 (54%)	2,102 (31%)	6,718
2014	2,836 (33%)	4,383 (51%)	1,323 (15%)	8,542

Majority (61%) of cases awaiting allocation were waiting less than three months

61% (3,245) of cases awaiting allocation at the end of December 2019 were waiting for less than 3 months, an increase of nine percentage points on 2018 (52%; 3,368/6,432). The remaining 2,046 (39%) cases were waiting for >3 months.

Five areas account for 64% (3,365) of cases awaiting allocation

At the end of December 2019, the number of open cases across the 17 areas ranged from 401 (<2%) (Sligo/Leitrim/West Cavan) to 4,114 (17% of open cases) (Dublin North) (Table 8).

The highest number of cases awaiting allocation was reported by Dublin South West/Kildare/West Wicklow¹⁷ (989; 41% of its open cases) followed by Dublin South Central (695; 36% of its open cases), Dublin North (676; 16% of its open cases), Louth/Meath (598; 35% of its open cases) and Cork (407; 15% of its open cases) (Table 8). These five areas accounted for almost two-thirds (64%; 3,365) of all cases awaiting allocation. All cases were allocated in one area, Mayo. In 12 of the 17 areas, at least 80% of cases were allocated to a named social worker.

¹⁶ Priority level assigned as per the guidance outlined in "Framework for Measuring, Managing and Reporting Social Work Intake, Assessment and Allocation Activity, Version 2 (Tusla)"

¹⁷ Data for Dublin South West/Kildare/West Wicklow needs to be interpreted with caution – undergoing validation following transition to NCCIS

Table 8: Area breakdown of cases open to social work by allocation status, 2019 (ranked by # awaiting allocation)

Area	# Open cases	# Allocated	% Allocated	# Unallocated	% Unallocated
DSW/K/WW	2,395	1,406	59%	989	41%
DSC	1,926	1,231	64%	695	36%
Dublin North	4,114	3,438	84%	676	16%
LH/MH	1,707	1,109	65%	598	35%
Cork	2,700	2,293	85%	407	15%
DNC	1,622	1,263	78%	359	22%
CW/KK/ST	1,125	823	73%	302	27%
WD/WX	1,540	1,248	81%	292	19%
Midwest	1,721	1,469	85%	252	15%
Midlands	1,237	1,007	81%	230	19%
Donegal	881	726	82%	155	18%
DSE/WW	842	701	83%	141	17%
Kerry	545	459	84%	86	16%
GY/RN	1,130	1,073	95%	57	5%
SLWC	401	366	91%	35	9%
CN/MN	521	504	97%	17	3%
Mayo	420	420	100%	0	0%
Total Cases	24,827	19,536	79%	5,291	21%

Twelve of the 17 areas reported a decrease in cases awaiting allocation from 2019 (Figure 9). The largest decrease was reported by Dublin North (down 49%, 644 cases) followed by Cork (down 42%, 290 cases) and Midlands (down 54%; 269). Of the four areas that reported an increase, the largest increase was reported by Dublin South West/Kildare/West Wicklow (up 438; 79%) followed by Dublin North City (up 195; 119%), Louth/Meath (up 140; 31%) and Sligo/Leitrim/West Cavan (up 7).

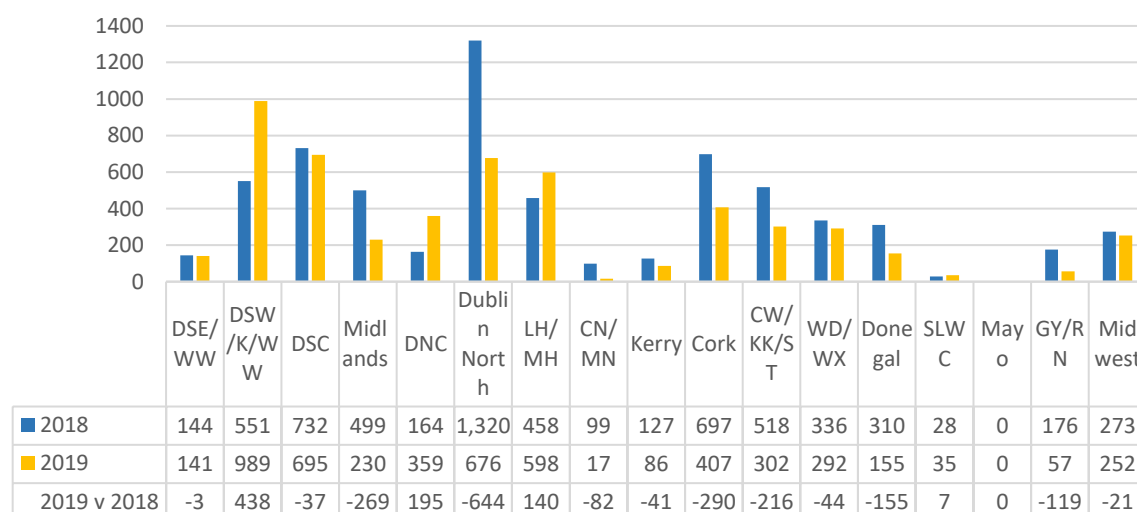


Figure 9: Area breakdown of unallocated cases, 2018 -2019

Dublin South Central had the highest number of high priority cases awaiting allocation (133) at the end of December 2019 followed by Dublin South West/Kildare/West Wicklow (86), Midwest (86) and Cork (74) (Figure 10). These four areas account for 58% (379) of all high priority cases

awaiting allocation. One area (Cavan/Monaghan) reported no high priority cases awaiting allocation.

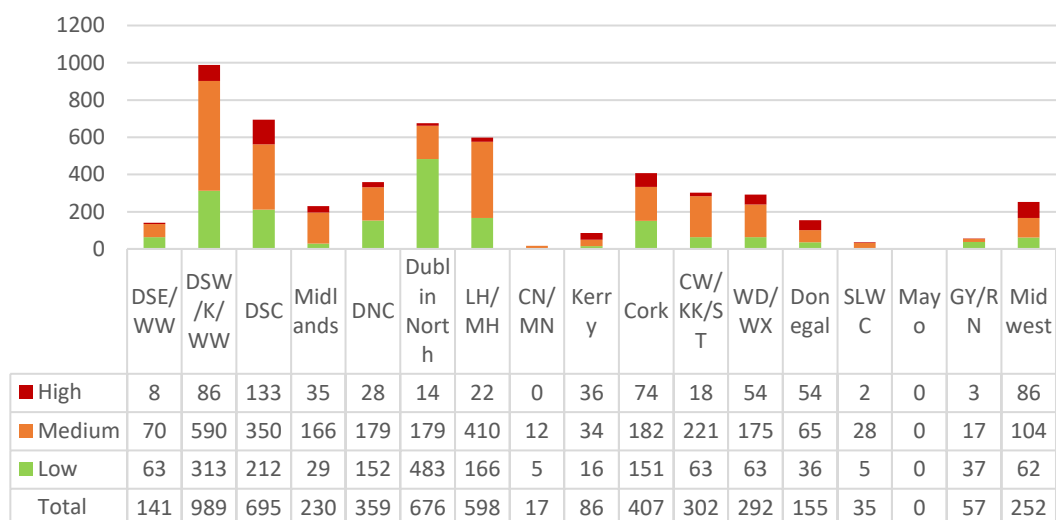


Figure 10: Area breakdown of cases awaiting allocation by priority status, 2019

2.4 Children Subject to a Child Protection Plan

If following assessment a child protection plan is recommended (i.e., there are grounds for believing that a child is at ongoing risk of significant harm from abuse, including neglect) a child protection conference¹⁸ is convened to discuss the case. If it is agreed at the conference that the child should have a formal child protection plan, the plan is formulated and his or her name and details are entered on the national Child Protection Notification System (CPNS)¹⁹. Reviews of children listed on the system must occur at intervals of not more than six months. A child will be listed as inactive on the system if it is established at a review conference that the child is no longer at on-going risk of significant harm. It is important to note that children who have experienced harm outside the family or are at risk to themselves from their own behaviour are not listed on the CPNS.

2.4.1 Number of Children “Active” on CPNS

Children subject to a child protection plan continue to decrease (year-end figure)

There were 876 children “active” on the CPNS (i.e., at ongoing risk of significant harm from abuse, including neglect and still residing with their parents/carers) at the end of December 2019, 153 (15%) fewer than December 2018 (1,029) and the fewest number for the period 2015 - 2019²⁰. (Figure 11).

This number (876) equates to about seven children per 10,000 of the population under 18 years, down from 9/10,000 in 2018. Comparison with years prior to 2015 is not meaningful due to a validation exercise that took place prior to the introduction of the national electronic system in October 2015.

The number of children “active” accounts for a small (3.5%), but nonetheless important percentage of cases open to social work.

¹⁸ A Child Protection Conference (CPC) is an interagency and inter-professional meeting convened by the designated person in the area. The purpose of the conference is to facilitate the sharing and evaluation of information between professionals and parents/carers to consider the evidence as to whether a child is at ongoing risk of significant harm from abuse, including neglect. If the CPC determines that the child is at ongoing risk of significant harm from abuse, including neglect a child protection plan is developed and the child is listed on the CPNS.

¹⁹ The CPNS is a securely held national record of all children who are subject of a child protection plan agreed at a child protection conference. It exists to enable the effective sharing of information between professionals working with vulnerable children and families. Access to the system is strictly controlled and confined to gardaí, hospital emergency staff, maternity hospitals and out-of-hours general practitioners. Tusla introduced a single national system in 2015, replacing all area/regional stand-alone systems that were in place at the time.

²⁰ Figure for 2016 includes one child who was visiting from another jurisdiction and placed on the CPNS for the duration of their stay in Ireland

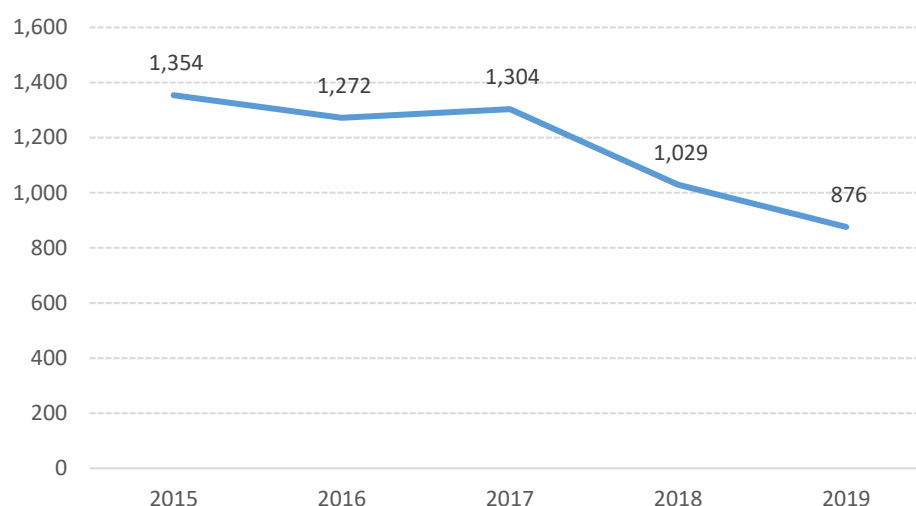


Figure 11: Number of children "active" on the CPNS, 2015 - 2019

Early evidence is indicating that the decrease in the number of children “active” in 2018/2019 may at least in part, be explained by the implementation of the *SofS* approach to practice with its robust framework for the assessment of harm, the increased focus on safety planning and the creation of effective safety networks. For example, the use of safety planning and the creation of effective safety networks through *SofS* can support parents in more effectively addressing the risk of harm, preventing concerns from escalating at an earlier stage, and negating the need for a child protection conference. The use of *SofS* also supports parents in identifying strengths thereby providing parents with a genuine opportunity to address these concerns. In other cases, it has also been reported that rigorous monitoring and management of safety networks has led to a number of cases being deactivated on the CPNS, as the risk of significant harm has been removed/reduced through more effective safety planning.

Different criteria and thresholds for listing children on the CPNS in this jurisdiction do not allow for easy comparison with rates in other countries where systems/registers are in operation. Table 9 shows the rate of children on child protection registers or subject to child protection plans in UK countries²¹. Of the four countries, Scotland reports the lowest rate of children on child protection registers at 24 per 10,000 children while Northern Ireland reports the highest rate at 50 per 10,000 children.

Table 9: Children on child protection registers in other jurisdictions

Country	Children on child protection registers - rate per 10,000 children
Northern Ireland	50 (31 March 2019)
England	44 (31 March 2019)
Scotland	24 (31 March 2019)
Wales	45 (31 March 2019)
Ireland	7 (31 December 2019)

²¹Data for countries can be found from the Supporting Files, Additional Tables download at the following link <https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2018-2019/> The website note that figures for 2018 - 2019 are provisional and to be revised in 2021

The data from these countries shows a long-term upward trend for England in the rate of children who are the subject of a plan or on a child protection register, and little or no overall change in recent years for Wales, Scotland and Northern Ireland (Table 10).

Table 10: Rate of children on the child protection register per 10,000 children across the UK, 2009-2019

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
England	31	35	38	38	38	42	43	43	43	45	44
Wales	40	44	46	46	47	50	47	49	44	47	45
Scotland	25	24	25	26	26	28	25	26	26	26	24
Northern Ireland	57	55	56	49	45	46	45	49	49	48	50

All children “active” on the CPNS had an allocated social worker

All children “active” on the CPNS at the end of December 2019 had an allocated social worker in line with Tusla policy. Despite challenges with the allocation of social workers areas continue to prioritise these children for allocation.

2.4.2 Age of Children “Active” on CPNS

Younger children are over-represented on the CPNS; 36% versus 28% in general population

More males (450; 51%) than females (415; 47%) were “active” which is consistent with the general population (Census 2016, 51% males and 49% females); the remaining 11 were in-utero.

36% (312) of children “active” on the CPNS were less than 5 years, the highest percentage of all age groups (Table 11). These figures indicate that the 0-4 years age group are more heavily represented on the CPNS (36%) than the general population (28%) while the older ages account for a smaller proportion of those on the CPNS (9%) than the general population (15%). These data correspond with most international data, which generally identify younger children at most risk, marginally reducing as they get older.

Table 11: Age on children active on the CPNS by age group, 2016 - 2019

Age group	2016	2017	2018	2019	General population
0-4 years	430 (34%)	505 (39%)	391 (38%)	312 (36%)	331,515 (28%)
5-9 years	376 (30%)	371 (28%)	303 (29%)	264 (30%)	355,561 (30%)
10-14 years	331 (26%)	297 (23%)	255 (25%)	218 (25%)	319,476 (28%)
15 – 17 years	135 (11%)	131 (10%)	80 (8%)	82 (9%)	183,950 (15%)
Total	1,272 (100%)	1,304 (100%)	1,029 (100%)	876 (100%)	1,190,502 (100%)

2.4.3 Reason for being “Active” on CPNS

Neglect is the most common type of abuse recorded for children on the CPNS

The most common type of abuse recorded for children “active” on the CPNS at the end of 2019 was neglect accounting for six in 10 cases (Figure 12). The next most common type was emotional abuse

accounting for a further 29% (252). These findings are consistent with data recorded for previous years (Table 12).

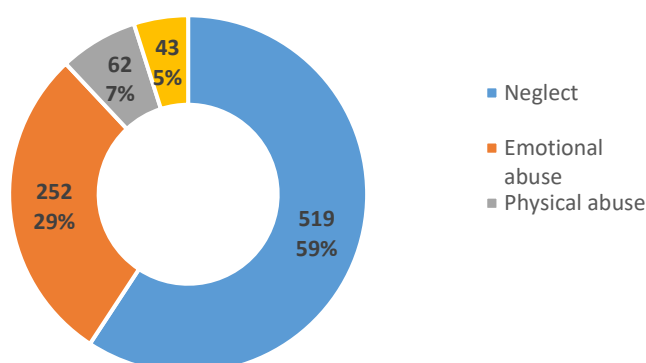


Figure 12: Type of abuse recorded for children active on the CPNS, December 2019

Table 12: Type of abuse by year, 2017 - 2019

Type of Abuse	# 2017	# 2018	# 2019	% 2017	% 2018	% 2019
Neglect	781	621	519	60%	60%	59%
Emotional abuse	386	293	252	30%	28%	29%
Physical abuse	94	76	62	7%	7%	7%
Sexual abuse	43	39	43	3%	4%	5%
Total	1,304	1,029	876	100%	100%	100%

2.4.4 Length of Time “Active” on CPNS

80% (700) of children “active” on the CPNS were listed for no longer than 12 months

More than half (53%; 467) of children “active” on the CPNS at the end of December 2019 were “active” for no longer than six months, while 80% (700) were “active” for no longer than 12 months (Figure 13).

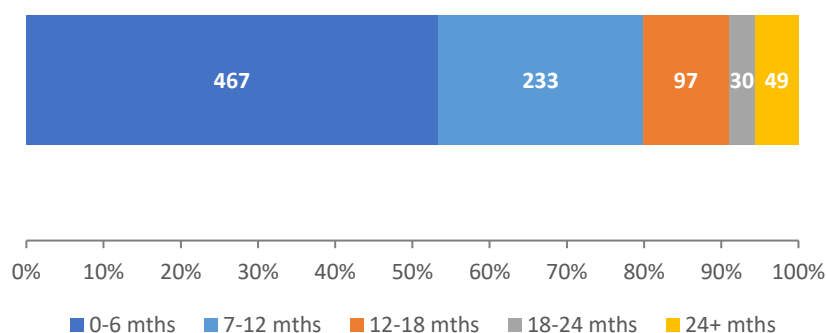


Figure 13: Children active by length of time active, December 2019

The number of children “active” for > 24 months (49; 6%) is down 29% (20) on 2018 (Table 13) and as a proportion of all children “active” is down one percentage point.

Table 13: Children listed as “active” by length of time “active”, 2017 - 2019

Length of time active	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019
0-6 months	616	47%	541	53%	467	53%
7-12 months	376	29%	209	20%	233	27%
12-18 months	150	12%	135	13%	97	11%
18-24 months	62	5%	75	7%	30	3%
24+ months	100	8%	69	7%	49	6%
Total	1,304	100%	1,029	100%	876	100%

2.4.5 Children “Active” on CPNS by Area

Mayo reported the highest rate of children (16/10,000) “active” on CPNS at the end of 2019

The number of children “active” on the CPNS at the end of December 2019 in the different Tusla areas ranged from 18 in Sligo/Leitrim/West Cavan to 111 in Cork. While the rate per 10,000 children ranged from 2.4/10,000 in Dublin South East/Wicklow to 16.3/10,000 in Mayo, more than double the national rate (7/10,000) (Table 14). Dublin North and Dublin South West/Kildare West Wicklow - with higher populations of children - reported some of the lowest rates at 6.5/10,000 and 6.1/10,000 respectively. Eleven areas reported a rate equal to or higher than the national average (7.4/10,000). As with the referral rates, it is likely that there are number of underlying factors leading to this variation.

Table 14: Children active on the CPNS by area, 2019 (ranked by rate)

Area	# Active Dec 2019	0-17 years population	Rate / 10,000 pop
Mayo	52	31,968	16.3
DSC	64	65,564	9.8
Midlands	77	80,193	9.6
DNC	43	44,927	9.6
WD/WX	66	68,513	9.6
CW/KK/ST	56	63,009	8.9
Midwest	86	96,266	8.9
Donegal	36	42,865	8.4
Cork	111	134,015	8.3
SLWC	18	23,554	7.6
CN/MN	27	36,446	7.4
Dublin North	65	100,654	6.5
DSW/K/WW	66	108,186	6.1
Kerry	21	34,527	6.1
GY/RN	42	79,912	5.3
LH/MH	25	93,093	2.7
DSE/WW	21	86,810	2.4
Total	876	1,190,502	7.4

Twelve areas had fewer children listed as active at the end of 2019 than 2018 (Table 15 and Figure 14). The largest decrease (in terms of numbers) was reported by the Louth/Meath (down 58; 70%), followed by Midwest (down 27; 24%) and Dublin North City (down 25, 37%).

Of the five areas that reported an increase, the largest increase was reported by Dublin South West/Kildare/West Wicklow (up 30; 83%) followed by Mayo (up 11; 27%), Cork (up 7; 7%), Cavan/Monaghan (up 5; 23%) and Midlands (up 3; 4%).

Ten of the 17 areas have reported two consecutive decreases from 2017, with the largest decrease reported by Louth/Meath (down 90) followed by Midwest (down 83), Galway/Roscommon (down 46), Waterford/Wexford (down 44), Dublin North City (down 35), CW/K/ST (down 32), Dublin South East Wicklow (down 31), Kerry (down 27), Donegal (down 24) and Sligo/Leitrim/West Cavan (down 6).

Table 15: Number of children active on the CPNS by area, 2017 – 2019 (ranked by 2019 v 2018)

Area	# Active Dec 2017	# Active Dec 2018	# Active Dec 2019	2019 v 2018	% Diff
LH/MH	115	83	25	-58	-70%
Midwest	169	113	86	-27	-24%
DNC	78	68	43	-25	-37%
GY/RN	88	62	42	-20	-32%
DSE/WW	52	37	21	-16	-43%
Kerry	48	37	21	-16	-43%
CW/KK/ST	88	70	56	-14	-20%
Dublin North	73	77	65	-12	-16%
Donegal	60	48	36	-12	-25%
WD/WX	110	69	66	-3	-4%
DSC	63	67	64	-3	-4%
SLWC	24	21	18	-3	-14%
Midlands	83	74	77	3	4%
CN/MN	23	22	27	5	23%
Cork	126	104	111	7	7%
Mayo	52	41	52	11	27%
DSW/K/WW	52	36	66	30	83%
Total	1,304	1,029	876	-153	-15%

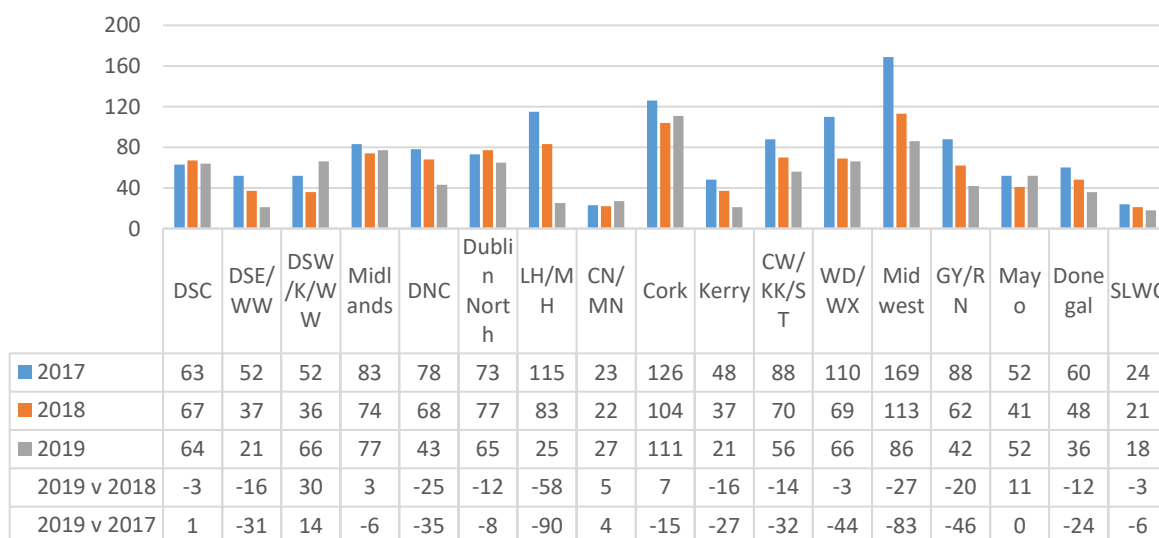


Figure 14: Number of children "active" by area, 2017 - 2019

3.0 ALTERNATIVE CARE SERVICES

Alternative care is the term used to describe State provision for children who cannot remain in the care of their parents. Under the provisions of the Child Care Act 1991 and its amendments Tusla has a statutory responsibility to provide alternative care services. Such care is usually provided in the form of foster care and residential care by State employees or through private and voluntary providers. Refer to Glossary on page 6 for definitions.

The decision about a child being received into care is based on the child's needs following an assessment. There are different reasons why a child may be placed in care. The child's family may be unable to provide a suitable level of care and protection for the child. This may be due to long-term illness, an ongoing mental health issue or addiction problems. Other reasons for admission to care include abuse (physical, sexual, emotional) or neglect.

Where a child is taken into care it is frequently agreed on a voluntary basis with the child's parents/guardians. In these cases, while the Agency has care of the child it must consider the parents' wishes as to how the care is provided. If no agreement is reached the Agency may apply to the courts for a number of different orders. These orders give the courts a range of powers, including decision-making about the type of care necessary and about access to the child for parents and other relatives. Refer to Glossary on page 7 for definitions.

3.1 First-time Admissions to Care

3.1.1 Number of First-Time Admissions²²

First-time admissions (670) to care up slightly (18) on 2018 (652)

In 2019, 670 children were admitted to care for the first time, representing about 5.6 children for every 10,000 under 18 years living in Ireland²³. The number of first time admissions is up 18 (3%) on 2018 (652) and 31 (5%) on 2017 (639) (Figure 15). It is too earlier to predict if this is the start of an upward trend. In interpreting these data, it should be noted that a small number of large sibling groups can have a significant effect on the data.

²² Collation of this data commenced in 2016

²³ The data on admissions to care presented in this section of the report excludes children in care under Tusla's Social Work Team for Separated Children Seeking Asylum. Data on children managed by Tusla's Social Work Team for Separated Children Seeking Asylum is presented separately in Section 5.2 of this report.

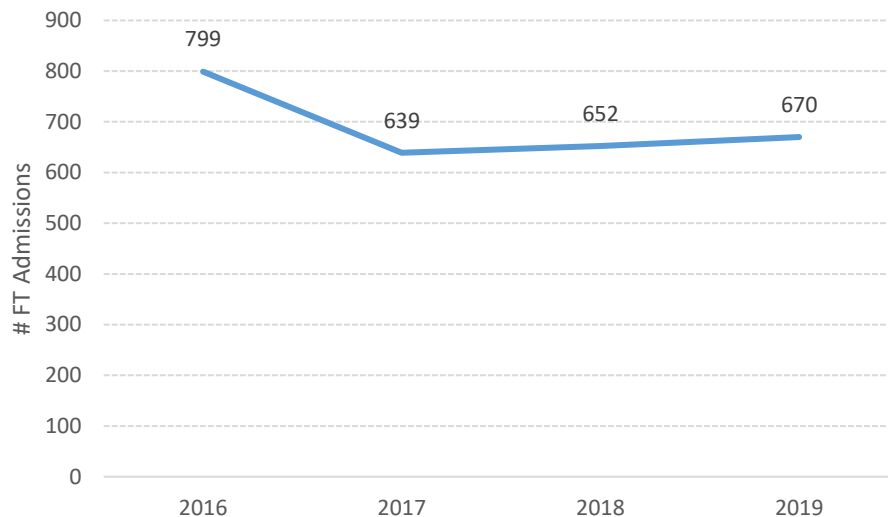


Figure 15: First-time admissions to care, 2016 - 2019

3.1.2 Age and Gender

More males (358; 53%) than females (312; 47%) were admitted to care which is broadly consistent with the general population (Census 2016, 51% males and 49% females) and previous years. The most common age at admission was <1 year accounting for one in six (115; 17%) children admitted, followed by 16 years (53; 8%) and 1 year (49; 7%) (Figure 16). The number of children admitted to care decreased with age from <1 year to 5 years and increased with age from 11 years to 16 years.



Figure 16: First-time admissions to care by age and gender, 2019

Majority of first-time admissions (61%; 411) were under 10 years

When the admissions are aggregated by age group the percentage breakdown for 2019 is similar to that for 2018 with the 0-4 years accounting for the highest proportion of admissions at 41% in 2019 (Table 16 and Figure 17).

For the period 2016 – 2019, the percentage of admissions in the two age groups 5-9 and 10-14 have been relatively consistent, while there has been some fluctuation in the percentages for the other two groups (0-4 and 15-17).

In terms of numbers, three of the four age groups show an increase in admissions from 2018, with the largest increase (16) observed for the 0-4 years. A slight decrease (5) was observed for the remaining age-group, 5-9 years.

Table 16: First-time admissions to care by age group and year, 2016 - 2019

Age Band	2016	2017	2018	2019	Δ 2019 v 2018	% Δ
0-4 years	299 (37%)	298 (47%)	260 (40%)	276 (41%)	+16	6%
5-9 years	174 (22%)	137 (21%)	140 (21%)	135 (20%)	-5	-4%
10-14 years	158 (20%)	119 (19%)	144 (22%)	145 (22%)	+1	<1%
15-17 years	168 (21%)	85 (13%)	108 (17%)	114 (17%)	+6	6%
Total	799 (100%)	639 (100%)	652 (100%)	670 (100%)	+18	3%

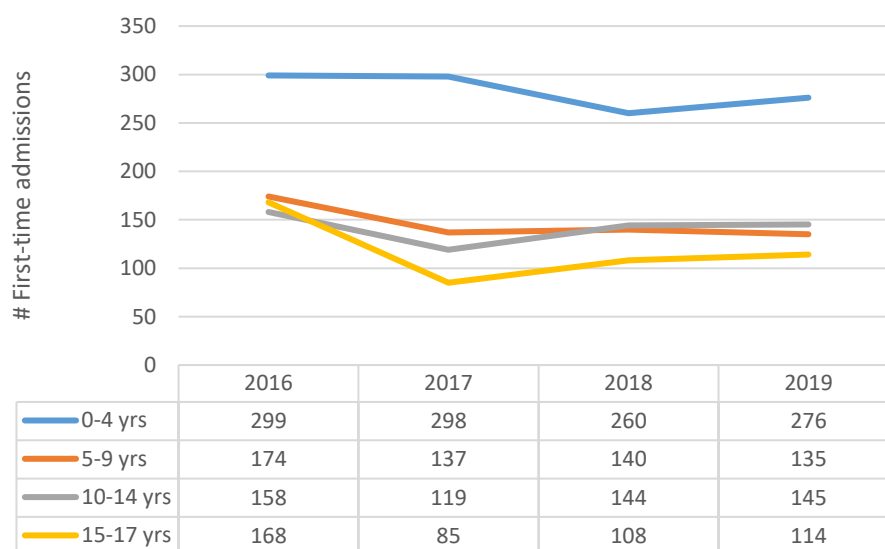


Figure 17: First-time admissions to care by age group and year, 2016 -2019

3.1.3 Reasons for Admissions

Most common reason for admission is neglect (38%) followed closely by welfare (35%)

The most common reason for first-time admissions to care was neglect accounting for 38% (257) of admissions, followed closely by welfare concerns (35%; 236) (Figure 18).

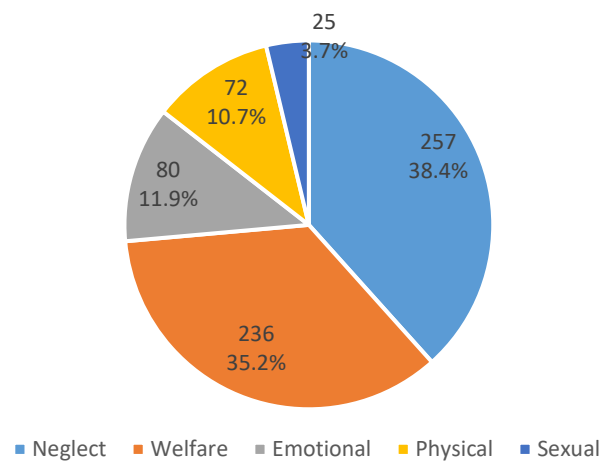


Figure 18: Reason for first-time admissions by type, 2019

The percentage of admissions due to neglect (38%; 257) is down seven percentage points on 2018. This is the first decrease after two consecutive increases and is consistent with the decrease in referrals of neglect described earlier in this report (Section 2.1.3, Table 1). Although only accounting for 4% (25) of admissions, it is notable that the number of admissions due to sexual abuse has quadrupled from 2016 – 2019 with a year on year increase. The percentage of admissions due to emotional abuse (12%) is up four percentage points from 2018, the highest percentage for the four years 2016 – 2019 (Figure 19).

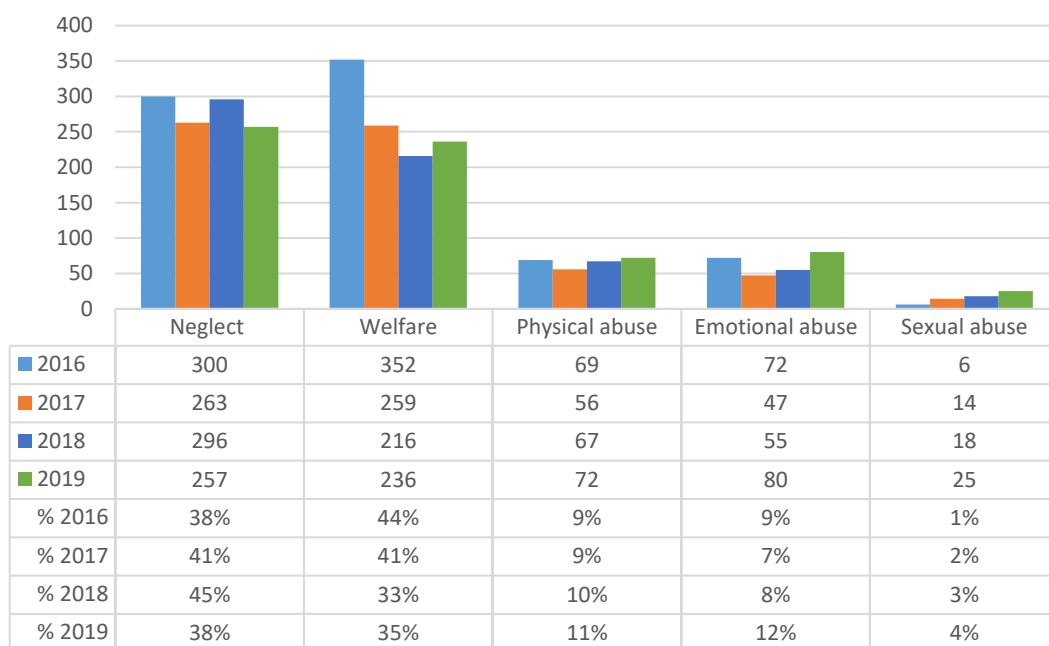


Figure 19: Reason for admission by type, 2016 – 2019

3.1.4 Care Placements

Nine out of 10 children admitted into care for the first time were placed in foster care

Of the 670 child admitted to care for the first-time, nine out of ten (89%; 595) were placed in foster care and of these one in five (21%; 122) was placed with relatives (Figure 20).

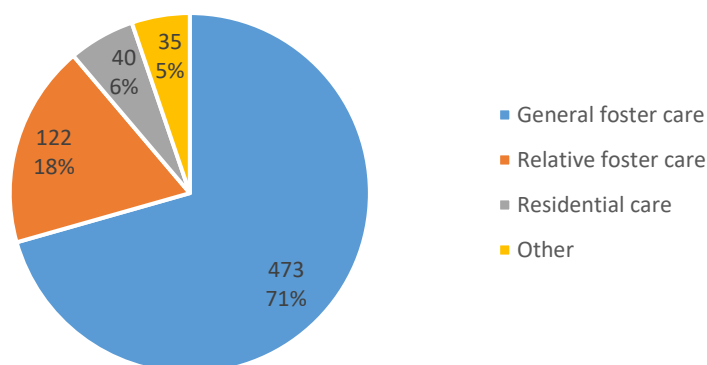


Figure 20: First-time admissions by care type, 2019

The percentage of admissions by placement type is broadly consistent with 2018 (Figure 21).

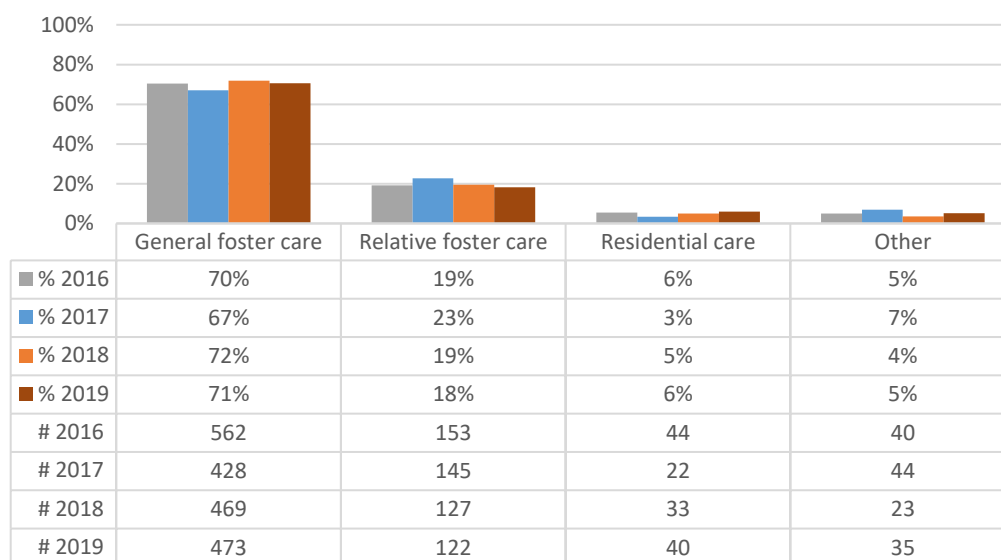


Figure 21: First-time admissions to care by care type, 2016 - 2019

3.1.5 First-Time Admissions by Area

The rate of first-time admissions varies widely across the 17 areas with 10.3 admissions per 10,000 children in Mayo compared to 2.4 per 10,000 children in Dublin South East/Wicklow (Table 17). Ten areas reported a rate equal to or higher than the national average (5.6/10,000).

Areas like Mayo, Sligo/Leitrim/West Cavan and Cavan/Monaghan with the smaller numbers of children under 18 years report some of the highest rates of admission. Whereas areas like Dublin North and Louth/Meath with higher numbers of children under 18 years report some of the lowest

rates of admission, implying, as with other data presented in this report, that there are other factors influencing admissions.

Table 17: First-time admissions by area, 2019 (ranked by rate)

Area	# First-time admissions	0-17 years population	Rate / 10,000 population
Mayo	33	31,968	10.3
WD/WX	63	68,513	9.2
SLWC	21	23,554	8.9
Midwest	74	96,266	7.7
CN/MN	27	36,446	7.4
CW/KK/ST	45	63,009	7.1
Cork	94	134,015	7
Kerry	21	34,527	6.1
DSW/K/WW	65	108,186	6
DNC	25	44,927	5.6
Midlands	41	80,193	5.1
DSC	30	65,564	4.6
Donegal	17	42,865	4
LH/MH	35	93,093	3.8
Dublin North	35	100,654	3.5
GY/RN	23	79,912	2.9
DSE/WW	21	86,810	2.4
Total	670	1,190,502	5.6

Nine of the 17 areas reported an increase in first-time admissions from 2018 (Figure 22). The largest increase was reported by Waterford/Wexford and Mayo, both reporting an increase of 22, followed by Cork (up 18). The largest decrease was reported by Donegal (down 17). As mentioned, previously this data needs to be interpreted with caution, due to small numbers and the effect of any large sibling groups on the data.

As can be seen from the chart below, fluctuation in the number of admissions from one year to the next is common. However, one area (Dublin South Central) has reported three consecutive decreases. No area has reported three consecutive increases, while three areas (Cavan/Monaghan, Cork and Waterford/Wexford) have reported two consecutive increases.

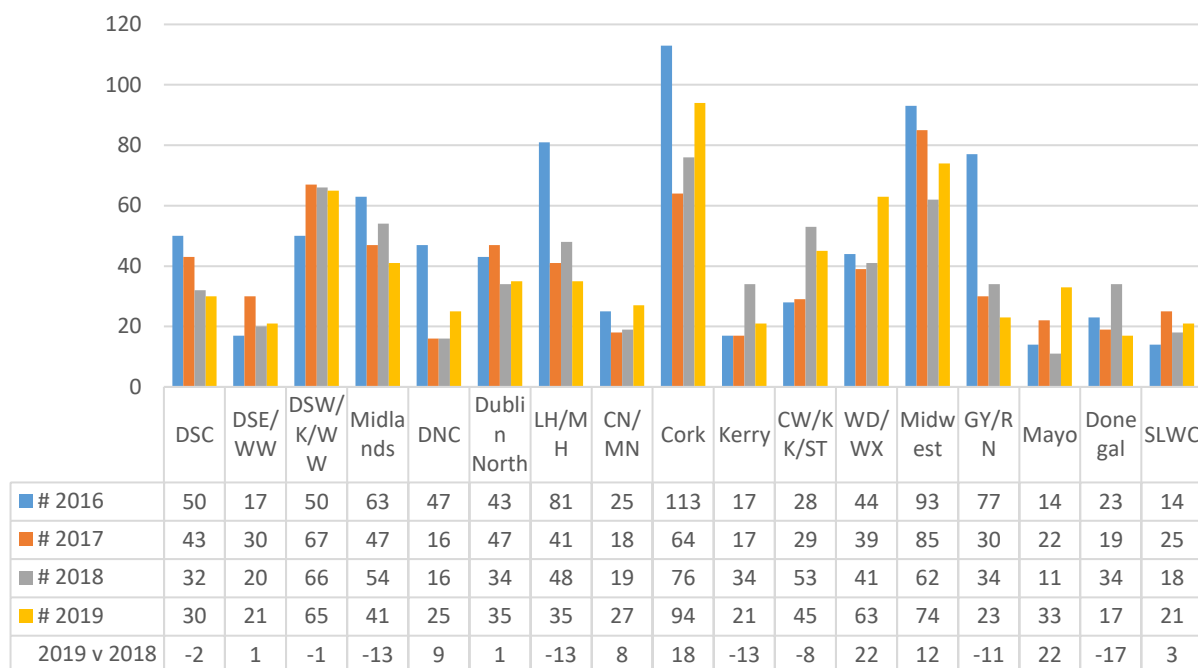


Figure 22: First-time admissions by area, 2016-2019

A breakdown of first-time admissions by care type and area is presented in Table 18.

As can be seen from the data, the percentage of admissions to foster care ranged from 100% in three areas (Galway/Roscommon, Mayo and Sligo/Leitrim/West Cavan) to 52% in Dublin South East/Wicklow. Nine of the 17 areas reported a percentage equal to or higher than the national average of 89%.

Cork reported the highest number of admissions to residential care (6), while Dublin South Central reported the highest percentage (13%; 4/30) of admissions to residential care. Four areas (Mayo, Cavan/Monaghan, Galway/Roscommon and Sligo/Leitrim/West Cavan) reported no admissions to residential care.

Table 18: First-time admissions by area and care type, 2019 (ranked by total # admissions)

Area	# Res Care	% Res care	# Foster care	% Foster care	# Other	% Other	Total
Cork	6	6%	82	87%	6	6%	94
Midwest	3	4%	66	89%	5	7%	74
DSW/K/WW	5	8%	57	88%	3	5%	65
WD/WX	4	6%	58	92%	1	2%	63
CW/KK/ST	4	9%	41	91%	0	0%	45
Midlands	3	7%	34	83%	4	10%	41
Dublin North	1	3%	30	86%	4	11%	35
LH/MH	3	9%	31	89%	1	3%	35
Mayo	0	0%	33	100%	0	0%	33
DSC	4	13%	26	87%	0	0%	30
CN/MN	0	0%	26	96%	1	4%	27
GY/RN	0	0%	23	100%	0	0%	23
DNC	1	4%	24	96%	0	0%	25
DSE/WW	2	10%	11	52%	8	38%	21
Kerry	2	10%	17	81%	2	10%	21
SLWC	0	0%	21	100%	0	0%	21
Donegal	2	12%	15	88%	0	0%	17
Total	40	6%	595	89%	35	5%	670

3.2 Total Admissions to Care

3.2.1 Number of Admissions

Total admissions to care continue to decrease

The data presented in this section of the report refers to all admissions to care in the year²⁴, as opposed to children admitted to care for the first-time (previous section of the report). The data also refers to incidences of admission that occurred during the year and not the number of individual children admitted – a child can have more than one admission into care during the year.

In 2019, there were 844 admissions to care, 34 (4%) fewer than 2018 (878) and the fewest number for the four years 2016 - 2019 (figure for 2016 (1,047), partial figure²⁵) (Figure 23)²⁶. In contrast to the number of first-time admissions to care the underlying trend for all admissions to care appears to be downward.

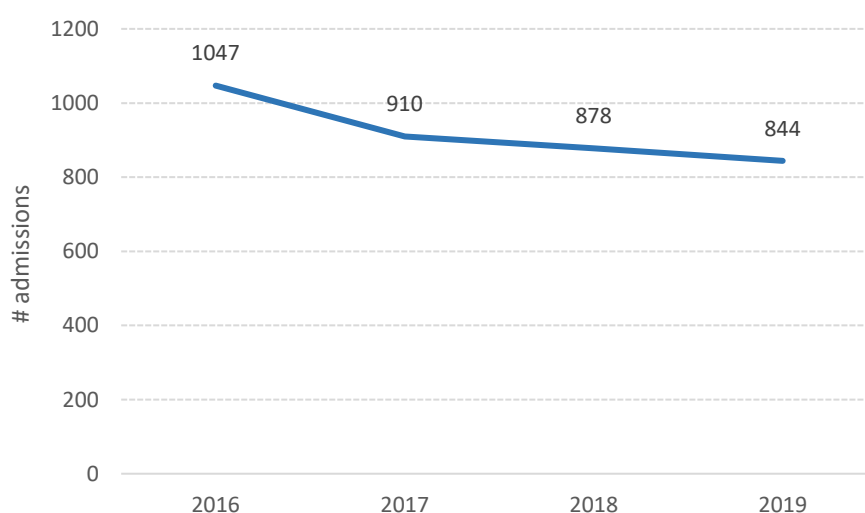


Figure 23: Total admissions to care, 2016 – 2019

²⁴ The data on admissions to care presented in this section of the report excludes children in care under Tusla's Social Work Team for Separated Children Seeking Asylum. Data on children managed by Tusla's Social Work Team for Separated Children Seeking Asylum is presented separately in Section 5.2 of this report.

²⁵ This data does not include second or subsequent admissions for one area (Midwest). This data was not available from the area

²⁶ Data for 2016 -2019 inclusive is not comparable with data for previous years due to a definitional change in the metric in 2015 to count children admitted to respite care from home separately. Prior to 2015 these children were included in the count for admissions to care. Admissions into respite care from home are not new admissions to care and hence the decision to count them separately. Some areas inadvertently included admissions into respite care from home with their count of admissions for 2015.

One in five (21%) admissions to care was a second or subsequent admission

One possible reason for the downward trend referred above is a decrease in second or subsequent admissions.

In 2019, 21% (174) of all admissions (844) were second or subsequent admissions, down from 26% in 2018 and 30% in 2017 (Table 19). Comparison with the percentage (24%; 248/1,047) for 2016 is not meaningful due to the absence of second or subsequent admissions for one area.

Table 19: First time admissions and repeat admissions, 2016 - 2019

Year	# First-time Admissions	# Total Admissions	≥ 2 admissions	% of Admissions that were 2 nd or subsequent
2019	670	844	174	21%
2018	652	878	226	26%
2017	639	910	271	30%
2016	799	1,047*	248*	24%

3.2.2 Age and Gender

Of the 844 admissions to care 54% (452) were male and 46% (392) were female (Figure 24) which is broadly consistent with the general population (Census 2016, 51% males and 49% females).

The most common age at admission was < 1 year accounting for 14% (121) of all admissions followed by the older ages of 16 years (68; 8%) and 15 years (62; 7%) (Figure 24).

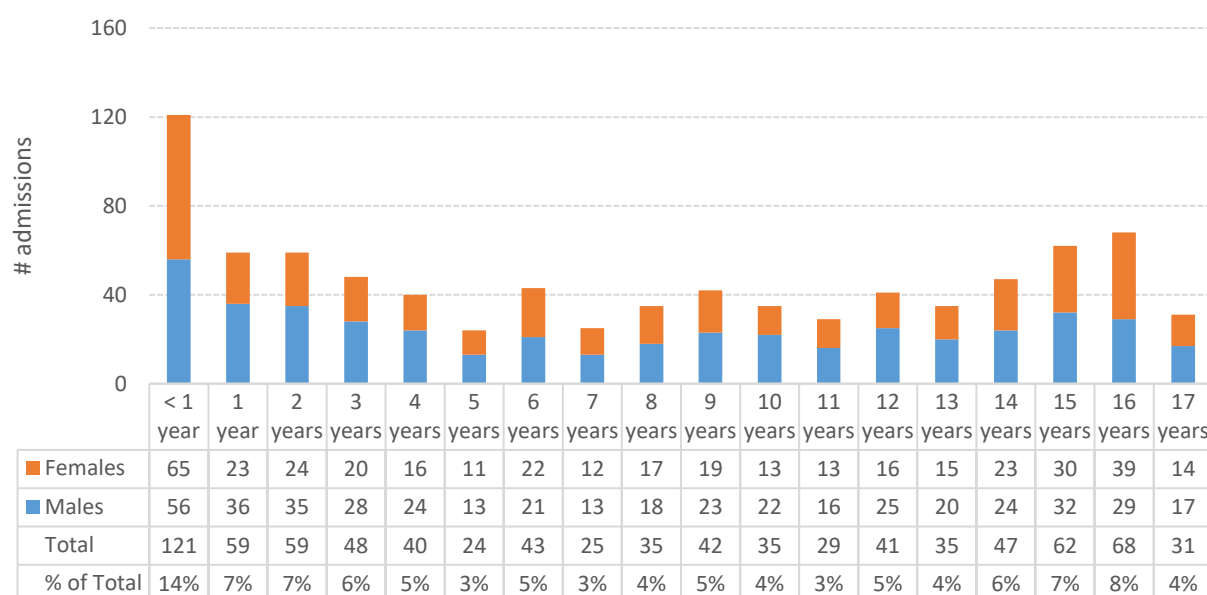


Figure 24: Admissions to care by age and gender, 2019

When the admissions are aggregated by age group the percentage breakdown for 2019 is similar to that for 2018 and previous years with the 0-4 years accounting for the highest proportion of admissions at 39% in 2019.

In terms of numbers, increases were observed in the older and younger age groups while decreases were observed in the other two age groups (5-9 and 10 -14) (Table 20).

Table 20: Admissions by age group, 2016 - 2019

	2016	2017	2018	2019	2019 v 2018	% Δ
0-4 years	369 (35%)	369 (41%)	324 (37%)	327 (39%)	+3	1%
5-9 years	222 (21%)	191 (21%)	197 (22%)	169 (20%)	-28	-14%
10-14 years	218 (21%)	192 (21%)	208 (24%)	187 (22%)	-21	-10%
15-17 years	238 (23%)	158 (17%)	149 (17%)	161 (19%)	+12	8%
Total	1047 (100%)	910 (100%)	878 (100%)	844 (100%)	-34	-4%

3.2.3 Reasons for Admissions

Most common reason for all admissions to care is welfare (39%) followed by neglect (36%)

In 2019, the most common reason for admission was welfare concerns accounting for 39% (332) of all admissions followed by neglect (36%; 305) (Figure 25). This is a reversal of the pattern for first-time admissions to care (refer to Section 3.1.3) where neglect (38%) was the most common reason followed by welfare (35%). As with the first-time admissions the least common reason for admission to care was sexual abuse, accounting for 3% (26) of all admissions.

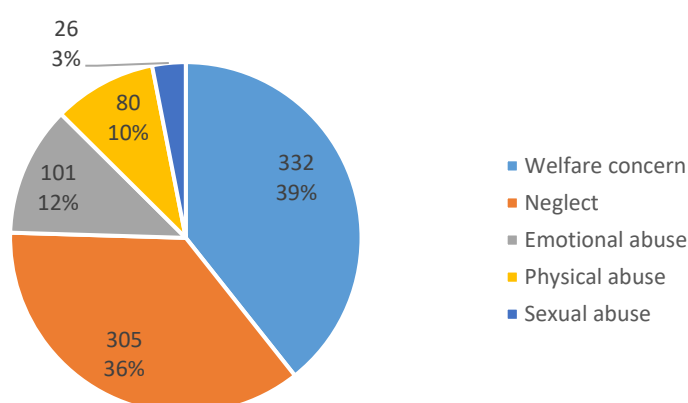


Figure 25: Admissions to care by reason, 2019

The percentage of admissions due to welfare concerns is up two percentage points from 2018, while emotional abuse is up three percentage points (Figure 26). In contrast, the percentage of admissions due to neglect is down six percentage points from 2018. This is the first decrease after two consecutive increases and is consistent with the data for first-time admissions. There has been no change in the percentage of admissions due to physical and sexual abuse. However, in terms of numbers, although small, the number of admissions due to sexual abuse (26) has more than doubled since 2016 (12), year on year increase and a similar pattern to that for first-time admissions.

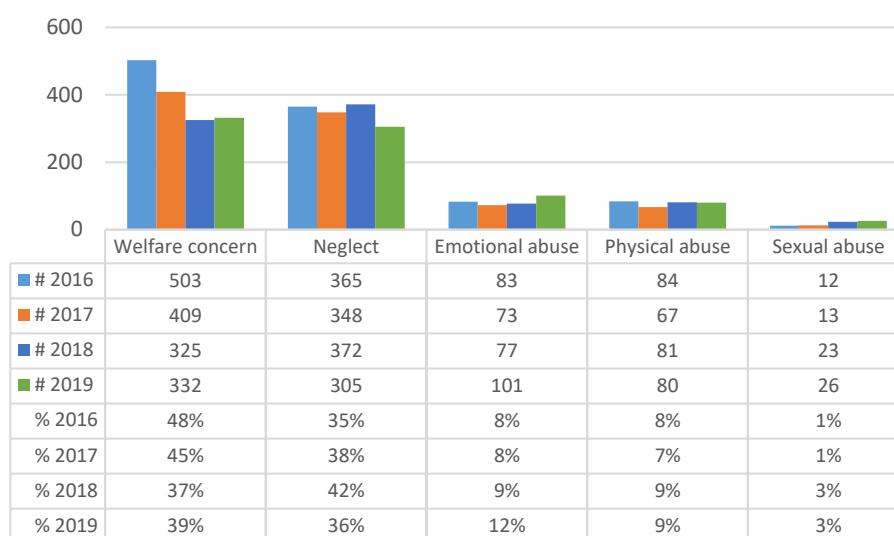


Figure 26: Reasons for admission, 2016 – 2019

3.2.4 Care Placements

Nine out of 10 admissions to care were to foster care

89% (748) of admissions were to foster care and of these 19% (144) were to foster care with relatives (Table 21). A similar pattern to previous years.

Table 21: Admissions to care by placement type, 2016 - 2019

Placement type	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019
Residential care (incl. special care)	69	7%	47	5%	53	6%	54	6%
General foster care	743	71%	635	70%	638	73%	604	72%
Foster care with relatives	180	17%	166	18%	153	17%	144	17%
Other	55	5%	62	7%	34	4%	42	5%
Total	1,047*	100%	910	100%	878	100%	844	100%

*Partial figure

3.2.5 Legal Reasons for Admission

Voluntary admissions to care are decreasing

In 2019, 54% (453) of all admissions to care were voluntary admissions (where it was agreed with the child's parent/guardian), down one percentage point from 2018 (Table 22). The number of admissions under a voluntary agreement has decreased year on year since 2016 and is down 22% (131) overall.

The remaining admissions (391) were on foot of an application to the court of which the largest number (194; 50%) were admissions under an interim care order (Section 17 Child Care Act 1991). Twenty-one percent (176) of all admissions or 45% of admissions under an order of the court were under an emergency care order (Section 13 Child Care Act 1991).

The number of admissions under an emergency care order is up 28% (38) from 2018 and is the highest number observed for the four years 2016 to 2019. As a percentage of all admissions, admissions under an emergency care order are up five percentage points from 2018, the highest percentage for the four years 2016 to 2019.

Table 22: Admissions to care by legal status, 2016 - 2019

Legal Status	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019
Emergency Care Order	174	17%	150	17%	138	16%	176	21%
Interim Care Order	186	18%	192	21%	183	21%	194	23%
Care Order	54	5%	48	5%	56	6%	11	1%
Other Court Order	15	1%	30	3%	17	2%	10	1%
Voluntary agreement	584	58%	490	54%	484	55%	453	54%
Total	1,013*	100%	910	100%	878	100%	844	100%

*Legal status was not available for 34 admissions

3.2.6 Admissions by Area

As can be seen from the table below, there is wide variation in the number of admissions to care across the 17 areas with the highest number for 2019 reported by Cork (109) and the fewest number reported by Donegal (20).

Eight areas reported an increase in admissions from 2018 (Table 23). The largest increase was reported by Mayo (up 29) followed by Cavan/Monaghan (up 16) and Dublin South Central (up 7). Louth/Meath reported the largest decrease (down 33) followed by Donegal (down 29) and Galway/Roscommon (down 17). As before, this data needs to be interpreted in the context of small numbers and the effect of any large sibling groups.

In 2019, the percentage of admissions that were second or subsequent admissions ranged from 51% (36/71) in Dublin North to 0% in two areas (Sligo/Leitrim/West Cavan and Kerry) (Table 23). Six areas reported a percentage equal to or higher than the national average of 21%. The reason(s) for the variation in second and subsequent admissions requires further examination.

Table 23: Admissions to care by area, 2016 – 2019 (ranked by # admissions for 2019)

Area	# Admissions 2016	# Admissions 2017	# Admissions 2018	# Admissions 2019	2019 v 2018	# First-Time Admissions 2019	# repeat admissions	% repeat admissions
Cork	148	97	111	109	-2	94	15	14%
Midwest	123*	140	85	90	5	74	16	18%
DSW/K/WW	68	76	76	78	2	65	13	17%
Dublin North	72	103	78	71	-7	35	36	51%
WD/WX	53	42	61	67	6	63	4	6%
CW/KK/ST	52	36	54	54	0	45	9	17%
Midlands	75	50	58	53	-5	41	12	23%
DSC	68	54	45	52	7	30	22	42%
LH/MH	92	69	74	41	-33	35	6	15%
Mayo	22	30	12	41	29	33	8	20%
CN/MN	28	29	20	36	16	27	9	25%
DNC	70	32	31	34	3	25	9	26%
GY/RN	84	44	45	28	-17	23	5	18%
DSE/WW	25	34	23	28	5	21	7	25%
Kerry	21	22	35	21	-14	21	0	0%
SLWC	16	32	21	21	0	21	0	0%
Donegal	30	20	49	20	-29	17	3	15%
Total	1,047*	910	878	844	-34	670	174	21%

*Partial figure

As with the first-time admissions, fluctuation in admissions to care across the areas from one year to the next is common (Figure 27). Over the three-year period 2016-2019 no area reported three consecutive increases or decreases. One area (Dublin North) has reported two consecutive decreases (2017 -2019) while one area (WD/WX) reported two consecutive increases (2017 -2019).

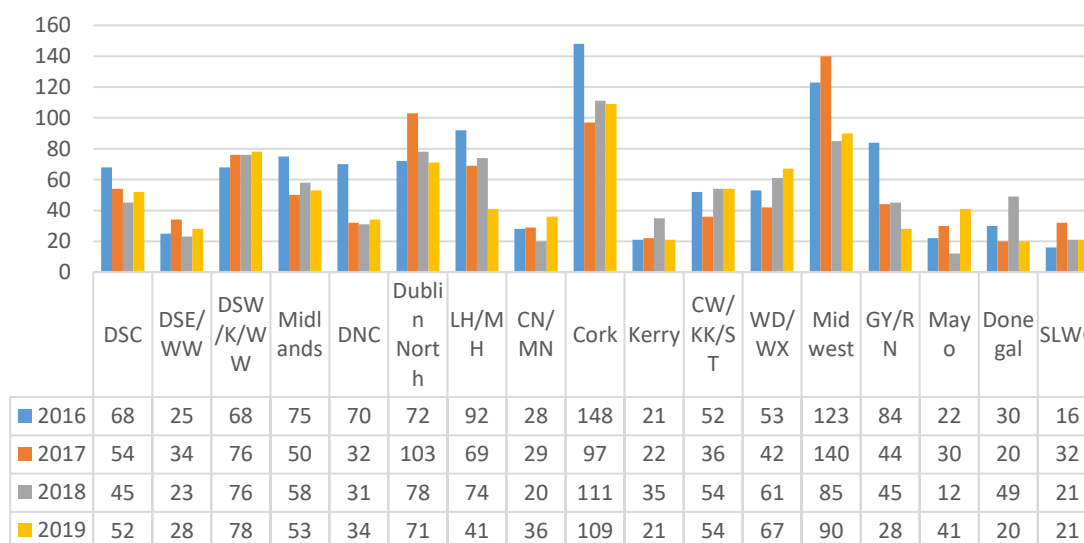


Figure 27: Admissions to care by area, 2016 - 2019

Children in Care

3.2.7 Number of Children in Care

Number of children in State care continues to decrease

The year 2019 saw a further decrease in the number of children in the care of the State. As can be seen from the chart below, there were 5,951 children in the care at the end of 2019, 23 (<1%) fewer than 2018, the fewest number for the five years 2015 to 2019 (Figure 28)²⁷. The number of children has fallen year on year over the period and is down 7% (433) overall²⁸.

The reason(s) for this downward trend is not easily understood and most likely reflects a combination of internal and external factors, for example greater focus on early intervention and prevention from the establishment of Tusla, ongoing development of family support services, changes in approach to practice (*Signs of Safety* approach), enhanced oversight and supervision of case management, improved data quality and a possible reduction in the number of care orders sought and/or granted.

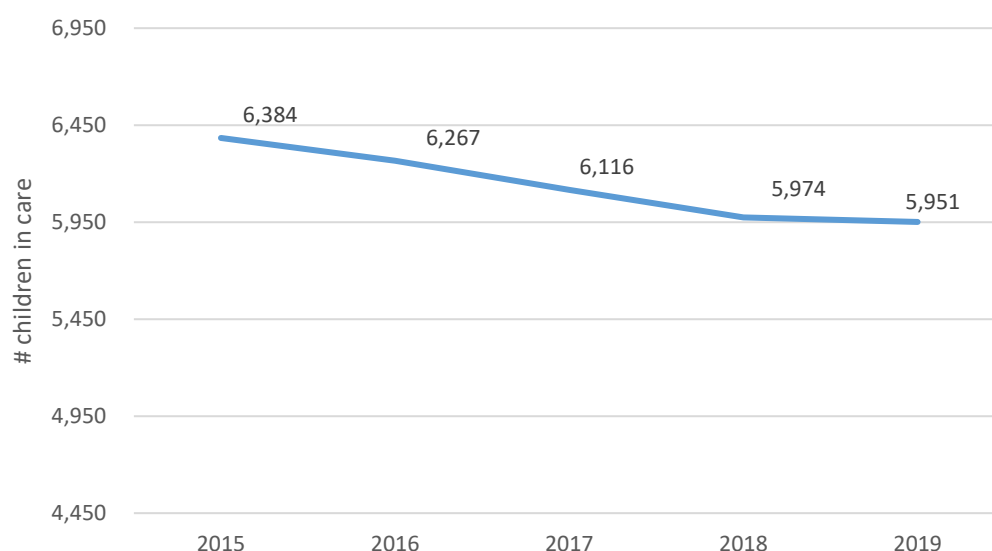


Figure 28: Children in care, 2015 – 2019

50 children per 10,000 under 18 years in the care of the State

The number of children in care equates to about 50 per 10,000 children under 18 years. Table 24 shows the rate of children in care per 10,000 child population in other jurisdictions²⁹. While Ireland reports the lowest rate, interpretation needs to be considered in the context of differing processes and procedures and definitions that may exist in other jurisdictions. Rates reported by

²⁷ The data on children in care presented in this section of the report excludes children in care under Tusla's Social Work Team for Separated Children Seeking Asylum. Data on children managed by Tusla's Social Work Team for Separated Children Seeking Asylum is presented separately in Section 5.2 of this report.

²⁸ Data for the period 2015 – 2019 is not comparable with data for previous years due to a definitional change in the metric in 2015 to count children in respite care from home separately. Prior to 2015 these children were included in count for children in care.

²⁹ <https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2018-2019/> Table 2.8 cross-comparison table for the UK

Northern Ireland, England and Wales were up on 2017 and 2018, while the rate for Scotland was down.

Table 24: Children in care in other jurisdictions, rate per 10,000 child population

Jurisdiction	Rate / 10,000 2016 / 2017	Rate / 10,000 2017 / 2018	Rate / 10,000 2018 / 2019
Ireland (Dec)	51	50	50
Northern Ireland (March)	69	71	75
England (March)	62	64	65
Wales (March)	95	102	109
Scotland (July)	108	107	102

3.2.8 Age and Gender

Slightly more males (3,090; 52%) than females (2,861; 48%) were in care at the end of December 2019; a similar pattern to previous years and consistent with the general population (Census 2016, 51% boys and 49% girls).

The number of children in care is increased with increasing age with the highest number aged 17 years (9%; 547) and the fewest number aged < 1 year (2%; 91) (Figure 29).

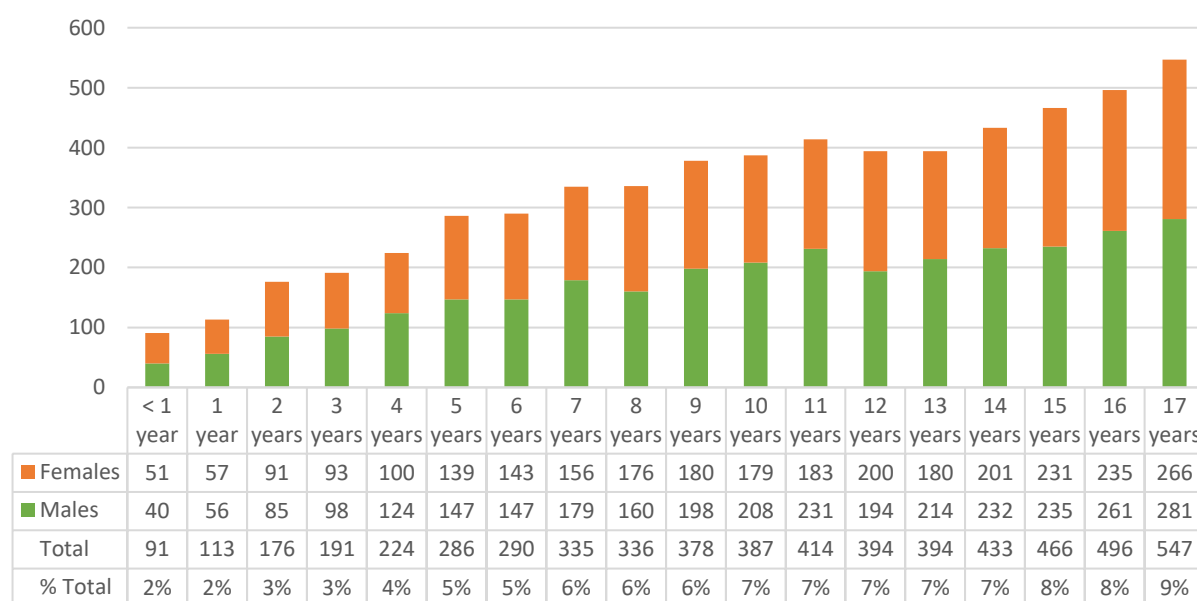


Figure 29: Children in care by age and gender, 2019

When the data is aggregated by age group, the largest percentage of children in care were in the 10-14 years age group (34%) followed by the 15-17 years age group (25%) (Table 25). Six out of 10 children in care (59%; 3,531) at the end of 2019 were 10 years or older, a similar breakdown to previous years.

In terms of numbers, decreases were observed in 2019 across three of the four age groups with the 0-4 years cohort experiencing the largest decrease (3%; 25) from 2018. A slight increase (25; 1%) was observed for the remaining cohort, 10-14 years. The number of children in care in the 0-4 years age group has fallen year on year from 2016 and is down 14% (131) overall (Table 25 and Figure 30).

Table 25: Children in care by age group and year, 2016 - 2019

Age Group	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019	2019 v 2018	% Δ
0-4	926	15%	896	15%	820	14%	795	13%	-25	-3%
5-9	1654	26%	1661	27%	1634	27%	1625	27%	-9	-1%
10-14	2124	34%	2031	33%	1997	33%	2022	34%	25	1%
15 - 17	1563	25%	1528	25%	1523	25%	1509	25%	-14	-1%
Total	6267	100%	6116	100%	5974	100%	5951	100%	-23	-0.4%

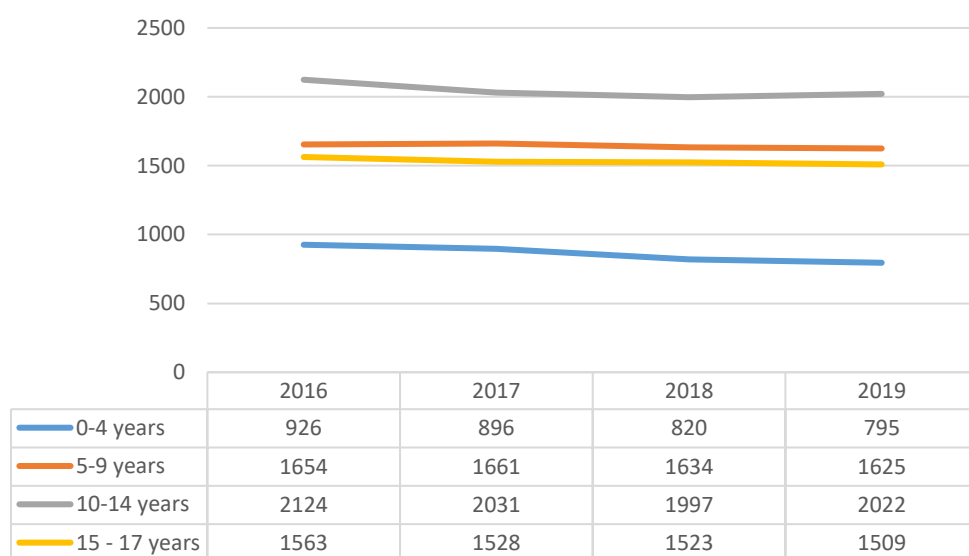


Figure 30: Children in care by age group and year, 2016 -2019

3.2.9 Children in Care by Area

Dublin North City reports the highest rate of children in care at 109/10,000 under 18 years

As with all datasets there is wide variation in the number and rate of children in care across Tusla's 17 areas.

At the end of December 2019, the number of children in care ranged from 781 in Cork to 111 in Sligo/Leitrim/West Cavan (Table 26). Similarly, the rate per 10,000 children under 18 years ranged from 109/10,000 children under 18 years in Dublin North City to 30/10,000 in Dublin South East / Wicklow. Six areas (Dublin South Central, Dublin North City, Cork, CW/K/ST, WD/WX and Midwest) reported a rate equal to or higher than the national average of 50/10,000 children under 18 years.

Two areas (Dublin South West/Kildare/West Wicklow and Dublin North) with the second and third highest number of children under 18 years ranked third and second lowest respectively in terms of rate per 10,000 children, again implying that there are other factors besides population driving the number of children in care.

Table 26: Children in care by area, 2015 – 2019 (ranked by rate)

Area	# Children in Care 2015	# Children in Care 2016	# Children in Care 2017	# Children in Care 2018	# Children in Care 2019	Population 0-17 years	Rate 2019
DNC	623	612	566	507	488	44,927	109
WD/WX	447	427	413	439	440	68,513	64
Mid West	598	597	596	595	599	96,266	62
Cork	899	858	805	781	781	134,015	58
DSC	393	387	374	361	369	65,564	56
CW/KK/ST	382	373	377	347	344	63,009	55
Donegal	210	216	200	214	210	42,865	49
Kerry	145	152	151	164	166	34,527	48
SLWC	110	103	108	108	111	23,554	47
Midlands	380	397	388	379	371	80,193	46
GY/RN	402	414	417	398	366	79,912	46
LH/MH	390	397	398	406	405	93,093	44
CN/MN	171	152	157	156	157	36,446	43
Mayo	136	134	130	124	131	31,968	41
DSW/K/WW	461	435	421	400	422	108,186	39
Dublin North	331	326	330	322	330	100,654	33
DSE/WW	306	287	285	273	261	86,810	30
National	6,384	6,267	6,116	5,974	5,951	1,190,502	50

Seven of the 17 areas reported a decrease in children in care from 2018 with the largest decrease reported by Galway/Roscommon (down 32) followed by Dublin North City (down 19) and Dublin South East/Wicklow (down 12) (Figure 31).

Of the nine areas that reported an increase, the largest increase was reported by Dublin South West/Kildare/West Wicklow with 22 more children in care followed by Dublin South Central and Dublin North, both reporting eight more children in care. One area (Cork) reported no change from 2018.

All but four areas (Louth/Meath, Kerry, Midwest and Sligo/Leitrim/West Cavan) had fewer children in care at the end of 2019 than 2015. One area (Donegal) reported no change. Of the areas that reported a decrease from 2015, the largest decrease was reported by Dublin North City (down 135; 22%) followed by Cork (down 118; 13%) and Dublin South East/Wicklow (down 45; 15%).

In terms of an underlying trend, two areas have reported four consecutive decreases from 2015 (Dublin South East / Wicklow and Dublin North City) while one area (Midlands) has reported three consecutive decreases. Of these areas, the largest overall decrease has been reported by Dublin North City (down 22%; 135). No area has reported more than two consecutive increases.

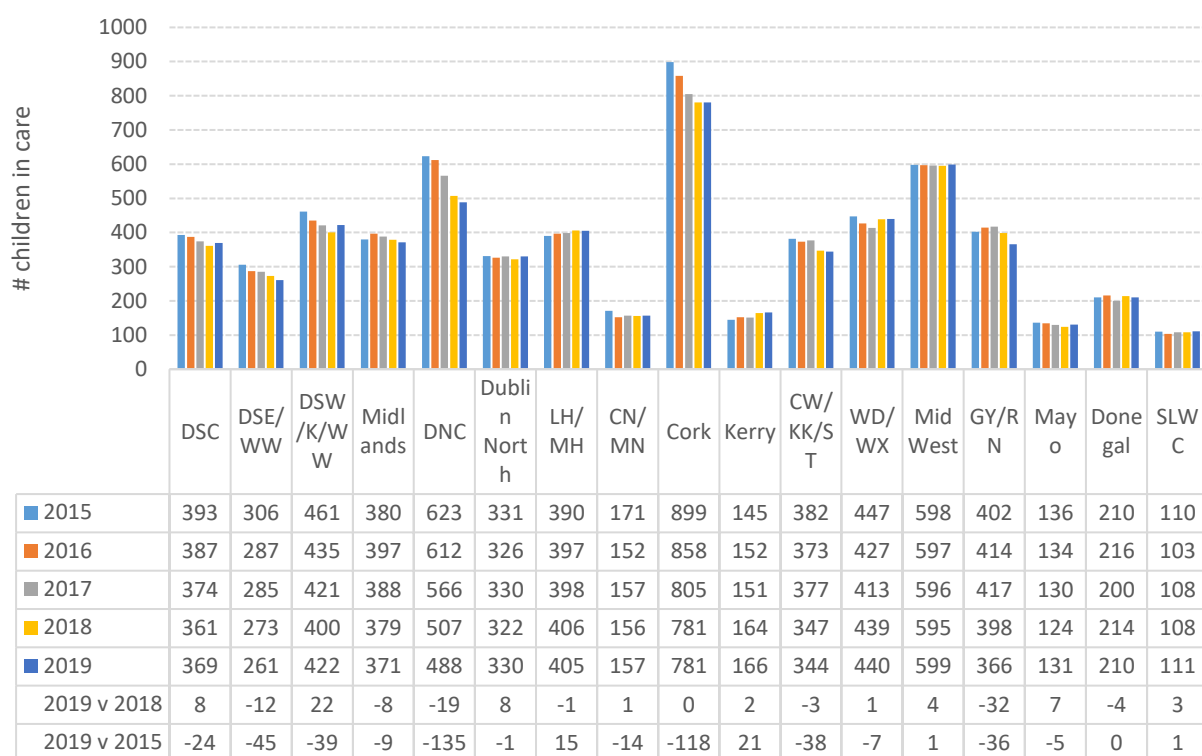


Figure 31: Children in care by area, 2015 – 2019

3.2.10 Placement Type

92% (5,482) of children in care are in a foster care placement

92% (5,482) of children in care at the end of December 2019 were in foster care and of these 28% (1,558) were in relative foster care, a pattern similar to previous years (Table 27). Residential care (special and general) makes up a relatively small (6.3%; 377), but significant number of placements within alternative care provision. The placement “Other” includes children in supported lodgings, at home under a care order, in a detention school/centre, in a disability unit or drug and alcohol rehabilitation centre etc.

Table 27: Children in care by placement type, 2015 – 2019

Placement Type	# 2015	% 2015	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019
General foster care	4,110	64%	4,111	66%	4,023	66%	3,957	66%	3,924	66%
Relative foster care	1,816	28%	1,715	27%	1,667	27%	1,594	27%	1,558	26%
General residential care	335	5%	307	5%	311	5%	332	5.6%	363	6.1%
Special care	16	<1%	12	0.2%	12	0.2%	14	0.2%	14	0.2%
Other	107	2%	122	2%	103	2%	77	1.3%	92	1.5%
Total	6,384	100%	6,267	100%	6,116	100%	5,974	100%	5,951	100%

In terms of numbers there were 33 (1%) fewer children in general foster care and 36 (2%) fewer children in relative foster care at the end of December 2019 than there were at the end of December 2018 (Figure 32). Since 2015, there has been a 5% (186) decrease in the number of children in general foster care and a 14% (258) decrease in the number of children in relative foster care.

The number of children in residential care (general and special care) is up 9% (31) on 2018. In contrast to foster care, there has been a year on year increase in children in residential care since 2016, up 18% (58) overall.

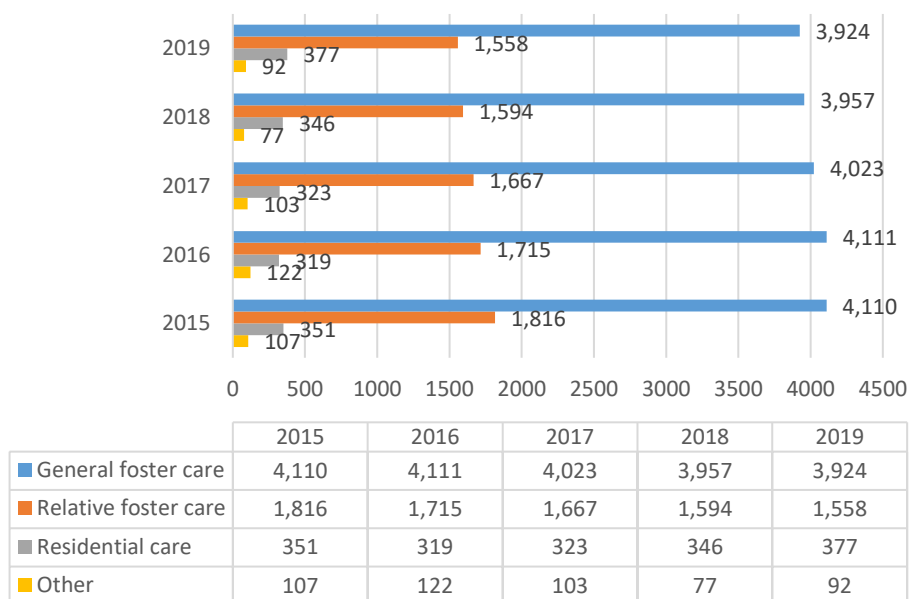


Figure 32: Children in care by care type, 2015 -2019

In all but two areas (Dublin South Central and Dublin South East / Wicklow) at least 90% of children in care are in foster care (Table 28). The five Dublin and surrounding areas reported some of the lowest rates of children in foster care. A higher proportion of children in care in these areas are in residential compared to other areas and particularly to areas in the West.

Table 28: Children in care by placement type, 2019

Area	# Residential	% Residential	# Foster care	% Foster care	Other	% Other	Total in care
Cork	43	6%	728	93%	10	1.3%	781
Mid West	36	6%	544	91%	19	3.2%	599
DNC	37	8%	445	91%	6	1.2%	488
WD/WX	38	9%	399	91%	3	0.7%	440
DSW/K/WW	37	9%	378	90%	7	1.7%	422
LH/MH	18	4%	376	93%	11	2.7%	405
Midlands	20	5%	348	94%	3	0.8%	371
DSC	39	11%	323	88%	7	1.9%	369
GY/RN	7	2%	358	98%	1	0.3%	366
CW/KK/ST	26	8%	318	92%	0	0.0%	344
Dublin North	23	7%	299	91%	8	2.4%	330
DSE/WW	25	10%	231	89%	5	1.9%	261
Donegal	10	5%	198	94%	2	1.0%	210
Kerry	10	6%	150	90%	6	3.6%	166
CN/MN	4	3%	151	96%	2	1.3%	157
Mayo	2	2%	128	98%	1	0.8%	131
SLWC	2	2%	108	97%	1	0.9%	111
National	377	6%	5482	92%	92	2%	5951

3.2.11 Reason for Being in Care

Neglect is the most common reason for being in care (45%)

The most common reason for being in care at the end of December 2019 was neglect accounting for 45% (2,668) of all children in care (Figure 33), no change from 2018. This was followed by welfare concerns accounting for a further 40% (2,379) of all children in care. The percentage of children in care due to welfare concerns has fallen year on year from 2016 and is down seven percentage points overall. In contrast, the percentage of children in care due to emotional abuse is showing a slight year on year increase from 2016, while there has been little or no overall change in the percentage of children in care due to physical and sexual abuse.

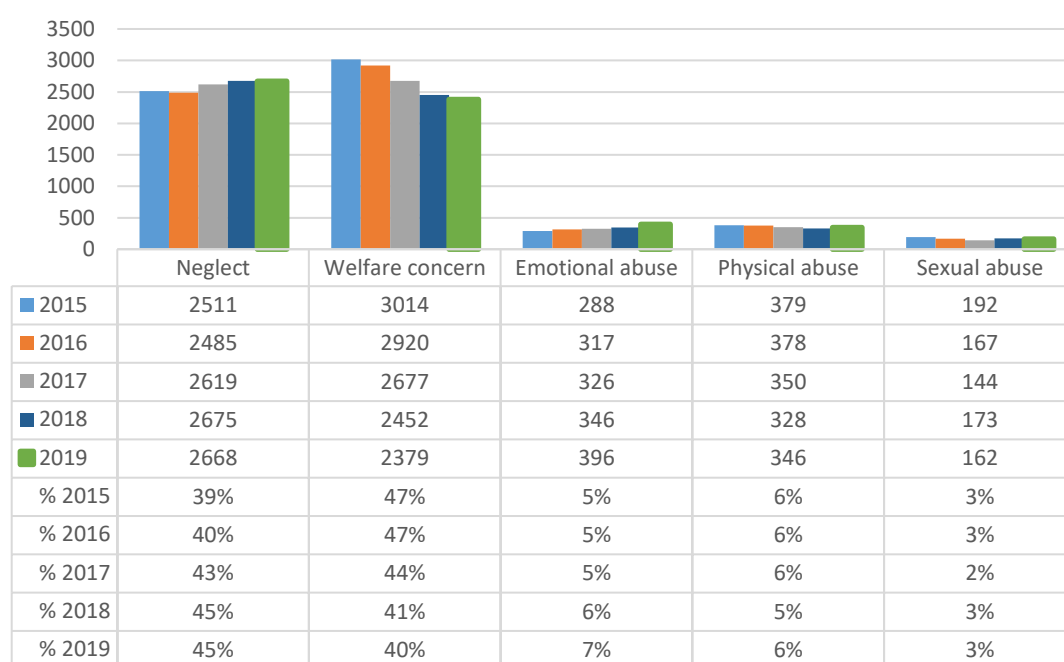


Figure 33: Children in care by reason, 2015 – 2019

3.2.12 Legal Status

One in four (26%; 1,536) children in care was in care under a voluntary arrangement

Three out of four children (74%; 4,415) in care at the end of December 2019 were in care under an order of the court, up six percentage points on 2018 and nine percentage points on 2015 (Table 29)³⁰. The remaining children (26%; 1,536) were in care under a voluntary arrangement.

Table 29: Children in care by legal status, 2015 - 2019

³⁰ Figures previously published for 2015 and 2016 by court order type (i.e., emergency care orders, interim care orders and care orders) need to be interpreted with caution, due to some areas reporting the order type on admission to care and not the order type on the 31 December. It is likely that the number of children in care under an emergency care order reported for these two years (2015 and 2016) is substantially lower than the figure published – at the end of December the majority of children admitted under an emergency care order would have been in care either under an interim care order or a full care order.

Legal Status	# 2015	% 2015	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019
Order of the Court (all types)	4,153	65.1%	4,241	67.7%	4,161	68.0%	4,066	68.1%	4,415	74.2%
Voluntary arrangement	2,231	34.9%	2,026	32.3%	1,955	32.0%	1,908	31.9%	1,536	25.8%
Total	6,384	100%	6,267	100%	6,116	100%	5,974	100%	5,951	100%

Of the 4,415 children in care under a care order at the end of 2019, the majority (82%; 3,641) were in care under a care order (Section 18 Child Care Act 1991) while 17% (751) were in care under an interim care order (Section 17 Child Care Act 1991). A total of 15 children were under a Special Care Order (Section 23B Child Care Act 1991) while seven children were in care under an emergency care order. One child was under an “other” care order.

3.2.13 Length of Time in Care

Half (51%) of children in care were in care for < 5 years

Just over half (51%; 3,033/5,951) of children in care at the end of December 2019 were in care for 5 years or less and of these one in five (21%; 634) was in care for less than a year (Figure 34). The remaining 49% (2,918) were in care for more than five years. The percentage of children in care in each of the time bands is similar to that for 2018.

In terms of numbers, the number of children in care for less than 1 year is up 22 on 2018, the number in care for 1-5 years is down 41 (third consecutive decrease) while the number in care for greater than 5 years is down four (second consecutive decrease) (Table 30 and Figure 35).

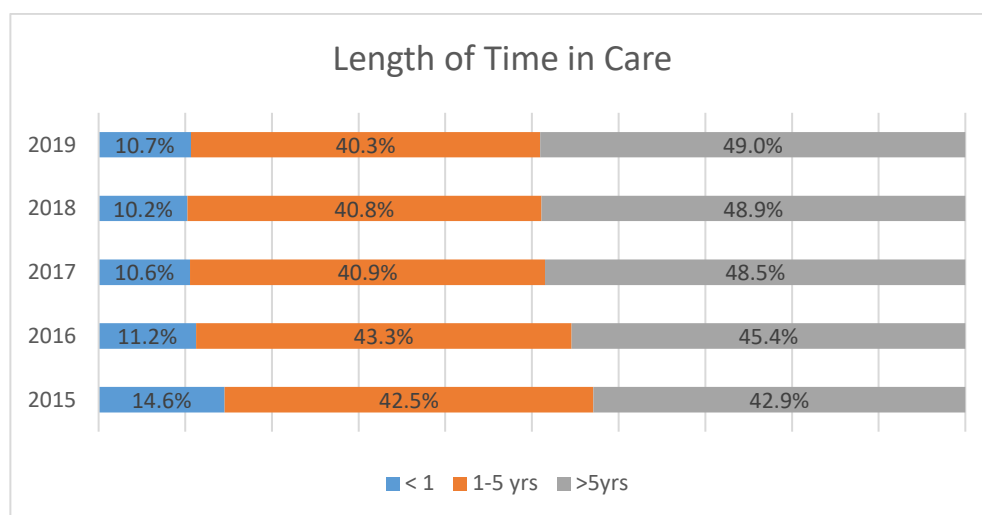


Figure 34: Percentage of children in care by length of time in care, 2015 - 2019

Table 30: Children in care by length of time in care, 2015 - 2019

Year/ Length	< 1 year	1-5 years	>5 years	Total
2019	634 (10.7%)	2,399 (40.3%)	2,918 (49.0%)	5,951
2018	612 (10.2%)	2,440 (40.8%)	2,922 (48.9%)	5,974
2017	646 (10.6%)	2,504 (40.9%)	2,966 (48.5%)	6,116
2016	704 (11.2%)	2,716 (43.3%)	2,847 (45.4%)	6,267
2015	929 (14.6%)	2,715 (42.5%)	2,740 (42.9%)	6,384

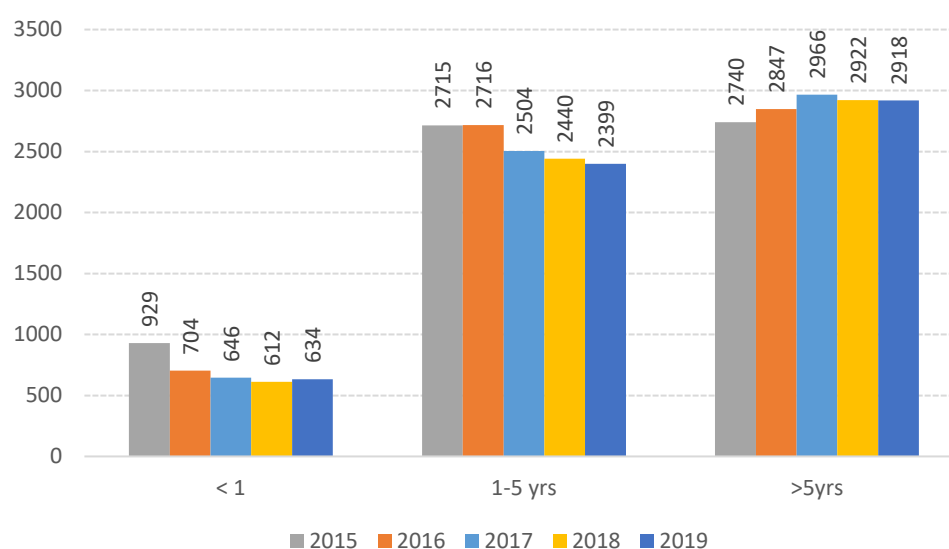


Figure 35: Children in care by length of time in care, 2015 – 2019

At the end of December 2019, the percentage of children in care for less than 1 year ranged from 24% (31/131) for Mayo to 4% (15/366) for Galway/Roscommon (Figure 36). Nine areas reported a percentage equal to or higher than the national average of 11%.

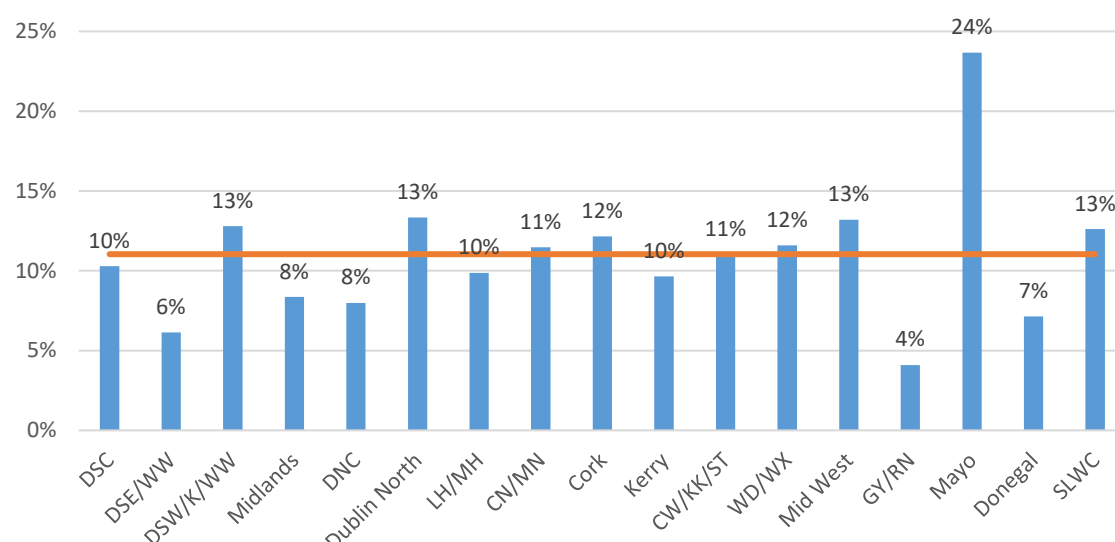


Figure 36: Number of children in care for < 1 year by area, 2019

Dublin North City reported the highest percentage of children in care for > 5 years. In this area, more than six out of 10 (64%; 312/488) children in care were in care for > 5 years (Figure 37 and Table 31). This area was followed by Dublin South East / Wicklow with 61% (158/261) of their children in care for > 5 years.

Sligo/Leitrim/West Cavan reported the lowest percentage of children in care for > 5 years. In this area fewer than one in five children (17%; 19/111) was in care for > 5 years. Other areas with a lower than average (49%) percentage of children in care for > 5 years include Midlands, Dublin North, Louth/Meath, Cavan/Monaghan, Kerry, Carlow/Kilkenny/South Tipperary, Midwest and Mayo).

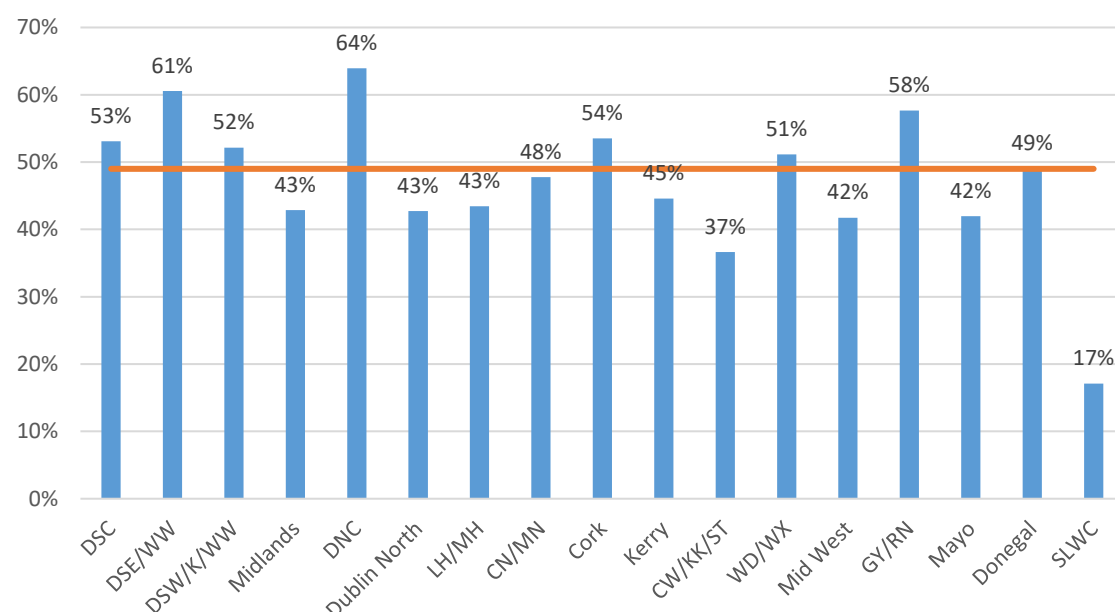


Figure 37: Number of children in care > 5 years by area, 2019

Table 31: Children in care by length of time in care by area, 2019

	< 1 year	% < 1 Year	1-5 years	% 1-5 years	> 5 years	% > 5 years	Total
DSC	38	10%	135	37%	196	53%	369
DSE/WW	16	6%	87	33%	158	61%	261
DSW/K/WW	54	13%	148	35%	220	52%	422
Midlands	31	8%	181	49%	159	43%	371
DNC	39	8%	137	28%	312	64%	488
Dublin North	44	13%	145	44%	141	43%	330
LH/MH	40	10%	189	47%	176	43%	405
CN/MN	18	11%	64	41%	75	48%	157
Cork	95	12%	268	34%	418	54%	781
Kerry	16	10%	76	46%	74	45%	166
CW/KK/ST	38	11%	180	52%	126	37%	344
WD/WX	51	12%	164	37%	225	51%	440
MidWest	79	13%	270	45%	250	42%	599
GY/RN	15	4%	140	32%	211	58%	366
Mayo	31	24%	45	34%	55	42%	131
Donegal	15	7%	92	44%	103	49%	210
SLWC	14	13%	78	70%	19	17%	111
National	634	11%	2,399	40%	2,918	49%	5,951

3.2.14 Placement Stability

Slight increase in children in their third or greater placement within the year

The number of children in care in their third or greater placement within the previous 12 months is used as a proxy for placement stability. Tusla collates data on the third or greater placement as it gives an indication of the moves from the more stable placement, as depending on the circumstances or reason for admission a child can be placed in an emergency placement and then moved to a more long-term placement.

At the end of December 2019, there were 137 children in their third or greater placement within the previous 12 months. This amounts to 2.3% of all children in care, up slightly from 1.9% (114/5,974) in 2018 when the lowest percentage for the period 2015 – 2018 was reported, but similar to that for 2017 (2.3%) (Table 32).

While the percentage compares favourably with percentages reported in other jurisdictions including England 10%³¹; Wales 10%³² and Scotland 5.1%³³, interpretation needs to be considered in the context of differing processes and procedures and definitions that may exist in other jurisdictions.

Table 32: Children in their third or greater placement within the previous 12 months, 2015 – 2019

	2015	2016	2017	2018	2019
# children in care	6,384	6,267	6,116	5,974	5,951
# in 3 rd placement	132	169	142	114	137
% in 3 rd placement	2.1%	2.7%	2.3%	1.9%	2.3%

³¹ <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2017-to-2018> [National Tables, Table A2]

³² <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/children-looked-after-childrenlookedafterat31march-by-localauthority-numberofplacementsduringyear-measure>

³³ <https://www.gov.scot/publications/childrens-social-work-statistics-2017-2018/> [MS Excel Additional Tables, Table 2.6]

<2% of children in foster care were in their third or greater placement

Figures show an increase (23) in the number of children in foster care (general and relative) in their third or greater placement within the year. The number of children in foster care (general and relative) in their third or greater placement equates to 1.4% of the total number of children in foster care (5,482), up slightly from the 0.9% reported in 2018 (Table 33). This compares to 14% (54/377) for residential care (incl. special care), down slightly from 2018.

Table 33: Children in care in their third or greater placement, by care type 2018 and 2019

Placement Type	# CIC 2018	# ≥ 3 rd placement	% ≥ 3 rd placement	# CIC 2019	# ≥ 3 rd placement	% ≥ 3 rd placement
General foster care	3,957	44	1.1%	3,924	63	1.6%
Relative foster care	1,594	8	0.5%	1,558	12	0.8%
Residential care	346	52	15%	377	54	14.3%
Other	77	10	13%	92	8	8.7%
Total	5,974	114	1.9%	5,951	137	2.3%

The number of children in their third or greater placement within the year, by area is presented in Table 34. Of the 17 areas, Carlow/Kilkenny/South Tipperary reported the highest percentage with 5.5% (19/344) of their children in care in their third or greater placement within the year, more than double the national rate of 2.3%. The majority of areas report single figures with one area reporting none.

Other areas with a higher than average percentage include, Dublin South Central, Cork, Dublin South East/Wicklow, Cavan/Monaghan, Kerry, Sligo/Leitrim/West Cavan and Dublin South West/Kildare/West Wicklow. One area (Donegal) reported no children in their 3rd or greater placement.

Table 34: Children in their or greater placement within the previous 12 months, by area 2019 (ranked by %)

Area	# ≥ 3 rd placement	# in care	% ≥ 3 rd placement
CW/KK/ST	19	344	5.5%
DSC	16	369	4.3%
Cork	33	781	4.2%
DSE/WW	10	261	3.8%
Cavan / Monaghan	5	157	3.2%
Kerry	5	166	3.0%
SLWC	*	111	*
DSW/K/WW	11	422	2.6%
Waterford / Wexford	9	440	2.0%
Mayo	*	131	*
Dublin North City	7	488	1.4%
Louth / Meath	5	405	1.2%
Midwest	7	599	1.2%
Dublin North	*	330	*
Midlands	*	371	*
GY/RN	*	366	*
Donegal	0	210	0.0%
National	137	5951	2.3%

*Values <5 suppressed

3.2.15 Out of State Placements

Tusla seeks to place all children requiring care in a placement within Ireland, albeit that this does not always happen in a small number of cases. Children placed abroad are generally those requiring placement with relatives who happen to live abroad and those requiring highly specialised care currently not available in Ireland, e.g., specialist secure forensic mental health services and therapeutic residential services addressing specific needs identified in the child's care plan. In seeking such specialist placements, the needs of children are prioritised over the location of placement. Each child is placed in a care setting appropriate to his/her needs in accordance with his/her care plan. The majority of children return to Ireland once their specific intervention has concluded. Children in foster care abroad often remain in that country if it is considered to be in their best interests.

Where children are placed abroad they remain in the care of the State. They have an allocated social worker who visits them in their placement and a care plan that is reviewed within the statutory framework. All centres in which children are placed are subject to the regulatory and inspection framework of that jurisdiction. Tusla makes itself aware of inspection reports prior to the placing of a child.

20 children in care at the end of 2019 were in a placement outside of Ireland

At the end of December 2019 there were 20 children in a placement outside of Ireland; two fewer than 2018 (Table 35). Children in placements abroad account for 0.3% of the total number of children in care.

More than half (55%; 11) of the children in placements abroad were in foster care, of which 55% (6) were in foster care with relatives. Four children (20%) were in a residential placement, three fewer than 2018 and the fewest number for the five years 2015 - 2019 (Table 35).

Table 35: Children in care in an out-of-state placement, 2015 - 2019

Placement	2015	2016	2017	2018	2019
General residential	8	6	6	7	4
General foster care	4	5	5	5	5
Relative foster care	4	5	5	10	6
Other	1	1	0	0	5
Total	17	17	16	22	20

3.2.16 Children in Care with Private Providers

11% (656) of children in care at the end of 2019 were in care with private providers

At the end of December 2019 there were 656 children in placements with private providers; 46 (8%) more than 2018 (610) and the highest number for the period 2015 – 2019 (Table 36). *These children are included in the overall number of children in care presented above.* The number of children in placements with private providers has gone up 32% (160) since 2015 (496). Children in placements with private providers account for 11% of all children in care.

Number of children in placements with private providers continues to increase

The majority (61%; 398) of children in placements with private providers were in foster care, 10 more than 2018 and the highest number for the period 2015 – 2019 (Table 36). The number of children in foster care with private providers has increased year on year since 2015 and is up 29% (90) overall.

Over a third (232; 35%) of children in placements with private providers were in residential care, 28 (14%) more than 2018 and the highest number for the period 2015 – 2019. The number of children in private residential placements is up 33% (57) on 2015.

64% (232/363) of children in general residential placements are in placements with private providers compared to 10% (398/3,924) for general foster care.

The increase in demand for private placements is due to an on-going lack of availability of suitable placements to meet the complexity of need.

Table 36: Children in care in placements with private providers, 2015 -2019

Placement	2015	2016	2017	2018	2019
General residential	175	168	167	204	232
General foster care	308	360	383	388	398
Other	13	10	7	18	26
Total	496	538	557	610	656

A breakdown of children in placements with private providers by area is presented in Table 37. As can be seen from the table, Dublin South Central reported the highest number (102) of children in placements with private providers at the end of 2019, followed by Dublin North City (88) and Dublin South West/Kildare/West Wicklow (74).

More than one in four (28%; 102/369) children in care in Dublin South Central is in a placement with a private provider, the highest percentage of all areas. This compares to 1% (2/157) in Cavan/Monaghan.

The five Dublin and wider surrounding areas report the highest percentages of children in care in placements with private providers, and account for over half (54%; 354) of all children in placements with private providers.

Table 37: Children in care with private providers by care type and area, December 2019

Area	Residential	Foster care	Other	Total in private	Total in care	% in private
Dublin South Central	18	82	2	102	369	28%
DSE/WW	15	20	2	37	261	14%
DSW/K/WW	22	47	5	74	422	18%
Midlands	15	50	0	65	371	18%
Dublin North City	15	73	0	88	488	18%
Dublin North	5	42	6	53	330	16%
Louth / Meath	10	16	0	26	405	6%
Cavan / Monaghan	2	0	0	2	157	1%
Cork	31	31	0	62	781	8%
Kerry	7	5	0	12	166	7%
CW/KK/ST	16	3	0	19	344	6%
Waterford / Wexford	27	17	3	47	440	11%
Midwest	29	9	7	45	599	8%
GY/RN	6	0	0	6	366	2%
Mayo	2	0	0	2	131	2%
Donegal	10	3	1	14	210	7%
SLWC	2	0	0	2	111	2%
National	232	398	26	656	5951	11%

Ten of the 17 areas reported an increase in children in placements with private providers from 2018 (Figure 38). The largest increase was reported by Midwest (up 23), followed by Cork (up 10) and Waterford/Wexford (up 8). Of the five areas that reported a decrease, the largest decrease was reported by Dublin North City and Dublin South East / Wicklow (both down 7). Cavan/Monaghan and Kerry reported no change.

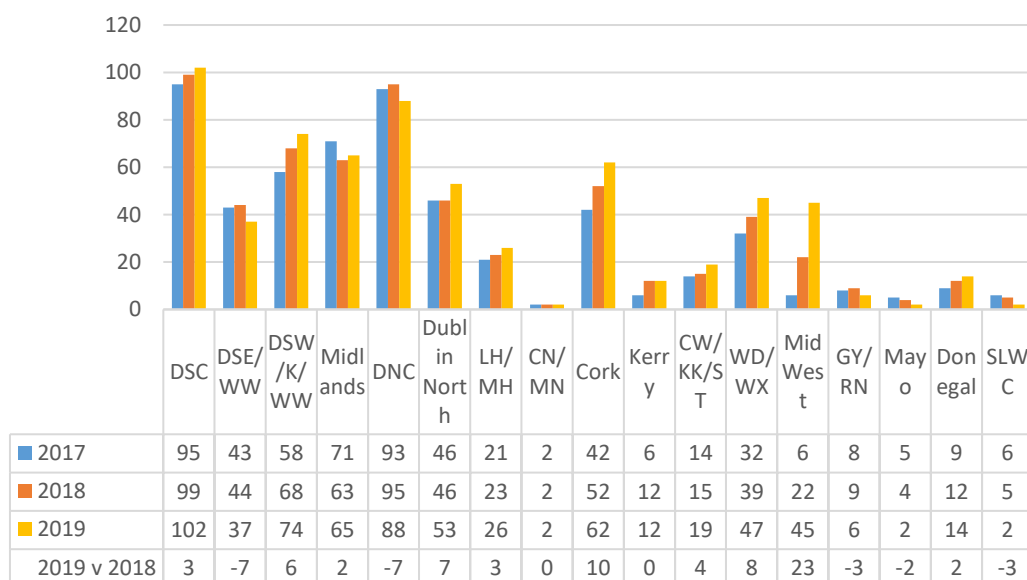


Figure 38: Children in care in placements with private providers, 2017 - 2019

3.2.17 Children ≤12 Years in Residential Placements

It is Tusla policy to place children 12 years and younger requiring admission to care in foster care. However, circumstances do arise where this is not possible and where it may not be in the best interests of the child e.g., where the child is part of a sibling group, it being in the children's best interests that they remain together and the Agency is finding it difficult to source an appropriate placement for the children in a single foster care or relative care setting; where an emergency/long term foster/relative care setting is not immediately available and the option of the child remaining in their current home/residence would put that child at risk or where there are identified therapeutic needs which are best met within a residential setting.

At the end of December 2019 there were 47 children 12 years and younger in a residential placement; five more than 2018 and the highest number for the five years 2015 - 2019 (Table 38). The majority (77%; 36) of these children were 10 years or older.

Table 38: Children 12 years and younger in residential placements, 2015 - 2019

	2015	2016	2017	2018	2019
# aged ≤12 years in residential care	39	45	39	42	47
# in residential care (incl. special care)	351	319	323	346	377
% aged ≤12 years in residential care	11%	14%	12%	12%	12%

The majority of areas (12) reported three or fewer children ≤ 12 years in a residential placement with two of these areas reporting none (Cavan/Monaghan and Sligo/Leitrim/West Cavan). Waterford/Wexford reported the highest number (8) of children ≤ 12 years in a residential placement, representing 21% (8/38) of their overall number of children in residential care. This was followed by Dublin South West/Kildare/West Wicklow (6/37; 16%) and Cork (5/43; 12%).

3.2.18 Children in Special Care

Special care provides for short-term, stabilising intervention that prioritises safe care in a therapeutic environment for children at risk and with challenging behaviour. It is an exceptional intervention restricting the liberty of the child and involves detention of the child for his/her own welfare and protection in a Special Care Unit. The child is detained under a High Court Order and not on the basis of criminal activity. Special Care Units differ from ordinary residential care units in that such units offer higher staff ratios, on-site education, as well as specialised input such as clinical/therapeutic services. In 2019, there were three Special Care Units in Ireland:

Ballydowd - 7 bed mixed gender unit
Coovagh House – 4 bed mixed gender unit
Crannóg Nua – 7 bed mixed gender unit

During 2019, there were 43 referrals to special care, four more than 2018 (Table 39). Six (14%) of the 43 referrals were re-referrals. Fifty-eight percent (25) of the referrals were approved; ten were deemed not suitable, while the remaining eight were withdrawn/removed prior to being considered. A total of 27 children were admitted to special care in 2019; eight more than 2018 and the highest number for the period 2015 – 2019. Of these 27, four were approved in 2018 and admitted in 2019.

Table 39: Referrals to Special Care, 2015 - 2019

	No. of referrals	No. of re-referrals	Total referrals	Referrals approved	Children admitted
2019	37	6	43	25	27
2018	34	5	39	20	19
2017	45	11	56	33	17
2016	42	10	52	26	19
2015	55	19	74	31	22

More males (29; 67%) than females (14; 33%) were referred. The most common age of those referred was 15 years (17; 40%) followed by 16 years (11; 26%) (Table 40).

Table 40: Referrals to Special Care by age, 2019

Age at time of referral	# referrals
13 years	4
14 years	4
15 years	17
16 years	11
17 years	7
Total	43

The majority of children referred (38; 88%) were in education at the time of referral.

77% (33) were engaging in drug and alcohol misuse at the time of referral.

70% (30) were presenting with mental health difficulties (unassessed) at the time of referral.

70% (30) were involved with the criminal justice system at the time of referral.

60% (26) of referrals were under an order of the court at the time of referral (Table 41). Of these (26) the majority (16; 62%) were under a care order. Thirty percent (13) of children were in care under a voluntary agreement with parents/guardians.

Table 41: Referrals to special care by care status at time of referral, 2019

Care Status	# referrals
Full care order	16
Interim care order	10
Voluntary care arrangement	13
Other	4
Total	43

On the 31 December 2019, there were 14 children in special care. The number of children in special care accounted for 0.2% (14/5,951) of the total number of children in care and 3.7% of all children in residential care (377).

3.2.19 Children in Care in Education

Educational progress is critical for the long-term social and economic well-being of every child, and especially so for children in care, where good progress in education may help compensate for difficulties in other areas of their lives (Darmody et al. 2013). The child's social worker is responsible for ensuring that the education needs of a child in care are addressed in the care plan and any specific needs of the child are clearly identified.

The National Standards for Foster care (2003) state that "the educational needs of children and young people in foster care are given high priority and they are encouraged to attain their full potential. Education is understood to include the development of social and life skills" (Standard 12).

The National Standards for Children's Residential Centres (2001) state that "all young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate education facilities (Standard 8).

96% of children in care aged 6-15 years were in full-time education at the end of 2019

At the end of December 2019, 96% (3,741/3,886) of children in care aged 6–15 years were in full time education³⁴ and 93% (970/1,042) of children aged 16 and 17 years were in full time education (Table 42). These percentages are consistent with data for previous years.

For children aged 6-15 years, four areas (Cavan/Monaghan, Kerry, Donegal and Sligo/Leitrim/West Cavan) reported 100%, with a further ten areas reporting 95% or higher. For children aged 16 and 17 years, one area (Sligo/Leitrim/West Cavan) reported 100%, with a further 13 areas reporting 90% or higher.

Table 42: Children in care in full-time education, 2019

Area	No. in Care 6-15 years	No. in FT Education	% in FT Education	No. in Care 16 & 17	No. in FT Education	% in FT Education
DSC	245	217	88.6%	72	64	88.9%
DSE/WW	165	164	99.4%	56	52	92.9%
DSW/K/WW	275	261	94.9%	83	82	98.8%
Midlands	228	210	92.1%	54	48	88.9%
DNC	320	309	96.6%	96	92	95.8%
Dublin North	208	201	96.6%	66	58	87.9%
LH/MH	241	228	94.6%	56	51	91.1%
CN/MN	89	89	100.0%	32	29	90.6%
Cork	560	540	96.4%	129	119	92.2%
Kerry	112	112	100.0%	30	28	93.3%
CW/KK/ST*	222	210	94.6%	56	51	91.1%
WD/WX	300	297	99.0%	72	69	95.8%
Mid West	380	378	99.5%	103	97	94.2%
GY/RN	245	230	93.9%	69	64	92.8%
Mayo	77	76	98.7%	25	24	96.0%
Donegal	141	141	100.0%	31	30	96.8%

³⁴ For the purposes of reporting, the measurement of full-time education is the care plan specification for the child's educational requirements measured against the child's achievement of same. It is expected that each child's educational arrangement is outlined in their care plan.

SLWC	78	78	100.0%	12	12	100.0%
National	3,886	3,741	96.3%	1,042	970	93.1%

Source: Q4 2019 data return. Hence, slight variation in the number of 6—17 year olds reported above than in Figure 28 / Table 25 of this report

3.2.20 Children in care with an allocated social worker and care plan

91% of children in care at the end of 2019 had an allocated social worker

At the end of December 2019, 91% (5,445/5,951) of children in care had an allocated social worker against a target of 100% (Table 43), down one percentage point from 2018. In terms of numbers 506 children were awaiting allocation of a social worker at the end of December 2019, 16 more than December 2018 (490).

Table 43: Children in care with an allocated social worker, December 2018 and 2019

Care Type	# in Care 2018	# with Social Worker 2018	% with Social Worker 2018	# in Care 2019	# with Social Worker 2019	% with Social Worker 2019
Foster Care General	3,957	3,677	93%	3,924	3,619	92%
Foster Care Relative	1,594	1,395	88%	1,558	1,373	88%
Residential (General)	332	323	97%	363	351	97%
Special Care	14	14	100%	14	14	100%
Other	77	75	97%	92	88	96%
National	5,974	5,484	92%	5,951	5,445	91%

93% of children in care at the end of 2019 had an up-to-date care plan

For the same period, 93% (5,517/5,951) of children had an up-to-date care plan³⁵ against a target of 90% (Table 44), up two percentage points from 2018. In terms of numbers 434 children did not have an up-to-date plan, 103 fewer than 2018 (537).

Table 44: Children in care with a care plan, December 2019 and 2019

Care Type	# in Care 2018	# with Care Plan 2018	% with Care Plan 2018	# in Care 2019	# with Care Plan 2019	% with Care Plan 2019
Foster Care General	3,957	3,569	90%	3,924	3,632	93%
Foster Care Relative	1,594	1,472	92%	1,558	1,438	92%
Residential (General)	332	316	95%	363	354	98%
Special Care	14	14	100%	14	14	100%
Other	77	66	86%	92	79	86%
National	5,974	5,437	91%	5,951	5,517	93%

A breakdown of the number of children in care with an allocated social worker and written care plan by area at the end of December 2019 is presented in Table 45. As can be seen from the table, in one area (Mayo) all (100%) children in care had an allocated social worker, with a further five areas reporting 95% or higher. Dublin North reported the lowest percentage at 76% followed by Carlow/Kilkenny/South Tipperary at 85%.

³⁵ It should be noted that variances have been identified in how data on this metric are being reported by the areas. In some areas care plans that have fallen due for review and not updated are included. Also, it should be noted that where a care plan is not up-to-date, the care plan in place (albeit that it is awaiting review) is used to support the care of the child.

In 14 out of 17 areas, at least 90% (target) of children in care had an up to date care plan with four of these areas (Midlands, CW/K/ST, WD/WX and Mayo) reporting 100%. Cork reported the lowest percentage (79%) followed by Sligo/Leitrim/West Cavan (84%) and Galway/Roscommon (88.8%).

Table 45: Children in care with a social worker and written care plan by area, 2019

Area	# Children in Care	# Allocated Social Worker	% Allocated Social Worker	# Care Plan	% Care Plan
DSC	369	321	87.0%	351	95.1%
DSE/WW	261	241	92.3%	251	96.2%
DSW/K/WW	422	369	87.4%	391	92.7%
Midlands	371	320	86.3%	371	100.0%
DNC	488	478	98.0%	475	97.3%
Dublin North	330	251	76.1%	304	92.1%
LH/MH	405	390	96.3%	396	97.8%
CN/MN	157	147	93.6%	145	92.4%
Cork	781	747	95.6%	614	78.6%
Kerry	166	164	98.8%	159	95.8%
CW/KK/ST	344	291	84.6%	344	100.0%
WD/WX	440	413	93.9%	440	100.0%
Mid West	599	531	88.6%	537	89.6%
GY/RN	366	344	94.0%	325	88.8%
Mayo	131	131	100.0%	131	100.0%
Donegal	210	208	99.0%	190	90.5%
SLWC	111	99	89.2%	93	83.8%
National	5,951	5,445	91%	5,517	93%

3.3 Discharges from Care

3.3.1 Number of Discharges

Discharges from care continue to decrease

The year 2019 saw a further decrease in discharges from care. As can be seen from the figure below, there were 946 discharges from care in 2019, 94 (9%) fewer than 2018 (1,040) and the fewest number for the period 2016 – 2019 (Figure 39)³⁶; ³⁷. Discharges have fallen year on year over the same period and are down 23% (278) overall.

Similar, to data on admissions to care, these data refer to incidences of discharge that occurred during the year and not the number of individual children discharged from care – a child can have more than one discharge from care during the year.

The decrease in discharges from care is consistent with the decrease in admissions and the number of children in care described in earlier sections of this report.

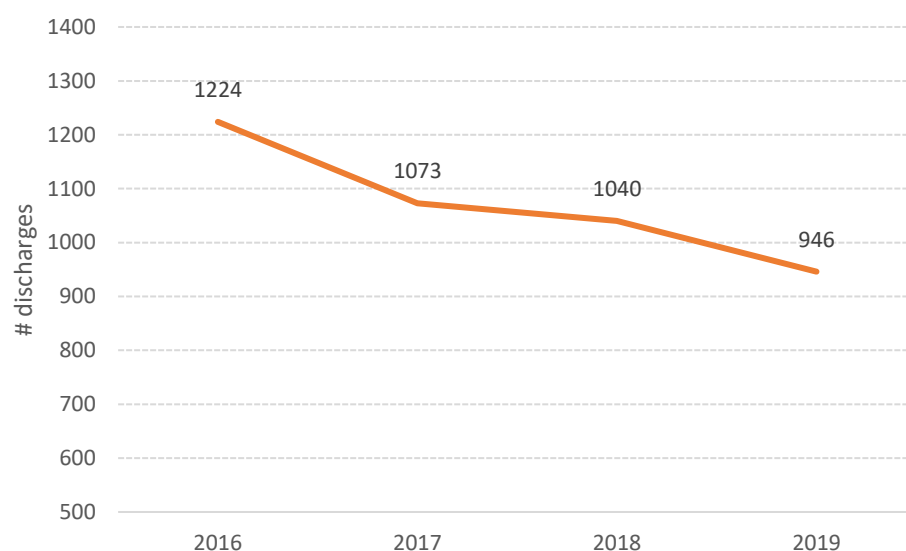


Figure 39: Discharges from care, 2016 - 2019

The majority (55%; 519) of discharges were for young people turning 18 years (Table 46). The next most common age of discharge was 17 years (excluding those turning 18 years) followed by the older ages of 15 and 16 years.

³⁶ Data for 2016 -2019 inclusive is not comparable with data for previous years due to a definitional change in the metric in 2015 to count children discharged from respite care from home separately. Prior to 2015 these children were included in the count for discharges from care. Some areas inadvertently included discharges from respite care to home with their count of discharges for 2015.

³⁷ The data on discharges from care presented in this section of the report excludes children in care under Tusla's Social Work Team for Separated Children Seeking Asylum. Data on children managed by Tusla's Social Work Team for Separated Children Seeking Asylum is presented separately in Section 5.2 of this report.

Table 46: Discharges from care by age, 2016-2019

Age	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019
< 1 year	40	3%	32	3%	29	3%	27	3%
1 year	72	6%	37	3%	41	4%	30	3%
2 years	41	3%	26	2%	27	3%	28	3%
3 years	37	3%	27	3%	20	2%	21	2%
4 years	34	3%	31	3%	21	2%	23	2%
5 years	43	4%	25	2%	24	2%	14	1%
6 years	31	3%	27	3%	21	2%	17	2%
7 years	25	2%	15	1%	25	2%	12	1%
8 years	36	3%	14	1%	22	2%	16	2%
9 years	25	2%	20	2%	22	2%	16	2%
10 years	33	3%	25	2%	22	2%	18	2%
11 years	29	2%	20	2%	20	2%	21	2%
12 years	26	2%	31	3%	26	3%	14	1%
13 years	31	3%	25	2%	27	3%	18	2%
14 years	46	4%	29	3%	43	4%	20	2%
15 years	49	4%	41	4%	48	5%	38	4%
16 years	79	6%	58	5%	42	4%	44	5%
17 years	57	5%	57	5%	64	6%	50	5%
17 years reaching age of majority	490	40%	533	50%	496	48%	519	55%
Total	1,224	100%	1073	100%	1,040	100%	946	100%

80% (760) of discharges were from foster care; a similar breakdown to previous years and not surprising considering over 90% of children in care are in foster care (Table 47).

Table 47: Discharges from care by care type, 2016 - 2019

Care Type	2016	% of Total (2016)	2017	% of Total (2017)	2018	% of Total (2018)	2019	% of Total (2019)
General Foster Care	723	59%	648	60%	612	59%	545	58%
Relative Foster Care	252	21%	227	21%	233	22%	215	23%
Residential Care (incl. special care)	129	11%	112	10%	118	11%	127	13%
Other	120	10%	86	8%	77	7%	59	6%
National	1,224	100%	1,073	100%	1,040	100%	946	100%

3.3.2 Location on Discharges

More than eight out of ten discharges were to home / family or remaining with carers

Almost half (47%; 447) of discharges were to home/extended family with a further 35% (335) remaining with their carers (Table 48; Figure 40). One in 20 (5%; 48) was to independent living. Of the 107 discharges to “other accommodation” 20 were adopted and a further 18 were in shared accommodation.

Table 48: Location on discharge, 2016 - 2019

Location on discharge	2016	% of Total (2016)	2017	% of Total (2017)	2018	% of Total (2018)	2019	% of Total (2019)
Returned home/extended family	677	55%	555	52%	525	50%	447	47%
Remained with carers	330	27%	357	33%	275	26%	335	35%
Independent living	47	4%	59	5%	113	11%	48	5%
Supported lodgings	13	1%	21	2%	6	<1%	9	1%
Other (not specified)	157	13%	81	8%	121	12%	107	11%
Total	1,224	100%	1,073	100%	1,040	100%	946	100%

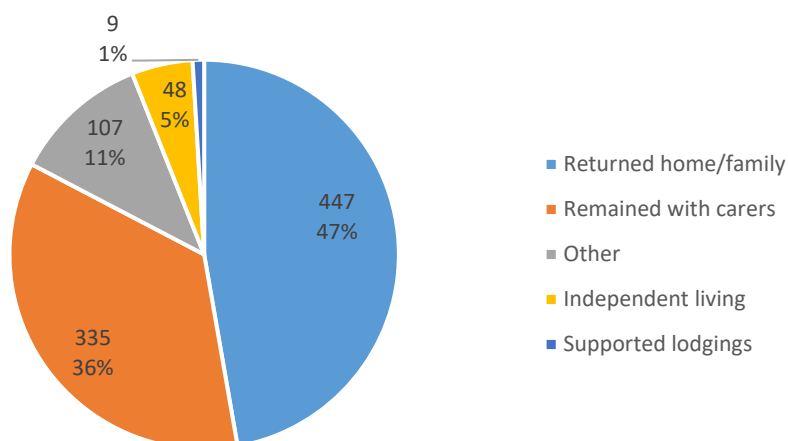


Figure 40: Breakdown of location on discharge, 2019

Majority (62%) of young persons discharged due to turning 18 years, remained with their carers

Of those who were discharged by virtue of turning 18 years (519), the majority (62%; 320) remained with their carers, with a further 11% (59) returning home/extended family. One in ten (46) moved to independent living (Figure 41).

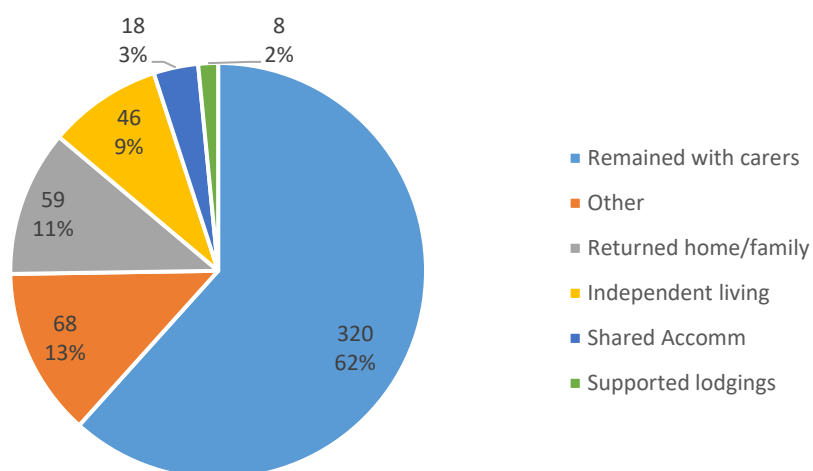


Figure 41: Breakdown of location on discharge for those discharged by virtue of turning 18 years, 2019

3.3.3 Discharges by Area

A breakdown of discharges by area is presented in the table below (Table 49). As can be seen from the table, there is wide variation in the number of discharges ranging from 111 (Cork) to 18 (Kerry and Sligo/Leitrim/West Cavan). Almost a quarter (23%; 215) of all discharges were reported by two areas, Cork (12%; 111) and Midwest (11%; 104), the two areas with the highest number of children in care.

Ten of the 17 areas reported a decrease in discharges from 2018 with the largest decrease reported by the DSW/K/WW (down 31) followed by Cork (down 30). The remaining seven areas reported an increase with the largest increase reported by Mayo (up 19) followed by Midwest (up 10).

Table 49: Discharges from care by area, 2016-2019

Area	# Discharges 2016	% Discharges 2016	# Discharges 2017	% Discharges 2017	# Discharges 2018	% Discharges 2018	# Discharges 2019	% Discharges 2019	2019 v 2018
Cork	197	16%	147	14%	141	14%	111	12%	-30
Midwest	179	15%	118	11%	94	9%	104	11%	10
DNC	104	8%	78	7%	100	10%	73	8%	-27
Dublin North	69	6%	86	8%	95	9%	69	7%	-26
WD/WX	60	5%	67	6%	59	6%	66	7%	7
DSW/K/WW	100	8%	89	8%	95	9%	64	7%	-31
LH/MH	57	5%	76	7%	73	7%	63	7%	-10
GY/RN	101	8%	46	4%	66	6%	61	6%	-5
CW/KK/ST	63	5%	49	5%	55	5%	59	6%	4
Midlands	50	4%	61	6%	56	5%	58	6%	2
DSC	78	6%	71	7%	57	5%	50	5%	-7
DSE/WW	44	4%	37	3%	39	4%	42	4%	3
CN/MN	35	3%	25	2%	22	2%	31	3%	9
Mayo	22	2%	32	3%	12	1%	31	3%	19
Donegal	25	2%	36	3%	35	3%	28	3%	-7
Kerry	17	1%	26	2%	22	2%	18	2%	-4
SLWC	23	2%	29	3%	19	2%	18	2%	-1
Total	1,224	100%	1,073	100%	1,040	100%	946	100%	-94

3.3.4 Admissions versus Discharges

102 more discharges from care than admissions to care in 2019

In 2019, there were 102 more discharges than admissions reported (Table 50). Nine of the 17 areas reported more discharges than admissions, ranging from 39 (Dublin North City) to two (Cork). Eight areas reported more admissions than discharges ranging from 14 (DSW/K/WW) to one (WD/WX).

Table 50: Admissions and discharges by area, 2016 - 2019

Area	# Admissions 2016	# Discharges 2016	# Admissions 2017	# Discharges 2017	# Admissions 2018	# Discharges 2018	# Admissions 2019	# Discharges 2019	2019 Discharges v Admissions
DSC	68	78	54	71	45	57	52	50	-2
DSE/WW	25	44	34	37	23	39	28	42	14
DSW/K/WW	68	100	76	89	76	95	78	64	-14
Midlands	75	50	50	61	58	56	53	58	5
DNC	70	104	32	78	31	100	34	73	39
Dublin North	72	69	103	86	78	95	71	69	-2
LH/MH	92	57	69	76	74	73	41	63	22
CN/MN	28	35	29	25	20	22	36	31	-5
Cork	148	197	97	147	111	141	109	111	2
Kerry	21	17	22	26	35	22	21	18	-3
CW/KK/ST	52	63	36	49	54	55	54	59	5
WD/WX	53	60	42	67	61	59	67	66	-1
Midwest	123*	179	140	118	85	94	90	104	14
GY/RN	84	101	44	46	45	66	28	61	33
Mayo	22	22	30	32	12	12	41	31	-10
Donegal	30	25	20	36	49	35	20	28	8
SLWC	16	23	32	29	21	19	21	18	-3
Total	1,047	1,224	910	1073	878	1,040	844	946	102

3.4 Foster Carers

Foster care is provided by the State (i.e., Child and Family Agency) and in a small number of cases (~10%) by non-statutory, voluntary or private fostering agencies. All foster carers (statutory and non-statutory), excluding those under Section 36 (1) (d) of the Child Care Act 1991 (emergency placements) are approved by the Child and Family Agency. Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering of a child and are formally approved by the Foster Care Committee in the area.

In terms of statutory provision, there are two main types of foster carer: a general foster carer and a relative foster carer.

All foster carers are allocated a link (social) worker. Link (social) workers provide training, support and supervision for foster carers. Foster carers also participate in regular reviews of their continuing capacity to provide high-quality care to children in their care and to assist with the identification of gaps in the fostering service.

3.4.1 Number of Foster Carers

Number of approved foster carers continues to fall

At the end of December 2019, there were 4,130 foster carers on the Panel of Approved Foster Carers, 194 (4%) fewer than 2018 and the fewest number for the five years 2015 – 2019 (Figure 42). The number of approved foster carers on the panel has fallen year on year for the period 2016 – 2019 is down 9% (407) overall. *Comparison of data for 2019 with previous years needs to be interpreted with caution due to a discrepancy in the number of private foster carers identified in one area following validation of their foster carers' register in 2019.*

In response to the decreasing number of foster carers on the panel, Tusla launched a national public information and recruitment campaign in October 2019. The campaign sought to create maximum publicity and visibility for Tusla fostering recruitment needs. Interviews with foster carers were aired extensively on radio stations across the country and the campaign received widespread media coverage in both national and regional publications. The campaign led to over 400 enquiries from potential foster carers between October and Christmas 2019.

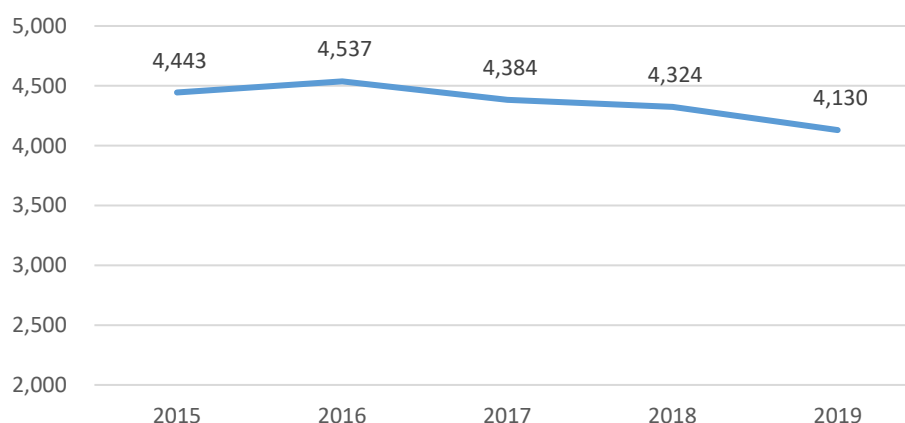


Figure 42: Number of approved foster carers on the panel of approved foster carers, 2015 - 2019

The majority (62%; 2,574) of foster carers on the panel were general foster carers; over one in four (27%; 1,095) was a relative foster carer, while the remaining 11% (461) were private foster carers (non-statutory) (Figure 43).

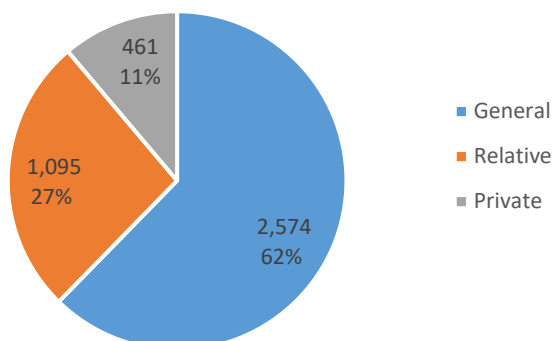


Figure 43: Breakdown of approved foster carers by type, 2019

The number of general foster carers has fallen year on year over the five years 2015-2019 and is down 13% (381) overall (Table 51). The number of relative foster carers has fallen year on year since 2016 and is down 10% (126) overall. In contrast, the number of private foster carers has increased and is up 57% (167) on 2015. The increase in private foster carers over this period reflects the ongoing difficulty in recruiting suitable foster carers to meet demand and the complex / special needs of some children requiring placement. *The decrease in the number of private foster carers between 2018 and 2019 needs to be interpreted with caution, due to a discrepancy in the number of private foster carers identified in one area following validation of their foster carers' register in 2019.*

Table 51: Foster carers (approved) by type, 2015 – 2019

Type	# 2015	# 2016	# 2017	# 2018	# 2019	Δ +/- 2019 v 2018	% Δ
General foster carers (approved)	2,955	2,913	2,756	2,675	2,574	-101	4%
Relative foster carers (approved)	1,194	1,221	1,152	1,146	1,095	-51	4%
Private foster carers (approved)	294	403	476	503	461	-42	8%
Total (approved)	4,443	4,537	4,384	4,324	4,130	-194	4%

3.4.2 Foster Carers by Area

The number of approved foster carers (all types) ranged from 496 in Cork, the area with the highest number of children in care to 88 in Sligo/Leitrim/West Cavan, the area with the fewest number of children in care (Figure 44).

The highest number (134) of approved relative foster carers was reported by Dublin North City followed by Cork (124), Dublin South West/Kildare/West Wicklow (115) and Midwest (105).

The highest number of private foster carers was reported by Dublin South Central and Dublin South West/Kildare/West Wicklow combined (77) followed by Midlands and Louth/Meath, both reporting 49.

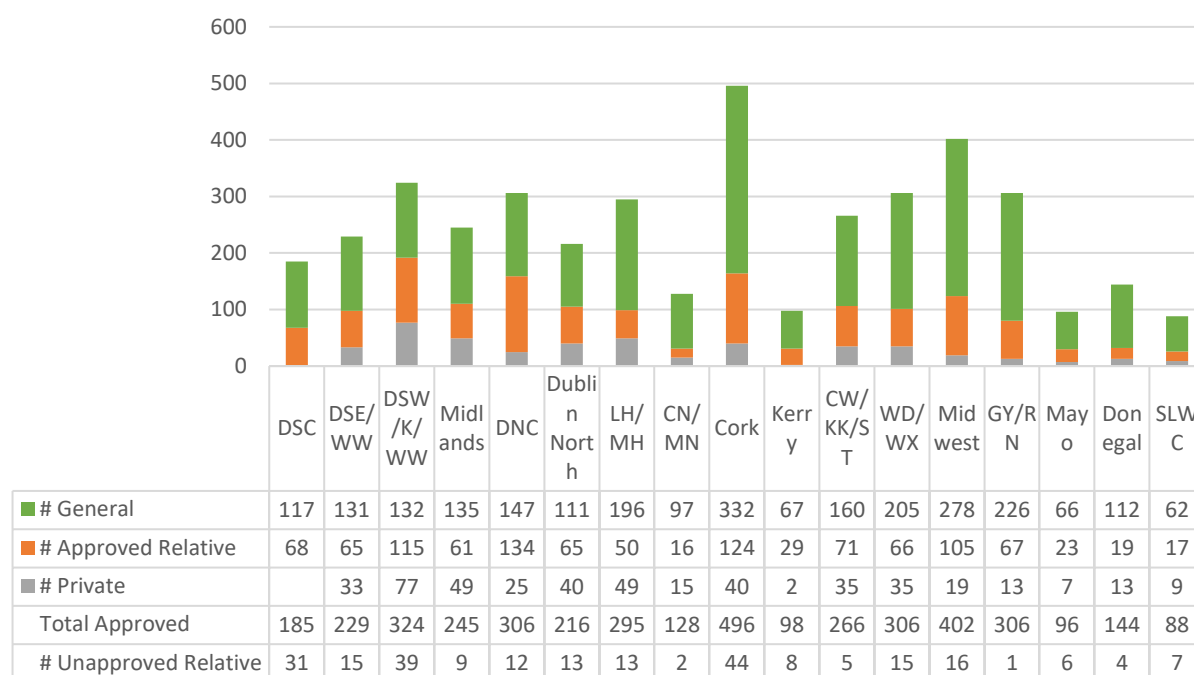


Figure 44: Foster carers by type and area, December 2019

Note: figure provided for private foster carers for DSW/K/WW includes private foster carers for Dublin South Central

3.4.3 “Unapproved” Foster Carers

Decrease in the number of “unapproved” foster carers

In addition to the 4,201 approved foster carers detailed above, there were also 240 relative foster carers who were “unapproved” at the end of December 2019, 17 fewer than December 2018 (257) and 140 (37%) fewer than December 2015 (Figure 45).

An “unapproved” foster carer is a person(s) who has a child or children placed with them under Section 36.1 (D) of the Children Care Act 1991 who is either (a) awaiting an assessment, (b) in the process of assessment, or (c) whose assessment has yet to go before the Child and Family Agency Foster Care Committee for approval. Of the 240 relative foster carers who were unapproved at the end of December 2019, 88% (211) had a child placed for longer than 12 weeks. The timeframe for approval of relative foster carers is soon as practicable, but no later than 12 weeks after placement of a child(ren) (Child Care (Placement of Children with Relatives) Regulations 1995).

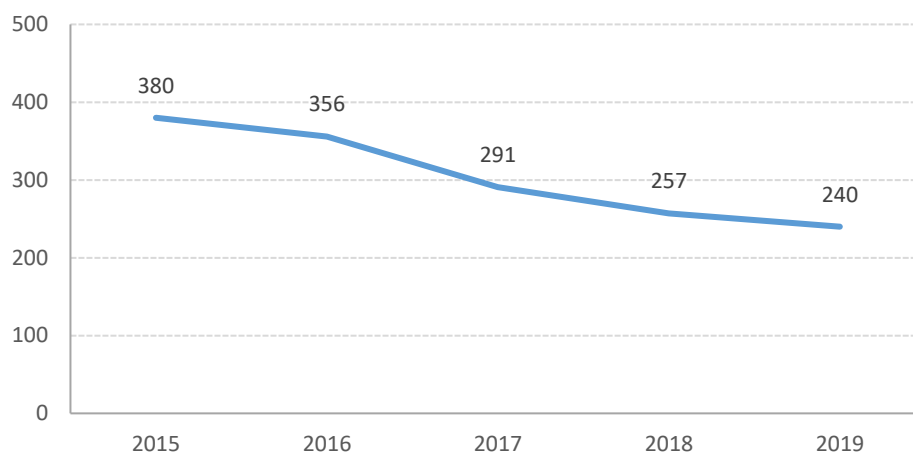


Figure 45: Number of unapproved relative foster carers, 2015 -2019

3.4.4 Foster Carers with a Link (Social) Worker

Nine out of 10 foster carers (general and relative approved) have a link worker

At the end of December 2019, 94% (2,428) of general foster carers had an allocated link (social) worker, up four percentage points on 2018 and the highest percentage for the five years, 2015 to 2019.

91% (995) of approved relative foster carers had an allocated link (social) worker, up one percentage point from 2018 and the highest percentage for the five years, 2015 to 2019 (Table 52).

Table 52: General and approved relative foster carers with a link (social) worker, 2015 - 2019

Year	# General	# General with Link Worker	% General with Link Worker	# Approved Relative	# Approved Relative with Link worker	% Approved Relative with Link Worker
Dec 2019	2,574	2,428	94%	1,095	995	91%
Dec 2018	2,675	2,405	90%	1,146	1,027	90%
Dec 2017	2,756	2,551	93%	1,152	1,003	87%
Dec 2016	2,913	2,395	82%	1,221	981	80%
Dec 2015	2,955	2,419	82%	1,194	856	72%

The percentage of general foster carers with a link (social) worker ranged from 76% in one area (Dublin South East/Wicklow) to 100% in five areas (Table 53). Eleven of the 17 areas reported a percentage equal to or higher than the national average of 94%.

The percentage of approved relative foster carers with a link (social) worker ranged from 64% in one area (Dublin South West/Kildare/West Wicklow) to 100% in eight areas. Eleven of the 17 areas reported a percentage equal to or higher than the national average of 91% (Table 53).

Table 53: Percentage of approved foster carers with an allocated link worker by area, 2019

Area	# General FC	# With Link Worker	% with Link Worker	# Approved Relative FC	# With Link Worker	% With Link Worker
DSC	117	107	91%	68	63	93%
DSE/WW	131	99	76%	65	65	100%
DSW/K/WW	132	111	84%	115	74	64%
Midlands	135	114	84%	61	48	79%
DNC	147	133	90%	134	132	99%
Dublin North	111	109	98%	65	65	100%
LH/MH	196	176	90%	50	37	74%
CN/MN	97	91	94%	16	15	94%
Cork	332	332	100%	124	124	100%
Kerry	67	67	100%	29	29	100%
CW/KK/ST	160	150	94%	71	64	90%
WD/WX	205	203	99%	66	50	76%
Midwest	278	278	100%	105	105	100%
GY/RN	226	226	100%	67	67	100%
Mayo	66	65	98%	23	23	100%
Donegal	112	105	94%	19	17	89%
SLWC	62	62	100%	17	17	100%
Total	2,574	2,428	94%	1,095	995	91%

94% (199/211) of “unapproved” foster carers who had a child placed with them for longer than 12 weeks at the end of December 2019, had an allocated link worker at the end of 2019, up from 84% at the end of December 2018 and 64% at the end of December 2015.

3.5 Aftercare

Tusla Aftercare Services is a dedicated service provided within Tusla in partnership with a wide range of statutory, voluntary and community agencies in collaboration with young people and young adults. The aim of this service is to support young persons in preparation for leaving care and young adults who have left care. Aftercare provision incorporates advice, guidance and practical (including financial) support. The social worker, aftercare worker, young person, carers and others consider what the young person will need for support and how this will best be met.

The Child Care Amendment Act 2015 strengthened the legislative basis for the provision of aftercare services. The Act places an obligation on Tusla to prepare an aftercare plan that sets out the assistance to be provided to the young person/adult who has had a care history with Tusla. The core eligible range for aftercare is from 18 years up to 21 years. This can be extended until the completion of a course of education in which the young person is engaged, up until the age of 23 years.

The provision of an appropriate needs led aftercare service has been highlighted as one of the key elements in achieving positive outcomes for young people upon leaving care.

The data presented below is based on a new set of metrics introduced in Q2 2018 to reflect the Child Care Amendment Act 2015 and a revised Aftercare Policy.

The data presented in this section does not include young persons/adults under the Social Work Team for Separated Children Seeking Asylum (SWTSCSA). Refer to Section 5.2 for data on these young persons/adults.

3.5.1 Number of Young Persons / Adults in Receipt of Aftercare Services

7% (180) increase in young persons/adults in receipt of aftercare services

The year 2019 saw a further increase in the number of young persons/adults in receipt of aftercare services. At the end of December 2019, there were 2,676 young persons/adults in receipt of aftercare services, 180 (7%) more than 2018 (2,496) (Table 54).

Of those in receipt of aftercare services, 49.8% (1,332) were male and 50.1% (1,341) were female.

56% (1,504) of those in receipt of aftercare services were 18-20 years inclusive, 19% (514) were 21-22 years inclusive, while the remaining 25% (658) were less than 18 years. As can be seen from the table below, the increase observed between 2018 and 2019 is largely explained by an increase in the number < 18 years in receipt of aftercare services (up 179) (Table 54).

Table 54: Young persons / adults in receipt of aftercare services by age group, 2018 - 2019

	# 2018	# 2019	2019 v 2018
< 18 years	479	658	+179
18-20 years	1,491	1,504	+13
21-22 years	526	514	-12
Total	2,496	2,676	+180

3.5.2 Aftercare Services and Education

75% (1,121) of those 18-20 years in aftercare were in education/accredited training

75% (1,121) of the 18 – 20 years cohort in receipt of aftercare services were in education/accredited training, up from 67% (999/1,491) in 2018 (Table 55). The highest number of whom (279; 25%) were in post-leaving cert colleges (PLCs), and followed closely by second level education (276; 25%) and third level college/university (247; 22%).

Table 55: Adults 18-20 years in receipt of aftercare services in education/accredited training, 2018 - 2019

	# in education 2018	% 2018	# in education 2019	% 2019
Second level	261	26%	276	25%
Vocational Training	89	9%	113	10%
PLCs	262	26%	279	25%
Third Level College / University	237	24%	247	22%
Accredited Training (e.g., Solas)	121	12%	139	12%
Other	29	3%	67	6%
Total	999	100%	1,121	100%

Almost half (161) of those 21-22 years in receipt of aftercare services were in third level

Two-thirds (65%; 332/514) of those 21-22 years in receipt of an aftercare service were in education/accredited training, up from 55% (288/526) in 2018. Almost half (48%; 161) of whom were in third level college / university with a further 25% (82) in PLCs (Table 56).

Table 56: Adults 21-22 years in receipt of aftercare services in education/accredited training, 2018 -2019

	# in education 2018	% 2018	# in education 2019	% 2019
Second level	9	3%	8	2%
Vocational Training	23	8%	28	8%
PLCs	65	23%	82	25%
Third Level College / University	148	51%	161	48%
Accredited Training (e.g., Solas)	35	12%	40	12%
Other	8	3%	13	4%
Total	288	100%	332	100%

3.5.3 Aftercare Services and Accommodation

Half (48%) of those 18-22 years in receipt of aftercare services remained with their carers

Of those 18-22 years in receipt of aftercare services, almost half (48%; 971/2,018) were continuing to live with their carers, implying that they continue to experience caring relationships and stable living arrangements (Figure 46). A further 10% (197) had returned home to family while almost one in four (23%; 461) had moved to independent living arrangements³⁸.

³⁸ Other includes psychiatric services, disability services, mother and baby centres, prison, staying with friends, homeless etc.

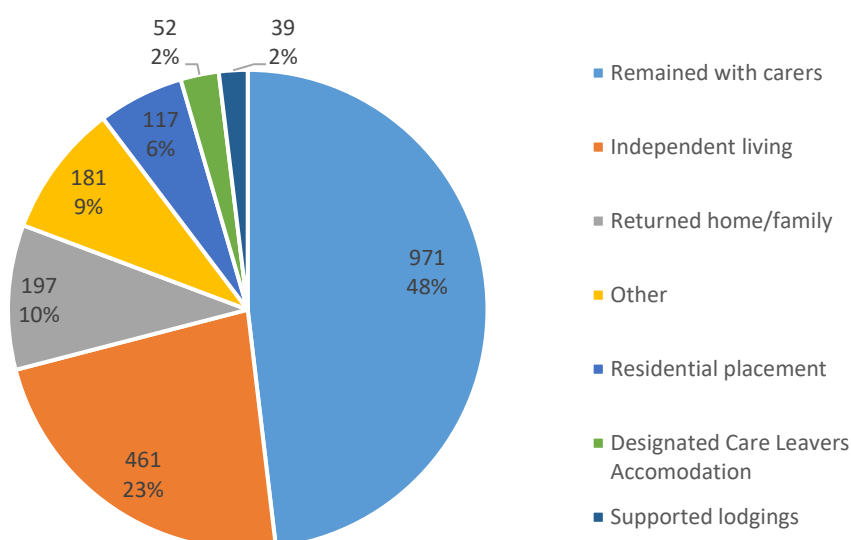


Figure 46: Living arrangements for 18-22 years cohort in receipt of aftercare services, 2019

3.5.4 Aftercare Plan and Aftercare Worker

81% of all young persons/adults in receipt of an aftercare service had an aftercare plan

More than eight out of 10 (81%; 2,168/2,676) of all young persons/adults in receipt of an aftercare service had an aftercare plan at the end of 2019, with this figure rising to 93% (1,886/2,018) for the 18-22 years cohort.

90% of those assessed as needing an aftercare worker had a one

90% (1,792) of those with an aftercare plan (2,168) assessed as needing aftercare worker (2,002) had an aftercare worker, down slightly from 2018 (92%; 1,669/1,805).

3.5.5 Aftercare Services by Area

The highest number of young persons/adults in receipt of aftercare services was reported by Cork (321) followed by Dublin South West/Kildare/West Wicklow and Dublin North City, both reporting 271, while the fewest number was reported by Sligo/Leitrim/West Cavan (50) followed by Mayo (55) (Table 57).

The percentage of young persons/adults with an aftercare plan ranged from 61% in one area (Kerry) to 100% in two areas (Dublin North City and Mayo). In 10 of the 17 areas at least 80% of young persons/adults had an aftercare plan (Table 57).

The percentage of young persons/adults assessed as needing an aftercare worker with one, ranged from 54% in one area (Dublin South West/Kildare/West Wicklow) to 100% in nine areas. In 13 of the 17 areas at least 90% of those assessed as needing an aftercare worker had an aftercare worker.

Table 57: persons in receipt of aftercare services with an aftercare plan and allocated worker, 2019

Area	# in aftercare	# with plan	% with plan	# assessed as needing AC worker	% assessed as needing AC worker		# with AC worker	% with AC worker
Cork	321	262	82%	194	74%		185	95%
DSW/K/WW	271	175	65%	175	100%		95	54%
DNC	271	271	100%	271	100%		247	91%
WD/WX	215	160	74%	160	100%		160	100%
CW/KK/ST	187	127	68%	123	97%		72	59%
Midwest	180	175	97%	175	100%		175	100%
DSC	173	117	68%	117	100%		92	79%
GY/RN	152	120	79%	92	77%		90	98%
DSE/WW	149	124	83%	123	99%		109	89%
Midlands	147	136	93%	96	71%		96	100%
LH/MH	144	132	92%	132	100%		132	100%
Dublin North	140	121	86%	102	84%		97	95%
CN/MN	76	64	84%	58	91%		58	100%
Donegal	76	47	62%	47	100%		47	100%
Kerry	69	42	61%	42	100%		42	100%
Mayo	55	55	100%	55	100%		55	100%
SLWC	50	40	80%	40	100%		40	100%
National Total	2,676	2,168	81%	2,002	92%		1,792	90%

3.6 Adoption

Adoption is the process whereby a child becomes a member of a new family. It creates a permanent, legal relationship between the adoptive parents and the child. There are four types of adoption, three of which relate to children resident in Ireland. These are:

- Infant domestic adoption;
- Step-parent;
- Fostering to adoption.
- Children outside the State can be adopted through a process known as inter country adoption.

Tusla is the competent authority for assessing the eligibility and suitability of possible adoptive parents. Following assessment, a recommendation is made to the Adoption Authority. Counselling of birth parents considering adoption as an option for their child and the placing of children for adoption at birth parents' consent is also a significant part of the work. The views and best interest of the child are at the centre of adoption in Ireland. In the event that the birth parent is not consenting and it is deemed in the child's best interest to presume the adoption then an application is made to the High Court to dispense with consent. The Agency applies to dispense with the birth mother's consent. In the case of birth fathers, this application is taken by the Adoption Authority of Ireland.

Children who are placed for adoption as infants are placed in foster care under Section 4 of the Child Care Act 1991 for the purposes of Section 6 of the Child Care Act. Upon receipt of the necessary consents and approvals children are then transitioned from foster care to their adoption placements where they are subject to post placement reporting until such time as the adoption order is granted.

194 applications for assessment as adoptive parents in 2019, 18 fewer than 2018 (212)

In 2019, a total of 194 applications were received for assessment of eligibility and suitability as adoptive parent(s), 18 fewer than 2018 (212) and four more than 2017 (190). The most common application received was for step-parent adoption (48%; 94) followed by inter-country adoption (26%; 50) (Figure 47).

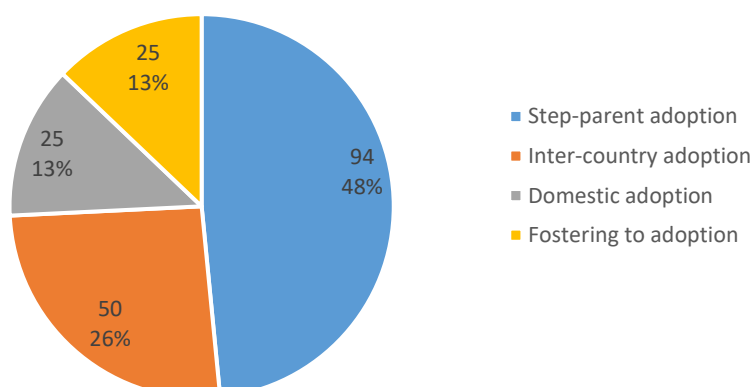


Figure 47: Applications for assessment as adoptive parent(s) by type, 2019

Applications for inter-country adoption fell for the second consecutive year and are down 46% (42) overall. In contrast, applications for step-parent adoption increased year on year over the same period and are up 119% (51) overall (Table 58).

Table 58: Applications for assessment as adoptive parent(s) by type, 2017 - 2019

Applications	2017	2018	2019	2019 v 2018
Inter-country adoption	92	76	50	-26 (34%)
Step-parent adoption	43	68	94	+26 (38%)
Domestic adoption	28	41	25	-16 (39%)
Fostering to adoption	27	27	25	-2 (7%)
Total	190	212	194	-18 (8%)

179 new children referred for adoption in 2019, 18 fewer than 2018 (197)

A total of 179 new children were referred for adoption (all types) in 2019, some 18 (9%) fewer than 2018 (197) and two more than 2017 (177). The majority (109; 61%) of children referred were going forward for step-parent adoption, followed by fostering to adoption (48; 27%). The remaining 12% (22) were going forward for infant domestic adoption (Figure 48).

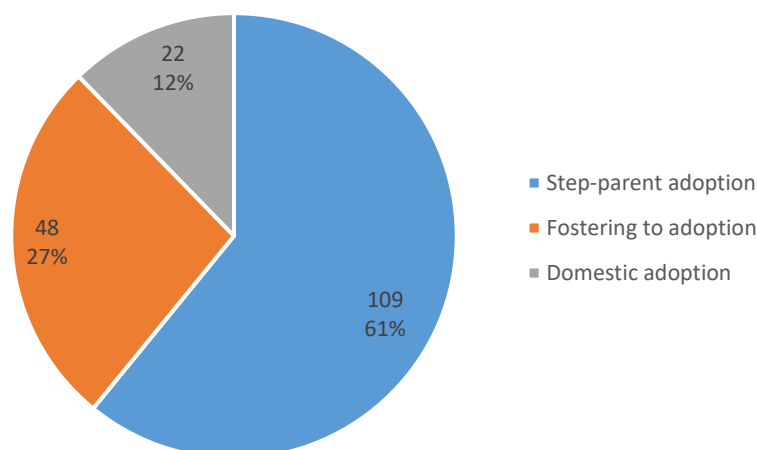


Figure 48: Children referred for adoption by type, 2019

The number of children referred for step-parent adoption fell by 27 (20%) in 2019, after a sharp increase (57; 72%) between 2017 and 2018 (Table 59). The number children referred for domestic adoption was up six (38%) from 2018, while the number referred for fostering to adoption was up three (7%).

Table 59: Children referred for adoption by type, 2017 - 2019

Referrals	2017	2018	2019	2019 v 2018
Step-parent adoption	79	136	109	-27
Fostering to adoption	76	45	48	3
Domestic adoption	22	16	22	6
Total	177	197	179	-18

152 assessments presented to local adoption committees in 2019, one more than 2018

A total of 152 adoption assessments were presented to local adoption committees in 2019, one more than 2018 (151). The highest number of assessments presented were for step-parent adoption (56; 37%), followed by inter-country adoption (46; 30%), domestic adoption (25; 17%) and fostering to adoption (25; 16%) (Figure 49 and Table 60).

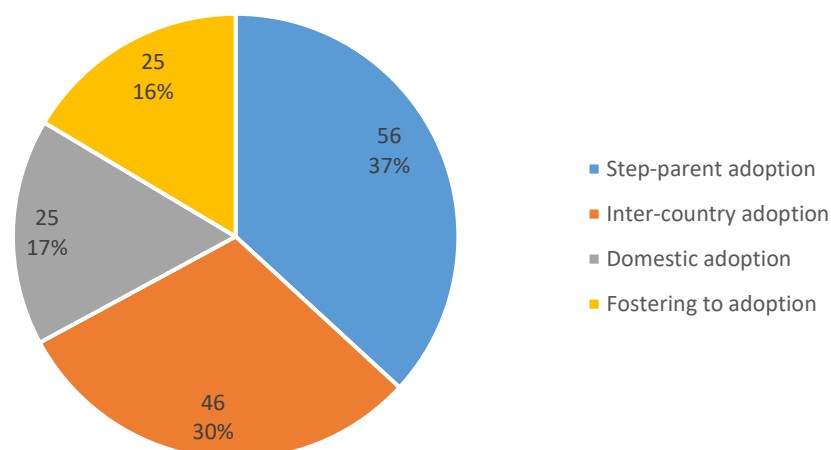


Figure 49: Number of assessments presented to local adoption committees by type, 2019

Table 60: Assessments presented to local adoption committees, 2017 - 2019

Assessments	2017	2018	2019	2019 v 2018
Inter-country adoption	71	52	46	-6
Step-parent adoption	42	45	56	+11
Domestic adoption	20	22	25	+3
Fostering to adoption	19	32	25	-7
Total	152	151	152	1

56 1st post placement reports were completed in 2019

Children who have been adopted can be referred back to the Adoption Service for a post adoption service. Services provided include, post placement reports, social work support and sign posting to other services. In 2019, 56 adopted children were the subject of a 1st post placement report.

In 2019

- 8 children were placed with prospective adoptive carers with the view to adoption
- 10 high court applications taken by the Agency
- 75 adoption orders were granted.

4.0 FAMILY AND COMMUNITY SUPPORT SERVICES

The Child Care Act 1991, requires Tusla, when promoting the welfare of children who do not receive adequate care and protection, to pay due regard to the principle that in general it is in the best interest of the child to be brought up in his/her own family. Therefore, unless this puts the child at risk, Tusla seeks to address problems within the family in the first instance. The Act places a general obligation on Tusla to provide family support services.

Family and Community Support Services is an umbrella term covering a broad range of interventions provided to children and families usually in their own homes and communities. The primary focus is on early intervention and prevention. The services provided vary along a number of dimensions according to their target group (*such as mothers, fathers, toddlers, teenagers, etc.*), professional background of service provider (*e.g. family worker, social worker, childcare worker, youth and community worker, public health nurses, psychologist, etc.*), orientation of service provider (*e.g. therapeutic, child development, community development, youth work, etc.*), problem addressed (*e.g. parenting problems, family conflict, child neglect, educational underachievement, etc.*), programme of activities (*e.g. home visits, pre-school facility, youth club, parenting course, etc.*) and service setting (*e.g. home-based, clinic-based or community-based*).

In addition to services provided directly by Tusla, a wide range of private and voluntary agencies are commissioned and funded by Tusla to provide services on its behalf on a local, regional and national basis. This is in accordance with the provisions of Sections 56 - 59 of the Child and Family Agency Act 2013. In 2019 services commissioned under Sections 56 - 59 received funding in the region of €123.189 million.

Tusla is undertaking a specific programme of work to transform child and family services in Ireland by embedding prevention and early intervention into the culture and operation of Tusla ([Prevention, Partnership and Family Support Programme](#)). This work was initiated with a once-off non-discretionary grant of €8.3 million from Atlantic Philanthropies. Following the departure of Atlantic Philanthropies from Ireland in 2018, the Department of Children and Youth Affairs continues to support the Prevention, Partnership and Family Support Programme as central to realising the potential of prevention and early intervention for children, young people and their families.

4.1.1 Referrals to Family Support Services

At least 3% of children (0-17 years) referred to family support services in 2019

In 2019, at least 37,024 children (0-17 years) were referred to family support services, with 18,343 children in receipt of family support services at year end. This data is based on data from 88% of services, hence the total numbers involved are likely to be higher. The number of children referred to family support services equates to about 3% of children under 18 years (based on Census 2016 data).

In 2018, at least 33,270 children were referred to family support services, with 19,016 children were in receipt of family support services at the end of December 2018. Due the non-return of data from some services (for both years 2018 and 2019) meaningful comparison cannot be drawn between the two years. Further development of the metrics to provide more granular data on the types and quantities of family support services provided is also required.

Parents / Guardians made the most referrals (25%) to Family Support Services

Referrals for Tusla's Family Support Services and services funded under Sections 56-59 of the Child and Family Agency Act 2013, are received from a wide range of external sources and inter-departmentally within Tusla. In 2019, the most common source of referral was Parent/Guardian accounting for one in four referrals (25%; 9,382) followed by Tusla Social Work (22%; 8,234), HSE Officers (13%; 4,663) and Schools (12%; 4,581) (Figure 50).

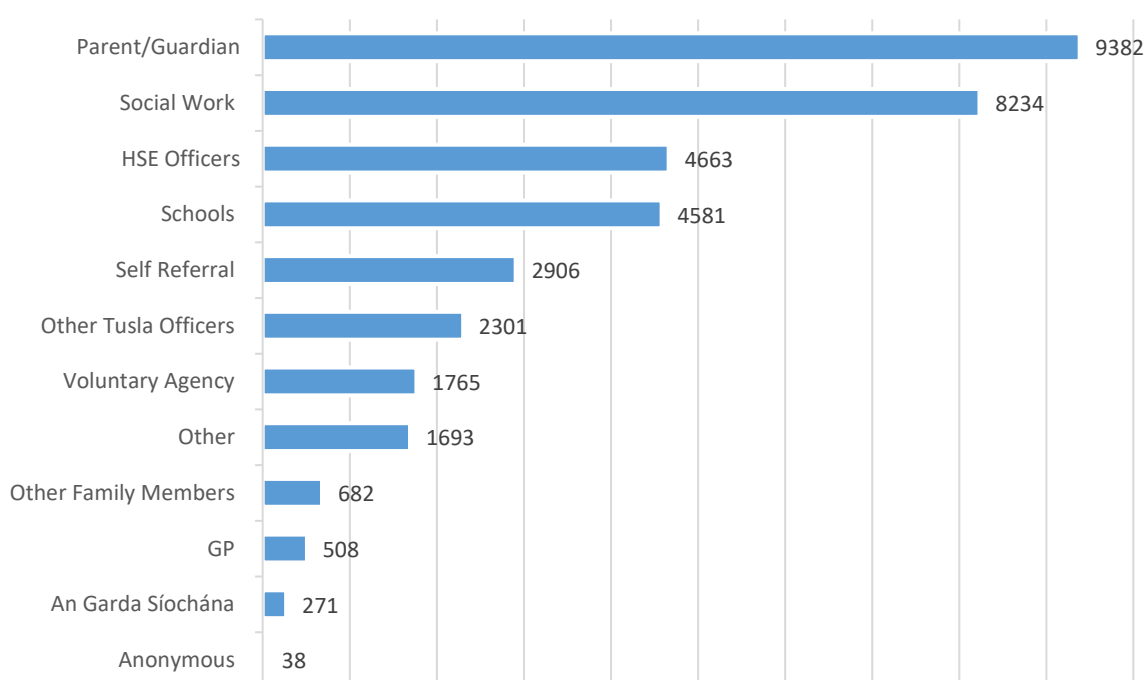


Figure 50: Children referred to Family Support Services by source, 2019

67% children referred to family support services in 2019 received a service

Slightly over two-thirds (67%; 24,828) of children referred to family support services in 2019 received a service (Table 61). A service is defined as received when there is any formal intervention undertaken with a child and their family as a result of the receipt of a written referral and arising in a written service plan. The percentage who received a service is down six percentage points from 2017 and 2018 (73%). However, this comparison needs to be interpreted with caution due to incomplete returns.

As can be seen from the table below, there is significant variation in the number of children referred to family support services across the 17 areas, most likely reflecting a combination of factors associated with how services are funded and provided in areas. For example, in some areas similar family support services may be funded by the HSE or other sources and hence lower rates

may not necessarily indicate that families are not receiving adequate supports. Additional data is required to examine this more fully.

Dublin North reported the highest number of children referred to family support services (4,593; 12%) followed by Dublin South West/Kildare/West Wicklow (3,690; 10%) and Dublin North City (3,601; 10%) while Kerry reported the fewest number (616; 2%) followed by Cork (768; 2%), the area with the highest number of children under 18 years (Table 61).

The highest rate per 100 children under 18 years was reported by Donegal and Dublin North City with both reporting 8/100 children. The lowest rate was reported by Cork (0.6/100) followed by Midlands (1.1/100) and Dublin South East/Wicklow (1.3/100). Ten of the 17 areas reported a rate equal to or higher than the national average of 3.1/100 children (Table 61).

The percentage of children referred to family support services who received a service ranged from 41% (941) in Cavan/Monaghan to 88% (2,082) in Carlow/Kilkenny/South Tipperary. Nine of the 17 areas reported a percentage equal to or higher than the national average of 67% (Table 61). The type of service provided varies depending on the needs of the child and family.

Table 61: Children who received a family support service, 2019 (ranked by number referred)

Area	# referred	# who received a service	Population < 18 years	Rate / 100	% who received a service
Dublin North	4593	3647	100,654	4.6	79%
DSW/K/WW	3690	1934	108,186	3.4	52%
DNC	3601	2307	44,927	8.0	64%
Donegal	3440	2887	42,865	8.0	84%
WD/WX	3148	2235	68,513	4.6	71%
CW/KK/ST	2360	2082	63,009	3.7	88%
CN/MN	2292	941	36,446	6.3	41%
DSC	2085	1025	6,5564	3.2	49%
Midwest	2074	1452	96,266	2.2	70%
SLWC	1747	1304	23,554	7.4	75%
LH/MH	1717	1072	93,093	1.8	62%
GY/RN	1447	972	79,912	1.8	67%
Mayo	1378	924	31,968	4.3	67%
DSE/WW	1157	776	86,810	1.3	67%
Midlands	911	531	80,193	1.1	58%
Cork	768	360	134,015	0.6	47%
Kerry	616	379	34,527	1.8	62%
Total	37,024	24,828	1,190502	3.1	67%

4.2 MEITHEAL

Tusla has developed a national practice model referred to as Meitheal³⁹ for children and families with additional needs who require multi-agency intervention, but who do not meet the threshold for referral to the Social Work Department under Children First. It is one part of the family support system of services for children and families that is all about child and family well-being and improving outcomes. Included in this system is the [Parenting Support Strategy](#). The Parenting Support Strategy is about supporting parents within their communities to be the best parents they can be. The Parenting Support Strategy promotes positive parenting and key messages for supporting parenting including [parenting24seven](#).

The way Meitheal works is a lead practitioner identifies a child's and their family's needs and strengths and then brings together a 'team around the child'. The team deliver preventative support that is properly planned, is focused on the child's developmental needs, is documented and evaluated. The child and their family are fully involved and participate in this process. It results in a timelier response to family needs to prevent problems from getting worse which may require more specialised support from social workers. The implementation of Meitheal is supported by the development of Child and Family Support Networks (CFSN).

2,330 Meitheal processes requested in 2019; up 34% (596) on 2018

In 2019, some 2,330 Meitheal processes were requested, 596 (34%) more than 2018 (1,734) and 921 (65%) more than 2017 (1,409). The number of processes requested varies across the 17 areas and ranged from 42 (2%) (Sligo/Leitrim/West Cavan) to 565 (24%) (Dublin North) in 2019 (Table 62).

Most common pathway into Meitheal is direct or self-initiated (72% of requests)

The most common pathway into Meitheal is direct or self-initiated, where a request is made by a practitioner or by a family themselves. In 2019, these requests accounted for 72% (1,670) of all requests. A further 18% (413) were cases that were diverted by child protection and welfare social work teams. In these situations, social workers are satisfied that there are no child protection concerns, but that there are unmet needs, which can potentially be addressed through the Meitheal process. The remaining 11% (247) of requests were cases that were stepped down by child protection and welfare social work teams. This occurs when child protection concerns have been dealt with by child protection and welfare social workers, but where social workers feel that further support would be beneficial as the family transition out of the system or where there are still some unmet welfare needs.

A breakdown of Meitheal processes requested by area and access pathway is presented in Table 62.

As can be seen from the table the percentage of direct or self-initiated requests ranged from 49% (Louth/Meath) to 99% (Galway/Roscommon). Seven of the 17 areas reported a percentage equal to or higher than the national average of 72%.

³⁹ Meitheal is an old Irish term that describes how neighbours would come together to assist in the saving of crops or other tasks.

The percentage of Meitheal requests that were diverted from social work ranged from 0% in Galway/Roscommon to 32% (Carlow/Kilkenny/South Tipperary). The majority of areas (10) reported a percentage equal to or higher than the national average of 18%.

Similarly, the percentage of requests that were stepped down from social work ranged from 1% (Waterford/Wexford and Galway/Roscommon) to 21% (Louth/Meath). Seven of the 17 areas reported a percentage equal to or higher than the national average of 11%.

Table 62: Meitheal processes requested by access pathway and area, 2019

Area	# Meitheal processes requested	# Direct Access	% Direct Access	# SW Diversion	% SW Diversion	# SW Step-Down	% SW Step-Down
DSC	43	27	63%	13	30%	3	7%
DSE/WW	73	54	74%	17	23%	2	3%
DSW/K/WW	134	93	69%	32	24%	9	7%
Midlands	84	69	82%	10	12%	5	6%
DNC	104	66	63%	30	29%	8	8%
Dublin North	565	365	65%	102	18%	98	17%
LH/MH	77	38	49%	23	30%	16	21%
CN/MN	111	88	79%	8	7%	15	14%
Cork	289	207	72%	37	13%	45	16%
Kerry	89	63	71%	16	18%	10	11%
CW/KK/ST	153	99	65%	49	32%	5	3%
WD/WX	179	126	70%	52	29%	1	1%
Midwest	92	78	85%	1	1%	13	14%
GY/RN	147	145	99%	0	0%	2	1%
Mayo	54	34	63%	9	17%	11	20%
Donegal	94	90	96%	1	1%	3	3%
SLWC	42	28	67%	13	31%	1	2%
Total	2,330	1,670	72%	413	18%	247	11%

115 Child and Family Support Networks operating at the end of December 2019

There were 115 Child and Family Support Networks (CFSN) operating at the end of 2019, nine more than at the end of 2018 (106). A further 17 were planned / at pre-planning stage (Table 63). CFSNs are collaborative networks of community, voluntary and statutory providers intended to improve access to support services for children and their families. These partnership-based networks are open to any service that has an input into families' lives, including Tusla staff as well as other statutory organisations and community and voluntary agencies. The model's goals are to work with families to ensure that there is 'No Wrong Door'⁴⁰ and that services are available to support them as locally as possible. Members' roles include supporting the implementation of Meitheal by agreeing to act as Lead Practitioners or participating in a process in other ways, and working in a collaborative way with other agencies in their network.

⁴⁰ This is based on the idea that service providers are able to direct families to the appropriate agency even if they or the sector they operate in do not offer that service themselves ('No Wrong Door', 2014).

Table 63: Number of CFSN by area, December 2019

Area	# CFSN Operating	# CFSN Planned
DSC	5	3
DSE/WW	7	2
DSW/K/WW	9	1
Midlands	7	0
DNC	6	0
Dublin North	4	0
LH/MH	5	0
CN/MN	8	2
Cork	15	1
Kerry	8	0
CW/KK/ST	7	2
WD/WX	8	0
Midwest	2	6
GY/RN	12	0
Mayo	4	0
Donegal	5	0
SLWC	3	0
Total	115	17

5.0 OTHER SERVICES

5.1 Out of Hours Services

Tusla provides out-of-hours services to ensure the provision of an appropriate response and place of safety for children found to be at risk outside normal working hours.

The Crisis Intervention Service comprises the National Out of Hours Service (NOHS), the Crisis Intervention Service Partnership (CISP) and the Emergency Fostering Support Service (EFSS).

Out-of-hours services are provided by the National Out of Hours Service (NOHS) which is based in Tusla's Offices, Brunel Building, Dublin. This service replaces the former Out of Hours Service which operated in Dublin/Wicklow/Kildare, the Cork Out of Hours Service and the Emergency Out of Hours Service (EOHS) which covered all other counties.

A team of eight NOHS Social Workers are available from Monday to Sunday between 6pm and 7am 365 days a year and each Saturday/Sunday and Public Holiday from 9am - 5pm. The CISP team comprises seven staff who provide a service from Monday to Friday 9pm to 5pm.

The National Out-of-Hours Service provides a service to children and young people in the areas of Dublin, Kildare and Wicklow and nationally through a phone support service to An Garda Síochána (AGS), hospital staff and mandated reporters. It primarily supports AGS in the execution of their duties and responsibilities to children and young persons under Section 12 of the Child Care Act 1991 and provides the following services:

- A National Call Centre providing social work consultation and advice to AGS, hospital staff and mandated reporters;
- Placements for children under Section 12(3) of the Child Care Act 1991 provided on contract by an external contractor;
- Access to AGS and hospital staff to a National On-Call Local Social Worker;
- Access to an On-Call Principal Social Worker for consultation on escalated cases.

Types of referrals to the National Out of Hours include:

- Where there are concerns that a child has suffered, or is likely to suffer significant harm;
- There is suspected or confirmed abuse of a child;
- In cases where there is a serious and imminent risk of family breakdown both in the community, foster care or a family placement.

Where possible the NOHS tries to avoid placement of children in emergency accommodation, preferred options include placement of the child or young person with other family/friends or facilitating the child or young person to return home through mediating between parties where a breakdown in family relations has occurred.

The Emergency Fostering Support Service (**EFSS**) provides Tusla Foster carers, phone support access to a NOHS Social Worker outside of normal office hours. This phone-based support service assists foster carers in the event that an emergency situation arises regarding a child in their foster care.

Tusla recognises that foster carers should have out of hours support to reflect the reality of family life. The aim of the service is to ensure that foster carers have access to support information and advice as needed.

13% (258) increase in referrals to Tusla's National Out of Hours Service

In 2019, there were 2,186 referrals to Tusla's National Out of Hours Service (NOHS), some 258 (13%) more than 2018 and the highest number for the five years 2015 – 2019 (Table 64). There were 635 children placed by NOHS in 2019, 16 (3%) more than 2018 and the highest number for the five years 2015 – 2019.

Since the establishment of the NOHS there has been a steady increase in the number of children/families referred to the service. This may be due to a number of factors including better awareness among professionals of the availability of out of hours social work services, in addition to the provision of a mandated persons support line and fostering support line.

Table 64: Referrals to Tusla's National Out of Hours Service, 2015-2019

Year	Total referrals	Total children placed
2019	2,186	635
2018	1,928	619
2017	1,799	591
2016	1,450	480
2015	1,308	528

5.2 Services for Separated Children Seeking Asylum

Tusla provides specialist services for separated children seeking asylum (SCSA) under two discrete but sometimes overlapping streams; family reunification and unaccompanied minors. Children are referred to the service by the International Protection Office (formerly ORAC) and by the Garda National Immigration Bureau (GNIB). In the latter half of 2016, the service began working with the Irish Refugee Protection Programme (IRPP) and also set up the Calais Special Project (CSP). Children are received into the care of Tusla, either on a voluntary basis or through a court order under the Child Care Act 1991. Some of the children are received into care pending the outcome of a family reunification risk assessment or while family tracing is being facilitated. All unaccompanied children under 12 years are placed with a foster family on arrival.

All children are seen by a social worker on the day of referral and an initial assessment takes place. The on-going social work assessment is multi-disciplinary in nature and involves a medical examination, an educational assessment and a child protection risk assessment. A statutory care plan is developed and, if appropriate, an application for asylum is made on behalf of the child. After assessment, children are placed in the most appropriate placement option depending on their assessed needs. After time in the intake units, the most common form of placement is with a foster family.

5.2.1 Referrals

Increase in referrals to Tusla Service for SCSA; highest number of referrals since 2009

In 2019, there were 184 referrals to Tusla's Services for Separated Children Seeking Asylum, 55 (43%) more than 2018 and highest number since 2009 (Figure 51).

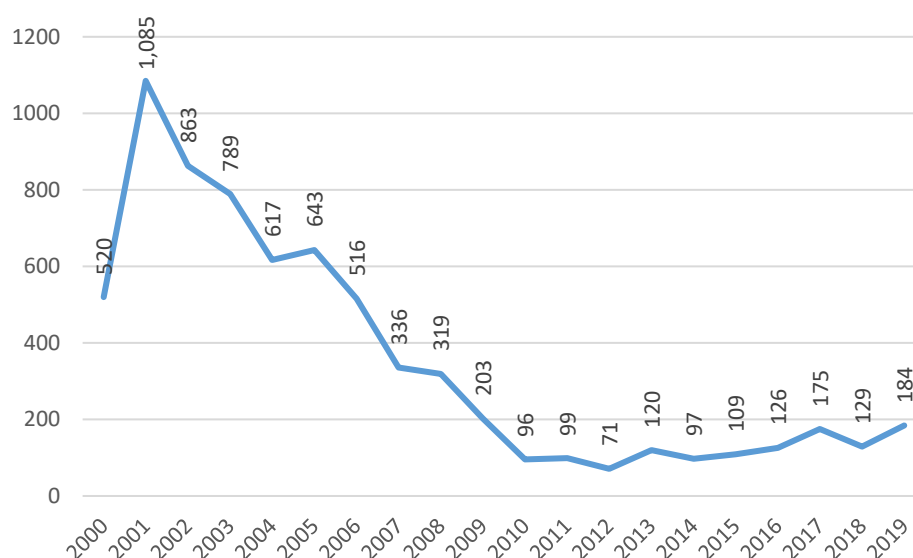


Figure 51: Referrals to Tusla Social Work Team for Separated Children Seeking Asylum, 2000 – 2019

A total of 104 children were placed in care in 2019, 23 (28%) more than 2018 and the second highest number since 2009 (Table 65).

Family reunifications (regardless of placement care status) were completed for 61 children in 2019, 26 (74%) more than 2018. The service received 31 inappropriate/other referrals in 2019, 12 more than 2018.

Table 65: Referrals to Tusla's Service for Separated Children Seeking Asylum, 2000 - 2019

Year	# Referrals	# Children placed in care	# Completed family reunifications	# Inappropriate referrals/other
2019	184	104	61	31
2018	129	81	35	19
2017	175	111	70	36
2016	126	82	42	21
2015	109	82	32	24
2014	97	86	49	14
2013	120	62	43	15
2012	71	48	31	12
2011	99	66	31	7
2010	96	70	21	5
2009	203	126	66	11
2008	319	156	157	26
2007	336	130	185	29
2006	516	188	308	22
2005	643	180	441	22
2004	617	174	418	25
2003	789	277	439	73
2002	863	335	506	22
2001	1,085	846	231	8
2000	520	406	107	7

5.2.2 Care Placements

The majority of admissions to care (72; 69%) in 2019 were to general residential care (Figure 52). All but two of the admissions were voluntary admissions. All admissions were due to welfare concerns.

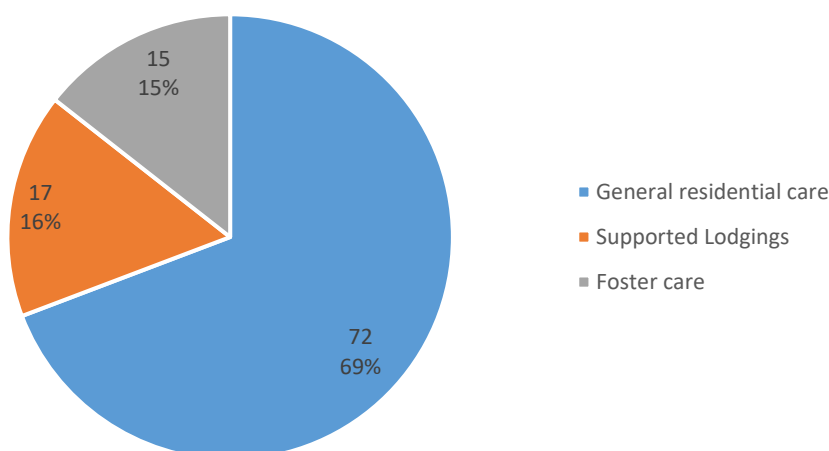


Figure 52: Breakdown of admissions by placement type, 2019

67 children in care at the end of 2019; no change from 2018

At the end of December 2019, there were 67 children in care, no change from 2018. Of these, almost half (48%; 32) were in general residential care (Figure 53).

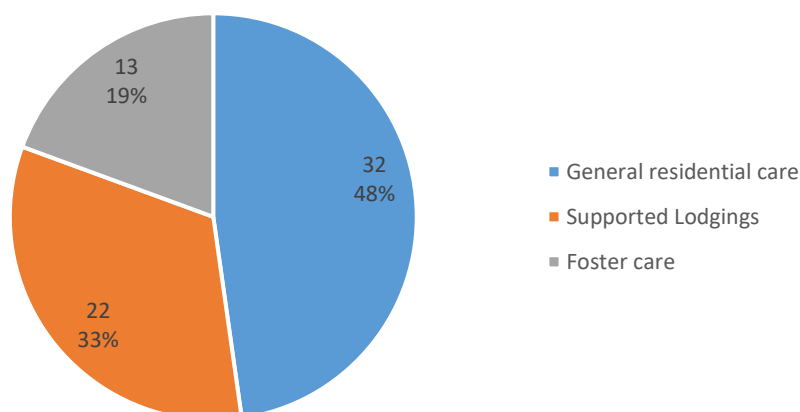


Figure 53: Breakdown of children in care by placement type, 2019

Over half (55%; 37) of the children in care (67) were in placements with private providers (Figure 54), the majority (62%; 23) of whom were in residential care.

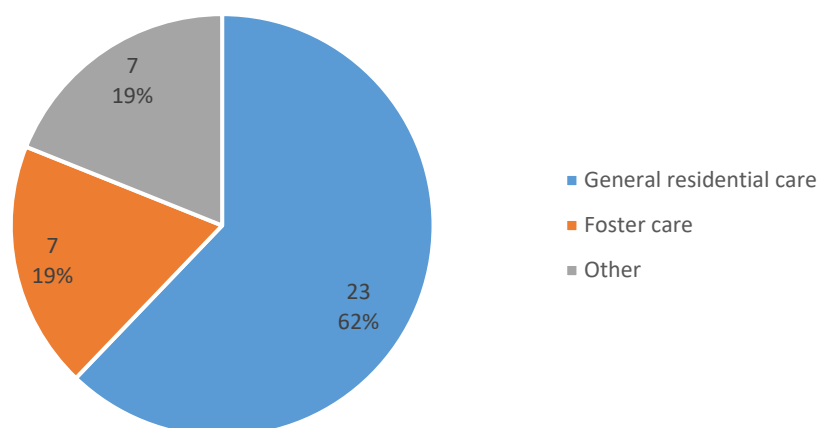


Figure 54: Breakdown of children in placement with private providers by placement type, 2019

All but four (63) of the children in care were in the 15-17 years age bracket

All but four of the children in care were in the 15-17 years age bracket, with the highest number (26) 16 years, followed by 17 years (23) and 15 years (14). The primary reason for being in care was reported as welfare concerns of all 67 children concerned.

The majority of children in care (72%; 48) were in care for less than 1 year.

All of the children had an allocated social worker and up-to-date care plan.

5.2.3 Aftercare

98 young persons / adults in receipt of aftercare services at the end of 2019

At the end of December 2019, there were 98 young persons /adults under the Social Work Team for Separated Children Seeking Asylum in receipt of aftercare services.

Of the 98 young persons / adults in receipt of aftercare, the majority (78%; 76) were 18 – 20 years inclusive. A further 14 (14%) were 21-22 years while the remaining eight were less than 18 years (Figure 55). The majority of the young persons/adults (89%; 87) were male; 11% (11) were female.

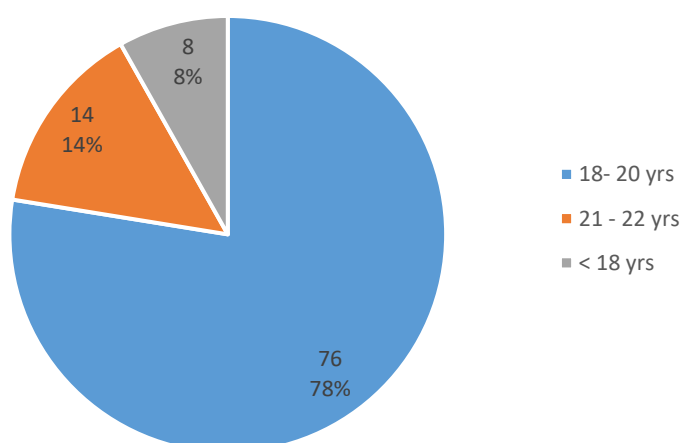


Figure 55: Breakdown of young persons/adults in receipt of aftercare services by age group, 2019

Of the 76 young persons /adults aged 18-20 years, almost all (93%; 71) were in education / accredited training, while 64% (9) of the 21 -22 years cohort were in education / accredited training.

In terms of living arrangements, two-thirds (59) of the 18-22 years cohort (90) were in independent living, while a further 18% (16) were in supported lodgings (Figure 56). A total of seven young persons/adults were in designated care leavers accommodation. The remaining eight were in “Other” accommodation which includes, residential care placement, remaining with their carers etc.

All but one of the young persons/adults in receipt of aftercare services at the end of December 2019 had an aftercare plan and an aftercare worker.

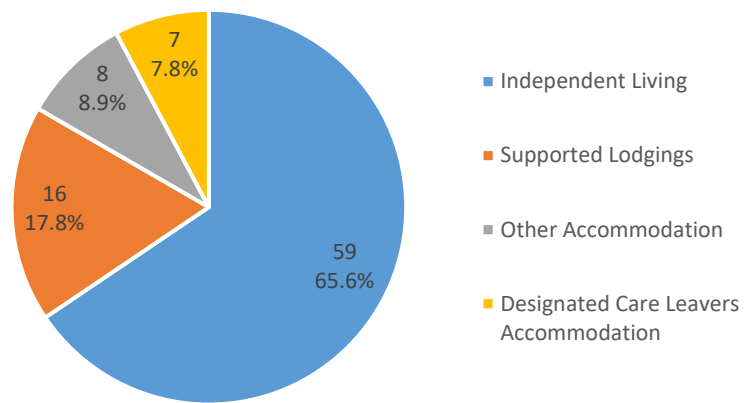


Figure 56: 18-22 years in receipt by accommodation type, 2019

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