



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

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

2022



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## ABBREVIATIONS

AGS	An Garda Síochána
CCA	Child Care Act 1991
CW/KK/ST	Carlow/Kilkenny/South Tipperary
CFSN	Child and Family Support Network
CN/MN	Cavan/Monaghan
CPC	Child Protection Conference
CPNS	Child Protection Notification System
CPW	Child Protection and Welfare
CSO	Central Statistics Office
DCEDIY	Dept of Children, Equality, Disability, Integration & Youth
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
NOHS	National Out of Hours Service
FCO	Full Care Order
FSS	Family Support Services
FWC	Family Welfare Conference
GY/RN	Galway/Roscommon
HIQA	Health Information Quality Authority
ICO	Interim Care Order
LH/MH	Louth/Meath
NCCIS	National Child Care Information System
NSDF	National Service Delivery Framework
SCO	Special Care Order
SCSIP	Separated Children Seeking International Protection
SoS	Signs of Safety
SLWC	Sligo/Leitrim/West Cavan
WD/WX	Waterford/Wexford

## GLOSSARY

<b>Emergency Care Order</b>	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]
<b>Interim Care Order</b>	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]
<b>Care Order</b>	<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>
<b>Supervision Order</b>	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]
<b>Voluntary care</b>	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]

<b>Foster care</b>	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]
<b>General foster carer</b>	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.
<b>Relative foster care</b>	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.
<b>Residential care</b>	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]
<b>Special Care</b>	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]
<b>Separated children</b>	Separated children seeking international protection are defined as children under eighteen years of age who are outside their country of origin, who may be in need of



	international protection and are separated from their parents or their legal/customary care giver.
<b>Aftercare</b>	<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>
<b>Family Support Services</b>	<p>Family 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).</p> <p>As well as 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.</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.

**31 July 2023**

## SUMMARY FINDINGS 2022

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 2022. 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

#### Referrals to Child Protection and Welfare Services

- ✚ 82,855 referrals received by Child Protection and Welfare Services in 2022<sup>1</sup>, 9,786 (13%) more than 2021 (73,069) and 13,143 (19%) more than 2020 (69,712).
- ✚ The number of referrals for 2022 equates to about 1,600 referrals per week, or seven referrals for every hundred children living in Ireland (Census 2016). Note: 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.
- ✚ 21% (16,804)<sup>2</sup> of referrals received in 2022 were re-referrals. A re-referral is defined as a referral on a child who was previously open to social work, but whose referral was closed within 12 months prior to receipt of re-referral.
- ✚ The most common source of referrals in 2022 was members of An Garda Síochána (AGS), accounting for 36% (29,480) of referrals in 2022, far exceeding any other source.
- ✚ The top five sources of referrals in 2022 (gardaí, social workers, teachers, safe-guarding officers and social care workers) accounted for 67% (55,247) of referrals.
- ✚ 56% (46,031) of referrals received in 2022 were for welfare concerns and 36% (29,596) were for child protection concerns, or where there were grounds to believe that there was a risk of physical, sexual or emotional abuse or neglect. The report type was not available for the remaining 9% (7,228) of referrals.
- ✚ The most common type of child protection concern reported in 2022 was emotional abuse, accounting for 44% (12,964) of all child protection referrals (29,596). Neglect was the least common type of child protection concern reported, accounting for 14% (4,068) of referrals. A similar pattern to 2020 and 2021.
- ✚ 78% (23,071/29,596) of referrals for child protection concerns received in 2022 were mandated reports (i.e., child protection concerns at or above a defined threshold determined by the mandated reporter), 4,698 (26%) more than 2021 (18,373). This

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<sup>1</sup> Based on data extracted quarterly in arrears from Tusla's National Child Care Information System (NCCIS)

<sup>2</sup> Based on data extracted monthly from NCCIS

increase needs to be interpreted in the context of the increased percentage of referrals that had a report type recorded on NCCIS in 2022 when compared to 2021.

- ✚ More than half (59%; 48,533) of referrals received in 2022 were closed to social work following screening. Of these, 38% (18,631) were closed with no further action required while a further 41% (20,135) were closed as assessment / safety planning was already ongoing for these cases.
- ✚ 35% (28,792) of referrals moved to the next stage of the referral process – the preliminary enquiry stage. These are referrals deemed to require a social work response following screening. At the time the data was extracted for reporting, 89% (25,564) of preliminary enquiries were completed.
- ✚ Of the referrals where the preliminary enquiry was completed (25,564), 30% (7,571) required an initial assessment. The remaining referrals (70%; 17,993) were closed to social work following the preliminary enquiry.
- ✚ Over half (53%; 1,905) of referrals where the initial assessment was completed were closed to social work after the initial assessment, 43% (1,542) required a child protection / safety planning response and 4% (146) required admission to care.

### **Cases Open to Social Work**

- ✚ 22,033 cases open to social work at the end of 2022, 785 (4%) more than 2021 (21,248) and 890 (4%) more than 2020 (21,143). Equates to less than 2% of the general child population in receipt of social work services from Tusla for child protection and welfare concerns.
- ✚ 72% (15,920) of cases open to social work at the end of 2022 were allocated to a named social worker, down from 77% at the end of 2021 and 80% at the end of 2020.
- ✚ 6,113 (28%) cases awaiting allocation to a named social worker at the end of 2022, 1,306 (27%) more than 2021 (4,807) and the highest number reported since 2018 (6,432); year-on-year increase from 2020 – 2022 following a year-on-year decrease from 2018 -2020.
- ✚ 58% (3,537) of cases awaiting allocation to a named social worker at the end of 2022 were being progressed by dedicated duty teams or rotating social workers on a duty roster.
- ✚ 391 (6%) cases awaiting allocation to a named social worker at the end of 2022 were categorised as high priority, down from 436 (9%) in 2021.
- ✚ 68% (4,131) of cases awaiting allocation at the end of 2022 were waiting three months or less, down from 73% (3,526) at the end of 2021. The remaining 32% (1,982) of cases were waiting longer than three months, up from 27% (1,281) at the end of 2021.
- ✚ 6 areas accounted for 66% (4,035) of cases awaiting allocation as follows: Dublin South West/Kildare/West Wicklow (801), Dublin South Central (797), Cork (735), Waterford/Wexford (675), Dublin North City (540) and Dublin North (487).

## Children Subject to a Child Protection Plan

- ✚ 845 children “active” on the CPNS at the end of 2022, 138 (14%) fewer than 2021 (983) and the fewest number reported for all years 2015 – 2022.
- ✚ Neglect continues to be the most common concern for children “active” on the CPNS (55%; 463). Neglect and emotional abuse combined accounted for 93% (786) of cases “active” at the end of 2022.
- ✚ 37% (315) of children “active” at the end of 2022 were under 5 years, the highest percentage of all age groups. Ten percent (82) of those “active” were 15-17 years.
- ✚ Children under five years are more heavily represented on the CPNS (37%) than the general population (28%) while the older ages account for a smaller proportion of those on the CPNS (10%) than the general population (15%).
- ✚ More than half (57%; 479) of children “active” on the CPNS at the end of 2022 were “active” for no longer than six months, while 85% (715) were “active” for no longer than 12 months. Seven percent (61) of children were “active” for more than 18 months.
- ✚ The number of children “active” for more than 18 months is down 18 (22%) on 2021 (79) and 23 (27%) on 2020 (84).
- ✚ Eleven of the 17 areas had fewer children listed as “active” at the end of 2022 than at the end of 2021.

## National Out of Hours Service

- ✚ Referrals to Tusla’s National Out of Hours Service (NOHS) continue to increase with 4,245 referrals in 2022, a 56% (1,527) increase on 2021 (2,718).
- ✚ 943 children placed by the NOHS in 2022, 245 (35%) more than 2021 (698).

## ALTERNATIVE CARE SERVICES

### First-Time Admissions to Care

- ✚ 666 children came into care for the first time in 2022<sup>3</sup>. This figure does not include children under the Service for Separated Children Seeking International Protection and hence is not comparable with the figure reported for 2021 (792).
- ✚ If comparison is made across the 17 areas, the number of children who came into care for the first time in 2022, is down 28 (4%) from 2021 (694) and is up 29 (5%) on 2020 (637).
- ✚ The number of children who came into care for the first-time in 2022 equates to about 6 children for every 10,000 children living in Ireland. The rate ranges from about 2 per 10,000 children living in Dublin South East/Wicklow to 14 per 10,000 children living in Dublin North City.

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<sup>3</sup> Note: these children were never in State care prior to this admission

- ✚ The most common age of children coming into care for the first-time in 2022 was under one year, accounting for almost one in five children (18%; 121), followed to a lesser extent by the older ages of 15 years (8.3%; 55), 14 years (7.7%; 51) and 16 years (7.4%; 49).
- Neglect continues to be the most common reason for children coming into care for the first-time, accounting for 43% (273) of all children coming into care for the first-time in 2022, while the least common reason was sexual abuse accounting for 3% (16) of cases. *Percentages based on the 628 records where the reason for admission was available.*
- 83% (556) of children who came into care for the first-time were placed in foster care, 5% (32) were placed in residential general care, while the remaining 12% (78) were placed in “other” care placements<sup>4</sup>. Of the 556 children placed in foster care, one in five (21%; 117) was placed with relatives.

### Total Admissions to Care

- ✚ 813 admissions to care in 2022. This figure does not include children under the Service for Separated Children Seeking International Protection and hence is not comparable with data for the previous year.
- ✚ If comparison is based on data for the 17 Tusla areas (i.e., excluding children under the Service for Separated Children Seeking International Protection) there were 51 (6%) fewer admissions in 2022 than 2021 (864) and it was the fewest number of admissions reported for the six-year period 2016 – 2022.
- ✚ 18% (147) of all admissions (813) were second or subsequent admissions, same as that for 2021.
- ✚ The most common age at admission was under 1 year accounting for 15% (126) of all admissions followed by the older ages of 14 years (76; 9%), 16 years (68; 8%) and 15 years (66; 8%).
- ✚ The most common reason for admission was neglect accounting for 41% (312) of admissions where the reason was available, followed by welfare concerns accounting for a further 33% (255) of admissions. Sexual abuse accounted for 2% (18) of admissions. A similar pattern to previous years.
- ✚ 82% (669) of admissions to care in 2022 were to foster care, 6% (47) were to residential general care and 12% (97) were to “other” care placements. Of the 669 admissions to foster care, 21% (142) were to foster care with relatives.
- ✚ 57% (467) of all admissions to care were voluntary admissions (where it was agreed with the child’s parent/guardian) and 43% (346) were on foot of an application to the court. One in five admissions to care (22%; 175) in 2022 was under an emergency care order. A similar pattern to previous years.

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<sup>4</sup> Other care placements include other residential centres (e.g., disability, drug/alcohol rehabilitation centre), supported lodgings, detention centres, at home under a care order, special emergency arrangements, other – not specified.

## Children in Care

- ✚ The number of children in care continues to decrease; 5,755 children in care at the end of 2022, 108 (2%) fewer than 2021 (5,863) and 441 (7%) fewer than 2017 (6,196).
- ✚ The number of children in care equates to about 5 children for every 1,000 living in Ireland.
- ✚ The number of children in care is increased with increasing age with the highest number aged 17 years (511; 9%)<sup>5</sup>.
- ✚ 89% (5,109) of children in care at the end of 2022 were in foster care, broadly similar to previous years.
- ✚ Neglect is the most common reason being in care, accounting for almost half (45%; 2,548) of all children in care<sup>5</sup>.
- ✚ 80% (4,480) of children in care at the end of 2022 were in care under an order of the court<sup>5</sup>, up slightly from 79% (4,626) at the end of 2021.
- ✚ Just under half (47.4%; 2,668/5,626) of the children in care at the end of 2022 were in care for 5 years or less and of these one in five (20.9%; 558) was in care for less than a year<sup>5</sup>.
- ✚ 4% (226) of all children in care at the end of 2022 were in their third or greater placement within the previous 12 months<sup>5</sup>. This is an increase from the 3.8% (220) reported in 2021.
- ✚ 11 (0.2%) children in care at the end of 2022 where is a placement outside of Ireland, one fewer than 2021 (12) and the fewest number for the period years 2019 – 2022. All but two children, were in foster care.
- ✚ 63 children 12 years and younger were in residential placements at the end of 2022, no change from 2021.
- ✚ The number of children in care in placements with private providers continues to increase with 873 (15%) children in placements with private providers at the end of 2022, 88 (11%) more than 2021 (785) and the highest number for the period 2017 – 2022.
- ✚ 94% of children in care aged 6-15 years and 90% of 16 -17 years olds in full-time education (as per their care plan) at the end of 2022<sup>5</sup>, consistent with previous years.

## Discharges from Care

- ✚ 873 discharges from care in 2022. This figure does not include children under the Service for Separated Children Seeking International Protection and hence is not comparable with data for 2021.
- ✚ If comparison is based on data for the 17 Tusla areas (i.e., excluding children under the Service for Separated Children Seeking International Protection) the number of

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<sup>5</sup> Figure does not include children under the Service for Separated Children Seeking International Protection.

discharges is down 64 (7%) from 2021 (937) and is the fewest number for the period 2016-2022.

- ✚ Almost half (49%; 425) of all discharges were for young people turning 18 years, consistent with previous years.
- ✚ 74% (644) of discharges were from foster care, a similar breakdown to previous years and not surprising considering almost 90% of children in care are in foster care.
- ✚ 49% (426) of discharges were to home/extended family with a further 35% (309) remaining with their foster family. Eight per cent (68) of discharges were to independent living/supported living.
- ✚ The majority (65%; 277) of young people discharged by virtue of turning 18 years remained with their foster family, with a further 10% (41) returning home/extended family. About one in six (67; 16%) moved to independent / supported living.
- ✚ 60 more discharges than admissions reported by the 17 Tusla areas for 2022. This is consistent with previous years and the decreasing number of children in care.

### **Foster Carers**

- ✚ 3,967 foster carers (statutory and non-statutory) on the panel of approved foster carers at the end of 2022, 72 (2%) fewer than 2021 (4,039) and the fewest number of the period 2015 – 2022.
- ✚ The number of general foster carers (statutory) on the panel of approved foster carers continues to decrease, while the number of private foster carers (non-statutory) continues to increase.
- ✚ 182 general and relative foster carers (statutory) approved in 2022, 37 (17%) fewer than 2021 (219) and 46 private foster carers approved, 16 (26%) fewer than 2021 (62).
- ✚ 257 general and relative foster carers (statutory) ceased fostering in 2022, 49 (24%) more than 2021 (208).
- ✚ 87% (2,943) of general and relative foster carers (statutory) had an allocated link (social) worker at the end of 2022, down from 90% at the end of 2021.
- ✚ 91% (138/151) of “unapproved” relative foster carers<sup>6</sup> with a child placed for more than 12 weeks had a link (social) worker at the end of 2022, down from 100% at the end of 2021.

### **Aftercare**

- ✚ 511 referrals for an aftercare service in 2022, 12 (2%) fewer than 2021 (523).
- ✚ 2,949 young people in receipt of aftercare services at the end of 2022, 110 (4%) fewer than 2021 (3,059).

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<sup>6</sup> Unapproved foster carer: 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.



- ✚ 74% (1,676/2,254) of the 18-22 years cohort in receipt of aftercare services at the end of 2022 were in education/training.
- ✚ Almost half (45%; 1,016/2,254) of 18-22 years cohort in receipt of aftercare services at the end of 2022, were continuing to live with their foster families, implying that they continue to experience caring relationships and stable living arrangements. A further 9% (209) had returned home to family, while one in four (27%; 602) had moved to independent living arrangements.
- ✚ 84% (2,471/2,949) of young people in receipt of aftercare services at the end of 2022 had an aftercare plan, with this figure rising to 96% (2,174/2,254) for the 18-22 years cohort. The overall percentage with a plan is up two percentage points from 2021 (82%; 2500/3,059).
- ✚ 82% (1,933) of those with an aftercare plan assessed as needing an aftercare worker (2,354) had an aftercare worker, down from 94% at the end of 2021 (2,080/2,203). A total of 421 young people were awaiting an aftercare worker at the end of 2022, 298 (242%) more than 2021 (123).

## **Adoption Services**

- ✚ 184 applications for assessment of eligibility and suitability as adoptive parent(s). Data from one Tusla Office was not available for Q4 2022 (data collated quarterly), hence the actual number of applications for 2022 is likely to be higher. If all data were available, it is likely that the number of applications for 2022 would exceed the number for 2021 (199).
- ✚ The most common type of application received in 2022 was for step-parent adoption accounting for 31% (57) of all applications received and followed closely by fostering-to-adoption (56; 30%). Applications for domestic adoption accounted for the fewest number of applications received (29; 16%) in 2022.
- ✚ At least 181 new children were referred for adoption (all types) in 2022 (partial figure). Based on the data available, it is not clear if the number of children referred for 2022 would exceed the number for 2021 (208).
- ✚ A total of 154 adoption assessments were presented to local adoption committees in 2022, 16 (9%) fewer than 2021 (170), but similar to the numbers presented in previous years. The highest number of assessments presented in 2022 was for step-parent adoption (48; 31%). Assessments for domestic adoption accounted for 15% (24) of all assessments presented.

## **FAMILY SUPPORT SERVICES**

### **Referrals to Family Support Services**

- ✚ 40,510 children were referred to family support services in 2022, with 18,768 children in receipt of family support services at year end (based on a response rate of 84%).
- ✚ The number children referred to family support services equates to about 3% of children living in Ireland and ranges from <1% to 16% across the 17 Tusla areas.

- ✚ In 2022, the most common source of referral was parents / guardians accounting for almost a third (32%; 12,966) of all referrals, followed by Tusla social workers (22%; 8,984) and schools (10%; 3,984). These three sources account for 64% (25,934) of all sources.
- ✚ 66% (26,792) of children referred to family support services in 2022, received a service (ranges from 39% to 97% across the 17 Tusla areas).

## Meitheal

- ✚ 2,320 Meitheal processes were requested in 2022, 53 (2%) fewer than 2021 (2,373) but broadly similar to the number reported for 2019 and 2020.
- ✚ 70% (1,566) of Meitheal processes requested in 2022 (*where pathway was provided*), were requested either by the family themselves, or directly by a practitioner; 21% (476) of Meitheal processes requested were diversions from social work and 9% (210) of Meitheal processes requested were initiated following step-down from social work.
- ✚ 79% (1,837) of Meitheal processes requested in 2022 proceeded to Stage 2 (discussion stage). The Meitheal is considered to be initiated at this point.
- ✚ 1,630 Meitheal processes reached completion of stage 2 (discussion stage) in 2022 and of these 53% (867) proceeded to delivery, 3% (43) were referred to Tusla Social Work Services, 30% (490) were referred “to a single agency response”, 8% (127) were closed, while the remaining 8% (127) requests were categorised as “other”.
- ✚ 1,722 Meitheal processes were closed in 2022. Of these, 24% (409) were closed following submission of the request form (end of stage 1); 32% (557) were closed following completion of the strengths and needs form (stage 2); 13% (217) were closed following commencement of Meitheal support meetings (stage 3); 31% (539) were closed post-delivery (end of process).

## Child and Family Support Networks

- ✚ 120 Child and Family Support Networks operating at the end of 2021, two fewer than 2021 (122).

## 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 six regions<sup>7</sup> (Figure 1). Each area is managed by an area manager and each region is managed by a regional chief officer. Regional chief officers report to the Director of Services and 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 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, Equality, Disability, Integration and Youth (DCEDIY), 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 Regional and Area Management Structure*

<sup>7</sup> The Agency has commenced a major improvement programme with significant focus on Practice, Culture and Structure. A new executive management team and regional structure commenced in early 2022. The six regions replace the former four regions, Dublin North East, Dublin Mid Leinster, South, West.

In 2022, Tusla had a budgetary allocation of about €908 million<sup>8</sup> and had 4,676 staff (whole-time equivalents) on its payroll<sup>9</sup>. Social workers are the largest category of staff employed by the Agency, accounting for 34% (1,611) of total staff (whole-time equivalents), followed by social care staff accounting for a further 26% (1,219) (Figure 2). Management (Grade VIII+) comprises 6% (260) of the total workforce.

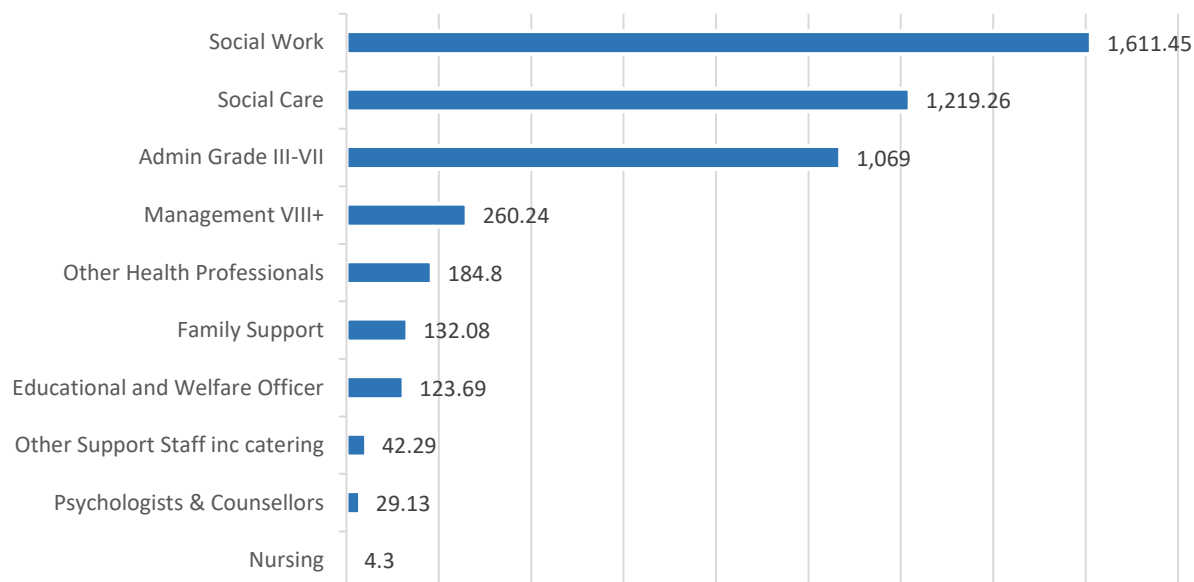


Figure 2: Breakdown of Tusla staff (whole time equivalents) by category at year end 2022

Service delivery in Tusla is guided by the Agency's Response Pathways (Figure 3). These response pathways are designed to ensure intervention in a preventative and timely manner to support the child and family's needs and enhance the family's ability to meet those needs. The goal is always to build on the family's strengths, utilising their own naturally connected family and community supports with the professional supports and services offered. In this context, Tusla also works with other key agencies and partners to ensure a child and family receives an integrated multi-agency response. Tusla's national approaches to practice ensure that responses are consistent across the country and embedded with the values and behaviours of the Agency.

Tusla wants its referral community to know that, based on whatever reason they refer a child to Tusla, it will make an informed, collaborative, and respectful decision about what will assist the child and their family. This can be a family support plan to help a child who has additional needs, a safety plan where there is worry that a child has been harmed or a care plan where a child requires a period of out of home care and support. Tusla also provides educational supports, domestic, sexual and gender-based violence supports and therapeutic support across this range of need. Tusla's regulatory services work to ensure that the services are safe and happy places for children and young people to play, learn and develop.

<sup>8</sup> Net Non - Capital Determination for 2022.

<sup>9</sup> Figure 31 December 2022 (HR Employment Monitoring Report, December 2022)

# Our Response Pathways

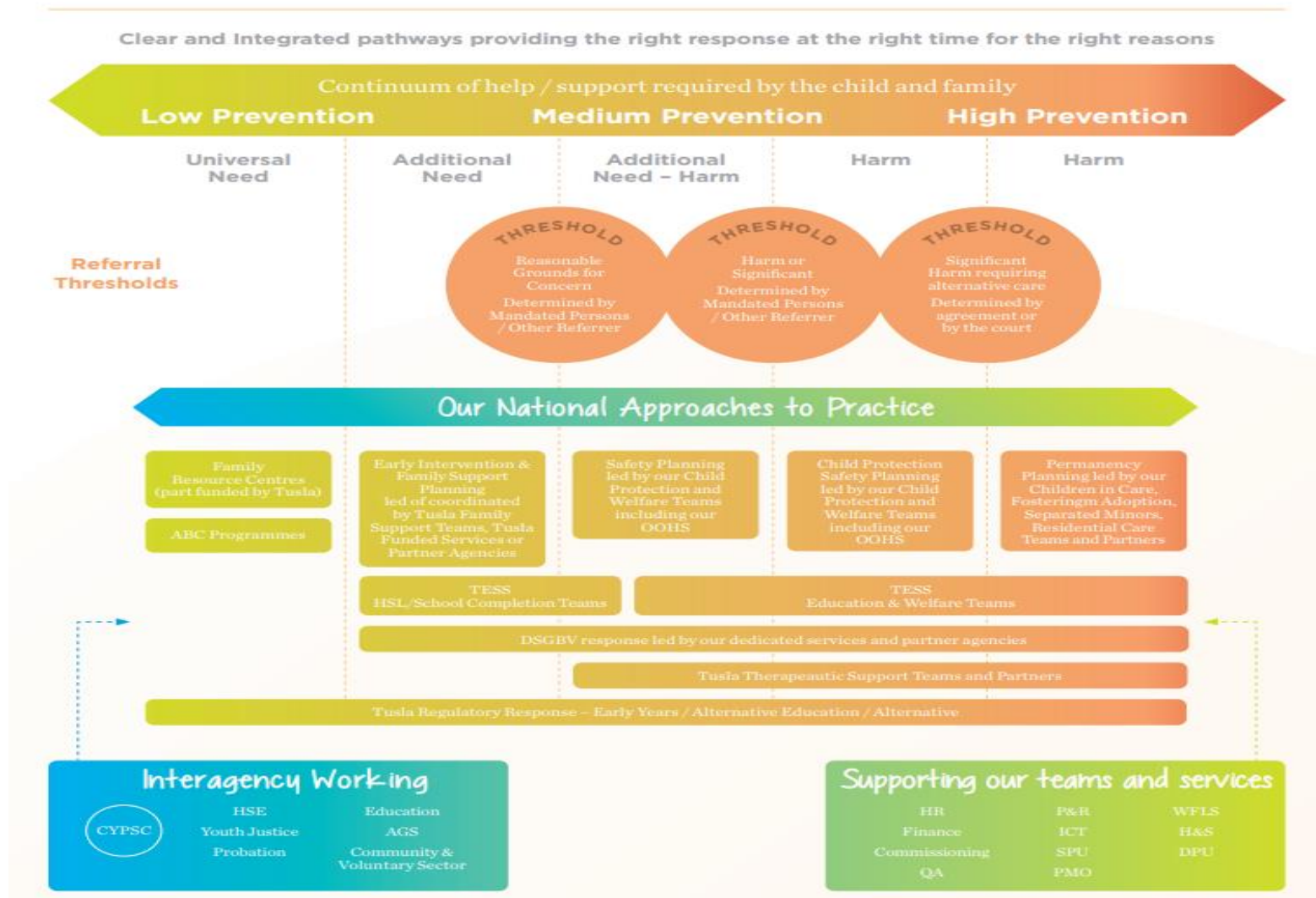


Figure 3: Tusla Response Pathways

## 1.1 Purpose of Scope

This report presents data and information on Tulsa's Child Protection and Welfare Services including children looked after by the State and children referred to family support services for the year 2022. It is submitted in fulfillment 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.

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

Following this introductory chapter, there are three 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). It also presents data on Tulsa's National Out of Hours Service.

**Chapter 3** presents data on Tulsa's Alternative Care Services. This includes data on children in the care of the Agency including admissions to, and discharges from care, foster carers, aftercare and adoption.

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



## 2.0 CHILD PROTECTION AND WELFARE SERVICES

### 2.1 Referrals

A referral or a report of concern 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.

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 does not meet the threshold for a social work response, social workers will give information and advice on the most appropriate ways of addressing the needs of the child(ren) and family, and/or refer the child(ren) and family to an early intervention response that does not require Tusla social work intervention.

In December 2017, mandatory reporting was introduced under the [Children First Act 2015](#), 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. Mandated persons are people who have contact with children and families, by virtue of their qualifications, training and experience, and are in a key position to help protect children from harm. Through the provisions of the Act, it is intended to:

- ❖ Raise awareness of child abuse and neglect.
- ❖ Improve child safeguarding arrangements in organisations providing services to children.
- ❖ Provide for co-operation and information sharing between agencies when Tusla – Child and Family Agency, is undertaking child protection.

#### KEY FACTS 2022

- ✚ 82,855 referrals received by Child Protection and Welfare Services in 2022<sup>10</sup>, 9,786 (13%) more than 2021 (73,069) and 13,143 (19%) more than 2020 (69,712).
- ✚ The number of referrals for 2022 equates to about 1,600 referrals per week, or seven referrals for every hundred children living in Ireland (Census 2016). Note: 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.
- ✚ 21% (16,804)<sup>11</sup> of referrals received in 2022 were re-referrals. A re-referral is defined as a referral on a child who was previously open to social work, but whose referral was closed within 12 months prior to receipt of re-referral.
- ✚ The most common source of referrals in 2022 was members of An Garda Síochána (AGS), accounting for 36% (29,480) of referrals in 2022, far exceeding any other source.
- ✚ The top five sources of referrals in 2022 (gardaí, social workers, teachers, safe-guarding officers and social care workers) accounted for 67% (55,247) of referrals.

<sup>10</sup> Based on data extracted quarterly in arrears from Tusla's National Child Care Information System (NCCIS)

<sup>11</sup> Based on data extracted monthly from NCCIS

- ✚ 56% (46,031) of referrals received in 2022 were for welfare concerns and 36% (29,596) were for child protection concerns, or where there were grounds to believe that there was a risk of physical, sexual or emotional abuse or neglect. The report type was not available for the remaining 9% (7,228) of referrals.
- ✚ The most common type of child protection concern reported in 2022 was emotional abuse, accounting for 44% (12,964) of all child protection referrals (29,596). Neglect was the least common type of child protection concern reported, accounting for 14% (4,068) of referrals. A similar pattern to 2020 and 2021.
- ✚ 78% (23,071/29,596) of referrals for child protection concerns received in 2022 were mandated reports (i.e., child protection concerns at or above a defined threshold determined by the mandated reporter), 4,698 (26%) more than 2021 (18,373). This increase needs to be interpreted in the context of the increased percentage of referrals that had a report type recorded on NCCIS in 2022 when compared to 2021.
- ✚ More than half (59%; 48,533) of referrals received in 2022 were closed to social work following screening. Of these, 38% (18,631) were closed with no further action required while a further 41% (20,135) were closed as assessment / safety planning was already ongoing for these cases.
- ✚ 35% (28,792) of referrals moved to the next stage of the referral process – the preliminary enquiry stage. These are referrals deemed to require a social work response following screening. At the time the data was extracted for reporting 89% (25,564) of preliminary enquiries were completed.
- ✚ Of the referrals where the preliminary enquiry was completed (25,564), 30% (7,571) required an initial assessment. The remaining referrals (70%; 17,993) were closed to social work following the preliminary enquiry.
- ✚ Over half (53%; 1,905) of referrals where the initial assessment was completed were closed to social work after the initial assessment, 43% (1,542) required a child protection / safety planning response and 4% (146) required admission to care.

## Number of Referrals

- In 2022, local social work departments received 82,855 referrals<sup>12</sup>, 9,786 (13%) more than 2021 (73,069) and 13,143 (19%) more than 2020 (69,712) (Figure 4). This figure is a count of all reports of concern received by the Agency and is not comparable with data for 2019 and previous years. In 2019 and previous years, the count of referrals was based on referrals deemed to require a social work response following screening – referrals “screened out” were not included in the count. The counting of all reports of concern provides a more accurate account of activity and demand on child protection and welfare services.
- The number of referrals for 2022 (82,855) equates to about 1,600 referrals per week, or seven referrals for every hundred children living in Ireland (Census 2016). *Note: 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.*

<sup>12</sup> Based on data extracted quarterly in arrears from Tusla’s National Child Care Information System (NCCIS)



- 21% (16,804)<sup>13</sup> of referrals received in 2022 were re-referrals. A re-referral is defined as a referral on a child who was previously open to social work, but whose referral was closed within 12 months prior to receipt of re-referral. This percentage compares favourably with that England for the year 2021/2022 (21.5%) but needs to be interpreted in the context of slight differences in definitions.<sup>14</sup>

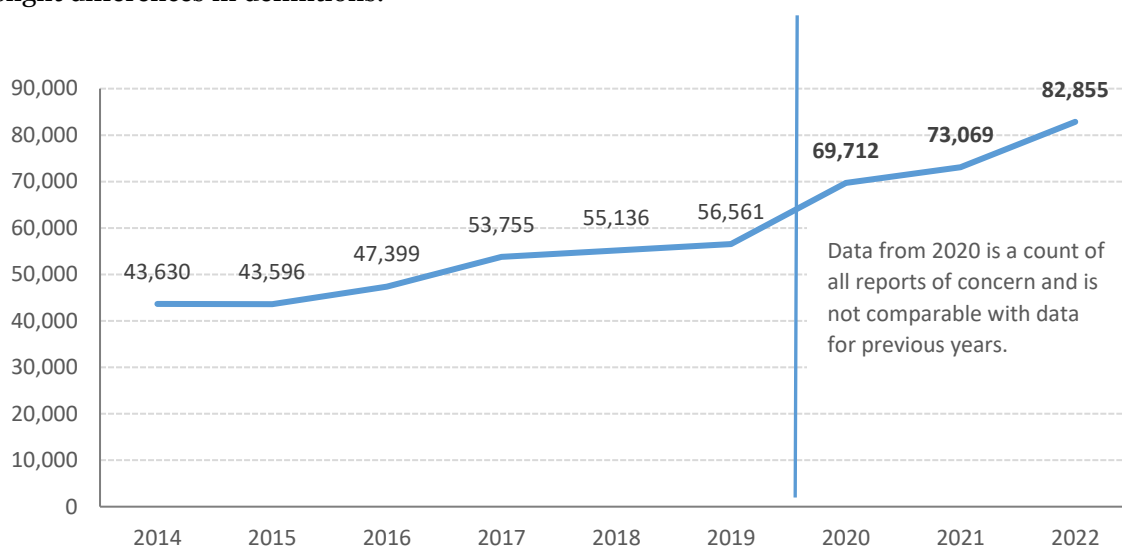


Figure 4: Referrals to Tusla's Child Protection and Welfare Services, 2014 – 2022

## Source of Referrals

- A breakdown of the source of referrals for 2022 and comparison with 2021 is presented in Table 1 below. This list of sources includes the list of mandated persons as per Schedule 2 of the Children First Act 2015.
- As can be seen from the table, the most common source of referrals is members of An Garda Síochána (AGS), accounting for 36% (29,480) of referrals in 2022, far exceeding any other source. The next most common sources of referrals were social workers accounting for 12% (10,105) of referrals and teachers accounting for 10% (7,950) of referrals. A similar pattern to 2021.
- The top five sources of referrals in 2022 (gardaí, social workers, teachers, safe-guarding officers and social care workers) accounted for 67% (55,247) of referrals.
- For the majority of sources more referrals were received in 2022 than 2021. The largest increases in terms of numbers were for members of An Garda Síochána (up 2,558; 10%), social workers (up 2,039; 25%), teachers (up 1,804; 29%), safe-guarding officers (up 1,608; 69%) and social care workers (up 1,147; 43%).
- Mandated persons accounted for 88% (72,816) of all sources of referrals in 2022.

<sup>13</sup> Based on data extracted monthly from NCCIS

<sup>14</sup> [Characteristics of children in need, Reporting year 2022 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

Table 1: Source of referrals, 2021 and 2022 (ranked by number of referrals for 2022)

Source	2021	% 2021	2022	% 2022	2022 v 2021	% Δ
<b>Member of An Garda Síochána</b>	26,922	36.8%	<b>29,480</b>	<b>35.6%</b>	2,558	10%
<b>Social worker</b>	8,066	11.0%	<b>10,105</b>	<b>12.2%</b>	2,039	25%
<b>Teacher</b>	6,146	8.4%	<b>7,950</b>	<b>9.6%</b>	1,804	29%
Mandated reporter - not specified	5,713	7.8%	<b>5,082</b>	<b>6.1%</b>	-631	-11%
<b>A safeguarding officer</b>	2,317	3.2%	<b>3,925</b>	<b>4.7%</b>	1,608	69%
<b>Social care worker</b>	2,640	3.6%	<b>3,787</b>	<b>4.6%</b>	1,147	43%
Anonymous	2,777	3.8%	<b>2,752</b>	<b>3.3%</b>	-25	-1%
Parent/Guardian	2,977	4.1%	<b>2,560</b>	<b>3.1%</b>	-417	-14%
Medical practitioner	2,105	2.9%	<b>2,415</b>	<b>2.9%</b>	310	15%
Manager of domestic violence shelter	1,569	2.1%	<b>1,932</b>	<b>2.3%</b>	363	23%
Registered nurse /midwife	1,812	2.5%	<b>1,931</b>	<b>2.3%</b>	119	7%
Psychotherapist / person providing counselling	1,103	1.5%	<b>1,637</b>	<b>2.0%</b>	534	48%
Other (non-mandated person) not specified	2,578	3.5%	<b>1,517</b>	<b>1.8%</b>	-1061	-41%
Psychologist	1,059	1.4%	<b>1,175</b>	<b>1.4%</b>	116	11%
Other family member	1,143	1.6%	<b>1,173</b>	<b>1.4%</b>	30	3%
Member of the public	696	1.0%	<b>869</b>	<b>1.0%</b>	173	25%
Youth worker	626	0.9%	<b>775</b>	<b>0.9%</b>	149	24%
Manager of homeless provision or emergency accommodation facility	565	0.8%	<b>637</b>	<b>0.8%</b>	72	13%
Courts (Section 20 Child Care Act)	548	0.7%	<b>606</b>	<b>0.7%</b>	58	11%
Person responsible for the care or management of a youth work service	367	0.5%	<b>368</b>	<b>0.4%</b>	1	0%
International Social Services	49	0.1%	<b>339</b>	<b>0.4%</b>	290	592%
Child care staff member employed in a pre-school service	158	0.2%	<b>265</b>	<b>0.3%</b>	107	68%
Probation officer	125	0.2%	<b>255</b>	<b>0.3%</b>	130	104%
Occupational therapist	102	0.1%	<b>151</b>	<b>0.2%</b>	49	48%
A person carrying on a pre-school service	96	0.1%	<b>145</b>	<b>0.2%</b>	49	51%
Self	147	0.2%	<b>141</b>	<b>0.2%</b>	-6	-4%
Speech and language therapist	97	0.1%	<b>129</b>	<b>0.2%</b>	32	33%
Manager of asylum seeker accommodation	69	0.1%	<b>128</b>	<b>0.2%</b>	59	86%
Foster carer registered with the Agency	138	0.2%	<b>122</b>	<b>0.1%</b>	-16	-12%
An addiction counsellor	87	0.1%	<b>101</b>	<b>0.1%</b>	14	16%
Physiotherapist	94	0.1%	<b>93</b>	<b>0.1%</b>	-1	-1%
Emergency medical technician	52	0.1%	<b>86</b>	<b>0.1%</b>	34	65%
Other Court request	46	0.1%	<b>74</b>	<b>0.1%</b>	28	61%
Guardian Ad Litem	31	0.0%	<b>62</b>	<b>0.1%</b>	31	100%
Director of any institution where a child is detained by an order of a court	15	0.0%	<b>26</b>	<b>&lt;0.1%</b>	11	73%
Manager of a language school, other recreational school...	10	0.0%	<b>23</b>	<b>&lt;0.1%</b>	13	130%
Member of the clergy	16	0.0%	<b>18</b>	<b>&lt;0.1%</b>	2	13%
Dentist	8	0.0%	<b>13</b>	<b>&lt;0.1%</b>	5	63%
Courts (Section 47 Child Care Act 1991)	0	0.0%	<b>8</b>	<b>&lt;0.1%</b>	8	-
<b>Total</b>	<b>73,069</b>	<b>100.0%</b>	<b>82,855</b>	<b>100.0%</b>	<b>9,786</b>	<b>13%</b>

## Type of Referrals

- 56% (46,031) of referrals received in 2022 were for welfare concerns and 36% (29,596) were for child protection concerns, or where there were grounds to believe that there was a risk of physical, sexual or emotional abuse or neglect (Figure 5). The report type was not available for the remaining 9% (7,228) of referrals. The report type (primary) reported at this point is based on the view of the referrer and not that of the social worker and hence can change following assessment by the social worker.

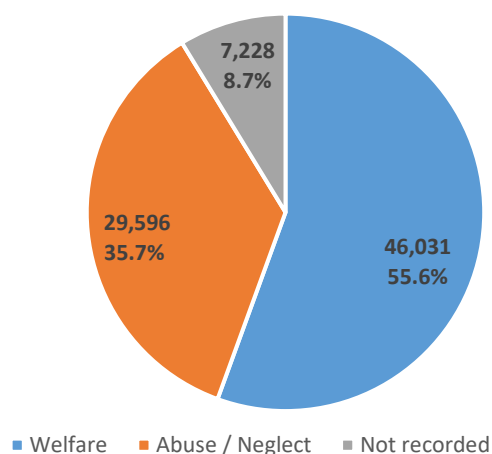


Figure 5: Referrals by primary report type, 2022

- As can be seen from Table 2 below, the higher number of welfare referrals described above is consistent with previous years. It is difficult to comment on the extent of the percentage increases from 2021 due to the decrease in the percentage of referrals where the report type was not recorded.

Table 2: Breakdown of referrals by primary report type, 2020 - 2022

Report Type	2020	2021	2022	Δ 2022 v 2021	% Δ
Welfare	31,024 (45%)	37,758 (52%)	<b>46,031 (56%)</b>	8,273	22%
Abuse/Neglect	22,050 (32%)	25,292 (35%)	<b>29,596 (36%)</b>	4,304	17%
Not recorded	16,638 (24%)	10,019 (14%)	<b>7,228 (9%)</b>	-2,791	-28%
Total	<b>69,712 (100%)</b>	<b>73,069 (100%)</b>	<b>82,855 (100%)</b>	9,786	13%

- The most common type of child protection concern reported in 2022 was emotional abuse, accounting for 44% (12,964) of all child protection referrals (29,596) (Figure 6). Neglect was the least common type of child protection concern reported, accounting for 14% (4,068) of referrals.

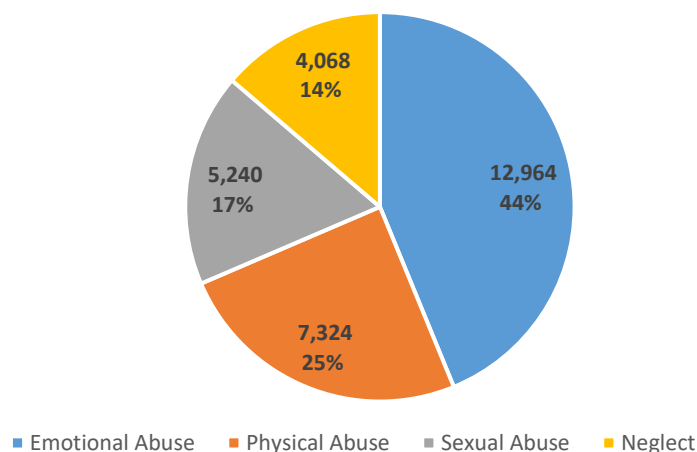


Figure 6: Breakdown of child protection referrals, 2022

- The percentage breakdown of child protection concerns for 2022 is similar to that for previous years (Table 3).

Table 3: Breakdown of child protection referrals by year, 2020 - 2022

Category of Abuse	2020	2021	2022
Physical abuse	5,511 (25%)	6,391 (25%)	7,324 (25%)
Emotional abuse	9,546 (43%)	10,888 (43%)	12,964 (44%)
Sexual abuse	3,653 (17%)	4,331 (17%)	5,240 (17%)
Neglect	3,340 (15%)	3,682 (15%)	4,068 (14%)
Total	22,050 (100%)	25,292 (100%)	29,596 (100%)

- A breakdown of child protection referrals by the top three sources for each type of concern reveals that teachers were the most common source of referrals of physical abuse accounting for more than one in four referrals (27%; 1,953) and more than double the next most common source, An Garda Siochana (AGS) (13%; 960) (Table 4).
- An Garda Siochana was the most common source of referrals of emotional abuse, accounting for two-thirds (67%; 8,718) of all referrals and far exceeding the next most common source, social workers (5.4%; 702) (Table 4).
- An Garda Siochana was also the most common source of referrals of sexual abuse and neglect (Table 4).
- Managers of domestic violence shelters were the third most common source of referrals of emotional abuse accounting for 4.5% (586) of referrals, unlike the other concerns where AGS, teachers and social workers were the top three sources.

Table 4: Breakdown of child protection referrals by the top three sources of referrals, 2022

Category of Abuse	Source 1	Source 2	Source 3
Physical abuse	Teacher (1,953; 26.7%)	AGS (960; 13.1%)	Social Worker (931; 12.7%)
Emotional abuse	AGS (8,718; 67.2%)	Social Worker (702; 5.4%)	Domestic Violence Shelter (586; 4.5%)
Sexual abuse	AGS (1,447; 27.6%)	Teacher (809; 15.4%)	Social worker (777; 14.8%)
Neglect	AGS (843; 20.7%)	Social Worker (721; 17.7%)	Teacher (573; 14.1%)

- The figures also reveal that almost three out of four child protection referrals (73%; 8,718) from AGS were for emotional abuse (Table 5). This compares to 12% for teachers and 22% for social workers, but 67% for managers of domestic violence shelters.
- The most common type of concern reported by teachers was physical abuse accounting for over half (51%; 1,953) of their referrals. This compares to 8% for AGS.
- The most common type of concern reported by medical practitioners was sexual abuse accounting for 40% (353) of their referrals.
- Parents/guardians were more likely to report physical abuse accounting for almost half of their referrals (45%; 347).
- The most common type of concern reported by persons who wished to remain anonymous was neglect (47%; 322).

*Table 5: Breakdown of the top 10 sources of child protection referrals by concern type, 2022*

Category of Abuse	Physical	Emotional	Sexual	Neglect	Total
An Garda Síochána	960 (8%)	8,718 (73%)	1,447 (12%)	843 (7%)	<b>11,968 (100%)</b>
Teacher	1,953 (51%)	465 (12%)	809 (21%)	573 (15%)	<b>3,800 (100%)</b>
Social worker	931 (30%)	702 (22%)	777 (25%)	721 (23%)	<b>3,131 (100%)</b>
A safeguarding officer,	480 (33%)	425 (29%)	303 (21%)	267 (18%)	<b>1,475 (100%)</b>
Social care worker	531 (40%)	334 (25%)	271 (21%)	185 (14%)	<b>1,321 (100%)</b>
Medical practitioner	224 (25%)	164 (18%)	353 (40%)	149 (17%)	<b>890 (100%)</b>
Mgr domestic violence shelter	191 (22%)	586 (67%)	53 (6%)	44 (5%)	<b>874 (100%)</b>
Psychotherapist	262 (33%)	207 (26%)	266 (34%)	49 (6%)	<b>784 (100%)</b>
Parent/Guardian	347 (45%)	199 (26%)	136 (18%)	91 (12%)	<b>773 (100%)</b>
Anonymous	193 (28%)	134 (20%)	30 (4%)	322 (47%)	<b>679 (100%)</b>

## Distribution of Referrals by Area

- The number of referrals varies widely across Tusla's 17 operational areas and in 2022 ranged from 1,477 (2%) (Sligo/Leitrim/West Cavan) to 8,274 (10%) (Midlands) (Table 6).
- The rate of referrals ranged from just under 4/100 children under 18 years in Dublin South East/Wicklow to more than 11/100 children in Dublin North City. Cork - with the highest number of children under 18 years, ranked 5th lowest overall (out of 17) in terms of rate. Six areas reported a rate equal to or higher than the national average of 7/100 children. Although further analysis is required, this would imply that there are other factors influencing referral rates, and possibly include factors like deprivation rates, the level of access to family support services within an area and differences across areas in how thresholds for accepting referrals are applied.

Table 6: Number and rate of referrals by area, 2022 (ranked by rate) (population Census 2016)

Area	# Referrals	0 -17 years population	Rate/100
Dublin North City	5,071	44,927	11.3
Midlands	8,274	80,193	10.3
Dublin South Central	6,117	65,564	9.3
Waterford/Wexford	6,130	68,513	8.9
Dublin South West/Kildare/West Wicklow	7,919	108,186	7.3
Dublin North	7,290	100,654	7.2
Louth/Meath	6,414	93,093	6.9
Kerry	2,334	34,527	6.8
Mid West	6,354	96,266	6.6
Cavan/Monaghan	2,343	36,446	6.4
Sligo/Leitrim/West Cavan	1,477	23,554	6.3
Carlow/Kilkenny/South Tipperary	3,883	63,009	6.2
Cork	7,869	134,015	5.9
Donegal	2,298	42,865	5.4
Galway/Roscommon	4,263	79,912	5.3
Mayo	1,562	31,968	4.9
Dublin South East/Wicklow	3,257	86,810	3.8
Total	82,855	1,190,502	7.0

## Mandated Reports

- 78% (23,071/29,596) of referrals for child protection concerns received in 2022 were mandated reports (i.e., child protection concerns at or above a defined threshold determined by the mandated reporter), 4,698 (26%) more than 2021 (18,373). This increase needs to be interpreted in the context of the increased percentage of referrals that had a report type recorded on NCCIS in 2022 when compared to 2021. In 2022, 9% (7,228) of referrals did not have a report type recorded on NCCIS compared to 14% (10,019) in 2021.
- The breakdown of mandated reports by the report type is consistent with that for previous years (Table 7) with emotional abuse accounting for the largest proportion of reports (43%) and neglect accounting for the smallest proportion (12%).

Table 7: Mandated reports by type, 2020 - 2022

Category	# Reports 2020	% Total 2020	# Reports 2021	% Total 2021	# Reports 2022	% Total 2022
Physical abuse	3,610	27%	4,836	26%	5,811	25%
Emotional abuse	5,113	40%	7,611	41%	9,910	43%
Sexual abuse	2,712	21%	3,646	20%	4,554	20%
Neglect	1,694	13%	2,280	12%	2,796	12%
Total	13,129	100%	18,373	100%	23,071	100%

- The top five sources of mandated reports in 2022 were members of An Garda Síochána (42%; 9,786), teachers (15.5%; 3,575), social workers (12%; 2,768), safeguarding officers

(5.7%; 1,311) and social care workers (5%; 1,165) (Table 8). These five sources account for 81% (18,605) of all reports received.

*Table 8: Mandated reports by mandated person, 2021 - 2022 (ranked by number of referrals for 2022)*

Source	# Reports 2021	% Total 2021	# Reports 2022	% Total 2022
Member of An Garda Siochana	7,915	43.10%	9,786	42.40%
Teacher	2,648	14.40%	3,575	15.50%
Social worker	2,326	12.70%	2,768	12.00%
A safeguarding officer	762	4.10%	1,311	5.70%
Social care worker	1,048	5.70%	1,165	5.00%
Medical practitioner	757	4.10%	832	3.60%
Psychotherapist or a person providing counselling	471	2.60%	751	3.30%
Manager of domestic violence shelter	571	3.10%	717	3.10%
Psychologist	492	2.70%	505	2.20%
Registered nurse /midwife	370	2.00%	475	2.10%
Youth worker	239	1.30%	304	1.30%
Manager of homeless provision or emergency accommodation facility	174	0.90%	129	0.60%
Person responsible for the care or management of a youth work service	128	0.70%	127	0.60%
Child care staff member employed in a pre-school service	69	0.40%	124	0.50%
Probation officer	26	0.14%	68	0.30%
Foster carer registered with the Agency	72	0.40%	62	0.30%
Occupational therapist	46	0.30%	62	0.30%
Manager of asylum seeker accommodation (direct provision centre)	41	0.20%	54	0.20%
A person carrying on a pre-school service	41	0.20%	53	0.20%
Speech and Language therapist	38	0.20%	49	0.20%
Physiotherapist	56	0.30%	40	0.20%
Guardian Ad Litem	19	0.10%	36	0.20%
Emergency medical technician	22	0.12%	25	0.10%
An addiction counsellor	21	0.11%	22	0.10%
Manager of a language school or other recreational school where children reside away from home	4	<0.1%	12	0.10%
Director of any institution where a child is detained by an order of a court	5	<0.1%	9	<0.1%
Member of the Clergy	8	<0.1%	5	<0.1%
Dentist	4	<0.1%	5	<0.1%
<b>Total</b>	<b>18,373</b>	<b>100.0%</b>	<b>23,071</b>	<b>100.0%</b>

## 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 to practice 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 to other services, or an early intervention response.
- ❖ The case will be closed with no further action.

The timeline recommended 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 child 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 (page 36).

- More than half (59%; 48,533) of referrals received in 2022 were closed to social work following screening. Of these, 38% (18,631) were closed with no further action required, while a further 41% (20,135) were closed as assessment / safety planning was already ongoing for these cases. A breakdown of the outcome of the referrals closed following screening is presented in Table 9 below.

Table 9: Breakdown of the outcome of referrals closed following screening, 2022

Outcome	# Referrals	% Referrals
Closed – assessment / safety planning ongoing	20,135	41%
Closed – no further action	18,631	38%
Closed – diverted to Another Agency	1,323	3%
Closed – diverted to Prevention, Partnership & Family Support Services	3,481	7%
Closed – “Other”	573	1%
Closed – not specified	4,390	9%
<b>Total</b>	<b>48,533</b>	<b>100%</b>



- 35% (28,792) of referrals moved to the next stage of the referral process – the preliminary enquiry (PE) stage. These are referrals deemed to require a social work response following screening. The remaining referrals (7%; 5,530) were at the screening stage when the data was extracted for reporting (data extracted quarterly in arrears).
- At the time the data was extracted for reporting 89% (25,564) of preliminary enquiries were completed.
- Of the referrals where the preliminary enquiry was completed (25,564), 30% (7,571) required an initial assessment. The remaining referrals (70%; 17,993) were closed to social work following the preliminary enquiry.
- A breakdown of the outcome of referrals that underwent a preliminary enquiry is presented in Table 10 below.

*Table 10: Breakdown of the outcome of referrals that underwent a preliminary enquiry, 2022*

Outcome	# Referrals	% Referrals
Initial Assessment Required	7,571	30%
Closed – assessment / safety planning ongoing	2,655	10%
Closed – no further action	11,294	44%
Closed – diverted to Another Agency	2,045	8%
Closed – diverted to Prevention, Partnership & Family Support Services	1,998	8%
Closed - not specified	1	<1%
<b>Total</b>	<b>25,564</b>	<b>100%</b>

- Comparison with 2020 and 2021 shows a further decrease in the percentage of referrals that required a preliminary enquiry following screening, while the percentage of referrals that required an initial assessment (30%) showed a further increase (Table 11). Further examination is required to understand the reasons for the variation. The reasons are most likely multi-faceted. However, it should be noted that the data presented is based on the status of referrals when the data is extracted from NCCIS (quarterly in arrears). For instance, 7% (5,530) of referrals were at the screening stage when the 2022 data was extracted compared to 4% (2,863) for 2021. Similarly, 89% (25,564) of preliminary enquiries were completed when the 2022 data was extracted compared to 93% (31,072) for 2021.

*Table 11: Preliminary enquiries and Initial assessments, 2020 - 2022*

Year	# Referrals	# Requiring a PE	% Requiring PE	# Requiring IA following PE	% Requiring IA
<b>2022</b>	<b>82,855</b>	<b>28,792</b>	<b>35%</b>	<b>7,571</b>	<b>30%</b>
<b>2021</b>	<b>73,069</b>	<b>33,422</b>	<b>46%</b>	<b>8,780</b>	<b>28%</b>
<b>2020</b>	<b>69,712</b>	<b>44,264</b>	<b>63%</b>	<b>9,997</b>	<b>23%</b>

\*Note: the percentage of referrals that required an initial assessment is based on preliminary enquiries completed and not preliminary enquiries required following screening

- Like the rate of referrals discussed earlier, there are significant differences across the 17 areas in the percentage of referrals moving to the preliminary enquiry and initial assessment stages of the referral process (Table 12).

- The percentage of referrals that moved to the preliminary enquiry stage ranged from 19% (1,491/7,919) in Dublin South West/Kildare/West Wicklow to 48% (1,856/3,883) in Carlow/Kilkenny/South Tipperary. Eleven areas reported a percentage equal to or higher than the national average of 35%.
- The percentage of referrals that required an initial assessment following a preliminary enquiry ranged from 23% (230/1,018) in Cavan/Monaghan to 42% (803/1,914) in Dublin North. Eight areas reported a percentage equal to or higher than the national average of 30%.
- Further examination is required to understand the varying patterns across the Tusla areas.

*Table 12: Breakdown of referrals requiring a preliminary enquiry and initial assessment, by area 2022*

Area	# Referrals	# Req. PE	% Req. PE	# Req. IA	% Req. IA*
Dublin South Central	6,117	1,307	21%	342	29%
Dublin South East/Wicklow	3,257	1,239	38%	406	34%
Dublin South West/Kildare/West Wicklow	7,919	1,491	19%	346	27%
Midlands	8,274	2,181	26%	548	26%
Dublin North City	5,071	1,753	35%	492	38%
Dublin North	7,290	2,351	32%	803	42%
Louth/Meath	6,414	2,638	41%	665	26%
Cavan/Monaghan	2,343	1,101	47%	230	23%
Cork	7,869	3,728	47%	829	30%
Kerry	2,334	814	35%	231	30%
Carlow/Kilkenny/South Tipperary	3,883	1,856	48%	447	24%
Waterford/Wexford	6,130	2,168	35%	477	25%
Midwest	6,354	2,698	42%	723	28%
Galway/Roscommon	4,263	1,646	39%	399	27%
Mayo	1,562	471	30%	172	41%
Donegal	2,298	657	29%	252	41%
Sligo/Leitrim/West Cavan	1,477	693	47%	209	31%
<b>Total</b>	<b>82,855</b>	<b>28,792</b>	<b>35%</b>	<b>7,571</b>	<b>30%</b>

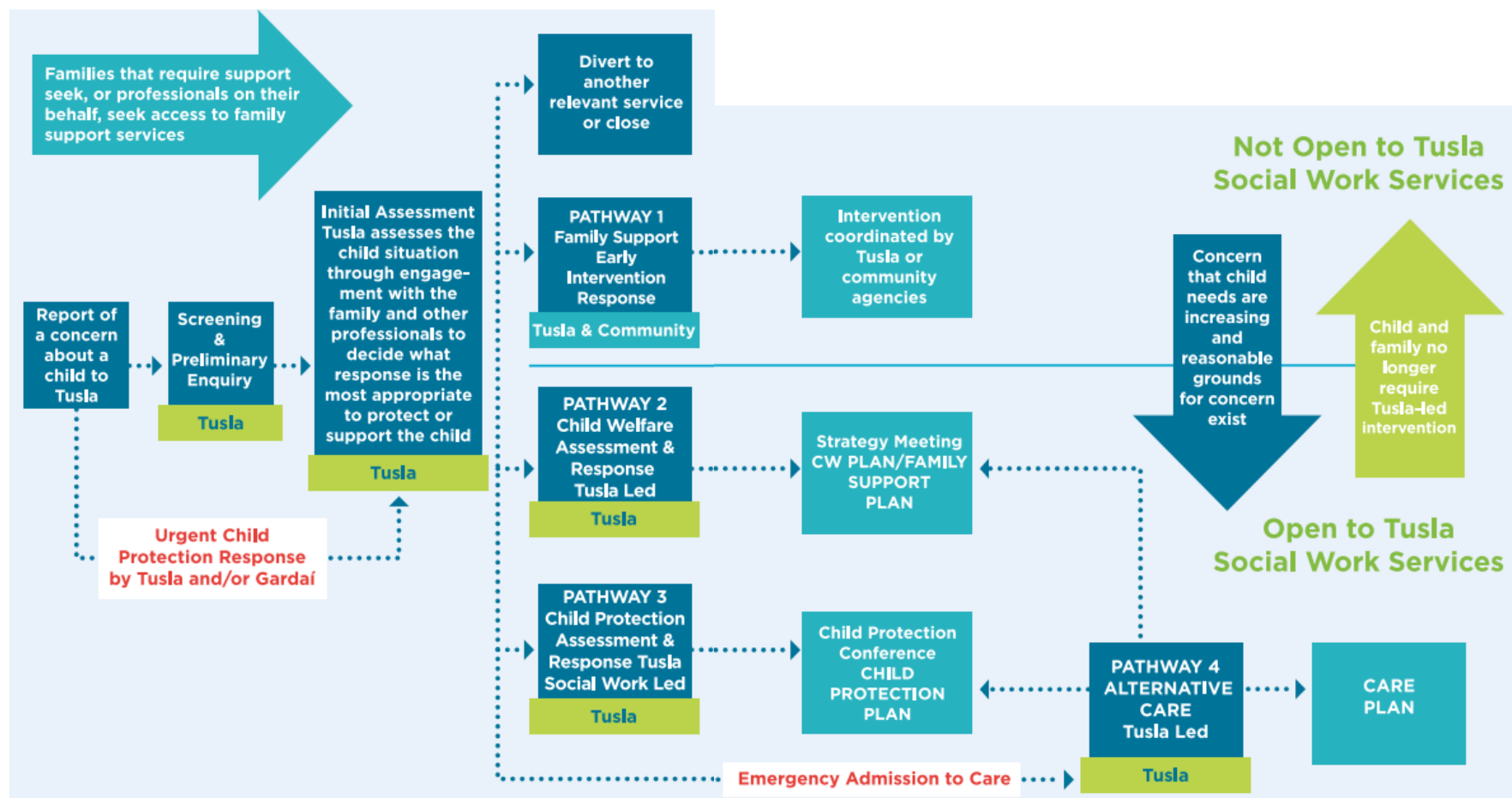
\*Note: the percentage of referrals that required an initial assessment is based on preliminary enquiries completed and not preliminary enquiries required following screening.

- At the time the data was extracted for reporting, 48% (3,617) of initial assessments required following a preliminary enquiry were completed. The remaining assessments were awaiting sign-off, in progress, or not started at the time the data was extracted.
- Over half (53%; 1,905) of referrals where the initial assessment was completed were closed to social work after the initial assessment, 43% (1,542) required a child protection / safety planning response and 4% (146) required admission to care. A breakdown of the outcome of initial assessments for all referrals is presented in Table 13 below.

*Table 13: Outcome of initial assessments for referrals received in 2022*

<b>Outcome</b>	<b># Referrals</b>	<b>% Total</b>
<b>Closed - No Further Action (NFA)</b>	1,099	30%
<b>Closed - Divert to Another Agency</b>	464	13%
<b>Closed - Divert to Prevention Partnership Family Support (PPFS)</b>	181	5%
<b>Closed -No Further Action (NFA) - Assessment/Safety Planning ongoing</b>	161	5%
<b>Safety Planning</b>	1,004	28%
<b>Child Protection / Child Protection Conference Safety Planning</b>	538	15%
<b>Admission to Care</b>	146	4%
<b>Family Welfare Conference</b>	24	<1%
<b>Total</b>	<b>3,617</b>	<b>100%</b>

# Response Pathways










It should be noted that a referral can close / be diverted at any stage during the process depicted above – all referrals do not have to journey along this pathway.

Figure 7: Child Protection and Welfare Services, Response Pathways

## 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 (CPNS). 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. All cases awaiting allocation are reviewed and monitored on an ongoing basis and prioritised accordingly.

### KEY FACTS 2022

-  22,033 cases open to social work at the end of 2022, 785 (4%) more than 2021 (21,248) and 890 (4%) more than 2020 (21,143). Equates to less than 2% of the general child population in receipt of social work services from Tusla for child protection and welfare concerns.
-  72% (15,920) of cases open to social work at the end of 2022 were allocated to a named social worker, down from 77% at the end of 2021 and 80% at the end of 2020.
-  6,113 (28%) cases awaiting allocation to a named social worker at the end of 2022, 1,306 (27%) more than 2021 (4,807) and the highest number reported since 2018 (6,432); year-on-year increase from 2020 – 2022 following a year-on-year decrease from 2018 -2020.
-  58% (3,537) of cases awaiting allocation to a named social worker at the end of 2022 were being progressed by dedicated duty teams or rotating social workers on a duty roster.
-  391 (6%) cases awaiting allocation to a named social worker at the end of 2022 were categorised as high priority, down from 436 (9%) in 2021.
-  68% (4,131) of cases awaiting allocation at the end of 2022 were waiting three months or less, down from 73% (3,526) at the end of 2021. The remaining 32% (1,982) of cases were waiting longer than three months, up from 27% (1,281) at the end of 2021.
-  6 areas accounted for 66% (4,035) of cases awaiting allocation as follows: Dublin South West/Kildare/West Wicklow (801), Dublin South Central (797), Cork (735), Waterford/Wexford (675), Dublin North City (540) and Dublin North (487).

### Open Cases

- At the end of 2022, there were 22,033 cases open to social work. As open cases are recorded on a per child basis, we can say that at the end of 2022, 1.9% of the general child population (Census 2016) were in receipt of a social work service from Tusla for child protection and welfare concerns.
- The number of cases open to social work at the end of 2022 (22,033) was up 785 (4%) on 2021 (21,248) and 890 (4%) from 2020 (21,143) when the fewest number for all years 2014 – 2021 was reported (Table 14).

## Allocated Cases

- 72% (15,920) of cases open to social work at the end of 2022 were allocated to a named social worker, down from 77% at the end of 2021 and 80% at the end of 2020 (Table 14).

## Cases Awaiting Allocation

- The remaining 28% (6,113) of cases were awaiting allocation to a named social worker (Table 14).
- The number of cases awaiting allocation at the end of 2022 (6,113) was up 27% (1,306) on 2021 (4,807) and the highest number reported since 2018 (6,432); year-on-year increase from 2020 – 2022 following a year-on-year decrease from 2018 -2020 (Table 14 and Figure 8). The increase in the cases awaiting allocation reflects the widespread challenge with the recruitment and retention of social workers and particularly in some areas.
- 58% (3,537) of cases awaiting allocation to a named social worker at the end of 2022 were being progressed by dedicated duty teams or rotating social workers 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 to a named social worker are reviewed and monitored on an ongoing basis and prioritised accordingly. Children at immediate risk get an immediate response.

Table 14: Cases open to social work, 2014 - 2022

Year	# Open cases	# Allocated	% Allocated	# Unallocated	% Unallocated
2022	22,033	15,920	72%	6,113	28%
2021	21,248	16,441	77%	4,807	23%
2020	21,143	16,904	80%	4,239	20%
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%

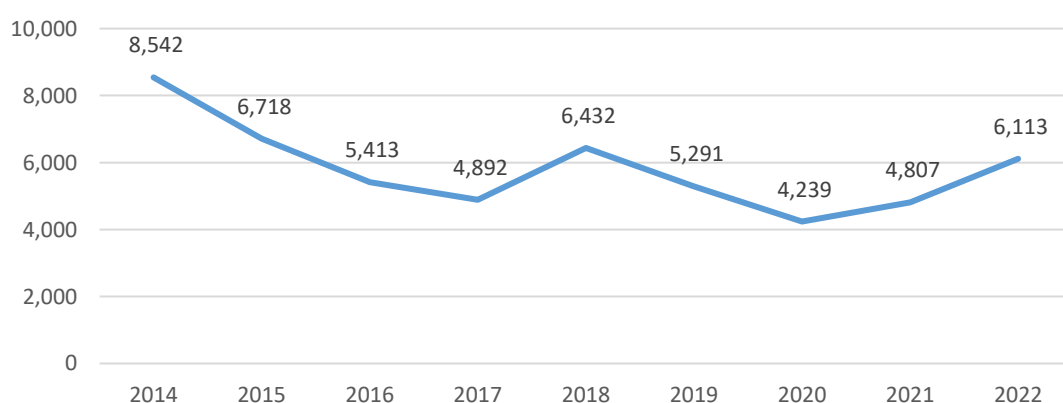


Figure 8: Number of open cases awaiting allocation, 2014 -2022

## Cases Awaiting Allocation by Priority Level

- 6% (391) of cases awaiting allocation at the end of 2022 were categorised as high priority, down from 9% (436) in 2021 (Table 15).
- 53% (3,213) of cases awaiting allocation at the end of 2022 were categorised as medium priority while the remaining 41% (2,509) were categorised as low priority (Table 15).
- The decrease in the percentage of high priority cases in recent years along with the concomitant increase in the percentage of low priority cases reflects the Agency's ongoing focus on the management of high priority cases.

Table 15: Cases awaiting allocation by priority level, 2014 - 2022

Year	# High Priority Awaiting	# Medium Priority Awaiting	# Low Priority Awaiting	Total
<b>2022</b>	<b>391 (6%)</b>	<b>3,213 (53%)</b>	<b>2,509 (41%)</b>	<b>6,113</b>
<b>2021</b>	436 (9%)	2,546 (53%)	1,825 (38%)	4,807
<b>2020<sup>15</sup></b>	376 (9%)	2,353 (56%)	1,510 (36%)	4,239
<b>2019</b>	653 (12%)	2,782 (53%)	1,856 (35%)	5,291
<b>2018</b>	1,003 (16%)	3,296 (51%)	2,133 (33%)	6,432
<b>2017</b>	818 (17%)	2,925 (60%)	1,149 (23%)	4,892
<b>2016</b>	801 (15%)	3,262 (60%)	1,350 (25%)	5,413
<b>2015</b>	999 (15%)	3,617 (54%)	2,102 (31%)	6,718
<b>2014</b>	2,836 (33%)	4,383 (51%)	1,323 (15%)	8,542

## Cases Awaiting Allocation by Length of Time Waiting

- 68% (4,131) of cases awaiting allocation at the end of 2022 were waiting three months or less, down from 73% (3,526) at the end of 2021. The remaining 32% (1,982) of cases were waiting longer than three months, up from 27% (1,281) at the end of 2021 (Table 16).

Table 16: Cases awaiting allocation by length of time waiting 2018 - 2022

Year	< 1 month	1-3 months	>3 months	Total
<b>2022</b>	<b>2,221 (36%)</b>	<b>1,910 (31%)</b>	<b>1,982 (32%)</b>	<b>6,113</b>
<b>2021</b>	1,865 (39%)	1,661 (35%)	1,281 (27%)	4,807
<b>2020</b>	1,669 (39%)	1,481 (35%)	1,089 (26%)	4,239
<b>2019</b>	1,677 (32%)	1,568 (30%)	2,046 (39%)	5,291
<b>2018</b>	1,461 (23%)	1,907 (30%)	3,064 (48%)	6,432

## Cases Awaiting Allocation by Tusla Area

- At the end of 2022, the number of cases open across the 17 areas ranged from 340 (1.5% of open cases) in Sligo/Leitrim/West Cavan to 2,612 (12% of open cases) (Cork) (Table 17).

<sup>15</sup> Revised guidance on categorisation of cases was issued by Tusla in 2020. The revised guidance is based on *Signs of Safety* – Tusla's national approach to practice and replaces the guidance issued in 2012.

- The areas with the highest numbers of cases awaiting allocation were Dublin South West/Kildare/West Wicklow (801), Dublin South Central (797), Cork (735), Waterford/Wexford (675), Dublin North City (540) and Dublin North (487). These six areas accounted for 66% (4,035) of all cases awaiting allocation.
- In six of the 17 areas, at least 80% of open cases were allocated to a named social worker. Rates reported by Dublin South Central (48%), Dublin South West/Kildare/West Wicklow (57%), Carlow/Kilkenny/South Tipperary (61%), Donegal (63%), Dublin South East/Wicklow (65%) and Waterford/Wexford (67%) were lower than all other areas (Table 17).

*Table 17: Area breakdown of cases open to social work by allocation status, 2022 (ranked by # awaiting allocation)*

Area	# Open Cases	# Allocated	% Allocated	# Awaiting Allocation	% Awaiting Allocation
Dublin South West/Kildare/West Wicklow	1,882	1,081	57%	801	43%
Dublin South Central	1,530	733	48%	797	52%
Cork	2,612	1877	72%	735	28%
Waterford/Wexford	2,042	1,367	67%	675	33%
Dublin North City	2,006	1,466	73%	540	27%
Dublin North	2,374	1,887	79%	487	21%
Dublin South East/Wicklow	1,006	656	65%	350	35%
Carlow/Kilkenny/South Tipperary	842	514	61%	328	39%
Donegal	818	518	63%	300	37%
Midlands	1,765	1,510	86%	255	14%
Louth/Meath	1,152	897	78%	255	22%
MidWest	1,229	1,106	90%	123	10%
Galway/Roscommon	900	782	87%	118	13%
Cavan/Monaghan	586	472	81%	114	19%
Kerry	557	455	82%	102	18%
Sligo/Leitrim/West Cavan	340	254	75%	86	25%
Mayo	392	345	88%	47	12%
<b>Total</b>	<b>22,033</b>	<b>15,920</b>	<b>72%</b>	<b>6,113</b>	<b>28%</b>

- Twelve of the 17 areas had more cases awaiting allocation at the end of 2022 than at the end of 2021 (Figure 9). The largest increases were reported by Dublin North City (up 352; 187%), Dublin South Central (up 304; 62%), Cork (up 264; 56%), Dublin South West/Kildare/West Wicklow (up 258; 48%) and Dublin North (up 163; 50%).
- Of the five areas that reported a decrease the largest decrease was reported by Louth/Meath (down 239; 48%) followed by Dublin South East/Wicklow (down 136; 28%), Midwest (down 77; 39%), Midlands (down 21; 8%) and Galway/Roscommon (down 5; 4%).



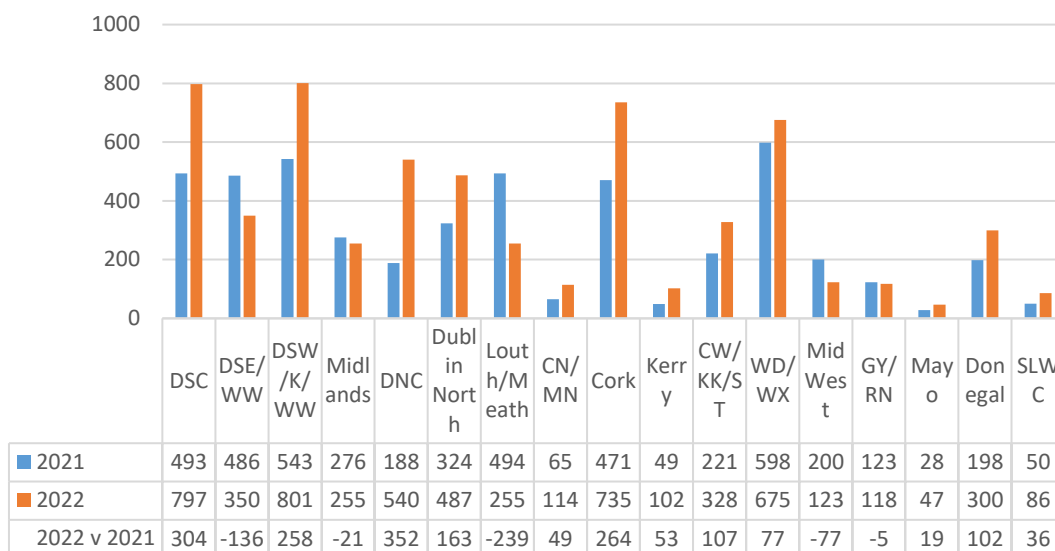


Figure 9: Area breakdown of cases awaiting allocation, 2021 -2022

- The area with the highest number of high priority cases awaiting allocation at the end of 2022 was Louth/Meath (62) followed by Waterford/Wexford (52), Dublin North (49), Dublin South Central (36), Midlands (36) and Donegal (34) (Figure 10). These six areas account for 69% (269) of all high priority cases awaiting allocation.

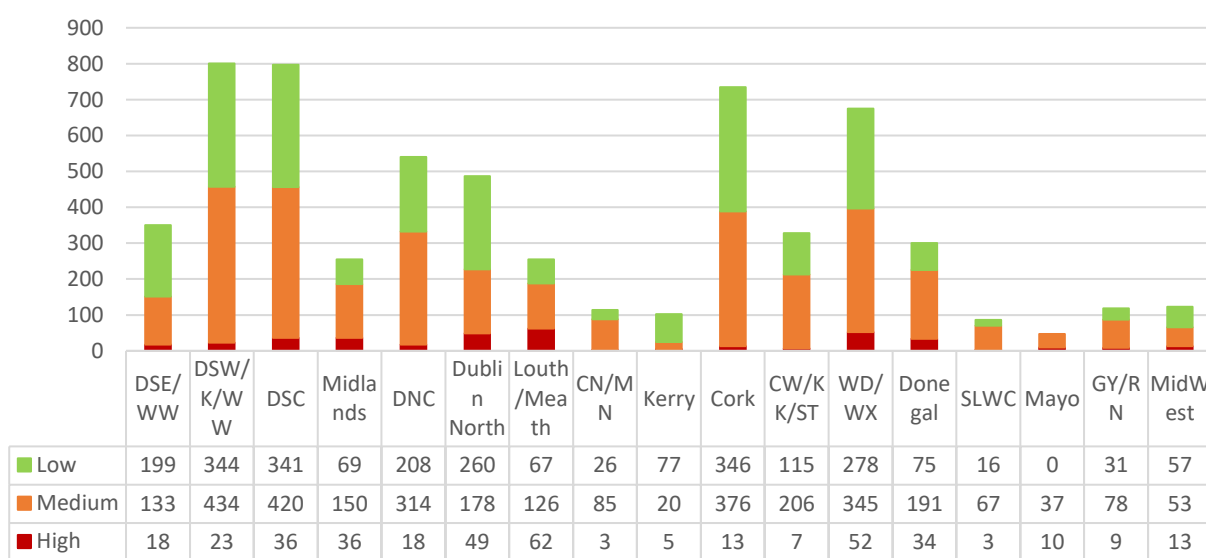


Figure 10: Area breakdown of cases awaiting allocation by priority status, 2022

## 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 conference<sup>16</sup> 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)<sup>17</sup>. 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.

### KEY FACTS

- ✚ 845 children “active” on the CPNS at the end of 2022, 138 (14%) fewer than 2021 (983) and the fewest number reported for all years 2015 – 2022.
- ✚ Neglect continues to be the most common concern for children “active” on the CPNS (55%; 463). Neglect and emotional abuse combined accounted for 93% (786) of cases “active” at the end of 2022.
- ✚ 37% (315) of children “active” at the end of 2022 were under 5 years, the highest percentage of all age groups. Ten percent (82) of those “active” were 15-17 years.
- ✚ Children under five years are more heavily represented on the CPNS (37%) than the general population (28%) while the older ages account for a smaller proportion of those on the CPNS (10%) than the general population (15%).
- ✚ More than half (57%; 479) of children “active” on the CPNS at the end of 2022 were “active” for no longer than six months, while 85% (715) were “active” for no longer than 12 months. Seven percent (61) of children were “active” for more than 18 months.
- ✚ The number of children “active” for more than 18 months is down 18 (22%) on 2021 (79) and 23 (27%) on 2020 (84).
- ✚ Eleven of the 17 areas had fewer children listed as “active” at the end of 2022 than at the end of 2021.

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<sup>16</sup> 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.

<sup>17</sup> 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.

## Number of Children “Active” on CPNS

- There were 845 children “active” on the CPNS (i.e., at ongoing risk of significant harm from abuse, including neglect and still living with their parents/carers) at the end of 2022.
- The number of children “active” at the end of 2022 was down 138 (14%) on 2021 (983) and the fewest number reported for all years 2015 - 2022<sup>18</sup> (Figure 11).

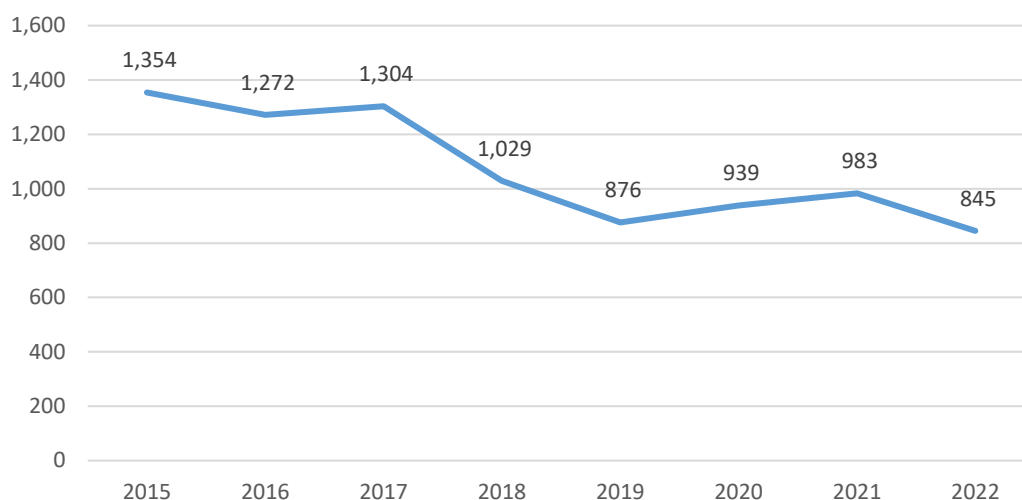


Figure 11: Number of children "active" on the CPNS, 2015 – 2022

- The number of children “active” (845) equates to about seven children per 10,000 of the population under 18 years (Table 18).
- The number of children “active” accounts for a small (3.8%), but significant percentage of cases open to social work (22,033).

Table 18: Number and rate of children "active" on the CPNS at year end, 2015-2022

Number / Rate	2015	2016	2017	2018	2019	2020	2021	2022
# “active”	1,354	1,272	1,304	1,029	876	939	983	845
Rate/10,000*	11.4	10.7	11	8.6	7.4	7.9	8.3	7.1

\*Rate based on Census 2016 population (1,190,502 children under 18 years)

- 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 19 shows the rate of children on child protection registers or subject to child protection plans in UK countries<sup>19</sup>. Of the four countries, Scotland reports the lowest rate of children on child protection registers at 22 per 10,000 children while

<sup>18</sup> 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

<sup>19</sup>Data for countries can be found from the Supporting Files, Additional Tables (Table 1.16) download at the following link [Children's Social Work Statistics Scotland: 2021 to 2022](#)

Northern Ireland reports the highest rate at 53 per 10,000 children. As can be seen from the table, Ireland falls well below these rates at seven per 10,000 children.

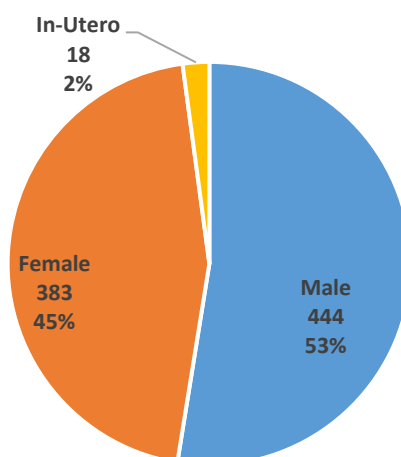
*Table 19: Children on child protection registers in other jurisdictions*

Country	Children on child protection registers – rate per 10,000 children
<b>Ireland</b>	<b>7 (31 December 2022)</b>
Northern Ireland	53 (31 March 2022)
England	42 (31 March 2022)
Wales	47 (31 March 2022)
Scotland	22 (31 March 2022)

- All children “active” on the CPNS at the end of 2022 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.

### Gender and Age of Children “Active” on CPNS

- Of the 845 children “active” on the CPNS at the end of 2022, 53% (444) were male and 45% (383) were female which is broadly consistent with the general population (Census 2016, 51% males and 49% females); the remaining 2% (18) were in-utero (Figure 12).



*Figure 12: Number of children "active" on the CPNS at the end of 2022, by gender*

- 37% (315) of children “active” on the CPNS at the end of 2022 were under 5 years, the highest percentage of all age groups (Figure 13). Ten percent (82) of those “active” were 15-17 years.

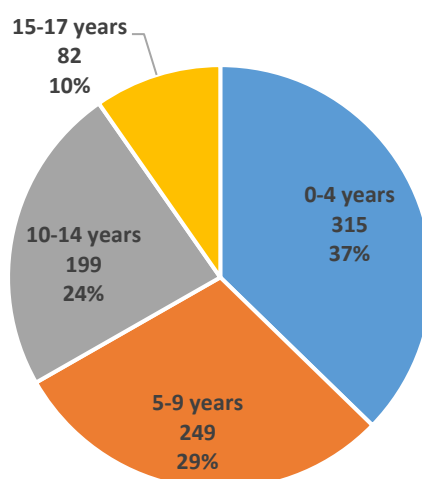


Figure 13: Number of children "active" on the CPNS at the end of 2022, by age group

- These figures indicate that the 0-4 years age group is more heavily represented on the CPNS (37%) than the general population (28%) while the older ages account for a smaller proportion of those on the CPNS (10%) than the general population (15%) (Table 20). These data correspond with most international data, which generally identify younger children at most risk, marginally reducing as they get older.
- At the end of 2022 there were fewer children "active" across all age groups than at the end 2021 with the largest decrease observed in the 0-4 years age group (down 22%; 91).

Table 20: Age of children "active" on the CPNS at year end by age group, 2020 - 2022

Age group	2020	2021	2022	General population	2022 v 2021
0-4 years	358 (38%)	406 (41%)	<b>315 (37%)</b>	331,515 (28%)	-91 (22%)
5-9 years	257 (27%)	263 (27%)	<b>249 (29%)</b>	355,561 (30%)	-14 (5%)
10-14 years	231 (25%)	218 (22%)	<b>199 (24%)</b>	319,476 (27%)	-19 (9%)
15 – 17 years	93 (10%)	96 (10%)	<b>82 (10%)</b>	183,950 (15%)	-14 (15%)
Total	<b>939 (100%)</b>	<b>983 (100%)</b>	<b>845 (100%)</b>	<b>1,190,502</b>	<b>-138 (14%)</b>

## Reason for being "Active" on CPNS

- The most common type of abuse recorded for children "active" on the CPNS at the end of 2022 was neglect accounting for more than half of all cases (55%; 463), followed by emotional abuse accounting for a further 38% (323) of cases (Figure 14). Combined, these two types of abuse account for 93% (786) of cases, a similar breakdown to 2021 (Table 21). The least common type of abuse was sexual abuse accounting for 3% (23) of cases (Figure 14).

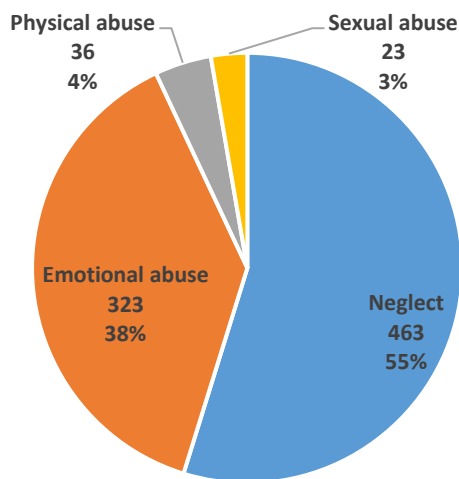


Figure 14: Type of abuse recorded for children “active” on the CPNS at the end of 2022

Table 21: Type of abuse recorded for children “active” on the CPNS at year end, 2020 – 2022

Type of Abuse	# 2020	% 2020	# 2021	% 2021	# 2022	% 2022	2022 v 2021	%
Neglect	546	58%	534	54%	463	55%	-71	-13%
Emotional abuse	302	32%	360	37%	323	38%	-37	-10%
Physical abuse	58	6%	61	6%	36	4%	-25	-41%
Sexual abuse	33	4%	28	3%	23	3%	-5	-18%
Total	939	100%	983	100%	845	100%	-138	-14%

## Length of Time “Active” on CPNS

- More than half (57%; 479) of children “active” on the CPNS at the end of 2022 were “active” for no longer than six months, while 85% (715) were “active” for no longer than 12 months (Figure 15). Seven percent (61) of children were “active” for more than 18 months.

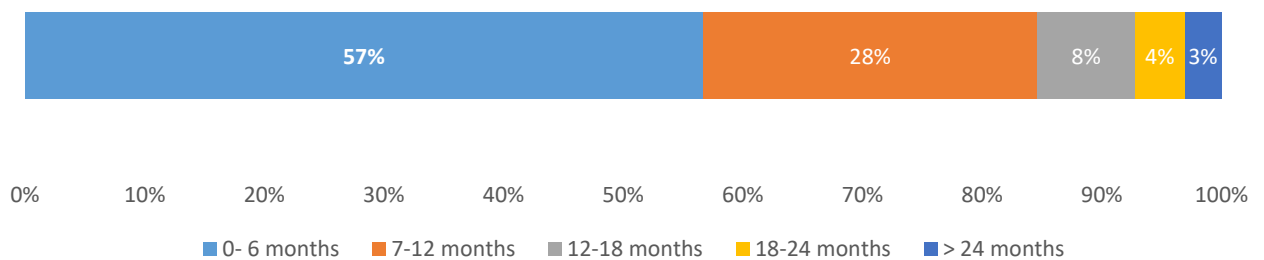


Figure 15: Children “active” on the CPNS at the end of 2022, by length of time “active”

- The number of children “active” for more than 18 months is down 18 (23%) on 2021 (79) and 23 (27%) on 2020 (84) (Table 22).

Table 22: Children listed as “active” at year end, by length of time “active”, 2020 - 2022

Length of time active	# 2020	% 2020	# 2021	% 2021	# 2022	% 2022	2022 v 2021	% Diff
0-6 months	485	52%	572	58%	479	57%	-93	-16%
7-12 months	254	27%	245	25%	236	28%	-9	-4%
12-18 months	116	12%	87	9%	69	8%	-18	-21%
18-24 months	43	5%	31	3%	35	4%	4	13%
24+ months	41	4%	48	5%	26	3%	-22	-46%
<b>Total</b>	<b>939</b>	<b>100%</b>	<b>983</b>	<b>100%</b>	<b>845</b>	<b>100%</b>	<b>-138</b>	<b>-14%</b>

## Children “Active” on CPNS by Area

- The number of children “active” on the CPNS at the end of 2022 in the different Tusla areas ranged from 12 in Mayo to 96 in Cork. The corresponding rate per 10,000 children ranged from 2.4/10,000 in Galway/Roscommon to 20.7/10,000 in Dublin North City, nearly three times the national rate (7.1/10,000) (Table 23).
- Ten areas reported a rate equal to or higher than the national average. As with the referral rates, it is likely that there are number of underlying factors leading to the variation across the areas.

Table 23: Children “active” on the CPNS by area, year-end 2022 (ranked by rate)

Area	# Active 2022	Population	Rate / 10,000
Dublin North City	93	44,927	20.7
Cavan / Monaghan	36	36,446	9.9
Dublin North	91	100,654	9.0
Dublin South Central	59	65,564	9.0
Carlow / Kilkenny / South Tipperary	56	63,009	8.9
Midlands	61	80,193	7.6
Donegal	32	42,865	7.5
Waterford / Wexford	51	68,513	7.4
Cork	96	134,015	7.2
Mid West	68	96,266	7.1
Dublin South West / Kildare / West Wicklow	74	108,186	6.8
Sligo / Leitrim / West Cavan	16	23,554	6.8
Kerry	20	34,527	5.8
Mayo	12	31,968	3.8
Dublin South East / Wicklow	30	86,810	3.5
Louth / Meath	31	93,093	3.3
Galway / Roscommon	19	79,912	2.4
<b>Total</b>	<b>845</b>	<b>1,190,502</b>	<b>7.1</b>

- Eleven of the 17 areas had fewer children listed as “active” at the end of 2022 than 2021 (Table 24). The largest decreases (in terms of numbers) were reported by Dublin South East/Wicklow (down 31; 51%), Donegal (down 27; 46%), Galway/Roscommon (down 23; 55%), Carlow/Kilkenny/South Tipperary (down 21; 27%) and Midlands (down 20; 25%).
- Of the five areas that reported an increase, the largest increase was reported by Dublin South Central (up 12; 26%), followed by Dublin North (up 11; 14%), Dublin North City (up 10; 12%), Sligo/Leitrim/West Cavan (up 7; 78%) and Dublin South West/Kildare/West Wicklow (up 5; 7%).
- The remaining area (Cork) reported no change.

*Table 24: Children "active" on the CPNS by area at year end, 2020– 2022 (ranked by difference 2022 v 2021)*

Area	# Active 2020	# Active 2021	# Active 2022	2022 v 2021	% Diff
Dublin South Central	61	47	59	12	26%
Dublin North	57	80	91	11	14%
Dublin North City	84	83	93	10	12%
Sligo/Leitrim/West Cavan	11	9	16	7	78%
Dublin South West/Kildare/West Wicklow	79	69	74	5	7%
Cork	77	96	96	0	0%
Cavan/Monaghan	19	39	36	-3	-8%
Louth/Meath	21	36	31	-5	-14%
Kerry	42	29	20	-9	-31%
Waterford/Wexford	85	63	51	-12	-19%
Midwest	74	83	68	-15	-18%
Mayo	25	29	12	-17	-59%
Midlands	64	81	61	-20	-25%
Carlow/Kilkenny/South Tipperary	88	77	56	-21	-27%
Galway/Roscommon	49	42	19	-23	-55%
Donegal	53	59	32	-27	-46%
Dublin South East/Wicklow	50	61	30	-31	-51%
Total	939	983	845	-138	-14%



## 2.5 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.

Out-of-hours services are provided by the National Out of Hours Service (NOHS) which is based in Tusla's Offices, Brunel Building, Dublin. A team of 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 NOHS 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 for 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.

### KEY FACTS

-  Referrals to Tusla's National Out of Hours Service (NOHS) continue to increase with 4,245 referrals in 2022, a 56% (1,527) increase on 2021 (2,718).
-  943 children placed by the NOHS in 2022, 245 (35%) more than 2021 (698).

- In 2022, there were 4,245 referrals to Tusla's National Out of Hours Service (NOHS), 1,527 (56%) more than 2021 (2,718) and the highest number for the eight years 2015 – 2021 (Figure 16).
- The sharp increase in referrals in 2022 and to a lesser extent in 2021 is mainly due to an increase in referrals for unaccompanied minors from Ukraine and separated children seeking international protection.
- There were 943 children placed by the NOHS in 2022, 245 (35%) more than 2021 (698).
- The NOHS supplied 7,577 nights' accommodation in 2022, 2,078 (38%) more than 2021 (5,499).

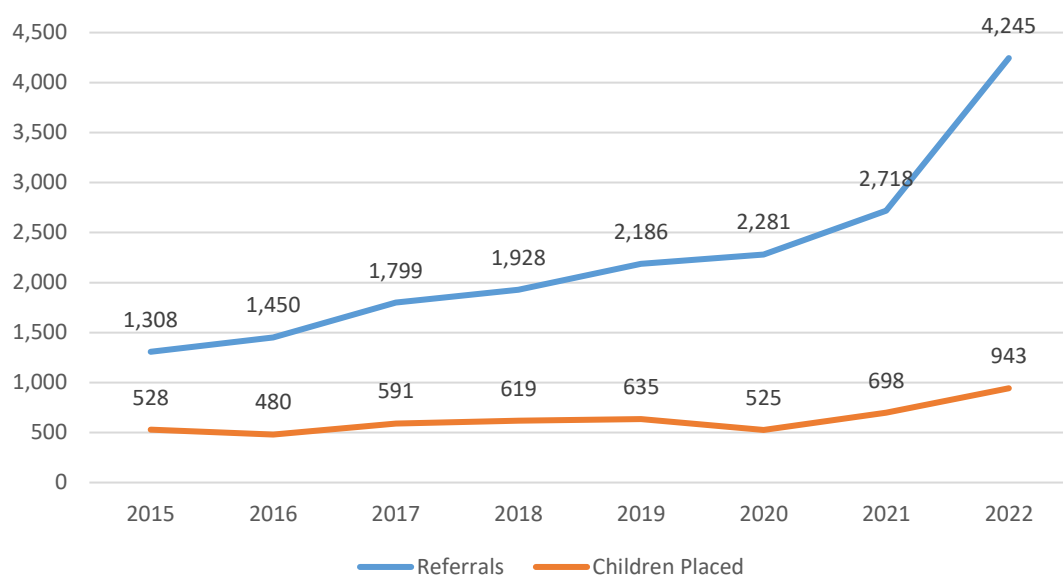


Figure 16: Referrals to Tusla's National Out of House Service & Number of Children Placed, 2015 - 2022

## 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 7 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

#### KEY FACTS

-  666 children came into care for the first time in 2022<sup>20</sup>. This figure does not include children under the Service for Separated Children Seeking International Protection and hence is not comparable with the figure reported for 2021 (792).
-  If comparison is made across the 17 areas, the number of children who came into care for the first time in 2022, is down 28 (4%) from 2021 (694) and is up 29 (5%) on 2020 (637).
-  The number of children who came into care for the first-time in 2022 equates to about 6 children for every 10,000 children living in Ireland. The rate ranges from about 2 per 10,000 children living in Dublin South East/Wicklow to 14 per 10,000 children living in Dublin North City.
-  The most common age of children coming into care for the first-time in 2022 was under one year, accounting for almost one in five children (18%; 121), followed to a lesser extent by the older ages of 15 years (8.3%; 55), 14 years (7.7%; 51) and 16 years (7.4%; 49).
- Neglect continues to be the most common reason for children coming into care for the first-time, accounting for 43% (273) of all children coming into care for the first-time in 2022, while the least common reason was sexual abuse accounting for 3% (16) of cases. *Percentages based on the 628 records where the reason for admission was available.*

<sup>20</sup> Note: these children were never in State care prior to this admission

- 83% (556) of children who came into care for the first-time were placed in foster care, 5% (32) were placed in residential general care, while the remaining 12% (78) were placed in “other” care placements<sup>21</sup>. Of the 556 children placed in foster care, one in five (21%; 117) was placed with relatives.

## Number of First-Time Admissions

- In 2022, 666 children came into care for the first time, representing about six children for every 10,000 under 18 years living in Ireland. This figure does not include children under the Service for Separated Children Seeking International Protection and hence is not comparable with data for the years 2019 – 2021 as presented below (blue line Figure 17).
- If comparison is based on data for the 17 Tusla areas (i.e., excluding children under the Service for Separated Children Seeking International Protection), the number of children who came into care for the first time in 2022, is down 28 (4%) from 2021 (694) and is up 29 (5%) on 2020 (637) (orange line Figure 17).
- Overall, the number of children admitted to care for the first-time by the 17 areas has varied little over the six years 2017 -2022. In interpreting these data, it should be noted that a small number of large sibling groups can have a significant effect on the data.

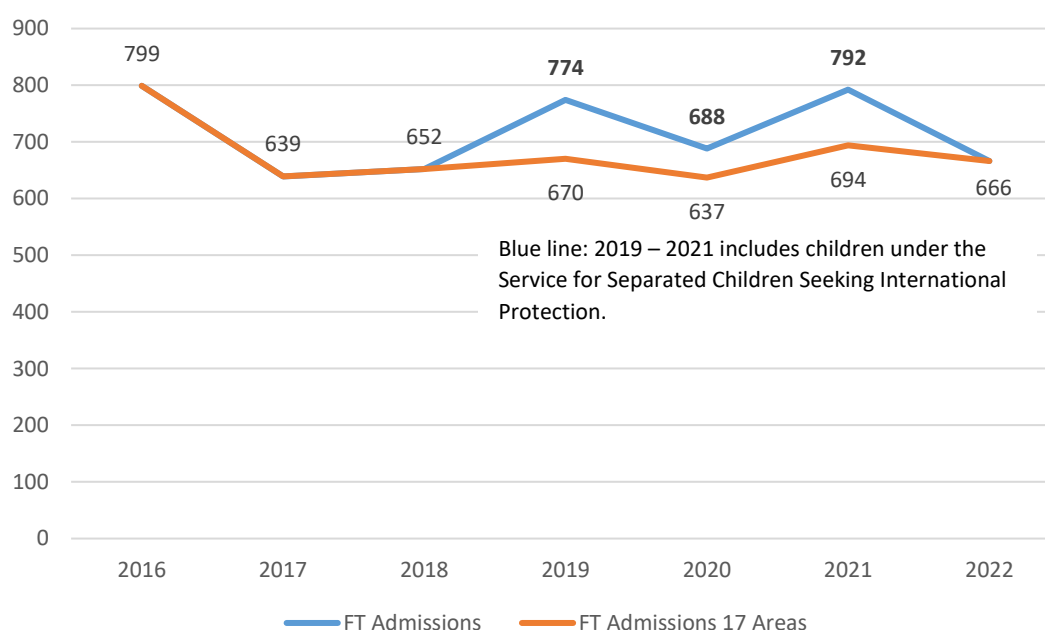


Figure 17: Number of children coming into care for the first-time, 2016 – 2022

## Age and Gender

- Based on the 626 (94%) children where the gender was recorded, almost equal numbers of males (315; 50.3%) and females (311; 49.7%) came into care for the first-time in 2022. The gender was not available for the remaining 40 (6%) children.

<sup>21</sup> Other care placements include other residential centres (e.g., disability, drug/alcohol rehabilitation centre), supported lodgings, detention centres, at home under a care order, special emergency arrangements, other – not specified.

- The most common age of children coming into care for the first-time was under one year, accounting for almost one in five children (121; 18%), followed to a lesser extent by the older ages of 15 years (55; 8.3%), 14 years (51; 7.7%) and 16 years (49; 7.4%) (Figure 18).

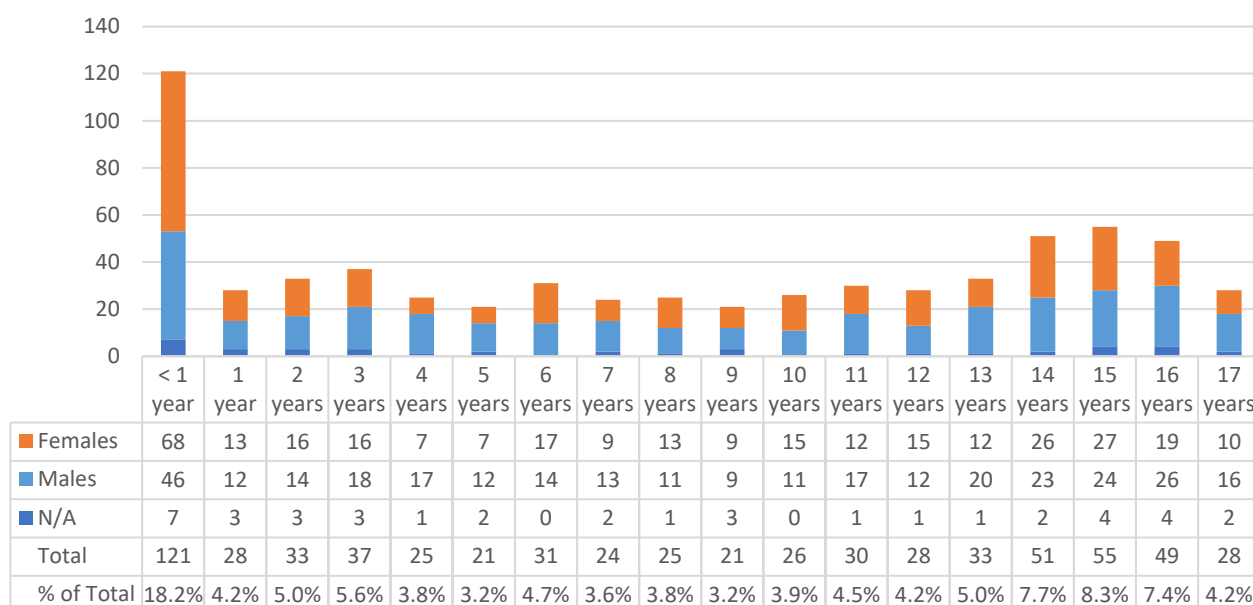


Figure 18: Children coming into care for the first-time by age and gender, 2022

- When the number of children coming into care for the first-time is disaggregated by age group the figures indicate that the 0-4 years and 15-17 years cohorts are more heavily represented than the general child population (Table 25). In contrast, the 10-14 years and 5-9 years cohort in particular account for smaller proportions than in the general child population.
- It is likely that the decrease from 2021 in the percentage of 15-17 year olds coming into care for the first-time (28% down to 20%) is due (at least in part) to the absence of data on children under the Service for Separated Children Seeking International Protection, as this cohort of children tend to be older on admission to care.

Table 25: Children coming into care for the first-time, by age group and year, 2019 - 2022

Age Band	2019	2020	2021	2022	General Pop*
0-4 years	278 (36%)	254 (37%)	243 (31%)	<b>244 (37%)</b>	331,515 (28%)
5-9 years	140 (18%)	153 (22%)	142 (18%)	<b>122 (18%)</b>	355,561 (30%)
10-14 years	161 (31%)	138 (20%)	186 (23%)	<b>168 (25%)</b>	319,476 (28%)
15-17 years	195 (25%)	143 (21%)	221 (28%)	<b>132 (20%)</b>	183,950 (15%)
Total	<b>774 (100%)</b>	<b>688 (100%)</b>	<b>792 (100%)</b>	<b>666 (100%)</b>	<b>1,190,502 (100%)</b>

\*Census 2016. Data for 2022 does not include children under the Service for Separated Children Seeking International Protection

## Reasons for Admissions

- The most common reason for children coming into care for the first-time in 2022 was neglect, accounting for 43% (273) of cases, while the least common reason was sexual abuse accounting for 3% (16) of cases (Figure 19). Percentages based on the 628 cases

where the reason for admission was available: reason for admission not available for 38 records (6%).

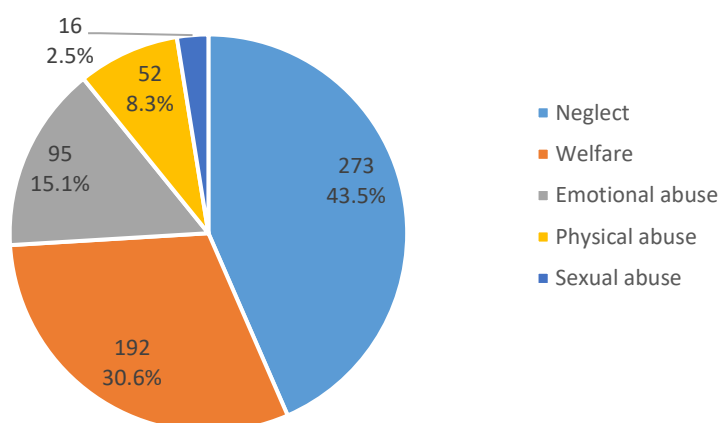


Figure 19: Breakdown of the reasons for children coming into care for the first-time, 2022. Reason not available for 38 records

- A breakdown of the reasons for children coming into care for the first-time for the period 2019 - 2022 is presented in the chart below (Figure 20). As can be seen from the chart the breakdown is broadly similar from year to year with neglect accounting for highest proportion of admissions followed by welfare and emotional abuse. The decrease from 2021 in the percentage of admissions due to welfare, may be due to the number of cases with no reason provided in 2022 and also that the data for 2022 does not include children under the Service for Separated Children Seeking International Protection.

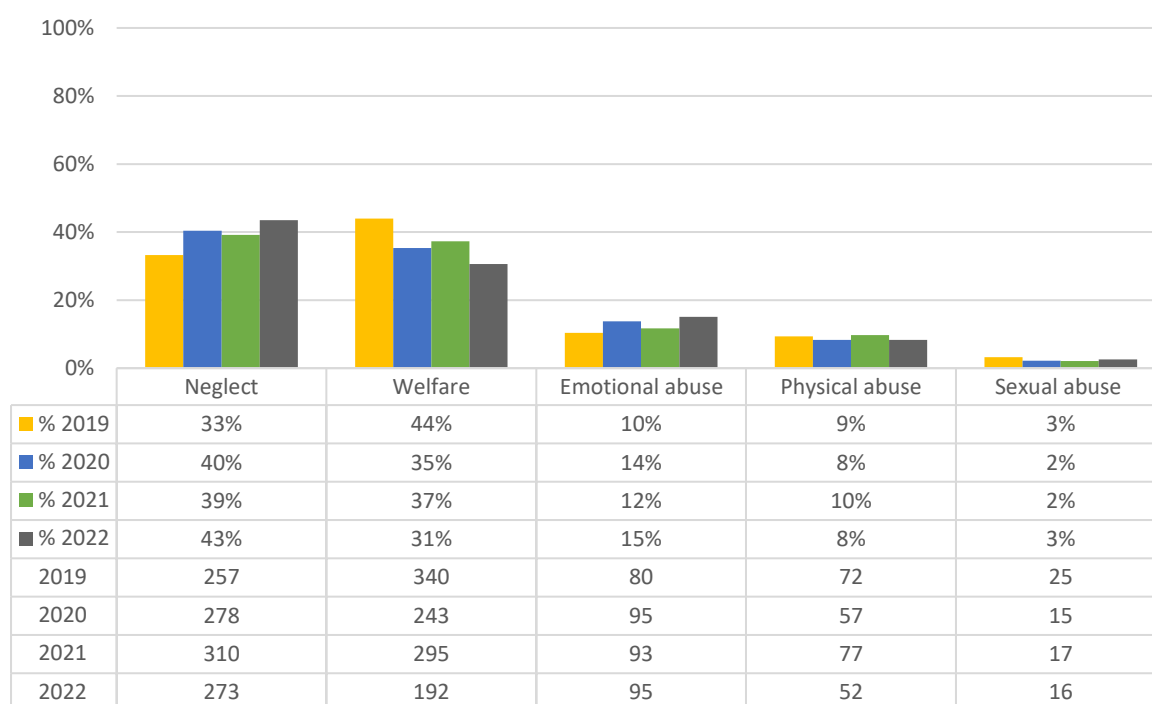


Figure 20: Breakdown of the reasons for children coming into care for the first-time, 2019 – 2022. Reason not available for 38 records for 2022 and data for 2022 does not include children under the Service for Separated Children Seeking International Protection.

## Care Placements

- Of the 666 children who came into care for the first-time in 2022, 83% (556) were placed in foster care, 5% (32) were placed in residential general care, while the remaining 12% (78) were placed in “other” care placements<sup>22</sup> (Figure 21). Of the 556 children placed in foster care, one in five (21%; 117) was placed with relatives.

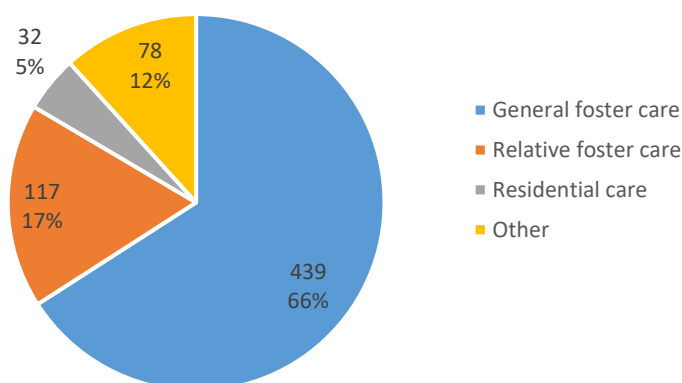


Figure 21: Breakdown of children coming into care for the first-time, by placement type, 2022

- A breakdown of first-time admissions by placement type for the years 2019 – 2022 is presented in Figure 22 below. The increase from 2021 in the percentage of children placed in general foster care (56% up to 66%) and the decrease in the percentage placed in residential care (14% to 5%) may be due to the absence of data for 2022 on children under the Service for Separated Children Seeking International Protection, as more of these children tend to be placed in residential care than foster care.

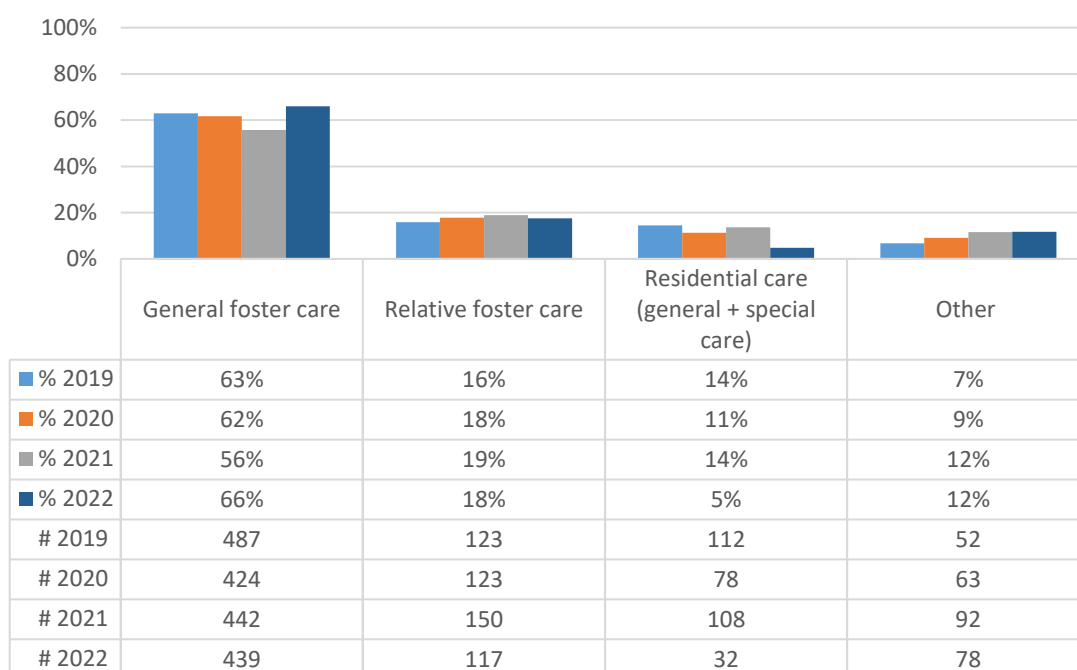


Figure 22: Breakdown of children coming into care for the first-time, by placement type, 2019 – 2022. Data for 2022 does not include children under the Service for Separated Children Seeking International Protection.

<sup>22</sup> Other care placements include other residential centres (e.g., disability, drug/alcohol rehabilitation centre), supported lodgings, detention centres, at home under a care order, special emergency arrangements, other – not specified.

## First-Time Admissions by Area

- Of the 17 areas, the three areas with the highest numbers of children admitted to care for the first time in 2022 were Dublin North (75), Cork (65) and Dublin North City (63) (Table 26). Donegal and Sligo/Leitrim/West Cavan reported the fewest number of children admitted to care for the first-time (18).
- As with other data presented in this report, the rate of children coming into care for the first-time varies widely across the 17 areas, ranging from about 2 per 10,000 children living in the Midwest to 14 per 10,000 children living in Dublin North City (Table 26). Ten areas reported a rate higher than the national average (5.6/10,000).
- Areas like Mayo and Sligo/Leitrim/West Cavan with the smaller numbers of children under 18 years report some of the highest rates of children coming into care. Whereas areas like Midwest, Dublin South East/Wicklow and Dublin South West/Kildare/West Wicklow 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 to care.

Table 26: Children coming into care for the first-time, by area, 2019 - 2022 (ranked by rate for 2022)

Area	2019	2020	2021	2022	0-17 years pop	2022 Rate / 10,000
Dublin North City	25	25	38	<b>63</b>	44,927	<b>14.0</b>
Mayo	33	12	22	<b>25</b>	31,968	<b>7.8</b>
Sligo/Leitrim/West Cavan	21	21	13	<b>18</b>	23,554	<b>7.6</b>
Dublin North	35	48	58	<b>75</b>	100,654	<b>7.5</b>
Cavan/Monaghan	27	25	24	<b>27</b>	36,446	<b>7.4</b>
Dublin South Central	30	51	68	<b>48</b>	65,564	<b>7.3</b>
Waterford/Wexford	63	50	40	<b>49</b>	68,513	<b>7.2</b>
Carlow/Kilkenny/South Tipperary	45	30	21	<b>41</b>	63,009	<b>6.5</b>
Kerry	21	16	30	<b>22</b>	34,527	<b>6.4</b>
Louth/Meath	35	47	52	<b>55</b>	93,093	<b>5.9</b>
Cork	94	91	71	<b>65</b>	134,015	<b>4.9</b>
Dublin South West/Kildare/West Wicklow	65	44	77	<b>46</b>	108,186	<b>4.3</b>
Midlands	41	29	38	<b>34</b>	80,193	<b>4.2</b>
Donegal	17	24	44	<b>18</b>	42,865	<b>4.2</b>
Galway/Roscommon	23	60	39	<b>30</b>	79,912	<b>3.8</b>
Dublin South East/Wicklow	21	14	24	<b>30</b>	86,810	<b>3.5</b>
Midwest	74	50	35	<b>20</b>	96,266	<b>2.1</b>
Service for SCSIP	104	51	98	<b>N/A</b>	-	-
<b>Total</b>	<b>774</b>	<b>688</b>	<b>792</b>	<b>666</b>	<b>1,190,502</b>	<b>5.6</b>

- Nine of the 17 areas reported an increase from 2021 in the number of children coming into care for the first-time (Figure 23). The largest increase was reported by Dublin North City (up 25) followed by Carlow/Kilkenny/South Tipperary (up 20) and Dublin North (up 17).



- For the four years 2019 – 2022, two areas reported three consecutive increases with the largest increase reported by Dublin North (up 40) followed by Louth/Meath (up 20), while a further three areas reported two consecutive increases, Dublin South East/Wicklow (up 16), Dublin North City (up 38) and Mayo (up 13).
- Over the same period 2019 -2022, two areas reported three consecutive decreases with the largest decrease reported by Midwest (down 54) followed by Cork (down 29), while one area reported two consecutive decreases, Galway/Roscommon (down 30).
- As mentioned previously, a small number of large sibling groups can also have a significant effect on the data. Also, as can be seen from the chart below, fluctuation from one year to the next in the number of children coming into care for the first-time is common.

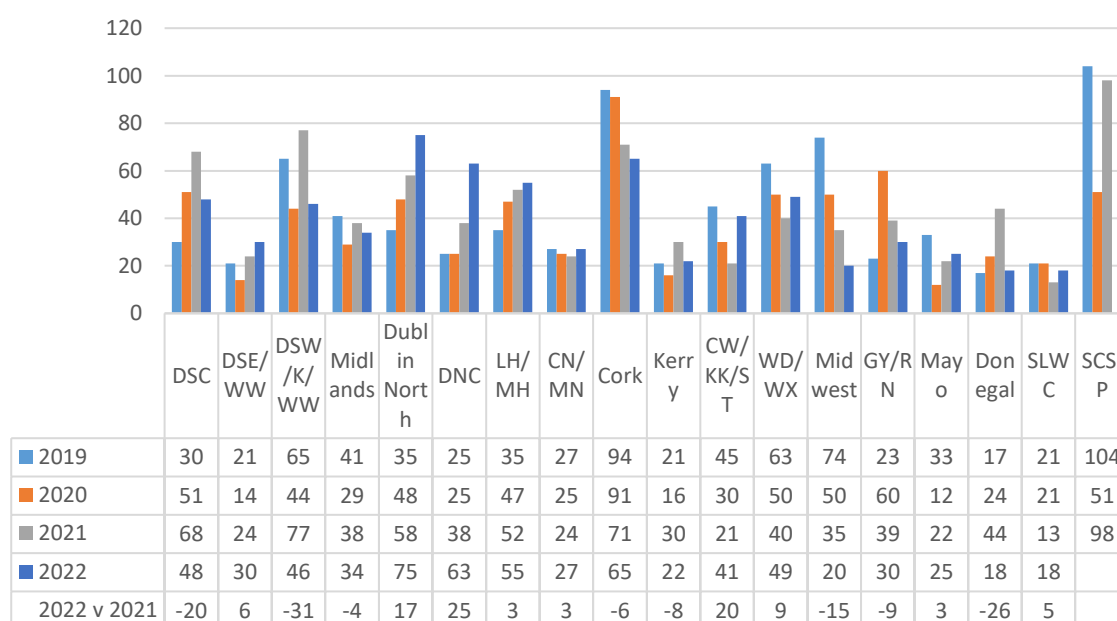


Figure 23: Children coming into care for the first-time, by area, 2019-2022

## 3.2 Total Admissions to Care

### KEY FACTS

- ✚ 813 admissions to care in 2022. This figure does not include children under the Service for Separated Children Seeking International Protection and hence is not comparable with data for the previous year.
- ✚ If comparison is based on data for the 17 Tusla areas (i.e., excluding children under the Service for Separated Children Seeking International Protection) there were 51 (6%) fewer admissions in 2022 than 2021 (864) and it was the fewest number of admissions reported for the six-year period 2016 – 2022.
- ✚ 18% (147) of all admissions (813) were second or subsequent admissions, same as that for 2021.
- ✚ The most common age at admission was under 1 year accounting for 15% (126) of all admissions followed by the older ages of 14 years (76; 9%), 16 years (68; 8%) and 15 years (66; 8%).
- ✚ The most common reason for admission was neglect accounting for 41% (312) of admissions where the reason was available, followed by welfare concerns accounting for a further 33% (255) of admissions. Sexual abuse accounted for 2% (18) of admissions. A similar pattern to previous years.
- ✚ 82% (669) of admissions to care in 2022 were to foster care, 6% (47) were to residential general care and 12% (97) were to “other” care placements. Of the 669 admissions to foster care, 21% (142) were to foster care with relatives.
- ✚ 57% (467) of all admissions to care were voluntary admissions (where it was agreed with the child’s parent/guardian) and 43% (346) were on foot of an application to the court. One in five admissions to care (22%; 175) in 2022 was under an emergency care order. A similar pattern to previous years.

### Number of Admissions

- The data presented in this section of the report refers to all admissions to care in the year, 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 2022, there were 813 admissions to care (Figure 24). This figure does not include children under the Service for Separated Children Seeking International Protection and hence is not comparable with data for the years 2019 – 2021 as presented below (blue line Figure 24).
- If comparison is based on data for the 17 Tusla areas (i.e., excluding children under the Service for Separated Children Seeking International Protection) the number of

admissions to care in 2022, is down 51 (6%) from 2021 (864) and is the fewest number for the period 2016 – 2022 (orange line Figure 24).

- As with the data on first-time admissions, it should be noted that a small number of large sibling groups can have a significant effect on the data.

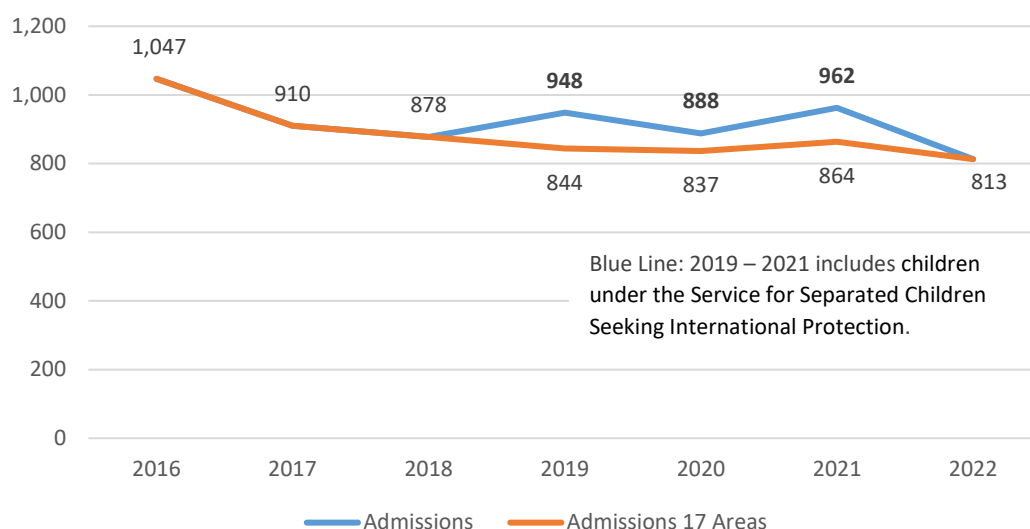


Figure 24: Total admissions to care, 2016 – 2022

- In 2022, 18% (147) of all admissions (813) were second or subsequent admissions, similar to that for 2021 (Table 27).

Table 27: First time admissions to care and repeat admissions to care, 2019 - 2022

Year	# First-time Admissions	# Total Admissions	≥ 2 admissions	% Admissions 2 <sup>nd</sup> or subsequent
2022	666	813	147	18%
2021	792	962	170	18%
2020	688	888	200	23%
2019	774	948	174	18%

Data for 2022 does not include children under the Service for Separated Children Seeking International Protection.

## Age and Gender

- In 2022, 50.9% (387) of admissions were male and 49.1% (374) were female. Percentages based on the 761 admissions where gender was available; gender was not available for 6% (52) of admissions.
- The most common age at admission was under 1 year accounting for 15% (126) of all admissions followed by the older ages of 14 years (76; 9%), 16 years (68; 8%) and 15 years (66; 8%) (Figure 25).
- A breakdown of admissions to care by age group is presented in Table 28. As with the first-time admissions, one possible reason for the decrease from 2021 in the percentage of admissions for 15–17 year-olds (28% to 22%) is the absence of data on children under the Service for Separated Children Seeking International Protection, as these children tend to be older on admission to care.

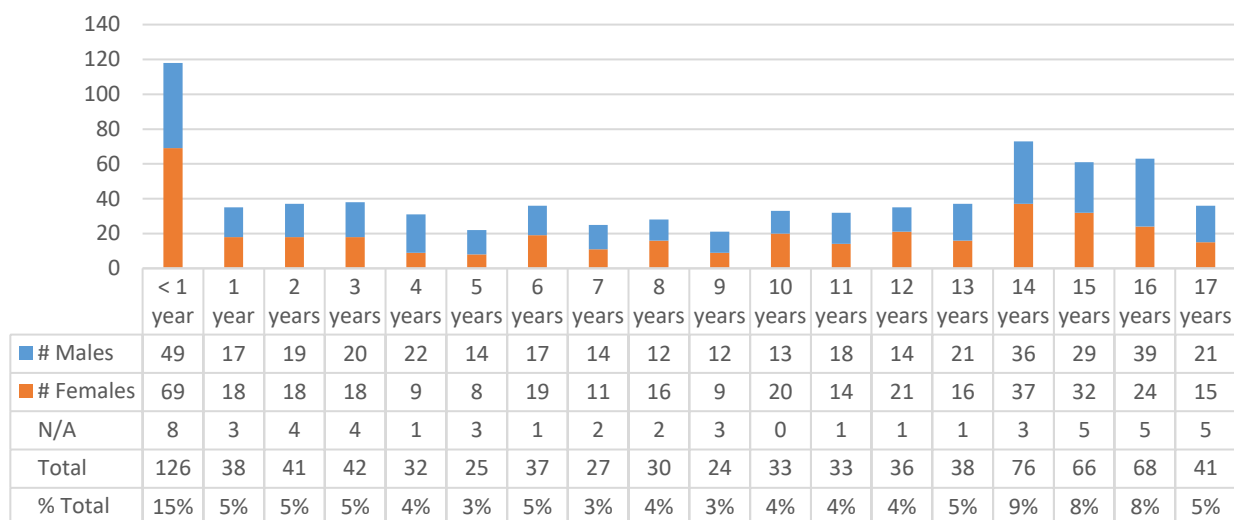


Figure 25: Admissions to care by age and gender, 2022

Table 28: Admissions to care by age group, 2019 - 2022

Age Group	2019	2020	2021	2022
0-4 years	329 (35%)	304 (34%)	280 (29%)	279 (34%)
5-9 years	174 (18%)	197 (22%)	177 (18%)	143 (18%)
10-14 years	203 (21%)	188 (21%)	232 (24%)	216 (27%)
15-17 years	242 (26%)	199 (22%)	273 (28%)	175 (22%)
Total	948 (100%)	888 (100%)	962 (100%)	813 (100%)

Data for 2022 does not include children under the Service for Separated Children Seeking International Protection.

## Reasons for Admissions

- In 2022, the most common reason for admission was neglect accounting for 41% (312) of all admissions, followed by welfare concerns accounting for a further 33% (255) of admissions (Figure 26). The least common reason for admission to care was sexual abuse, accounting for 2% (18) of all admissions. *Percentages based on the 765 records where the reason for admission was available; the reason for admission was not available for 48 records.*

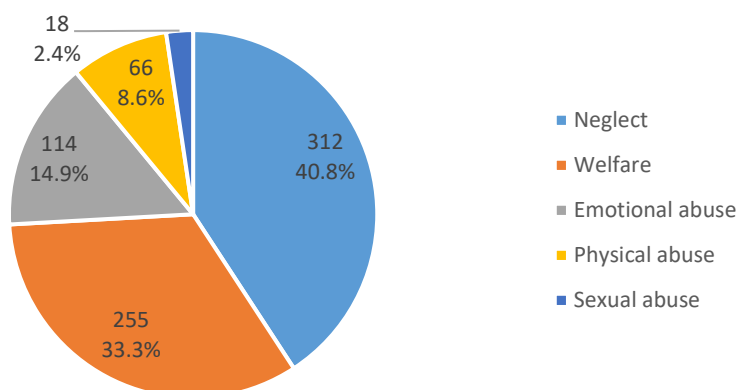


Figure 26: Admissions to care by reason, 2022. Reason not available for 48 records for 2022

- The percentage breakdown of admissions by reason for admission for the years 2019 - 2022 is presented in the table below (Figure 27). While the percentage breakdown for 2022 is broadly similar to previous years, direct comparison is difficult due of the absence of data on children under the Service for Separated Children Seeking International Protection and the number of records (48) where the reason was not available.

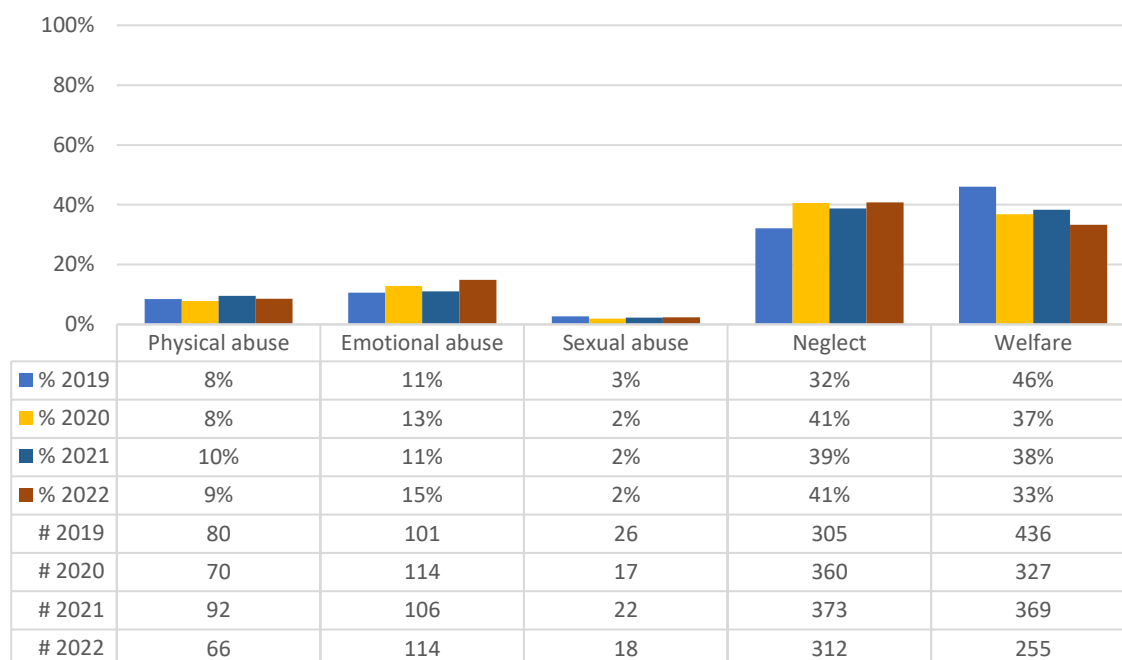


Figure 27: Admissions to care by reason, 2019 – 2022. Reason not available for 48 records for 2022. Data for 2022 does not include children under the Service for Separated Children Seeking International Protection.

## Care Placements

- 82% (669) of admissions to care in 2022 were to foster care, 6% (47) were to residential general care and 12% (97) were to “other” care placements. Of the 669 admissions to foster care, 21% (142) were to foster care with relatives (Table 29).

Table 29: Admissions to care by placement type, 2019 - 2022

Placement type	# 2019	% 2019	# 2020	% 2020	# 2021	% 2021	# 2022	% 2022
Residential general care	126	13%	99	11%	130	14%	47	6%
General foster care	618	65%	548	62%	532	55%	527	65%
Foster care with relatives	145	15%	166	19%	193	20%	142	17%
Other	59	6%	75	8%	107	11%	97	12%
<b>Total</b>	<b>948</b>	<b>100%</b>	<b>888</b>	<b>100%</b>	<b>962</b>	<b>100%</b>	<b>813</b>	<b>100%</b>

Data for 2022 does not include children under the Service for Separated Children Seeking International Protection.

## Legal Reasons for Admission

- In 2022, 57% (467) of all admissions to care were voluntary admissions (where it was agreed with the child's parent/guardian) and 43% (346) were on foot of an application to the court (Table 30).
- One in five admissions to care (22%; 175) in 2022 was under an emergency care order.
- The breakdown by legal reason for admission is broadly similar to previous years, however direct comparison is difficult due to the absence of data on children under the Service for Separated Children Seeking International Protection.

*Table 30: Admissions to care by legal status, 2019 – 2022*

Legal Status	# 2019	% 2019	# 2020	% 2020	# 2021	% 2021	# 2022	% 2022
Emergency Care Order	178	19%	201	23%	174	18%	175	22%
Interim Care Order	194	20%	241	27%	255	27%	162	20%
Care Order	11	1%	12	1%	11	1%	9	1%
Other Court Order	10	1%	2	0.2%	2	0.2%	0	0%
Voluntary	555	59%	432	49%	520	54%	467	57%
<b>Total</b>	<b>948</b>	<b>100%</b>	<b>888</b>	<b>100%</b>	<b>962</b>	<b>100%</b>	<b>813</b>	<b>100%</b>

*Data for 2022 does not include children under the Service for Separated Children Seeking International Protection.*

## Admissions by Area

- As can be seen from the table below (Table 31), Cork (83; 10%) – the Tusla area with the largest child population - reported the highest number of admissions to care in 2022, while Kerry and Sligo/Leitrim/West Cavan –the Tusla area with the smallest child population - reported the fewest number (23; 3%).
- Eight areas reported an increase in admissions from 2021 with the largest increase reported by Carlow/Kilkenny/South Tipperary (up 19) followed by Louth/Meath (up 17), Waterford/Wexford (up 13) and Dublin South East/Wicklow (up 12).
- Of the nine areas that reported a decrease, the largest decrease was reported by Galway/Roscommon (down 28) followed by Dublin South West/Kildare/West Wicklow and Donegal, both down 25. As before, this data needs to be interpreted in the context of small numbers and the effect of any large sibling groups.
- In 2022, the percentage of admissions that were second or subsequent admissions ranged from 39% (13/33) in Midwest to 0% (0/27) in Cavan/Monaghan (Table 31). Ten areas reported a percentage equal to or higher than the national average of 18%. The reason(s) for the variation in second and subsequent admissions requires further examination.

Table 31: Admissions to care by area, 2019 – 2022 (ranked by number of admissions for 2022).

Area	# 2019	# 2020	# 2021	# 2022	2022 v 2021	# FT 2022	# repeat	% repeat
Cork	109	107	82	83	1	65	18	22%
Dublin North	71	64	92	80	-12	75	5	6%
Louth/Meath	41	60	60	77	17	55	22	29%
Dublin North City	34	58	58	66	8	63	3	5%
DSW/K/WW	78	59	90	65	-25	46	19	29%
Waterford/Wexford	67	67	46	59	13	49	10	17%
Dublin South Central	52	63	72	58	-14	48	10	17%
CW/K/ST	54	42	25	44	19	41	3	7%
Midlands	53	32	43	42	-1	34	8	19%
Galway/Roscommon	28	68	66	38	-28	30	8	21%
Dublin South East/Wicklow	28	23	25	37	12	30	7	19%
Mayo	41	16	28	33	5	25	8	24%
Midwest	90	75	43	33	-10	20	13	39%
Cavan/Monaghan	36	33	26	27	1	27	0	0%
Donegal	20	26	50	25	-25	18	7	28%
Sligo/Leitrim/West Cavan	21	26	24	23	-1	18	5	22%
Kerry	21	18	34	23	-11	22	1	4%
Service for SCSIP	104	51	98	NA	NA	NA	NA	NA
Total	948	888	962	813	-	666	147	18%

- As with the first-time admissions, fluctuation in admissions to care across the areas from one year to the next is common (Figure 28). As can be seen from the chart, one area (Midwest) reported three consecutive decreases over the period 2019 -2022 with 57 fewer admissions in 2022 than 2019. No area reported three consecutive increases.

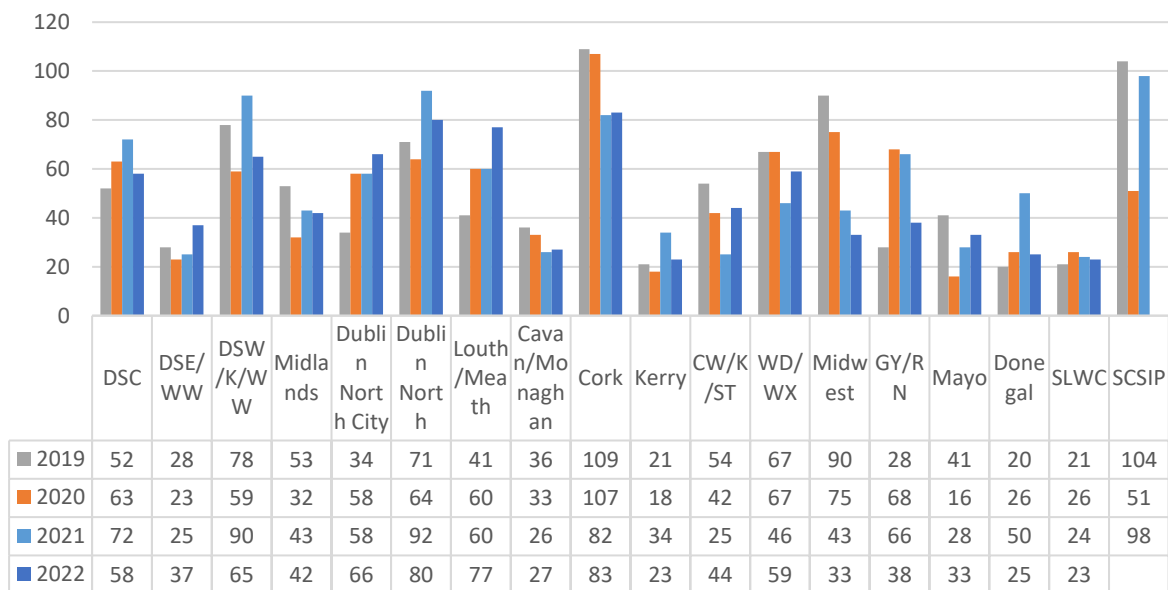














Figure 28: Admissions to care by area, 2019 – 2022.

Data for 2022 does not include children under the Service for Separated Children Seeking International Protection.

### 3.3 Children in Care

#### KEY FACTS

-  The number of children in care continues to decrease; 5,755 children in care at the end of 2022, 108 (2%) fewer than 2021 (5,863) and 441 (7%) fewer than 2017 (6,196).
-  The number of children in care equates to about 5 children for every 1,000 living in Ireland.
-  The number of children in care is increased with increasing age with the highest number aged 17 years (511; 9%)<sup>23</sup>.
-  89% (5,109) of children in care at the end of 2022 were in foster care, broadly similar to previous years.
-  Neglect is the most common reason being in care, accounting for almost half (45%; 2,548) of all children in care<sup>22</sup>.
-  80% (4,480) of children in care at the end of 2022 were in care under an order of the court<sup>22</sup>, up slightly from 79% (4,626) at the end of 2021.
-  Just under half (47.4%; 2,668/5,626) of the children in care at the end of 2022 were in care for 5 years or less and of these one in five (20.9%; 558) was in care for less than a year<sup>22</sup>.
-  4% (226) of all children in care at the end of 2022 were in their third or greater placement within the previous 12 months<sup>22</sup>. This is an increase from the 3.8% (220) reported in 2021.
-  11 (0.2%) children in care at the end of 2022 where is a placement outside of Ireland, one fewer than 2021 (12) and the fewest number for the period years 2019 – 2022. All but two children, were in foster care.
-  63 children 12 years and younger were in residential placements at the end of 2022, no change from 2021.
-  The number of children in care in placements with private providers continues to increase with 873 (15%) children in placements with private providers at the end of 2022, 88 (11%) more than 2021 (785) and the highest number for the period 2017 – 2022.
-  94% of children in care aged 6-15 years and 90% of 16 -17 years olds in full-time education (as per their care plan) at the end of 2022<sup>22</sup>, consistent with previous years.

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<sup>23</sup> Figure does not include children under the Service for Separated Children Seeking International Protection.



## Number of Children in Care

- The year 2022 saw a further decrease in the number of children in the care of the State. There were 5,755 children in the care at the end of 2022, 108 (2%) fewer than 2021 (5,863) and the fewest number for the six years 2017 to 2022 (Figure 29). The number of children in care has fallen year on year over this period and is down at 7% (441) overall.
- 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.

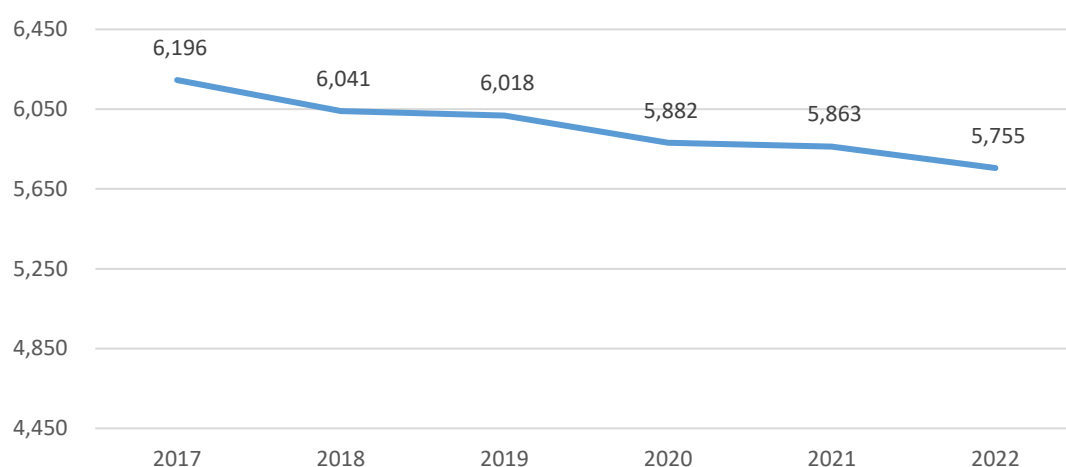


Figure 29: Children in care, 2017 – 2022

- The number of children in care equates to about 5 per 1,000 children under 18 years living in Ireland. Table 32 shows the rate of children in care per 1,000 child population in other jurisdictions<sup>24</sup>. 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.

Table 32: Children in care in other jurisdictions, rate per 1,000 child population

Jurisdiction	2017	2018	2019	2020	2021	2022
Ireland (Dec)	5.2	5.1	5.1	4.9	4.9	4.8
Northern Ireland (March)	6.8	7.1	7.4	7.7	8.0	8.2
England (March)	6.2	6.4	6.5	6.7	6.7	7.0
Wales (March)	9.5	10.2	10.9	11.4	11.5	11.2
Scotland (March)	10.8	10.5	10.4	10.4	10.2	9.8

<sup>24</sup> [Supporting documents - Children's Social Work Statistics, Scotland 2021-22 - gov.scot \(www.gov.scot\)](#) Table 2.8 cross-comparison table for the UK

## Age and Gender

- Based on the 5,626 children where gender was available, slightly more males (2,883; 51.2%) than females (2,733; 48.6%) were in care at the end of 2022; a similar pattern to previous years and consistent with the general population (Census 2016, 51% boys and 49% girls). Gender was recorded as “Other” for 10 (0.2%) children. The gender was not available for 129 children under the Service for Separated Children Seeking International Protection.
- The number of children in care is increased with increasing age with the highest number aged 17 years (511; 9%) and the fewest number under a year 1 (83; 1%) (Figure 30). Age was not available for 129 children under the Service for Separated Children Seeking International Protection.

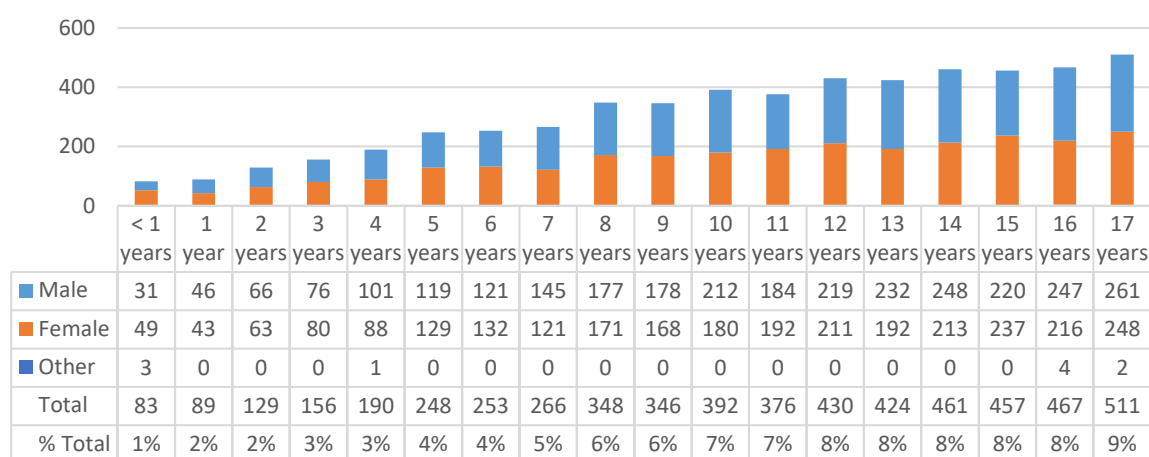


Figure 30: Children in care by age and gender, 2022.

Age and gender not available for children under the Service for Separated Children Seeking International Protection (129)

- When the number of children in care is disaggregated by age group, the figures indicate that the 10 – 14 years cohort and the 15-17 years cohort are more heavily represented than in the general population (Table 33). More than one in four children in care (26%; 1,435) are 15 years or older.
- The 0-4 years age group comprises the smallest percentage of children in care (12%) and accounts for a smaller proportion than in the general population.
- The percentage breakdown of children in care by age group is similar across the four years 2019 – 2022.

Table 33: Children in care by age group and year, 2019 - 2022

Age Group	# 2019	# 2020	# 2021	# 2022	General Population
0-4	796 (13%)	742 (13%)	713 (12%)	647 (12%)	331,515 (28%)
5-9	1,625 (27%)	1,587 (27%)	1,557 (27%)	1,461 (26%)	355,561 (30%)
10-14	2,025 (34%)	2,022 (34%)	2,066 (35%)	2,083 (37%)	319,476 (28%)
15 - 17	1,572 (26%)	1,531 (26%)	1,527 (26%)	1,435 (26%)	183,950 (15%)
Total	6,018 (100%)	5,882 (100%)	5,863 (100%)	5,626 (100%)*	1,190,502 (100%)

General population based on Census 2016. \* Data for 2022 does not include children under the Service for Separated Children Seeking International Protection (129).

## Children in Care by Area

- 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 2022, the number of children in care ranged from 706 in Cork to 109 in Sligo/Leitrim/West Cavan (Table 34). Similarly, the rate per 1,000 children under 18 years ranged from 10.3/1,000 children under 18 years in Dublin North City to 2.4/1,000 in Dublin South East / Wicklow. Seven areas reported a rate equal to or higher than the national average of 4.8/1,000 children under 18 years.
- Dublin South West/Kildare/West Wicklow and Dublin North with the second and third highest numbers of children under 18 years, reported some of the lowest rates, again implying that there are other factors besides population behind the number of children in care.

Table 34: Children in care by area, 2017 – 2022 (ranked by rate)

Area	2017	2018	2019	2020	2021	2022	Pop < 17 years	Rate/ 1,000
Dublin North City	566	507	488	486	470	<b>463</b>	44,927	<b>10.3</b>
Waterford/Wexford	413	439	440	429	413	<b>404</b>	68,513	<b>5.9</b>
Midwest	596	595	599	582	550	<b>531</b>	96,266	<b>5.5</b>
Dublin South Central	374	361	369	362	365	<b>355</b>	65,564	<b>5.4</b>
Cork	805	781	781	772	749	<b>706</b>	134,015	<b>5.3</b>
Donegal	200	214	210	220	226	<b>217</b>	42,865	<b>5.1</b>
CW/KK/ST	377	347	344	328	325	<b>307</b>	63,009	<b>4.9</b>
SLWC	108	108	111	115	109	<b>109</b>	23,554	<b>4.6</b>
Kerry	151	164	166	153	159	<b>158</b>	34,527	<b>4.6</b>
Louth/Meath	398	406	405	397	418	<b>420</b>	93,093	<b>4.5</b>
Galway/Roscommon	417	398	366	378	370	<b>350</b>	79,912	<b>4.4</b>
Mayo	130	124	131	130	144	<b>137</b>	31,968	<b>4.3</b>
Midlands	388	379	371	339	334	<b>328</b>	80,193	<b>4.1</b>
Cavan/Monaghan	157	156	157	154	153	<b>149</b>	36,446	<b>4.1</b>
DSW/K/WW	421	400	422	402	429	<b>413</b>	108,186	<b>3.8</b>
Dublin North	330	322	330	340	351	<b>374</b>	100,654	<b>3.7</b>
DSE/WW	285	273	261	231	212	<b>205</b>	86,810	<b>2.4</b>
Service for SCSIP	80	67	67	64	86	<b>129</b>	-	-
<b>Total</b>	<b>6,196</b>	<b>6,041</b>	<b>6,018</b>	<b>5,882</b>	<b>5,863</b>	<b>5,755</b>	<b>1,19,0502</b>	<b>4.8</b>

- 14 of the 17 areas reported a decrease in children in care from 2021 with the largest decreases reported by Cork (down 43), Galway/Roscommon (down 20) and Midwest (down 19) (Figure 31).
- Two areas reported an increase, Dublin North (23) and Louth/Meath (2) while the remaining area, Sligo/Leitrim/West Cavan reported no change.
- The Service for Separated Children Seeking International Protection reported a 50% (43) increase in unaccompanied minors and separated children seeking international

protection from 2021 (86) and a 102% (65) increase from 2020, reflecting the ongoing increase in referrals for unaccompanied minors from Ukraine and separated children seeking international protection.

- Eleven of 17 areas had fewer children in care at the end of 2022 than at the end of 2017. Over this five-year period, the largest decreases were reported by Dublin North City (down 103), Cork (down 99), Dublin South East/Wicklow (down 80) and Carlow/Kilkenny/South Tipperary (down 70).
- In contrast, of the six areas that reported an increase, the largest increase was reported by Dublin North (up 44) followed by Louth/Meath (up 22), Donegal (up 17), Kerry (up 7), Mayo (up 7) and Sligo/Leitrim/West Cavan (up 1).
- In terms of an underlying trend, four areas have reported five consecutive decreases from 2017 (Dublin South East/Wicklow, Midlands, Dublin North City and Carlow/Kilkenny/South Tipperary) while one area (Dublin North) has reported four consecutive increases from 2018.

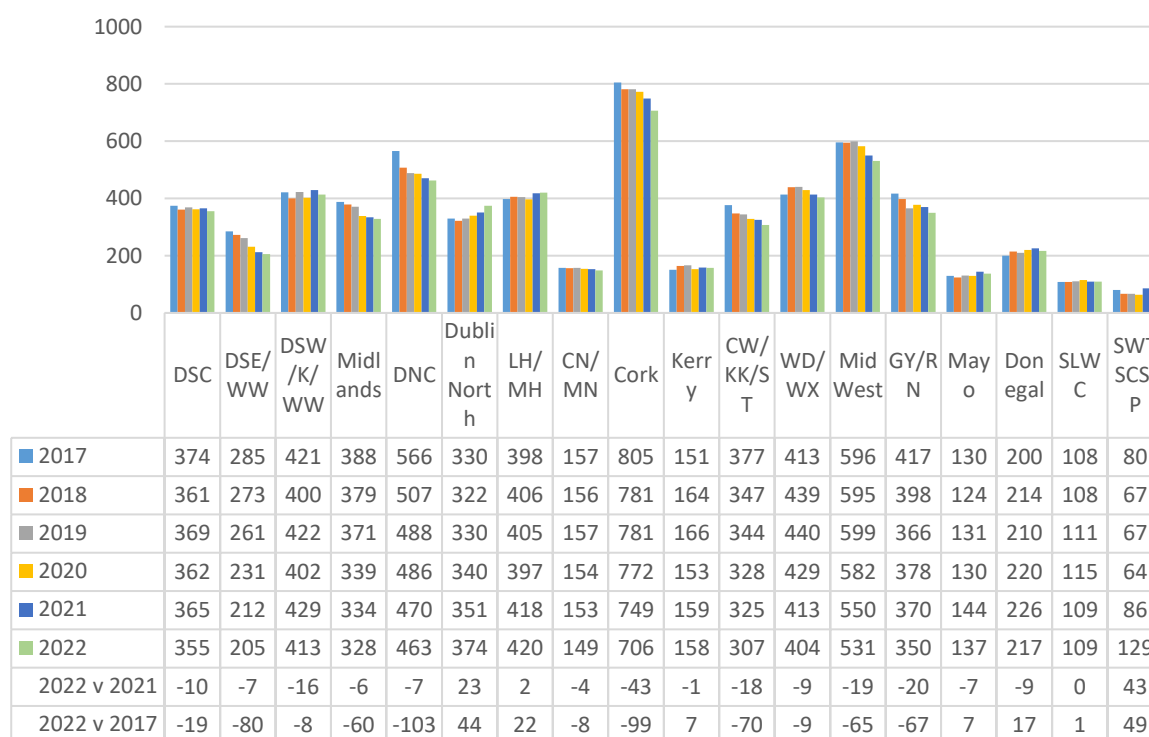


Figure 31: Children in care by area, 2017 – 2022

## Placement Type

- 89% (5,109) of children in care at the end of 2022 were in foster care and of these 28% (1,453) were in relative foster care, a similar pattern to previous years (Table 35). Residential care (general and special care) makes up a relatively small (7.6%; 439), but significant number of placements within alternative care provision.
- The placement “Other” comprises 3.6% of placements and includes children in supported lodgings (55); at home under a care order (14); in a detention school/centre (6); in “other”

residential centres e.g., disability units / drugs and alcohol rehabilitation centres (61); and “other” placements - not specified (71).

- The majority of children in “other placements - not specified” are children in special emergency arrangements. Special emergency arrangements refer to emergency settings where a child is accommodated in a non-statutory or non-procured placement e.g., Hotel, B&B, Holiday Centre, Activity Centre, Tusla Non-Registered Property, Privately Leased Property. They provide a short-term placement response for children who need to be taken into care in an emergency, or where a more appropriate placement cannot be provided. The children placed in these arrangements are generally older and tend to have complex needs, often related to challenging behaviour due to the trauma they have experienced, substance misuse, mental health issues or involvement in criminality. Due to their needs they also tend to require an interagency response involving access to services across the HSE, Tusla and in some cases the services of juvenile justice. The young people in these arrangements, primarily single occupancy arrangements, have a dedicated social worker, care plan in place and a staffing ratio of 3/2:1 staff: child. Tusla has seen an increase in the numbers of children requiring emergency placements since the Covid-19 pandemic. At the end of 2022 there were 85 children in special emergency arrangements (53 across Tusla’s 17 areas and 32 unaccompanied minors and separated children seeking international protection). The increase in children in special emergency arrangements is reflected in the increase in “other” care placements presented in the table below (Table 35).

*Table 35: Children in care by placement type, 2017 – 2022*

Placement Type	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019	# 2020	% 2020	# 2021	% 2021	# 2022	% 2022
General foster care	4,042	65.2%	3,967	65.7%	3,936	65.4%	3,829	65.1%	3,770	64.3%	3,656	63.5%
Relative foster care	1,667	26.9%	1,594	26.4%	1,559	25.9%	1,517	25.8%	1,502	25.6%	1,453	25.2%
General residential	346	6%	367	6%	395	7%	403	7%	438	7%	425	7.4%
Special care	12	0.2%	14	0.2%	14	0.2%	18	0.3%	16	0.3%	14	0.2%
Other	129	2.1%	99	1.6%	114	1.9%	115	2.0%	137	2.3%	207	3.6%
<b>Total</b>	<b>6,196</b>	<b>100%</b>	<b>6,041</b>	<b>100%</b>	<b>6,018</b>	<b>100%</b>	<b>5,882</b>	<b>100%</b>	<b>5,863</b>	<b>100%</b>	<b>5,755</b>	<b>100%</b>

- In terms of numbers, there were 114 (3%) fewer children in general foster care and 49 (3%) fewer children in relative foster care at the end of 2022 than there were at the end of 2021 (Figure 32). Since 2017, there has been a 10% (386) decrease in the number of children in general foster care and a 13% (214) decrease in the number of children in relative foster care, year on year decreases.
- The number of children in residential care (general and special care) is down 3% (15) on 2021 (354), the first decrease after four consecutive increases from 2017 to 2021 (inclusive).
- “Other” care placements are up 51% (70) from 2021 (137) and 80% (92) from 2020 (115) reflecting the increased use of special emergency arrangements described above.

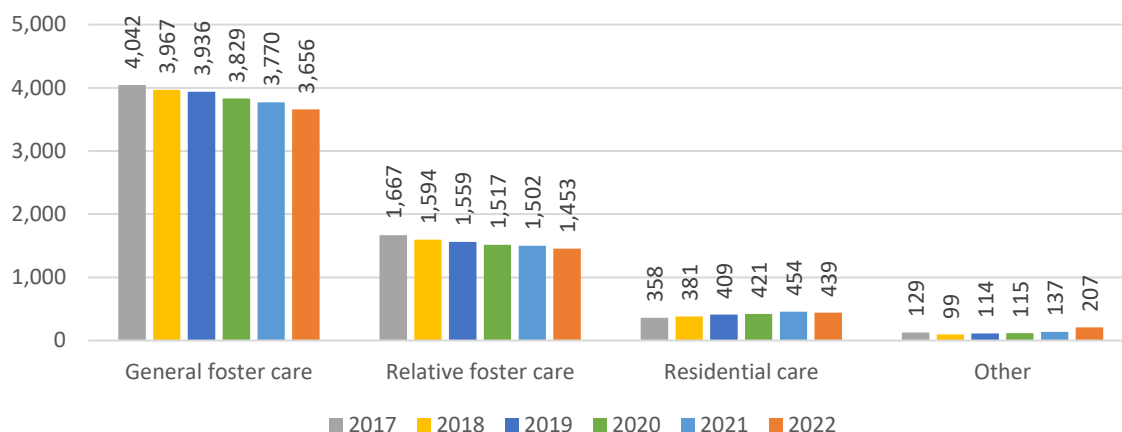


Figure 32: Children in care by care type, 2017 -2022

## Reason for Being in Care

- The most common reason for being in care at the end of 2022 was neglect accounting for 45% (2,548) of all children in care (Figure 33). This was followed by welfare concerns accounting for a further 37% (2,067) of all children in care. Combined, these two reasons account for 82% (4,615) of children in care. *Percentages based on the 5,625 records where the reason for being in care was available: reason for being in care not available for 130 records (including 129 children under the Service for Separated Children Seeking International Protection).*

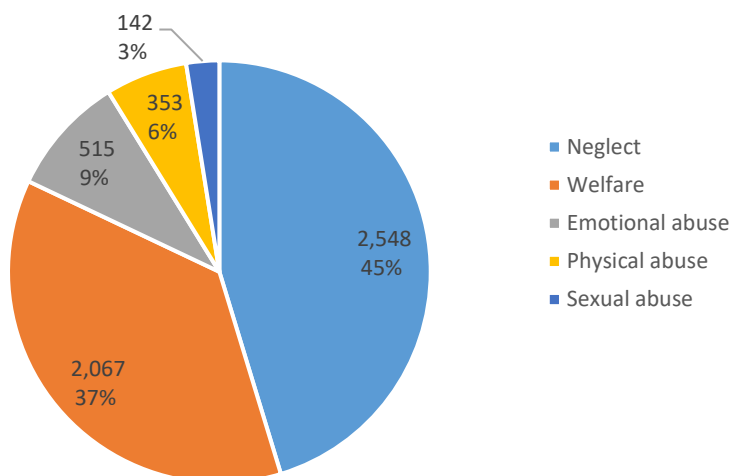


Figure 33: Children in care by reason for being in care, 2022

*Reason not available for 130 children including 129 children under the Service for Separated Children Seeking International Protection.*

- As can be seen from the chart below (Figure 34), the percentage breakdown of reason for being in care is broadly similar to previous years.

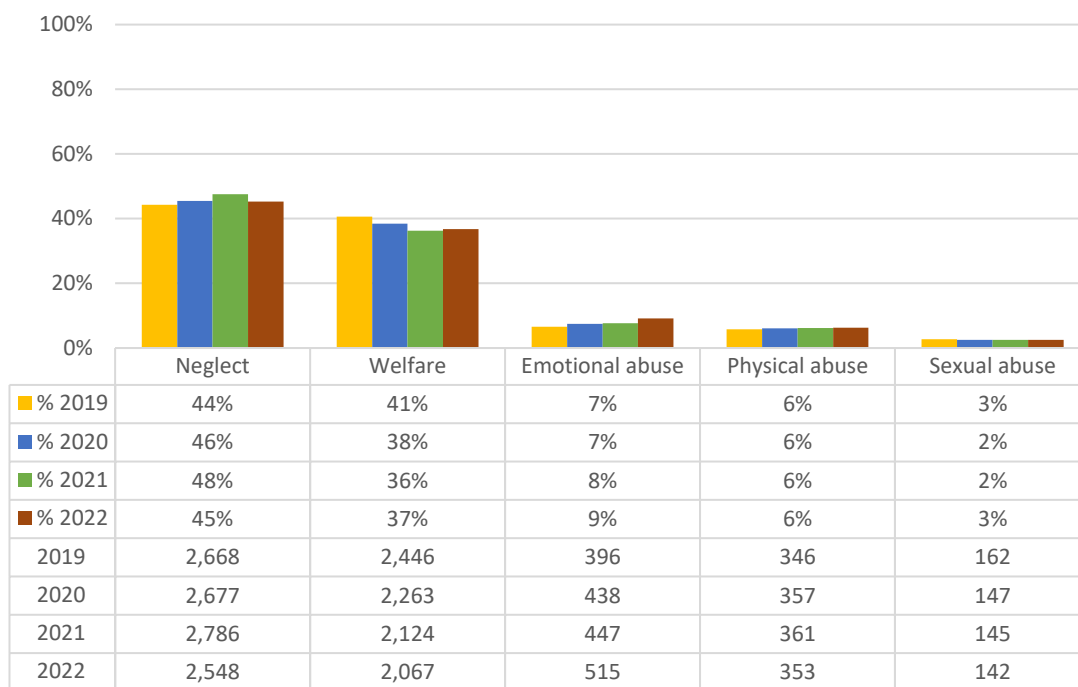


Figure 34: Children in care by reason for being in care, 2019 – 2022

Reason not available for 130 children for 2022 including 129 children under the Service for Separated Children Seeking International Protection).

## Legal Status

- 80% (4,480) of children in care at the end of 2022 were in care under an order of the court, a slight increase from 2021 (79%) and the highest percentage for all years 2019 - 2022 (Table 36). The remaining 20% (1,146) of children in care were in care under a voluntary arrangement. Percentages based on the 5,626 children where legal status was available; the legal status was not available for 129 children under the Service for Separated Children Seeking International Protection.

Table 36: Children in care by legal status, 2019 – 2022

Legal Status	# 2019	% 2019	# 2020	% 2020	# 2021	% 2021	# 2022	% 2022
Order of the Court	4,430	73.6%	4,531	77.0%	4,626	78.9%	4,480	79.6%
Voluntary	1,588	26.4%	1,351	23.0%	1,237	21.1%	1,146	20.4%
Total	6,018	100%	5,882	100%	5,863	100%	5,626*	100%

\* Data for 2022 does not include children under the Service for Separated Children Seeking International Protection (129).

- Of the 4,480 children in care under a care order at the end of 2022, the majority (79.5%; 3,563) were in care under a care order (Section 18 Child Care Act 1991) while 20.1% (900) 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 two children were in care under an emergency care order.
- A breakdown of the percentage of children in care under a court order and a voluntary arrangement, by area is presented in the table below (Table 37). Looking across the areas, the percentage of children in care under a court order ranges from over 90% in Cork

(98%), Kerry (97%) and Midwest (96%) to 57% in Dublin North. Eight areas reported a percentage equal to or higher than the national average of 80%.

*Table 37: Children in care by legal status and area, 2022 (ranked by % under a court order)*

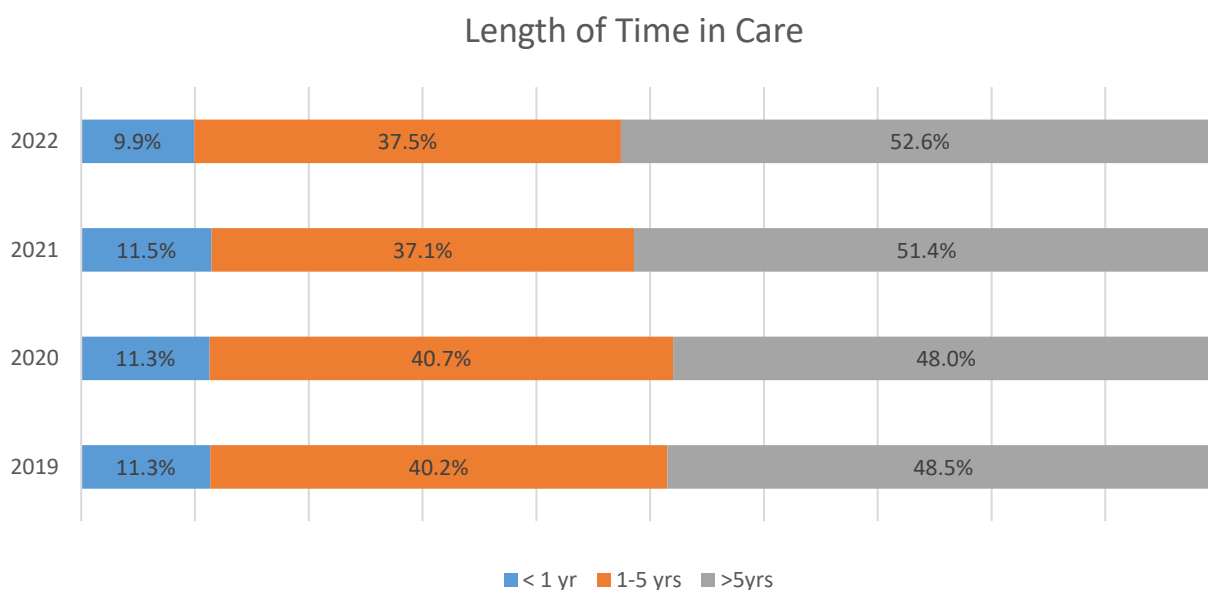
Area	# Court Order	% Court Order	# Voluntary	% Voluntary	Total
Cork	690	98%	16	2%	706
Kerry	153	97%	5	3%	158
Midwest	510	96%	21	4%	531
Cavan/Monaghan	134	90%	15	10%	149
Mayo	120	88%	17	12%	137
Donegal	179	82%	38	18%	217
Dublin South Central	288	81%	67	19%	355
Dublin South East/Wicklow	163	80%	42	20%	205
Waterford/Wexford	309	76%	95	24%	404
Carlow/Kilkenny/South Tipperary	234	76%	73	24%	307
Sligo/Leitrim/West Cavan	83	76%	26	24%	109
Galway/Roscommon	266	76%	84	24%	350
Louth/Meath	304	72%	116	28%	420
Dublin North City	324	70%	139	30%	463
Midlands	226	69%	102	31%	328
DSW/K/WW	283	69%	130	31%	413
Dublin North	214	57%	160	43%	374
<b>Total</b>	<b>4,480</b>	<b>80%</b>	<b>1,146</b>	<b>20%</b>	<b>5,626*</b>

*\*Data on 129 children under the Service for Separated Children Seeking International Protection not available.*

## Length of Time in Care

- Just under half (47.4%; 2,668/5,626) of the children in care at the end of 2022 were in care for 5 years or less and of these one in five (20.9%; 558) was in care for less than a year (Figure 35 & Table 38). The remaining 52.6% (2,958) were in care for more than five years. *Percentages based on the 5,626 records where the length of time in care was available; the length of time in care was not available for 129 children under the Service for Separated Children Seeking International Protection.*
- Due to the absence of data on children under the Service for Separated Children Seeking International Protection meaningful comparison with previous years is difficult. However, it is likely that the decrease in the percentage of children in care for less than a year is due to the absence of data for 2022 for these children, as these children tend to be older when they are placed in care.





*Figure 35: Percentage of children in care by length of time in care, 2019 – 2022*

*Data for 2022 does not include children under the Service for Separated Children Seeking International Protection (129).*

*Table 38: Children in care by length of time in care, 2019 - 2022*

Year/ Length	< 1 year	1-5 years	>5 years	Total
<b>2022</b>	<b>558 (9.9%)</b>	<b>2,110 (37.5%)</b>	<b>2,958 (52.6%)</b>	<b>5,626 (100%)*</b>
<b>2021</b>	672 (11.5%)	2,177 (37.1%)	3,014 (51.4%)	5,863 (100%)
<b>2020</b>	663 (11.3%)	2,396 (40.7%)	2,823 (48.0%)	5,882 (100%)
<b>2019</b>	682 (11.3%)	2,417 (40.2%)	2,919 (48.5%)	6,018 (100%)

*\* Data for 2022 does not include children under the Service for Separated Children Seeking International Protection (129).*

- A breakdown of the percentage and number of children in care by time band (< 1 year, 1-5 years and > 5 years) and area is presented below (Figure 36 and Table 39).
- Looking across the data for the 17 areas, Dublin South East/Wicklow reported the highest percentage of children in care for more than 5 years at 65% while Mayo reported the lowest percentage at 37%. Eight areas reported a percentage equal to or higher than the national average of 52.6%.

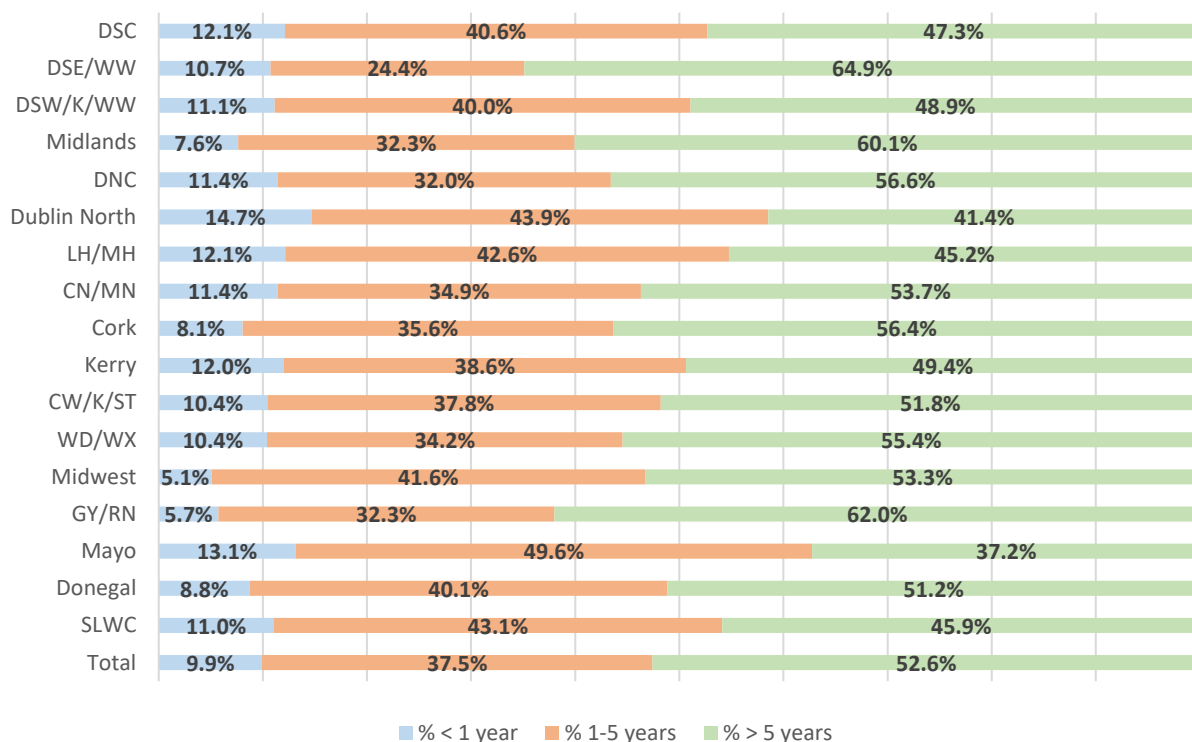


Figure 36: Percentage of children in care by time band (< 1 year, 1-5 years, > 5 years), 2022

Table 39: Children in care by length of time in care by area, 2022 (ranked by % in care for > 5 years)

Area	< 1 year	% < 1 year	1-5 years	% 1-5 years	> 5 years	% > 5 years	Total
DSE/WW	22	10.7%	50	24.4%	133	64.9%	205
Galway/Roscommon	20	5.7%	113	32.3%	217	62.0%	350
Midlands	25	7.6%	106	32.3%	197	60.1%	328
Dublin North City	53	11.4%	148	32.0%	262	56.6%	463
Cork	57	8.1%	251	35.6%	398	56.4%	706
Waterford/Wexford	42	10.4%	138	34.2%	224	55.4%	404
Cavan/Monaghan	17	11.4%	52	34.9%	80	53.7%	149
Midwest	27	5.1%	221	41.6%	283	53.3%	531
CW/K/ST	32	10.4%	116	37.8%	159	51.8%	307
Donegal	19	8.8%	87	40.1%	111	51.2%	217
Kerry	19	12.0%	61	38.6%	78	49.4%	158
DSW/K/WW	46	11.1%	165	40.0%	202	48.9%	413
Dublin South Central	43	12.1%	144	40.6%	168	47.3%	355
SLWC	12	11.0%	47	43.1%	50	45.9%	109
Louth/Meath	51	12.1%	179	42.6%	190	45.2%	420
Dublin North	55	14.7%	164	43.9%	155	41.4%	374
Mayo	18	13.1%	68	49.6%	51	37.2%	137
Total	558	9.9%	2,110	37.5%	2,958	52.6%	5,626*

\*Data on 129 children under the Service for Separated Children Seeking International Protection not available.

## Placement Stability

- 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 2022, there were 226 children in care in their third or greater placement within the previous 12 months. This amounts to 4.0% of children in care (Table 40). *Percentages based on the 5,626 children where this data was available; data was not available for 129 children under the Service for Separated Children Seeking International Protection.*
- The percentage of children in their third or greater placement within the previous 12 months is up slightly on 2021 (3.8%) and is the highest percentage for all years 2019 – 2022. However, it needs to be interpreted in the context of the absence of data for 129 children.
- While the percentage compares favourably with percentages reported in other jurisdictions including England 6%<sup>25</sup>; Wales 9%<sup>26</sup> and Scotland 4%<sup>27</sup>, interpretation needs to be considered in the context of differing processes and procedures and definitions that may exist in other jurisdictions.

Table 40: Children in their third or greater placement within the previous 12 months, 2019 – 2022

	2019	2020	2021	2022
# children in care	6,018	5,882	5,863	5,626*
# 3 <sup>rd</sup> or greater placement	141	179	220	226
% 3 <sup>rd</sup> or greater placement	2.3%	3.0%	3.8%	4.0%

\* Data for 2022 does not include children under the Service for Separated Children Seeking International Protection (129).

- Almost one in five children (17.1%; 64/375) in general residential care at the end of 2022 were in their third or greater placement within the year (Table 41). This compares to the significantly lower 2.2% (111/5,074) for children in foster care (general and relative combined). More than one in four children (28.6%; 4/14) in special care were in their third or greater placements within the year. This is not surprising considering the small number of children involved and the fact that special care provides for short term stabilising care in a secure therapeutic environment with the aim of enabling a child return to a less secure placement as soon as possible based on need.

<sup>25</sup> <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions#releaseHeadlines-tables>

<sup>26</sup> <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>

<sup>27</sup> <https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2021-22/documents/>

Table 41: Children in care in their third or greater placement, by care type 2021 - 2022

Placement Type	# CIC 2021	# ≥ 3rd 2021	% ≥ 3rd 2021	# CIC 2022	# ≥ 3rd 2022	% ≥ 3rd 2022
General foster care	3,770	92	2.4%	3,621	90	2.5%
Relative foster care	1,502	25	1.7%	1,453	21	1.4%
General residential	438	69	15.8%	375	64	17.1%
Special care	16	8	50.0%	14	4	28.6%
Other	137	26	19.0%	163	47	28.8%
<b>Total</b>	<b>5,863</b>	<b>220</b>	<b>3.8%</b>	<b>5,626*</b>	<b>226</b>	<b>4.0%</b>

\* Data for 2022 does not include children under the Service for Separated Children Seeking International Protection (129).

- A breakdown of the percentage of children in their third or greater placement within the year, by area is presented in the table below (Table 42).

Table 42: Children in their 3rd or greater placement within the previous 12 months, by area 2022 (ranked by %)

Area	# ≥ 3 <sup>rd</sup> placement	# in care	% ≥ 3 <sup>rd</sup> placement
Dublin South Central	18	355	5.1%
Dublin South East/Wicklow	6	205	2.9%
Dublin South West/Kildare West Wicklow	18	413	4.4%
Midlands	18	328	5.5%
Dublin North City	18	463	3.9%
Dublin North	24	374	6.4%
Louth/Meath	7	420	1.7%
Cavan/Monaghan	3	149	2.0%
Cork	28	706	4.0%
Kerry	11	158	7.0%
Carlow Kilkenny/South Tipperary	23	307	7.5%
Waterford/Wexford	11	404	2.7%
Mid West	4	531	0.8%
Galway/Roscommon	17	350	4.9%
Mayo	9	137	6.6%
Donegal	3	217	1.4%
Sligo/Leitrim/West Cavan	8	109	7.3%
<b>Total</b>	<b>226</b>	<b>5,626*</b>	<b>4.0%</b>

\*Data for 129 children under the Service for Separated Children Seeking International Protection not available.

## 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 in their best interests. When 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.

- At the end of 2022, there were 11 children in a placement outside of Ireland, one fewer than 2021 (12) and the fewest number for the four years 2019 - 2022. Children in placements abroad account for 0.2% of the total number of children in care.
- All but two of the children in placements outside of Ireland were in foster care, of which six were in foster care with relatives.

## Children in Care with Private Providers

- At the end of 2022, there were 873 children in care in placements with private providers, 88 (11%) more than 2021 (785) and the highest number for the period 2017 – 2022 (Table 43). The number of children in placements with private providers has gone up year on year since 2017 and is up 44% (265) overall. Children in placements with private providers account for 15% of all children in care. *These children are included in the overall number of children in care presented above.*
- The majority (58%; 503) of children in placements with private providers at the end of 2022 were in foster care, 50 (11%) more than 2021 (453) and the highest number for the six years 2017 – 2022 (Table 43).
- 29% (251) of children in placements with private providers were in general residential care, 18 (7%) fewer than 2021 (269) and the second consecutive decrease. There were 56 (29%) more children in general residential care with private providers at the end of 2022 than at the end of 2017 (195).
- 59% (251/425) of children in general residential placements are in placements with private providers compared to 14% (503/3,656) 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 demand and also in some cases the challenging behaviours and complex needs of older children requiring a placement.

Table 43: Children in care in placements with private providers, 2017 -2022

Placement	2017	2018	2019	2020	2021	2022
General residential	195	235	255	273	269	251
General foster care	395	393	405	412	453	503
Other <sup>28</sup>	18	27	33	44	63	119
<b>Total</b>	<b>608</b>	<b>655</b>	<b>693</b>	<b>729</b>	<b>785</b>	<b>873</b>

- A breakdown of children in placements with private providers by area is presented in Table 44. As can be seen from the table, the Service for Separated Children Seeking International Protection reported the highest percentage (47%) of children in care with private providers, followed by Dublin South West/Kildare/West Wicklow (28%) and Dublin South Central (28%).
- 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%; 468) of all children in placements with private providers.

Table 44: Children in care with private providers by care type and area at year end 2022 (ranked by % in private)

Area	General Residential	Foster Care	Other	Total Private	Total in Care	% Private
Service for SCSIP	26	15	19	60	129	47%
DSW/K/WW	27	81	8	116	413	28%
Dublin South Central	15	78	5	98	355	28%
Dublin North	16	65	19	100	374	27%
Dublin North City	23	79	5	107	463	23%
Dublin South East/Wicklow	10	29	8	47	205	23%
Midlands	10	51	6	67	328	20%
Kerry	8	13	8	29	158	18%
Sligo/Leitrim/West Cavan	4	7	3	14	109	13%
Donegal	18	4	1	23	217	11%
Louth/Meath	13	23	5	41	420	10%
Cork	25	27	10	62	706	9%
Mid West	25	10	6	41	531	8%
Waterford/Wexford	14	6	5	25	404	6%
Galway/Roscommon	5	11	3	19	350	5%
Carlow/Kilkenny/South Tipperary	6	3	6	15	307	5%
Cavan/Monaghan	5	1	1	7	149	5%
Mayo	1	0	1	2	137	1%
<b>Total</b>	<b>251</b>	<b>503</b>	<b>119</b>	<b>873</b>	<b>5,755</b>	<b>15%</b>

<sup>28</sup> The placement “Other” includes children in supported lodgings, in a disability unit or drug and alcohol rehabilitation centre, special emergency arrangements etc.

## Children 12 Years and Under 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 2022, there were 63 children 12 years and younger in a residential placement, no change from 2021 (Table 45). The majority (70%; 44) of these children were 10 years or older.

*Table 45: Children 12 years and younger in residential placements at year end, 2017 – 2022*

Children in residential care	2017	2018	2019	2020	2021	2022
# children aged ≤12 years in residential care	39	42	47	60	63	63
Total number of children in residential care (incl. special care)	358	381	409	421	454	439
% aged ≤12 years in residential care	10.9%	11.0%	11.5%	14.3%	13.9%	14.4%

## 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 2022, there were three special care units in Ireland as set out below. Special care units have a limited capacity and the units are not appropriate as general residential care facilities for children. The bed capacity within special care can fluctuate, with reduced capacity due to challenges with the recruitment and retention of staff along with the lack of appropriate step-down placements.

Ballydowd - 5 bed mixed gender unit  
Coovagh House - 4 bed mixed gender unit  
Crannóg Nua - 7 bed mixed gender unit

- During 2022, there were 52 referrals to special care, nine more than 2021 (43) (Table 46). Nine (17%) of the 52 referrals were re-referrals. Forty-six percent (24) of the referrals were approved. The remaining referrals were deemed not suitable, withdrawn or inappropriate. A total of 20 children were admitted to special care in 2022, three fewer than 2021 (23).

Table 46: Referrals to Special Care, 2017 – 2022

Year	# referrals	# re-referrals	Total referrals	Referrals approved	Children admitted
2022	43	9	52	24	20
2021	40	3	43	25	23
2020	39	8	47	29	28
2019	37	6	43	25	27
2018	34	5	39	20	19
2017	45	11	56	33	17

- More males (30; 58%) than females (22; 42%) were referred. The most common age of those referred was 15 years (15; 29%) followed by 16 years (13; 25%) (Table 47).

Table 47: Referrals to Special Care by age, 2022

Age at time of referral	# referrals	% Total
≤13 years	8	15%
14 years	7	13%
15 years	15	29%
16 years	13	25%
17 years	9	17%
Total	52	100%

- 13% (7) of the children referred were in education at the time of referral.
- 90% (47) were engaging in drug and alcohol misuse at the time of referral.
- 67% (35) were presenting with mental health difficulties (unassessed) at the time of referral.
- 75% (39) were involved with the criminal justice system at the time of referral.
- 71% (37) of children referred were under an order of the court at the time of referral (Table 48). The majority (22; 59%) of whom were under a full care order. Twenty-three percent (12) of children were in care under a voluntary arrangement with parents/guardians.

Table 48: Referrals to special care by care status at time of referral, 2022

Care Status	# referrals
Full care order	22
Interim care order	14
Voluntary care arrangement	12
Other court order	1
Other	3
Total	52

- On the 31 December 2022, there were 14 children in special care. The number of children in special care accounted for 0.2% (14/5,755) of the total number of children in care and 3% of all children in residential care (439).



## 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).

- At the end of 2022, 94% (3,548/3,781) of children in care aged 6–15 years were in full time education<sup>29</sup> with 15 of the 17 Tusla areas reporting 90% or higher (Table 49). *This data does not include children under the Service for Separated Children Seeking International Protection.*
- In terms of the type of education/training that children were engaged, 71% (2,535) were in primary school, 21% (735) were in post primary school, 4% (145) were in special education and 3% (97) were in pre-school. There remaining 36 were spread across boarding school, education training facility, home tuition, third level, other and not specified.
- 90% (886/981) of children aged 16 and 17 years were in full time education with nine of the 17 Tusla areas reporting 90% or higher with two of these areas (Carlow/Kilkenny/South Tipperary and Sligo/Leitrim/West Cavan) reporting 100% (Table 49).
- In terms of the type of education/training that children were engaged, 81% (717) were in post primary school, 9% (79) were in special education, 4% (37) were attending an educational training facility and 3% (28) were attending primary school. There were a further 25 spread across boarding school, home tuition, third level/higher, other and not specified.
- A breakdown of the number and percentage of children in care in education by area at year end 2022 is presented below (Table 49).

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<sup>29</sup> 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.

Table 49: Children in care in full-time education at year end, 2022

Area	# 6-15 years	# in Educ.	% Educ.	# 16-17 years	# Educ.	% Educ.
Dublin South Central	230	205	89.1%	67	59	88.1%
DSE/WW	134	130	97.0%	47	44	93.6%
DSW/K/WW	279	256	91.8%	73	65	89.0%
Midlands	226	215	95.1%	49	44	89.8%
Dublin North City	293	273	93.2%	81	71	87.7%
Dublin North	268	254	94.8%	62	58	93.5%
Louth/Meath	278	267	96.0%	65	58	89.2%
Cavan/Monaghan	108	107	99.1%	25	24	96.0%
Cork	483	464	96.1%	126	120	95.2%
Kerry	99	98	99.0%	26	23	88.5%
CW/K/ST	209	202	96.7%	48	48	100.0%
Waterford/Wexford	262	259	98.9%	77	70	90.9%
Midwest	368	294	79.9%	94	75	79.8%
Galway/Roscommon	243	233	95.9%	63	56	88.9%
Mayo	90	88	97.8%	22	19	86.4%
Donegal	138	133	96.4%	39	35	89.7%
SLWC	73	70	95.9%	17	17	100.0%
<b>Total</b>	<b>3,781</b>	<b>3,548</b>	<b>93.8%</b>	<b>981</b>	<b>886</b>	<b>90.3%</b>

Source: Q4 2021 data return. Hence, slight variation from the number of 6—17 year olds reported earlier in this report.  
Data does not include children under the Service for Separated Children Seeking International Protection (129).

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

- At the end of 2022, 85% (4,912/5,755) of children in care had an allocated social worker against a target of 100% (Table 50) and down three percentage points from 2021 (88%). In terms of numbers, 843 children were awaiting allocation of a social worker at the end of 2022, 119 (16%) more than 2021 (724).

Table 50: Children in care with an allocated social worker at year end, 2021 and 2022

Care Type	# in Care 2021	# with SW 2021	% with SW 2021	# in Care 2022	# with SW 2022	% with SW 2022
Foster Care General	3,770	3,293	87%	3,656	3,119	85%
Foster Care Relative	1,502	1,280	85%	1,453	1,193	82%
Residential (General)	438	418	95%	425	400	94%
Special Care	16	16	100%	14	13	93%
Other	137	132	96%	207	187	90%
<b>Total</b>	<b>5,863</b>	<b>5,139</b>	<b>88%</b>	<b>5,755</b>	<b>4,912</b>	<b>85%</b>

- For the same period, 97% (5,569/5,755) of children had a written care plan<sup>30</sup> no change from 2021 (Table 51). In terms of numbers 186 children did not have a written care plan, 18 fewer than 2021 (204).

Table 51: Children in care with a written care plan at year end, 2021 and 2022

Care Type	# in Care 2021	# with CP 2021	% with CP 2021	# in Care 2022	# with CP 2022	% with CP 2022
Foster Care General	3,770	3,662	97%	3,656	3,554	97%
Foster Care Relative	1,502	1,436	96%	1,453	1,413	97%
Residential (General)	438	420	96%	425	413	97%
Special Care	16	16	100%	14	14	100%
Other	137	125	91%	207	175	85%
<b>Total</b>	<b>5,863</b>	<b>5,659</b>	<b>97%</b>	<b>5,755</b>	<b>5,569</b>	<b>97%</b>

- A breakdown of the number of children in care with an allocated social worker and a written care plan, by area at the end of 2022 is presented in Table 52.








Table 52: Children in care with a social worker and written care plan by area, 2022

Area	# in Care	# Allocated SW	% Allocated SW	# Care Plan	% Care Plan
Dublin South Central	355	278	78%	347	98%
Dublin South East/Wicklow	205	205	100%	200	98%
DSW/K/WW	413	286	69%	391	95%
Midlands	328	272	83%	317	97%
Dublin North City	463	461	100%	445	96%
Dublin North	374	319	85%	350	94%
Louth/Meath	420	378	90%	388	92%
Cavan/Monaghan	149	142	95%	148	99%
Cork	706	680	96%	696	99%
Kerry	158	120	76%	150	95%
Carlow/Kilkenny/South Tipperary	307	135	44%	307	100%
Waterford/Wexford	404	261	65%	398	99%
Midwest	531	515	97%	517	97%
Galway/Roscommon	350	320	91%	343	98%
Mayo	137	137	100%	137	100%
Donegal	217	200	92%	213	98%
Sligo/Leitrim/West Cavan	109	88	81%	108	99%
Service for SCSIP	129	115	89%	114	88%
<b>Total</b>	<b>5,755</b>	<b>4,912</b>	<b>85%</b>	<b>5,569</b>	<b>97%</b>

<sup>30</sup> It should be noted that variances have been identified in how data on this metric are being reported by the areas. The data provided for the most part is a count of children with a care plan which may / may not require review.

## 3.4 Discharges from Care

### KEY FACTS

-  873 discharges from care in 2022. This figure does not include children under the Service for Separated Children Seeking International Protection and hence is not comparable with data for 2021.
-  If comparison is based on data for the 17 Tusla areas (i.e., excluding children under the Service for Separated Children Seeking International Protection) the number of discharges is down 64 (7%) from 2021 (937) and is the fewest number for the period 2016-2022.
-  Almost half (49%; 425) of all discharges were for young people turning 18 years, consistent with previous years.
-  74% (644) of discharges were from foster care, a similar breakdown to previous years and not surprising considering almost 90% of children in care are in foster care.
-  49% (426) of discharges were to home/extended family with a further 35% (309) remaining with their foster family. Eight per cent (68) of discharges were to independent living/supported living.
-  The majority (65%; 277) of young people discharged by virtue of turning 18 years remained with their foster family, with a further 10% (41) returning home/extended family. About one in six (67; 16%) moved to independent / supported living.
-  60 more discharges than admissions reported by the 17 Tusla areas for 2022. This is consistent with previous years and the decreasing number of children in care.

### Number of Discharges

- In 2022, there were 873 discharges from care (Figure 37). This figure does not include children under the Service for Separated Children Seeking International Protection and hence is not comparable with data for the years 2020 – 2021 as presented below (blue line Figure 37).
- If comparison is based on data for the 17 Tusla areas (i.e., excluding children under the Service for Separated Children Seeking International Protection) the number of discharges is down 64 (7%) from 2021 (937) and is the fewest number for the period 2016-2022 (orange line Figure 37).
- Like the 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 small number of children can have more than one discharge from care during the year.

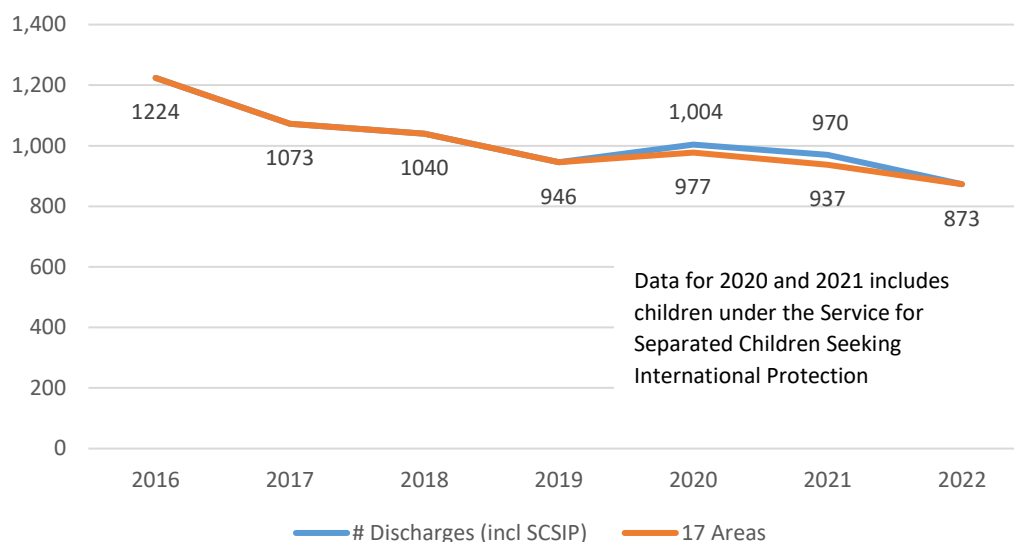


Figure 37: Discharges from care, 2016 - 2022

- Almost half (49%; 425) of all discharges were for young people turning 18 years (Table 53). The next most common age of discharge was 17 years (excluding those turning 18 years) (7%; 65) and followed by the older ages of 14 years to 16 years. This is consistent with the increasing number of children in care with age.

Table 53: Discharges from care by age, 2019-2022

Age	# 2019	% 2019	# 2020	% 2020	# 2021	% 2021	# 2022	% 2022
< 1 year	27	3%	29	3%	31	3%	<b>31</b>	4%
1 year	30	3%	19	2%	24	2%	<b>14</b>	2%
2 years	28	3%	28	3%	20	2%	<b>22</b>	3%
3 years	21	2%	25	2%	14	1%	<b>15</b>	2%
4 years	23	2%	25	2%	9	1%	<b>14</b>	2%
5 years	14	1%	21	2%	15	2%	<b>17</b>	2%
6 years	17	2%	14	1%	12	1%	<b>19</b>	2%
7 years	12	1%	11	1%	20	2%	<b>17</b>	2%
8 years	16	2%	21	2%	19	2%	<b>11</b>	1%
9 years	16	2%	13	1%	15	2%	<b>19</b>	2%
10 years	18	2%	20	2%	21	2%	<b>14</b>	2%
11 years	21	2%	18	2%	23	2%	<b>19</b>	2%
12 years	14	1%	23	2%	20	2%	<b>28</b>	3%
13 years	18	2%	28	3%	24	2%	<b>28</b>	3%
14 years	20	2%	34	3%	26	3%	<b>40</b>	5%
15 years	38	4%	33	3%	44	5%	<b>38</b>	4%
16 years	44	5%	40	4%	39	4%	<b>37</b>	4%
17 years	50	5%	64	6%	63	6%	<b>65</b>	7%
17 years reaching majority	519	55%	538	54%	531	55%	<b>425</b>	49%
Total	946	100%	1,004	100%	970	100%	<b>873*</b>	100%

\*Data for 2022 does not include children under the Service for Separated Children Seeking International Protection.

- 74% (644) of discharges were from foster care, a similar breakdown to previous years and not surprising considering almost 90% of children in care are in foster care (Table 54).

Table 54: Discharges from care by care type, 2019 - 2022

Care Type	2019	% Total 2019	2020	% Total 2020	2021	% Total 2021	2022	% Total 2022
General Foster Care	545	58%	529	53%	514	53%	454	52%
Relative Foster Care	215	23%	219	22%	195	20%	190	22%
Residential Care (incl. special care)	127	13%	160	16%	153	16%	134	15%
Other	59	6%	96	10%	108	11%	95	11%
<b>National</b>	<b>946</b>	<b>100%</b>	<b>1,004</b>	<b>100%</b>	<b>970</b>	<b>100%</b>	<b>873*</b>	<b>100%</b>

\*Data for 2022 does not include children under the Service for Separated Children Seeking International Protection.

## Location Discharged

- 49% (426) of discharges were to home/extended family with a further 35% (309) remaining with their foster family (Table 55; Figure 38). Eight per cent (68) of discharges were to independent living/supported living.

Table 55: Location on discharge, 2019 – 2022

Location on Discharge	2019	% 2019	2020	% 2020	2021	% 2021	2022	% 2022
Returned to parent	386	41%	406	40%	407	42%	368	42%
Returned to extended family	61	6%	54	5%	47	5%	58	7%
Remained with foster family	335	35%	397	40%	325	34%	309	35%
Adopted	20	2%	15	1%	21	2%	22	3%
Independent living	48	5%	55	5%	78	8%	68*	8%
Supported lodgings	9	1%	4	0.4%	4	0.4%	-	-
Shared accommodation	18	2%	9	1%	13	1%	4	<1%
Other - not specified	69	7%	64	6%	75	8%	44	5%
<b>Total</b>	<b>946</b>	<b>100%</b>	<b>1004</b>	<b>100%</b>	<b>970</b>	<b>100%</b>	<b>873</b>	<b>100%</b>

\*Includes supported living

\*\*Data for 2022 does not include children under the Service for Separated Children Seeking International Protection.

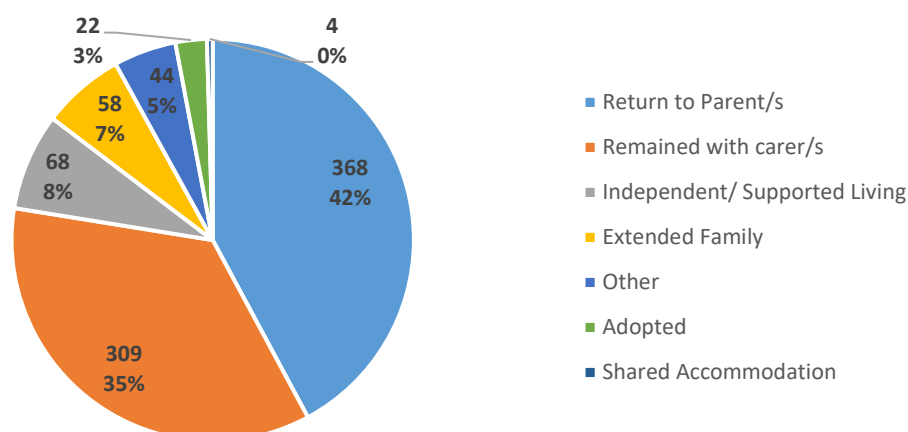


Figure 38: Breakdown of location on discharge, 2022

- Of those who were discharged by virtue of turning 18 years (425), the majority (65%; 277) remained with their foster family, with a further 10% (41) returning home/extended family. About one in six (67; 16%) moved to independent / supported living (Figure 39)

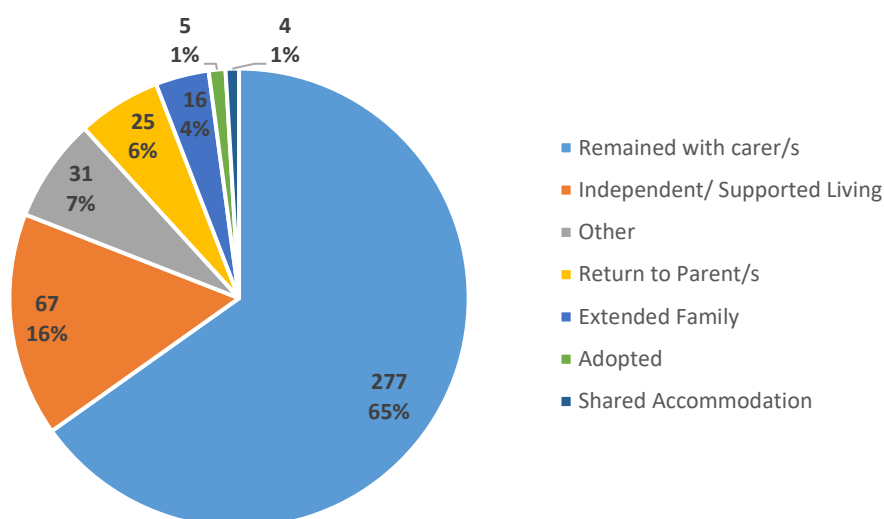


Figure 39: Breakdown of location on discharge for those discharged by virtue of turning 18 years, 2022

## Discharges by Area

- A breakdown of discharges by area is presented in the table below (Table 56). As can be seen from the table, there is wide variation in the number of discharges ranging from 126 in Cork - the area with the largest number of children in care - to 21 in Kerry.
- Five of the 17 areas reported an increase in discharges from 2021 with the largest increase reported by Carlow/Kilkenny/South Tipperary (up 28) followed by Cork (up 25) and Mayo (up 18). Of the 12 areas that reported a decrease the largest decrease was reported by Dublin North (down 39) followed by Midwest (down 31).

Table 56: Discharges from care by area, 2019-2022 (ranked by # discharges 2022)

Area	# 2019	% 2019	# 2020	% 2020	# 2021	% 2021	# 2022	% 2022	2022 v 2021
Cork	111	12%	127	13%	101	10%	126	14%	25
Dublin North City	73	8%	54	5%	83	9%	73	8%	-10
Waterford/Wexford	66	7%	70	7%	62	6%	73	8%	11
DSW/K/WW	64	7%	82	8%	72	7%	71	8%	-1
Dublin South Central	50	5%	72	7%	69	7%	62	7%	-7
CW/K/ST	59	6%	57	6%	29	3%	57	7%	28
Galway/Roscommon	61	6%	74	7%	69	7%	55	6%	-14
Louth/Meath	63	7%	69	7%	63	6%	51	6%	-12
Midwest	104	11%	79	8%	76	8%	45	5%	-31
Dublin North	69	7%	56	6%	82	8%	43	5%	-39
DSE/WW	42	4%	51	5%	41	4%	43	5%	2
Midlands	58	6%	59	6%	44	5%	38	4%	-6

Mayo	31	3%	17	2%	17	2%	35	4%	18
Donegal	28	3%	18	2%	42	4%	33	4%	-9
Cavan / Monaghan	31	3%	37	4%	30	3%	25	3%	-5
SLWC	18	2%	23	2%	30	3%	22	3%	-8
Kerry	18	2%	32	3%	27	3%	21	2%	-6
Service for SCSIP	NA	NA	27	3%	33	3%	NA	NA	NA
<b>Total</b>	<b>946</b>	<b>100%</b>	<b>1004</b>	<b>100%</b>	<b>970</b>	<b>100%</b>	<b>873</b>	<b>100%</b>	<b>NA</b>

## Admissions versus Discharges

- In 2022, there were 60 more discharges than admissions reported by the 17 Tusla areas (Table 57). Eleven of the 17 areas reported more discharges than admissions, ranging from 43 (Cork) to two (Mayo). Six areas reported more admissions than discharges, with the largest differences reported by Dublin North (37) and Louth/Meath (26).
- The higher number of discharges than admissions in 2022 is consistent with previous years and the decreasing number of children in care.

Table 57: Admissions and discharges by area, 2020 - 2022

Area	Adm 2020	Dis 2020	Adm 2021	Dis 2021	Adm 2022	Dis 2022	2022 Dis v Adm
Dublin South Central	63	72	72	69	58	62	4
DSE/WW	23	51	25	41	37	43	6
DSW/K/WW	59	82	90	72	65	71	6
Midlands	32	59	43	44	42	38	-4
Dublin North City	58	54	58	83	66	73	7
Dublin North	64	56	92	82	80	43	-37
Louth/Meath	60	69	60	63	77	51	-26
Cavan/Monaghan	33	37	26	30	27	25	-2
Cork	107	127	82	101	83	126	43
Kerry	18	32	34	27	23	21	-2
CW/K/ST	42	57	25	29	44	57	13
WD/WX	67	70	46	62	59	73	14
Midwest	75	79	43	76	33	45	12
Galway/Roscommon	68	74	66	69	38	55	17
Mayo	16	17	28	17	33	35	2
Donegal	26	18	50	42	25	33	8
SLWC	26	23	24	30	23	22	-1
Service for SCSIP	51	27	98	33	NA	NA	NA
<b>Total</b>	<b>888</b>	<b>1,004</b>	<b>962</b>	<b>970</b>	<b>813*</b>	<b>873*</b>	<b>60</b>

\*Data for 2022 does not include children under the Service for Separated Children Seeking International Protection.



## 3.5 Foster Carers






Foster care is provided by the State (i.e., Child and Family Agency) and in a small number of cases by non-statutory, voluntary or private fostering agencies. All foster carers (statutory and non-statutory), excluding those under Section 36 (1) (d)<sup>31</sup> of the Child Care Act 1991 (emergency placements), regardless of the method of recruitment must be approved by the Child and Family Agency prior to any child being placed with them.

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. The decision to place a child with a particular foster carer is based on their assessed ability to meet the child's needs. Each decision is judged on its own merits, considering the fit between the carer and the child.

In terms of statutory provision, there are two main types of foster carer: a general foster carer<sup>32</sup> and a relative foster carer<sup>33</sup>.

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.

### KEY FACTS

-  3,967 foster carers (statutory and non-statutory) on the panel of approved foster carers at the end of 2022, 72 (2%) fewer than 2021 (4,039) and the fewest number of the period 2015 – 2022.
-  The number of general foster carers (statutory) on the panel of approved foster carers continues to decrease, while the number of private foster carers (non-statutory) continues to increase.
-  182 general and relative foster carers (statutory) approved in 2022, 37 (17%) fewer than 2021 (219) and 46 private foster carers approved, 16 (26%) fewer than 2021 (62).
-  257 general and relative foster carers (statutory) ceased fostering in 2022, 49 (24%) more than 2021 (208).
-  87% (2,943/3,368) of general and relative foster carers (statutory) had an allocated link (social) worker at the end of 2022, down from 90% at the end of 2021.

<sup>31</sup> Section 36(1)(d) of the Child Care Act 1991 and Section 6 of the 1995 Child Care Regulations allow for the emergency placement of a child or young person with relative foster carers prior to full approval. Emergency approval is only permissible with relatives.

<sup>32</sup> A general foster carer is a person approved by the Child and Family Agency, having completed a process of assessment and has been placed on the panel of approved foster carers, to care for children in State care in accordance with the Child Care Act 1991 and the Child Care (Placement of Children in Foster Care) Regulations 1995.

<sup>33</sup> 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.

- 91% (138/151) of “unapproved” relative foster carers<sup>34</sup> with a child placed for more than 12 weeks had a link (social) worker at the end of 2022, down from 100% at the end of 2021.

## Number of Foster Carers on the Panel

- At the end of 2022, there were 3,967 foster carers (statutory and non-statutory) nationally on the panel of approved foster carers. The number of foster carers on the panel is down 72 (2%) from 2021 and is the fewest number for the period 2015 -2022 (Figure 40). The number of foster carers on the panel is down 570 (13%) from 2016 when a high of 4,537 was reported.

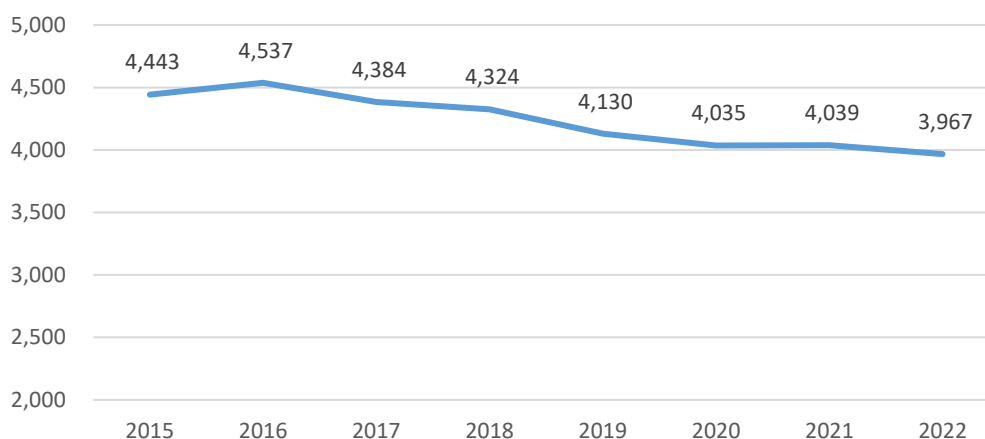


Figure 40: Number of approved foster carers on the panel of approved foster carers, 2015 – 2022

- The majority (59%; 2,329) of foster carers on the panel at the end of 2022 were general foster carers; one in four (26%; 1,039) was a relative foster carer, while the remaining 15% (599) were private foster carers (non-statutory) (Figure 41).

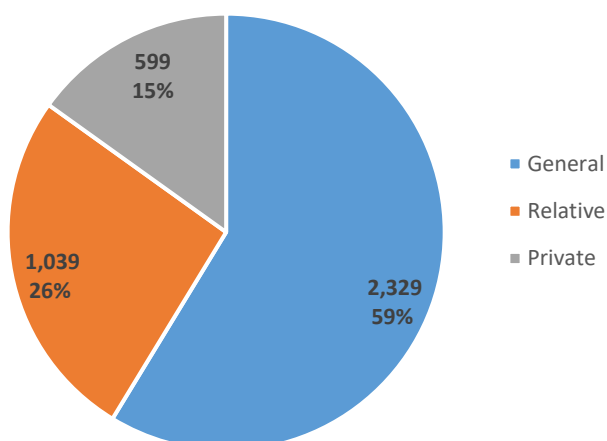


Figure 41: Breakdown of approved foster carers by type, 2022

<sup>34</sup> Unapproved foster carer: 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.

- There were 2,329 general foster carers on the panel at the end of 2022, 106 (4%) fewer than 2021 (2,435) and the fewest number for the period 2018 – 2022. The number of general foster carers is down 346 (13%) from 2018 (2,675) (Table 58).
- There were 1,039 relative foster carers on the panel at the end of 2022, 23 (2%) fewer than 2021 (1,062) and the fewest number for the period 2018 -2022. The number of relative foster carers is down 107 (9%) on 2018 (1,146) (Table 58).
- There were 599 private foster carers on the panel at the end of 2022, 57 (11%) more than at the end of 2021 (542) and the highest number for the period 2018 – 2022 (Table 58). 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 58: Foster carers (approved) by type, 2018 – 2022

Type	# 2018	# 2019	# 2020	# 2021	# 2022	Δ+/- 2022 v 2021	% Δ
General foster carers (approved)	2,675	2,574	2,476	2,435	2,329	-106	-4%
Relative foster carers (approved)	1,146	1,095	1,056	1,062	1,039	-23	-2%
Private foster carers (approved)	503	461	503	542	599	+57	11%
Total (approved)	4,324	4,130	4,035	4,039	3,967	-72	-2%

## Foster Carers Approved and Ceased

- A total of 182 general and relative foster carers (statutory) were approved and placed on the panel of approved foster carers in 2022, while an additional 46 private foster carers were also approved and placed on the panel. *Note this figure (46) includes a small number of “Brussels II foster carers”.*<sup>35</sup> A further 29 applicants to be general foster carers were awaiting assessment or approval by the foster care committee at the end of 2022.
- The number of general and relative foster carers approved in 2022 (182) is down 37 (17%) on the number approved in 2021 (219) while the number of private foster carers approved in 2022 (46) is down 16 (26%) from 2021 (62). *Note this figure (62) includes a small number of “Brussels II foster carers”.*
- A total of 257 general and relative foster carers (statutory) ceased fostering in 2022. Of these 91% (233) ceased voluntarily while the remaining 9% (24) ceased statutorily. A total

<sup>35</sup> **Brussels II Foster Carers:** These are carers who have been assessed by another EU state and who have been approved by the Child and Family Agency Foster Care Committee and placed on the panel of approved foster carers as per the National Policy: Procedure on the Placement of Children in the Care of Another European Member State in the Republic of Ireland (Brussels II Regulation). Articles 55 and 56 of Regulation EC 2201/2003 (known as the Brussels 11a Regulation), an International Instrument of 2003, applies to a placement of a child for whom the authority of another State is responsible in another Member State

of 49 (24%) more foster carers ceased fostering in 2022 than 2021 (208, of which 188 ceased voluntarily and 20 ceased statutorily).

- In 2022, Tusla produced a 3-year strategic plan for foster care services<sup>36</sup>. One of the key aims of this strategy is to increase statutory foster care provision by strengthening recruitment of, support to and retention of foster carers.

## Foster Carers by Area

- The number of foster carers (all types) on the panel at the end of 2022 across the areas ranged from 495 in Cork to 87 in Kerry (Figure 42).

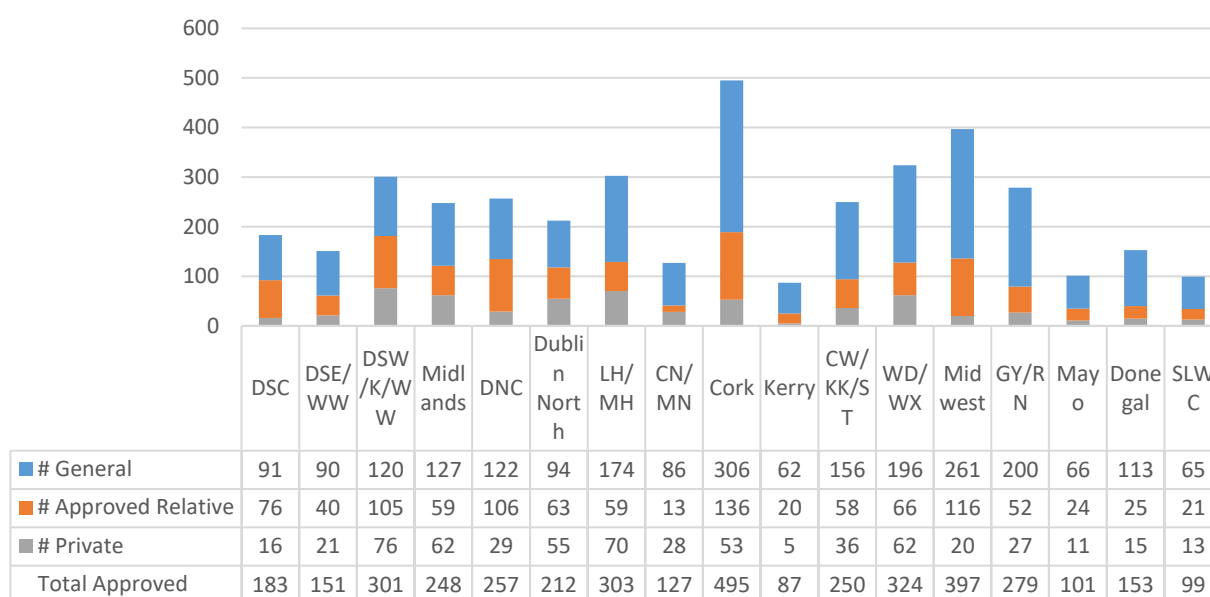


Figure 42: Foster carers by type and area, 2022

- As can be seen from Table 59, while 59% of foster carers nationally are general foster carers, there is wide variation across the areas, ranging from 40% to 74%. The three areas reporting the highest percentages of general foster carers are Donegal (74%), Galway/Roscommon (72%) and Kerry (71%). Three in four foster carers in these areas are general foster carers. This is in contrast to Dublin South West/Kildare/West Wicklow (40%), Dublin North (44%) and Dublin North City (47%) where fewer than half of the foster carers in these areas are general foster carers.
- Similarly, while 26% of foster carers on the panel nationally are relative foster carers, it ranges from 10% to 42% across the areas. The areas reporting the highest percentages of relative foster carers are Dublin South Central (42%), Dublin North City (41%) and Dublin South West/Kildare/West Wicklow (35%). Cavan/Monaghan reports the lowest percentage of relative foster carers at 10% followed by Donegal (16%), Galway/Roscommon (19%) and Louth/Meath (19%). The higher percentages seen in the Dublin area most likely reflect families living in close proximity, unlike the more rural areas of Cavan/Monaghan and Donegal.

<sup>36</sup> Tusla, Strategic Plan for Foster Care Services for Children and Young People 2022 - 2025

- Also, while 15% of foster carers on the panel are private foster carers, it ranges from 5% to 26% across the areas. The areas reporting the highest percentages of private foster carers were Dublin North (26%), Dublin South West/Kildare/West Wicklow (25%), Midlands (25%) and Louth/Meath (23%). Midwest (5%), Kerry (6%) and Dublin South Central (9%) report the lowest rates of private foster carers.

Table 59: Percentage breakdown of foster carers on the panel, by area 2022

Area	% General Foster Carers	% Relative Foster Carers	% Private Foster Carers
Dublin South Central	50%	42%	9%
Dublin South East/Wicklow	60%	26%	14%
Dublin South West/Kildare/West Wicklow	40%	35%	25%
Midlands	51%	24%	25%
Dublin North City	47%	41%	11%
Dublin North	44%	30%	26%
Louth/Meath	57%	19%	23%
Cavan/Monaghan	68%	10%	22%
Cork	62%	27%	11%
Kerry	71%	23%	6%
Carlow/Kilkenny/South Tipperary	62%	23%	14%
Waterford/Wexford	60%	20%	19%
Midwest	66%	29%	5%
Galway/Roscommon	72%	19%	10%
Mayo	65%	24%	11%
Donegal	74%	16%	10%
Sligo/Leitrim/West Cavan	66%	21%	13%
Total	59%	26%	15%

## “Unapproved” Relative Foster Carers

- In addition to the 3,967 approved foster carers detailed above, there were also 185 relative foster carers who were “unapproved” at the end of 2022, 61 (25%) fewer than 2021 (246) and the fewest number for the period 2015 -2022 (Figure 43). *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 185 relative foster carers who were “unapproved” at the end of 2022, 82% (151) had a child placed for longer than 12 weeks. The timeframe for approval of relative foster carers is as soon as practicable, but no later than 12 weeks after placement of a child(ren) (Child Care (Placement of Children with Relatives) Regulations 1995). The number of “unapproved” relative foster carers with a child placed for longer than 12 weeks is down 40 (21%) on 2021 (191) and is the fewest number for the period 2015 – 2022.

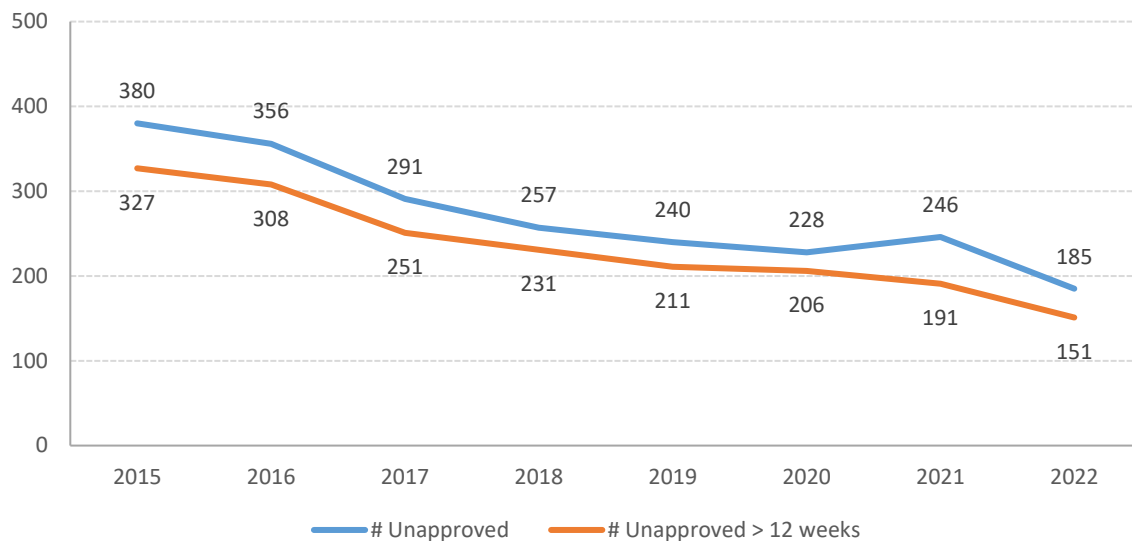


Figure 43: Number of unapproved relative foster carers, 2015 -2022

### Foster Carers with a Link (Social) Worker

- At the end of 2022, 87% (2,036) of general foster carers had an allocated link (social) worker, down from 90% in 2021 and the lowest percentage since 2016 (82%). A total of 293 general foster carers were awaiting a link (social) worker, 59 (25%) more than 2021 (234) (Table 60).
- 87% (907) of approved relative foster carers had an allocated link (social) worker at the end of 2022, down from 90% in 2021 and the lowest percentage since 2016 (80%). A total of 132 relative foster carers were awaiting a link (social worker), 23 (21%) more than 2021 (109) (Table 60).

Table 60: General and approved relative foster carers with a link (social) worker, 2015 - 2022

Year	# General	# General with Link Worker	% General with Link Worker	# Approved Relative	# Approved Relative with Link worker	% Approved Relative with Link Worker
2022	2,329	2,036	87%	1,039	907	87%
2021	2,435	2,201	90%	1,062	953	90%
2020	2,476	2,247	91%	1,056	978	93%
2019	2,574	2,428	94%	1,095	995	91%
2018	2,675	2,405	90%	1,146	1,027	90%
2017	2,756	2,551	93%	1,152	1,003	87%
2016	2,913	2,395	82%	1,221	981	80%
2015	2,955	2,419	82%	1,194	856	72%

- Across the 17 areas, the percentage of general foster carers with a link (social) worker ranged from 57% (Louth/Meath) to 100% in four areas (Dublin South East/Wicklow, Cork, Kerry and Sligo/Leitrim/West Cavan (Table 61). Ten of the 17 areas reported a percentage equal to or higher than the national average of 87%.

- The percentage of approved relative foster carers with a link (social) worker ranged from 63% (Louth/Meath) to 100% in five areas (Dublin South East/Wicklow, Cork, Kerry, Galway/Roscommon and Sligo/Leitrim/West Cavan). Ten of the 17 areas reported a percentage equal to or higher than the national average of 87% (Table 61).

Table 61: Percentage of approved foster carers with an allocated link worker by area, 2022

Area	# General	# General with Link Worker	% General with Link Worker	# Approved Relative	# Relative with Link Worker	% Relative With Link Worker
Dublin South Central	91	64	70%	76	58	76%
DSE/WW	90	90	100%	40	40	100%
DSW/K/WW	120	99	83%	105	93	89%
Midlands	127	112	88%	59	58	98%
Dublin North City	122	103	84%	106	91	86%
Dublin North	94	86	91%	63	52	83%
Louth/Meath	174	100	57%	59	37	63%
Cavan/Monaghan	86	74	86%	13	9	69%
Cork	306	306	100%	136	136	100%
Kerry	62	62	100%	20	20	100%
CW/K/ST	156	149	96%	58	56	97%
Waterford/Wexford	196	159	81%	66	49	74%
Midwest	261	209	80%	116	91	78%
Galway/Roscommon	200	196	98%	52	52	100%
Mayo	66	61	92%	24	21	88%
Donegal	113	101	89%	25	23	92%
SLWC	65	65	100%	21	21	100%
<b>Total</b>	<b>2329</b>	<b>2036</b>	<b>87%</b>	<b>1039</b>	<b>907</b>	<b>87%</b>

- 91% (138/151) of “unapproved” relative foster carers who had a child placed with them for longer than 12 weeks at the end of 2022, had an allocated link (social) worker at the end of 2022, down from 100% (191/191) at the end of 2021. A total of 13 “unapproved” foster carers who had a child placed with them for longer than 12 weeks were awaiting a link (social) worker. These 13 carers were reported across five Tusla areas.

## 3.6 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.

### KEY FACTS

- ✚ 511 referrals for an aftercare service in 2022, 12 (2%) fewer than 2021 (523).
- ✚ 2,949 young people in receipt of aftercare services at the end of 2022, 110 (4%) fewer than 2021 (3,059).
- ✚ 74% (1,676/2,254) of the 18-22 years cohort in receipt of aftercare services at the end of 2022 were in education/training.
- ✚ Almost half (45%; 1,016/2,254) of 18-22 years cohort in receipt of aftercare services at the end of 2022, were continuing to live with their foster families, implying that they continue to experience caring relationships and stable living arrangements. A further 9% (209) had returned home to family, while one in four (27%; 602) had moved to independent living arrangements.
- ✚ 84% (2,471/2,949) of young people in receipt of aftercare services at the end of 2022 had an aftercare plan, with this figure rising to 96% (2,174/2,254) for the 18-22 years cohort. The overall percentage with a plan is up two percentage points from 2021 (82%; 2500/3,059).
- ✚ 82% (1,933) of those with an aftercare plan assessed as needing an aftercare worker (2,354) had an aftercare worker, down from 94% at the end of 2021 (2,080/2,203). A total of 421 young people were awaiting an aftercare worker at the end of 2022, 298 (242%) more than 2021 (123).

### Referrals for an Aftercare Service

- The agency received 511 referrals for an aftercare service in 2022, 12 (2%) fewer than 2021 (523). Of the 511 young people referred, 96% (491) were eligible for an assessment of need.
- Of those eligible for an assessment of need, 99% (485) were under 18 years and in care.



- A total of 422 assessments of need were completed in 2022, four fewer than 2021 (426). Of the 491 referrals received in 2022 and eligible for an assessment of need, 59% (288) had an assessment of need completed. It was determined in 98% (283) of cases that the young person required an aftercare worker and of these 90% (256) had an aftercare worker at the end of 2022.

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

- At the end of 2022, there were 2,949 young people in receipt of aftercare services, 110 (4%) fewer than 2021 (3,059) (Table 62). *Note: the data presented in this chapter includes young people reported by the Service for Separated Children Seeking International Protection (SCSIP).*
- Of those in receipt of aftercare services at the end of 2022, 51.6% (1,521) were male and 48.1% (1,419) were female. Of the remaining nine, eight were gender neutral, while gender was not declared for the remaining person.
- 55% (1,631) of those in receipt of aftercare services were 18-20 years inclusive, 21% (623) were 21-22 years inclusive, while the remaining 24% (695) were less than 18 years.

Table 62: Young persons / adults in receipt of aftercare services by age group, 2019 – 2022

Age Group	# 2019	# 2020	2021	2022	2022 v 2021	Δ%
< 18 years	666	700	720	695	-25	3.5%
18-20 years	1,580	1,613	1,618	1,631	+13	<1%
21-22 years	528	630	721	623	-98	13.6%
Total	2,774	2,943	3,059	2,949	-110	3.6%

## Aftercare Services and Education

- 75% (1,228/1,631) of the 18–20 years cohort in receipt of aftercare services at the end of 2022 were in education/training, down from 80% (1,289/1,618) in 2021. The highest number in education/training (351; 29%) were in second level, followed by third level colleges/university (307; 25%) and post-leaving cert courses (253; 21%) (Table 63).
- The breakdown of young people in education/accredited training by education type is broadly similar to that for 2021 and previous years.

Table 63: Adults 18-20 years in receipt of aftercare services in education/accredited training, 2019 – 2022

Education/Training	# 2019	% 2019	# 2020	% 2020	# 2021	% 2021	# 2022	% 2022
Second level	293	25%	325	26%	350	27%	351	29%
Vocational Training	135	11%	163	13%	191	15%	155	13%
PLCs	297	25%	284	23%	250	19%	253	21%
Third Level College / University	256	21%	271	22%	296	23%	307	25%
Accredited Training (e.g., Solas)	141	12%	151	12%	128	10%	116	9%
Other <sup>37</sup>	70	6%	51	4%	74	6%	46	4%
Total	1,192	100%	1,245	100%	1,289	100%	1,228	100%

<sup>37</sup> Other is not specified, but generally includes disability schools.

- 72% (448/623) of those 21-22 years in receipt of an aftercare service at the end of 2022 were in education/accredited training, up from 69% (499/721) at the end of 2021. The largest proportion of those in education/training were in third level colleges / university (42%; 187), followed by accredited training (23%; 105) and post leaving cert colleges (19%; 86) (Table 64).
- The year 2022 saw a sharp increase in the number and percentage of young people in accredited training, up from 11% in 2021 to 23% in 2022 and the highest percentage for the four years 2019 - 2022 (Table 64). In contrast, the percentage of young people in third level colleges / university dropped by four percentage points to its lowest percentage (42%) for the four years 2019 – 2022.

*Table 64: Adults 21-22 years in receipt of aftercare services in education/accredited training, 2019 -2022*

Education/Training	# 2019	% 2019	# 2020	% 2020	# 2021	% 2021	# 2022	% 2022
Second level	8	2%	3	1%	7	1%	6	1%
Vocational Training	28	8%	38	8%	77	15%	47	10%
PLCs	83	24%	87	19%	102	20%	86	19%
Third Level College / University	165	48%	240	53%	231	46%	187	42%
Accredited Training (e.g., Solas)	42	12%	63	14%	54	11%	105	23%
Other <sup>38</sup>	15	4%	21	5%	28	6%	17	4%
<b>Total</b>	<b>341</b>	<b>100%</b>	<b>452</b>	<b>100%</b>	<b>499</b>	<b>100%</b>	<b>448</b>	<b>100%</b>

## Aftercare Services and Accommodation

- Of those 18-22 years in receipt of aftercare services at the end of 2022, almost half (45%; 1,016/2,254) were continuing to live with their foster families, implying that they continue to experience caring relationships and stable living arrangements (Figure 44). A further 9% (209) had returned home to family, while one in four (27%; 602) had moved to independent living arrangements<sup>39</sup>.

<sup>38</sup> Other is not specified, but generally includes disability schools.

<sup>39</sup> Other includes psychiatric services, disability services, prison, staying with friends, homeless etc.

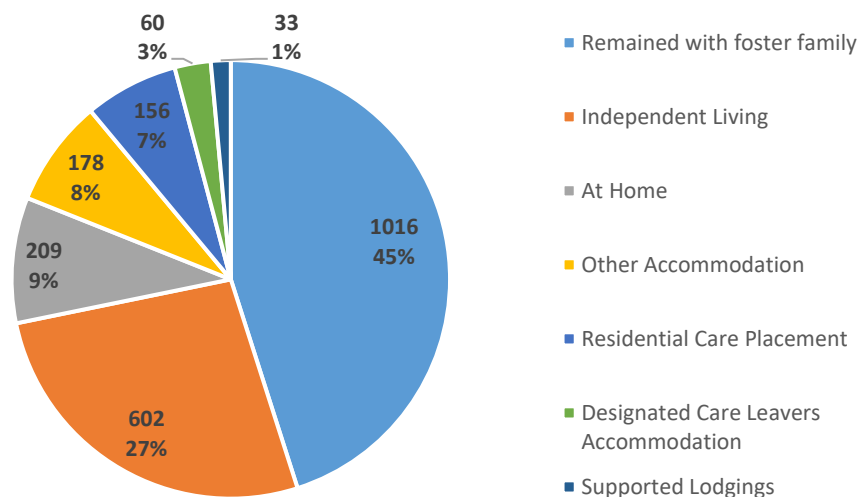


Figure 44: Living arrangements for 18-22 years cohort in receipt of aftercare services, 2022

### Aftercare Plan and Aftercare Worker

- More than eight out of 10 (84%; 2,471/2,949) young people in receipt of an aftercare service at the end of 2022 had an aftercare plan (Table 65), with this figure rising to 96% (2,174/2,254) for the 18-22 years cohort. The overall percentage with a plan is up two percentage points from 2021 (82%; 2,500/3,059).
- 82% (1,933) of those with an aftercare plan assessed as needing an aftercare worker (2,354) had an aftercare worker, down from 94% at the end of 2021 (2,080/2,203) (Table 65). A total of 421 young people were awaiting an aftercare worker at the end of 2022, 298 (242%) more than 2021 (123).

### Aftercare Services by Area

- Looking across the areas, the highest number of young people in receipt of aftercare services at the end of 2022 was reported by Cork (348) followed by Dublin North City (271), Midwest (255) and Dublin South West/Kildare/West Wicklow (241) while the fewest number was reported by Sligo/Leitrim/West Cavan (45) followed by Mayo (75) and Cavan/Monaghan (76) (Table 65).
- The percentage of young people with an aftercare plan across the areas ranged from 69% (Louth/Meath) to 100% (Mayo). Eight of the 17 areas along with the Service for Separated Children Seeking International Protection reported a percentage equal to or higher than the national average of 84% (Table 65).
- The percentage of young people assessed as needing an aftercare worker with an aftercare worker, ranged from 48% (Dublin South West/Kildare/West Wicklow) to 100% in 10 areas as well as the Service for Separated Children Seeking International Protection.
- In some areas young people who are settled and doing well are assessed as not needing an allocated aftercare worker and moved to the drop-in service. This allows the service to prioritise those with greatest need for allocation to an aftercare worker.

Table 65: Persons in receipt of aftercare services with an aftercare plan and allocated worker, 2022

Area	# Referrals	# in aftercare	# with plan	% with plan	# assessed AC worker	% assessed AC worker	# with AC worker	% with AC worker
Dublin South Central	28	186	156	84%	156	100%	85	54%
Dublin South East/Wicklow	24	125	118	94%	118	100%	118	100%
DSW/K/WW	25	241	200	83%	175	88%	84	48%
Midlands	30	155	139	90%	90	65%	90	100%
Dublin North City	50	271	230	85%	230	100%	230	100%
Dublin North	25	172	141	82%	141	100%	81	57%
Louth/Meath	34	139	96	69%	96	100%	96	100%
Cavan/Monaghan	17	76	72	95%	72	100%	72	100%
Cork	61	348	272	78%	253	93%	237	94%
Kerry	22	84	69	82%	69	100%	69	100%
CW/K/ST	26	164	130	79%	124	95%	65	52%
Waterford/Wexford	29	195	150	77%	149	99%	149	100%
Midwest	42	255	232	91%	232	100%	148	64%
Galway/Roscommon	20	197	160	81%	143	89%	103	72%
Mayo	18	75	75	100%	75	100%	75	100%
Donegal	14	90	81	90%	81	100%	81	100%
Sligo/Leitrim/West Cavan	12	45	35	78%	35	100%	35	100%
Service for SCSIP	34	131	115	88%	115	100%	115	100%
<b>Total</b>	<b>511</b>	<b>2,949</b>	<b>2,471</b>	<b>84%</b>	<b>2,354</b>	<b>95%</b>	<b>1,933</b>	<b>82%</b>

## 3.7 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 / family adoption
- 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 prospective adoptive parents, which they then submit to the Board of the Adoption Authority of Ireland for review and approval. 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 interests 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 pursue 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. In certain circumstances post placement adoption reporting is required for children placed through inter-country adoption.

### KEY FACTS

- ✚ 184 applications for assessment of eligibility and suitability as adoptive parent(s). Data from one Tusla Office was not available for Q4 2022 (data collated quarterly), hence the actual number of applications for 2022 is likely to be higher. If all data were available, it is likely that the number of applications for 2022 would exceed the number for 2021 (199).
- ✚ The most common type of application received in 2022 was for step-parent adoption accounting for 31% (57) of all applications received and followed closely by fostering-to-adoption (56; 30%). Applications for domestic adoption accounted for the fewest number of applications received (29; 16%) in 2022.
- ✚ At least 181 new children were referred for adoption (all types) in 2022 (partial figure). Based on the data available, it is not clear if the number of children referred for 2022 would exceed the number for 2021 (208).
- ✚ A total of 154 adoption assessments were presented to local adoption committees in 2022, 16 (9%) fewer than 2021 (170), but similar to the numbers presented in previous years. The highest number of assessments presented in 2022 was for step-parent adoption (48; 31%). Assessments for domestic adoption accounted for 15% (24) of all assessments presented.

## Applications for Assessment as Adoptive Parents

- In 2022, Tusla received at least 184 applications for assessment of eligibility and suitability as adoptive parent(s). Data from one Tusla Office was not available for Q4 2022 (data collated quarterly), hence the actual number of applications for 2022 is likely to be higher. If all data were available, it is likely that the number of applications for 2022 would exceed the number for 2021 (199).
- Based on the data available, the most common type of application received in 2022 was for step-parent adoption accounting for 31% (57) of all applications received and followed closely by fostering-to-adoption (56; 30%) (Figure 45). Applications for domestic adoption accounted for the fewest number of applications received (29; 16%) in 2022.

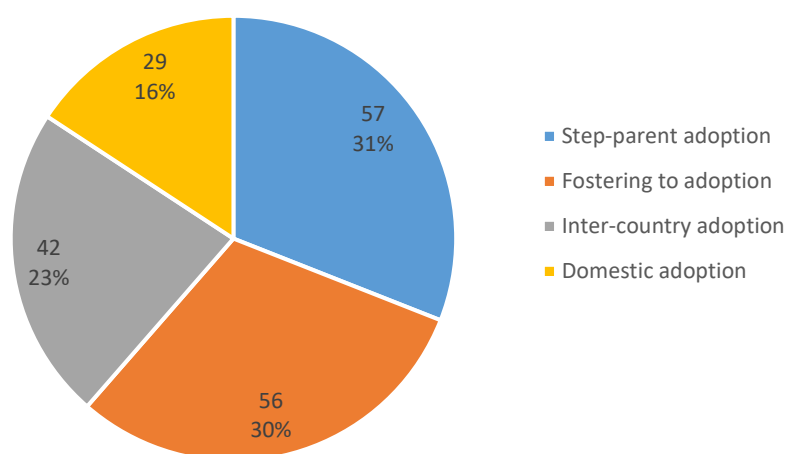


Figure 45: Applications for assessment as adoptive parent(s) by type, 2022

- Looking at the various types of applications, and although data for 2022 are incomplete, applications for fostering-to-adoption were up at least 51% (19) on 2021 (37) (Table 66). Based on the data available, it is difficult to know if the applications for the other types of adoption would exceed numbers for 2021.

Table 66: Applications for assessment as adoptive parent(s) by type, 2017 – 2022

Applications	2017	2018	2019	2020	2021	2022
Inter-country adoption	92	76	50	34	56	42
Step-parent adoption	43	68	94	48	65	57
Domestic adoption	28	41	25	25	41	29
Fostering to adoption	27	27	25	51	37	56
<b>Total</b>	<b>190</b>	<b>212</b>	<b>194</b>	<b>158</b>	<b>199</b>	<b>184*</b>

\*2022 – partial data (data from one Tusla Office not available for Q4 2022)

## Children Referred for Adoption

- At least 181 new children were referred for adoption (all types) in 2022 (Table 67). As before, due to the absence of data for one Tusla Office for Q4 2022 it is not clear if the number of children referred for 2022 would exceed the number for 2021 (208).
- The highest number of children referred in 2022 were referred for fostering to adoption (84; 47%) and followed closely by step-parent adoption (82; 46%) (Figure 46). Children referred for domestic adoption accounted for fewer than one in 10 children referred (8%; 15).

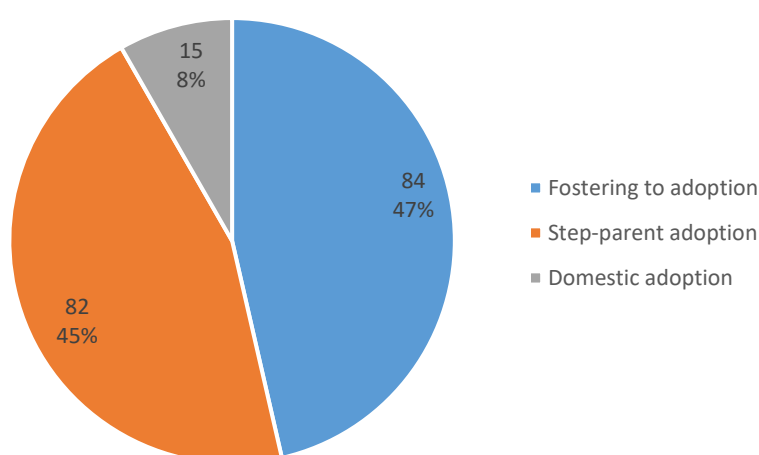


Figure 46: Children referred for adoption by type, 2022

- The number children referred for fostering to adoption (84) in 2022 was up a least 25% (17) on 2021 (67) (Table 67). Based on the data available, it is difficult to know if the numbers of children referred for other types of adoption (step-parent and domestic) would exceed numbers for 2021.

Table 67: Children referred for adoption by type, 2017 – 2022

Referrals	2017	2018	2019	2020	2021	2022
Step-parent adoption	79	136	109	98	123	82
Fostering to adoption	76	45	48	76	67	84
Domestic adoption	22	16	22	22	18	15
<b>Total</b>	<b>177</b>	<b>197</b>	<b>179</b>	<b>196</b>	<b>208</b>	<b>181*</b>

\*2022 – partial data (data from one Tusla Office not available for Q4 2022)

## Adoption Assessments

- A total of 154 adoption assessments were presented to local adoption committees in 2022 (Table 68). The local adoption committees make a recommendation to the Adoption Authority of Ireland.

- The number of assessments presented in 2022 was down 16 (9%) on a high of 170 reported for 2021, but similar to the numbers presented in previous years. The highest number of assessments presented in 2022 was for step-parent adoption (48; 31%). Assessments for domestic adoption accounted for 15% (24) of all assessments presented (Figure 47 and Table 68).
- Assessments presented for step-parent adoption were down 28% (19) on 2021 and the fewest number since 2018 (45). Assessments presented for domestic adoption were up 100% (12) on 2021, and similar to the numbers presented in previous years (2017 -2020) (Table 68).

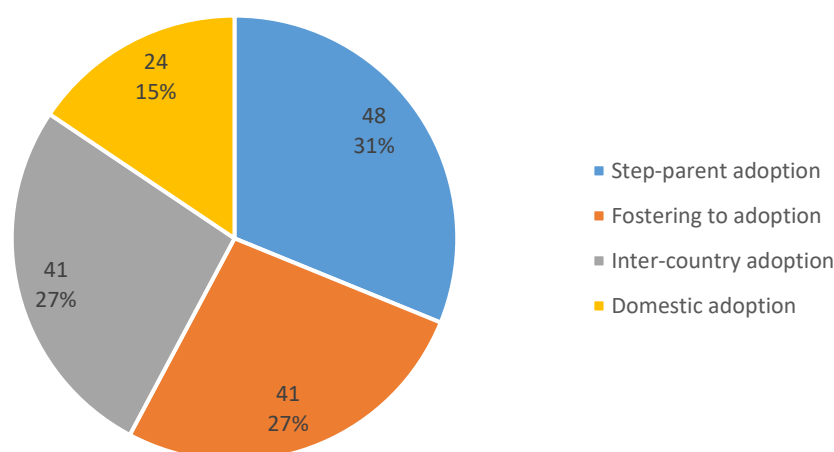


Figure 47: Number of assessments presented to local adoption committees by type, 2022

Table 68: Assessments presented to local adoption committees, 2017 - 2022

Assessments	2017	2018	2019	2020	2021	2022	2022 v 2021	% Δ
Inter-country adoption	71	52	46	37	41	41	0	0%
Step-parent adoption	42	45	56	66	67	48	-19	-28%
Domestic adoption	20	22	25	22	12	24	12	100%
Fostering to adoption	19	32	25	30	50	41	-9	-18%
<b>Total</b>	<b>152</b>	<b>151</b>	<b>152</b>	<b>155</b>	<b>170</b>	<b>154</b>	<b>-16</b>	<b>9%</b>



## 4.0 FAMILY 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 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 2022 services commissioned under Sections 56 - 59 received funding of €206,282 million.

Family Support Services aim to prevent risks to children and young people arising or escalating through building sustainable services within Tusla and partner organisations to perform preventative and early intervention work. It addresses Tusla's statutory requirement under the Child and Family Agency Act to provide 'preventative family support services aimed at promoting the welfare of children'. The Department of Children, Equality, Disability, Integration and Youth continues to support this work as central to realising the potential of prevention and early intervention for children, young people and their families.

### KEY FACTS

-  40,510 children were referred to family support services in 2022, with 18,768 children in receipt of family support services at year end (based on a response rate of 84%).
-  The number children referred to family support services equates to about 3% of children living in Ireland and ranges from <1% to 16% across the 17 Tusla areas.
-  In 2022, the most common source of referral was parents / guardians accounting for almost a third (32%; 12,966) of all referrals, followed by Tusla social workers (22%; 8,984) and schools (10%; 3,984). These three sources account for 64% (25,934) of all sources.
-  66% (26,792) of children referred to family support services in 2022, received a service (ranges from 39% to 97% across the 17 Tusla areas).

## 4.1 Referrals to Family Support Services

- Over 400 family support services were commissioned by Tusla in 2022 to deliver services (Table 69). This includes services where providers were both internal and external to Tusla. On average about 84% of services returned data for 2022.

Table 69: Family Support Services Commissioned in 2022

Family Support Commissioned	Jan- Jun 2022	Jul-Dec 2022
Number of family support services commissioned, where providers were <b>external to Tusla</b>	324	356
Number of family support services commissioned, where providers were <b>internal to Tusla</b>	46	64
<b>Total number of family support services commissioned (external + internal)</b>	<b>370</b>	<b>420</b>
Number of responses received	325	337
% Response rate	88%	80%

- In 2022, at least 40,510 children were referred to family support services, with 18,768 children in receipt of family support services at year end. As this data is based on an average response rate of 84%, the total number of children involved is likely to be higher and is not directly comparable with data for 2021 and previous years. The number of children referred to family support services equates to about 3% of children under 18 years (based on Census 2016 data).
- In 2021, 32,473 children (0-17 years) were referred to family support services (based on a response rate of 80%) with 17,075 children in receipt of family support services at year end.
- 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 2022, the most common source of referral was parents / guardians accounting for almost a third (32%; 12,966) of all referrals, followed by Tusla social workers (22%; 8,984) and schools (10%; 3,984). These three sources account for 64% (25,934) of all sources. (Figure 48).

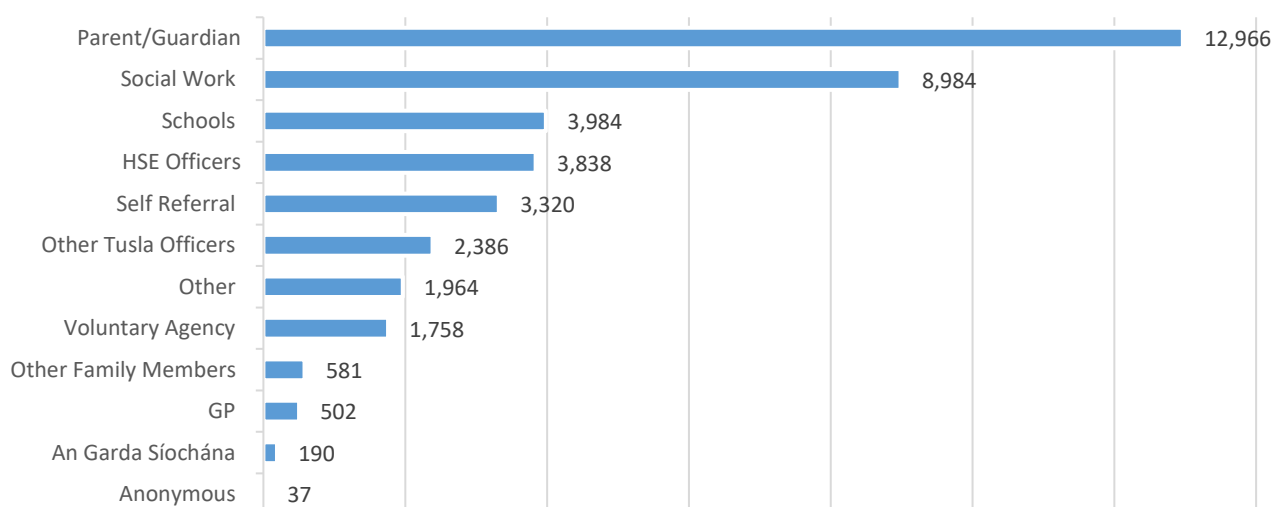


Figure 48: Children referred to Family Support Services by source, 2022

- 66% (26,792) of children referred to family support services in 2022 received a service. 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 plan underpinning the service to the child and his/her family. The percentage who received a service is down seven percentage points on 2021 (73%). However, this comparison needs to be interpreted with caution due to incomplete returns.
- Of the number of children referred in 2022 who received a service:
  - 5% (1,251) were subject of a child in care plan; 33% (419) of these children participated in the development of their plan, 33% (411) participated in the implementation of their plan and 29% (368) participated in the review of the plan.
  - 9% (1,286) were subject of a Tusla child protection and welfare safety plan (based on data for returned for the period July – December 2022); 47% (610) of these children participated in the development of their plan, 46% (588) participated in the implementation of their plan and 43% (557) participated in the review of the plan.
  - 5% (1,467) were subject of a Meitheal support plan; 62% (915) of these children participated in the development of their plan, 60% (875) participated in the implementation of their plan and 55% (808) participated in the review of the plan.
  - 43% (11,387) were subject of a single agency family support plan; 50% (5,713) of these children participated in the development of their plan, 51% (5,831) participated in the implementation of their plan and 49% (5,631) participated in the review of the plan.
  - Further development of the metrics to provide more granular data on the types and quantities of family support services provided is also required.

## Referrals to Family Support Services by Area

- As can be seen from the table below, there is significant variation in the number and percentage of children referred to family support services across the 17 areas, most likely reflecting a combination of factors relating to 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. Family support is provided by the Departments of Health, Education and Justice. Additional data is required to examine this more fully.
- Based on the data returned, Dublin North City reported the highest number of children referred to family support services (4,487) followed by Sligo/Leitrim/West Cavan (3,791)<sup>40</sup> and Dublin South West/Kildare/West Wicklow (3,540). Midlands reported the fewest number (387) followed by Kerry (1,023) and Mayo (1,060) (Table 70).
- Sligo/Leitrim/West Cavan reported the highest percentage of children referred (16%), followed to a lesser extent by Dublin North City (10%) and Donegal (7%). The lowest rate (0.5%) was reported by Midlands followed by Dublin South East / Wicklow (1.3%) and

<sup>40</sup> Sligo/Leitrim/West Cavan advised that the high number is due to the Healthy V Unhealthy Relationship Program. The Home Youth Liaison Service received 1,700 parent consent forms to deliver this program over a period of five weeks in 2022.

Cork (1.6%). Six of the 17 areas reported a rate equal to or higher than the national average of 3.4% (Table 70).

- The percentage of children referred to family support services who received a service ranged from 39% in Sligo/Leitrim/West Cavan to 97% in Cavan/Monaghan. Twelve of the 17 areas reported a percentage equal to or higher than the national average of 66% (Table 70). The types of services received vary depending on the needs of the child and family.

Table 70: Children referred to family support service, by area 2022 (ranked by number referred)

Area	# Referred	Population n < 18 years	Rate referrals / 100 pop	# who received a service	% who received a service	Response rate*
Dublin North City	4,487	44,927	10.0%	2,448	55%	89%
Sligo / Leitrim / West Cavan	3,791	23,554	16.1%	1,481	39%	94%
DSW/K/WW	3,540	108,186	3.3%	1,985	56%	100%
Dublin South Central	3,261	65,564	5.0%	1,632	50%	100%
Dublin North	2,932	100,654	2.9%	2,112	72%	79%
CW/KK/ST	2,915	63,009	4.6%	2,075	71%	93%
Donegal	2,891	42,865	6.7%	2,445	85%	100%
Midwest	2,594	96,266	2.7%	1,871	72%	90%
Galway / Roscommon	2,490	79,912	3.1%	1,879	75%	63%
Cork	2,145	134,015	1.6%	1,566	73%	64%
Waterford / Wexford	2,095	68,513	3.1%	1,698	81%	64%
Louth / Meath	2,030	93,093	2.2%	1,308	64%	98%
Cavan / Monaghan	1,727	36,446	4.7%	1,669	97%	88%
Dublin South East / Wicklow	1,142	86,810	1.3%	758	66%	93%
Mayo	1,060	31,968	3.3%	910	86%	58%
Kerry	1,023	34,527	3.0%	672	66%	43%
Midlands	387	80,193	0.5%	283	73%	88%
<b>Total</b>	<b>40,510</b>	<b>1,190,502</b>	<b>3.4%</b>	<b>26,792</b>	<b>66%</b>	<b>84%*</b>

\*Response rate is based on the average of the rates reported for the two data returns (data reported bi-annually).

- In 2022, 19,042 parents/guardians/carers were referred to a parenting support service and of these 77% (14,732) received a service. A parenting support service is defined as a formal intervention undertaken with a parent/guardian/carer that is specifically intended and designed to support the parent/carer in their parenting role.
- The number of parenting support services commissioned in 2022 is presented in the table below (Table 71).

Table 71: Parenting support services commissioned in 2022

	Jan- Jun 2022	Jul-Dec 2022
<b>Parenting Support Services Commissioned</b>		
# Individual (one-to-one) parenting support services <b>commissioned internally</b>	3,861	2,854
# Individual (one-to-one) parenting support services <b>commissioned externally</b>	2,832	2,704
# parenting support services that are <b>group-based</b> interventions <b>commissioned internally</b>	1,528	1,106
# parenting support services that are <b>group-based</b> interventions <b>commissioned externally</b>	702	488

## 4.2 MEITHEAL

Tusla has developed a national practice model referred to as Meitheal<sup>41</sup> 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 2022 - 2027](#). 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).






There are three stages to the Meitheal process as follows:

**Stage 1: Preparation** – Consider whether a Meitheal is necessary; Introduce Meitheal Model to the family; Pre-Meitheal checks with CFSN co-ordinator

**Stage 2: Discussion** – Identification of strengths and needs; Consider appropriate response

**Stage 3: Delivery** – Plan and deliver support; Monitor and review progress; Ending and close

### KEY FACTS

-  2,320 Meitheal processes were requested in 2022, 53 (2%) fewer than 2021 (2,373) but broadly similar to the number reported for 2019 and 2020.
-  70% (1,566) of Meitheal processes requested in 2022 (*where pathway was provided*), were requested either by the family themselves, or directly by a practitioner; 21% (476) of Meitheal processes requested were diversions from social work and 9% (210) of Meitheal processes requested were initiated following step-down from social work.
-  79% (1,837) of Meitheal processes requested in 2022 proceeded to Stage 2 (discussion stage). The Meitheal is considered to be initiated at this point.
-  1,630 Meitheal processes reached completion of stage 2 (discussion stage) in 2022 and of these 53% (867) proceeded to delivery, 3% (43) were referred to Tusla Social Work Services, 30% (490) were referred "to a single agency response", 8% (127) were closed, while the remaining 8% (127) requests were categorised as "other".
-  1,722 Meitheal processes were closed in 2022. Of these, 24% (409) were closed following submission of the request form (end of stage 1); 32% (557) were closed following

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<sup>41</sup> Meitheal is an old Irish term that describes how neighbours would come together to assist in the saving of crops or other tasks.

completion of the strengths and needs form (stage 2); 13% (217) were closed following commencement of Meitheal support meetings (stage 3); 31% (539) were closed post-delivery (end of process).

## Meitheal Requests

- In 2022, some 2,320 Meitheal processes were requested, 53 (2%) fewer than 2021 (2,373) but broadly similar to the number reported for 2019 and 2020 (Table 72).

Table 72: Number of Meitheal requests, by Year, 2017 -2022

Year	2017	2018	2019	2020	2021	2022	2022 v 2021	%Δ
# requests	1,409	1,734	2,330	2,287	2,373	2,320	53	2%

- 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 2022, these requests accounted for 70% (1,566) of all requests where the pathway was provided, up three percentage points 2021 (67%) (Table 73).
- A further 21% (476) of requests were cases that were diverted by child protection and welfare social work teams, no change from 2021. 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 (Table 73).
- The remaining 9% (210) of requests were cases that were stepped down by child protection and welfare social work teams, down four percentage points for 2021 (13%). Step-down 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.

Table 73: Pathways into Meitheal, 2020 - 2022

Pathway	# 2020	% Total	# 2021	% Total	# 2022	% Total
Direct Access	1,494	65%	1,584	67%	1,566	70%
Social Diversion	556	24%	488	21%	476	21%
Social Work-Step Down	237	10%	301	13%	210	9%
Total	2,287	100%	2,373	100%	2,252*	100%

\*Pathway was not provided for 68 records

## Meitheal Requests by Area

- As can be seen from the table below (Table 74), the number of processes requested varies across the 17 Tusla areas. In 2022, the number of requests ranged from 37 (Mayo) to 316 (Waterford / Wexford) (Table 74). Seven areas reported fewer than 100 requests, six areas reported between 100 and 200 requests, while the remaining four areas reported in excess of 200 requests.
- Seven areas reported more requests in 2022 than 2021, with the largest increases reported by Waterford/Wexford (up 113; 56%), Cavan/Monaghan (up 76; 49%) and Carlow/Kilkenny/South Tipperary (up 63; 53%).

- Of the 10 areas that reported a decrease, the largest decrease was reported by Dublin North (down 221; 52%), Kerry (down 69; 24%) and Cork (down 45; 19%).

Table 74: Meitheal processes requested by access pathway and area, 2020 - 2022

Area	# 2020	# 2021	# 2022	2022 v 2021	% Δ
Dublin South Central	76	73	68	-5	-6.8%
Dublin South East/Wicklow	58	88	76	-12	-13.6%
Dublin South West/Kildare/West Wicklow	122	105	138	33	31.4%
Midlands	93	50	71	21	42.0%
Dublin North City	99	65	83	18	27.7%
Dublin North	330	429	208	-221	-51.5%
Louth/Meath	37	134	130	-4	-3.0%
Cavan/Monaghan	214	156	232	76	48.7%
Cork	198	242	197	-45	-18.6%
Kerry	262	293	224	-69	-23.5%
Carlow/Kilkenny/South Tipperary	204	120	183	63	52.5%
Waterford/Wexford	232	203	316	113	55.7%
Midwest	111	114	108	-6	-5.3%
Galway/Roscommon	106	146	135	-11	-7.5%
Mayo	54	46	37	-9	-19.6%
Donegal	39	57	68	11	19.3%
Sligo/Leitrim/West Cavan	52	52	46	-6	-11.5%
<b>Total</b>	<b>2,287</b>	<b>2,373</b>	<b>2,320</b>	<b>-53</b>	<b>-2.2%</b>

- Looking across the areas the pathways into Meitheal also vary considerably across the 17 areas (Table 75). The percentage of direct or self-initiated requests ranged from 40% (Cavan/Monaghan) to 90% (Midlands). Thirteen of the 17 areas reported a percentage equal to or higher than the national average of 70%.
- The percentage of Meitheal requests that were diverted from social work ranged from 0% (Dublin North) to 51% (Carlow/Kilkenny/South Tipperary) (Table 75). Six of the 17 areas reported a percentage equal to or higher than the national average of 21%.
- The percentage of requests that were stepped down from social work ranged from 1% (Dublin South West/Kildare/West Wicklow) to 25% (Dublin North) (Table 75). Six of the 17 areas reported a percentage equal to or higher than the national average of 9%.



Table 75: Breakdown of pathways into Meitheal by area, 2022

Area	# Direct Access	% Direct Access	# SW Diversion	% SW Diversion	# SW Step-Down	% SW Step-Down	Total Requests
Dublin South Central	59	87%	2	3%	7	10%	68
Dublin South East/Wicklow	58	76%	14	18%	4	5%	76
DSW/K/WW	103	75%	33	24%	2	1%	138
Midlands	64	90%	3	4%	4	6%	71
Dublin North City	64	77%	11	13%	8	10%	83
Dublin North	156	75%	0	0%	52	25%	208
Louth/Meath	76	58%	44	34%	10	8%	130
Cavan/Monaghan	92	40%	93	40%	47	20%	232
Cork	139	71%	38	19%	20	10%	197
Kerry	155	69%	46	21%	23	10%	224
CW/K/ST	87	48%	93	51%	3	2%	183
Waterford/Wexford*	185	72%	62	24%	10	4%	316
Midwest	84	78%	16	15%	8	7%	108
Galway/Roscommon*	119	89%	10	7%	5	4%	135
Mayo	30	81%	5	14%	2	5%	37
Donegal*	54	90%	4	7%	2	3%	68
Sligo/Leitrim/West Cavan	41	89%	2	4%	3	7%	46
<b>Total</b>	<b>1,566</b>	<b>70%</b>	<b>476</b>	<b>21%</b>	<b>210</b>	<b>9%</b>	<b>2,320</b>

\*Pathway not provided: Waterford/Wexford (59), Galway/Roscommon (1) and Donegal (8).

- Of the number of Meitheal requests received in 2022, 79% (1,837) proceeded to Stage 2 (discussion stage). The Meitheal is considered to be initiated at this point. The Meitheal request form has been completed and a check has been undertaken to ensure that the child who is subject to the request is not currently in receipt of a service from the Tusla Social Work Department and the lead practitioner is advised to proceed to the discussion stage of the Meitheal process.
- 1,630 Meitheal processes reached completion of stage 2 (discussion stage) in 2022. At this point the Strengths and Needs Record Form is signed and dated and next steps are clearly outlined.
  - Of these 53% (867) proceeded to delivery. This is where the lead practitioner and parent(s) decide in partnership that it is necessary to plan, deliver and review support using Stage 3 (Delivery) of the Meitheal Process. The decision to proceed is explicitly recorded on the Meitheal Strengths and Needs Record Form. The delivery stage may or may not involve multiple agencies.
  - 3% (43) were referred to Tusla Social Work Services. This is where a member of the Meitheal deems it appropriate under Children First 2015 for the involvement of Tusla Social Work Services and accordingly a standard report is made to the Social Work Services.
  - 30% (490) were referred “to a single agency response”. This where the lead practitioner and parent(s) decide in partnership that the child’s needs can be sufficiently met through receiving service(s) from one particular agency specifically.



- 8% (127) were closed. This is where the lead practitioner and parent(s) decide in partnership to close the Meitheal process after the discussion stage.
- The remaining 8% (127) requests were categorised as “other”.
- 1,722 Meitheal processes were closed in 2022. Of these,
  - 24% (409) were closed following submission of the request form (end of stage 1).
  - 32% (557) were closed following completion of the strengths and needs form (stage 2).
  - 13% (217) were closed following commencement of Meitheal support meetings (stage 3).
  - 31% (539) were closed post-delivery (end of process).

### 4.3 Child and Family Support Networks

- There were 120 Child and Family Support Networks (CFSN) operating at the end of 2022, two fewer than at the end of 2021 (122). A further 11 were planned / at pre-planning stage (Table 76).
- 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’<sup>42</sup> 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.

*Table 76: Number of CFSN by area, December 2022*

Area	# CFSN Operating
Dublin South Central	8
Dublin South East/Wicklow	7
Dublin South West/Kildare/West Wicklow	10
Midlands	2
Dublin North City	6
Dublin North	3
Louth/Meath	5
Cavan/Monaghan	6
Cork	12
Kerry	8
Carlow/Kilkenny/South Tipperary	8
Waterford/Wexford	12
Midwest	13

<sup>42</sup> 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).

Galway/Roscommon	12
Mayo	4
Donegal	5
Sligo/Leitrim/West Cavan	3
<b>Total</b>	<b>120</b>

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