A review on the availability and comparability of statistics on child protection and welfare, including children in care, collated by Tusla: Child and Family Agency with statistics published in other jurisdictions.

BY

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1. Introduction

Tusla: Child and Family Agency, generates and uses data for reflection and service improvement purposes, assessing levels of need, and service quality and effectiveness in relation to national standards. However, like other jurisdictions, Tusla is also interested in looking externally to see how it compares with other countries and what can be learned from such comparisons.

1.1 Context, Aims and Objectives

This research arises in the context of a commission from Tusla's National Research Office, supported by the UNESCO Child and Family Research Centre (UCFRC) to undertake a project focused on the comparability of Tusla's child protection and welfare data with data from other jurisdictions. This research was commissioned in the context of an ongoing service agreement between Tusla and the UCFRC. The overall question and sub questions are:

- What are the similarities and/or differences that exist between data collected in other jurisdictions and that collected by Tusla?
- What are the legislative and methodological differences for each jurisdiction?
- Are definitions the same across jurisdictions?
- Is the data collected consistent across jurisdictions?
- Can comparisons be made with the data collected by other jurisdictions with data collected by Tusla?
- Based on what is collected in other jurisdictions, what are the gaps in Tusla's data collection?

Flowing from these questions, the study objectives are:

- To establish, internationally, based on published statistics, what data is collected on child protection and welfare services including children in care.
- To identify differences in definitions, legislation and methodologies in data collection practices and systems in other jurisdictions.
- Taking one full year of data, to be identified by the researchers, to establish valid comparability, if any, of the data identified with what Tusla collects.
- To make recommendations for Tusla data collection systems, policy and practice.

In sum, in order to gain an understanding of how Tusla compares in relation to other jurisdictions, this report collates publicly available statistics from other jurisdictions on child protection, child welfare, and children in care and where possible draws comparisons with data items collected in Ireland. It aims to assist Tusla in identifying gaps in their own data collection and provide recommendations based on indicators currently measured elsewhere but not by Tusla.

A number of jurisdictions were identified for comparison by Tusla's National Research Office: Northern Ireland; England; Wales; Scotland; Norway; Canada; Australia and America. The rationale for selecting these countries related to the orientation of their child protection systems. Through preliminary research it was evident that each jurisdiction collects sufficient amounts of aggregate data for comparative purposes. To understand the similarities and differences in the available data, the types of child protection and welfare systems and the associated legislative background would be reviewed with a particular focus on whether their orientation was a protective or preventative and supportive one.

It is important to note what the report does not do. While the findings involve some commentary on the nature of the comparison between the data, the report does not aim to make conclusions and recommendations based on a comparative analysis of the data – for example, what are the implications for Tusla, if the data generated shows significant differences on the types of care provision between Ireland and other jurisdictions? One by-product of the analysis is that Ireland's position relative to other jurisdictions is presented. However, the main focus of the report is to describe and compare the child protection systems of the countries listed immediately above.

The number of data items for which meaningful comparison is possible, i.e. fully comparable, partially comparable, or where learning can be derived from incomparable variables is quite limited. The full range of data generated and associated definitions are contained in the extensive appendices. Following this introduction, the report is in five further chapters. Chapter Two sets out the methodological approach to this desk-based study. Chapter Three sets out the key messages from the literature from the comparison of child protection and welfare systems and from the small pool of research focused particularly on comparing data. Chapter Four presents the main findings from the research. Chapter Five presents the discussion and Chapter Six the main conclusions and recommendations.

2 Methodology

2.1 Data Collection

The main methodology for this research was desktop web-based searching. Data was sought on key jurisdictions under four overarching categories:

- Child protection and welfare policy and legislative context: e.g. key legislative provision, location within overall social and public policy.
- Key definitions: e.g. how core abuse, care and other categories are defined.
- Data collection and presentation methodologies: e.g. what is the context of data generated for national purposes, how it is presented.
- Data: e.g. what data is available that can be accessed for data comparison purposes.

Additionally, academic literature on comparing child protection and welfare systems was sought building a number of key texts, for example, Gilbert et al (2011), Munro et al (2011), Lonne et al. (2009).

2.2 Search Strategy

Using the Google search engine, the initial web searches sought data provided in official publications which are available on the websites of the various child protection and welfare agencies within the jurisdictions of Northern Ireland, England, Wales, Scotland, Norway, Australia, Canada and the US. Sites such as the Department of Education for England, Welsh Government, Department of Health Northern Ireland, The Scottish Children's Reporter, the Children's Bureau America and the Australian Institute for Health and Welfare, were accessed and data was generated from report and tabular sources. Examples of search terms used were; 'child protection and welfare statistics (Norway), (England), (Scotland), (Wales), (Northern Ireland), (Australia)' etc., 'official child protection statistics England 2017', 'Welsh child protection and welfare statistics' (See Appendix 4 for full list of search terms). More specific search terms were then used such as:

- Child protection and welfare referrals (in each jurisdiction);
- Sources of child protection referrals (in each jurisdiction);
- Child abuse types (in each jurisdiction);
- Number of children admitted to care (in each jurisdiction).

Official reports provided much of the data required; however, some jurisdictions only publish the data for the more significant variables such as referral and admissions data. While the requirements of the research brief were to obtain a full year's data from each jurisdiction, it was not possible to generate data for one common year. That said, a concerted effort has been made to obtain the most recent data and the oldest data used in this research is that from the US from 2015. In other jurisdictions much of the data refers to the years 2015-16 or 2016-17.

In addition to the difficulty of accessing data in some instances, attempting to locate data in official reports was onerous as many important figures were embedded within large volumes of narrative text. Whilst such texts provide public access, not all data sought were contained within the publication resulting in the need to further examine the data sources. Locating data required a snowball approach where through the reading of a given text provided useful citations to other relevant work. Thus, tabulated data which was referenced in the official reports was then sourced and examined. To locate some of the data in the UK, it was necessary to use resources provided by the National Society for the Prevention of Cruelty to

Children (NSPCC)[1], which in many cases provided simpler routes and links to official databases. In addition, the NSPCC was particularly useful when searching for certain key definitional material. As a final attempt to access more difficult data, the search terms were narrowed to the actual data item and the jurisdiction in question (e.g. Number of children in care Canada). However, in most cases this method yielded little results and only provided web results that had already been accessed in the initial searches.

In the case of Norway and Canada the use of the snowball methodology failed to provide sufficient data. In Norway, experts in the field of child protection and welfare were identified through academic contacts and consulted via email, with a view to providing more detailed direction as to where data could be accessed. While the suggestions provided did not enable any new data to be accessed, it did help locate published academic papers comparing Norwegian data with that collected in Australia. Similarly, when searching for data in Canada, contact was made with a research centre which has established itself as a clearing house for the analysis and publication of child protection and welfare data. As with Norway, the assistance provided failed to give direction to the data required and instead directed the researchers to data for Ontario from 2013. A follow up phone call was made with the Director of the centre who explained that such data is not easily accessible for this jurisdiction. As a result of the limited availability of statistical data in Canada, it is not possible to make useful comparisons to that published elsewhere so the decision was made to remove Canada from this study.

A similar multi-layered approach to the collection of data was also applied when searching for definitional material. Material pertaining to the definitions of child protection and welfare variables was in some instances more accessible than the statistical data which they described. Much of the definitional material was accessed through the same official publications where the data was found, with many of the key definitions contained within the narrative or the appendices of the various reports. In instances where material was absent from the main body of the text, further searches for definitional material were conducted in the supplementary documentation that often accompanied the datasets. As with the search for statistical data in the UK, in some cases access to definitional information was achieved through organisations such as the NSPCC. In other instances, definition documents were not available for certain data items and in such cases this has been noted in the appendices. Examples of this search include:

- Definition of referral (in each jurisdiction);
- Definitions of children's care types;
- Definition of main abuse types (in each jurisdiction).

Material used in the literature review was also searched using Google search engines. Google Scholar provided a good starting point and as with official material, references within articles provided an opportunity to utilise a snowball strategy of sourcing a broader range of articles and book chapters relating to the focus of this study. NUI Galway's library databases were also searched for relevant sources. Search terms used were: 'comparing child protection data', 'international child protection systems', 'comparing child protection and welfare data' amongst others.

Once data was accessed, it was organised in tabular format on an excel spreadsheet according to the list of data items specified by Tusla for the research. This allowed the researchers to see if the data item is available, if it is comparable and what the actual figures are. From this, a set of appendix tables were developed condensing this and related definitional material. The literature pertaining to child protection systems and data item

[1] https://www.nspcc.org.uk/

definitions in each jurisdiction was analysed with a view towards identifying frameworks for comparison, jurisdictional differences and extant knowledge of comparing child protection and welfare data.

In undertaking the work, the researchers worked closely with Tusla's National Research Office and the Quality Assurance Directorate. Interim findings were reported and discussed and the challenge of data access was raised. The researchers also worked closely with the group in devising the reporting format for the research report.

3 Literature Review

3.1 Introduction

A common driver for conducting comparative research on child protection systems and the data collected between different jurisdictions is to gain an understanding of what might help to reform the policies, systems and practices at home (Parton, 2017). This chapter consists of three main sections. The first will examine the approaches to classifying child protection and welfare systems. The second task is to present the nature of provision in each country and the final section will explore the nature and challenges of international comparative analysis of child protection and welfare data.

3.2Classifying Child Protection and Welfare Systems

According to Freymond and Cameron (2006) systems of child protection and welfare are social configurations rooted in specific visions for children, families and communities. Countries have developed different responses to child protection reflecting their own priorities and desired outcomes. Historically, two orientations have dominated the discourse. The first of these is a child protection orientation, which is broadly based upon removing a child from potentially harmful situations at an early stage once there is evidence that harm is occurring or occurred. Spratt (2001) suggests that a child protection orientation is characterised by a: "primary concern to protect children from abuse, usually from parents who are considered morally flawed and legally culpable. The social work processes associated with this orientation are built around legislative and investigative concerns, with the relationship between social workers and parents becoming adversarial in nature" (Spratt, 2001: 934). The other orientation places a greater emphasis upon the prevention of harm through the support of families and guardians. Family Support is characterised as: "having a tendency to understand acts or circumstances, thought of as harmful to children, in the contexts of the social or psychological difficulties experienced by families. Here, families are seen as needing support to undertake the task of parenthood and services are provided to enhance their capacity to do this successfully" (Spratt, 2001, cited in Devaney, 2017: 934).

More recently, Gilbert et al (2011: 254, 2012: 533) suggest that in many jurisdictions child protection systems can be considered in terms of three orientations. The first of these is family support, the second child protection and the third is child focused. The latter involves prioritising children's rights vis-à-vis those of their parents, and emphasises parents' obligations as care givers. Within this orientation, the state assumes a more paternalistic role in the support that is provided to children and families. However, Gilbert et al also suggest that since 2010 it is no longer possible to 'sharply' differentiate between child protection and family support orientations among countries as they all included a conglomeration of protection, support and development (2012: 533). Table 1 provides a summary of the central child protection orientations as described by Gilbert et al (2011).

Table 1. Orientations of Child Protection Systems (Gilbert et al. 2011)

	Child Focus	Family Service	Child Protection
Driver for Intervention	The Individual child's needs in a present and future perspective; society's need for healthy and contributory citizens	The family unit needs assistance	Parents being neglectful and abusive toward children (maltreatment)
Role of the State	Paternalistic/de-familialisation-state assumes parent's role; but seeks to re-familialise child by foster home/kinship care/adoption	Parental support; the state seeks to strengthen family relations	Sanctioning; the state functions as "watchdog" to ensure child's safety
Problem Frame	Child's development and unequal outcomes for children	Social/psychological (system, poverty, racism)	Individual/moralistic
Mode of Intervention	Early Intervention and regulatory/need assessment.	Therapeutic/needs assessment	Legalistic/investigative
Aim of Intervention	Promote well-being via social investment and or equal opportunity	Prevention/Social bonding	Protection and harm reduction
State-Parent Relationship	Substitutive/Partnership	Partnership	Adversarial
Balance of Rights	Children's rights/parent's responsibility	Parents' rights to family life mediated by professional social workers	Children's/parents' rights enforced through legal means

Sometimes the orientation of a nation's child protection and welfare system is difficult to characterise due to the federal nature of their political and policy making structures, for example, Australia and the United States (Duerr Berrick, 2011; Parton 2017; Lonne et al. 2009).

Gilbert et al. (2011: 3) suggest that child protection and family service orientations can be further distinguished along four dimensions. The first dimension is concerned with the way that child abuse is framed. In child protection orientated systems abuse is considered to be an act committed against children that demanded the protection from harm from 'degenerative relatives', whereas in jurisdictions that are centred on a family welfare philosophy, an acknowledgement of the dysfunction that can arise from deeper social and psychological difficulties exists. The second dimension of child protection systems, according to Gilbert is also dependant on how child abuse is framed; the responses take the form of either a legalistic approach or one that focuses upon the provision of family support and prevention. Thirdly, as a result of these two approaches child protection services operate in either a highly adversarial way, in the case of those adopting a child protection approach and in the case of a family welfare/prevention approach a particular focus is placed upon the building of partnerships with parents. Finally, despite in many jurisdictions a high rate of voluntary arrangements with parents in regard to the out of home placements of at risk children existing, within the child protection system many of the out of home placements were as a result of decision made by the coercive powers of the authorities, rather than working with families to discuss possible support options and involving families within the prevention processes (Gilbert et al. 2011).

3.3 Categorising Child Protection Systems in each Jurisdiction

Esping-Anserson (1990) categorises welfare state regimes in accordance with the socio-economic philosophy of the health and welfare benefits systems in different countries. Countries where the state is heavily focused upon the delivery of services are described as being social-democratic and countries where the state favours a system in which services are delivered through other, non-governmental means, are considered to be conservative.

Gilbert (1997) and Hetherington (2002) find that English speaking countries including England, Scotland, Northern Ireland, Ireland and Australia have welfare systems categorised by a focus on child protection, distrust of state intervention and legalistic approaches. In contrast, Nordic countries with social democratic welfare regimes adopt family service orientated child protection systems (Lonne et al. 2009; Hetherington, 2002).

The Irish child protection system has much in common with other Anglophone countries as it has been evolving over the last two decades, from an often criticised investigative orientation to one that focuses upon family support and prevention (Buckley et al., 2011). Devaney and McGregor (2016) highlights a gradual move away from residential care towards an increased focus on the importance of family and preventing entry of children to care.

They suggest that one factor in this is an increased recognition of the role of family support and community in children's lives (Devaney and McGregor, 2016). Thus from the Child Care, Act, (1991) through to the Commission on the Family (1998), the *Agenda for Children's Services* (2007) and *Better Outcomes Brighter Futures* (2014) and its associated *High-Level Statement of family and parenting support* (2015) and *Child Protection and Welfare Strategy 2017-2022* (2017), there has been an emphasis on preventative and family support approaches to services and practices, within legislation and policy guidance. Prevention and Family Support services have mainly been provided by the community and voluntary sector funded through formerly the Health Services Executive and now Tusla's external grant streams.

The rationale for the creation of Tusla as an agency of a new government department solely devoted to children and young people was to place an increased focus on child protection (Tusla). On the other hand, the Child and Family Agency Act, 2013 makes explicit reference to Tusla's obligations to provide 'preventative family support services' (S.8.3.a). Also, this commitment is embodied in the development and piloting of the Programme for Prevention Partnership and Family Support and in particular, the implementation of the 'Meitheal' model for early intervention and the development of Child and Family Support Networks (Devaney and Mc Gregor, 2017 and Cassidy, Mc Gregor and Devaney, 2017).

In England, the Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention to safeguard the welfare of a child. The core principles that underpin this Act include the welfare of the child being paramount, whenever possible children should be brought up and cared for within their own families and authorities should work in partnership with parents (Munro et al, 2012). Such responses may be considered as indicative of a family welfare/prevention model of child protection.

However, some have suggested that a number of high profile social work cases in England has placed pressure on social service practitioners to adopt a more hands on reactive approach to the protection of children (Parton, 2017). Cases involving certain local authorities in London became the centre of a number of high profile reports which led to increases in child protection orders and interim care orders (Parton and Berridge, 2011). Other jurisdictions within the UK, whilst having many institutional and legislative differences, are suggested to share some similarities within child protection systems. Spratt (2001) commented that social work within the UK does not neatly fit into either child

protection system orientation. In the case of Northern Ireland, the Children Order 1995 is the principle statute governing the care and the upbringing and protection of children (Department of Health (Northern Ireland), 2017). The Children Order emphasises the advantages of children being brought up within their own family and regards families as a central support for children. This can be regarded as a move away from the child protection system previously associated with Northern Ireland which failed to prioritise the importance of family support work (Devaney, 2004: 28). Although the Welsh National Assembly governs Health and Social Services in Wales, the systems for child protection and welfare are similar to that of England (Sibert et al, 2002).

Both the Children Act 1989 and the Children Act (Scotland) 1995 embody similar legal principles and provisions. It has been suggested that the safeguarding of the welfare of children as well as promoting their upbringing by parents are common to both Acts (McGhee and Waterhouse, 2002). Unlike the Children Act 1989 there is no overarching statement of the principles within the Scottish legislation but they both focus upon paramountcy of the child's welfare and the concept of minimum intervention. As with the rest of the UK, Scotland has been placing greater emphasis on developing effective prevention and family support provision for children in need. McGhee and Waterhouse (2002: 274) suggest that the division between child protection and welfare systems is artificial. Intervention is instead seen to be a process along a continuum where varying degrees of both protection and welfare may be required.

There is no single welfare system in the US. The federal government sets legal standards for establishing roughly comparable systems, standards and procedures across all 50 states, the district of Columbia and the Unites States Territories, however variation amongst States is common (Duerr Berrick, 2011). According to Munro et al. (2012), all states are required to make reasonable efforts to prevent the removal of children from the environment of the family and if children are removed services must be made available to parents to support the reunification of families. Despite the child protection system in the United States being considered to have a strong emphasis on the child protection model a gradual shift to a family centred system is documented by Duerr Berrick (2011: 29). He provides an example of family focused practice where there is an increasing reliance on kin as part of the natural support for birth families and in some states child welfare agencies have been especially keen in their efforts to locate relatives to provide care for a child subject to protection measures.

Very recent legislative changes suggest further moves towards prevention and family support with funding streams more aligned to these areas of provision. The passage of the Family First Prevention Service Act permits federal funding sources for the child welfare agencies to provide financial assistance for services to prevent children being removed from their families and placed in foster care, thus emphasising the importance of keeping children with their own families (see https://www.childtrends.org/family-first-act-changes-child-welfare-financing-landscape/).

In Norway, the child protection system is an integral component of the overall welfare state. According to Skivenes (2011), the Norwegian welfare state is committed to providing human dignity, minimum standards of income, livelihood, housing, education, health care and child protection services. The Norwegian system is both protective and supportive in its approaches. Despite the Norwegian government investing significantly in the areas of child protection and welfare over the years, Skivenes suggests that there is no consistent policy emphasis that places child-centric approaches above a family approach, but rather the evidence suggests that Norway's child protection system attempts to embrace both approaches regardless of many responses to abuse being grounded in the concept of prevention.

In a 2016 article, Churchill and Fawcett consider the development of Australian child protection and welfare systems over the last 25 years. In the early 1990's the system was child protection orientated in a number of ways. Firstly, mandatory reporting laws operated in all but one state, with legislative changes in the 1980s and 1990s broadening their scope making it easier to report suspected incidences of abuse. Secondly, legalistic and bureaucratic processes and decisions which determined the substantiations of notifications dominated state responses to suspected cases of abuse and neglect. Finally, the child welfare services for children and families at risk tended to be of a limited nature (Churchill and Fawcett, 2016). The Australian authorities received much criticism for their responses to growing social changes and strains that were being placed upon the child protection system (Churchill and Fawcett, 2016: 305). The system failed to provide adequate support for lone parents, teenage mothers, child poverty and those with mental health problems, which all potentially increase stress on parents and families. After a raft of judicial and other enquiries which identified such systemic failures, in 2009 the Council of Australian Government published a *Framework for Protecting Australia's Children*, which involved a strong and early intervention and prevention policy emphasising a less forensically oriented approach to child and family protection, favouring a system to make clearer distinctions between children at risk of serious harm and children in need. In addition to this, more extensive funding was made available for child and family support services (Kojan and Lonn, 2012).

3.4 Comparing Data on Child Protection and Welfare Systems

Simpson et al. (2000) state that child welfare systems are increasingly asked to provide summary data and support quantitative research on child protection and welfare. Data on referrals and substantiations are the most common indicators for how a country's child protection system is performing with such data providing an opportunity to make comparisons with services in other jurisdictions (Bromfield and Higgins, 2012). However, one of the complexities encountered when comparing child protection data across multiple jurisdictions is the difficulty in establishing whether two things that appear the same are really the same; and also data items that appear different are really different (Hetherington, 2002).

However, as a result of legislative changes, definitional variations of child protection processes and variations in child protection orientations, drawing meaningful comparisons is often challenging. In addition to this, data sets provided by child protection welfare services in each jurisdiction do not assist in determining the prevalence of abuse, as they only represent data on children who come to the attention of children's social care, many instances of abuse and neglect go unrecognised or unreported (Munro et al., 2010: 16).

Kojan and Lonne's (2012) study of Australian and Norwegian child protection data provide an interesting insight into how comparable data can be used effectively. They were able to compare data such as referral rates and the numbers of investigations that led to further action by social services. In their study it was identified that whilst support services for both children and families vary, comparisons could be made within the reporting and investigation stages of the child protection processes. Kojan and Lonne did however identify some limitations when comparing data. For example, in Australia child protection authorities tend to refer more children to NGOs for support, whereas in Norway statutory child welfare services provide a variety of support services in addition to out of home care.

Bromfield and Higgins (2004) also raise concerns over the practicality of comparing data across multiple jurisdictions. In their study of the Australian child protection and welfare system, inconsistencies in data recording were found across states and territories; they also identified issues such as overly general and outdated categorisation approaches. What determines a protective concern was seen to have become increasingly subjective and complex definitionally, and furthermore, they argue that the classification of abuse types is

problematic. Bromfield and Higgins (2005) also highlight how systems and data are rooted in social values which change over time referring specifically to what constitutes appropriate care and a conception of childhood.

Holzer and Bromfield (2008) found that headline data items were most comparable (e.g. data on notifications, investigations, substantiations and children in out of home care) in their study of child protection data across Australian jurisdictions. Even then, however, consideration had to be given to the ways that such data was collected, interpreted and presented. An example of the complexities of making such comparisons relates to the total amount of notifications. Often differences existed in the way the notification was called or agency defined; in the availability of diversionary and family support services; there were differences in the mandatory reporting requirements and agency reporting policies, disparities were also present in matters for which notifications are recorded and finally the threshold differences in the point at which each jurisdiction recorded a notification varied.

Munro et al. (2011: 66) found that analysing child protection data provides a valuable tool for benchmarking different countries against one another, which may assist in verifying or refuting claims about how one country is performing in relation to child protection relative to another. They express caution when utilising data of this kind as it is all too easy to come to erroneous conclusions, reflecting the complexities of child welfare systems as well as variations in the data collected, recording practices, data item definitions, intervention thresholds and processes. Their findings show that England, Wales, Scotland and Northern Ireland all publish referral data. However, the procedures that follow a referral and the definitions of each stage of the process vary. Whilst it can be generally understood that referrals are the start point within this process, at the time of Munro et al.'s research, in Scotland a child protection referral had a narrower definition than that of England and Wales and in Northern Ireland referrals are separated and aggregated in terms of welfare and child protection referrals. This demonstrates that even within UK countries difficulties exist when attempting to draw valid comparisons (Munro et al, 2011: 6).

3.5 Summary

Child protection and welfare orientations have, historically, been categorised into two main orientations. The first of these is based upon child protection where the welfare concerns that warrant intervention from social work services are regarded as being a result of poor or inadequate parenting. The second system is largely based upon a family service orientation, where through the promotion of support, development and prevention, parents are strongly encouraged to develop their parenting skills so the child can remain within the family setting. It has been suggested that in most jurisdictions there is no clear delineation between the two child protection system orientations.

However, there has been a gradual move towards family service models by most child protection agencies. In terms of being able to compare child protection and data items across multiple jurisdictions, the available literature suggests that this is most likely in relation to headline items. However, it can be a complex task, with the risk of erroneous conclusions due to differences in data collection, recording and aggregation methods and the services' contexts.

4 Findings

4.1 Introduction

Tusla collects a comprehensive volume of data concerning child welfare and protection. The publically available and accessible set of data items is more limited in other jurisdictions than Ireland, making useful comparisons limited. A number of items can be considered comparable; the data is available and there are similar definitions of the data items, including the main child protection processes and statuses such as the number of referrals, assessments and children in care. More specific data items that are collected by Tusla within these stages of the child protection process are not comparable due to differences in how data is aggregated and defined. Other items such as legal reasons for being admitted to care are often embedded within each countries legislative framework. Legislative contexts are very often unique to particular countries and systems, thus making close comparisons difficult to achieve. Data relating to child protection and welfare social work service performance tends to specific to each jurisdiction.

In this section data items will be presented and discussed in terms of their comparability. The following data items will be discussed following the structure of key categories provided by Tusla:

- Referrals;
- Sources of Referrals;
- Assessments;
- Admissions to Care;
- Children in Care;
- The Number of Discharges from Care;
- Destination of Children Discharged from Care;
- The Child Protection Notification System.

Each variable is discussed in terms of comparability. The above variables represent a limited number of cases where there is comparability, in some cases with all countries included, in others only some countries included, either because of the definitional differences, or differences in aggregation approaches. Data contained within the following tables has been sourced from official material published in each jurisdiction. The years for which the data relates to is not the same in each country. Irish data relates to 2016, UK jurisdictions 2016-17, Norway 2016, Australia 2015-16 and America 2015. Please note that within the tables, cells without a value represents either no data for that jurisdiction or percentage figures where the value is less than 0.5.

4.2 Referrals

Tusla collects data on the amount of referrals that are received regarding child protection and welfare concerns. Tusla presents this data according to sources of referral, the type of concern that initiated the referral, the number of referrals that require an initial assessment and the outcomes of such assessments. In the case of referral data provided by other jurisdictions, there is relatively good comparability at this stage of the child protection process. In all countries, it is possible for anyone to make a referral by contacting the child protection authorities if there is a concern over the welfare of a child (Appendix 2: 142). In Ireland, referrals are reports of concern for the safety and wellbeing of a child and are common entry points for parties becoming of interest to the Child Protection & Welfare Service (HSE, 2009). In other jurisdictions the process associated with this stage of the investigation uses varying terminology. For example, In Northern Ireland, Wales and England a referral is termed as a request for service to be provided by social services. In Scotland the referral stage is also termed as a referral and as with Ireland, occurs when a

report is made to the Scottish Reporter[2] regarding the welfare or behaviour of a child. In Norway and Australia such reports are defined as notifications and yet again, represent the initial stage of a child protection or welfare investigation.

There are however some differences in the ways in which the data is aggregated and minor definitional differences. Ireland and Northern Ireland break down data on referrals relating to child protection referrals and those concerning welfare. In the Republic of Ireland, child protection and welfare reports are submitted to the state's Child and Family Agency, which are reported as reasonable grounds for concern, or a report of a child harm.

Child protection cases are received under both report types and the statutory social work service is tasked with assessing whether cases relate to a child protection or welfare concern. Child protection cases relate to the four categories of child abuse, where risk and harm is indicated, whereas child welfare referrals pertain to cases where there are identified needs to a child who would benefit from support to be provided to the child and/or his/her family in order to promote their welfare and thus prevent and minimise any potential risk of future harm (Children First, available at https://www.tusla.ie/uploads/content/Children_First_National_Guidance_2017.pdf).

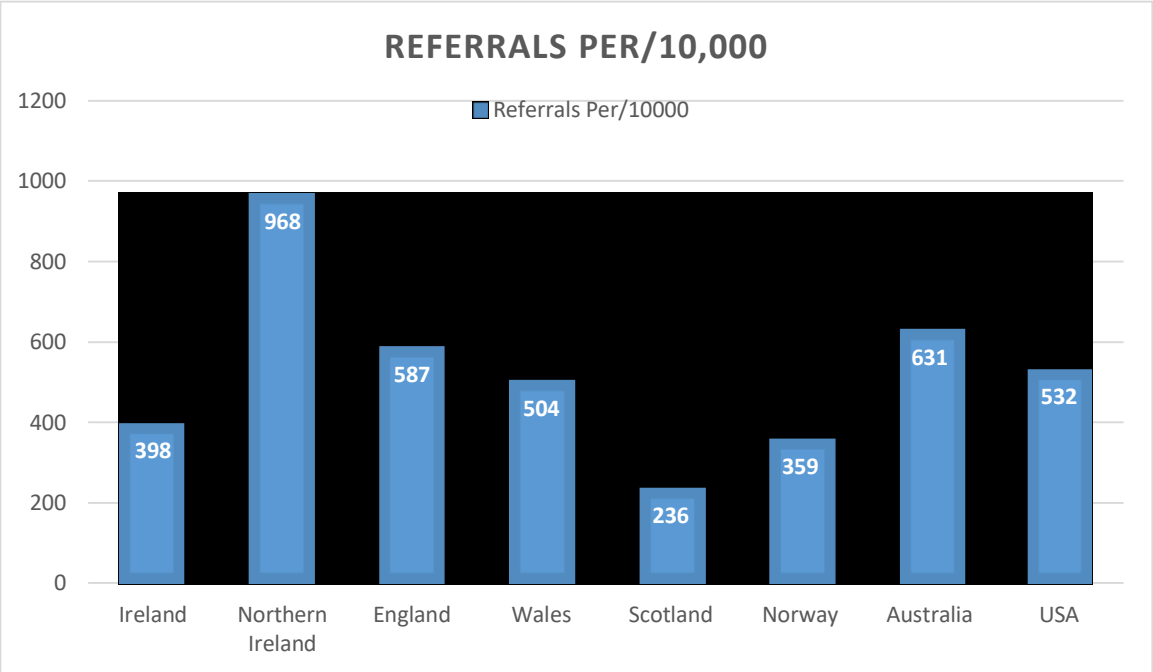
In Northern Ireland a distinction is made between children in need and child protection. A child in need referral is made if the child is deprived of the opportunity of achieving and maintaining a reasonable standard of health and development without the need of services provided by an authority (Department of Health, N.I, 2016/17). As with Ireland, child protection referrals are defined as cases related to instances where a child is in immediate risk of harm. Whilst other jurisdictions acknowledge various types of harm and subsequent responses, the data provided on welfare and protection referrals are aggregated and published as total figures.

Table 2: Total Referrals

	Ire	N.Ire	Eng	Wal	Sco	Nor	Aus	USA
Total Referrals	47,399	41,639	646,120	33,536	27,340	58,254	355,935	3,957,000

[2] The Scottish Children's Reporter is an executive non-departmental public body of the Scottish Government, with responsibility for protecting children at risk. SCRA was formed under the Local Government (Scotland) Act 1994 and became fully operational on 1 April 1996.

Chart 1: Referrals Per/10,000 Rate of Child Population



In terms of the rates for referrals, it is important to note that there can be more than one referral for a child; however, the figures presented in Table 2 are based upon total referrals. Hence the number of children involved with Tusla: Child and Family Agency and other agencies is likely to be fewer than the number of referrals presented. As illustrated in chart 1, Northern Ireland and Australia have the largest rate per/10,000 figures in terms of referrals data. As discussed above, referrals can be regarded as the first stage in the child protection process. However, from a definitional perspective, Northern Ireland, England and Wales also define a referral as a request for service which may go some way in explaining the disproportionately high figure. A request for service is a request for services to be provided to a child or family and may in some cases not be directly related to the immediate welfare of a child. In addition to the slight variation in the definitions of referrals which exist in each jurisdiction, the age threshold where social services cease providing services also differs. In Ireland those eligible for services are under the age of 18 and are not or never been married.

This age range is shared with the UK jurisdictions and Norway; however, in the US the age threshold is set at 20 years of age. Ireland has the third lowest rate of referrals of the eight jurisdictions for which data is reported (Appendix 1: 49).

4.2.1 Sources of Referral

Whilst full comparability in relation to the sources of referrals is not possible across all jurisdictions, Ireland, Northern Ireland, England, Scotland and the US all publish data on this area. However, the sources that are used vary among jurisdictions with the US providing the most extensive list of sources. One consistent category of referral source is the police. Health services are also a relatively consistent source of referral. However, some aggregation is needed in most jurisdictions as referral from health services are often broken down into different sub-categories.

Table 3: Referrals made by Police and Health/Social Services

	Ire	N.Ire	Eng	Sco	USA
Police Referrals	11,776	11,349	177,470	20,461	720,174
%	25	27	27.5	75	18.2
Health Service Referrals[3]	12,696	5,219	93,330	162	589,593
%	27	13	14	0	15

When analysing Table 3 it can be seen that Scotland has the largest percentage of referrals made through the police. A reason why police referrals tend to be so high in Scotland is that when a child or young person is alleged to have committed an offence the police will make a joint report to the Procurator Fiscal (PF) and the Reporter. It can be seen in the table above that Ireland, Northern Ireland and England have similar rates of referral from the police.

4.3 Assessments

Following a referral, child protection services have to make a decision as to what, if any, action is to be taken based upon the information provided. All countries in this study have processes in place to evaluate and prioritise child protection and welfare referrals. However, the terms used vary. In Ireland a preliminary enquiry takes place in order to establish whether a formal assessment of needs is required. It seeks to verify the reporter's phone number, child's address, concern, check if the child is already known to the service and other network checks (HSE, 2009: 9). In Northern Ireland a Child Protection Enquiry proceeds after a referral. In England, the stage after referral is titled Assessment and in Wales the official publication refers to this stage of the process as an Initial Assessment. Scotland differs from other UK jurisdictions by referring to the process that follows a referral as Reporter Enquiry. Norway, Australia and the US all use the term investigation to describe this process.

Within all jurisdictions there is a difference between total referrals and assessments as seen in Table 4 (Also see Appendix 1: 59, Appendix 2: 142). Ireland has one of the lowest percentage of referrals leading to the assessment stage, again it must be noted that Ireland uses a preliminary enquiry to screen out referrals that do not require an initial assessment. Initial and further assessments are part of the referral process and it is important to note that the assessments figure of 20,117 refers to initial assessment only and not a sum of both initial and further assessments. As mentioned above, a further assessment is a decision made on completion of the initial assessment. In the Irish example, initial and further assessments allow for the gathering of sufficient information on the needs and risks within a case so that informed decisions and recommendations can be made and actions that will result in better outcomes for children. However, in Scotland the number of investigations is higher than the amount of referrals. This is because not all investigations undertaken by the Reporter4 stem from child protection referrals, highlighting a different set of procedural processes within the referral and assessment stages.

[3] Health service figures in Ireland are aggregated referrals from HSE officers, G.P's and Designated HSE officers.

Table 4: Percentage of Referrals Proceeding to Further Action

	Ire	N.Ire	Eng	Wal	Sco	Nor	Aus	USA
Total Referrals Proceeding to Assessment / Further Investigation	20,117[5]	3,382[6]	606,920	26,393	36,657	47,865	164,987	3,358,347
% of Referral Proceeding to Further Investigation	42	84	94	79	134	82	46	85

The other notable figure in table 4 is Australia's very low rate of notifications proceeding to the investigation stage. Australia has a mandatory reporting policy and Child Protection Intake Services screen incoming reports in order to determine if further action is required. The defined threshold for intervention varies across jurisdictions and can lead to jurisdictional differences in the responses taken as a result of initial reports (Australian Government, 2016: 1) (Appendix 2: 152).

4.4 Children in Care

The next area where clear comparisons can be made between all jurisdictions is in the data that concerns children in care.

Table 5: Children in Care

	Ire	N.Ire	Eng	Wal	Sco	Nor	Aus	USA
Total Children in Care	6,267	2,983	72,670	5,665	15,317	11,771	46,448	427,910
Rate per/10,000 Children in Care	53	69	66	85	132	73	82	58

When considering children in care as a comparable data item, a number of points need to be taken into account. Firstly, children in care totals often depend upon the processes and procedures that each jurisdiction adopts, legal reasons that may determine a child being placed in care and how care types are defined. In Ireland, if a child is deemed to be at risk in their home environment, Tusla has a statutory responsibility to provide alternative care arrangements under the provision of the child Care Act 1991 and its amendments. Such arrangements are usually provided in the form of foster care and residential care which are provided directly by state employees or through private and voluntary providers (HSE, 2009: 59). From a definitional perspective 'looked after children' are generally defined

[5] Figure refers to referrals that have proceeded from preliminary enquiry to an assessment made by social workers.

[6] Figures reflective of child protection referrals only.

similarly across all jurisdictions with only slight variations. For example, in Scotland, a young person may become looked after for a number of reasons including neglect, abuse, complex disabilities which require specialist care or involvement in the youth justice system.

Northern Ireland and Australia share similar definitions. For Northern Ireland, a child becomes looked after by an authority if he or she is in their care or they are provided with accommodation for a continuous period of more than 24 hours (Department of Health, Northern Ireland, 2017) and in Australia if a child is removed from their home environment out-of-home care is provided overnight.

An important consideration is that the orientation of the child protection system in each country may influence the number of children in care. Countries with family support systems often seek to keep children with their families if at all possible and offer a range of supports to prevent the removal of the child. Table 5 illustrates the number of children in care and shows that Ireland has the lowest rate of children in care. Scotland has a high rate of children in care in comparison to the other jurisdictions, reflecting the fact that 3,870 children, representing a quarter of all care placements, are placed with parents (Appendix 1: 65).

4.4.1 Placement Types

Despite some countries such as Scotland collating a more detailed list of care types, it is possible to aggregate these in order to make comparisons in terms of the placement types that Tusla use (Appendix 2: 156). The available data suggests that foster care, kinship foster care and residential care are comparable amongst all jurisdictions. Ireland is consistent with other countries in terms of foster care being the most common placement type. The 'other' category in Norway, reflects emergency shelter homes and other foster care measures, while in Scotland it reflects placements with perspective adopters, placement in local authority homes, secure accommodation and crisis care (Appendix 1: 66). As outlined, placement with family is a significant form of care in Scotland.

Table 6: Placement types of Children in Care by Percentage

	Ire	N.Ire	Eng	Wal	Sco	Nor	Aus	USA
Foster Care	66	43	61	75	35	64	39	45
Relative/Kinship Foster Care	27	47	-[7]	11	53	25	49	30
Residential Care	5	5	12[8]	4	10	5	5	14
Other	2	4	27	9	2	6	7	11

4.4.2 Legal Reason for Being in Care

Ireland, Northern Ireland, England and Wales all publish data on the legal reasons for being in care. This is a difficult data item to compare among jurisdictions as they are embedded in the various child protection legislation, policies and the processes that lead to a child being place in care. While there are various types of provisions, the only common legal reason for being in care among many jurisdictions relates to care orders. Yet there are definitional and legislative differences regarding this variable which may affect the comparability. In Ireland,

[7] Foster care provided by friends and relatives is included in total foster care placements. Distinctions are made in the tables but are difficult to aggregate.

[8] Includes secure units, children's homes and semi-independent living accommodation and other residential placements.

a care order is applied for when a child needs protection and is unlikely to receive it without one. A care order is usually made for as short a period as possible but can continue up to the age of 18 years (Section 18 Child Care Act 1991, and this decision is made by the court.

Similarly, in Northern Ireland, a care order will be granted by the court if they are satisfied that a child is at significant risk of harm. A care order in Northern Ireland accords the Health and Social Care Trust parental responsibility and allows a child to be removed from the parental home. In England, the definitional material provides a very limited description but states that when a child is made subject of a care order the local authority has legal responsibility for the child; however, parents continue to have parental responsibility.

However, the local authority can limit parental responsibility if this is necessary in the interests of the child's welfare. Finally, in Wales, a care order is made by the court under section 31 Children Act 1989 which places a child in the care of the local authority, with parental responsibility being shared between the parents and the local authority. A care order lasts until a child turns 18, unless someone applies for it to end earlier under section 39 – discharge of a care order.

Data is available for England and Wales on the total amount of care orders; data for different types of care order was not accessible for these jurisdictions. Data on various care order types is available for Ireland and Northern Ireland, but these are aggregated in table in order to allow comparison between the four jurisdictions. Table 7 shows that Ireland has the lowest rate of children subject to care orders.

Table 7: Children Subject to Care Orders

	Ire	N.Ire	Eng	Wal
Care Orders	4,245	2.246	50,470	4,145
% of children in care	68	75	69	73

4.4.3 Age and Gender of Children in Care

Within the general category of children in care Tusla collects detailed data items which provide a clear profile of those in care. Data items such as age and gender and the legal reason for being in care are published. As stated above, whilst many of the data items are also collected in other countries, they are often collected at different stages of the process. With the exception of Norway, all other countries gather and publish data on the gender of children in care. The similarity of percentages is noteworthy in Table 8.

Table 8: Percentage of Children in Care by Gender

	Ire	N.Ire	Eng	Wal	Sco	Aus	USA
Male	52	54	56	53	54	52	52
Female	48	46	44	47	46	48	48

As with gender, most countries publish data on the ages of children in care. However, to draw comparisons figures need to be aggregated. Being able to use age data to make comparisons is however further complicated by the fact that in some jurisdictions children in

care data is based upon different age categories as illustrated below making like for like comparisons difficult such as the instance of the US who provides services for individuals up to the ages of 20 as illustrated in Table 9. Cross jurisdictional data on age still provides a useful tool for reporting the different thresholds that services are provided for. The way in which data is published in Ireland lists all ages in units of years of age up to 17 individually, which allows for easy aggregation to the age categories used in other jurisdictions.

Table 9: Percentage of Children in Care by Age

Ireland		N. Ireland		England		Wales	
Under 1[9]	1	Under 1	4	Under 1	5	Under 1	5
1 to 4	13	1 to 4	19	1 to 4	13	1 to 4	18
5 to 11	38	5 to 11	35	5 to 9	19	5 to 9	23
12 to 15	30	12 to 15	25	10 to 15	39	10 to 15	36
16 and Over	17	16 and Over	17	16 and Over	23	16 and Over	17
USA		**Scotland**		**Australia**			
Under 1	7	Under 1	3	Under 1	3		
1 to 4	27	1 to 4	17	1 to 4	20		
5 to 11	32	5 to 11	37	5 to 9	32		
12 to 15	18	12 to 15	31	10 to 14	31		
16 to 20	16	16+	13	15 to 17	14		

4.4.4 Admissions to Care

As well as children in care the Irish system collects and publishes data on the children admitted to care during a given year. The number of children admitted to care is a comparable data item for all jurisdictions. Ireland has the second lowest rate per 1000 among the other countries in this study. In Ireland, Tusla measures items within admissions into care by placement type, age on admission, gender, the primary reason for admission, legal reason for admission and the length of time spent in care. As stated above, these items are not available in all of the jurisdictions and in cases where such are available, they are presented at other points throughout the child protection process. In terms of the comparability of admissions data items, only total admissions (which includes multiple admissions for a single child) allows for full comparison with other countries. While available in Ireland, data on first admissions only was not available in other jurisdictions. Table 10 shows that Ireland has the lowest rate of admissions to care.

[9] In Ireland all ages from 0-17 are listed. Figures in table 8 aggregated for comparative purposes

Table 10: Admissions to Care by Rate – Per 10,000 of Child Population

	Ire	N.Ire	Eng	Wal	Sco	Aus	USA
Total Admissions to Care	1,047[10]	859	32,810	2,065	4,116	12,829	269,509
Admissions to Care per 10,000	9	20	30	31	36	23	36

4.4.5 The number of children in their third or greater care placement.

The table below shows the number of children who had three or more care placements within a 12 month period. Only three other jurisdictions in this study make such data available - England, Scotland and Wales.

Table 11: Number of Children in Their third or Greater Care Placement.

	Ire	England	Scotland	Wales
Children in their 3rd or more care placement in a 12 month period	169	7,520	833	565
% of Total Placements	3%	11%	5%	10%

The data in table 11 shows that Ireland has by far the lowest rate of children in their third or greater care placement, half of the rates of Scotland and almost a quarter of Wales. This may also suggest that the there is greater stability within the care placements of children in Ireland as the table suggests England has the highest number of multiple placements during the period from 2016-2017.

4.4.6 Length of Time in Care

Data on the length of time children spend in care is published in most jurisdictions. It was possible to aggregate data provided in Northern Ireland, England, and Australia in the same format as that used in Ireland, in order to make comparisons. Table 12 shows the length of time children have spent in care. The data represents a percentage of the total amount of children in care in the case of Ireland, Northern Ireland and Australia. Making comparisons with the other jurisdictions is complicated by the fact that they base length of time in care rates on total placements in England and total discharges in the US (Appendix 1: 92) with exception of Scotland, which time in care is based on the number of children ceasing to be looked after. Of the three countries included in the table, Ireland has the highest rate of children remaining in care for 5 years or more. In Scotland, the length of time spent in care is only presented with data pertaining to discharges from care.

[10] Approximate figure as some Irish data missing, therefore rates should be interpreted with caution.

Table 12: Length of Time in Care (Percentage of total children in care)

	Ire	N.Ire	Aus
Less than 1 Year	11	24	20
1 to 5 Years	43	47	39
More than 5 Years	45	29	40

4.5 Discharges Data

Similar findings on lack of comparability can be seen in relation to the data on discharges from care. Ireland publishes detailed data within this area. The discharges from care material available in Ireland include the placement types that children are being discharged from, age on discharge, gender and the destination of discharge.

Table 13: Total Discharges from Care

	Ire	N.Ire	Eng	Wal	Sco	Aus	USA
Total Discharges from Care	1,224	716	31,250	2,020	4,223	9,794	243,060

Some comparability can be made between Ireland and some of the other countries with reference to the age at which children are discharged from care. To be able to tabulate the data item 'age on discharge', aggregating data is necessary as age categories used in each jurisdiction varies. Tusla presents this data in a list of ages (Appendix 1: 117) from 0 to 17 whilst other jurisdictions collate data within age categories. Ireland compares well with other jurisdictions in terms of the most common age category of children being discharged from care in the 16 and over category. As with comparing the amount of children admitted to care between jurisdictions it is necessary to consider that children may be discharged more than once throughout the year, therefore complicating the process of making exact comparisons as Table 14 suggests.

Table 14: Percentages of Discharges by Age

Ireland		N. Ireland		England		Wales	
Under 1	3	Under 1	-	Under 1	8	Under 1	-
1 to 4	15	1 to 4	-	1 to 4	23	1 to 4	-
5 to 11	18	5 to 11	-	5 to 9	14	5 to 9	-
12 to 15	12.4	12 to 15	-	10 to 15	16	10 to 15	-

16 and Over	51	16 and Over	-	16 and Over	39	16 and Over	-

Australia		Scotland		USA	
Under 1	6	Under 1	5	Under 1	5
1 to 4	20	1 to 4	29	1 to 4	29
5 to 9	21	5 to 11	33	5 to 11	33
10 to 14	21	12 to 15	14	12 to 15	14
15 and Over	32	16 16 and Over	19	16 and Over	19

4.5.1 Destination of Discharges

When examining discharges from care in Ireland, data is published which relates to the trajectories that children take in terms of where they are located once no longer in care. Many of the other jurisdictions in this study also collect data on the destination of children discharged from care. As a result, some comparisons can be made. All jurisdictions that make available this data item categorise the reunification of children with family as being the most common outcome when children are no longer in care. However, legislative and definitional disparities in what constitutes parents and parental responsibility remain ambiguous among jurisdictions. An example of this can be observed when trying to make a comparison with England where a child can be returned to live with parents or persons with parental responsibility which was part of the care planning process, returned to live with parents or persons with parental responsibility where not part of the care planning process, or left care to live with parents, relatives or persons with no parental responsibility. In the case of Scotland, when a child is returned home they are returned to their 'biological parents' whereas in other jurisdictions this is not specified (Appendix 1: 121).

Table 15: % of children returned to parents upon discharge from care

	Ire	N.Ire	Eng	Wal	Sco	USA
% Children Returned home to parents	55	50	32	37	61	51

Most of the jurisdictions in this study categorise adoption as a destination on discharge from care. As can be seen in Table 16, Ireland has the lowest percentage of discharges from care that lead to adoption. Ireland also collects data on completed assessments for fostering to adoption, number of completed adoption applications, the number of children referred for adoption, the number of completed assessment reports presented to local adoption committees. Often in Ireland the process of adoption is quite long and legalistic.

Table 16: Adoptions from Care

	Ire	Eng	Wal	Sco	USA
Adoptions from Care	12	4,350	340	341	52,391
% of Total Discharges	1	14	17	8	22

4.6 Child Protection and Notification System and Child Protection Register

If following the receipt of a report the outcome of a social assessment is that a child is deemed to be *at ongoing risk of significant harm* of abuse by their parent, then the child protection conference (CPC) process is invoked. This is a multidisciplinary meeting with full participation by parents (and sometimes children attend). If the outcome of the CPC meeting is that children are deemed to be *at ongoing risk of significant harm,* then they are listed as active on the child protection notification system (CPNS). These children are allocated a social worker and a child protection safety plan to ensure their safety and wellbeing. This plan is subject to regular reviews and monitoring under the child protection and CPNS processes. In terms of Ireland it is important to note that children who have experienced harm outside the family or at risk to themselves from their own behaviour are not listed on the CPNS.

Data relating to the Child Protection Notification System (CPNS) is difficult to compare with data collected in other jurisdictions. CPNS data is specific to Tusla and intertwined with various procedural and legal foundations. From a definitional perspective some similarities with the Child Protection Register in the UK countries is evident. Children listed as active on the CPNS are formally considered to be at risk and require the allocation of a social worker to effectively monitor their safety and wellbeing. The social worker will also have the responsibility of implementing the agreed conditions of the child protection plan. The child protection conference is an interdisciplinary, interagency meeting with the aim of facilitating the sharing of information between professionals and parents to identify the child's needs, risk and protective factors and to make decisions on how best to protect and/or support the child by implementing a child protection plan (Appendix 2: 142).

Table 17: Comparisons between CPNS & CPR

	Ireland	N.Ireland	England	Wales	Scotland
Registrations onto CPNS/CPR	1,272 (Listed on CPNS)	2,139 (Registrations)	51,080 (Child Protection Plans)	3.060 (Registered)	2,723 (Registered)
Registrations onto CPNS/CPR per 10,000 Child population	11	50	46	46	23

Similarly, in England and Northern Ireland, Scotland and Wales, the Child Protection Register (CPR) serves as a means of recording confidentially all children who have been identified at a child protection conference of being at significant risk of harm. It can be noted that Ireland has the lowest amount of children listed on the system in comparison to other jurisdictions. The figure 1,272 is the number of children 'active' on the system on the 31 Dec 2016 and is not necessarily representative of total registrations. A number of children could have been registered on and off the system in the year and wouldn't be counted in this figure. A significant proportion of the children 'active' at the 31 Dec 2016 may have been on the CPNS for more than one year. 1,007 of the children listed as 'active' at year end were made active in the year, whilst 1.469 children were listed following a child protection conference. As with Ireland, child protection conferences are also conducted using a multiagency approach.

Whilst similarities can be drawn with the overall objectives of the CPNS and CPR it is difficult to tabulate clear comparisons with the processes within each system. They all collect data on age and gender of those listed on each system and the reason for being listed using the four main abuse types (sexual, physical, emotional and neglect). Comparing these is difficult as they have been aggregated in different ways (Appendix 1: 134). It is impossible to compare registration by abuse type as in other jurisdictions as well as single abuse types, multiple abuse categories are also used (e.g. in Wales sexual and physical abuse are combined). Similarly, it is impossible to compare registrations by age because different categorisations are used in the different jurisdictions (Appendix 1: 138).
This further highlights the complexity of comparing child protection data. The CPNS and CPR share similar definitional concepts and provide a means of monitoring those children who are at the greatest risk of harm. However, each system lists and categorises registrations in different ways thus making clear comparisons difficult.

4.6 Summary

When attempting to make comparisons between the administrative and published child protection data amongst multiple jurisdictions, the ability to make like for like comparisons is limited. This chapter finds that the headline figures that describe the main points of the child protection processes can be compared. Sub-categories of data items used to measure more detailed variables in each jurisdiction are often incomparable as they are either not available or too specific. However, the ways in which more detailed aspects of the process are defined and aggregated means that comparisons can only be made at a very broad level.

The sub-categories within the child protection and welfare processes practised in each jurisdiction often provide a range of more specific data items that tend to be specific to each child protection service within each jurisdiction, thus illustrating the fact that as well as definitional differences of variables, the methods of collating such material lead to making meaningful comparisons a complex process.

5. Discussion

5.1 Introduction

The focus of this chapter is on the key learning from the research findings and from the process of undertaking the research. The chapter is in three main parts. It starts with a wider discussion on the nature and possibility of comparison based on the experiences of undertaking the study. The next section considers what can be inferred from the comparative data set out in the findings and also reports on a number of data items of specific interest for Tusla. The final section briefly reflects on the scope and limitations of the study.

5.2 Challenges of Establishing Comparability

The original scoping of this project envisaged a quite comprehensive, structured report responding to the questions and objectives as they focused on legislative, methodological, data and definitional comparability. Its key long-term outcome was intended to be a specification of data, sources and comparison processes that would see how Tusla compares with and what can be learned from other jurisdictions. Implicit in any such specification would be ease of access and collation of data from other jurisdictions. As is flagged in the introduction, the rationale for such comparative analysis is its potential contribution to ongoing reflection on and system improvement. A more specific potential operational benefit to Tusla would be in assisting the organisation in responding effectively to media and other questions relating to its comparability vis-à-vis other jurisdictions.

The reality has proved somewhat different, with major challenges encountered in generating the building blocks of the study, the data itself. Thus, a significant amount of the project was spent searching for data. As flagged in the introduction and methodology, this involved extensive iterative processes, beginning at the logical start-point of national statistics offices and websites of the relevant government departments and agencies, but following diverse paths subsequently. The findings chapter reflects the areas where comparability was established for data items. Beyond this a range of other outcomes resulted – reflecting a mixture of a small number of jurisdictions where there was some comparability, similar data items with different categorisation schemes making comparison impossible, or where there was some comparability of subcategories (e.g. police as a source of referral as per the findings chapter, Table 3).

At this point, one potentially useful output from the work is a framing of the possibilities for future data comparison exercises. The experience of doing the work led to the following way of thinking about the data. First is the question of availability / accessibility. In terms of the general data items in focus, the possibilities were that the data was:

1. Not available or it was not possible to establish if it was available within the scope of the study;
2. Available but not easily accessible – e.g. embedded in reports and not tabulated; requiring follow-up with experts; and
3. Available and easily accessible – e.g. possible to access within publically available reports available on official websites.

The second question relates to the comparability of the data. Thus for any data item, while the title might be similar and a similar definition offered, the categorisation scheme – i.e. the possible values for the variable in question – may not have been. For example, in relation to the legal status of children who are in care, Ireland, Northern Ireland and England provide information on this variable. As Table 16 illustrates, each jurisdiction has different legal bases for care with the exception of children subject to care orders which has a degree of comparability between Ireland, Northern Ireland, Wales and England.

Table 18: Legal Reasons for Children Being in Care

Ire	N.Ire	Eng	Wal
Voluntary Care	Accommodated Under Article 21	Care Orders	Care Orders
Emergency Care Order	Interim Care Order (article 57)	Freed for Adoption	Remand, detained or other compulsory order
Interim Care Order	Care Order (Article 50 or 59)	Placement Orders	Other legal status
Care Order	Deemed Care Order	Voluntary Agreements	Single period of accommodation under Section 20
Special Care Order of the High Court		Detained for Child Protection	
Another Care Order	Other	Youth Justice Status	

Another situation where the data item is similar but the categories differ is the primary reason for admissions to care. In Ireland there is a strong focus upon abuse types. Ireland uses four main abuse types: physical, emotional, sexual and neglect with the addition of welfare concerns as a general category. Other jurisdictions such as England and the U.S adopt a more comprehensive list that reflects a more detailed breakdown of welfare concerns. Table 18 lists the ways in which the reasons for admission to care are categorised in Ireland, England and the U.S.

Table 19: Primary Reasons for Admission to Care

Ire	Eng	U.S	
Physical Abuse	Abuse or Neglect	Neglect	Drug Abuse Parent
Emotional Abuse	Child's Disability	Parent Abandonment	Drug Abuse Child
Sexual Abuse	Parent's Illness or Disability	Caretaker Inability to Cope	Sexual Abuse
Neglect	Family in Acute Stress	Physical Abuse	Child Disability
Welfare Concern	Family Dysfunction	Child Behaviour Problem	Relinquishment
	Socially unacceptable Behaviour	Inadequate Housing	Parent Death
	Low Income	Parent Incarceration	Alcohol Abuse Child
	Absent Parenting	Alcohol Abuse	

The data items presented in the findings chapter are those that are available, easily accessible and for which comparability is possible, both in respect of possible values for the data item and definitional similarity. One clear pattern in terms of availability and accessibility relates to greater availability of data on care, in comparison with the referral / assessment / decision making dimensions of the systems' responses. This makes intuitive sense in that the nature of the data – admissions to and numbers of children in care, age and

gender – is more likely to be the same across jurisdiction, while the main care types are broadly similar. Less likely to be comparable are the specifics of the procedural / case processing approaches adopted in the different jurisdictions. Being able to compare between jurisdictions on how initial referrals are filtered at various stages – either out of the system entirely, into responses within the frame of child protection concerns or those with a more preventative / supportive orientation, or on to care provision – would offer scope for mutual system improvement across jurisdictions.

The third question relates to the issue of interpretation. Returning to the reflection / improvement rationale for the study, how can the data be interpreted – what does it mean that in Ireland we have lower rates of referral and of children in care in comparison with other jurisdictions included here? As the literature section of the chapter illustrated, rather than thinking of sharp distinctions between jurisdictions in terms of orientation (e.g. child protection or family support), it is more useful to focus on differences in emphasis. The negative implication of this is that there is limited 'interpretative purchase' from looking at macro systems differences, to explain data differences. In part this may reflect the relatively nascent stage of development of scholarship comparing child protection and welfare Systems and particularly, the emergent nature of scholarship specifically on data comparison (unlike the more established field comparative Social Policy / Welfare State research as described by Castles et al., (2012). While there are efforts at building longer term platforms for such work, unless there is agreement between jurisdictions on the value of comparative analysis and more consistency on processes and associated data items, comparative analysis will be challenging.

5.3 What is to be learned about Ireland?

A significant overall message from this research study is that Tusla gathers a comprehensive set of data, with clear supporting definitional material, that bears scrutiny in comparison to other data systems. In terms of future developments wherein international comparison becomes more normative, Tusla will be well placed to engage in any international comparative programmes that might emerge. However, within the brief of this research study, as has been seen in the findings chapter and as will be discussed below, there is only a limited number of items which are comparable and on which some comment can be made relating to referrals, assessment and care.

From the data, it would appear that Ireland's referral rate is below the average of the eight available rates; similarly, Ireland's rate for referrals proceeding to investigation is among the set of lower rates. The obvious question arising is why is this the case – are there less concerns to refer? Is there a cultural constraint on referral? Is there adequate public awareness of and education about referral processes? Without data, it is impossible to know the balance of effect of these and other factors. A reasonable hypothesis is that the introduction of mandatory reporting in late 2017 will lead to increases in referral rates.

Accepting that there might be some definitional differences, Ireland's lower rate of referrals proceeding to assessment is notable in that it may say something about how Ireland's system views and manages risk in comparison with other jurisdictions. It may reflect a greater emphasis on the family support or at least a less-interventionist system culture. In a similar vein, and while it was only possible to compare with UK jurisdictions, it was notable that Ireland's rate of children active on the CPNS in the year (high risk cases) per 10,000 of referrals was the lowest among the five nations. Again, this may be broadly indicative of a system commitment to a family support orientation. However, the data may simply reflect resource issues. Thus, while there may be cases for which further investigation and intervention would be beneficial, the available resources may influence practice such that the cases that are progressed through the system have higher risk profiles and higher priority in terms of resource use.

In relation to the care data items, it can be seen that Ireland's rate of admission to care and rate in care are among the lowest among the eight jurisdictions considered. This makes sense from a simple 'throughput' perspective – a lower overall referral rate implies lower rates admitted to and in care. Lower referral rates would only result in higher rates of children in care if a high proportion of those referred were at high levels of risk / and or the system operated with a greater risk orientation. As is well established, the legislative and regulatory basis of Tusla's operation encourage meeting children's needs in their own home wherever possible (Tusla, Child Protection and Welfare Strategy 2017-2022) making this unlikely. Interestingly, among the smaller number of countries where comparison was possible, Ireland had the highest proportion of children in care for five years or more. One possible interpretation is that when children enter care they are more likely to remain in care. If this is the case it may reflect a genuine commitment to care as a last resort with no possibility of safety and healthy development at home; an alternative interpretation is that it may raise a question about how active Tusla is in working towards reunification of children with their parents.

In terms of care type, among the eight jurisdictions considered, Ireland is notable for the very high rates of children in foster care (93% of all children in care, Q4 2017 stats) – regular or kin, although all systems emphasise such family based care as the preferred approach to out of home care for children. Rooting this in historical influences and accepting the need for appropriate residential care provision, the Irish path since the Kennedy report (Devaney and McGregor, 2017; Buckley and McGregor, 2018) has been towards foster care for most children who do not live with their birth families. Adoption as a destination from discharge from care may shift due to recent changes in the legislative and regulatory environment (McCoughren and Lovett, 2014) although the level of any impact is hard to predict.

5.4 Possible Changes to Data Items

In terms of data items that Tusla does not currently gather but that may be appropriate and useful in the future two were given specific attention in the research. First is re-referral, on the basis that it could be a useful indicator for measuring the capacity of the system to resolve problems at the root of initial referral. This data is available for England. In England a re-referral is where a child has been referred within 12 months of a previous referral (Appendix 2: 148) and there were 117,710 re-referrals between 2016 and 2017. Scotland also makes reference to re-referrals when calculating the total amount of referrals but separate data or detailed definitional material was not possible to source.

Another data item that the researchers identified was the ethnic background of children. Whilst all jurisdictions were consistent in providing information at different points of the process on ethnicity, such as admissions to care and children in care, there was no consistent categorisation scheme.

Table 20: Ethnicity of Children in Care

Eng		Wal
White British	Any other Mixed Background	White
White Irish	Indian	Black, African, Caribbean or Black British
Traveller of Irish Heritage	Pakistani	Asian or Asian British
Gypsy/Roma	Bangladeshi	Mixed Ethnic Groups
Any other White Background	Any other Asian background	Other Ethnic Groups
White and Black Caribbean	Refused	Information not Obtained

Any other Black Background	Information not yet Available	
Chinese		

It would seem useful to collect such data but what categorisation scheme to adopt is not clear. The researchers are aware of another research project being conducted by Tusla which should result in developing this area[11].

One data item collected by Tusla, which does not feature in any other jurisdiction, is abuse type at the point of referral. Thus, while Tusla records type of abuse; its absence in other jurisdictions raises a question over its value and meaningfulness. This is noteworthy as the abuse type at the point of referral may need to be confirmed at the assessment stages of the child protection and welfare process. At the referral stage of the child protection process, the only other jurisdiction where similar data has been sourced is Scotland. However, Scotland reports on a broader range of reasons for referrals which are not available elsewhere as illustrated in Table 21.

Table 21: Reasons for Referral Scotland

Lack of Parental care	Forced to Marry
Victim of a schedule 1 offence	Performance Order and Social Measures
Close Connection with a Schedule 1 Offender	Offence
Same Household as a Schedule 1 Offender	Misuse of Alcohol
Exposure to person Whose Conduct Likely to be Harmful to a Child	Misuse of Drugs
Close Connection with a Person who has Carried Domestic Abuse	Child's Conduct Harmful to Others
Close Connection with a Sexual Offences Offender	Beyond Control of Relevant Person
Accommodated and Special Measures Needed	Pressure to Enter Civil Partnership
Failure to attend School without Reasonable Excuse	

5.5 Project Scope and Limitations

As noted a key starting focus in this study was on developing a data set for ongoing comparison purposes for Tusla. This meant that the overall research strategy started with a focus on accessible data for each jurisdiction, in some cases with success and in some not. The anticipated relative ease of accessing data was not realised and significantly more time was spent searching for data and associated definitions than expected. One clear limitation of the work is the difference between what we could access and what is recorded in the different jurisdictions; we cannot say definitively in all cases that data items are not collected; rather we can say that extensive searches didn't find them.

While we drew on academic and other experts in different jurisdictions in assisting with the work, using expert informants was not our starting strategy. One argument is that the team might have had more success with such an approach as it might have had a snowballing effect and resulted in access to the national experts on data in this realm. However, there is no guarantee that such an approach would have been more fruitful in relation to the overall project aims.

[11] Ethnic Identifiers Report, Tusla, Child and Family Agency

6 Conclusions and Recommendations

6.1 Conclusions

Tusla commissioned this research study in order to establish how Ireland compares to other jurisdictions, in relation to the collection and publication of data on child protection and welfare services. Its focus has been on what data is collected in other jurisdictions, how it is collated and whether it is comparable. As well as generating substantive data for comparison, the study has involved attention to information on definitions, procedures and legislation/policy. It has also required engaging with extant knowledge on comparing child protection and welfare systems and on comparing data about these systems. It is primarily a desk based study, but has involved some contact with national experts in the field.

6.2 The key conclusions and recommendations of this study are:

1. Full comparison across all selected jurisdictions is only possible at headline level for a small number of variables. Differences in the ways in which data is gathered and presented and underpinning definitional, legislative and procedural differences make full comparison across all jurisdictions impossible. There is scope for comparison among a smaller number of jurisdictions on certain variables.

2. With the caveat that our analysis was based on the publically available data from other jurisdictions that we could access, Tusla's set of variables is comprehensive and only a small number of gaps in its data collection have been identified from this study.

3. In terms of a preliminary interpretation of the comparisons that are possible to make, the data is suggestive that of the group of countries considered, Ireland is:
    - among countries with lowest rates of referral to Child Protection services;
    - among countries with the lowest rates of referrals reaching assessment stage;
    - the lowest among UK and Ireland jurisdictions in terms of registration as a proportion of child population;
    - among countries with lowest rate of entry to care and children in care;
    - similar to other countries in the use of fostering (regular and kin-based) as dominant form of care provision;
    - similar to most countries in that having return to parents (in some form or other) as the main destination post care.

4. In relation to gaps in data collection, unlike other jurisdictions Ireland:
    a. doesn't generate data on ethnic background of children and parents;
    b. doesn't generate data on re-referral to Child Protection Social Work Services;
    c. generates data on a small set of broad categories abuse types at point of referral unlike Scotland which gathers data on a larger set of possible reasons for referral. The latter may be a more meaningful approach to take. It may be possible to use broader more general categories at later points in the assessment / care process where there is more certainty on the needs of and risks to children.

6.3 Recommendations

The main recommendations from this study are:

a. Tusla should begin work to:

i. Consider the findings and recommendations of the Tusla commissioned study on Ethnic Identifier to inform the generation and publication of data on ethnic background of children and parents;
ii. generate and publish data on re-referral to Child Protection Social Work Services;

b. Tusla should review its approach to gathering data on reason for referral at the point of referral and possible associated options.

c. This study has demonstrated that generating comparable cross-jurisdiction child protection and welfare data is a complex and time-consuming task. To support the task of future comparative work Tusla should consider making formal links with emerging networks focused on international child protection and welfare data comparison (https://welfarestatefutures.org/research-clusters/child-family-welfare/).

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Appendix 1

Appendix 1 data has been gathered from official statistics published in each jurisdiction over a one year period. For specific years used for each jurisdiction please refer to Appendix 3. Where data is unavailable the third column will be marked N and if data is available then a Y will be noted along with the data figure in the fourth column. Where a percentage or proportion is less than 0.5 the cell will be marked with (–), as this figure is considered to be negligible.

The data provided by Tusla: Child and Family Agency is derived principally from performance and activity data. The data contained within these tables is correct at the time and date of being supplied to the report authors but in light of on-going validation, can only be considered current on the date on which it was supplied. Current figures for a given date can be supplied on request to Tusla. Tusla reports are cited in the bibliography.

Referrals Data

Table 22: Number (and Rate per 10,000 Child Population) of Referrals for Child Protection and Welfare Services[12]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland	Total Referrals	Y	47,399 398/10,000
Northern Ireland	Total Referrals	Y	41,639 968/10,000
England	Total Referrals	Y	646,120 587/10,000
Wales	Total Referrals	Y	33,536 504/10,000
Scotland	Total Referrals	Y	27,340 236/10,000
Norway	Total Referrals	Y	58,254 359/10,000
Australia	Total Referrals	Y	355,935 631/10,000
USA	Total Referrals	Y	3,957,000 532/10,000

[12] For definitions of referrals for each jurisdiction, please refer to Appendix 2.

Table 23: Number (and Rate per 10,000 Child Population) of Referrals by Abuse Type

Country	Data Item	Measured/Accessible Y/N	Data
Ireland[13]	Emotional Abuse	Y	6,871 58/10,000
	Neglect	Y	4,724 40/10,000
	Physical Abuse	Y	4,450 37/10,000
	Sexual Abuse	Y	3,042 26/10,000
			Total Child Protection Referrals 19,087 **160/10,000**
Northern Ireland		N	
England		N	
Wales		N	
Scotland[14]	Lack of Parental Care	Y	6,472 56/10,000
	Victim of a Schedule 1 Offence	Y	2,022 17/10,000
	Close Connection with a Schedule 1 Offender	Y	643 6/10,000
	Same Household as a Schedule 1 Offender	Y	489 4/10,000
	Exposure to person Whose Conduct Likely to be Harmful to a Child	Y	2,096 18/10,000

[13] Abuse Referrals only, figures do not include welfare referrals

[14] A child or young person may be referred to the Reporter more than once in the year on the same or different grounds. For this reason percentages of total referrals cannot be calculated accurately.

Country	Data Item	Measured/Accessible Y/N	Data
	Close Connection with a Person who has Carried Domestic Abuse	Y	3,093 27/10,000
	Close Connection with a Sexual Offences Offender	Y	189 2/10,000
	Accommodated and Special Measures Needed		140 1/10,000
	Performance Order and Social Measures	Y	17 0/10,000
	Offence	Y	6,663 57/10,000
	Misuse of Alcohol	Y	255 2/10,000
	Misuse of Drug	Y	137 1/10,000
	Child's Conduct Harmful to Others	Y	3,828 33/10,000
	Beyond Control of Relevant Person	Y	2,038 18/10,000
	Failure to attend School without Reasonable Excuse	Y	1,145 10/10,000
	Other	Y	19 0/10,000
			Total Referrals 27,340
Norway		N	
Australia		N	
USA		N	

Table 24: Sources of Referral (Count and Percentage of Total Referrals)

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		Y	
	Self-Referral		230 (-)
	Parent Guardian		3,753 (8%)
	Other Family Member		1,359 (3%)
	Member of the Public		1,191 (3%)
	Probation Service		119 (-)
	Other HSE Officer		7,152 (15%)
	General Practitioner		1,280 (3%)
	Voluntary Agency		3,809 (8%)
	An Garda Siochana		11,776 (25%)
	Designated Officer HSE		4,264 (9%)
	Government Agency/Dept		1,064 (2%)
	Local Authority		524 (1%)
	Foreign National/Social Service		104 (-)
	Anonymous		2,635 (6%)
	Courts: Section 20 Child Care Act 1991		373 (1%)
	Courts Section 47 Child Care Act 1991		12 (-)
	School		5,784 (12%)
	Other		1,970 (4%)
			Total Referrals 47,399
Northern Ireland		Y	
	Sources of Child Protection Referrals		

Country	Data Item	Measured/Accessible Y/N	Data
	Police		603 (15%)
	Social Services		2,059 (51%)
	Hospital		143 (4%)
	School/Educational Welfare Officer		466 (12%)
	Relative		120 (3%)
	Neighbour/Friend		7 (-)
	Anon.		68 (2%)
	General Practitioner		47 (1%)
	Community Nurse/Health Visitor		42 (1%)
	Voluntary Organisation		29 (1%)
	Self		29 (1%)
	Other		408 (10%)
			Total Referrals 4,021
	Sources of Children in Need Referrals		
	Police		10,746 (29%)
	Social Services		7,677 (20%)
	Hospital		2,460 (7%)
	School/Educational Welfare Officer		2,784 (7%)
	Relative		2,329 (6%)
	Neighbour/Friend		176 (-)
	Anon.		1,473 (4%)
	General Practitioner		1,309 (3%)
	Community Nurse/Health Visitor		1,218 (3%)
	Voluntary Organisation		1,070

Country	Data Item	Measured/Accessible Y/N	Data
			(3%)
	Self		472 (1%)
	Court/probation officer		1,864 (5%)
	Other		4,040
			(11%)
			Total Referrals 37,618
England[15]		Y	
	Police		177,470 (27.5%)
	Schools		114,430 (17.7%)
	Health Services		93,330 (14.4%)
	LA Services		88,150 (13.6%)
	Individual		53,120 (8.2%)
	Other		40,770 (6.3%)
	Other Legal Agency		22,230 (3.4%)
	Education Services		17,030 (2.6%)
	Unknown		15,010 (2.3%)
	Anon.		14,510 (2.2%)
	Housing		9,970 (1.5%)
			Total Referrals 646,120
Wales		N	
Scotland		Y	
	Procurator Fiscal		64 (-)
	Health		162 (1%)
	Reporter		172 (1%)
	Relative		182

[15] Figures calculated on percentage values provided in Characteristics of Children in Need: 2016-2017 England

Country	Data Item	Measured/Accessible Y/N	Data
			(1%)
	Other		192 (-)
	Court		269 (-)
	Education		1,228 (4%)
	Social Work		4,610 (17%)
	Police		20,461 (75%)
			Total Referrals 27,340
Norway		N	
Australia		N	
USA[16]		Y	
	Education Personnel		728,088 (18.4%)
	Legal and Law Enforcement Personnel		720,174 (18.2%)
	Social Services Personnel		431,313 (10.9%)
	Medical Personnel		360,087 (9.1%)
	Mental Health Personnel		229,506 (5.8%)
	Child Day-care Providers		23,742 (0.6%)
	Foster Care Providers		15,828 (0.4%)
	Parents		269,076 (6.8%)
	Other Relatives		269,076 (6.8%)
	Friends and Neighbours		166,194 (4.2%)
	Alleged Victims		15,828 (0.4%)
	Alleged Perpetrators		3,957 (0.1%)
	Other		308,646 (7.8%)
	Anonymous		292,818 (7.4%)
	Unknown		122,667 (3.1%)

[16] USA total figures calculated on percentage of total referrals as only percent values provided in data.

Country	Data Item	Measured/Accessible Y/N	Data
			Total Referrals 3,957,000

Table 25: Referrals by Type that Proceed to Initial Assessment (Count and percentage of total referrals)[17]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland[18]		**Y**	
	Abuse Referrals Requiring Initial Assessment		10,154
	Welfare Referrals requiring Initial Assessment		9,963
			20,117 (42%)
Northern Ireland		**Y**	
	Child Protection Investigations		3,382 (84%)[19]
England		**Y**	
	Assessments		606,920 (94%)
Wales		**Y**	
	Initial Assessments		26,393 (79%)
Scotland		**Y**	
	Reporter Investigations		36,657[20] (134%)
Norway		**Y**	
	Investigations		47,865
			(82%)
Australia		**Y**	
	Investigations		164,987
			(46%)
USA		**Y**	
	Investigations or Alternative Response		3,358,347 (84%)

[17] Rates are based on the percentage of total referrals that had a preliminary enquiry and deemed to be eligible for further investigation.

[18] Data for Ireland refers to actions that were recorded - not all actions are recorded.

[19] Percentage based on total child protection referrals

[20] Scottish Children's Reporter investigations higher than total referrals as not all investigations stem from referral.

Table 26: Actions after Assessment (Count and percentage of total actions)[21]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland[22]		**Y**	
	Protection Actions Total		**4,839**
	No Further Action		2,539 (52%)
	Child Protection		612 (13%)
	Child Welfare/Family Support		466 (10%)
	Further Assessment		1,130 (23%)
	Family Welfare Conference		27 (1%)
	Admission to Care		65 (1%)
	Welfare Actions Total		**4,207**
	No Further Action		2,612 (62%)
	Child Protection		467 (11%)
	Child Welfare/Family Support		492 (12%)
	Further Assessment		567 (13%)
	Family Welfare Conference		29 (1%)
	Admission to Care		40 (1%)
			Total Actions 9,046
Northern Ireland		**Y**	
	Initial Case Conference		2,406
	Registration to Child Protection Register		2,139
	Admission to Care		859
			Total Actions 5,404
England		**Y**	
	S.47 Enquires		185,450
	Initial Child Protection Conference		76,930
	Child Protection Plan		51,080
	Re-Referral		117,710
			Total Actions 380,090
Wales		**Y**	
	Child Protection Registrations		3,059
	Re-referrals		6,727
			Total Actions 9,786
Scotland[23]		**Y**	

[21] Actions after a referral vary in each jurisdiction however all record some details of the investigation process.
[22] Data for Ireland refers to actions that were recorded - not all actions are recorded.
[23] Investigation rates are greater than referrals due to not all Scottish Children's Reporter investigations stem from referral.

Country	Data Item	Measured/Accessible Y/N	Data
	Social Work Inv		24,701
	Education Inv		8,823
	Health Inv		2,936
	Restorative Justice Inv		72
	Other		125
	Children's Hearing		4,059
	No Indication of a need for Compulsory Measures		5,574
	No Hearing Referred to Local Auth		3,871
	No Hearing Measures Already in Place		3,061
	No Hearing Insuf. Evidence		1,489
	No Hearing Family taken Action		774
	No Hearing Diversion to Other Measures		68
			Total Actions 55,553[24]
Australia		**Y**	
	Children on Care and Protection Orders		61,723
	Children Admitted Orders		13,443
	Children Discharged from Orders		10,989
	OOHC		55,614
	Children Admitted to OOHC		12,829
	Children Discharged from OOHC		9,794
			Total Actions 164,392[25]
USA		**Y**	
	Investigations or Alternative Response[26]		3,358,347

[24] As per Scottish Children's Reporter Statistical Analysis 2015/16 total actions are not reflective of referral rates or number of Children's Reporter investigations suggesting that procedural and definitional differences occur.

[25] Total Actions are high in comparison to other jurisdictions, however it is stated in Child Protection Australia 2015-16 that children are categorised into more than one action in many cases.

[26] Further detail not provided in US.

Children in Care Data

Table 27: Children in Care on a Given Date (Count and Rate per 10,000 Child Population)

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	6,267 (53/10,000)
Northern Ireland		**Y**	2,983 (69/10,000)
England		**Y**	72,670 (66/10,000
Wales		**Y**	5,665 (85/10,000)
Scotland		**Y**	15,317 (132/10,000)
Norway		**Y**	11,771 (73/10,000)
Australia		**Y**	46,448 (82/10,000)
USA		**Y**	427,910 (58/10,000)

Table 28: Children in Care by Placement Type (Count and percentage of total children in care)[27]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Foster Care		4,111 (65.6%)
	Relative Foster Care		1,715 (27.4%)
	Residential Care		319 (5.1%)
	Other Placements		122 (1.9%)
			Total Children in Care 6,267

[27] Rates are based upon total children in care figures.

Country	Data Item	Measured/Accessible Y/N	Data
Northern Ireland		**Y**	
	Non-Kinship Foster Care		1,297 (43%)
	Kinship Foster Care		1,037 (35%)
	Placed With Parent		364 (12%)
	Residential		164 (5%)
	Other Placements		121 (4%)
			Total Children in Care 2,983
England		**Y**	
	Foster Care Total[28]		53,420 (74%)
	Placed for Adoption		2,520 (3%)
	Placement with Parents		4,370 (6%)
	Other Placements Within the Community		3,090 (4%)
	Secure units, children's homes and semi-independent living accommodation		7,890 (11%)
	Other Residential Settings		1,080 (1%)
	Residential Schools		130 (-)
	Other Placements		160 (-)
			Total Children in Care 72,670
Wales		**Y**	
	Foster Care		4,250 (75%)
	Placed for Adoption		265 (5%)
	Placed with own parents or other person with parental responsibility		635 (11%)
	Living Independently		100 (2%)

[28] Full break down of care types sub-categories available within source but too expansive for this table.

Country	Data Item	Measured/Accessible Y/N	Data
	Local Authority Homes		230 (4%)
	Privately or Voluntary Registered Homes		20 (-)
	Absent or Other Placements		165 (3%)
			Total Children in Care 5,665
Scotland		**Y**	
	In the Community		
	At Home with Parents		3,870 (25%)
	Kinship Carers, Friends or Relatives		4,279 (28%)
	With Foster Carers Provided by Local Authority		3,826 (25%)
	With Foster Carers Purchased by Local Authorities		1,566 (10%)
	With Perspective Adopters		251 (2%)
	Other Community		48 (-)
	Residential Accommodation		
	Local Authority Home		581 (4%)
	Voluntary Home		136 (1%)
	Residential School		376 (2%)
	Secure Accommodation		60 (-)
	Other Residential		324 (2%)
			Total Children in Care 15,317
Norway[29]		**Y**	
	Foster Homes of Family and Close Network		2,893 (25%)
	Foster Homes OUTSIDE of Family and Close Network		7,497 (64%)
	Public Family Homes		633 (5%)
	Foster Homes Under Section 24 of the Child Welfare Act		12 (-)

[29] Total Figure of 11,771 represents all foster care placements as per SSB 2017. Other types of placement are not clearly defined within available data.

Country	Data Item	Measured/Accessible Y/N	Data
	Emergency Shelter Homes		712 (6%)
	Other Foster Home Measures		24 (-)
			Total Children in Care 11,771
Australia		**Y**	
	Foster Care		17,982 (38.7%)
	Relative Kinship Foster Care		22,592 (48.6%)
	Third Party Parental Care		2,241 (4.8%)
	Other Home Placements		655 (1.4%)
	Family Group Homes		185 (0.4%)
	Residential Care		2,510 (5.4%)
	Independent Living		144 (0.3%)
	Other/Unknown		139 (0.3%)
			Total Children in Care 46,448
USA		**Y**	
	Pre-Adoptive Home		15,107 (4%)
	Foster Family Home		127,821 (30%)
	Foster Family Home Non-Relative		191,842 (45%)
	Group Homes		24,021 (6%)
	Institution		32,204 (8%)
	Supervised Independent Living		4,107 (1%)
	Runaway		4,648 (1%)
	Trial Home Visit		22,974 (5%)[30]
			Total Children in Care 42,2724

[30] Short fall of 5,186 in relation to total in-care USA stats

Table 29: Children in Care by Age (Count and percentage of total children in care)[31]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Under 1		85 (1%)
	1 to 4		841 (13%)
	5 to 11		2,398 (38%)
	12 to 15		1,878 (30%)
	16 to 17		1,065 (17%)
			Total Children in Care 6,267
Northern Ireland		**Y**	
	Under 1		113 (4%)
	1 to 4		570 (19%)
	5 to 11		1,048 (35%)
	12 to 15		735 (25%)
	16 and Over		517 (17%)
			Total Children in Care 2,983
England		**Y**	
	Under 1		3,820 (5%)
	1 to 4		9,170 (13%)
	5 to 9		14,100 (19%)
	10 to 15		28,540 (39%)
	16 and Over		17,040 (23%)

[31] Rates are based on total children care figures.

Country	Data Item	Measured/Accessible Y/N	Data
			Total Children in Care 72,670
Wales		**Y**	
	Under 1		300 (5%)
	1 to 4		1,015 (18%)
	5 to 9		1,320 (23%)
	10 to 15		2,085 (36%)
	16 and Over		940 (17%)
			Total Children in Care 5,665
Scotland		**Y**	
	Under 1		429 (3%)
	1 to 4		2,636 (17%)
	5 to 11		5,659 (37%)
	12 to 15		4,698 (31%)
	16 to 17		1,632 (11%)
	18+		263 (2%)
			Total Children in Care 15,317
Norway		**N**	
Australia		**Y**	
	Under 1		1,472 (3.2%)
	1 to 4		9,139 (19.7%)
	5 to 9		14,655 (31.6%)
	10 to 14		14,550 (31.3%)
	15 to 17		6,628 (14.3%)
	Unknown		4 (-)

Country	Data Item	Measured/Accessible Y/N	Data
			Total Children in Care 46,448
USA		**Y**	
	Under 1		29,684 (7%)
	1 to 4		119,228 (27%)
	5 to 11		137,926 (32%)
	12 to 15		73,766 (18%)
	16 to 20		66,105 (16%)
			Total Children in Care 426,709[32]

Table 30: Children in Care by Gender[33]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Male		3,274 (52.2%)
	Female		2,993 (47.8%)
			Total Children in Care 6,267
Northern Ireland		**Y**	
	Male		1,600 (54%)
	Female		1,383 (46%)
			Total Children in Care 2,983

[32] Shortfall between total ages and total in care as per The AFCAR Report 2016

[33] Rates are based on children n care totals.

Country	Data Item	Measured/Accessible Y/N	Data
England		**Y**	
	Male		40,960 (56%)
	Female		31,710 (44%)
			Total Children in Care 72,670
Wales		**Y**	
	Male		3,025 (53%)
	Female		2,640 (47%)
			Total Children in Care 5,665
Scotland		**Y**	
	Male		8,280 (54.1%)
	Female		7,037 (45.9%)
			Total Children in Care 15,317
Norway		**N**[34]	
Australia		**Y**	
	Male		23,947 (52%)
	Female		22,483 (48%)
			Total Children in Care 46,448
USA		**Y**	
	Male		222,849 (52%)
	Female		204,999 (48%)
			Total Children in Care 427,848[35]

[34] Age in care not available

[35] Disparity between total gender and total in care as per AFCAR Report 2015

Table 31: Primary Reason for Being in Care (Count and percentage of children in care) [36]

Country	Data Item	Measured/Accessible Y?N	Data
Ireland		**Y**	
	Emotional Abuse		317 (5.1%)
	Neglect		2,485 (39.7%)
	Physical Abuse		378 (6%)
	Sexual Abuse		167 (2.7%)
	Child Welfare		2,920 (46.6%)
			Total Children in Care 6,267
Northern Ireland		**N**	
England		**Y**	
	Abuse or Neglect		44,600 (61%)
	Child's Disability		2,290 (3%)
	Parents Illness or Disability		2,320 (3%)
	Family in Acute Stress		6,030 (8%)
	Family Dysfunction		11,150 (15%)
	Socially Unacceptable Behaviour		1,080 (1%)
	Low Income		100 (-)
	Absent Parenting		5,100 (7%)
			Total Children in Care 72,670
Wales		**N**	
Scotland		**N**	
Norway		**N**	
Australia		**N**	
USA		**N**	

[36] Rates are based on children in care totals.

Table 32: Children in Care by Legal Reason (Count and percentage of total children in care)[37]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Voluntary Care		2,026 (32%)
	Emergency Care		107 (2%)
	Interim Care Order		606 (10%)
	Care Order		3,508 (56%)
	Special Care of the High Court		12 (0.2%)
	Other Care Order		8 (0.1%)
			Total Children in Care 6,267
Northern Ireland		**Y**	
	Accommodated Under Article 21		666 (22%)
	Interim Care Order (Article 57)		413 (14%)
	Care Order (Article 50 or 59)		1,833 (61%)
	Deemed Care Order		0 (-)
	Other		71 (2%)
			Total Children in Care 2,983
England		**Y**	
	Care Orders		50,470 (69%)
	Freed for Adoption		N/A[38]
	Placement Orders		5,440 (7%)
	Voluntary Agreements		16,470 (23%)
	Detained for child Protection		40 (-)
	Youth Justice Statuses		240 (-)

[37] Rates are based on children in care totals

[38] Not provided for 2017 but may represent the shortfall of 10 between total in care and legal status total.

Country	Data Item	Measured/Accessible Y/N	Data
			Total Children in Care 72, 660
Wales		**y**	
	Care Order		4,145
	Remand, detained or other compulsory order		10
	Other legal status		615
	Single period of accommodation under Section 20		895
Scotland		**Y**	
	Section 25		2,394
	Compulsory Supervision Order at Home		3,683
	Compulsory Supervision Requirement Away From Home (excluding Residential Establishment)		5,533
	Compulsory Supervision Requirement Away From Home (In a Residential Establishment but Excluding Secure Home)		649
	Supervision Requirement Away from Home With a Secure Condition		42
	Warrant/Interim Compulsory Supervision Order		638
	Child Protection Measure		61
	Criminal Court Provision		19
	Freed For Adoption		40
	Performance Order		1,669
	Performance Order with Authority to Place for Adoption		262
	Other Legal Reason		349
	Not Known		0[39]
			Total Children in Care 15,339
Norway		**N**	
Australia		**Y**	
	Care and Protection Order		43,088

[39] Percentages not given as total legal statuses exceeds total children in care figure due to the possibility of a child being looked after for more than one legal reason.

Country	Data Item	Measured/Accessible Y/N	Data
			(92.8%)
	Other type of order		51 (-)
	Not on an order		3,309 (7.1%)
			Total Children in Care 46,448
USA		**N**	

Table 33: Children in Care with a Care Plan/Allocated Social Worker (Count and percentage of total children in care)

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Care Plan		5,861 (94%)
	Allocated Social Worker		5,810 (93%)[40]
Northern Ireland		**N**	
England		**N**	
Wales		**N**	
Scotland		**N**	
Norway		**N**	
Australia		**N**	
USA		**N**	

[40] Percentages relate to total of children in care figure of 6,267.

Table 34: Children in Care by Ethnicity (Count and percentage of total children in care)[41]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**N**	
Northern Ireland		**N**	
England		**Y**	
	White British		50,870 (70%)
	White Irish		230 (-)
	Traveller of Irish Heritage		100 (-)
	Gypsy/Roma		310 (-)
	Any other White background		2,790 (4%)
	White and Black Caribbean		2,390 (3%)
	White and Black African		700 (1%)
	White and Asian		1,270 (2%)
	Any other Mixed background		2,290 (3%)
	Indian		300 (-)
	Pakistani		880 (1%)
	Bangladeshi		410 (1%)
	Any other Asian background		1,830 (3%)
	Caribbean		1,410 (2%)
	African		2,770 (4%)
	Any other Black background		1,020 (1%)
	Chinese		80 (-)
	Any Other Ethnic Group		2,390 (3%)
	Refused		40 (-)
	Information not yet available		590 (1%)
			Total Children in Care

[41] Rates are based on children in care totals.

Country	Data Item	Measured/Accessible Y/N	Data
			72,670
Wales		**N**	
Scotland		**Y**	
	White		13,538 (88.4%)
	Mixed Ethnicity		264 (1.7%)
	Asian, Asian Scottish or Asian British		101 (0.7%)
	Black, Black Scottish or Black British		101 (0.7%)
	Other Ethnic Background		111 (0.7%)
	Not Known		1,202 (7.8%)
			Total Children in Care 15,317
Norway		**Y**	
	EU28, Switzerland, USA, Canada, Australia, New Zealand		239 (2%)
	Asia, Africa, Latin America, Oceania, except Australia, New Zealand and Europe, EU/EEA		1,531 (14%)
	Without Immigrant Background		8,430 (82%)
	Unknown		34 (-)
			Total 10,234 [42]
Australia		**Y**	
	Indigenous		16,846 (36%)
	Non-Indigenous		29,448 (63%)
	Unknown		154 (-)
			Total Children in Care 46,448
USA		**Y**	
	American Indian/Alaskan Native		10,130 (2%)
	Asian		2,232

[42] Norway bases these stats on children subject to care measures totalling 10,234 as opposed to the foster care figures of 11,771 for foster care placements.

Country	Data Item	Measured/Accessible Y/N	Data
			(1%)
	Black or African American		103,376 (24%)
	Native Hawaiian/Other Pacific Islander		850 (-)
	Hispanic of any Race		91,105 (21%)
	White		182,711 (43%)
	Unknown/Unable to Determine		7,990 (2%)
	Two or More Races		28,751 (7%)[43]
			Total Children in Care 427,145[44]

Table 35: Length of time in Care (Count and percentage of children in care)[45]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Less than 1 year		704 (11.2%)
	1 to 5 years		2,716 (43.3%)
	More than 5 years		2,847 (45.4%)
			Total Children in Care 6,267
Northern Ireland		**Y**	
	Less than three months		179 (6%)
	3 months to one year		532 (18%)
	1 year to 3 years		810 (27%)
	3 years to 5 years		585 (20%)

[43] Totals do not equate to total children in foster care (427,910) but instead total 427,145 as per source.
[44] Shortfall between this figure and total in care possibly due to rounding of such high figure see AFCARS Report 2016.
[45] England rates based upon total placements over the year. Scotland based duration percentages on discharge totals. US data based upon discharge totals.

Country	Data Item	Measured/Accessible Y/N	Data
	5 years to 10 years		673 (23%)
	More than 10 years		204 (7%)
			Total Children in Care 2,983
England		**Y**	
	1-7 days		9,350 (12%)
	8 days to under one month		9,600 (12%)
	1 month to 3 months		13,020 (16%)
	3 months to under 6 months		14,230 (18%)
	6 months to 1 year		15,830 (20%)
	1 year to 2 years		9,510 (12%)
	2 years to under 5 years		5,780 (7%)
	5 years and older		2,310 (3%)
			Total Placements 79,260
Wales		**N**	
Scotland[46]		**Y**	
	Under 6 weeks		292 (7%)
	6 weeks to 6 months		355 (8%)
	6 months to under 1 year		581 (14%)
	1 year to under 3 years		1,582 (37%)
	3 years to under 5 years		661 (16%)
	5 years and over		752 (18%)
			Total Discharges 4,223
Norway		**N**	
Australia		**Y**	
	Under 1 month		975 (2.1%)
	1 to 6 months		4,175

[46] In Scotland figures and percentages are based on discharge data rather than children in care totals.

Country	Data Item	Measured/Accessible Y/N	Data
			(9%)
	6 months to 1 year		4,192 (9%)
	1 to 2 years		6,228 (13.4%)
	3 to 5 years		12,107 (26.1%)
	More than 5 years		18,771 (40.4%)
			Total in Care 46,448
USA		**Y**	
	Less than 1 month		25,640 (11%)
	1 to 5 months		36,927 (22%)
	6 to 11 months		47,865 (20%)
	12 to 17 months		39,727 (16%)
	18 to 23 months		28,826 (12%)
	24 to 29 months		19,714 (8%)
	30 to 35 months		13,172 (5%)
	3 to 4 years		20,715 (9%)
	5 years or more		10,047 (4%)
			Total Discharges 243,060

Table 36: Number of Children Under Supervision Order

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Supervision Order Male		118
	Supervision Order Female		101
			Total 219
Northern Ireland		**N**	
England		**N**	
Wales		**N**	
Scotland		**N**	
Norway		**N**	
Australia		**N**	
USA		**N**	

Table 37: Admissions to Care by Placement Type (Count and percentage of total admissions)[47]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
			Total Admissions 1,047[48]
	Foster Care		743 (71%)
	Relative Foster care		180 (17%)
	Residential Care		64 (6%)
	Other		55 (5%)
	Residential Special care		5 (0.5)
Northern Ireland		**Y**	
			Total Admissions 859
	Residential Care		54 (6%)
	Non-Kinship Foster Care		351 (41%)
	Kinship Foster Care		301 (35%)
	Placed with Parents		89 (10%)
	Other		64

[47] Rates based upon totals admissions data (see total cell in each jurisdiction).

[48] Partial Figure due to the absence of some data.

Country	Data Item	Measured/Accessible Y/N	Data
			(7%)
England		**Y**	
			Total Admissions 32,810
	Foster Placements		24,190 (74%)
	Placed for Adoption		N/A
	Placement with Parents		1,920 (6%)
	Other Placements with the Community		1,610 (5%)
	Secure Units, Homes and Semi-Independent Living Accommodation		2,960 (9%)
	Other Residential Settings		1,820 (6%)
	Residential Schools		30 (-)
	Other Placements		280 (1%)
Wales		**N**	
			Total Admissions 2,065
Scotland		**N**	
			Total Admissions 4,116
Norway		**N**	
Australia			**Total Admissions 12,829**
USA		**N**	
			Total Admissions 268. 509

Table 38: Age on Admission to Care (Count and percentage of total admissions)[49]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Less than 1		131 (13%)
	1		80 (8%)
	2		60 (6%)
	3		52 (5%)
	4		46 (4%)
	5		46 (4%)
	6		45 (4%)
	7		44 (4%)
	8		47 (4%)
	9		40 (4%)
	10		36 (3%)
	11		33 (3%)
	12		35 (3%)
	13		52 (5%)
	14		62 (6%)
	15		85 (8%)
	16		92 (9%)
	17		61 (6%)
			Total Admissions 1,047
Northern Ireland		**N**	
England		**Y**	
	Under 1		5,980 (18%)
	1 to 4		5,990 (18%)
	5 to 9		5,800

[49] Rates based on total admission data.

Country	Data Item	Measured/Accessible Y/N	Data
			(18%)
	10 to 15		9,390 (29%)
	16+		5,640 (17%)
			Total Admissions 32,810
Wales		**N**	
Scotland		**Y**	
	Under 1		658 (16%)
	1 to 4		916 (22%)
	5 to 11		1,321 (32%)
	12 to 15		1,175 (29%)
	16+		46 (1%)
			Total Admissions 4,116
Australia		**N**	
USA		**Y**	
	Less than 1		47,219 (18%)
	1		20,077 (7%)
	2		17,793 (7%)
	3		15,767 (6%)
	4		14,416 (5%)
	5		14,027 (5%)
	6		13,559 (5%)
	7		12,702 (5%)
	8		11,665 (4%)
	9		10,312 (4%)
	10		9,354 (3%)
	11		8,871 (3%)
	12		9,317

Country	Data Item	Measured/Accessible Y/N	Data
			(3%)
	13		10,640 (4%)
	14		12,582 (5%)
	15		14,578 (5%)
	16		14,826 (6%)
	17		10,375 (4%)
	18		1,011 (-)
	19		296 (-)
	20		97 (-)
			Total Admissions 269,509

Table 39: Admission to Care By Gender (Count and percentage of total admissions)[50]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Male		572 (55%)
	Female		475 (45%)
			Total Admissions 1,047
Northern Ireland		**N**	
England		**Y**	
	Male		18,380 (56%)
	Female		14,420 (44%)
			Total Admissions 32,810
Wales		**N**	
Scotland		**Y**	
	Male		2,237 (54.3%)
	Female		1,879 (45.7%

[50] Rates based on total admission data.

Country	Data Item	Measured/Accessible Y/N	Data
			Total Admissions 4,116
Norway		**N**	
Australia		**N**	
USA		**N**	

Table 40: Admission by Abuse Type (Count and percentage of total admissions)[51]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Physical Abuse		84 (8%)
	Emotional Abuse		83 (8%)
	Sexual Abuse		12 (1%)
	Neglect		365 (35%)
	Child Welfare Concern		503 (48%)
			Total Admissions 1,047
Northern Ireland		**N**	
England		**Y**	
	Abuse or Neglect		19,060 (58%)
	Child's Disability		730 (2%)
	Parent's Illness or Disability		1,060 (3%)
	Family In Acute Stress		2,600 (8%)
	Family Dysfunction		4,810 (15%)
	Socially Unacceptable Behaviour		950 (3%)
	Low Income		50 (-)
	Absent Parenting		3,540 (11%)
			Total Admissions 32,810
Wales		**Y**	

[51] Rates based on total admission data.

Country	Data Item	Measured/Accessible Y/N	Data
	Absent Parenting		80 (4%)
	Abuse or Neglect		1,310 (63%)
	Adoption Disruption		-
	Disability		30 (1%)
	Family Dysfunction		280 (14%)
	Family In Acute Stress		220 (11%)
	Low Income		-
	Parental Illness or Disability		50 (2%)
	Socially Unacceptable Behaviour		85 (4%)
			Total Admissions 2,065
Scotland		**N**	
Norway		**N**	
Australia		**N**	
USA		**Y**	
	Neglect		161,791 (61%)
	Drug Abuse Parent		85,937 (32%)
	Caretaker Inability to Cope		37,243 (14%)
	Physical Abuse		34,647 (13%)
	Child Behaviour Problem		30,124 (11%)
	Inadequate Housing		27,002 (10%)
	Parent Incarceration		21,006 (8%)
	Alcohol Abuse Parent		14,978 (6%)
	Abandonment		12,363 (5%)
	Sexual Abuse		10,330 (4%)
	Drug Abuse Child		6,085

Country	Data Item	Measured/Accessible Y/N	Data
			(2%)
	Child Disability		4,514 (2%)
	Relinquishment		2,569 (1%)
	Parent Death		2,019 (1%)
	Alcohol Abuse Child		1,320 (-)
			Total Admissions **269,509**

Table 41: Legal Reason for admission to Care (Count and percentage of total admissions)[52]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Emergency Care Order		174 (17%)
	Interim Care Order		186 (18%)
	Care Order		54 (5%)
	Special Care Order of the High Court		3 (0.2%)
	A Northern Court Order		12 (1%)
	Voluntary Admission into Care		584 (58%)
			Total 1,013[53]
Northern Ireland		**Y**	
	Emergency Protection Order		43 (5%)
	Accommodated Under Article 21		549 (64%)
	Interim Care Order		216 (25%)
	Other		51 (6%)
			Total Admissions 859
England		**Y**	
	Care Orders		10,130 (31%)
	Freed for Adoption		0 (-)
	Placement Order Granted		60 (-)
	Voluntary Agreements		17,540 (53%)
	Detained for Child Protection		4,360 (13%)
	Youth Justice Legal Statuses		710 (2%)
			Total Admissions 32,810
Wales		**N**	
Scotland		**N**	

[52] Rates based on total admission data.

[53] Note that legal reason for admission is not available for 34 admissions (Tusla, 2018)

Country	Data Item	Measured/Accessible Y/N	Data
Norway		**N**	
Australia		**N**	
USA		**N**	

Table 42: First Time Admissions to Care (Count and percentage of total admissions)[54]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Placement type		
	Foster Care		562 (61%)
	Relative Foster Care		153 (17%)
	Residential Care		41 (5%)
	Special Care		3 (0.3%)
	Other		40 (4%)
			Total First Time Admissions 799
	Age on First Time Admission		
	Under 1		125 (16%)
	1		60 (8%)
	2		45 (6%)
	3		39 (5%)
	4		30 (4%)
	5		36 (5%)
	6		32 (4%)
	7		32 (4%)
	8		40 (5%)
	9		34 (4%)
	10		30 (4%)

[54] Rates based on total admission data.

Country	Data Item	Measured/Accessible Y/N	Data
	11		25 (3%)
	12		24 (3%)
	13		36 (5%)
	14		43 (5%)
	15		62 (8%)
	16		64 (8%)
	17		42 (5%)
			Total First Time Admissions 799
	Male		433 (54%)
	Female		366 (46%)
	Reason for First Time Admission		
	Physical Abuse		69 (9%)
	Emotional Abuse		72 (9%)
	Sexual Abuse		6 (1%)
	Neglect		300 (38%)
	Child Welfare Concern		352 (44%)
Northern Ireland		**N**	
England		**N**	
Wales		**N**	
Scotland		**N**	
Norway		**N**	
Australia		**N**	
USA		**N**	

Table 43: Discharges from Care by Placement Type[55]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland			
	Foster Care General		723 (59%)
	Foster Care Family		252 (21%)
	Residential Care		129 (11%)
	Other		120 (10%)
			Total Discharges 1,224
Northern Ireland		**N**	
England		**Y**	
	Foster Placements		16,300 (52%)
	Placed for Adoption		4,320 (14%)
	Placement with Parents		2,410 (8%)
	Other Placements in the Community		3,690 (12%)
	Secure Units, Children's Homes and Semi-Independent Living accommodation		3,430 (11%)
	Other Residential Settings		940 (3%)
	Residential Schools		30 (-)
	Other Placements		140 (-)
			Total Discharges 31,250
Wales		**N**	
Scotland		**N**	
Norway		**N**	
Australia		**N**	
USA		**N**	

[55] Rates based upon total discharge data (see total cell).

Table 44: Number of Discharges by Gender[56]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Male		619 (51%)
	Female		605 (49%)
			Total Discharges 1,224
Northern Ireland		**N**	
			Total Discharges 716
England		**Y**	
	Male		17,430 (56%)
	Female		13,820 (44%)
			Total Discharges 31,250
Wales		**N**	
			Total Discharges 2,020
Scotland		**Y**	
	Male		2,268 (53.7%)
	Female		1,955 (46.3%)
			Total Discharges 4,223
Norway		**N**	
Australia		**N**	
			Total Discharges 9,794
USA		**N**	
			Total Discharges 243,060

[56] Rates based upon total discharge data (see total cell).

Table 45: Number of Discharges by Age (Count and percentage of total discharges)[57]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Under 1		40 (3%)
	1		72 (6%)
	2		41 (3%)
	3		37 (3%)
	4		34 (3%)
	5		43 (4%)
	6		31 (3%)
	7		25 (2%)
	8		36 (3%)
	9		25 (2%)
	10		33 (3%)
	11		29 (2%)
	12		26 (2%)
	13		31 (3%)
	14		46 (4%)
	15		49 (4%)
	16		79 (6%)
	17		57 (5%)
	17 Reaching age of Majority		490 (40%)
			Total Discharges 1,224
Northern Ireland		**N**	**Total Discharges 716**
England		**Y**	
	Under 1		2,450 (8%)

[57] Rates based upon total discharge data (see total cell).

Country	Data Item	Measured/Accessible Y/N	Data
	1 to 4		7,160 (23%)
	5 to 9		4,430 (14%)
	10 to 15		4,960 (16%)
	16		1,700 (5%)
	17		1,820 (6%)
	On 18th Birthday		8,700 (28%)
	Ceased when Older than 18th Birthday		30 (-)
			Total Discharges 31,250
Wales		**N**	**Total Discharges 2,020**
Scotland		**Y**	
	Under 5		994 (24%)
	5 to 11		1,135 (27%)
	12 to 15		807 (19%)
	16 to 17		1,056 (25%)
	18+		231 (5%)
			Total 4,223
Norway		**N**	
Australia		**N**	**Total Discharges 9,794**
USA		**Y**	
	Less than 1		10,697 (5%)
	1		19,377 (8%)
	2		19,593 (8%)
	3		16,789 (7%)
	4		15,109 (6%)
	5		13,796 (6%)

Country	Data Item	Measured/Accessible Y/N	Data
	6		13,385 (6%)
	7		12,669 (5%)
	8		11,594 (5%)
	9		10,129 (4%)
	10		9,128 (4%)
	11		8,137 (3%)
	12		7,985 (3%)
	13		7,940 (3%)
	14		8,911 (4%)
	15		10,168 (4%)
	16		11,853 (5%)
	17		11,698 (5%)
	18		18,005 (7%)
	19		4,246 (2%)
	20		743 (-)
			Total Discharges 243,060

Table 46: Destination of Discharge[58]

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Returned Home		677 (55%)
	Remained with Carers		330 (27%)
	Independent Living		47 (4%)
	Supported Lodgings		13 (1%)
	Shared Care		68 (6%)
	Other		89 (7%)
			Total Discharges 1,224
Northern Ireland		**Y**	
	Returned to Parents		358 (50%)
	Adopted		107 (15%)
	Returned to Other Family		79 (11%)
	Former Foster Carer		79 (11%)
	Independent Living		43 (6%)
	Other		57 (8%)
			Total Discharges 716[59]
England		**Y**	
	Adopted		4,350 (14%)
	Died		40 (-)
	Care taken by Other Local Authority		550 (2%)
	Returned to Live With Parents or other person with Parental Responsibility which was Part of the care Planning Process		6,930 (22%)

[58] Rates based upon total discharges unless otherwise stated.

[59] Figure slightly higher than total discharges. Rates calculated on narrative data in Children's Social Care Statistics in Northern Ireland 2016/2017.

Country	Data Item	Measured/Accessible Y/N	Data
	Returned to Live With Parents or other person with Parental Responsibility which was NOT Part of the care Planning Process		1,570 (5%)
	Left Care to Live With Parents, Relatives or Person with No Parental Responsibility		1,480 (5%)
	Residence Order or Child Arrangement Order		1,200 (4%)
	Special Guardianship Order Made to Former Foster Carers		1,970 (6%)
	Special Guardianship Order Made to Carers OTHER than former foster carers		1,720 (5%)
	Moved into Independent Living with Supportive Accommodation		3,700 (12%)
	Moved into Independent Living with No Formalised Support		850 (3%)
	Transferred to Residential Care Funded by Adult Social Services		550 (2%)
	Sentenced to Custody		410 (1%)
	Accommodation on Remand Ended		140 (-)
	Age Assessment Determined Child Ages 18 or Over		240 (1%)
	Child Moved Abroad		80 (-)
	Care Ceased for any Other Reason		5,470 (17%)
			Total Discharges 31,250
Wales		**Y**	
	Returned Home to Live With Parents, Relatives or Other Person with parental Responsibility		750 (37%)
	Adopted from Care		340 (17%)
	Moved into independent living arrangement and no longer looked after		235 (12%)
	Other		695 (34%)
			Total Discharges 2020
Scotland		**Y**	

Country	Data Item	Measured/Accessible Y/N	Data
	Home with Biological Parents		2,573 (61%)
	With Kinship Carers: Friends and Relatives		656 (16%)
	Former Foster carers		104 (2%)
	Adoption		341 (8%)
	Supported Accommodation/Own Tenancy		270 (6%)
	Other		276 (7%)
	Not Known		75 (2%)
			Total Discharges 4,223
Norway		**N**	
Australia		**N**	
USA		**Y**	
	Reunification with Parents or Primary Caretakers		123,894 (51%)
	Living with Other Relatives		15,621 (6%)
	Adoption		52,931 (22%)
	Emancipation		20,789 (9%)
	Guardianship		22,303 (9%)
	Transfer to other Agency		4,363 (2%)
	Runaway		985 (-)
	Death of a Child		336 (-)
			Total Discharges 243,060

Table 47: Number and proportion of children 12 years or younger in a residential placement on a given date and number and proportion of children in care in full time education.

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Total Age in Res Care		319
	Under 12		45 (14%)
Northern Ireland		**N**	
England		**N**	
Wales		**N**	
Scotland			
	Total in Res Care		1,477
	Under 12		152 (10%)
Norway		**N**	
Australia		**N**	
USA		**N**	
Number and Proportion of Children in Care in Full Time Education			
Ireland		**Y**	
	6 to 15 Years		3,881 (97%)
	16 and 17 Years		985 (92%)
Northern Ireland		**N**	
England		**N**	
Wales		**N**	
Scotland		**N**	
Norway		**N**	
Australia		**N**	
USA		**N**	

Table 48: Number and Proportion of Children in Care on Their Third of Greater Placement with 12 Months.

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Total		169 (3%)
	Foster Care General		85 (2%)
	Foster Care Relative		7 (0.4%)
	Residential Care		57 (19%)
	Special Care		5 (42%)
	Other care Types		15 (12%)
Northern Ireland		**N**	
England		**N**	7,250
Wales		**Y**	565
Scotland		**Y**	833
			833 (5%)
Norway		**N**	
Australia		**N**	
USA		**N**	
Respite/Short term Placements			
Ireland		**Y**	
	Respite		166
Northern Ireland		**Y**	
	Respite		9,576
England		**N**	
Wales		**N**	
Scotland		**N**	
Norway		**N**	
Australia		**N**	
USA		**N**	

Table 49: Number and Proportion of Children in Care who have been diagnosed by a Clinical Specialist as having a Moderate to Severe Disability

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Total		**603**
	Special Care		1 (-)
	Residential Care		58 (10%)
	Foster Care		393 (65%)
	Relative Foster Care		130 (22%)
	Other Care		21 (3%)
Northern Ireland		**N**	
England		**N**	
Wales		**N**	
Norway		**N**	
Australia		**N**	
USA		**N**	

Table 50: Adoptions from Care

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Number of new children referred going forward from fostering to adoption		12
Northern Ireland		**Y**	
	Adoptions from Care		
England		**Y**	
	Adoptions from Care		4,350
Wales		**Y**	
	Adoptions from Care		340
Scotland		**Y**	
	Adoptions from Care		341
Norway		**N**	
	Adoptions in General		
Australia		**Y**	
	Adoptions Finalised		278
USA		**Y**	
	Adoption as a destination of Discharge		52,931[60]

[60] Separate adoption stats not available figure taken from destination of discharges.

Child Protection Notification System Data

Table 51: Child Protection Notification System (Count and percentage of children on CPNS or CPR)

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Total Active		1,272
	Age		
	0 to 4 Inc. Unborn Babies		430 (34%)
	5 to 9		376 (30%)
	10 to 14		331 (26%)
	15 to 17		135 (11%)
	Number listed as active in the last day of the year by gender		
	Male		632 (50%)
	Female		626 (49%)
	In Utero		14 (1%)
	Number of Children made active during the year and who were active at the end of the year		1,007
	Reason for Being Added		
	Emotional Abuse		342 (27%)
	Neglect		781 (61%)
	Physical Abuse		78 (6%)
	Sexual Abuse		71 (6%)
	Re-activated		89
	Number of initial Child Protection Conferences		850
	Number of CPC,s that Listed Children		765 (90%)
	Number of CPC's that did NOT list Children		85 (10%)
	Length of Time Children are Listed Active		

	0 to 6 Months		687 (54%)
	7 Months to 12 Months		315 (25%)
	12 Months to 18 Months		138 (11%)
	18 Months to 24 Months		59 (5%)
	24+ Months		73 (6%)
Northern Ireland	**Child Protection Register**	**Y**	
	Child Protection Conferences		2,406
	Child Protection Registrations		2,139
	CPR by Age		
	Under 1		459 (21%)
	1 to 4		481 (22%)
	5 to 11		750 (35%)
	12 to 15		379 (18%)
	16+		70 (3%)
	CPR by Gender		
	Male		1,080 (50%)
	Female		1,059 (50%)
	CPR by Category of Abuse		
	Neglect, Physical and Sexual Abuse		33 (2%)
	Neglect and Physical Abuse		397 (19%)
	Neglect and Sexual Abuse		39 (2%)
	Physical & Sexual Abuse		50 (2%)
	Neglect only		558 (26%)
	Physical Abuse only		763 (36%)
	Sexual Abuse only		115 (5%)
	Emotional Abuse only		184 (9%)
	Child Protection Re-registrations		397
England	***Child Protection Register***	**Y**	
	Child Protection Plans		51,080
	Latest Cat. Of Abuse		

	Neglect		24,590 (48%)
	Physical		3,950 (8%)
	Sexual		2,260 (4%)
	Emotional		17,280 (34%)
	Multiple		3,010 (6%)
Wales[61]		**Y**	
	Child Protection Register		
	Total Registered		3,060
	Reason for Registration		
	Sexual Abuse		120 (4%)
	Emotional Abuse		1,040 (34%)
	Neglect		1,380 (45%)
	Neglect and Physical Abuse		155 (5%)
	Physical Abuse		325 (11%)
	Neglect and Sexual Abuse		20 (1%)
	Physical Abuse and Sexual Abuse		15 (0.4%)
	Neglect, Physical Abuse and Sexual Abuse		5 (0.1%)
	Registrations by Age		
	Under 1		230 (8%)
	1 to 4		700 (23%)
	5 to 9		665 (22%)
	10 to 15		615 (20%)
	16 to 17		65 (2%)
Scotland		**Y**	
	Child protection Register		
	Total Registered		2,723
	Male		1,340

[61] Data only available for 2014-15

			(49%)
	Female		1,281 (47%)
	Unborn		102 (4%)
Norway		**N**	
Australia		**N**	
USA		**N**	

Other Data

Table 52: Staffing

Country	Data Item	Measured/Accessible Y/N	Data
Ireland		**Y**	
	Total Social Worker		1,458
	Social Worker % of Turnover 2015-16		8%
Northern Ireland		**N**	
England		**N**	
Wales		**N**	
Scotland		**N**	
Norway		**N**	
Australia		**N**	
USA		**N**	

Appendix 2

Definitions

Definitions in this section refer to different items and processes within child protection and welfare. The material has been sourced from official sources and organisations that advocate on behalf of children and families such as the NSPCC. For Ireland definitions material has been sourced from both publications that are publically accessible and definitions documents provided internally by Tusla. Where material for a country has not been located definitions have not been included.

Referrals, Assessments and Actions

Ireland

Referral

Where Tusla are made aware, by whatever means, about a concern regarding a child and where the eligibility criteria are met. The eligibility criteria are characterised as a concern regarding physical, abuse, sexual abuse, neglect, emotional abuse or a welfare concern (HSE, 2009: 12) a referral is launched by the Social Work Service through the completion of the standard intake Record. Tusla has the statutory responsibility to assess all reports of child protection and welfare concerns. Assessments are carried out by Tusla social workers. If concerns are found after the initial checks, further evaluation involving a detailed examination of the child and family's circumstances will follow. If concerns about a child's welfare are found, but do not involve a child protection issue, then the family may be referred to community or family support services. If no concerns are found, then the information gathered is recorded and kept on a confidential file where it will be examined if further concerns or more information comes to light (HSE, 2009).

Assessment

Initial and further assessments are time limited processes to allow for the gathering of sufficient information on the needs and risks within a case so that informed decisions and recommendations can be made that will result in better outcomes for children subject to child protection and welfare referrals (HSE, 2009: 23).

Child Protection Conference

The Child Protection Conference (CPC) is an interdisciplinary, interagency meeting convened on behalf of the area manager by the child protection conference chairperson. A conference must be convened when a social worker, in consultation with a team leader determines that there are grounds for believing that a child is at ongoing risk of significant harm from abuse, including neglect. This will usually occur following initial or further assessment but may arise as an outcome of the child welfare or children in care processes (Tusla, 2016).

The purpose of the child protection conference is:

- To facilitate the sharing and evaluation of information between professionals and parent(s) in order to identify risk factors, protective factors and the child's needs.
- To determine whether the child is at on-going risk of significant harm.
- To develop a child protection plan and list the child on the CPNS when it has been determined that a child is at on-going risk of significant harm.

The overall approach to convening a child protection conference should promote interdisciplinary/interagency responsibility and the participation of children and their parent(s).

CPNS
The Child Protection Notification System (CPNS) is a list of all children who, further to a child protection conference being held, are considered at on-going risk of significant harm requiring a child protection plan.

A decision to place a child's name as Active on the CPNS is made at an Initial Child Protection Conference. A formal child protection plan is agreed at this multi-agency and multidisciplinary meeting and is formally monitored by a social worker.

A decision to keep a child's name on the CPNS is made at a Review CCP. A review CPC should be held at least every 6 months where a decision is made in relation to on-going risk, and whether the child needs to remain open (at on-going risk of significant harm), or closed (not at on-going risk of significant harm) to the CPNS (Tusla 2016).

Child Protection Plans
Formulated at the child protection conference by a multi-disciplinary group and parents and/or children and young people (as appropriate), a Child Protection Plan is required where there are unresolved or on-going child protection risks or concerns in the case.

Child/Family Support Plan
Where the concern is categorised as Child Welfare, the social work department will provide services by means of a Family Support Plan. The Family Support Plan should be formulated with the family. Families should be encouraged to identify their own solutions as much as possible. The allocated social worker will also need to consider whether other agencies or disciplines such as members of neighbourhood/community networks or professionals involved in delivering a service or offering support may need to contribute to the plan. If so their contributions will need to be co-ordinated by the allocated worker.

Family Welfare Conference
The Family Welfare Conference is a family-led decision-making meeting involving family members and professionals, which is convened when decisions need to be made about the welfare, care or protection of a child/young person. The purpose of the meeting is to develop a safe plan to meet the needs of the child or young person. Family Welfare Conferencing service is established under the Children Act 2001. Part 2 (Sections 7 -15) Part 3 (Section 16 (IVA Section 23) and Part 8 (Section 77) of the Act sets out, on a statutory basis, that role, purpose and format to be adopted by the TUSLA in convening and operating a Family Welfare Conference.

Care Plan
A care plan is an agreed written plan, drawn up by the child and family social worker for the current and future care of the child that is designed to meet their needs. The care plan is written in accordance with the Child Care Act 1991, in consultation with the child, his or her family, and all those involved with his or her care. It establishes short, medium and long term goals for the child and identifies the services required to attain these.

Supervision Order
A supervision order is an alternative to children being taken into the care of Tusla. During the application for a care order the court may decide that a care order is not necessary or appropriate, but that the child should be visited regularly by Tusla, and a supervision order may be made. It may be made instead of a care order or while waiting for a decision on a care order. Alternatively Tusla may apply to the court for a supervision order instead of a care order.

A supervision order gives Tusla the authority to visit and monitor the health and welfare of the child and to give the parents any necessary advice. The order is for up to a maximum of 12 months but may be renewed.

Admission to Care
When the Child and Family Agency assess that a child is not receiving adequate care or protection from their family, that child is then taken into State care, each initial placement episode is counted as an admission to care. This is not to be confused with transfer within care placement.

Northern Ireland

Referral
A referral is defined as a request for services to be provided by children's social care and is in respect of a child who is currently not assessed to be in need. A referral may result in an episode of care which may be an initial assessment of the child's needs, the provision of information or advice, referral to another agency or alternatively no further action (Department of Health Northern Ireland, 2017, Available at https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-16-17.pdf).

Assessment
When a child is referred, Social Services undertake an initial assessment to determine if that child is a 'child in need' as defined by the Children Order. If a child is considered to be a child in need, services should be offered to assist the child's parents/carers to meet that identified need (Department of Health Northern Ireland, 2017, Available at https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-16-17.pdf).

A Child Protection Case Conference may be convened and the child's name included on the Child Protection Register and a Child Protection Plan drawn up to safeguard the child. If there are significant concerns that indicate authoritative intervention is required, Social Services may make an application to the Court for a Legal Order to enable them to afford an appropriate level of safeguarding to the child. This may include removing a child from its family and into the care of the HSC Trust (Department of Health Northern Ireland, 2017, Available at https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-16-17.pdf).

Supervision Order
This order requires the Trust to advise, assist and befriend the supervised child and can only be granted if the same threshold conditions that apply for Care Orders are met. This Order does not give the Trust parental responsibility. It does allow a social worker to issue directions about the child's upbringing including place of residence and involvement in certain programmes (Department of Health Northern Ireland, 2017, Available at https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-16-17.pdf).

The Child Protection Register
The Child Protection Register is a confidential list of all children in the area who have been identified at a child protection conference as being at significant risk of harm (Department of Health Northern Ireland, 2107).

Re-registration
This is the placement on to the Child Protection Register of a child who has already been on the Child Protection Register, irrespective of the date of their first registration on the

Register (Department of Health Northern Ireland, 2017, Available at https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-16-17.pdf).

England

Referral

A referral is defined as a request for services to be provided by children's social care and is in respect of a child who is not currently in need. A referral may result in: an assessment of the child's need; the provision of information or advice; referral to Northern agency; or no further action. If a child is referred more than once in the year then each referral is counted in the figures. New information relating to children who are already on an open episode of need is not counted as a referral (Dept of Education, England 2017 available at https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2016-to-2017.).

Assessment

When a child is referred to children's social care, an assessment is carried out to identify if the child is in need of services, which local authorities have an obligation to provide under section 17 of the Children Act 1989. These services can include, for example, family support (to help keep together families experiencing difficulties), leaving care support (to help young people who have left local authority care), adoption support or disabled children's services (including social care, education and health provision) (Dept of Education, England 2017, available at https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2016-to-2017).

Section 47 enquiry and initial child protection conference

If the local authority identifies there is reasonable cause to suspect the child is suffering, or is likely to suffer significant harm, it will carry out an assessment under section 47 of the Children Act 1989 to determine if it needs to take steps to safeguard and promote the welfare of the child. If concerns are substantiated and the child is judged to be at continuing risk of harm then an initial child protection conference should be convened within 15 working days (Dept of Education, England 2017, available at https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2016-to-2017.).

Initial child protection conferences and child protection plans

Where concerns about a child's welfare are substantiated and the agencies most involved judge that a child may continue to suffer, or be at risk of suffering significant harm, the social care services department should convene an initial child protection conference. The purpose of the conference is to draw together the information that has been obtained and to make judgements on whether the child is at continuing risk of significant harm and whether he or she therefore requires a child protection plan to be put in place. It is set out in the inter-agency guidance "Working Together to Safeguard Children" that an initial child protection conference should take place within 15 working days of the strategy discussion which decided whether section 47 enquiries should be initiated. The conference will result in a decision on whether the child will become the subject of a plan or not (Dept of Education, England 2017, available at https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2016-to-2017).

Care Plan

When children become looked after, a care plan should be produced. The care plan should include detailed information about the child's care, education and health needs, as well as the responsibilities of the local authority, the parents and the child. A care plan is considered

'current' if it has been produced or reviewed in the past 12 months (Dept of Education, England 2017, available at https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2016-to-2017.).

Supervision Order

A supervision order gives the local authority the legal power monitor the child's needs and progress while the child lives at home or somewhere else. A social worker will advise, help and befriend the child. In practice, this will mean they give help and support to the family as a whole. Conditions can be attached to a supervision order, for example, you, as the parent, may have to tell the supervisor if you change your address and you may have to allow the supervisor to visit the child at home.

A supervision order doesn't give the local authority parental responsibility and doesn't allow them any special right to remove the child from their parent. The parents keep parental responsibility but mustn't act in any way against the supervision order (Citizens Information, UK, 2018, Available at: https://www.citizensadvice.org.uk/family/children-and-young-people/child-abuse/court-orders-to-protect-children/child-abuse-supervision-orders/.).

Re-referral

A re-referral is where a child has been referred to child protection and welfare services within 12 months of a previous referral (Dept of Education, England 2017, available at https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2016-to-2017).

Wales

Referral

A referral is defined as a request for services to be provided by a social services department where the case is not already open. A re-referral is where a case has been closed or a decision not to proceed to initial assessment has been made and a subsequent referral for the same child occurs to the same local authority (Welsh Government, 2016, Available at 16 https://socialcare.wales/research-and-data/research-on-care-finder/referrals-assessments-and-social-services-for-children-in-wales-2015-16?record-language-choice=en-cy).

Assessment

Where it appears that a child may have needs for care and support, in addition to, or instead of, the care and support provided by the child's family, that child has a right to an assessment of those needs. Similarly, if it appears to the local authority that a young carer may have needs for support, a local authority must assess whether the young carer has needs for support (or is likely to do so in the future) and if they do, what those needs are or are likely to be. The assessment process will often start when a person accesses the IAA service, but should not be restricted to being accessible through this service alone. If an assessment determines a person's identified needs are eligible to be met by the provision of care and support from the local authority, a care and support plan (or support plan for young carers) is developed and agreed (Welsh Government, 2016, Available at 16 https://socialcare.wales/research-and-data/research-on-care-finder/referrals-assessments-and-social-services-for-children-in-wales-2015-16?record-language-choice=en-cy).

Supervision Order

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may have to tell the supervisor if you change your address and you may have to allow the supervisor to visit the child at home.

A supervision order doesn't give the local authority parental responsibility and doesn't allow them any special right to remove the child from their parent. The parents keep parental responsibility but mustn't act in any way against the supervision order (Welsh Government, 2016, Available at 16 https://socialcare.wales/research-and-data/research-on-care-finder/referrals-assessments-and-social-services-for-children-in-wales-2015-16?record-language-choice=en-cy).

Scotland

Referrals

In Scotland, a Referral for a child or young person received by the Scottish Children's Reporter is a result of concerns about their welfare or behaviour. Referrals can be made by anyone however police referrals tend to be high. Referrals data includes figures relating to instances when a child is alleged to have committed a criminal offence. The Police service is obliged to refer such cases to the Scottish Reporter. Alternatively when an offence has been alleged against a child it is referred by the police. The Police may have the first hand information and be in the best position to react. Furthermore a number of referrals follow discussions between police social work and health where the police are the agency who makes the referral but all three agencies have been party to that discussion. Police force orders also give tight time frames for making a referral so they are often ahead of the game in comparison with other agencies that might have made a referral (Scottish Children's Reporter, 2016, Available at https://www.scra.gov.uk/wp-content/uploads/2016/10/Full-statistical-analysis-2015-16.pdf).

Assessments

Assessments in Scotland are referred to as Reporter investigations. Reporters investigate where necessary when a referral is received to assist them in considering the likely need for compulsory measures. They do so by obtaining information on the child or young person and their circumstances from relevant agencies. Some of this information may now be provided at the point of referral rather than requiring to be requested (Scottish Children's Reporter, 2016, Available at https://www.scra.gov.uk/wp-content/uploads/2016/10/Full-statistical-analysis-2015-16.pdf).

Reporter investigations

It should be noted that not all Investigations stem from a referral**.** Reporters investigate where necessary when a referral is received to assist them in considering the likely need for compulsory measures. They do so by obtaining information on the child or young person and their circumstances from relevant agencies. Some of this information may now be provided at the point of referral rather than requiring to be requested (Scottish Children's Reporter, 2016, Available at https://www.scra.gov.uk/wp-content/uploads/2016/10/Full-statistical-analysis-2015-16.pdf).

Children's Hearings

Children's Hearings decide whether compulsory measures of intervention are necessary (in respect of the child or young person) to protect the child or young person and/or address their behaviour. The reasons for Children's Hearings being arranged are shown in Figure 4.2 below. The two most common reasons are: to review an existing Compulsory Supervision Order; or where the Reporter has decided, after investigating a referral, that the child or young person requires compulsory measures of intervention (Scottish Children's Reporter,

2016, Available at https://www.scra.gov.uk/wp-content/uploads/2016/10/Full-statistical-analysis-2015-16.pdf).

Child Protection Orders and interim orders

Many short-term decisions made by Children's Hearings will be to address emergency and/or high risk situations where measures have to be put in place immediately to protect children and young people or address their behaviour. These may include Children's Hearings arranged as a result of the Sheriff granting a Child Protection Order (Scottish Children's Reporter, 2016, Available at https://www.scra.gov.uk/wp-content/uploads/2016/10/Full-statistical-analysis-2015-16.pdf).

Supervision Orders

Supervision Requirement/Compulsory Supervision Order – A children's hearing is a lay tribunal which considers and makes decisions on the welfare of the child or young person before them, taking into account the circumstances including any offending behaviour. The hearing decides on the measures of supervision which are in the best interests of the child or young person. If the hearing concludes compulsory measures of supervision are needed, it will make a Supervision Requirement or a Compulsory Supervision Order which will determine the type of placement for the child. In most cases the child will continue to live at home but will be under the supervision of a social worker. In some cases the hearing will decide that the child should live away from home with relatives or other carers (Scottish Children's Reporter, 2016, Available at https://www.scra.gov.uk/wp-content/uploads/2016/10/Full-statistical-analysis-2015-16.pdf).

Interim orders in the form of Interim Compulsory Supervision Orders can be used to protect the child or young person whilst grounds for referral are in the process of being determined at proof. Interim Variations of Compulsory Supervision Orders can also be made which can change the measures attached to a current Compulsory Supervision Order (Scottish Children's Reporter, 2016, Available at https://www.scra.gov.uk/wp-content/uploads/2016/10/Full-statistical-analysis-2015-16.pdf).

Norway

Referral/Notification

Notifications: Upon receiving a notification, the Child Welfare Services must review it as soon as possible, within a week, and decide whether no action is to be taken or whether an investigation should be initiated. Until 2013, Statistics Norway did not collect data on notifications where no action was taken and where no investigation was initiated (Statistics Norway, 2017 available at http://www.ssb.no/en/sosiale-forhold-og-kriminalitet/statistikker/barneverng).

Investigations

The Child Welfare Services have a right and duty to initiate an investigation when there are reasonable grounds to assume that a child is living in conditions that require intervention pursuant to the Child Welfare Act. Statistics Norway started collecting data on all investigations in 2013. Prior to this, if the Child Welfare Services conducted more than one investigation into the same child, only one investigation was registered; either the investigation that led to a decision to intervene or the first investigation in the statistical year (Statistics Norway, 2017 available at http://www.ssb.no/en/sosiale-forhold-og-kriminalitet/statistikker/barneverng).

Australia

Children in need of protection can come into contact with departments responsible for child protection though a number of avenues and anyone can make a report. Child protection intake services screen incoming reports to determine whether further action is required. The

defined threshold for intervention varies across jurisdictions and this can lead to jurisdictional differences in the responses taken to initial reports. Reports that are deemed to require further action are generally classified as either a 'family support issue' or a 'child protection notification' (Australian Institute of Health and Welfare, 2017 available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Assessments

Between initial reports and substantiation, a range of activities take place that are broadly categorised as investigations. In jurisdictions where a preliminary assessment has occurred, activities tend to assess risk of significant harm and focus on formal investigation. In jurisdictions where all initial contacts are recorded as notifications, a preliminary assessment will often occur to determine the need for formal investigation, followed by a formal investigation if it is concluded that a child may have been, or is, at risk of harm. Formal investigation, as conducted in each jurisdiction, will determine whether the notification has been substantiated (Australian Institute of Health and Welfare, 2017 available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Supervision Orders

Finalised supervisory orders: Under these orders, the department supervises and/or directs the level and type of care that is to be provided to the child. Children under supervisory orders are generally under the responsibility of their parents and the guardianship or custody of the child is unaffected (Australian Institute of Health and Welfare, 2017 available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

USA

Referrals

A referral may be either screened in or screened out. Referrals that meet CPS agency criteria are screened in and receive an investigation or alternative response from the agency. Referrals that do not meet agency criteria are screened out or diverted from CPS to other community agencies. Reasons for screening out a referral vary by state policy, but may include one or more of the following:

- Did not concern child abuse and neglect
- Did not contain enough information for a CPS response to occur
- Response by another agency was deemed more appropriate
- Children in the referral were the responsibility of another agency or jurisdiction (e.g., military installation or tribe)
- Children in the referral were older than 18 years
  (U.S. Dept of Health and Human Services, 2015 available at https://www.acf.hhs.gov/cb/resource/child-maltreatment-2015).

Assessments

Screened-in referrals are called reports. In most states, the majority of reports receive an investigation. This response includes assessing the allegation of maltreatment according to state law and policy. The primary purpose of the investigation is twofold: (1) to determine whether the child was maltreated or is at-risk of being maltreated and (2) to determine if services are needed and which services to provide. In some states, reports (screened-in referrals) may receive an alternative response. This response is usually reserved for instances where the child is at a low or moderate risk of maltreatment. The primary purpose of the

alternative response is to focus on the service needs of the family (U.S. Dept of Health and Human Services, 2015 available at https://www.acf.hhs.gov/cb/resource/child-maltreatment-2015)

Investigations and Alternative Responses

Screened-in referrals are called reports. In most states, the majority of reports receive an investigation. This response includes assessing the allegation of maltreatment according to state law and policy. The primary purpose of the investigation is twofold: (1) to determine whether the child was maltreated or is at-risk of being maltreated and (2) to determine if services are needed and which services to provide. In some states, reports (screened-in referrals) may receive an alternative response. This response is usually reserved for instances where the child is at a low or moderate risk of maltreatment. The primary purpose of the alternative response is to focus on the service needs of the family. In the National Child Abuse and Neglect Data System (NCANDS), both investigations and alternative responses receive a CPS finding also known as a disposition (U.S. Dept of Health and Human Services, 2015 available at https://www.acf.hhs.gov/cb/resource/child-maltreatment-2015).

Children in Care Definitions

Ireland

Legal Reason for Being in Care

Voluntary Care
This is where the parents request or agree to their child being taken into the care of Tusla. In these cases, Tusla must consider the parents' wishes on aspects of how care is provided. As long as a child requires safety and welfare - Tusla must provide this. If this arrangement breaks down, Tusla may still seek a Care Order through the Court (Child Care Act, 1991, S4).

Emergency Care Order
Tusla can apply 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 (Child Care Act, 1991, S13). An Emergency Care Order can be for a period of up to 8 days.

Interim Care Order
Tusla applies to the Court for an Interim Care Order where an application for a Care Order has been or is about to made. This can be applied for regardless of whether an Emergency Care Order is in place, and where 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 as the Care Order application comes to an end.

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.

Care Order
A Care Order is applied for when a child needs protection and is unlikely to receive it without the use of one (Child care Act, 1991 S.18). The Court may make a Care Order when:
a) The child has been or is being neglected, assaulted, ill-treated, or sexually abused;
b) Or the child's health, development, or welfare has been or is being avoidably impaired or neglected; or
c) Or the child's health, development or welfare is likely to be avoidably impaired or neglected.

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.

Special Order of the High Court
Where a court finds or declares in any proceedings that a care order for whatever reason in invalid, the court may of its own motion or on the application of any person refuse to exercise any power to order the delivery or return of a child to a parent or any other person if the court is of the opinion that such delivery or return would not be in the best interest of the child.

Supervision Orders
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 (Child care Act, 1991, S.19). The order is for up to a maximum of 12 months but can be renewed.

Care Types

Residential Special Care

Special Care is an exceptional intervention involving the detention of a child/young person for his/her own welfare and protection in a Special Care Unit. Residential Special Care placements can only be made pursuant to an order of the High Court restricting the liberty of a child/young person. There are three Special Care Units:

- Ballydowd Special Care Unit – Dublin
- Gleann Alainn Special Care Unit – Cork
- Coovagh House Special Care Unit – Limerick
- Crannóg Nua Special School - Dublin

Residential General Care

A residential centre is "any home or institution for the residential care of children in the care of health boards or other children who are not receiving adequate care and protection" (Child Care Act, 1991). This includes statutory residential centres managed directly by Tusla and non-statutory (private and voluntary) centres that have registered under the 1991 Child Care Act as a children's residential centre. For the purpose of data collection, children in care placed in residential centres outside of the State can be included in the metric.

Foster Care

Foster care is full-time or part-time substitute care of children outside their own home by people other than their biological / adoptive parents or legal guardians (Ref: Placement of Children in Foster Care Regulations, 1995).

Foster Care General

Foster Care general is where a child in State care is placed with an approved general foster carer. A general foster carer is a person approved by the Child and Family Agency, who has completed a process of assessment and has been placed on the panel of approved foster carers. For the purposes of data collection, this metric should also include placements that are:

• Pre-adoptive foster care
• Private foster care
• General foster care placements that are out of State.

Relative Foster Care

Relative Foster Care is foster care provided by a relative or friend of a child who has completed a process of assessment and approval, and are placed on the panel of approved relative foster carers. It also includes those who have agreed to undergo such a process. The approval is specific to the individual child, and the relative foster carer is a person with whom the child / child's family has had a relationship with prior to the child's admission to care. This can include a friend, neighbour or relative.

Other Placement Type

The placement sub-categories for the 'other placement type' metrics are:

• Supported lodgings (including supported accommodation for children in care)
• At home under care order
• Detention school / centre (named as follows) Oberstown School for girls, Oberstown, Lusk, Co. Dublin Oberstown School for boys, Oberstown, Lusk, Co. Dublin Trinity House School, Oberstown, Lusk, Co. Dublin

• Other residential centre (e.g. disability unit or drug and alcohol rehabilitation centre).
• Other (requires specific commentary) NOTE: - statutory residential centres managed directly by Tusla, or non-statutory (private and voluntary) residential centres which are registered under the Child Care Act 1991 as a children's residential centre are not included and ditto for other definitions where there is a specific direction to data collectors.

Northern Ireland
Legal Reason for Being in Care

Accommodated (Article 21)
Children with this legal status have been accommodated by a HSC Trust if there is no one who has parental responsibility for them, they have been lost or abandoned or of the person who has been caring for them has been prevented, for whatever reason, from providing them with suitable accommodation or care. Children are often accommodated with the permission of their parents (Department of Health, Northern Ireland, 2017, Available at https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-16-17.pdf).

Interim Care Orders (Article 57)
An Interim Care Order is put in place following an adjournment of proceedings for a Care Order or in any family proceedings in which a Court orders a Trust to investigate the circumstances of a child. An Interim Care Order can be in place for up to eight weeks initially and for a further four weeks upon renewal and subsequent occasions that Court deems an Interim Order necessary (Department of Health, Northern Ireland, 2017, Available at https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-16-17.pdf).

Care Order (Article 50 or 59)
A Care Order accords the Health and Social Care Trust parental responsibility and allows for the child to be removed from the parental home. This does not extinguish the parental responsibility of the child's parents but means that they cannot exercise this responsibility while the Care Order is in place. In order for a Court to make a Care Order it must be satisfied that the child is suffering or is likely to suffer significant harm and that the harm or likelihood of harm is attributable to the care given to the child, or likely to be given to the child, not being what it would be reasonable to expect a parent to give or the child being beyond parental control (Department of Health, Northern Ireland, 2017, Available at https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-16-17.pdf).

Emergency Protection Order (Article 63 & 64)
An Emergency Protection Order (EPO) is intended for use in urgent cases to protect a child in the short-term. Almost anyone with a concern can apply for an EPO, although in most circumstances a Trust will seek one. Where the applicant is a Trust or the NSPCC they must show that in the course of fulfilling their duty to investigate they are being unreasonably frustrated in gaining access to the child. Anyone else applying for an EPO they must show that the child is likely to suffer significant harm unless removed to, or allowed to remain, in a safe place (Department of Health, Northern Ireland, 2017, Available at https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-16-17.pdf).

Supervision Order
This order requires the Trust to advise, assist and befriend the supervised child and can only be granted if the same threshold conditions that apply for Care Orders are met. This Order does not give the Trust parental responsibility. It does allow a social worker to issue

directions about the child's upbringing including place of residence and involvement in certain programmes. Schedule 3 of the Children Order sets out the full range of matters that may be addressed in a Supervision Order (Department of Health, Northern Ireland, 2017, Available at https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-16-17.pdf).

England
Legal Reason for Being in Care

Interim care order
Children Act 1989, Section 38 Lasts up to 28 days then has to be renewed. Renewal does not cause a new episode on the SSDA903, as legal status has not changed (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Care order
Children Act 1989, Section 31 (1) (a) Not time limited. If a care order and a freeing order were granted on the same day, code only the freeing order (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Placement order
Adoption and Children Act 2002, Section 21 A placement order is a court order which gives a local authority the legal authority to place a child for adoption with any prospective adopters who may be chosen by the authority. Only local authorities may apply for placement orders. The order continues in force until it is revoked, an adoption order is made in respect of the child, the child marries, forms a civil partnership or the child reaches 18. While the placement order is in force the child retains their looked after status. Any existing Section 8 order under the Children Act 1989 - (a contact order, residence order (or from 22 April 2014 child arrangements order), prohibited steps order or specific issue order) or a supervision order - ceases to have effect; under Section 29(1) of the Adoption and Children Act 2002 the care order does not have effect at any time while the placement order is in force but will be reactivated if the placement order is revoked. If a care order and placement order are granted on the same day, record only the placement order on the SSDA903 A placement order might be sought during or after care proceedings or instead of applying for a care order. As durations for looked after children are calculated by calendar difference, the care order effectively had a duration of zero days, and therefore should not be recorded on the 903, only the placement order (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Youth justice legal statuses
Group A refers to young persons who are remanded to the care of a local authority, where release on bail has not been granted. In these cases, the local authority arranges the accommodation, which can include the young person being placed with own parents.
Group B refers to young persons who were the subject of a Court Ordered Secure Remand (COSR). These children are looked after if they are placed in local authority accommodation, including secure accommodation (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Voluntary Agreements
A voluntary agreement under section 20 of the Children Act 1989 enables a local authority to provide accommodation for any child in need if they consider that to do so would safeguard or promote the child's welfare. Such an arrangement requires the consent of those with parental responsibility where a child is under 16 or the child themselves where the child is

over 16. A local authority is required to provide accommodation for a child within their area under section 20 as a result of: (a) there being no person who has parental responsibility for him; (b) his being lost or having been abandoned; or (c) the person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Wales
Legal Reason for Being in Care

Care Order
An order is made by the court under section 31 Children Act 1989 which places a child in the care of the local authority, with parental responsibility being shared between the parents and the local authority. A care order lasts until a child turns 18, unless someone applies for it to end earlier under section 39 – discharge of a care order (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Child Arrangements Order
The new name (since April 2014) for a residence or contact order under section 8 Children Act 1989 (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Emergency Protection Order (EPO)
In situations of crisis where a child needs immediate protection, under section 44 of the Children Act 1989, the local authority can acquire parental responsibility for the duration of the Order, which is up to 8 days (and may be extended to a maximum of 15 days) (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Exclusion Order
There are a range of powers available under the Family Law Act 1996 which may allow a perpetrator to be removed from the home, instead of having to remove the child. An exclusion order can be attached to an Emergency Protection Order or an Interim Care Order (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Australia
Legal Reason for Being in Care

Finalised guardianship or custody orders
Guardianship orders involve the transfer of legal guardianship to the relevant state or territory department or non-government agency. These orders involve considerable intervention in the child's life and that of their family, and are sought only as a last resort. Custody orders generally refer to orders that place children in the custody of the state or territory department responsible for child protection or a non-government agency. These orders usually involve the child protection department being responsible for the daily care and requirements of the child, while the parent retains legal guardianship. Finalised guardianship or custody orders can be long-term or short-term. Long-term orders transfer guardianship/custody to the nominated person for a specified period greater than 2 years, generally until the child reaches the age of 18. Short-term orders transfer guardianship/custody to the nominated person for a specified period of 2 years or less (Australian Institute of Health and Welfare, 2017, Available at

https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Finalised third-party parental responsibility

These orders transfer all duties, powers, responsibilities and authority to which parents are entitled by law to a nominated person(s) whom the court considers appropriate. The nominated person may be an individual, such as a relative, or an officer of the state or territory department. Finalised third-party parental responsibility orders can be long-term or short-term (see Long-term orders and Short-term orders) (Australian Institute of Health and Welfare, 2017, Available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Finalised supervisory orders

Under these orders, the department supervises and/or directs the level and type of care that is to be provided to the child (Australian Institute of Health and Welfare, 2017, Available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Interim and temporary orders

These orders cover the provisions of a limited period of supervision and/or placement of a child. Parental responsibility under these orders may reside with the parents or with the department responsible for child protection (Australian Institute of Health and Welfare, 2017, Available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Administrative arrangements

These are agreements with child protection departments, which have the same effect as a court order of transferring custody or guardianship. These arrangements can also allow a child to be placed in out-of-home care without going through the courts (Australian Institute of Health and Welfare, 2017, Available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Immigration (Guardianship of Children) orders

Orders made under the Immigration (Guardianship of Children) Act 1946. Under this Act, the Minister for Immigration is the legal guardian for unaccompanied humanitarian minors (children under 18 years of age who have entered Australia without a relative to care for them); however, the minister may assign custody of the child to a willing and suitable person in the jurisdiction where a child resides. The assigned person becomes responsible for all matters concerning the child's daily activities, care and welfare. This category captures the arrangements of such children, who are subsequently placed with carers funded by the departments responsible for child protection. Children are counted in the state or territory where the order is operative, regardless of where the child is residing. The following are excluded from the collection: Children on offence orders, unless they are also on a care and protection order administrative and voluntary arrangements with the departments responsible for child protection that do not have the effect of transferring custody or guardianship (Australian Institute of Health and Welfare, 2017, Available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Placement Types

Family care

A type of care where the child is residing with parents (natural or adoptive) or other relatives/kin (other than parents) who are not reimbursed. See also and relatives/kin who are not reimbursed.

Foster care: A form of out-of-home care where the caregiver is authorised and reimbursed (or was offered but declined reimbursement) by the state/territory for the care of the child. (This category excludes relatives/kin who are reimbursed.) There are varying degrees of reimbursement made to foster carers (Australian Institute of Health and Welfare, 2017, Available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Home-based out-of-home care

Care provided for a child who is placed in the home of a carer, who is reimbursed (or who has been offered but declined reimbursement) for the cost of care of that child. There are 4 categories of home-based out-of-home care: relatives/kin who are reimbursed, foster care, third-party parental care and other home-based out-of-home care (Australian Institute of Health and Welfare, 2017, Available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Independent living

Accommodation including private board and lead tenant households (Australian Institute of Health and Welfare, 2017, Available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Other home-based out-of-home care

A care type where the child was in home-based out-of-home care, other than with relatives/kin who are reimbursed or in foster care (Australian Institute of Health and Welfare, 2017, Available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Other living arrangement

Living arrangement not otherwise classified, including unknown living arrangement. For children on orders, this includes any placements made in disability services, psychiatric services, juvenile justice facilities, specialist homelessness services and overnight child care services, boarding schools, hospitals, hotels/motels and the defence forces. These living arrangements may have rostered and/or paid staff and are generally not a home-like environment (Australian Institute of Health and Welfare, 2017, Available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Relative kinship care

A form of out-of-home care where the caregiver is:

- A relative (other than parents)
- Considered to be family or a close friend
- A member of the child or young person's community (in accordance with their culture)
- Reimbursed by the state/territory for the care of the child (or who has been offered but declined reimbursement). For Aboriginal and Torres

Strait Islander children, a kinship carer may be another Indigenous person who is a member of their community, a compatible community or from the same language group (Australian Institute of Health and Welfare, 2017, Available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Residential care

A type of care where the placement is in a residential building whose purpose is to provide placements for children and where there are paid staff (Australian Institute of Health and Welfare, 2017, Available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Respite care

A form of out-of-home care used to provide short-term accommodation for children and young people where the intention is for the child to return to their prior place of residence. Respite placements include:

- Respite from birth family, where a child is placed in out-of-home care on a temporary basis for reasons other than child protection (for example, the child's parents are ill or unable to care for them on a temporary basis; as a family support mechanism to prevent entry into full-time care; as part of the reunification process; or as a shared care arrangement)
- Respite from placement, where a child spends regular, short and agreed periods of time with a carer other than their primary carer (Australian Institute of Health and Welfare, 2017, Available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Other Definitions

Abuse Types

Ireland

Physical Abuse
Physical abuse of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

Emotional Abuse
Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms.

Sexual Abuse
Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offence of sexual assault.

Neglect
Neglect can be defined in terms of an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care (Tusla, 2017).

Northern Ireland

Neglect
The actual or likely persistent or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold and starvation, or persistent failure to carry out important aspects of care, resulting in significant impairment of the child's health or development, including non-organic failure to thrive (Department of Health, Northern Ireland, 2017, Available at https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-16-17.pdf).

Physical Abuse
Actual or likely deliberate physical injury to a child, or wilful or neglectful failure to prevent physical injury or suffering to a child including deliberate poisoning, suffocation or Munchausen syndrome by proxy (Department of Health, Northern Ireland, 2017, Available at https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-16-17.pdf).

Sexual Abuse
Actual or likely exploitation of children or adolescents. The child may be dependent and/or developmentally immature (Department of Health, Northern Ireland, 2017, Available at https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-16-17.pdf).

Emotional Abuse
Actual or likely, persistent or severe emotional ill treatment or rejection resulting in severe adverse effects on the emotional, physical and/or behavioural development of a child. All abuse involves some emotional ill treatment. This category should be used where it is the main or only form of abuse (Department of Health, Northern Ireland, 2017, Available at https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-16-17.pdf).

England

Sexual Abuse
Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Neglect
Neglect is the ongoing failure to meet a child's basic needs and is the most common form of child abuse. A child may be left hungry or dirty, without adequate clothing, shelter, supervision, medical or health care. A child may be put in danger or not protected from physical or emotional harm. They may not get the love, care and attention they need from their parents. A child who's neglected will often suffer from other abuse as well. Neglect is dangerous and can cause serious, long-term damage - even death (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Physical
A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Emotional
The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the 93 child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children

frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Wales

Abuse and neglect

Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates or induces illness in a child whom they are looking after. 6.8 Physical abuse can lead directly to neurological damage, physical injuries, disability or – at the extreme – death. Harm may be caused to children both by the abuse itself and by the abuse taking place in a wider family or institutional context of conflict and aggression. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems, and educational difficulties. Violence is pervasive and the physical abuse of children frequently coexists with domestic abuse (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Emotional abuse

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Scotland

Physical abuse

Physical abuse is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after. For further information, see the section on Fabricated or induced illness (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Emotional abuse

Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of person. It may involve the imposition of age or developmentally-inappropriate expectations on a child. It may involve causing children to feel frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Sexual abuse

Sexual abuse is any act that involves the child in any activity for the sexual gratification of person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from non-organic failure to thrive, where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time (NSPCC, 2018, Available at https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/).

Australia

Emotional Neglect

Inadequate nurturing or affection: The lack of care experienced by children when their parents or caregivers fail to provide conditions, contexts or environments conducive to their feeling secure, wanted, loved and worthy Emotional neglect is characterised by an absence of

parent-child interactions, such as not being hugged, validated or told they are loved. Children may be isolated, permitted to use drugs or alcohol, or permitted to engage in other maladaptive behaviour (Australian Institute of Health and Welfare, 2017, Available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

Physical Abuse

Basic physical needs are not met as the child is not provided with necessary food (resulting in hunger, malnutrition, failure to thrive), adequate clothing or adequate shelter. Parents provide inadequate hygiene (e.g. child may be extremely dirty or unbathed, have severe nappy rash or other persistent skin disorders or rashes from improper care or lack of hygiene) or show reckless disregard for child's safety and welfare (e.g. driving while intoxicated, leaving a young child in a car unattended). Child experiences abandonment, expulsion, or shuttling (child is repeatedly left in the custody of others for days or weeks at a time) (Australian Institute of Health and Welfare, 2017, Available at https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true).

USA

Sexual Abuse

A type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities (U.S. Dept of Health and Human Services, 2015, Available at https://www.acf.hhs.gov/cb/resource/child-maltreatment-2015).

Physical Abuse

Type of maltreatment that refers to physical acts that caused or could have caused physical injury to a child (U.S. Dept of Health and Human Services, 2015, Available at https://www.acf.hhs.gov/cb/resource/child-maltreatment-2015).

Neglect or Deprivation of Necessities

A type of maltreatment that refers to the failure by the caregiver to provide needed, age-appropriate care although financially able to do so or offered financial or other means to do so (U.S. Dept of Health and Human Services, 2015, Available at https://www.acf.hhs.gov/cb/resource/child-maltreatment-2015).

Appendix 3

The brief of this report required the researchers to analyse a full year's child protection and welfare data in each jurisdiction. In order fulfil this requirement it was necessary to use material published in different years therefore the data for each jurisdiction is not necessarily representative of the same year. The table below shows the year of the data used for each jurisdiction. In the U.S, data for children in care is published annually however data relating to child protection is published every four years which is why it was necessary to use material dating back to 2015.

Table 53: Years of data sources

Ireland	Northern Ireland	England	Wales	Scotland	Norway	Australia	US
2016	2016-2017	2016-2017	2016	2015-2016	2016	2015-2016	2015

Ireland – data provided directly from Tusla

Northern Ireland – Department of Health (2017), Children's Social Care Statistics for Northern Ireland 2016-17, Available at https://www.health-ni.gov.uk/publications/childrens-social-care-statistics-northern-ireland-201617

England – Department of Education, (2017), Children Looked After in England (Including Adoption), year ending 31 March 2017, Available at https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2016-to-2017

England – Department of Education, (2017), Characteristics of children in need: 2016 to 2017 England, Available at https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2016-to-2017

Wales – Welsh Government, (2016), Adoptions, outcomes and placements for children looked after by local authorities in Wales, 2015 – 2016, Available at http://dera.ioe.ac.uk/27579/1/161005-adoptions-outcomes-placements-children-looked-after-local-authorities-2015-16-en.pdf

Wales – Referrals, assessments and social services for children in Wales, 2015-16, Available at https://socialcare.wales/research-and-data/research-on-care-finder/referrals-assessments-and-social-services-for-children-in-wales-2015-16?record-language-choice=en-cy

Other data for Wales is available at:

https://statswales.gov.wales/Catalogue

Scotland – Scottish Government, (2016), Children's Social Work Statistics Scotland, 2015-16, Available at https://beta.gov.scot/publications/childrens-social-work-statistics-scotland-2015-16/

Scotland – Scottish Children's Reporter Administration, (2016), Available at https://www.scra.gov.uk/2016/07/scras-official-statistics-201516/

Norway – Statistics Norway, (2017), Child Welfare[62], Available at https://www.ssb.no/en/sosiale-forhold-og-kriminalitet/statistikker/barneverng

Australia – Australian Institute of Health and Welfare. (2016), Child Protection Australia, Available at https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2015-16/data

USA - U.S. Department of Health and Human Services, (2015), Child Maltreatment 2015, Available at https://www.acf.hhs.gov/cb/resource/child-maltreatment-2015

USA - U.S. Department of Health and Human Services (2016), The AFCARS Report (for 2015), Available at https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf

[62] Data on website since revised and not reflected in this report.

Appendix 4

Comparative Data Searches

Using the search engine Google, grey and specialist organisation literature was accessed through specialised websites including national and international government departmental websites, websites as well as well as advocacy organisations. As set out in the main document, there was a degree of 'snowballing' involved all through the searching process as the data for each jurisdiction was not available from one single source. The table below shows where key data for each jurisdiction is sourced from.

Table 54: Sources of Official Data Consulted

Ireland	N.Ireland	England	Scotland
Tusla, Child and Family Agency	Dept. for Education	Dept. for Education	Scottish Administration, Children' Reporter
	NSPCC	NSPCC	Scottish Government
			NSPCC
Wales	**Norway**	**Australia**	**America**
Welsh Government	Statistics Norway	Australian Institute for Health and Welfare	US Dept. of Health and Human Services
NSPCC			Child Welfare Information Gateway

In addition to academic and other searches, difficult to access data items were sought though making contact with academics who specialise in the area of child protection and welfare. In the case of Norway the researchers were advised of the limited availability of pertinent data.

The starting searches used 'child protection and welfare statistics' and slight variants of as applied to each of the jurisdictions (i.e. with 'England' added). More specific search terms were also used such as:

- Child protection and welfare referrals (in each jurisdiction);
- Sources of child protection referrals (in each jurisdiction);
- Child abuse types (in each jurisdiction)
- Number of children admitted to care (in each jurisdiction)

When relevant websites, documents or databases were accessed, in some cases the data sought was readily apparent in tables. In other cases, further internal searches of these documents were used (e.g. using the search function within Word, Excel and PDF documents) for the detailed variable level information using the following types of terms.

1. Number / Percentage of referrals by type and Category of abuse;
2. Rate of Referrals by type and category of abuse per 10,000 of the population;
3. Source of referrals;
4. Proportion of referrals requiring assessments;
5. Response times;
6. Outcome of assessments;
7. Children who have more than one referral in a year;
8. Percentage of children in care;
9. Placement type;

10. Age/gender of children in care;
11. Primary reason for being in care;
12. Legal reason for being in care;
13. Children in care with care plans;
14. Children in care with allocated social worker;
15. Ethnicity of Children in care;
16. Number of Children under a Supervision Order;
17. Number and percentage of children in admitted to care by placement type;
18. Number and percentage of children in admitted to care age and gender;
19. Number and percentage of children in admitted to care by primary reason for admission;
20. Length of time in care;
21. Number and percentage of children in admitted to care for the first time;
22. Number and percentage of discharges from care;
23. Number of proportion of children 12 years or younger in a residential care placement;
24. Number and proportion of children in care in full time education;
25. Number and proportion of children in care in their third or greater placement within the previous 12 months;
26. Respite/Short term placements;
    Number and proportion of Children in care who have been diagnosed by a clinical specialist as having a moderate to severe disability;
27. Adoptions from care;
28. Child Protection Notification System;
29. Number of children listed as active on the CPNS on a given date (Child Protection Register data in UK Jurisdictions);
30. Number of a children added to the system in a given year;
31. Number of children deactivated during a particular year;
32. Number of children whose status changed from inactive to active during a particular time period;
33. Number of cases open to social work;
34. Childhood deaths in care;
35. Section 12 interventions;
36. Staffing;
37. Number of social workers per 10,000 of child population;
38. Social worker retention;
39. Social work caseload.

Research Literature Searches

- The scoping review utilised Google Scholar as a key start point (which is linked to NUI Galway's permissions) and buttressed by specific searches of NUI Galway's Library collection of databases which in this case included:
- Academic Search Complete;
- Web of Science core collection;
- Science Direct;
- Scopus;
- Jstor;

As referred to in the report body, and as with the data searches, a degree of 'snowballing' was involved drawing on the reference lists of journal articles, chapters and books accessed. Search Terms for the literature review consisted of four predominant search areas:

1. Comparing child protection systems

2. Comparing child protection data
3. Comparison of child protection systems
4. Child protection systems + (Northern Ireland, England, Scotland, Wales, Canada, Norway, Australia and America)

Each of these phrases was altered to reflect each of the jurisdictions listed on Tusla's research proposal.