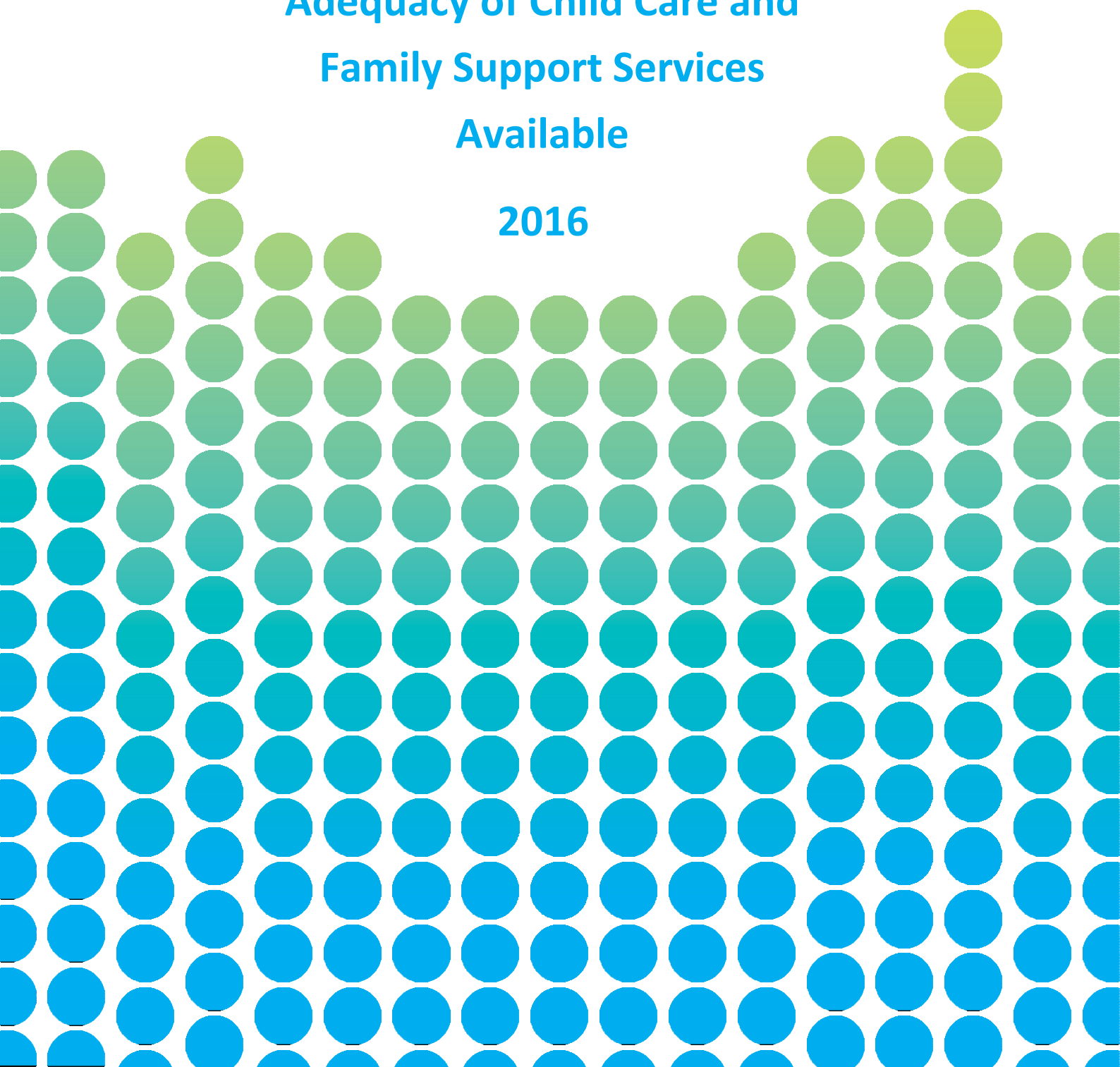




An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

**Annual Review on the  
Adequacy of Child Care and  
Family Support Services  
Available  
2016**



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## ACRONYMS USED

CAMHS	Child and Adolescent Mental Health Services
CFSN	Child and Family Support Network
CIS	Crisis Intervention Service
CPC	Child Protection Conference
CPNS	Child Protection Notification System
CPW	Child Protection and Welfare
CSO	Central Statistics Office
CSP	Calais Special Project
CYPSC	Children and Young People's Services Committees
DCYA	Department of Children and Youth Affairs
DML	Dublin Mid-Leinster
DNE	Dublin North East
DSGBVS	Domestic, Sexual and Gender-Based Violence Services
ECO	Emergency Care Order
EOHS	Emergency Out of Hours Service
FCO	Full Care Order
FRC	Family Resource Centre
FSS	Family Support Services
FWC	Family Welfare Conference
GNIB	Garda National Immigration Bureau
HIQA	Health Information Quality Authority
HSE	Health Service Executive
ICO	Interim Care Order
IRPP	Irish Refugee Protection Programme
MOU	Memorandum of Understanding
NGO	Non-Governmental Organisation
NSDF	National Service Delivery Framework
NCCIS	National Child Care Information System
NRP	National Review Panel
ORAC	Office of the Refugee Applications Commissioner
PPFS	Prevention, Partnership and Family Support
SCO	Special Care Order
SCSA	Separated Children Seeking Asylum

## ABBREVIATIONS

DSC	Dublin South Central
DSE/WW	Dublin South East/Wicklow
DSW/K/WW	Dublin South West/Kildare/West Wicklow
Midlands	Midlands
DNC	Dublin North City
Dublin North	Dublin North
LH/MH	Louth/Meath
CN/MN	Cavan/Monaghan
Cork	Cork
Kerry	Kerry
CW/KK/ST	Carlow/Kilkenny/South Tipperary
WD/WX	Waterford/Wexford
MidWest	MidWest
GY/RN	Galway/Roscommon
Mayo	Mayo
Donegal	Donegal
SLWC	Sligo/Leitrim/West Cavan

## TECHNICAL NOTES

- In this report, the term ‘children’ is used to describe all children under the age of 18 years other than a person who is or has been married. Where the term ‘young people’ is used, it generally refers to those over 18 years.
- During 2014, Dublin 15 transferred from Dublin North City administrative area to Dublin North administrative area, due to a reconfiguration of services in these two areas. This transfer should be noted when comparing year on year data for each of these areas.
- Data on children in care are not comparable with data for 2014 and previous years. This is due to a change in the definition of associated metrics to exclude children in respite care from home; prior to 2015, children in respite care from home were included in these metrics.
- In most tables the figures are presented as whole numbers while in some tables percentages are displayed to one decimal point. The rounding convention is as follows: any fractions of 0.5 and above are rounded up, anything less than 0.5 are rounded down. Due to this rounding, percentages may not total 100.
- Data presented in this report may vary from data previously reported and published due to the on-going validation of data that is done at a local level.

**July 2018**

## EXECUTIVE SUMMARY

Section 8 of the Child Care Act 1991 (as amended by the Child and Family Agency Act 2013) requires Tusla - Child and Family Agency (“the Agency”) to prepare an annual report on the adequacy of child care<sup>1</sup> and family support services available and submit it to the Minister for Children and Youth Affairs (“the Minister”) and other stakeholders. In preparing the report the Act states that the Agency shall have regard to the needs of children who are not receiving adequate care and protection.

The determination of adequacy presented in this report is based on performance and activity data routinely collated and published by the Agency and findings from inspection and investigation reports published by HIQA, the National Review Panel (NRP), Ombudsman for Children and Ombudsman along with other internal and external reports and reviews. The analysis identifies what we are doing well and highlights the challenges and shortcomings being experienced. Most importantly, it affords an opportunity to identify the means by which these challenges and difficulties can be addressed.

The establishment of Tusla was, and remains, a once-in-a-generation opportunity to reform children’s services to ensure that they are coordinated, safe, effective and child-centred. The commitment is to reorient towards a stronger focus on prevention, early intervention and building resilience that hands an appropriate level of power, control and responsibility to children, young people and families. Interagency collaboration is critical to ensuring that the services provided to children, families and communities are timely, proportionate and appropriate, to specific needs. A fundamental expectation of this reform is that children and families who come in contact with Tusla are better off as a result. As is evidenced in this report, Tusla has made significant inroads in achieving the service envisioned and is a testament to the commitment and enthusiasm of all staff providing services to children and families, both directly and indirectly.

In the context of this report key developments and initiatives include:

- Development and implementation of a National Service Delivery Framework – a single, transparent, consistent and accountable framework for the delivery of services to children and families;
- Development and roll-out of the Prevention, Partnership and Family Support programme of work designed to embed early intervention and prevention practices and service;
- Introduction of the National Child Protection Notification System (CPNS) which is accessible 24 hours a day, seven days a week by An Garda Síochána and specific medical personnel;
- Establishment of the Emergency Out of Hours Service (EOHS) which provides An Garda Síochána with access to social work consultation and advice as well as access to a local on-call social worker outside of normal working hours, a key action (No. 93) called for in the Ryan Report (2009);
- Development and roll-out of the long-awaited National Child Care Information System;
- Introduction of a Standardised National Aftercare Allowance for young people leaving care engaged in education/training which provides certainty and consistency for care leavers for the first time;

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<sup>1</sup> Child care in the context of child protection and welfare

- Development and support to victims of domestic, sexual and gender-based violence services;
- Establishment of Tusla Recruit to assist with recruitment and large scale recruitment campaigns;
- Development and implementation of a National Strategy for Continuing Professional Development Planning for all staff.

In 2016, Tusla's Child Protection and Welfare Service received 47,399 referrals, 9% (3,803) more than 2015 and the highest number for all years 2012 – 2016. This equates to about four for every 100 children (0-17 years) living in Ireland or about 130 referrals a day. While not all children referred require a response from social workers a significant amount of work goes into screening and processing these referrals and in many cases diverting them to other more appropriate services (e.g., family support services). At the end of December 2016, 25,034 children were being assessed or in receipt of support from social workers for child protection / welfare issues. This includes 6,267 children in the care of the Agency and 1,272 children "active" on the Child Protection Notification System. Other activity includes:

- 1,047 admissions into care (*figure based on complete returns from 16 areas and an incomplete return from the remaining area*)
- 1,224 discharges from care,
- 1,880 young people in receipt of aftercare services (December 2016); 45 more than 2015
- 4,893 foster carers (December 2016); 70 more than 2015
- 1,450 referrals to out-of-hours services; 142 more than 2015
- 30,980 children and 23,465 families referred to Family Support Services.

This is in addition to other services provided by the Agency (e.g. Educational Welfare Services, Early Year's Inspectorate) which are outside the scope of this report.

In terms of statutory requirements more than nine out of 10 children in care at the end of December 2016 had an allocated social worker (93%; 5,810/6,267) and an up-to-date care plan (94%; 5,861). The number of children with an up-to-date care plan is up four percentage points on 2015 with 212 fewer children awaiting an up-to-date care plan. Ninety-three percent (4,537) of foster carers (all types) were approved in accordance with regulations and 82% (3,376/4,134) of approved foster carers (general and relative) had an allocated link worker; up three percentage points on 2015 and seven percentage points on 2014. Similarly, almost nine out of 10 young people (18-22 years) in aftercare had an allocated aftercare worker (85%; 1,531/1,806) and aftercare plan (86%; 1,547/1,806).

Overall, the findings from internal and external reports indicate that the majority of children engaging in services receive a good service. Children at serious and immediate risk receive a timely response and emergency action is instigated when required. Families and children report that their experiences of services are positive and beneficial. For the most part, safeguarding and child protection practice is also found to be good and in line with Children First (2015). The standard of aftercare was also referred to as being good in a number of cases as was interagency working and relationships. Reports commonly refer to committed, experienced and well qualified staff.

Despite these positives, the data and information presented in this report highlight a number of weaknesses and areas for improvement across the system, many of which are being addressed. The quality of service experienced by children and families is not consistent across the country. At

the end of December 2016, there were 5,413 (78% of open cases) children awaiting allocation of a social worker of which 15% (801) were categorised as high priority, a key indicator of a responsive service. This inability to allocate social workers in a timely manner is compounded by a shortage of social workers to meet demand and the retention of social workers in child protection and welfare services. However, it should be noted, that although allocation of social workers is a continual challenge significant inroads have been made since the Agency was established (cases awaiting are down 44%; 4,329), due in no small part to efforts by management and staff and increased budget made available by the Government.

Other areas requiring improvement include:

- Access to HSE Child and Adolescent Mental Health Services (CAMHS) and disability services;
- Lack of suitable care placements and in particular for children from different cultural, ethnic and religious backgrounds;
- Managing behaviour that challenges and children engaging in at risk behaviour;
- Lack of specialist services for children displaying sexualised behaviour;
- Timely assessments, approval and reviews of foster carers;
- Deficiencies in the management of cases of retrospective abuse;
- Consideration of patterns of long-term neglect;
- Systems for the management, prioritisation and oversight of cases awaiting allocation to a named social worker;
- Interagency collaboration and co-operation;
- Management and accountability systems including risk management, recording and reporting practices, complaints management, Garda Vetting and training.

A small number of HIQA reports referred to premises not being fit for purposes and in breach of building regulations. This is in addition to the lack of data and information required for a more comprehensive assessment of the adequacy of services and in particular Family Support Services.

Notwithstanding, Tusla is committed to improving child protection and welfare services and is confident that it can deliver on this ambitious reform programme. Additional funding secured by the Minister coupled with the determination and commitment of the staff will assist greatly in this regard. Key actions for 2017 and beyond include the implementation of the Agency's first Child Protection and Welfare Strategy which includes a national approach to practice (*Signs of Safety*); development and implementation of a strategy for alternative care which will draw on best practice from other jurisdictions; introduction of protocols for better collaboration and cooperation with An Garda Síochána and other partner agencies, as well as strengthening systems for risk management, quality assurance, accountability and managerial oversight in a general sense.



# **CHAPTER 1**

## **INTRODUCTION**

## 1.1 INTRODUCTION

Tusla – Child and Family Agency (“the Agency”) holds statutory responsibility under the Child Care Act 1991 (“the Act”) and other legislation to safeguard children who are not receiving adequate care and protection. This means assisting vulnerable children who have been, or at risk of being abused, neglected or otherwise harmed, or whose parents are unable to provide adequate care or protection. The aim is to intervene early to provide a timely response that is appropriate and proportionate to the identified need.

Tusla does not do this on its own; it works in partnership with other statutory services, such as health, education, An Garda Síochána, local authorities, the voluntary sector and most importantly families and their communities.

In accordance with Section 8 of the Act (as amended by the Child and Family Agency Act 2013) the Agency is required to prepare an annual report on the adequacy of child care and family support services available and submit it to the Minister for Children and Youth Affairs (“the Minister”) and other stakeholders.

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

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

This report is submitted in fulfilment of that requirement. It builds on data and information published in previous reports which are available on the Agency’s website <http://www.tusla.ie/publications/review-of-adequacy-reports>

## 1.2 STRUCTURE OF THE REPORT

Following this introductory chapter the report is presented as follows:

**Chapter 2** provides some organisational context e.g., organisational structure, resources, socioeconomic backdrop

**Chapter 2** focusses on the child protection and welfare referral and assessment process

**Chapter 3** focusses on children in the care of the Agency

**Chapter 4** focusses on family support services

**Chapter 5** deals with other separate but related services provided by the Agency. These services include emergency out-of-hours services for children; services for children “out of home”; services delivered by the Social Work Team for Separated Children Seeking Asylum; adoption services and domestic and gender-based violence services.

**Chapter 6** provides a summary drawing on the data and information included in the report.

Additional information on organisational structure, function and other services delivered by Tulsa can be found in reports previously published along with the Agency's Business Plan and Annual Report for 2016 which are published on the Tulsa website.

For the purposes of this report data and information are drawn from the following main sources:

- Activity and performance indicator data collated by the Agency. These data are also used to identify trends and make comparisons across administrative areas.
- Internal and external monitoring and inspection reports along with other internal and external reports published in 2016.

This report is not a review nor an evaluation of the services discussed, but rather identifies where services are meeting the needs of children and families and where improvements are required.

The level of assessment of the adequacy of child and family support services available that is presented in this report is limited for a number of reasons including:

- The lack of data on the outcomes of children receiving child protection and welfare services including children in the care of the Agency. Ireland is no different to other jurisdictions in this respect. Organisations are not set up to record and measure this type of information and integration of data between relevant government agencies is not well developed.
- The way in which a good service is defined and measured is contentious. While the literature abounds with narrative descriptions of what good social work practice should look like, there is a scarcity of quantitative indicators that have been used systematically and "objectively" to measure quality. Similarly, there is a lot of consistency in the messages from the literature about the kind of organisational features that influence the quality of practice and the effectiveness of service delivery; that is workforce stability and engagement, leadership, inter-agency working, organisational culture and ICT systems. However, there is little consistency on how these features should be measured and limited robust evidence that these are the "right" features to monitor (La Valle, Holmes et al., 2016).
- Lack of data and information from children and families on their experience(s) of services.
- Lack of integrated data (i.e., unified view of data from different sources, for example activity data with staffing and budgetary data).
- Concerns regarding the quality and consistency of data collated across some aspects of the service.



## **CHAPTER 2**

# **ORGANISATIONAL CONTEXT**

## 2.1 ORGANISATIONAL STRUCTURE

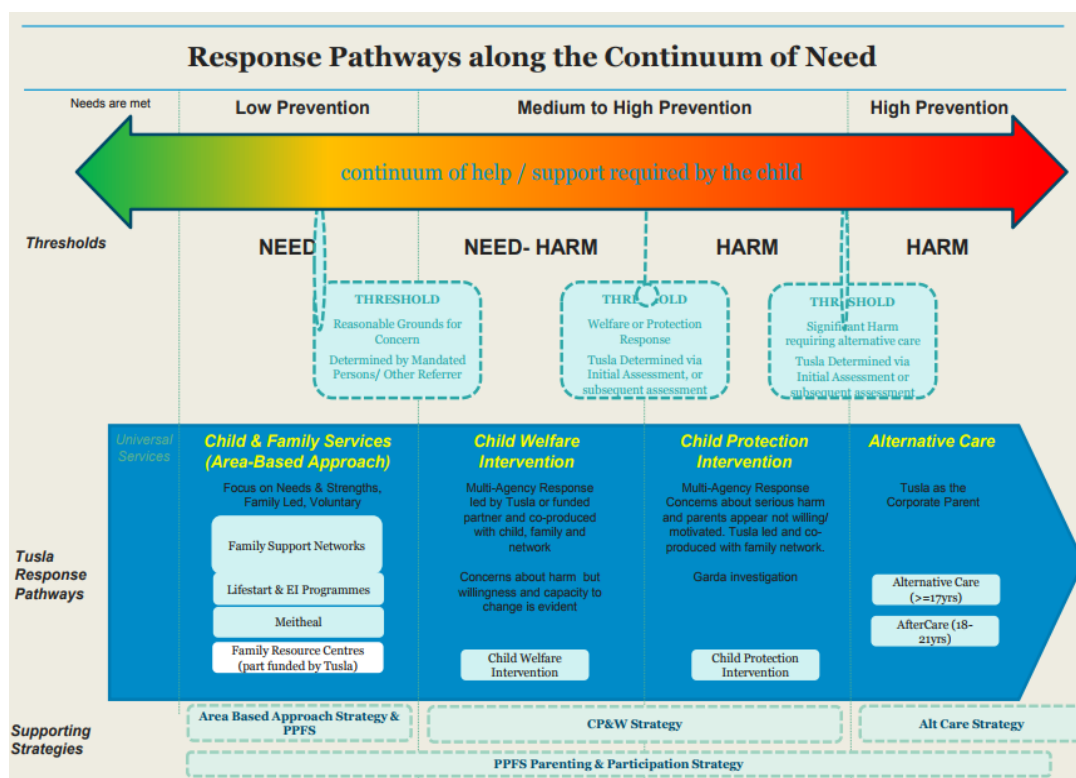
Tusla's Child Protection and Welfare Service, including services for children in the care of the Agency are delivered across 17 geographical areas, configured into four regions (Fig. 1). Each area is managed by an area manager and each region is managed by a service director. Area managers are responsible for the day-to-day operation of their respective area and report to the Service Director in their region. Service directors report to the Chief Operating Officer (COO) who in turn reports to the Chief Executive Officer (CEO). The CEO reports to the Chairperson of the Board and is responsible for leading the Agency in all of its day-to-day management decisions and for implementing the Agency's long and short term plans. The Board, consisting of a Chairperson, a Deputy Chairperson and seven Ordinary members, all appointed by the Minister for Children and Youth Affairs, is accountable to the Minister for the performance of its functions in accordance with Section 21 (3) of the Child and Family Agency Act 2013.



**Figure 1: Regional and Area Management Structure**

Service delivery in Tusla is guided by the Agency's overarching National Service Delivery Framework (NSDF) – a single, transparent, consistent and accountable framework for the delivery of services to children and families (Fig. 2). It provides for a co-ordinated, multi-disciplinary and multi-agency approach to the delivery of services, from universal and community services through to targeted support for those most in need of urgent assistance. The intent is that children will have access to the right service at the right time proportionate to their need whether that is a social

work response or a family support/community based response. Since the establishment of the Agency, there has been an increasing focus on early intervention and family support to help prevent families entering or re-entering the child protection and welfare system and to help minimise the need for more intrusive interventions. Further detail on the referral pathway for children requiring a social work response (medium to high prevention) is provided in Chapters 3 and 4 and for children and families requiring a family support / community based response is provided in Chapter 5.



**Figure 2: Tusla's National Service Delivery Framework**

## 2.2 RESOURCES

Considerable resources go into safeguarding children. In 2016, Tusla received a budget of €662.5 million (non-capital) from the Department of Children and Youth Affairs (DCYA), an increase of €31.5 million over the 2015 allocation. Provision was also made for capital expenditure of €13.56 million. Additional funding has been secured by the Minister each year since the Agency was established (including 2017) reflecting the Government's commitment to improving services for children and families. The net non-capital determination for 2016 was €645.413 million; the maximum approved expenditure limit. Expenditure must be strictly managed within this limit. The make-up of the financial allocation for 2016 is set out in Table 1.

**Table 1: Financial allocation for 2016**

Category	Allocation (€m)
Pay	245.494
Foster Care and Other Allowances	120.766
Private Residential and Foster Care	92.589
Legal (incl Guardian ad Litem costs)	29.000
Grant Arrangements under Section 56	141.754
Other Non-pay	34.879
<b>Gross Allocation</b> (DCYA 662.48) (Atlantic Philanthropies 2.000)	<b>664.482</b>
Appropriation in Aid	(19.069)
<b>Net Allocation</b>	<b>645.413</b>
Capital Allocation	13.560

The provision of high quality social work services relies upon a well-trained, supported and motivated workforce. At the end of 2016, there were 1,458 whole time equivalent (WTE) social workers and 1,119 social care staff working in Tusla, accounting for almost three-quarters (72%; 2,577) of the total workforce (3,597) (Table 2). The total headcount for the Agency was 4,045. It has been well documented that recruitment and retention of social workers in child protection and welfare services is an on-going challenge for Tusla. Demand for permanent experienced social workers is outstripping supply resulting in a high number of vacancies and a heavy reliance on agency staff. This instability undermines the continuity of relationships for service users and cuts through the core of relationship-based practice. Similar shortages are being experienced in other jurisdictions including England, USA, Canada and Australia.

In an effort to address the staffing deficit Tusla has embarked on large scale recruitment campaigns both in Ireland and in other jurisdictions including Northern Ireland and Scotland. It has established its own recruitment service called Tusla Recruit to deal with the level of recruitment required and to engage directly with third level institutions to promote Tusla as an employer of choice. It is exploring alternative skills mix incorporating social care and administration staff. It is also anticipated that the current refocusing of professional practice (Child Protection and Welfare Strategy, 2017) on direct work with children and families will over time have a positive impact on staff retention.

**Table 2: Workforce by WTE and grade group, December 2016**

Staff by Grade	Total (WTE)	%
Social Work	1,457.67	41%
Social Care	1,119.37	31%
Admin / Management	625.03	17%
Family Support	162.61	5%
Other Staff Grades	146.37	4%
Educational Welfare	86.22	2%
<b>Total</b>	<b>3,597</b>	<b>100%</b>

## 2.3 QUALITY ASSURANCE AND OVERSIGHT

Services provided by Tusla are the subject of robust scrutiny, audit and regulation both internally from Tusla's Quality Assurance Directorate and externally from agencies such as Health Information Quality Authority (HIQA), the national professional regulator for social care workers (CORU), the Office of the Ombudsman for Children, the Ombudsman, the Office of the Information Commissioner and the Data Protection Commissioner. Tusla is also accountable to the Board and its various sub-committees, the DCYA and members of Dáil Éireann through parliamentary questions, representations and Oireachtas Committees.

Reports in respect of Tusla's functions, including detailed reporting on child protection and welfare services including children in care are also provided to the DCYA for scrutiny on a monthly, quarterly and annual basis. These reports provide evidence of improvements and highlight challenges and areas where further improvement is required. They also form the basis for regular performance and review meetings between Tusla and the DCYA. From inception Tusla has made considerable efforts to be open and transparent in all communication about its responsibilities and activities.

Since establishment a significant body of work has been undertaken by the Agency and continues in the areas of governance, risk management, quality assurance and use of information for planning, monitoring and improving responses to children and their families. The ability of Tusla to deliver high-quality, timely and responsive services to children requiring a child protection and welfare response, including children in its care is underpinned by its capacity and capability in these areas.

As part of this work, Tusla has established a quality assurance and monitoring team that proactively reviews the quality of services and provides internal assurance on the performance of services to the Tusla Senior Management Team and Board. This involves conducting quality reviews, audits, and verification visits. This process supports continuous quality improvement, the identification of risk, and provides an independent mechanism for the evaluation of services outside of operational management. Working closely with service managers, the Quality Assurance and Monitoring Team uses an intelligence led approach, including HIQA and other inspection reports, to target its activity, focusing on service improvement and action planning. This work is underpinned by the Agency's Quality Improvement Framework. The Framework defines what a quality service looks like, provides a system to assess quality and a mechanism to make improvements. Further details on the [Quality Improvement Framework](#) can be accessed on the Tusla website.

## 2.4 INTERAGENCY WORK

Although Tusla takes the lead role for ensuring children are safe and their needs are met, it cannot achieve this on its own and relies heavily on co-operation and joint working with a range of partner agencies and key stakeholders. Statutory service providers such as the Health Service Executive (HSE), An Garda Síochána, the Department of Social Protection, local authorities, the Department of Education and Skills (DES), housing bodies and the community and voluntary sector all have a responsibility and contribution to make. This is a central tenet of the overarching policy document "Better Outcomes, Brighter Futures: the National Policy Framework for Children and Young People (2014 – 2020)" published by the DCYA in 2014.

Tusla recognises that in order to be able to deliver integrated, consistent supports and services to children, young people and families, there is a requirement for greater inter-agency and cross-sectoral co-operation and collaboration. A consistent theme emerging from case reviews, inquiries and policy developments is that services for children and young people could be improved if statutory agencies worked more effectively together. Almost every inquiry into serious cases of child abuse in Ireland and elsewhere, including cases where children have died has highlighted the lack of information sharing across key agencies as a key contributing factor to things going wrong. Appropriate and responsible information sharing is the cornerstone of all child protection systems. Appropriate interface and referral pathways between the Agency and partner agencies are required to ensure that the needs of children and their families are at the centre of service delivery. For supports outside of Tusla's core remit, the Agency is fully committed to working collaboratively and constructively with all relevant parties to ensure that the needs of Ireland's children and families are addressed.

Tusla is in the process of updating its protocols for inter-agency collaboration in place with the HSE and An Garda Síochána. In terms of the HSE particular emphasis is on ensuring children in care have priority access to disability and mental services and transition planning to adult-hood. Issues regarding access to these services have been highlighted in National Review Panel<sup>2</sup> reports into child deaths and serious incidents. Tusla is also engaging with health services in the planning and design of enhanced therapeutic services through the provision of community-based psychological services to children.

Tusla is also in the process of implementing Meitheal, a national early intervention practice model for all agencies working with children, young people and families. Meitheal is an old Irish term that describes how neighbours would come together to assist in the saving of crops or other tasks. In this context Meitheal is an early intervention, multi-agency (when necessary) response tailored to the needs of an individual child or young person. The core aim of the approach is that support and assistance is provided in an integrated and coordinated way that is easily accessible by children and families. This multi-agency approach seeks to harness the expertise, knowledge, skills and targeted resources to meet the needs of children at the earliest opportunity. It is designed to meet the needs of children who do not reach the threshold for social work intervention and is based on the principle of individualised support, and designed specifically for each child. Positive experiences and outcomes from this practice model are beginning to emerge, in addition to evidence of improved working relationships between practitioners both within Tusla and partner agencies. Refer to Chapter 5 for further detail.

Another good example of where Tusla is involved in interagency working is its work with Children and Young People's Services Committees (CYPSC). Children and Young People's Services Committees (CYPSC) are a key structure identified by Government to plan and co-ordinate services for children and young people in every county in Ireland. The overall purpose is to improve outcomes for children and young people through local and national interagency working. CYPSC

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<sup>2</sup> The National Review Panel (NRP) is commissioned by Tusla, but is functionally independent. Its purpose is to conduct reviews of child deaths and serious incidents and produce reports that are factually based and identify points of learning with a view to improving the quality of services provided to children and families. The panel consists of independent professionals from a range of disciplines who are engaged for their professional expertise. <http://www.tusla.ie/national-review-panel>

are county-level committees that bring together the main statutory, community and voluntary providers of services to children and young people. They provide a forum for joint planning and co-ordination of activity to ensure that children, young people and their families receive improved and accessible services. Their role is to enhance interagency co-operation and to realise the five national outcomes set out in Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014 - 2020 (DCYA 2014).

## 2.5 SOCIO-ECONOMIC BACKDROP

In 2016, there were some 1,190,502 children (0-17 years) living in Ireland (Census 2016), an increase of 4% (41,815) on 2011 and 15% (154,468) on 2006 (Table 3). Children under the age of 18 years accounted for one in four (25%) of the total population for 2016 (4,761,865). There were 1.2 million families<sup>3</sup> living in Ireland in 2016 an increase of 3.3% over five years.

**Table 3: 0-17 years population by age group, 2006, 2011 and 2016**

Age Group	2006	2011	2016	% Δ 2016 v 2006	% Δ 2016 v 2011
<b>0-4</b>	302,252	356,329	331,515	10%	-7%
<b>5-9</b>	288,325	320,770	355,561	23%	11%
<b>10-14</b>	273,872	302,491	319,476	17%	6%
<b>15-17</b>	171,585	169,097	183,950	7%	9%
<b>Total</b>	<b>1,036,034</b>	<b>1,148,687</b>	<b>1,190,502</b>	<b>15%</b>	<b>4%</b>

Some 63,897 births were registered in 2016, 32,819 male births and 31,078 female births, a decrease of 2,012 on 2015. The 2016 total is 0.5% lower than 2006 when 64,237 births were registered. Births registered equate to a rate of 13.5 births for every 1,000 of the population; the highest rate in the EU and well above the average of 10 births per 1,000 inhabitants ([EuroStat 2017](#)).

In 2016, 11.1% of children (aged 0-17) lived in consistent poverty. This equates to approximately 138,949 children or one in nine children (EU SILC 2016). Consistent poverty means that these children are living in households with incomes below 60% of the national median income and experiencing deprivation based on the agreed 11 deprivation indicators. This can mean going 24 hours without a substantial meal or being cold because parents are unable to afford to heat the home. Poverty affects every aspect of a child's life having short and long term consequences on their health, education outcomes and life chances. The proportion of children living in consistent poverty in Ireland almost doubled during the economic recession from 6.3% in 2008 to 11.2% in 2014. The child poverty rate has not changed significantly over the last two years despite continued growth in the economy, an increase in average incomes and a fall in unemployment.

Ireland's homeless crisis continued to deepen in 2016 with 7,148 people in emergency accommodation in the last week of December 2016, an increase of 36% year-on-year, and a 91% increase on the figures seen two years ago (Department of Housing, Planning and Local Government). Nationally, there were 4,643 adults and 2,505 children homeless meaning almost 1

<sup>3</sup> Families are defined as couples with or without children, or one parent with children (CSO)

in 3 people experiencing homelessness in Ireland was a child, an increase of 55% (889) on December 2015.

Tusla has a role in relation to child homelessness under the Child Care Act 1991 and Children First. It is working with relevant services in order to maximise the supports available to families and to ensure that all professionals are aware of their obligation to be vigilant in relation to child protection. Where there are no welfare or protection concerns, Tusla's role is to provide family support where this is required. Tusla has agreed a joint protocol with the Dublin Regional Homeless Executive which covers child welfare and protection matters for children in emergency accommodation. It is fully operational in the Dublin area and it is intended to roll it out across the State. Tusla is also funding child support workers for this purpose and has appointed a homelessness liaison officer to lead Tusla's engagement with other services, particularly in relation to child protection. School Completion Programmes have been asked to prioritise homeless children for services such as breakfast and homework clubs. Guidance is also being prepared for Home School Community Liaison and School Completion staff on helping children and families experiencing homelessness to maintain regular school attendance.

It is against this backdrop that Tusla is striving to provide services. The evidence shows that there is a strong association between family poverty and a child's chance of suffering child abuse or neglect (Joseph Rowntree Foundation, 2016). Adverse events in childhood, including abuse and neglect, can be associated with a negative effect on adult economic circumstances. In societies where there are higher chances of child abuse and neglect, this is likely to lead to higher referral rates to child protection and welfare services.

Other useful data and information on children's lives can be found in the "State of the Nation's Children" ["State of the Nation's Children"](#) reports published by the DCYA.

## **CHAPTER 3**

# **CHILD PROTECTION AND WELFARE SERVICES**

# CHILD PROTECTION AND WELFARE SERVICES

## Key Messages

- In 2016 there were 47,399 referrals to Tusla's Child Protection and Welfare Service, the highest number for all years 2012 – 2016. This equates to about four for every hundred children living in Ireland. The highest number of referrals (about one in four) was from An Garda Síochána, a similar pattern to previous years. The majority of referrals (60%) were for welfare concerns; four in ten flagged concerns of abuse/neglect. Emotional abuse was the most common type of abuse reported, accounting for over a third (36%) of abuse referrals and has shown a year on year increase from 2013. A preliminary enquiry was done on 98% of referrals and two-thirds of these were done within 24 hours of receipt of referral. An initial assessment was recommended for 43% of referrals and 15% of these were done within 21 days of receipt of referral. Referrals not requiring an initial assessment were diverted to other more appropriate services or closed out (requiring no further action). At the end of December 2016, there were 25,034 cases open to social work; two for every 100 children living in Ireland. Almost eight in ten were allocated to a social worker; 5,413 were awaiting allocation, a high number but a significant improvement on 2014 when the Agency was established. A total of 1,272 children were "active" on the CPNS; one for every 1,000 children living in Ireland.
- Inspections find that once children are allocated a social worker the majority receive a good service. Children who are identified as being at serious and immediate risk receive a timely service and emergency action is instigated when required. In the main, families and children report that their experiences of the service are positive and beneficial. Children's rights are generally well promoted with views of children and families being sought and respected. HIQA inspection reports commonly refer to committed, experienced and well qualified staff.
- Notwithstanding, findings indicate that the quality of service is often dependent on the area where the child is receiving the service. The allocation of social workers and the timely completion of assessments continue to be a particular challenge for some areas. The quality of assessments and consistency of practice (e.g., application of thresholds) has been found to vary across areas. Other weaknesses include deficits in systems for the management and oversight of cases awaiting allocation as well as other systems for risk management, quality assurance and information management.
- There is also a need for additional data and analysis on the referral and assessment process to get a better understanding of who is making reports, reasons for reporting, outcomes of the screening and assessment process, the quality of assessments along with an examination of re-referrals.
- In an effort to address deficits in the child protection and welfare system the Agency has commenced the development of a Child Protection and Welfare Strategy which encompasses a national approach to practice (i.e., Signs of Safety Model). Among other things it is expected that this strategy will enable one uniform assessment and intervention approach to be used across the country. It will support collaborative and effective engagement with families in addressing the harm children may have experienced.

### 3.1 INTRODUCTION

A referral / report is the first stage of the child protection and welfare process. It is a request for services to be provided and can be made by anyone who has concerns about the safety or welfare of a child. Reports or referrals of a concern about a child are received by social work staff working on duty/intake teams in Tusla's 17 local offices. On receipt of a referral the first consideration for these teams is the immediate safety of the child and whether immediate protective action is required.

The actions to be taken by staff on receipt of a referral are outlined in the national guidelines (Children First: National Guidance for the Protection and Welfare of Children, DCYA 2017<sup>4</sup>) and Tusla's standard business processes for Child Protection and Welfare Services' Social Work Departments (HSE, 2009) along with other supplementary protocols and procedures implemented by the areas. A simplified version of the main processes is described in Box 2.1.

These actions include making preliminary enquiries to determine if the concern meets the need for social work intervention. Referrals requiring social work intervention are assigned a social worker who conducts an initial assessment (and further assessment, where required) and works with the child and family to ensure the child(ren) is protected and safe. Referrals not requiring social work intervention are closed or diverted to other more appropriate services. Referrals are generally classified as either child protection<sup>5</sup> or child welfare<sup>6</sup>.

The purpose of assessment is to determine whether there is harm or future harm and if there is any existing safety present to address this harm. An initial assessment will recommend whether the child requires a child welfare safety plan; a child protection plan, or whether the harm to the child is at a level where removal from the care of their parents is required until such time as a safety plan can be established. The initial assessment can also determine whether the referral can be closed or diverted to an early intervention response that does not require social work intervention such as a needs led approach like Meitheal (refer to Chapter 5 for details).

If following assessment a child protection plan is recommended (i.e., the child is considered to be at continuing risk and still residing with his or her parents/carers) a child protection conference<sup>7</sup> is convened to discuss the case. If it is agreed at the conference that the child should have a formal child protection plan, the plan is formulated and his or her name and details are entered on the national Child Protection Notification System (CPNS). Introduced in October 2015, the CPNS is a securely held national record of all children who are the subject of a child protection plan agreed at a child protection conference. It exists to enable the effective sharing of information between professionals working with vulnerable children and families. Access to the CPNS is strictly

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<sup>4</sup> Children First: National Guidance for the Protection and Welfare of Children, DCYA 2017 is based on the Children First Act 2015 and replaces all previous guidance documents.

<sup>5</sup> A child protection concern is where there are reasonable grounds for believing that a child may have been, is being or is at risk of being physically, sexually or emotionally abused or neglected (Child Protection and Welfare Handbook, HSE 2011).

<sup>6</sup> A child welfare concern is a problem experienced directly by a child, or by a family of a child, that is seen to impact negatively on the child's health, development and welfare, and that warrants assessment and support, but may not require a child protection response (Child Protection and Welfare Handbook, HSE 2011).

<sup>7</sup> A Child Protection Conference (CPC) is an interagency and inter-professional meeting, convened by the designated person in the area. The purpose of a Child Protection Conference is to facilitate the sharing and evaluation of information between professionals and parents/carers, to consider the evidence as to whether a child has suffered or is likely to suffer significant harm, to decide whether a child should have a formal Child Protection Plan and if so to formulate such a plan

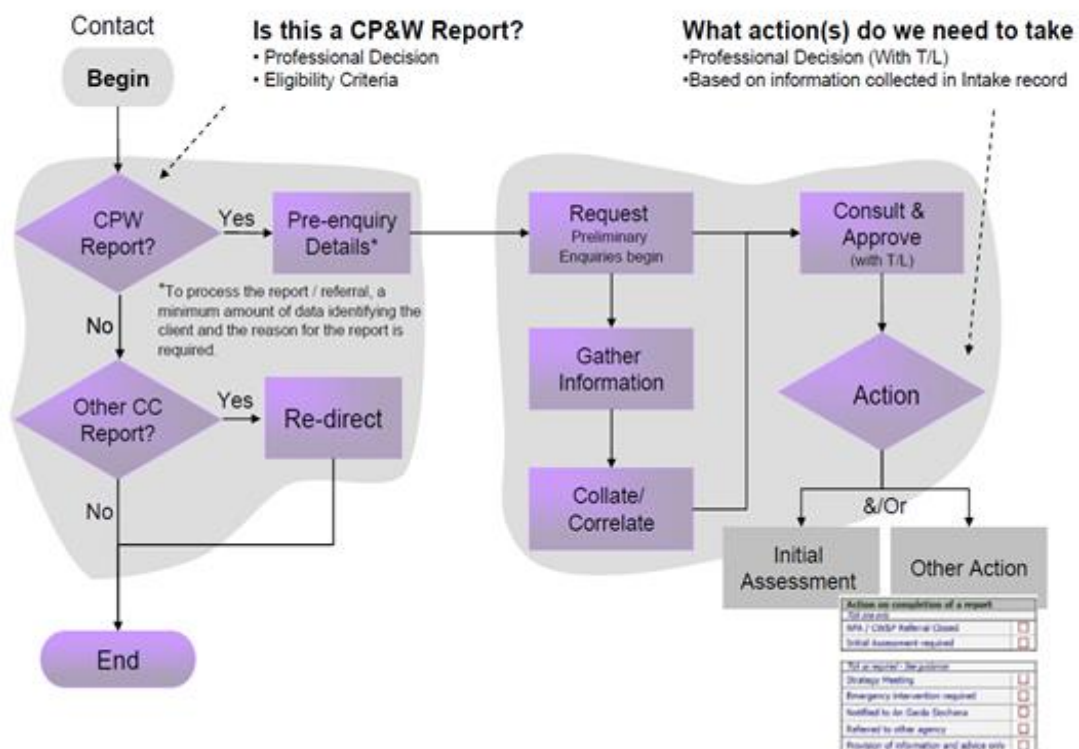
controlled and is confined to Gardaí, hospital emergency department staff, maternity hospital and out of hours general practitioners. Stand-alone local systems were in place prior to the introduction of this national system in 2015. Reviews of children listed on the CPNS must occur at intervals of not more than six months. A child will be listed as inactive on the CPNS if it is established at a review conference that the child is no longer at on-going risk of significant harm.

If a child's need for protection cannot be met by their parents, emergency action may be taken; for example, placement with relatives or other forms of foster or residential care. This takes place in only a small percentage of cases coming to the attention of Tusla (refer to Chapter 4 for more information). Where it does happen, it is frequently agreed on a voluntary basis with a child's parents or guardians. If no agreement is reached, an application is made to the court under Part IV of the Child Care Act 1991, where a judge makes a determination about the child's need for protection and may make a care order.

### Box 2.1: Referral Process

There are two steps to the Referral Process. The screening step is concerned with screening out those enquiries, reports, requests for service etc. that do not belong to the Child Protection and Welfare Social Work Team and recording the details provided by the reporter for those that do. The preliminary enquiries step is concerned with substantiating the details provided by the reporter e.g. verify reporters phone number, child's address, concern, check if the child is already known to the service, other network checks etc.

#### Screening & Preliminary Enquiries Chart (Overview)

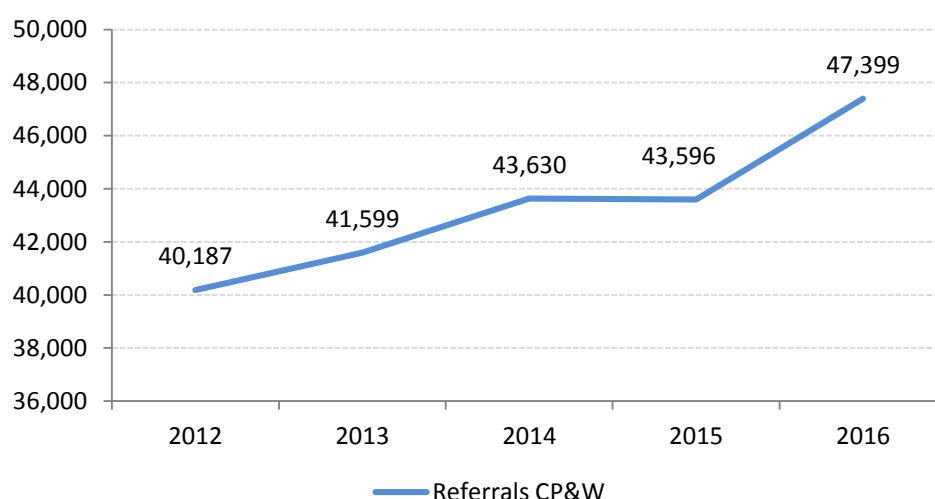


## 3.2 FACTS AND FIGURES

### 3.1.1 Number of Referrals

In 2016, local offices received 47,399 child protection and welfare referrals – an average of 130 a day. This figure equates to about four for every 100 children under 18 years living in Ireland (Census 2016). *More than one referral can be received in relation to a child and as a result the number of children involved is likely to be fewer than the number of referrals.*

Referrals for 2016 were up 9% (3,803) on 2015 and the highest number recorded for all years 2012 – 2016 (Fig. 3). The reason(s) for the increase in referrals is not well understood but most likely reflects a combination of socioeconomic and other factors. For example, the coincident increase (4%; 41,815) in the 0-17 years population over same period; an increase in awareness of concerns about the safety of a child (e.g., Children First Act 2015 or other media attention); an increase in the levels of concern about the safety of children and/or local practice in terms of applying thresholds. Issues regarding the screening of referrals were identified in various audits and reviews conducted and are being addressed through the implementation of actions from these audits and reports.



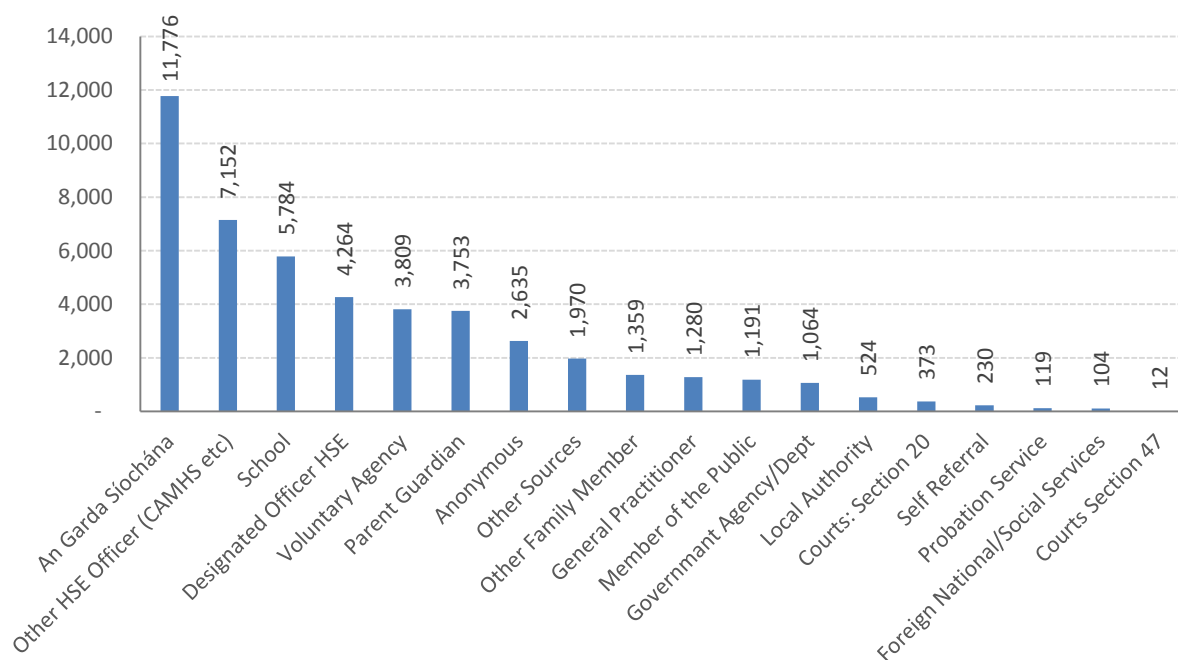
**Figure 3: Referrals to Tusla's Child Protection and Welfare Services, 2012 – 2016**

Source: Tusla Quarterly Data Returns

### 3.1.2 Source of Referrals

The most common source of referrals in 2016 was An Garda Síochána, accounting for one in four (25%; 11,776) referrals (Fig. 4). The next most common source was “Other HSE Officer”<sup>8</sup> (15%; 7,152) and when combined with “Designated Officer HSE” (9%; 4,264) accounted for a further 24% (11,416) of referrals. A breakdown of referrals by source for the years 2014 – 2016 is presented in Table 48; Appendix 1. An Garda Síochána was the most common source of referrals for all years 2014 – 2016 followed by “Other HSE Officer”.

<sup>8</sup> Other HSE Officer refers to all staff other than those appointed as Designated Officers under the Protections for Persons Reporting Child Abuse Act 1998. Refer to Appendix 10 of Children First: National Guidance for the Protection and Welfare of Children (DCYA 2011) for list of HSE Designated Officers.

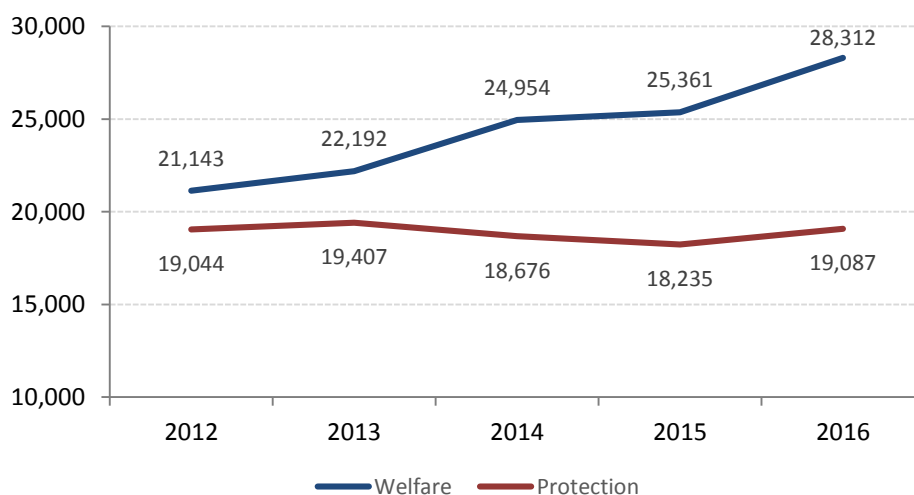


**Figure 4: Source of referrals to Child Protection and Welfare Services, 2016**

Source: Tusla Quarterly Data Returns

### 3.1.3 Type of Referrals

Sixty per cent (28,312) of referrals for 2016 were for welfare concerns, while the remaining 40% (19,087) were for child protection concerns, where there were grounds to believe that there was a risk of physical, sexual or emotional abuse or neglect (Fig. 5). Referrals for welfare concerns have increased year on year and are up 34% (7,169) on 2012. Child protection referrals although up 5% (852) on 2015 have shown no significant change since 2012. The reason(s) for the increasing trend in welfare referrals requires further examination.



**Figure 5: Breakdown of referrals by type (welfare and protection), 2016**

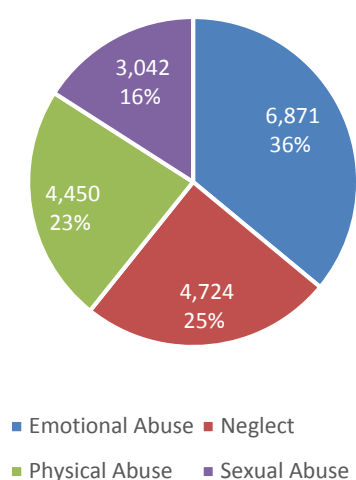
Source: Tusla Quarterly Data Returns

### 3.1.4 Child Protection Referrals by Type

The most common type of abuse reported is emotional abuse accounting for more than one in three (36%; 6,871) child protection referrals in 2016 (Fig.6 and Table 4). This was followed neglect accounting for one in four (25%; 4,724) referrals and physical abuse accounting for just under one in four (23%; 4,450) referrals. Sexual abuse was the least common type of abuse reported, comprising 16% (3,042) of referrals.

Referrals categorised as emotional abuse are showing a year on year increase and are up 10% (638) on 2014. In contrast referrals categorised as neglect are showing a year on year decrease and are down 10% (539) on 2014.

**Figure 6: Referrals by category of abuse, 2016**



**Table 4: Referrals by category of abuse, 2014 - 2016**

Category	2014	2015	2016	$\Delta$ (+/-) 2016 v 2015
Physical	4,066 (22%)	3,991 (22%)	4,450 (23%)	+459 (+12%)
Emotional	6,233 (33%)	6,535 (36%)	6,871 (36%)	+336 (+5%)
Sexual	3,114 (17%)	2,940 (16%)	3,042 (16%)	+102 (+3%)
Neglect	5,263 (28%)	4,769 (26%)	4,724 (25%)	-45 (<1%)
<b>Total</b>	<b>18,676</b>	<b>18,235</b>	<b>19,087</b>	<b>+852</b>

### 3.1.5 Referrals by Area

The number of referrals varies widely across the 17 areas and ranged from 5,908 in the Cork area to 771 in the Sligo/Leitrim/West Cavan area (Table 5). The rate of referrals per 1,000 population under 18 years ranged from 68 per 1,000 population in the Midlands area to 22 per 1,000 population in the Donegal area. Cork with the highest population ranked fifth highest (out of 17) in terms of rate while Sligo/Leitrim/West Cavan with the smallest population ranked seventh lowest in terms of rate.

While the main reason for the variation in referral rates is likely to be socioeconomic, issues with the screening of referrals have been identified in a small number of areas. In these areas reports not eligible for child protection and welfare services were being recorded. The availability of family support and other early intervention services in areas is also a significant factor.

For these reasons wider inferences should not be drawn from these data. More rigorous application of the standard business processes is expected as recommendations from audit reports are implemented. The impact of socioeconomic factors on referral rates also requires further examination.

**Table 5: Number and rate of referrals by area, 2016**

Area	0-17 years population	Referrals 2016	Rate/1,000 population
Dublin South Central	65,564	1,729	26
Dublin South East / Wicklow	86,810	2,016	23
DSW/K/WW	108,186	3,087	29
Midlands	80,193	5,435	68
Dublin North City	44,927	2,739	61
Dublin North	100,654	4,324	43
Louth / Meath	93,093	3,095	33
Cavan / Monaghan	36,446	1,026	28
Cork	134,015	5,908	44
Kerry	34,527	1,157	34
Carlow / Kilkenny / St. Tipperary	63,009	2,915	46
Waterford / Wexford	68,513	4,006	58
Midwest	96,266	4,157	43
Galway / Roscommon	79,912	3,253	41
Mayo	31,968	859	27
Donegal	42,865	922	22
Sligo / Leitrim / West Cavan	23,554	771	33
<b>National</b>	<b>1,190,502</b>	<b>47,399</b>	<b>40</b>

Source: Tusla Quarterly Data Returns

A breakdown of referrals for the years 2014 – 2016 by area is presented in Table 49, Appendix 1. Eleven of the 17 areas reported an increase from 2015 with the highest increase reported by Midlands (940) followed by Cork (748) and Louth/Meath (724). The greatest decrease was reported by Sligo/Leitrim/Roscommon (278).

### 3.1.6 Referral Process

A preliminary enquiry was done on 98% (46,448) of referrals in 2016 (no change from 2015) and of these two-thirds (66%; 30,661) were completed within the 24 hour timeframe recommended in the standard business processes for the management of referrals; up one percentage point on 2015 (Table 6). A breakdown of referrals that had a preliminary enquiry and number done within 24 hours by area is presented in Table 50; Appendix 1.

**Table 6: Referral process - preliminary enquiries, 2016**

Year	# Referrals	# Preliminary enquiries	% Preliminary enquiries	# Done within 24 hours	% Done within 24 hours
<b>2016</b>	47,399	46,448	98%	30,661	66%
<b>2015</b>	43,596	42,579	98%	27,483	65%
<b>2014</b>	43,630	41,382	95%	26,236	63%

Source: Tusla Quarterly Data Returns

An initial assessment was recommended for 43% (20,117) of referrals (following the preliminary enquiry); down five percentage points on 2015 (Table 7). Referrals not requiring social work intervention are diverted at various stages during the process to other more appropriate services (e.g., family support services) or closed if no action is required. Additional data is required to examine the reason(s) for the 47% of referrals not requiring an initial assessment and the outcome of these referrals.

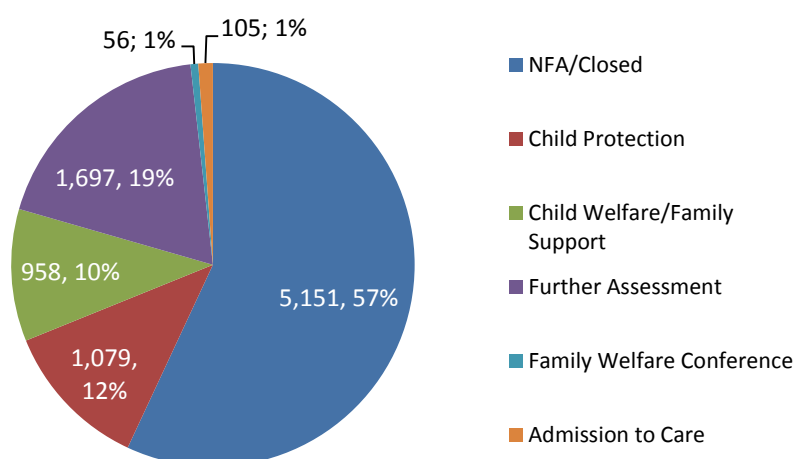
Fewer than one in six (15%; 2,978) initial assessments was completed within the 21 day timeframe recommended in the standard business processes. In many cases the low percentage has been attributed to delays in the administrative sign-off of the assessment by the team leader, due to other demands. Resources are also deployed to children at immediate risk and requiring an urgent response resulting in assessments for the less urgent cases exceeding the recommended timeframes. A breakdown of referrals proceeding to initial assessment and number done within 21 days by area is presented in Table 51; Appendix 1.

**Table 7: Referral process - initial assessments, 2016**

Year	# Preliminary Enquiries	# Proceeding to IA	% Proceeding to IA	# Completed within 21 days	% completed within 21 days
2016	46,448	20,117	43%	2,978	15%
2015	42,579	20,388	48%	3,343	16%
2014	41,382	21,010	51%	4,002	19%

Source: Tusla Quarterly Data Returns

The outcome of initial assessment was recorded for 9,046 cases and of these the majority (57%; 5,151) required no further action/closed (Fig. 7). Just over one in ten (12%; 1,079) required a child protection response while one in a hundred required admission to care. The high level of attrition requires further examination.



**Figure 7: Outcome of initial assessment, 2016**

Source: Tusla Quarterly Data Returns

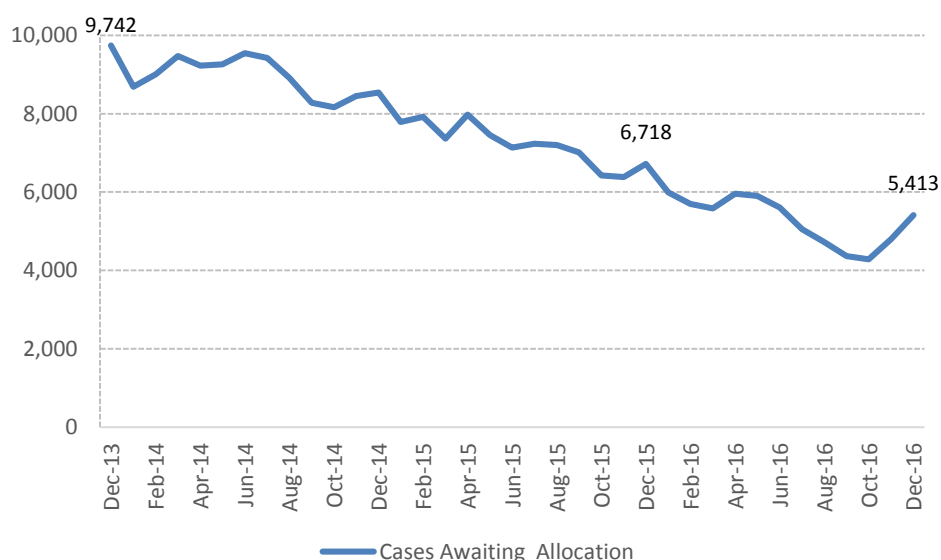
### 3.1.7 Cases Open to Social Work

This section provides data on the number of cases being managed by social workers. The number of open cases includes all children requiring social work support including children in the care of the Agency and children “active” on the CPNS. Open cases includes those allocated and awaiting allocation to named social worker. It is Tusla policy that all children requiring social work intervention are allocated a named social worker. Significant progress has been made in reducing the number of cases awaiting allocation of a named social worker reflecting the continual focus and efforts made to deploy resources to this area. It is important to note that cases awaiting allocation to a named social worker are kept under continual review and where the risk is high there is immediate allocation.

At the end of December 2016, there were 25,034 cases open to social work; 1,621 (6%) fewer than 2015 and 2,933 (10%) fewer than 2014. As open cases are recorded on a per child basis we can say that 2% of children under 18 years living in Ireland were in receipt of a social work service (for child protection and welfare concerns) and about 0.5% (6,267) were in the care of the Agency (refer to Chapter 4 for further details on children in care).

At the end of December, almost eight out of 10 (78%; 19,621) open cases were allocated to named social worker; up three percentage points on 2015 (75%; 19,937) and nine percentage points on 2014 (69%; 19,425).

The remaining 22% (5,413) were awaiting allocation of a named social worker, some 1,305 (19%) fewer than December 2015 and 4,329 (44%) fewer on December 2013 when the Agency was established (01 January 2014) (Fig 8). The steady decline in cases awaiting allocation was impacted in late 2016 by an increasing number of referrals and compounded by a slower than expected level of recruitment and on-going difficulty in retaining social workers in child protection services.



**Figure 8: Cases awaiting allocation to a named social worker by month, Dec 2013 - Dec 2016**

Source: Tusla Quarterly Data Returns

An area breakdown of cases open to social work by allocation status is presented in Table 8. The highest number of cases awaiting allocation was reported by Dublin North (1,021; 33% of open cases) followed by Dublin South West/Kildare/West Wicklow (860; 41% of open cases). These two areas along with Cork (595; 15% of open cases) accounted for almost half of all cases awaiting allocation. All cases were allocated in Kerry and Mayo.

**Table 8: Area breakdown of cases open to social work by allocation status, December 2016**

Area	Open cases	# Allocated	% Allocated	# Awaiting Allocation	% Awaiting Allocation
Dublin South Central	1,243	948	76%	295	24%
Dublin South East / Wicklow	1,148	919	80%	229	20%
DSW/K/WW	2,116	1,256	59%	860	41%
Midlands	1,521	1,183	78%	338	22%
Dublin North City	1,633	1,409	86%	224	14%
Dublin North	3,106	2,085	67%	1,021	33%
Louth / Meath	1,486	1,187	80%	299	20%
Cavan / Monaghan	594	481	81%	113	19%
Cork	3,878	3,283	85%	595	15%
Kerry	489	489	100%	0	0%
CW/KK/ST	1,265	995	79%	270	21%
Waterford / Wexford	1,527	1,224	80%	303	20%
Midwest	1,656	1,293	78%	363	22%
Galway / Roscommon	1,552	1,185	76%	367	24%
Mayo	546	546	100%	0	0%
Donegal	799	763	95%	36	5%
Sligo /Leitrim / West Cavan	475	375	79%	100	21%
<b>National</b>	<b>25,034</b>	<b>19,621</b>	<b>78%</b>	<b>5,413</b>	<b>22%</b>

Source: Tusla Quarterly Data Returns

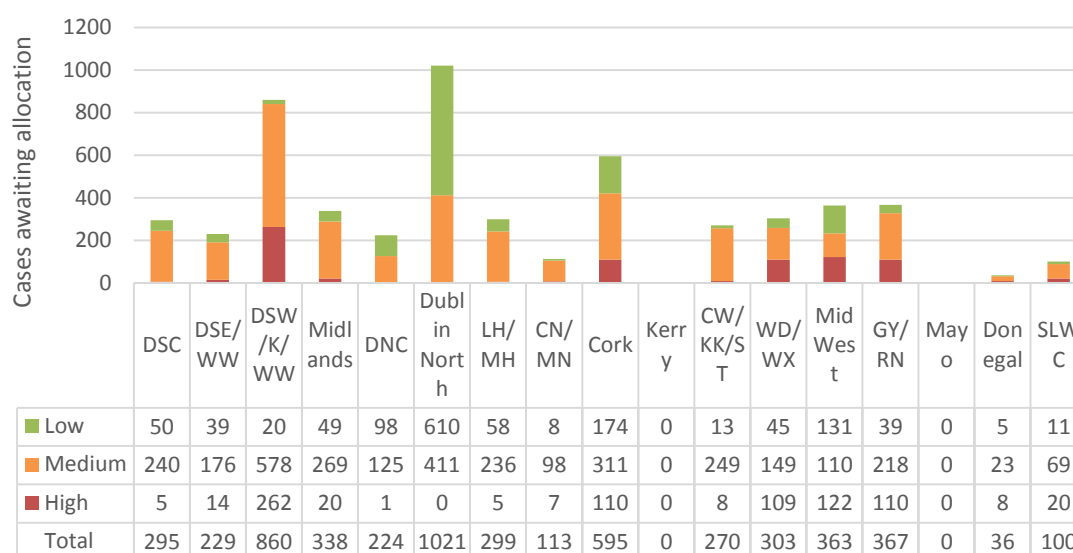
Fifteen percent (801) of cases awaiting allocation to named social worker were categorised as “high priority”<sup>9</sup>, some 198 fewer than December 2015 and 2,871 (78%) fewer than December 2013. It should be noted that high priority does not imply that a child is at immediate risk and requires an urgent or an immediate response. Children identified at immediate risk receive an immediate response.

Sixty percent (3,262) of cases were categorised as medium priority while the remaining 25% (1,350) were categorised a low priority.

The majority of cases awaiting allocation at the end of December 2016 (62%; 3,350) were waiting less than 3 months for allocation. The remaining 2,063 (38%) were waiting over 3 months, some 1,415 (41%) fewer than December 2015 (3,478) and 3,190 (61%) fewer than December 2013.

An area breakdown of cases awaiting allocation by priority status is presented in Fig. 9. Dublin South West / Kildare / West Wicklow reported the highest number (262) of high priority cases awaiting allocation followed by MidWest (122), Cork (110), Galway/Roscommon (110) and Waterford / Wexford (109). These five areas reported almost 90% (713) of all high priority cases awaiting allocation.

<sup>9</sup> Priority levels assigned as per the guidance outlined in “Framework for Measuring, Managing and Reporting Social Work intake, Assessment and Allocation Activity, Version 2 (Tusla)



**Figure 9: Area breakdown of cases awaiting allocation by priority status, December 2016**

Source: Tusla Quarterly Data Returns

### 3.1.8 Child Protection Notification System

At the end of December 2016, there 1,272 children “active” (i.e., at on-going risk of significant harm attributable to inappropriate or inadequate care from parent/s) on the CPNS; 83 fewer than December 2015. This figure includes one child from another jurisdiction who was placed on the system for the duration of their stay in Ireland. Comparison with previous years is not possible due to a validation exercise that took place prior to the introduction of the national electronic system in October 2015.

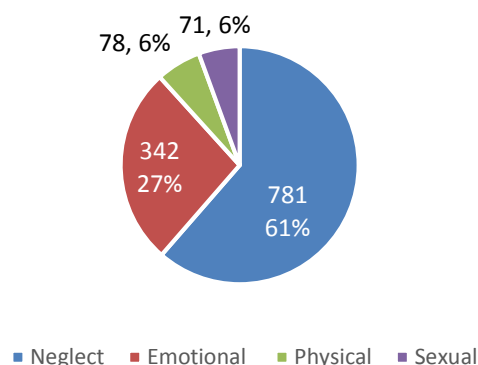
The number of children listed as active on the CPNS at the end of December 2016 (n=1,272) equates to about 11 children per 10,000 under 18 years. Stricter criteria and thresholds for listing children on the CPNS in this jurisdiction does not allow for easy comparison with the rates in other countries where similar child protection systems are in operation. It is however worth noting that not all children who are abused or neglected are known to services: for every child subject to a child protection plan or on a register in the UK it is estimated that there are likely to be around eight other children who have suffered maltreatment<sup>10</sup>

Slightly more males (632; 50%) than females (626; 49%) were listed as active; 14 cases were children in utero. Over a third (34%; n=430) of children listed as active were in the 0- 4 years age group, the most common age group followed by the 5-9 years age group (30%; 376) (Table 9).

Almost two-thirds (n=781; 61%) of children were on the system for reasons of neglect. The next most common reason was emotional abuse accounting for more than one in four (27%; n=342) of the cases (Fig. 10).

<sup>10</sup> Source: How safe are our children (NSPCC 2013)

**Figure 10: Children listed as active by reason**

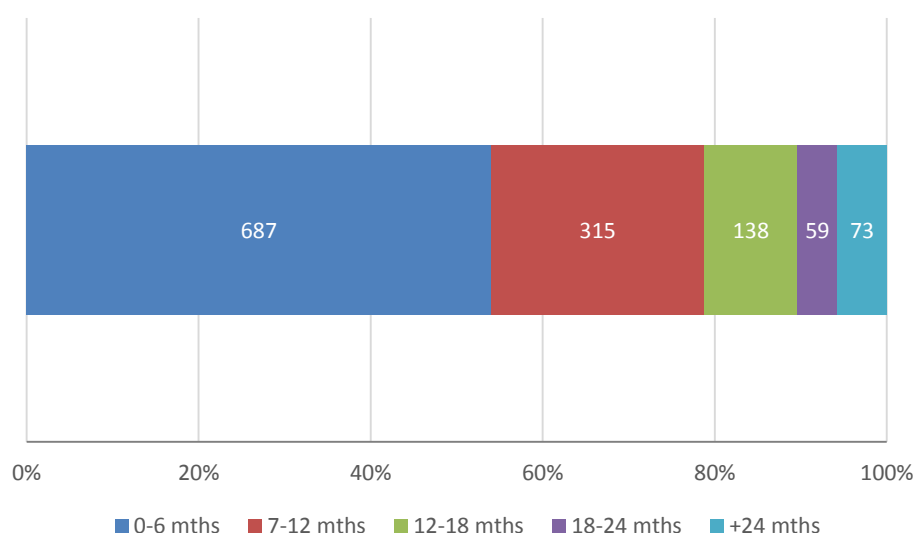


**Table 9: Children listed as active by age, Dec 2016**

Age Group	# / %
0-4 years incl. unborn babies	430 (34%)
5 – 9 years	376 (30%)
10-14	331 (26%)
15-17	135 (11%)
<b>Total</b>	<b>1,272 (100%)</b>

Source: Child Protection Notification System

More than half (54%; 687) of the children listed as active at the end of December were listed for 6 months or less while nine out of 10 children (90%; 1,140) were listed for no longer than 18 months (Fig. 11).



**Figure 11: Children listed as active by length of time active, December 2016**

Source: Child Protection Notification System

All but one child listed as active at the end of December 2016 had an allocated social worker, in line with Tusla policy. The remaining child was allocated a social care worker while a social worker was being identified. This contrasts with 2015 when there were significant gaps in social worker allocation to children on the CPNS.

Of the 1,272 children listed as active at the end of the December 2016, some 89 (7%) had been re-activated after a period of being made “inactive”. Further data is required to explore the reason(s) for re-activation on the system.

A breakdown of children listed as active at the end of December 2016 by area is presented in Table 10. The number of children listed as active ranged from 3/10,000 population 0-17 years in the Dublin South East / Wicklow area to 19/10,000 in Mayo and the MidWest areas (almost twice the

national rate). Cork with the highest population ranked third lowest in terms of rate while Sligo/Leitrim/West Cavan with the smallest population ranked third highest in terms of rate.

**Table 10: Children listed as active on the CPNS by area, December 2016**

Area	Population 0-17 years	# listed as active	Rate / 10,000 children
Dublin South Central	65,564	109	17
Dublin South East / Wicklow	86,810	26	3
DSW/K/WW	108,186	60	6
Midlands	80,193	86	11
Dublin North City	44,927	78	17
Dublin North	100,654	93	9
Louth / Meath	93,093	106	11
Cavan / Monaghan	36,446	15	4
Cork	134,015	63	5
Kerry	34,527	23	7
CW/KK/ST	63,009	83	13
Waterford / Wexford	68,513	100	15
Midwest	96,266	182	19
Galway / Roscommon	79,912	94	12
Mayo	31,968	62	19
Donegal	42,865	50	12
Sligo /Leitrim / West Cavan	23,554	42	18
<b>National</b>	<b>1,190,502</b>	<b>1,272</b>	<b>11</b>

Source: Child Protection Notification System

A review of the national CPNS by the Quality Assurance Directorate<sup>11</sup> in 2016 found that overall the system was operating well. However, it did find that there was a probable under-representation of children on the CPNS in a small number of areas due to the capacity of these areas to convene child protection conferences in a timely manner. The review also identified the need for greater consistency of practice in terms of decisions and thresholds for requesting and convening child protection conferences as well listing/delisting children. Closer monitoring and decision making for children who are listed as “active” for in excess than two years was also recommended to ensure that the long-term welfare of these children is being appropriately safeguarded.

### 3.3 COMMENTARY ON SERVICE

Child Protection and Welfare Services received more referrals in 2016 than any of the previous years 2012 – 2016. Welfare concerns account for the main increase, showing a year on year increase and while there has been little or no overall increase in abuse referrals, referrals for emotional abuse have shown a year on year increase. Conversely, referrals for neglect have shown a year on year decrease. As mentioned in Section 3.2 of the report further data and analysis is

<sup>11</sup> Report of the National Quality Assurance Review of Child Protection and Welfare Cases and the Child Protection Notification System (Tusla Quality Assurance Directorate 2016) (Unpublished)

required to understand the reason(s) for the increase in referrals. An Garda Síochána continue to be the main source of referrals accounting for one in four referrals.

Overall, once children are allocated a social worker, the evidence would indicate that the majority receive a good service. Similarly, children who are identified as being at serious and immediate risk receive a timely service and emergency action is instigated when required. In the main, families and children report that their experiences of the service are positive and beneficial. Children's rights are generally well promoted with views of children and families being sought and respected. The national CPNS although only newly implemented is reported to be operating well, albeit that some improvements are required in terms of consistency in the application of thresholds for requesting and convening child protection conferences and listing/de-listing children on the system. HIQA inspection reports commonly refer to committed, experienced and well qualified staff.

At any one time, at least eight in 10 children requiring support from social work have an allocated social worker, in line with Tusla policy. Although timely allocation of social workers is a continual challenge significant inroads in the numbers awaiting have been made since the Agency was established (reduction of 4,329 cases; 44%), due in no small part to efforts by management and staff and increased budget made available by the Government. The inability to allocate social workers in a timely manner is compounded by the lack of social workers in Ireland and the retention of social workers in child protection and welfare services.

Notwithstanding, a common feature of inspection reports and audits is a variance in practice and capacity to meet the needs of children and families meaning that the quality of service experienced by children and families is often dependent on the area in which they are living. Areas of practice identified for improvement include the following:

- The consistent application of thresholds to ensure social work interventions are made in an appropriate, proportionate and timely manner;
- The timeliness and quality of assessments to ensure that children are not placed at unidentified risk;
- Consideration of patterns of long-term harm and neglect;
- Systems for the management, prioritisation and oversight of cases awaiting allocation to a named social worker;
- Interagency collaboration and co-operation;
- Development of specialist services for children displaying sexualised behaviour;
- Risk management, information management and other quality assurance systems;
- Raising awareness in the community about child protection issues and services.

There is also a need for additional data and analysis on the referral and assessment process to get a better understanding of who is making reports, reasons for reporting, outcomes of the screening and assessment process, the quality of assessments along with an examination of re-referrals.

Child protection and welfare policies and practices are under continual review and development. In 2016 the Agency commenced the development of a child protection and welfare strategy. The main purpose of the strategy is to renew Tusla's commitment to meeting its statutory obligations

and to develop a national approach to practice for social work led services. It is expected that this will support collaborative and effective engagement with families in addressing the harm children may have experienced. It is also expected that the implementation of this strategy will address many of the deficits and areas for improvement identified in HIQA inspection reports, National Review Panel reports, reports from the Ombudsman and Ombudsman for Children as well as findings from various internal audits and reviews. The strategy is informed by Tusla's core responsibilities under legislation, Government policy, including Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014 – 2020 and Children First: National Guidance for the Protection and Welfare of Children as well as a critical and detailed analysis of findings from internal and external inspection reports and reviews. The objectives of the strategy are set-out in Fig. 12.



**Figure 12: Strategic Objectives: Tusla's Child Protection and Welfare Strategy**

In terms of a national approach to practice Tusla has selected [Signs of Safety](#) – a solutions-focused therapy model, where a family is supported to demonstrate that they can provide safety for their children. It has been successively tested and refined by practitioners around the world and will enable one uniform assessment and intervention approach to be used across the country. The

approach focuses on the question “How can the worker build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues? Outlining Tusla’s new approach to practice, Dr Andrew Turnell, Co-Creator of the Signs of Safety, said *“The Signs of Safety is designed to enable us to carry out child protection work with a rigorous focus on child safety and in partnership with children, families and their wider networks of support. I’m very excited to be bringing the Signs of Safety to Ireland and look forward to working with Tusla to create rigorous, human, child-centred child protection practice and make the Irish child protection system the envy of the developed world.”*

Another key focus for 2017 will be creating capacity and preparing for the introduction of mandatory reporting<sup>12</sup> under the commencement of the Children First Act 2015. It is forecast that the introduction of mandatory reporting could lead to a significant increase in referrals and demand for other services. Tusla will play a key role in assisting organisations to prepare their safeguarding statements and in enabling them to enshrine the core principles of Children First into their day to day interactions with children.

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<sup>12</sup> The Children First Act 2015 places a legal obligation on certain people, many of whom are professionals, to report child protection concerns at or above a defined threshold to Tusla - Child and Family Agency. These mandated persons must also assist Tusla, on request, in its assessment of child protection concerns about children who have been the subject of a mandated report. Mandated persons are people who have contact with children and/or families who, by virtue of their qualifications, training and experience, are in a key position to help protect children from harm. The Children First Act 2015, Schedule 2, provides a full list of people who are classified as mandated persons.



## **CHAPTER 4**

### **SERVICES PROVIDED TO CHILDREN IN THE CARE OF THE AGENCY**

## ALTERNATIVE CARE SERVICES

### Key Messages

- The Agency is committed to the principle that the family affords the best environment for raising children and the objective of external intervention should be to support families in the community.
- At the end of December 2016, there were 6,267 children in the care of the Agency, 117 (2%) fewer than 2015 and about 53/10,000 children living in Ireland. The majority (93%; 5,826) of children in care were with foster families. The most common age of children in care was 17 years (559; 9%), reflecting the proportionately higher number of older teenagers who are coming into care. Ninety-three per cent (5,810) of children in care had an allocated social worker and 94% (5,861) had an up-to-date care plan while 93% (985) of 16-17 year olds were in full-time education. Nine per cent (538) of children in care were in placements with private providers (i.e., non-statutory providers) the highest number for all years 2013-2016.
- A total of 799 children were admitted into care for the first time in 2016, about 7/10,000 children living in Ireland. First time admissions account for 76% (799) of all admissions into care in 2016 (1,047). There were 1,224 discharges from care in 2016 of which four in ten (490) were young people turning 18 years. More than half (55%; 677) of discharges were to home/family with a further 27% (330) opting to remain with their carers, indicating a positive relationship with their carers. There were 1,880 young people in receipt of aftercare services at the end of December 2016, up slightly (2%; 45) on 2015.
- Findings from inspection reports and reviews demonstrate that, in the main, children in care are safe, well looked after by competent staff and experience a good quality of life. Their rights are upheld and they are treated with dignity and respect and consulted in relation to decisions about their lives. Overall, social work practice is found to be good with evidence of good quality assessment and planning for the majority of children.
- Notwithstanding, not all children in care had an allocated social worker at the end of 2016 nor did all children have an up-to-date care plan. Other areas requiring improvement include recruitment, assessment and review of foster carers; allocation of link workers to foster carers; meeting the complexity of need of some children and managing challenging behaviour; over-reliance on private providers; timely access to mental health and disability service; planning and preparation for leaving care and management and accountability systems.
- In respect of these shortcomings the Agency will continue to implement and monitor specific action plans developed to address these deficits along with further actions for 2017 and beyond. Key amongst these are the continued development of an overarching alternative care strategy, the roll-out of the “Creative Community Alternatives” initiative, the implementation of “Tell Us” complaints policy and procedures; staff training and development along with strengthening management and accountability systems.

## 4.1 INTRODUCTION

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

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

At the end of 2016 there were 6,267 children in the care of the Agency; 53 for every 10,000 children living in Ireland.

### Pathway to Care

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

- Emergency care order
- Interim care order
- Full care order
- Supervision order
- Special care order: special care is an exceptional intervention restricting the liberty of the child and involves detention of a child for his/her own welfare and protection in a Special Care Unit for a short term period of stabilisation. The child is detained as a result of a High Court Order, and not on the basis of any criminal activity.

Almost a third (32%; 2,026) of children in care at the end of December 2016 were in care on a voluntary basis, with the support of their parents or carers. The remaining 68% (4,241) were in care under an order of the court.

### Types of Alternative Care Services

The main types of alternative care services provided to address the needs of children requiring State care and protection include:

**Foster care** which is defined as full-time or part-time substitute care (respite care) of children outside their own home by people other than their biological or adoptive parents or legal guardians. Foster care can be provided directly by the Agency or through commissioned

voluntary or private sector agencies on behalf of Tusla. There are two main types of foster care, relative foster care and general foster care:

A **relative foster-carer** is defined as a person who is a friend, neighbour or relative of the child or person with whom the child or family has had a relationship prior to the child's admission to care. A relative foster carer takes care of the child on behalf of and by agreement with the Agency, having completed (or having agreed to undertake) an assessment of suitability within 12 weeks of the child being placed with them. Wherever possible the Agency would consider relative care in the first instance in order to lessen the impact of being in care for the child.

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

Each child in foster care has an allocated social worker who is responsible for the coordination of the care of the child. Details regarding the supports they will receive, their on-going education and the contact they will have with their families will be documented in their care plan which is tailored to their individual needs. The welfare and best interests of the child are central to all care provision. Each foster family also has an allocated social worker, known as a link worker. The key role of the link worker is to supervise and support carers in their task of providing foster care.

At the end of December 2016, 93% (5,826) of children in care were in a foster care arrangements and of these 29% (1,715) were in foster care with relatives.

**Residential care** which is defined by the Child Care Act 1991 as “any home or institution for the residential care of children in the care of health boards (now Tusla) or other children who are not receiving adequate care and protection”. The purpose of residential care is to provide a safe nurturing environment for individual children and young people who cannot live at home or in an alternative family environment (such as foster care). Residential care can be provided by statutory, voluntary or private providers. There are currently two types of residential care in Ireland; these are general residential care and special care. Over 90% of children's residential centres nationally are community based which means they look like and are situated within the same houses, estates and communities that everybody lives in. For the most part, children's residential centres are also supported by the same range of health services that are available to the rest of the population such as GPs, speech and language therapists, physiotherapists, psychologists. Centres are staffed on a 24hr basis by social care workers, leaders and managers and are supported in their efforts to look after the children and young people in their care by external managers, social work services, inspectors, monitoring officers and any others including An Garda Síochána.

**General residential care:** the majority of children who reside in residential care live in general residential provision. General residential provision aims to meet in a planned way the physical, educational, emotional, spiritual, health and social needs of the child.

At the end of 2016, there were 307 (5% of all children in care) in general residential care and there were approximately 152 general residential centres in the country as follows:

- 34 Statutory (Tusla) operated centres

- 90 Privately operated centres
- 28 Voluntary operated centres

**Special care** provides for a short-term, stabilising intervention that prioritises safe care in a secured therapeutic environment for children at risk and with challenging behaviour. In 2016 there were three special care units providing 18 special care beds in the State as follows:

- Ballydowd, Dublin – 10 beds (mixed gender)
- Coovagh House, Limerick – 4 beds (mixed gender)
- Gleann Alainn, Cork – 4 beds (female only)

At the end of December 2016 there were 12 children in special care. During 2016, the three units were forced to operate at a reduced capacity due to the risk profile of some young people being placed in special care, the progression of building works at Ballydowd and difficulties in recruiting staff.

All foster care services<sup>13</sup> and statutory residential services<sup>14</sup> are subject to inspection by HIQA. Private and voluntary residential centres<sup>12</sup> are inspected by Tusla.

**Aftercare** is another service that comes under the umbrella of Alternative Care Services. It is defined as support put in place to meet the needs of young adults leaving care at 18 years of age to assist them in making the transition to independent living. Aftercare provision incorporates advice, guidance and practical (including financial) support. The social worker, aftercare worker, young person, carer and others consider what the young person will need for support and how this will best be met. A key feature of aftercare support is to advocate on behalf of young people to promote their development as a fulfilled adult in their community.

Section 45 of the Child Care Act 1991 places a duty on Tusla to decide whether each person leaving care has a “need for assistance” and if so, to provide services in accordance with the legislation and subject to resources. The core eligible age range for aftercare is from 18 years up to 21 years and this can be extended until the completion of a course of education in which the young person is engaged, up to the age of 23 years.

The Child Care (Amendment) Act 2015 strengthens the legislative provisions regarding aftercare, imposing a statutory duty on Tusla to prepare an aftercare plan for an eligible young person. The aim is to create explicit, as opposed to implicit, statement of Tusla’s duty to satisfy itself as to the young person’s need for assistance by preparing a plan that identifies those needs for aftercare

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<sup>13</sup> Foster care in Ireland is governed by the Child Care Act 1991, the Child Care (Placement of Children in Foster care) Regulations 1995 and the Child Care (Placement of Children with Relatives) Regulations 1995. In addition, the National Standards for Foster Care (Department of Health and Children, 2003) serve as the basis for consistently promoting quality of care for foster care services. It is against these standards that HIQA inspectors form judgements about the quality of foster care

<sup>14</sup> The requirements for placing a child in a children’s residential centre and for the running of these centres are laid out in the Child Care (Placement of Children in Residential Care) Regulations 1995 and the Child Care (Standards in Children’s Residential Centres Regulations 1996. In addition, the National Standards for Children’s Residential Centres (Department of Health and Children, 2001) serve as the basis for consistently promoting quality of care in residential centres. All children’s residential centres are subject to statutory inspection. HIQA carries out inspection of the statutory children’s residential centres. Tusla carries out inspects and registers voluntary and private children’s residential centres.

supports. The relevant sections of the Act are being commenced with effect from 1 September 2017.

At the end of December 2016 there were 1,880 young adults (all ages 18 years and upwards) in receipt of aftercare services.

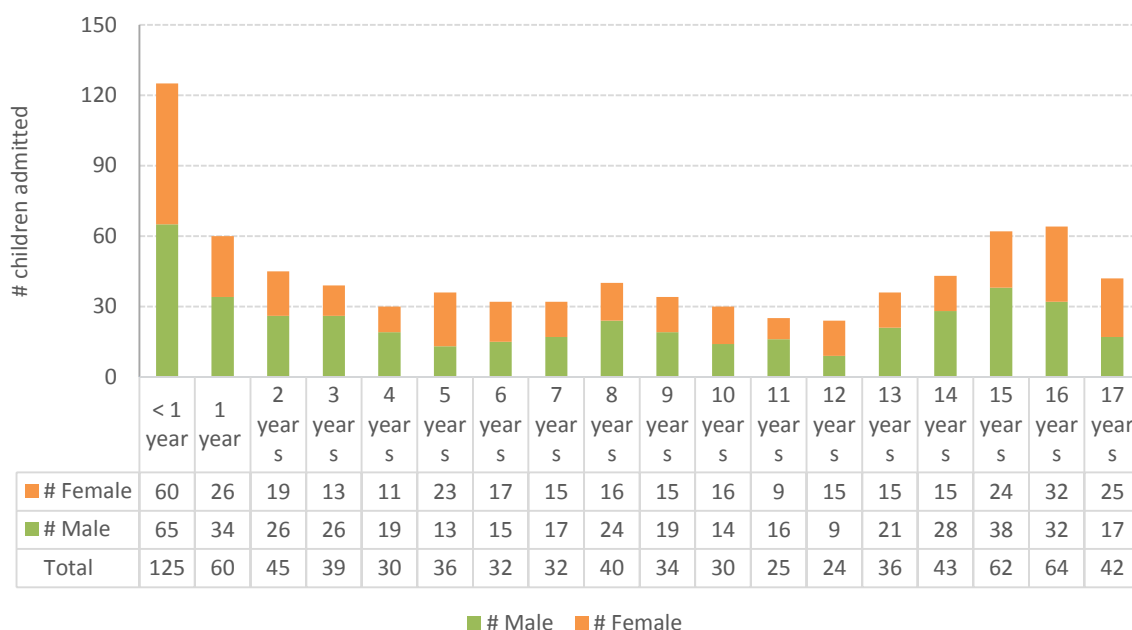
**Other Services** coming under the umbrella of Alternative Care Services include services in respect of adoption, children who come under the remit of the Social Work Team for Separated Children Seeking Asylum and children who are in need of accommodation (Section V Child Care Act 1991). Information on these services is provided in Chapter 6.

## 4.2 FACTS AND FIGURES

This section includes data and information on admissions to care; children in care; discharges from care along with young adults in receipt of aftercare services.

### 4.2.1 First time admissions to care

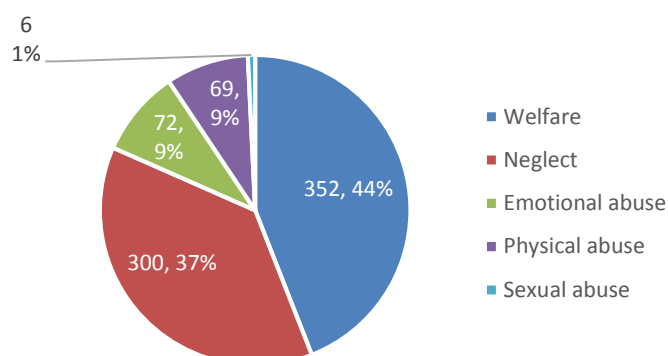
In 2016 there were 799 children admitted to care **for the first time**, equating to about seven children per 10,000 population 0 – 17 years. This is the first year these data are available. More males (54%; 433) than females (46%; 366) were admitted (Fig. 13). The most common age at admission was < 1 year accounting for about one in six (16%; 125) children admitted, followed by the older ages of 16 years (8%; 64) and 15 years (7.8%; 62).



**Figure 13: First time admissions to care by age and gender, 2016**

Source: Tusla Annual Dataset

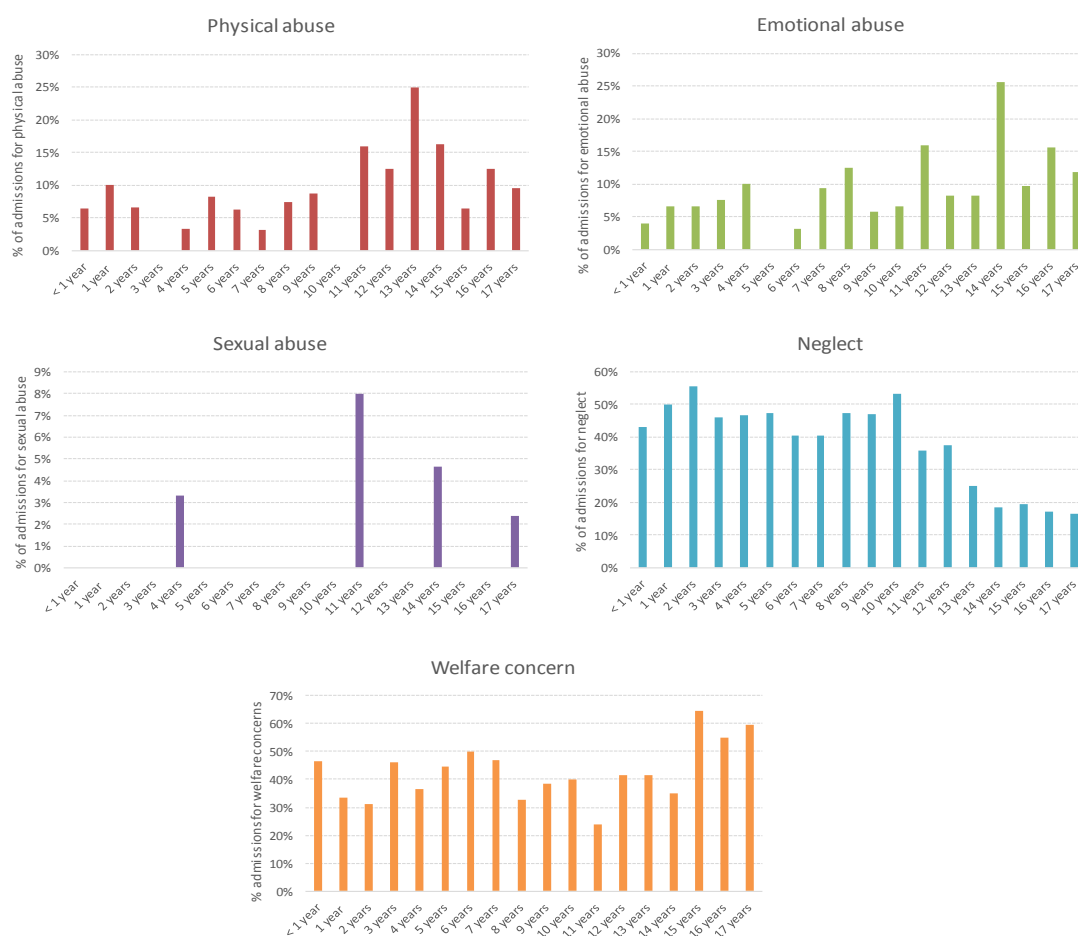
The most common reason for admission was welfare concerns accounting for 44% (352) of the first time admissions followed by neglect which accounted for a further 37% (300) of admissions (Fig 14).



**Figure 14: Reason for first-time admissions, 2016**

Source: Tusla Annual Dataset

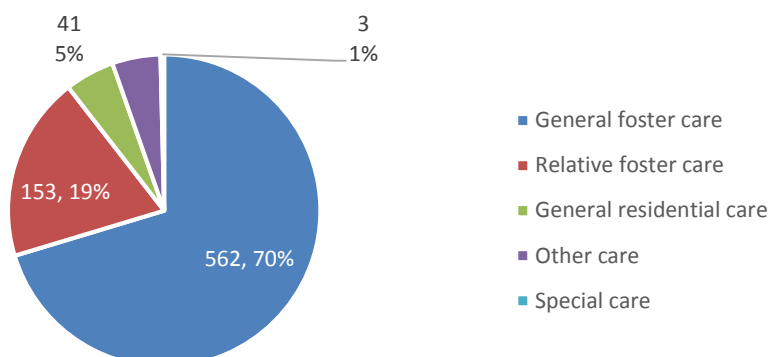
Physical abuse, emotional abuse and welfare concerns were more common for the older children while neglect was more common for the younger children (Fig 15).



**Figure 15: Reasons for admission by age, 2016**

Source: Tusla Annual Dataset

Almost nine out of ten (89%; 715) children admitted to care for the first time were placed in foster care and of these more than one in five (21%; 153) was placed with relatives (Fig. 16). The most common age for admission to residential care (including special care) was 16 years accounting for 32% (14) of admissions.



**Figure 16: First time admissions to care by placement type, 2016**

Source: Tusla Annual Dataset

Dublin North City reported the highest rate (10.5/10,000) of first time admissions per 10,000 population under 18 years followed by MidWest (9.7/10,000 population) and Galway / Roscommon (9.6/10,000 population). The lowest rate was reported by Dublin South East / Wicklow (2.0 per 10,000 population) followed by Dublin North (4.3/10,000 population), CW/KK/ST and Mayo, both reporting 4.4 per 10,000 population (Table 11).

**Table 11: Number and rate of first time admissions by area, 2016**

Area	Population 0-17 years	# admitted	Rate / 10,000
Dublin South Central	65,564	50	7.6
Dublin South East / Wicklow	86,810	17	2.0
DSW/K/WW	108,186	50	4.6
Midlands	80,193	63	7.9
Dublin North City	44,927	47	10.5
Dublin North	100,654	43	4.3
Louth / Meath	93,093	81	8.7
Cavan / Monaghan	36,446	25	6.9
Cork	134,015	113	8.4
Kerry	34,527	17	4.9
CW/KK/ST	63,009	28	4.4
Waterford / Wexford	68,513	44	6.4
Midwest	96,266	93	9.7
Galway / Roscommon	79,912	77	9.6
Mayo	31,968	14	4.4
Donegal	42,865	23	5.4
Sligo /Leitrim / West Cavan	23,554	14	5.9
<b>National</b>	<b>1,190,502</b>	<b>799</b>	<b>6.7</b>

Source: Tusla Annual Dataset

At an area level there is significant variation in the percentage breakdown of first-time admissions to foster care and residential care (Table 12). Five areas reported no first-time admissions to residential care with a further three areas reporting one admission to residential care. The highest number of first time admissions to residential care was reported by the MidWest Area (9) while Dublin North had the highest percentage (16%; 7) of admissions to residential care.

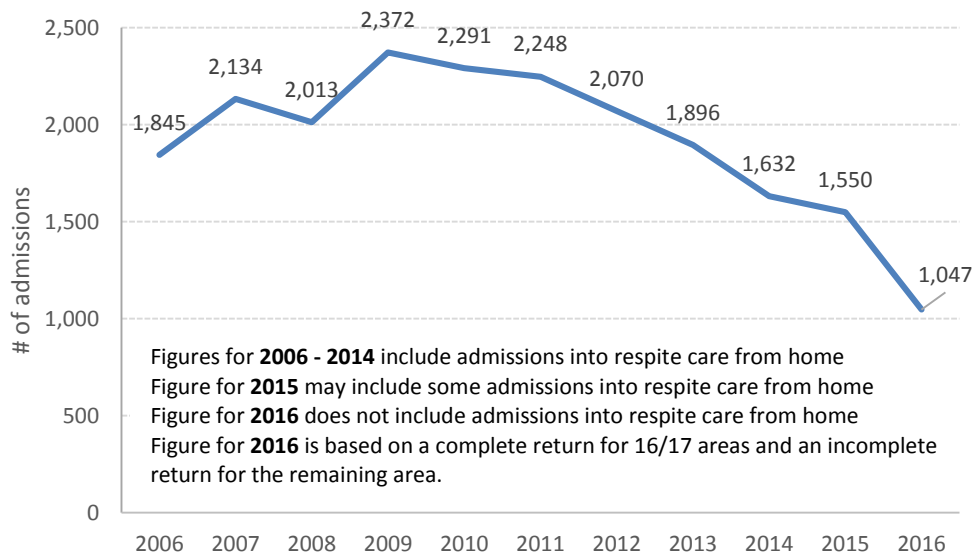
**Table 12: First-time areas by placement type and area, 2016**

Area	# Res Care	% Res Care	# Foster care	% Foster Care	# Other care	% Other care	Total
Dublin South Central	4	8%	44	88%	2	4%	50
Dublin South East / Wicklow	1	6%	15	88%	1	6%	17
DSW/K/WW	4	8%	42	84%	4	8%	50
Midlands	2	3%	61	97%	0	0%	63
Dublin North City	5	11%	39	83%	3	6%	47
Dublin North	7	16%	34	79%	2	5%	43
Louth / Meath	3	4%	68	84%	10	12%	81
Cavan / Monaghan	0	0%	25	100%	0	0%	25
Cork	3	3%	103	91%	7	6%	113
Kerry	0	0%	17	100%	0	0%	17
CW/KK/ST	1	4%	27	96%	0	0%	28
Waterford / Wexford	4	9%	40	91%	0	0%	44
Midwest	9	10%	74	80%	10	11%	93
Galway / Roscommon	0	0%	76	99%	1	1%	77
Mayo	1	7%	13	93%	0	0%	14
Donegal	0	0%	23	100%	0	0%	23
Sligo /Leitrim / West Cavan	0	0%	14	100%	0	0%	14
<b>National</b>	<b>44</b>	<b>6%</b>	<b>715</b>	<b>89%</b>	<b>40</b>	<b>5%</b>	<b>799</b>

Source: Tusla Annual Dataset

#### 4.2.2 Total admissions to care

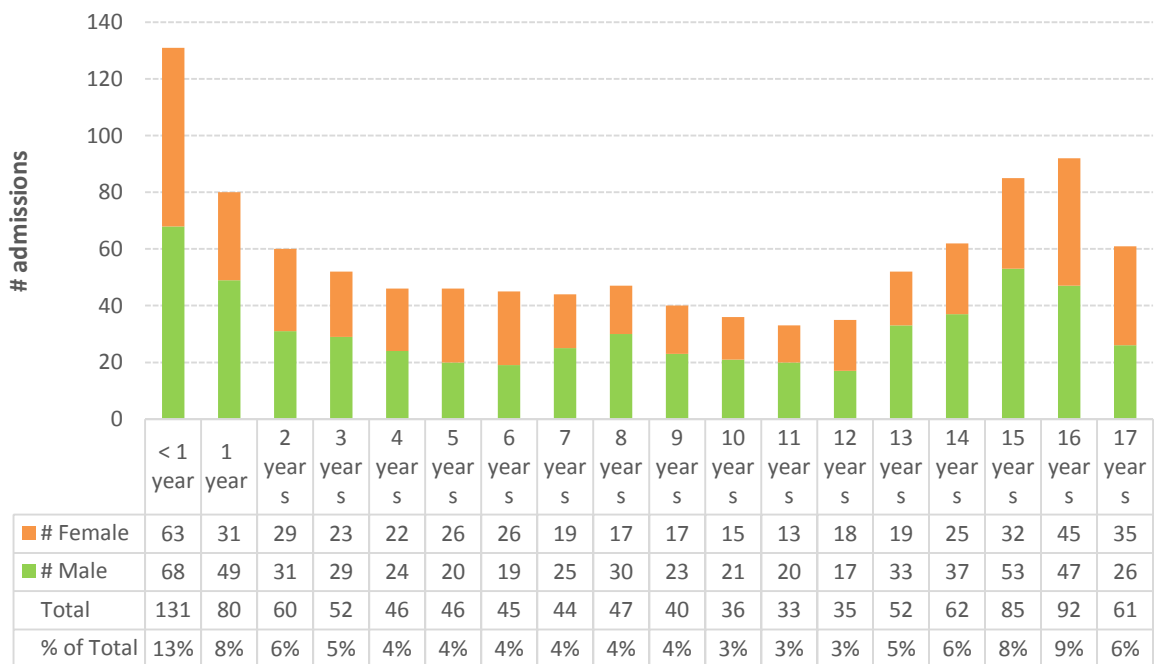
There were at least 1,047 admissions to care in 2016 (Fig 17). This figure is based on a complete return from 16/17 areas and an incomplete return for the remaining area (MidWest) – *data from Clare includes first time admissions only*. More than one-fifth (21%; 248) of these admissions were repeat admissions i.e., second or subsequent admissions; the remaining 799 were first time admissions. These data are not comparable with data for previous years. Prior to 2015, children in respite care from home were included in this figure and are now collated separately. There is also a possibility that some admissions into respite care from home were inadvertently included by some areas in their figures for 2015. In 2016, there were 485 admissions into respite care from home. It should also be noted that these data refer to incidences of admission that occurred during the year and not the number of individual children admitted into care – a child can have more than one admission into care during the year.



**Figure 17: Admissions to care by year 2006 – 2016**

Source: Tusla Annual Dataset

55% (572) of admissions were for males and 45% (475) for females. The most common age at admission was < 1 year accounting for 13% (131) of admissions followed by the older ages of 15 years (8%; 85) and 16 years (9%; 92).



**Figure 18: Admissions by age and gender, 2016**

Source: Tusla Annual Dataset

The most common reason for admission was welfare concerns accounting for almost one in two admissions (48%; 503) followed by neglect (35%; 365), a similar pattern to 2015 (Table 13).

**Table 13: Reasons for admission**

Reason	Total 2015	% 2015	Total 2016	% 2016
Physical abuse	115	7%	84	8%
Emotional abuse	133	9%	83	8%
Sexual abuse	26	2%	12	1%
Neglect	517	33%	365	35%
Welfare concern	759	49%	503	48%
<b>Total</b>	<b>1,550</b>	<b>100%</b>	<b>1,047</b>	<b>100%</b>

Source: Tusla Annual Dataset

Over half (58%; 584) of admissions (where legal status was available) were voluntary admissions – legal status was not available for 34 admissions (Table 14). The remainder of admissions (429) were on foot of an application to the court of which the highest number (186) were admissions under an interim care order. About one in six admissions (17%; 174) was under an emergency care order.

**Table 14: Admissions by legal status**

Legal status	Total 2015	% 2015	Total 2016	% 2016
Emergency care order	236	15%	174	17%
Interim care order	246	16%	186	18%
Care order	105	7%	54	5%
Other court order <sup>15</sup>	46	3%	15	1%
Voluntary admission	917	59%	584	58%
<b>Total</b>	<b>1,550</b>	<b>100%</b>	<b>1,013*</b>	<b>100%</b>

Source: Tusla Annual Dataset

\*Legal status not available for 34 admissions

Almost nine in ten (88%; 923) admissions were to foster care and of these 20% (180) were to foster care with relatives (Table 15).

**Table 15: Admissions by placement type**

Legal status	Total 2015	% 2015	Total 2016	% 2016
Residential care	87	6%	69	7%
Foster care general	1,160	75%	743	71%
Foster care with relatives	247	16%	180	17%
Other care placements <sup>16</sup>	56	4%	55	5%
<b>Total</b>	<b>1,550</b>	<b>100%</b>	<b>1,047</b>	<b>100%</b>

Source: Tusla Annual Dataset

<sup>15</sup> Other court orders include children placed under Section 5 and Section 12 of the Child Care Act 1991, children placed under Section 8 of the Refugee Act 1991, UK Transfer Order etc.

<sup>16</sup> Other care placements include supported lodgings; at home under a care order; detention centre/prison; youth homeless facilities; other residential centres e.g., therapeutic, disability, residential assessment, designated mother and baby units

A breakdown of total admissions by area is presented in Table 16. The highest number of admissions was reported by Cork (148) followed by Midwest (123 incomplete return) and Louth/Meath (92). The fewest number was reported by Sligo/Leitrim/West Cavan (16). Cork accounted for 14% of total admissions for 2016; the highest percentage of all areas. The highest rate of admissions per 10,000 population 0-17 years was reported by Dublin North City (15.6/10,000) followed by MidWest (12.8/10,000), Cork (11.0), Galway/Roscommon (10.5/10,000) and Dublin South Central (10.4/10,000). Rates should be interpreted with caution due to the influence of second or subsequent admissions. Data are not comparable with 2015 due to the inclusion of admissions into respite care from home in some areas.

**Table 16: Admissions by area**

Area	# admissions 2015	% admissions 2015	# admissions 2016	% admissions 2016	Rate / 10,000 pop 0-17 yrs
Dublin South Central	104	7%	68	6%	10.4
Dublin South East / Wicklow	55	4%	25	2%	2.9
DSW/KWW	73	5%	68	6%	6.3
Midlands	71	5%	75	7%	9.4
Dublin North City	108	7%	70	7%	15.6
Dublin North	203	13%	72	7%	7.2
Louth / Meath	119	8%	92	9%	9.9
Cavan / Monaghan	42	3%	28	3%	7.7
Cork	217	14%	148	14%	11.0
Kerry	29	2%	21	2%	6.1
CW/KK/ST	68	4%	52	5%	8.3
Waterford / Wexford	74	5%	53	5%	7.7
Midwest	170	11%	123* (incomplete return)	12%	12.8
Galway / Roscommon	77	5%	84	8%	10.5
Mayo	49	3%	22	2%	6.9
Donegal	53	3%	30	3%	7.0
Sligo /Leitrim / West Cavan	38	2%	16	2%	6.8
<b>National</b>	<b>1,550</b>	<b>100%</b>	<b>1,047</b>	<b>100%</b>	<b>8.8</b>

Source: Tusla Annual Dataset

\*Midwest – data from Clare includes first time admissions only

#### 4.2.3 Discharges from Care

There were 1,224 discharges from care in 2016. These data are not comparable with data for previous years. Prior to 2015, discharges from respite care from home were included in this figure and are now collated separately. There is also a possibility that some discharges from respite care were inadvertently included by some areas in their figures for 2015. Similar to the admissions data, it should be noted that these data refer to incidences of discharge that occurred during the year and not the number of individual children discharged from care – a child can have more than one discharge from care during the year.

Eighty percent (975) of discharges were from foster care (Table 17).

**Table 17: Discharges from care by care type**

Care Type	2015	% of Total (2015)	2016	% of Total (2016)
Residential care	126	9%	129	11%
Foster care general	956	67%	723	59%
Foster care with relatives	229	16%	252	21%
Other	109	8%	120	10%
<b>Total</b>	<b>1,420</b>	<b>100%</b>	<b>1,224</b>	<b>100%</b>

*Source: Tusla Annual Dataset*

Forty percent (490) of discharges were for young people turning 18 years, the highest percentage for all ages (Table 18). This was followed by 16 year olds and (6%; 79) and 1 year olds (6%; 72).

**Table 18: Discharges from care by age**

Age	2015	% 2015	2016	% 2016
< 1 year	73	5%	40	3%
1 year	53	4%	72	6%
2 years	77	5%	41	3%
3 years	47	3%	37	3%
4 years	50	4%	34	3%
5 years	48	3%	43	4%
6 years	42	3%	31	3%
7 years	42	3%	25	2%
8 years	45	3%	36	3%
9 years	34	2%	25	2%
10 years	41	3%	33	3%
11 years	36	3%	29	2%
12 years	42	3%	26	2%
13 years	44	3%	31	3%
14 years	67	5%	46	4%
15 years	71	5%	49	4%
16 years	81	6%	79	6%
17 years	57	4%	57	5%
17 years reaching age of majority	470	33%	490	40%
<b>Total</b>	<b>1,420</b>	<b>100%</b>	<b>1,224</b>	<b>100%</b>

*Source: Tusla Annual Dataset*

More than half of discharges from care (55%; 677) were to home/family with a further 27% (330) remaining with their carers (Table 19). One in 25 (44) was to independent living, a similar pattern to 2015.

**Table 19: Discharges from care by location on discharge**

Care Type	2014	% of Total (2014)	2015	% of Total (2015)	2016	% of Total (2016)
Returned home/family	1,140	84%	959	68%	677	55%
Remained with carers	115	8%	267	19%	330	27%
Independent living	22	2%	42	3%	47	4%
Supported lodgings	7	<1%	50	4%	13	1%
Other	76	6%	102	7%	157	13%
<b>Total</b>	<b>1,360</b>	<b>100%</b>	<b>1,420</b>	<b>100%</b>	<b>1,224</b>	<b>100%</b>

Source: Tusla Annual Dataset

Discharges from care ranged from 197 (16%) in Cork to 17 (1%) in Kerry (Table 20).

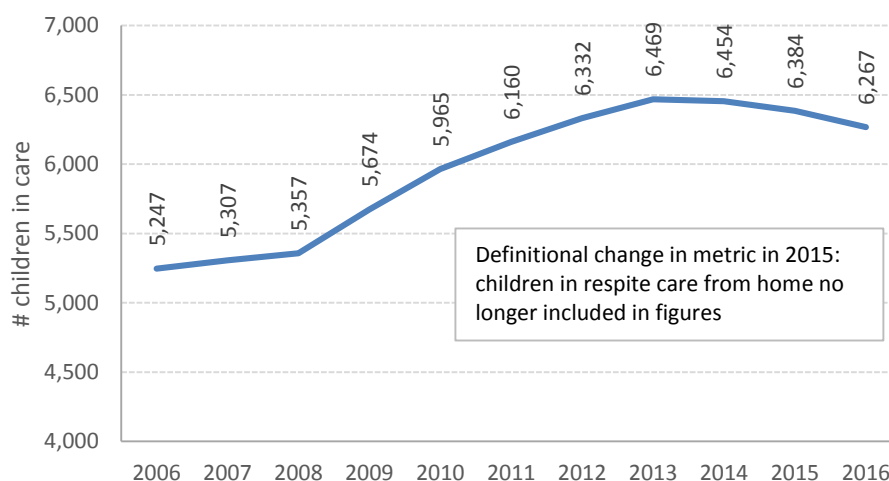
**Table 20: Discharges from care by area, 2016**

Area	# Discharges 2015	% Discharges 2015	# Discharges 2016	% Discharges 2016
Dublin South Central	97	7%	78	6%
Dublin South East / Wicklow	41	3%	44	4%
DSW/KWW	100	7%	100	8%
Midlands	85	6%	50	4%
Dublin North City	108	8%	104	8%
Dublin North	184	13%	69	6%
Louth / Meath	113	8%	57	5%
Cavan / Monaghan	39	3%	35	3%
Cork	204	14%	197	16%
Kerry	29	2%	17	1%
CW/KK/ST	40	3%	63	5%
Waterford / Wexford	100	7%	60	5%
Midwest	138	10%	179	15%
Galway / Roscommon	58	4%	101	8%
Mayo	36	3%	22	2%
Donegal	34	2%	25	2%
Sligo /Leitrim / West Cavan	14	1%	23	2%
<b>National</b>	<b>1,420</b>	<b>100%</b>	<b>1,224</b>	<b>100%</b>

Source: Tusla Annual Dataset

#### 4.2.4 Children in Care

At the end of December 2016 there were 6,267 children in care (all types excluding respite care from home), 117 (2%) fewer than 2015 (Fig. 19). This figures differs from data (6,258) previously reported in monthly and quarterly reports due to retrospective validation of the data. Also, data for 2015 and 2016 are not comparable with data for previous years due to a definitional change in the reporting of these data. Prior to 2015 children in respite care from home were included in this figure and are now excluded. The reasons(s) for the decrease in children in care requires further examination.



**Figure 19: Children in Care, 2006 – 2016**

Source: Tusla Annual Dataset

The number of children in care equates to about 53 per 10,000 children under 18 years. Table 21 shows the rate of children in care per 10,000 child population in other jurisdictions. While the rate for Ireland appears to be lower than that in other jurisdictions it should be noted that definitions of what constitutes a child in care differs slightly across the different countries. The main difference being that in Scotland children looked after under a supervision requirement are considered to be in the care of their local authority, this is not the case in the rest of the UK. The result of this is that simply comparing the rates of children in care leaves Scotland with much higher figures than the rest of the UK.

**Table 21: Children in care in other jurisdictions, rate per 10,000 population child population**

Jurisdiction	Rate per 10,000 population
Ireland (December 2016)	53
Northern Ireland (March 2016)*	67
England (March 2016)*	60
Wales (March 2016)*	90
Scotland (July 2016)*	149
Australia (June 2016)**	86

\* <http://www.gov.scot/Topics/Statistics/Browse/Children/PubChildrenSocialWork/CSWSAT1516> (Table 2.9)  
<https://aifs.gov.au/cfca/publications/child-abuse-and-neglect-statistics>

#### 4.2.4.1 Number and rate of children in care by area

The number of children in care at the end of December 2016 ranged 858 in Cork to 103 in Sligo/Leitrim/West Cavan (Table 22). Dublin North City reported the highest rate of children in care at 136/10,000 child population which is more than twice the national rate. Dublin South East/Wicklow reported the lowest rate of children in care at 33/10,000 child population. Twelve of the 17 areas reported a decrease in children in care from 2015 with the highest decrease reported by Cork (-41) followed by Dublin South West/Kildare/West Wicklow (-26). The Midlands area reported the highest increase (+17) followed by Galway/Roscommon (+12).

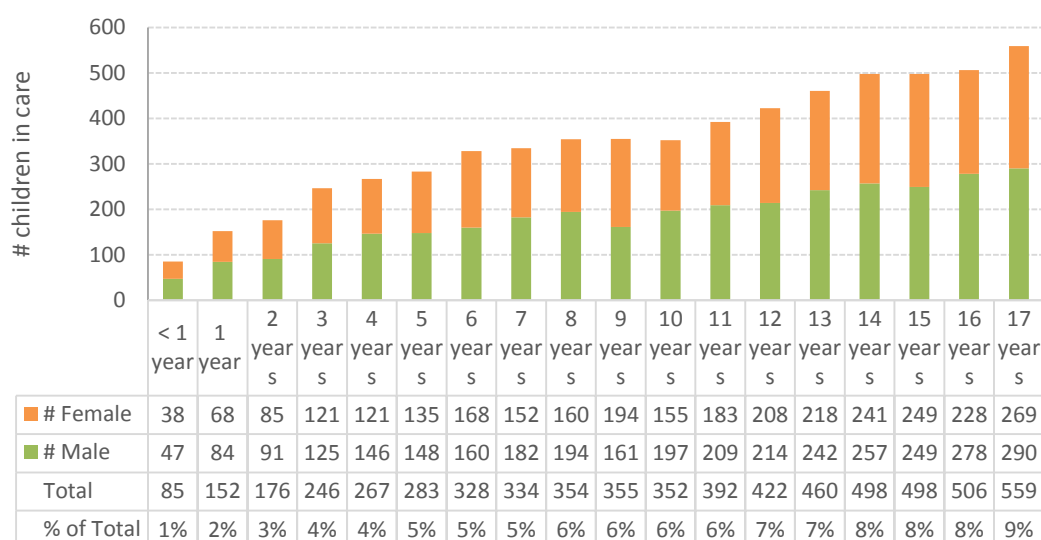
**Table 22: Children in care by area**

Area	Population 0-17 years	# in care 2015	# in care 2016	Δ 2016 v 2015	Rate / 10,000 children (2016)
Dublin South Central	65,564	393	387	-6	59
Dublin South East / Wicklow	86,810	306	287	-19	33
DSW/K/WW	108,186	461	435	-26	40
Midlands	80,193	380	397	17	50
Dublin North City	44,927	623	612	-11	136
Dublin North	100,654	331	326	-5	32
Louth / Meath	93,093	390	397	7	43
Cavan / Monaghan	36,446	171	152	-19	42
Cork	134,015	899	858	-41	64
Kerry	34,527	145	152	7	44
CW/KK/ST	63,009	382	373	-9	59
Waterford / Wexford	68,513	447	427	-20	62
Midwest	96,266	598	597	-1	62
Galway / Roscommon	79,912	402	414	12	52
Mayo	31,968	136	134	-2	42
Donegal	42,865	210	216	6	50
Sligo /Leitrim / West Cavan	23,554	110	103	-7	44
<b>National</b>	<b>1,190,502</b>	<b>6384</b>	<b>6,267</b>	<b>-117</b>	<b>53</b>

Source: Tusla Annual Dataset

#### 4.2.4.2 Gender and age of children in care

Slightly more males (52%; 3,274) than females (48%; 2,993) were in care; a similar pattern to 2015. The number of children in care is increased with increasing age with the highest number aged 17 years (9%; 559) and the fewest number aged < 1 year (1%; 85) (Fig. 20). Again, this is consistent with data for 2015.



**Figure 20: Children in care by age and gender, 2016**

Source: Tusla Annual Dataset

#### 4.2.4.3 Reason for being in children in care

The most common reason for being in care was welfare concerns accounting for almost half (47%; 2,920) of all children in care (Table 23). This was followed by neglect accounting for four in ten (2,485) children in care; no real change from 2015.

**Table 23: Reasons for being in care**

Reason	2015	% of Total (2015)	2016	% of Total (2016)
Physical abuse	379	6%	378	6%
Emotional abuse	288	5%	317	5%
Sexual abuse	192	3%	167	3%
Neglect	2,511	39%	2,485	40%
Welfare concern	3,014	47%	2,920	47%
<b>Total</b>	<b>6,384</b>	<b>100%</b>	<b>6,267</b>	<b>100%</b>

Source: Tusla Annual Dataset

#### 4.2.4.4 Placement type

93% (5,826) of children in care at the end of December 2016 were in a foster care placement, no change from 2015, and of these almost one in three (29%; 1,715) was in a relative foster care placement (Table 24). The number of children in children general foster care is up two percentage points on 2015 while the number in relative foster care is down one percentage point.

Residential care makes up a relatively small (5%; 319) but significant number of placements within alternative care provision. At the end of December 2016 there were 28 fewer children in general residential care and four fewer children in special care than at the end of 2015.

**Table 24: Children in care by placement type**

Placement type	2015	% of Total (2015)	2016	% of Total (2016)
General foster care	4,110	64%	4,111	66%
Relative foster care	1,816	28%	1,715	27%
General residential care	335	5%	307	5%
Special care	16	<1%	12	0.2%
Other	107	2%	122	2%
<b>Total</b>	<b>6,384</b>	<b>100%</b>	<b>6,267</b>	<b>100%</b>

Source: Tusla Annual Dataset

In all but one area (Dublin South Central) over 90% of children in care are in a foster care placement (Table 25). One in ten children in this area (Dublin South Central) was in a residential placement. The five Dublin areas reported some of the lowest rates of children in care in foster care.

**Table 25: Children in care by placement type and area, 2016**

Area	Res care	% Res care	Foster care	% Foster care	Other	% Other	Total
Dublin South Central	38	10%	341	88%	8	2%	387
DSE/WW	21	7%	261	91%	5	2%	287
DSW/K/WW	30	7%	399	92%	6	1%	435
Midlands	15	4%	375	94%	7	2%	397
Dublin North City	47	8%	555	91%	10	2%	612
Dublin North	27	8%	296	91%	3	1%	326
Louth / Meath	14	4%	367	92%	16	4%	397
Cavan / Monaghan	2	1%	150	99%	0	0%	152
Cork	36	4%	790	92%	32	4%	858
Kerry	3	2%	149	98%	0	0%	152
CW/KK/ST	16	4%	356	95%	1	0%	373
Waterford / Wexford	29	7%	397	93%	1	0%	427
Midwest	23	4%	555	93%	19	3%	597
GY/RN	5	1%	402	97%	7	2%	414
Mayo	1	1%	132	99%	1	1%	134
Donegal	4	2%	207	96%	5	2%	216
SLWC	8	8%	94	91%	1	1%	103
<b>National</b>	<b>319</b>	<b>5%</b>	<b>5,826</b>	<b>93%</b>	<b>122</b>	<b>2%</b>	<b>6,267</b>

Source: Tusla Annual Dataset

#### 4.2.4.5 Care status for children in care

32% (2,026) of children in care at the end of December 2016 were in care under a voluntary arrangement; down slightly from 35% (2,231) in 2015 (Table 26). More than half (56%; 3,508) of the children in care were in care under a care order, the most common type of order of the high court. Four fewer children were under a special care order.

**Table 26: Children in care by legal status**

Care Status	2015	% of Total (2015)	2016	% of Total (2016)
Voluntary arrangement	2,231	34.9%	2,026	32.3%
Care order	3,154	49.4%	3,508	56.0%
Interim care order	711	11.1%	606	9.7%
Emergency care order	251	3.9%	107	1.7%
Special care order	16	0.3%	12	0.2%
Other care order	21	0.3%	8	0.1%
<b>Total</b>	<b>6,384</b>	<b>100.0%</b>	<b>6,267</b>	<b>100.0%</b>

Source: Tusla Annual Dataset

#### 4.2.4.6 Length of time in care

The majority of children in care (55%; 3,420) at the end of 2016 were in care for five years or less and of these more than one in five (21%; 704) was in care for less than one year (Table 27). The percentage of children in care for five years or less is down two percentage points on 2015 (57%; 3,644). The remaining 45% (2,847) of children in care were in care for more than 5 years, up from 43% (2,740) in 2015. In terms of numbers this is an increase of 107 children.

**Table 27: Children in care by length of time in care**

Year/ length of time	<1 year	1 to 5 years	>5 years	Total in care
<b>2016</b>	704 (11%)	2,716 (43%)	2,847 (45%)	<b>6,267</b>
<b>2015</b>	929 (15%)	2,715 (42%)	2,740 (43%)	<b>6,384</b>

Source: Tusla Annual Dataset

An area breakdown of children in care by length of stay is presented in Table 28. The Midlands area reported the highest percentage (17%; 69) of children in care for less than one year, followed by Louth/Meath (16%; 62). In contrast, Dublin South East/Wicklow reported the lowest percentage (5%; 14) followed by Dublin North City (8%; 47), the area with the highest rate of children in care.

The percentage of children in care for over 5 years ranged from 56% (343/612) for Dublin North City to 25% (26/103) for Sligo/Leitrim/West Cavan. Other areas with half or more of their children in care for over five years include Dublin South East/Wicklow (55%; 158/287), CW/KK/ST (50%; 185/373) and MidWest (52%; 310/597).

**Table 28: Children in care by areas and length of time in care, 2016**

Area	# <1 year	% <1 year	# 1-5 years	% 1-5 years	# >5 years	% >5 years	Total
Dublin South Central	43	11%	183	47%	161	42%	387
DSE/WW	14	5%	115	40%	158	55%	287
DSW/K/WW	49	11%	174	40%	212	49%	435
Midlands	69	17%	167	42%	161	41%	397
Dublin North City	47	8%	222	36%	343	56%	612
Dublin North	38	12%	157	48%	131	40%	326
Louth / Meath	62	16%	194	49%	141	36%	397
Cavan / Monaghan	15	10%	85	56%	52	34%	152
Cork	95	11%	382	45%	381	44%	858
Kerry	16	11%	71	47%	65	43%	152
CW/KK/ST	39	10%	149	40%	185	50%	373
Waterford / Wexford	38	9%	200	47%	189	44%	427
Midwest	73	12%	214	36%	310	52%	597
GY/RN	52	13%	173	42%	189	46%	414
Mayo	17	13%	68	51%	49	37%	134
Donegal	24	11%	98	45%	94	44%	216
SLWC	13	13%	64	62%	26	25%	103
<b>National</b>	<b>704</b>	<b>11%</b>	<b>2,716</b>	<b>43%</b>	<b>2,847</b>	<b>45%</b>	<b>6,267</b>

Source: Tusla Annual Dataset

#### 4.2.4.7 Placement stability

The number of children in care in their third or greater placement within the previous 12 months is used as a proxy for placement stability. Tusla collates data on the third or greater placement as it gives an indication of moves from the more stable placement, as depending on the circumstances or reason for admission a child can be placed in an emergency placement and then moved to a more long term stable placement. It is expected that data on all moves will be available when the National Child Care Information System is fully rolled out.

At the end of December 2016, there were 169 children in their third or greater placement within the previous 12 months. This amounts to about 2.7% of children in care. The number of children in their third or greater placement is up 37 (28%) on 2015.

This percentage compares favourably with percentages reported by other jurisdictions including England (11%; 70,450 looked after children 31 March 2016)<sup>17</sup>, Scotland (5.4%; 15,317 looked after children 31 July 2016)<sup>18</sup> and Wales (10%; 5,665 looked after children 31 March 2016)<sup>19</sup>. However, these data should be interpreted with caution as these jurisdictions operate under different legislative frameworks and as such are not directly comparable.

<sup>17</sup><https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2016-to-2017> (Table A2 National Tables)

<sup>18</sup> <http://www.gov.scot/Topics/Statistics/Browse/Children/PubChildrenSocialWork/CSWSAT1516>

<sup>19</sup><https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/children-looked-after-childrenlookedafterat31march-by-localauthority-numberofplacementsduringyear-measure>

54% (92/169) of the children in their third or greater placement within the previous 12 months were in foster care on the last day of the year (Table 29). Thirty-seven percent (62/169) were in residential care of which five (8%) were in special care. The number of children in foster care in their third or greater placement within the year equates to less than 2% of the total number of children in foster care (5,826) and compares to 19% for residential care (incl. special care).

**Table 29: Children in care in their third or greater placement within the previous 12 months**

Placement	2015	% 2015	2016	% 2016
General foster care	54	41%	85	50%
Relative foster care	11	8%	7	4%
General residential care	44	33%	57	34%
Special care	7	5%	5	3%
Other	16	12%	15	9%
<b>Total</b>	<b>132</b>	<b>100%</b>	<b>169</b>	<b>100%</b>

Source: Tusla Annual Dataset

#### 4.2.4.8 Placement abroad

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

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

It is the intention of Tusla to reduce the number of children in overseas placements over the coming years.

At the end of December 2016 there were 17 children in a placement outside of the Ireland; no change from 2015 (Table 30).

The majority of the children were in a placement in the United Kingdom (16) including three in Northern Ireland. The remaining child was in another European country.

Children in placements abroad account for 0.3% of the total number of children in care. Six (35%) of the children were in a residential placement, two fewer than 2015 and five fewer than 2014.

**Table 30: Children in care in an Out of State placement**

Placement	2013	2014	2015	2016
General residential (incl. secure)	19	11	8	6
General foster care	2	3	4	5
Relative foster care	4	3	4	5
Other	2	3	1	1
<b>Total</b>	<b>27</b>	<b>20</b>	<b>17</b>	<b>17</b>

Source: Tusla Annual Dataset

#### 4.2.4.9 Children in placements with private providers

At the end of December 2016 there were 538 children in placements with private providers; 42 (8%) more than 2015 and the highest number for the four year period 2013 – 2016 (Table 31). Children in private placements account for 9% of all children in care.

Two-thirds (67%; 360) of children in private placements were in foster care; up 17% (52) on 2015. The number of children in private residential placements was down 4% (7) on 2015. More than half (55%; 175/319) of children in residential placements are in placements with private providers. The increase in demand for private placements and in particular foster care placements is attributed to an on-going lack of availability of suitable placements in some areas and the capacity of foster care teams to recruit new foster carers to keep up with demand in some areas.

**Table 31: Children in care in private placements**

Placement	2013	2014	2015	2016
General residential	142	166	175	168
General foster care	246	274	308	360
Other	9	14	13	10
<b>Total</b>	<b>397</b>	<b>454</b>	<b>496</b>	<b>538</b>

Source: Tusla Annual Dataset

A breakdown of children in private placements by area is presented in Table 32. Dublin South Central reported the highest number (99) of children in private placements followed by Dublin North City (94) and the Midlands area (77). More than one in four (26%; 99) children in Dublin South Central is in a private placement, the highest percentage of all areas. Eight of the 17 areas has 10 or fewer children in private placements. Sixty percent (323) of children in private placements were reported by the five Dublin and wider surrounding areas.

**Table 32: Number of children in care in private placements by care type**

Area	Residential	Foster care	Other	Total in private	Total in care	% in private
Dublin South Central	20	76	3	99	387	26%
DSE/WW	14	23	2	39	287	14%
DSW/K/WW	14	41	0	55	435	13%
Midlands	7	70	0	77	397	19%
Dublin North City	15	79	0	94	612	15%
Dublin North	12	24	0	36	326	11%
Louth / Meath	11	11	0	22	397	6%
Cavan / Monaghan	2	0	0	2	152	1%
Cork	24	19	0	43	858	5%
Kerry	1	2	0	3	152	2%
CW/KK/ST	7	2	1	10	373	3%
Waterford / Wexford	18	7	0	25	427	6%
Midwest	8	0	1	9	597	2%
GY/RN	5	0	3	8	414	2%
Mayo	0	1	0	1	134	1%
Donegal	4	4	0	8	216	4%
SLWC	6	1	0	7	103	7%
<b>National</b>	<b>168</b>	<b>360</b>	<b>10</b>	<b>538</b>	<b>6,267</b>	<b>9%</b>

Source: Tusla Annual Dataset

#### 4.2.4.10 Placement of children 12 years and younger in residential care

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

At the end of December 2016 there were 45 children 12 years and younger in a residential placement; six more than 2015 (Table 33). Eight-two percent (37) of these children were 10 years or older. No child under six was in a residential placement.

**Table 33: Children aged 12 years and younger in a residential placement**

	2013	2014	2015	2016
# aged ≤12 years in residential care	44	44	39	45
# in residential care (incl. special care)	357	345	351	319
% aged ≤12 years in residential care	12.3%	12.8%	11%	14%

Source: Tusla Annual Dataset

#### 4.2.4.11 Children in Special Care Units

During 2016, there were 52 referrals to special care, 22 fewer than 2015 (n=74) and the fewest number for the period 2013 - 2016 (Table 34). Ten (19%) of the 52 referrals were re-referrals. Half (50%; 26) of the referrals were approved; 23 were deemed not suitable, one was considered inappropriate and one was withdrawn prior to being considered. A total of eight referrals deemed suitable were subsequently withdrawn or removed. A total of 19 children were admitted to special care in 2016; three fewer than 2015 and the fewest number for the period 2013 – 2016.

**Table 34: Referrals to Special Care 2013 - 2016**

	No. of referrals	No. of re-referrals	Total referrals	Referrals approved	Children admitted
<b>2016</b>	42	10	<b>52</b>	26	<b>19</b>
<b>2015</b>	55	19	<b>74</b>	31	<b>22</b>
<b>2014</b>	67	16	<b>83</b>	46	<b>33</b>
<b>2013</b>	86	18	<b>104</b>	32	<b>32</b>

*Source: Special Care Services*

Slightly more males (n=28) than females (n=24) were referred. The most common age of those referred was 17 years (n=14; 27%). A breakdown of the age at referral is presented in Table 35.

**Table 35: Age at time of referral, 2016**

	Number
11 years	0
12 years	0
13 years	3
14 years	9
15 years	13
16 years	13
17 years	14
<b>Total</b>	<b>52</b>

*Source: Special Care Services*

Five of the 19 children admitted to special care were admitted within one week of referral, four were admitted within two weeks, three were admitted within one month, two were admitted within two months while the remaining five were admitted within three months of referral.

The most common length of intervention was 2-6 months (79%; 15). The length of intervention for the remaining four was 6-12 months.

On the 31 December 2016, there were 12 children in special care; four fewer than 2015. The number of children in special care accounted for 0.2% (12/6,267) of the total number of children in care on 31 December 2016.

#### 4.2.4.12 Children in care in full-time education

At the end of December 2016, 97% (n=3,881/3,992) of children in care aged 6–15 years were in full time education<sup>20</sup> and 93% (n=985/1,055) of children aged 16 and 17 years were in full time education (Table 36).

A breakdown of the number of children in care in full time education by area is presented in Table 36. For children aged 6-15 years, seven of the 17 areas reported 100%, with a further eight reporting 95% or higher. For children aged 16 and 17 years, two areas reported 100%, with a further 12 areas reporting 90% or higher.

**Table 36: Children in care in education, December 2016**

Area	No. in Care 6-15 years	No. in FT Education	% in FT Education	No. in Care 16 & 17 years	No. in FT Education	% in FT Education
DSC	254	232	91%	62	54	87%
DSE/WW	190	188	99%	48	46	96%
DSW/K/WW	273	260	95%	91	83	91%
Midlands	226	216	96%	63	52	83%
DNC	390	380	97%	121	111	92%
Dublin North	200	200	100%	56	55	98%
LH/MH	249	239	96%	70	67	96%
CN/MN	97	97	100%	19	16	84%
Cork	545	525	96%	143	136	95%
Kerry	106	106	100%	24	24	100%
CW/KK/ST	218	203	93%	70	69	99%
WD/WX	329	327	99%	59	57	97%
Mid West	386	379	98%	95	89	94%
GY/RN	245	245	100%	63	60	95%
Mayo	83	83	100%	20	20	100%
Donegal	142	142	100%	29	26	90%
SLWC	59	59	100%	22	20	91%
National	<b>3,992</b>	<b>3,881</b>	<b>97%</b>	<b>1,055</b>	<b>985</b>	<b>93%</b>

Source: Tusla Quarterly Data Return

#### 4.2.4.13 Children in Care with an Allocated Social Worker and Care Plan

At the end of December 2016, 93% (n=5,810/6,267) of children in care had an allocated social worker against a target of 100% (Table 37); no change from 2015. In terms of numbers 457 children were awaiting allocation of a social worker at the end of December 2016, eight fewer than December 2015 (465).

<sup>20</sup> For the purposes of reporting, the measurement of full-time education is the care plan specification for the child's educational requirements measured against the child's achievement of same. It is expected that each child's educational arrangement is outlined in their care plan.

For the same period, 94% (n=5,861/6,267) of children had an up-to-date care plan<sup>21</sup> against a target of 90% (Table 37); up four percentage points on December 2015. In terms of numbers 406 children did not have an up-to-date plan, 212 fewer than December 2015 (618).

**Table 37: Children in care with an allocated social worker and written care plan, December 2016**

Area	# in Care Dec 2016	# in care with an Allocated Social Worker Dec 2016	% in Care with an Allocated Social Worker	# in Care with a Care Plan Dec 2016	% in Care with a Care Plan
Foster Care General	4,111	3,812	93%	3,848	94%
Foster Care Relative	1,715	1,569	91%	1,595	93%
Residential (General)	307	305	99%	299	97%
Special Care	12	12	100%	12	100%
Other	122	112	92%	107	88%
<b>National</b>	<b>6,267</b>	<b>5,810</b>	<b>93%</b>	<b>5,861</b>	<b>94%</b>

Source: Tusla Annual Dataset

A breakdown of the number of children in care with an allocated social worker and written care plan by area at the end of December 2016 is presented in Table 38. In four of the 17 areas all (100%) children in care had an allocated social worker, with 95% or higher reported in a further six areas. The MidWest area reported the lowest percentage at 82% followed by Louth/Meath at 83%.

In 14 out of 17 areas, more than 90% (target) of children in care had a written care plan. Dublin South Central reported the lowest percentage at 67% followed by Dublin South West/Kildare/West Wicklow and Cavan / Monaghan both reporting 89%.

**Table 38: Children in care with an allocated social worker and care plan by area, December 2016**

Area	# Children in Care	# Allocated Social Worker	% Allocated Social Worker	# Care Plan	% Care Plan
DSC	387	387	100%	260	67%
DSE/WW	287	277	97%	261	91%
DSW/K/WW	435	399	92%	386	89%
Midlands	397	355	89%	364	92%
DNC	612	586	96%	595	97%
Dublin North	326	303	93%	302	93%
LH/MH	397	331	83%	380	96%
CN/MN	152	144	95%	135	89%
Cork	858	834	97%	795	93%
Kerry	152	151	99%	152	100%
CW/KK/ST	373	339	91%	352	94%
WD/WX	427	406	95%	423	99%
Mid West	597	488	82%	595	99.7%
GY/RN	414	357	86%	410	99%

<sup>21</sup> It should be noted that variances have been identified in how data on this metric are being reported by the areas. In some areas care plans that have fallen due for review and not updated are included. Also, it should be noted that where a care plan is not up-to-date, the care plan in place (albeit that it is awaiting review) is used to support the care of the child.

Mayo	134	134	100%	134	100%
Donegal	216	216	100%	215	99.7%
SLWC	103	103	100%	102	99%
National	6,267	5,810	93%	5,861	94%

Source: Tusla Annual Dataset

#### 4.2.5 Foster Carers

At the end of December 2016, there were 4,893 foster carers in Ireland; some 70 more than December 2015 (Table 39). Ninety-three percent (n=4,537) of foster carers were approved and on the Panel of Approved Foster Carers in accordance with Part III of the Child Care (Placement of Children in Foster Care) Regulations 1995; 94 more than 2015. Seven per cent (n=356) were awaiting approval, some 24 fewer than 2015.

Almost one-third (32%; n=1,577) of all foster carers were relative carers. Sixty per cent (n=2,913) were general foster carers while the remaining 8% (n=403) were private carers.

**Table 39: Foster carers by type, 2014-2016**

Area	# 2014	# 2015	# 2016	Δ+/- 2016 vs. 2015	% of Total 2016
General foster carers approved	2,880	2,955	2,913	-42	60%
Relative foster carers approved	1,166	1,194	1,221	+27	25%
Relative foster carers awaiting approval	442	380	356	-24	7%
Private foster carers approved	164**	294	403	+109	8%
<b>National</b>	<b>4,652</b>	<b>4,823</b>	<b>4,893</b>	<b>+70</b>	<b>100%</b>

\*\* 2014 Based on returns from 13/17 areas

Source: Tusla Quarterly Data Return

##### 4.2.5.1 Approved Foster Carers with Allocated Link Workers

At the end of December 2016, 82% (n=3,376/4,134) of approved general and relative foster carers had an allocated link worker; up three percentage points from 2015 and seven percentage points on 2014 (Table 40).

In respect of relative foster carers awaiting approval, 69% (n=211/308) of those who had a child placed with them for longer than 12 weeks<sup>22</sup> at the end of December 2016, had an allocated link worker; up five percentage points from 2015 and 12 percentage points on 2016.

<sup>22</sup> The timeframe for approval of relative foster carers is 12 weeks per the Child Care (Placement of Children with Relatives) Regulations 1995 and 16 weeks per the National Standards for Foster Care.

**Table 40: Approved foster carers with an allocated link social worker, 2014-2016**

Type	# Foster Carers 2014	# Link Worker 2014	# Foster Carers 2015	# Link Worker 2015	# Foster Carers 2016	# Link Worker 2016
General foster carers approved	2,880	2,231 (77%)	2,955	2,419 (82%)	2,913	2,395 (82%)
Relative foster carers approved	1,166	789 (68%)	1,194	856 (72%)	1,221	981 (80%)
<b>National</b>	<b>4,046</b>	<b>3,020 (75%)</b>	<b>4,149</b>	<b>3,275 (79%)</b>	<b>4,134</b>	<b>3,376 (82%)</b>

Source: Tusla Quarterly Data Return

A breakdown of general and relative foster carers (approved) with a link worker by area is presented in Table 41. The percentage of general foster carers with an allocated link worker ranged from 33% (62/190) in Louth/Meath to 100% in four areas. Ten areas reported a percentage higher than the national average of 82%.

The percentage of approved relative foster carers with a link worker ranged from 33% (40/120) in CW/KK/ST to 100% in five areas. Eleven areas reported a percentage higher than the national average of 80%.

**Table 41: General and relative foster carers (approved) with a link worker, December 2016**

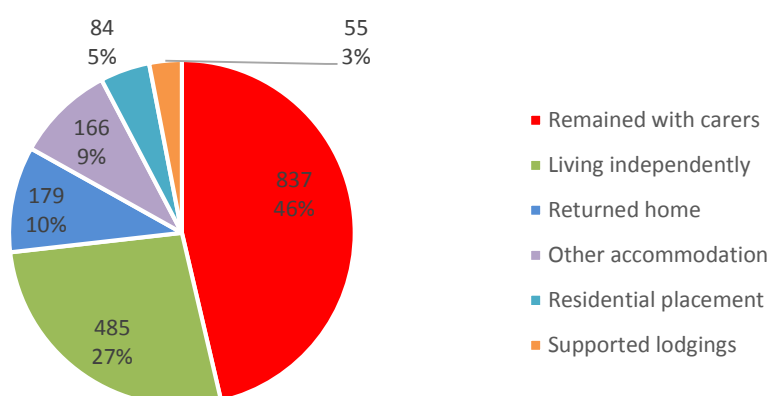
Area	# General	# with allocated link worker	% with link worker	# Relative (approved)	# with allocated link worker	% with link worker
DSC	162	131	81%	62	48	77%
DSE/WW	146	129	88%	58	52	90%
DSW/K/WW	166	127	77%	100	62	62%
Midlands	152	112	74%	60	39	65%
DNC	176	137	78%	154	118	77%
Dublin North	129	116	90%	77	67	87%
LH/MH	190	62	33%	54	41	76%
CN/MN	101	82	81%	23	19	83%
Cork	376	372	99%	139	133	96%
Kerry	75	75	100%	36	30	83%
CW/KK/ST	222	124	56%	120	40	33%
WD/WX	250	207	83%	92	92	100%
Mid West	287	257	90%	113	107	95%
GY/RN	227	227	100%	83	83	100%
Mayo	68	68	100%	22	22	100%
Donegal	121	104	86%	18	18	100%
SLWC	65	65	100%	10	10	100%
<b>National</b>	<b>2,913</b>	<b>2,395</b>	<b>82%</b>	<b>1,221</b>	<b>981</b>	<b>80%</b>

A total of 265 Tusla foster carers (excludes private providers) were approved in 2016. During the same period some 251 foster carers ceased fostering. Eighty-nine percent (224) of these carers ceased voluntarily while the remaining 11% (27) ceased for statutory reasons.

#### 4.2.6 Aftercare

At the end of December 2016, there were 1,880 young adults (all ages 18 years upwards) in receipt of aftercare services; 45 (2%) more than 2015 (n=1,835). It should be noted, that as this is a demand-led service, through voluntary engagement, the number of young people in receipt of aftercare services can fluctuate.

In terms of the 18-22 years old cohort in receipt of aftercare services (n=1,806) 27% (n=485) moved to living independently while 46% (46%; 837), almost one in two, remained living with their carers, implying that they continue to experience caring relationships and stable living arrangements (Figure 21).



**Figure 21: Living arrangements of young adults (18-22 years) in receipt of aftercare services**

Source: Tusla Quarterly Data Return

86% (n=1,547) had an aftercare plan and 85% (n=1,531) had an allocated aftercare worker (Table 42). Fifty-eight per cent (n=1,040) of these young people were also in full time education.

More than 90% of young people had an aftercare plan in 13 out of 17 areas with six of these areas reporting 100% (Table 42). Similarly, more than 90% had an aftercare worker in 10 out of 17 areas with seven areas reporting 100%. Dublin South Central was the poorest performing area reporting 42% with a plan and 38% with an aftercare worker.

**Table 42: 18-22 years in aftercare with an aftercare plan and aftercare worker, Dec 2016**

Area	# 18-22 years in aftercare	# with an aftercare plan	% with an aftercare plan	# with an after care worker	% with an aftercare worker
DSC	150	63	42%	57	38%
DSE/WW	112	104	93%	103	92%
DSW/KWW	131	69	53%	103	79%
Midlands	101	97	96%	101	100%
DNC	157	142	90%	129	82%
Dublin North	69	64	93%	69	100%
LH/MH	110	106	96%	81	74%
CN/MN	68	68	100%	68	100%
Cork	255	255	100%	223	87%
Kerry	34	34	100%	33	97%
CW/KK/ST	93	56	60%	56	60%
WD/WX	129	123	95%	115	89%

Mid West	141	133	94%	141	100%
GY/RN	142	119	84%	138	97%
Mayo	48	48	100%	48	100%
Donegal	41	41	100%	41	100%
SLWC	25	25	100%	25	100%
<b>National</b>	<b>1,806</b>	<b>1,547</b>	<b>86%</b>	<b>1,531</b>	<b>85%</b>

Source: Tusla Quarterly Data Return

### 4.3 COMMENTARY ON SERVICE

At the end of December 2016, there were 6,267 children in the care of the Agency equating to about 53 /10,000 children living in Ireland. While this figure is down 2% (117) on the number who were in care at the end of the previous year, it is too early to predict if this is the start of a downward trend and if the Agency's focus on parenting and family support is having an impact. More than nine out of 10 (5,826) children in care were in foster care; 4.8% (307) were in general residential care while 12 children were in special care units. A total of 17 children were accommodated in care settings outside of the State, six of whom were in specialist residential centres. Nine per cent (538) of children in care were in placements with private providers (i.e., non-statutory providers) the highest number for all years 2013-2016. This has been attributed to the lack of suitable placements in some areas and the on-going capacity of other areas to recruit sufficient foster carers to meet demand.

The majority of children in care (55%; 3,420) were in care for five years or less. Almost one in ten (559) was 17 years, the most common age of all children in care and thus, reflects the proportionately higher number of older teenagers who are coming into care. In 2016, 21% (168) of children admitted into care for the first time were 15-17 years inclusive. A small number of children (169; 2.7%) in care at the end of December 2016 were in their third or greater placement within the year – a proxy for placement stability. Ninety-three per cent (5,810) of children in care had an allocated social worker and 94% (5,861) had an up-to-date care plan while 93% (985) of 16-17 year olds were in full-time education.

A total of 799 children were admitted into care for the first time, about 7/10,000 children living in Ireland. The two main reasons for admission were welfare concerns (44%; 352) and neglect (37%; 300). The most common age at admission was <1 year accounting for 16% (125) of all first time admissions, followed by the older ages of 15 and 16 years. First time admissions account for 76% (799) of all admissions into care in 2016 (1,047); the remaining 24% (248) of admissions were second or subsequent admissions. Depending on the circumstances or reason for admission a child can be placed in an emergency placement and then moved to a more long term stable placement. Hence, in terms of a proxy for placement stability Tusla collates data on the 3<sup>rd</sup> or greater placement within the year as it gives an indication of moves from the more stable placement. Data on all moves will be available when the National Child Care Information System is fully rolled out. Over half (58%; 584/1,013 *legal status not available for 34 admissions*) of admissions in 2016 were voluntary admissions i.e., agreed with the parents/guardians.

There were some 1,224 discharges from care in 2016 of which four in ten (490) were for young people turning 18 years. More than half (55%; 677) of discharges were to home/family with a

further 27% (330) opting to remain with their carers, indicating a positive relationship with their carers and stable living arrangements.

At the end of December 2016, there were 1,880 young people in receipt of aftercare services, up slightly (2%; 45) on 2015. Almost half (46%; 837) of young people 18-22 years in receipt of aftercare services were continuing to live with their carers while 10% (179) had returned home/family. Just over one in four (27%) was living independently while fewer than one in ten (9%; 166) was in “other” accommodation which is not specified. It is possible that some of these young people were “couch surfing” or staying with friends, with a small number using homelessness services.

Findings from inspection reports and reviews demonstrate that, in the main, children in care are safe, well looked after and experience a good quality of life. Overall, their rights are upheld and they are treated with dignity and respect and consulted in relation to decisions about their lives. HIQA reports refer to children building positive relationships with staff, being supported to maintain contact with family and being supported to achieve their educational potential. Reports also refer to children telling inspectors that they were listened to, and they had someone to talk to if they had a worry or were upset by something. They told of their experiences in school and the opportunities they had to participate in sports, hobbies, and other recreational activities, which were similar to their peers. In a number of reports the commitment of social workers and the skills of different workers in building relationships with difficult circumstances were commended.

Overall, social work practice is found to be good with evidence of good quality assessment and planning for children in care. Most importantly, safeguarding and child protection practice is, in the main, found to be good (improved in some areas) and in line with Children First National Guidance (2011). Good safeguarding and child protection practice in a children’s residential service or foster care service ensures that children are cared for safely and that any threat to their safety is responded to in a timely manner. The use of physical restraint was also found to be reduced in special care units where it was previously identified as a concern.

Notwithstanding, there are areas for improvement. Not all children in care had an allocated social worker at the end of 2016 nor did all children have an up-to-date care plan, albeit that there was some improvement in this area from 2015. Matching children, and in particular children from different cultural, ethnic and religious backgrounds, with suitable carers is an on-going challenge in some areas, resulting in some placements breaking down, siblings groups not being placed together in line with their care plan, children being placed away from their local community along with an over-reliance on private providers. Planning and preparation for leaving care is also not what it should be in a number of areas.

Additionally, while many foster carers received good quality support and supervision, almost one in five (19%; 855, general / relative approved and relative unapproved with a child for > 12 weeks) did not have an allocated link worker at the end of 2016, although improved slightly from 2015. There were also delays in assessment, approval and review of some foster carers in line with national standards. This meant that in some incidences assessments took between 12 and 16 months to be completed after a child was placed with a relative carer. Poor management of allegations made against foster carers was also identified in some areas.

Other areas for improvement include timely access to HSE Child Adolescent Mental Health Services (CAMHS) and disability services; managing behaviour that challenges and how children with risk behaviours are managed, including the quality and oversight of individual crisis management plans. In one particular residential centre children had absconded from the centre on 42 occasions and engaged in risk behaviours whilst outside of the centre on some of these occasions.

Deficits in management and accountability systems, including risk management, recording and reporting practices, complaints management, Garda vetting, training, supervision and staffing are also commonly cited in reports and reviews.

Actions plans are in place to address all issues identified above and in many cases the issues have been addressed and closed out.

In addition to the implementation and monitoring of specific action plans developed to address deficits identified in the various inspection reports and reviews conducted, Tusla is in the process of developing an overarching strategy for Alternative Care. This strategy is being informed by a national and international review of the provision of alternative care in Ireland and other jurisdictions to identify best practice and what works well in alternative care. To support this process, Tusla and Irish Foster Care Association (IFCA) have consulted with foster carers and social workers to gain an insight and to capture their experiences of providing foster care. The strategy when complete will include actions to position residential care and foster care in line with organisational need and best practice.

Another initiative underway is the “Creative Community Alternatives”. Six pilot areas have been assigned specific additional budget to introduce innovative high prevention initiatives that are aimed at those children who are either on the edge of alternative care or currently in alternative care due to complex factors that may include neglect, parental separation, attachment issues, alcohol and /or drug misuse, mental health and economic disadvantage with a view to keeping these children in their community. It is being targeted at children and young people who have had multiple placement breakdowns / at risk of placement breakdown and where alternative localised solutions are possible. Delivered by multidisciplinary and highly adaptable teams and services it aims to develop the problem-solving skills, coping skills, and self-efficacy of young people and their family members with particular emphasis on integrating the young person into their local community and building the family’s social support network.

It is also anticipated that implementation of Tusla’s complaints and feedback policy and procedure ["Tell Us"](#) which was rolled out in the latter part of 2016 will improve the management and recording of complaints and feedback. This is in addition to the roll-out of a centralised system for the recording and analysis of complaints, which in turn should lead to greater learning from complaints and feedback. Similarly, a system for the recording incidents and significant events is also being rolled out and again the analysis of the information captured on this system should assist with learning and the improvement of services.

Other work underway includes the development of aftercare services including planning and preparation for leaving care; working with HSE Child and Adolescent Mental Health Services (CAMHS) and disability services to ensure provision is designed to meet young people’s needs; targeted recruitment of foster carers; continuation of building works at special care units,

Crannóg Nua and Ballydowd; training for staff and particularly training for staff dealing with children with challenging behaviours; as well as strengthening management and accountability systems including risk management and quality assurance.



## **CHAPTER 5**

### **FAMILY SUPPORT SERVICES**

## FAMILY SUPPORT SERVICES

### Key Messages

- Tusla is committed to reforming its model of service delivery to strengthen and grow family support services as an effective prevention and early intervention measure to promote best possible outcomes for children. The Agency's Prevention, Partnership and Family Support (PPFS) programme of work provides the framework for moving towards a stronger focus on prevention and early intervention rather than crisis management.
- In 2016, demand for family support services continued with at least 30,980 children and 23,465 families referred to family support services. There were 403 referrals to a family welfare conference and 208 conferences convened. Family Resource Centres (FRCs) provided 285 parenting courses which were attended by 329 children and 960 adults. Over 67,000 people participated in a support network or community group. Twenty-two of the larger funded community-based counselling organisations provided counselling to 2,136 children aged 18 years or younger. For the academic year 2015/2016 a total of 2,533 children received bereavement support. This is in the context of an increasing number of families and changes in the types and nature of families.
- In 2016, the roll-out of the PPFS programme of work including Child and Family Support Networks<sup>23</sup> (CFSN) and Meitheal - Tusla's early intervention national practice model for all agencies working with children, young people and their families progressed significantly. Early evidence indicates that outcomes for families who have taken part in a Meitheal appear to be enhanced, with improvements noted in overall well-being, relationships and the resolution of specific needs. Improvements were also noted in terms of the working relationships between practitioners both within Tusla and between Tusla and other agencies.
- Notwithstanding, additional inputs are required across the programme to support the achievement of outcomes for children and families in 2017 and these have been identified in order to inform service planning in 2017.
- Key to the reform and development in this area will be the development of the infrastructure required for the Agency to assess in a comprehensive way the adequacy of family support services provided and how resources are meeting demand. Additional investment and expansion of the Family Resource Programme is also planned.
- In 2017 Tusla will continue to place parenting and family support at the very centre of its discharge of child welfare and protection responsibilities, whilst recognising the wider agency responsibility that exists.

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<sup>23</sup> Child and Family support networks: Collaborative networks of community, voluntary and statutory providers intended to improve access to support services for children and their families.

## 5.1 INTRODUCTION

This chapter provides an overview of parenting and family support services provided by Tusla and private and voluntary agencies commissioned and funded by Tusla to provide services on its behalf on a local, regional and national basis.

## 5.2 FAMILY SUPPORT

Family support is a style of work and a wide range of activities that strengthen positive informal social networks through community-based programmes and services. The main focus of these services is on early intervention aiming to promote and protect the health, well-being and rights of all children, young people and their families. At the same time particular attention is given to those who are vulnerable or at risk.

In the case of Tusla, parenting and family support is a constituent element of all aspects of its work and it provides a range of services that offer advice and support to families. In addition to services provided directly by Tusla, a wide range of private and voluntary agencies are commissioned and funded by Tusla to provide services on its behalf on a local, regional and national basis. This is in accordance with the provisions of Section 56 to 59 of the Child and Family Agency Act 2013. In 2016, service providers and bodies delivering services (includes family support services and other services provided) on behalf of the Agency under Section 56 to 59 of the Child and Family Agency Act 2013 received funding in the region of €98.4 million.

The list of services provided includes:

- Community Childcare Worker Services
- Family Support Worker Services
- Family Welfare Conference Service
- Family Resource Centre Programme
- Counselling Services
- Targeted parenting support through universal provision, e.g., Lifestart, Community Mothers, Triple P Parenting Support, Incredible Years, Marte Meo
- Teen/Youth Support Programmes, including Neighbourhood Youth Projects, Teen Parent Support Initiatives, Health Cafés, Youth Advocacy Programmes
- Support to families at risk, e.g., Springboard Programmes, Family Welfare Conferencing, Strengthening Families, Intensive Parenting and Family Support, Community Development Projects, Functional Family Therapy
- Support to specific groups, e.g., Translation services, Hidden Harm supports
- Supports to families supporting children in care
- Individualised packages of support, based on need.

In terms of context, there are 1,218,370 families<sup>24</sup> in Ireland (Census 2016); an increase of 3.3% since April 2011 and a rise of 51% since 1996. Of these, 862,721 (71%) are families with children, an increase of 28,455 since 2011. Eighteen percent of families (218,817) are one parent families with children.

Referrals for Tusla's Family Support Services and services funded by Tusla under Section 56-59 of the Child and Family Agency Act 2013 are received from a wide range of external sources (e.g., HSE, schools, An Garda Síochána) and inter-departmentally (e.g., Child Protection and Welfare Services) within Tusla. Families can also self-refer directly to all community-based services.

Data collected for 2016 gives an indication of the demand on family support services. At least

- 30,980 children and 23,465 families referred to family support services;
- 24,217 children and 16,806 families in receipt of family support services at the end of 2016;

Due to limitations of the data collected and the need for additional data on the quantity and quality of services provided, it is difficult to comment on the adequacy or otherwise of Tusla's Family Support Services and services funded under Section 56-59 of the Act. It is anticipated that this deficit will be addressed through the work that is being done on the process for commissioning of services and the increased emphasis to be placed on monitoring of fidelity to agency priorities.

The Agency is committed to ensuring that family support services are an integral part of service delivery reform being undertaken by Tusla; this will be central to ensuring that children and families receive a comprehensive range of services proportionate to their needs. The parenting and family support aspect of the service delivery framework introduced in Chapter 2 of this report is designed as an area-based approach to prevention, partnership and family support (PPFS) and is described below.

### **5.3 PREVENTION, PARTNERSHIP AND FAMILY SUPPORT**

Having commenced in 2015, the Prevention, Partnership and Family Support (PPFS) programme of work provides the framework for moving towards a stronger focus on prevention and early intervention rather than crisis management. The aim of this work is to prevent risks to children and young people arising or escalating by delivering services proportionate to identified need. This work is underpinned by the statutory commitment in the Child and Family Agency Act 2013 to support and encourage the effective functioning of families, including the provision of preventative family support services aimed at promoting the welfare of children. The programme operates across the continuum of care operated by Tusla, seeking to make all services more preventative, integrated, evidence informed and participatory.

The "High Level Policy Statement on Supporting Parents and Families" published by the DCYA in April 2015, which flows directly from "Better Outcomes, Brighter Futures – the National Policy Framework for Children and Young People (2014-2020)", provides the policy platform for Tusla to discharge its statutory responsibilities to support and encourage effective functioning of

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<sup>24</sup> For census purposes, a family is defined as a couple with or without children, or a one parent family with one or more children.

families. Tusla's commitment to early intervention and preventative work is also articulated in its Corporate Plan 2015 – 2017 and associated annual business plans. The programme of work is guided by Tusla's published strategy and several guidance documents.

Central to this programme are five distinct but complementary and interwoven work packages: the development of the Meitheal–National Practice Model; parental support; public awareness (i.e., increasing awareness of where to access help among the general public); participation (i.e., enhancing child and youth participation at all levels of their engagement with Tusla) and commissioning which focuses on the funding of services. This programme involves substantive changes to structures, roles, processes, partnerships and practices in Tusla. Further detail on the distinct work-packages referred above is presented below.

### **5.3.1 Area Based Approach to Child and Family Support Networks and Meitheal**

In 2016 the roll-out of Child and Family Support Networks<sup>25</sup> (CFSN) and Meitheal - Tusla's early intervention national practice model for all agencies working with children, young people and their families progressed significantly. The Meitheal model is being led and coordinated by Tusla to ensure families receive preventative, integrated support in a highly participatory manner. The aim of Meitheal is to ensure that the needs and strengths of children and their families are effectively identified and understood and responded to in a timely way so that children and families get the help and support needed to improve children's outcomes and realise their rights. It is an early intervention, multi-agency (when necessary) response tailored to the needs of an individual child or young person. The implementation of Meitheal and Tusla's overall Service Delivery Framework are supported by the development of Child and Family Support Networks (CFSNs).

The UNESCO Child and Family Research Centre at NUI Galway published a report entitled – *“Meitheal and Child and Family Support Networks, Early Implementation of Meitheal and Child and Family Support Networks: Lessons from the field”* in 2016. This report highlighted the early successes and challenges encountered in the development of CFSNs and Meitheal. Participants in the study reported that outcomes for families who have taken part in a Meitheal appear to be enhanced, with improvements noted in overall well-being, relationships and the resolution of specific needs. Improvements were also noted in terms of the working relationships between practitioners both within Tusla and between Tusla and other agencies. Some variations in implementation were identified with greater consistency and standardisation recommended. The key challenge identified was the need for a greater mandate at a senior level for participation in CFSNs and Meitheal across all relevant government departments and agencies.

A national staffing structure was agreed in order to deliver the PPFS programme in a consistent manner nationwide. A subsequent gap analysis indicated the identified structure was approximately 50% in place with significant regional variations. Based on feedback from practitioners and service users the Meitheal forms were revised, and simplified. The forms subsequently received a plain English award from the National Adult Literacy Association

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<sup>25</sup> Child and Family support networks: Collaborative networks of community, voluntary and statutory providers intended to improve access to support services for children and their families.

(NALA). An interim database to support the Meitheal Model was also designed and implemented. Data on the Meitheal process will be published in 2017.

### 5.3.2 Child and Youth Participation

It is the remit of Tusla to engage with children and young people on the design and quality of services provided to them. The aim is to ensure that every time a decision is taken that directly affects a child or young person (or children and young people collectively), their views are taken into consideration in the decision-making process (*Toward the Development of a Participation Strategy, Tusla 2015*). The participation of children and young people is fundamental to a child-centred, rights-based approach to working with children and young people. It is a requirement of the *National Strategy on Children and Young People's Participation in Decision-making (DCYA 2015)*. In addition, it is also called out in the *National Standards for the Protection and Welfare of Children (HIQA 2012)*.

To date, Tusla has developed; *Toward the Development of a Participation Strategy (2015)* and a leaflet, *Participation of Children & Young People – Our Approach (2015)*. Tusla also committed in its Business Plan 2016 to the development of a national strategy on the participation of children and young people.

As a result, a comprehensive training programme with an accompanying training manual and a [\*Child and Youth Participation Toolkit\*](#) were developed. There were 38 people trained as trainers for roll out of the programme in 2017. A national conference was held on the 7<sup>th</sup> of January 2016 entitled – “Towards Participation”. The conference involved the direct participation of children and young people around the country and showcased high quality initiatives by Tusla staff and partner agencies to promote child and youth participation. The conference was addressed by many speakers including Tusla CEO, Fred Mc Bride, who outlined his vision for Tusla in terms of child and youth participation which emphasised children and young people's right to participate in all decision making that affects their lives and the need for a profound system change in order to move away from a welfare approach to a well-being and resilience approach that hands an appropriate level of power, control and responsibility to children, young people and families. Tusla in partnership with the organisation Empowering Young People in Care<sup>26</sup> (EPIC) also developed 14 fora for children and young people in care.

### 5.3.3 Parenting Support and Participation

Tusla is committed to supporting parents through active interventions, cross-sectoral activities and an integrated service delivery model (Tusla, Corporate Plan, 2015-2017). This will be achieved through the implementation of Tusla's parenting support strategy, “*Investing in Families: Supporting Parents to Improve Outcomes for Children, 2013*” including the provision of accessible and friendly parenting supports in all areas.

As a result of this commitment, 102 Parenting Support Champions (PSC) from Tusla and partner agencies were recruited, inducted and trained in 2016. The role of the PSC is to promote

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<sup>26</sup> EPIC is a national organisation that works with and for children and young people who are currently living in care or who have experience of living in care. This includes those in residential care, foster care, relative care, hostel, high support and special care. EPIC also works with young people preparing to leave care and in aftercare, and with adults with care experience. <http://www.epiconline.ie/>

parenting, family well-being and Tusla's parenting support strategy, within their area – both geographic and practice and to find local opportunities to develop approaches to supporting parenting and to disseminate the Key Messages e.g., links to CYPSCs, Steering Groups under CYPSCs, CFSNs. Examples of the disciplines represented are: An Garda Síochána, Community Development, Community Drugs & Alcohol Response, Early Years, Family Resource Centres, Family Support, Foster Care, Parenting Home Visiting, Parenting Programmes, Psychology, Public Health Nursing, Social Care Work, Social Inclusion and Community Activation, Social Work, Speech and Language Therapy and Youth Work.

These PSCs were supported with training in Tusla's "Toolkit for Parental Participation" and "Parenting24seven Key Messages" and provided with an associated resource pack. A national planning and networking day was held on the 8<sup>th</sup> of December 2016 where parental participation seed funding projects were approved for all of Tusla's 17 areas resulting in 26 projects nationally. These projects led to innovative practice by Tusla and partner agencies to promote parental participation. Tusla's "Parenting24seven" website <http://www.tusla.ie/parenting-24-seven> was promoted at various events nationwide resulting in parents having access to important evidenced informed information to support them in their parenting role.

#### **5.3.4 Commissioning**

Tusla has adopted a new approach to commissioning of services. To support this process it has developed a commissioning strategy which outlines a framework for commissioning priorities based on needs analysis, consultation and review whilst taking into account all of the resources of the Agency, the statutory duties assigned under legislation and additionally what can be provided by partner agencies and statutory organisations to support the continuum of care at local and national level.

For the first time five Tusla areas and one national programme - Domestic, Sexual and Gender Based Violence Services (DSGBVS) have published commissioning plans. As a result, partner agencies and service users were given an opportunity to influence how those areas planned the use of the total resources available to improve outcomes for children and families in the most efficient, equitable, proportionate and sustainable way

### **5.4 FAMILY RESOURCE CENTRE PROGRAMME**

There were 109 communities supported through the Family Resource Centre Programme (FRC Programme) in 2016 – a programme that provides services and supports to the local communities in which they are based. Tusla provided in the region of €14.8 million in funding to the FRC Programme in 2016. This core funding is to enable individual FRCs to employ staff and allows for some support of overhead costs, such as rent and utilities.

The FRC Programme is Ireland's largest family support programme, delivering both universal and targeted community-based family support services and developmental opportunities within disadvantaged communities across the country. Family Resource Centres work with children, parents and communities to combat disadvantage and improve the functioning of the family unit. Each FRC operates autonomously, working inclusively with individuals, families, communities, and both statutory and non-statutory agencies. The programme emphasises involving local communities in tackling the problems they face, and creating successful partnerships between

voluntary and statutory agencies at community level. FRCs aim to involve people from marginalised groups and areas of disadvantage on their voluntary management committees. This approach ensures that each FRC is embedded in the community.

The overall remit of FRCs includes a strategic focus on achieving the national outcomes and aims for children and young people, which are set out in the national policy framework “Better Outcomes, Brighter Futures” (DCYA 2014). This includes programmed and developmental activities. It is seen as a continuation of the former Family Support Agency’s Strategic Framework for Family Support, which was developed in 2011 and linked to nationally agreed outcomes for children and their parents.

FRCs are an integral part of Tusla’s Area Based Approach and act as a first step to community participation and social inclusion. FRCs engage with a wide range of partner organisations through local infrastructures, including Meitheal, a national practice model.

### **Services and development opportunities provided**

FRCs undertake a wide variety of work with children and adults, individually and within groups. These include:

Delivering Community-based Services:

- Delivering community-based services that may have a universal or targeted focus, e.g. childcare services, child contact services<sup>27</sup>

Providing Active Learning Opportunities:

- FRCs plan, deliver and support a range of formal and informal learning opportunities. These include literacy supports, school support initiatives and after-school projects. Adult education opportunities span from personal development and parenting courses to accredited vocational training.

Evidence-based, Modularised Programmes:

- FRCs deliver formal programmes with a focus on parenting, family interaction and mental health. These may be targeted at children or parents or both, including Strengthening Families Programmes, the Incredible Years Programme, the Community Mothers Programme, the Common Sense Parenting Programme, the Positive Parenting Programme and Parents Plus.

Establishing and Supporting Positive Networks and Development Groups:

- These networks and groups may facilitate peer support or have a developmental focus. Networks and groups may comprise people who share a common role within family networks (for example, Parents’ Support Group, New Mothers’ Group, Carers Support Group, etc.) or those who are at a common stage in life (for example, Youth Clubs, Children’s Groups, etc.). They may also comprise people with a mutual interest or shared experience (for example, Exercise Groups, Mental Health Support Groups, etc.).

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<sup>27</sup> Child Contact Services refers to providing a safe family friendly facility for supervised access visits directed by courts.

Providing information, direction, referral to individuals:

- FRCs provide information on rights and entitlements. Individuals may also be directed to other service providers or have appointments made on their behalf. This work often involves providing an informal listening service to those seeking a welcoming, confidential space.

Mental Health, Resilience, Counselling etc.

- FRCs provide a range of mental health supports to people. These include the delivery of evidence-based programmes such as “Safe Talk” and “ASIST”, and the facilitation of mental health/peer support groups and networks. They can also host support programmes such as AA, NA, Al Anon etc. FRCs undertake case assessment and deliver counselling services to adults and children. This may also involve the delivery of Play Therapy, Music Therapy or Art Therapy to children.

Providing Administrative Supports and Space:

- FRCs provide access to information technology and office facilities. They may also provide physical space to other service providers as well as individuals, families and community groups.

Other services, supports and programmes delivered by FRCs include:

- Family Conferencing, Parents Support Groups, Homework Clubs, Study Clubs, Literacy Programmes, Pre-schools/Playschools, Breakfast Clubs/Lunch Clubs, Out-of-Schools Initiatives including summer camps and school transition programmes, Family Fun Days, Lone Parents Groups, Parent and Toddler Groups, Youth Groups including No Name Clubs and Youth Cafés, Intergenerational Groups, Fathers’ Groups (includes father and son groups and supervised access initiatives), Library/Book Lending Service, Substance Abuse Support Groups, and School Uniform Exchange.

### **Service activity for 2016 included**

- In 2016 there were 285 evidence based parenting programmes delivered in FRCs, with some 960 adults and 329 children participating in these programmes.
- The number of referrals received by FRCs for Meitheal engagement in 2016, and recorded on the SPEAK FRC National Programme Database, was 162. This compares with 91 in 2015. The number of Meitheal meetings attended by FRCs in 2016 was 548, compared to 228 in 2015. There was also an increase in the number of FRCs taking the role as Lead Practitioner in the Meitheal process, from 45 in 2015 to 77 in 2016.
- There were 306 occasions in 2016 where FRCs supported people experiencing suicidal thoughts. Eighteen “Safetalk” courses were delivered by in FRCs, and 234 individuals participated. Two ASIST courses were delivered, and 27 individuals participated.
- 17,166 adults and 6,229 children participated in active learning opportunities in FRCs during 2016.
- Over 67,000 people participated in a support network or community group during 2016.

- The 109 FRCs were supported by two regional support agencies, Framework and West Training. These support agencies continued to play a key role in promoting good practice within the programme and providing technical support, advice and training to FRCs.

## 5.5 COUNSELLING SERVICES

Tusla provides funding to voluntary organisations offering counselling and psychotherapy services; this funding was formerly administered by the Family Support Agency before its transfer to Tusla. In 2016, Counselling Services received €5.95 million to provide the following types of counselling and support services:

- Marriage and relationship counselling;
- Child counselling;
- Rainbows Ireland peer support programme for children;
- Bereavement counselling and support on the death of a family member.

In 2016, 283 organisations were funded to provide accessible low cost counselling and related support services nationwide. Twenty-two of the larger funded community-based counselling organisations provided counselling to 2,136 children aged 18 years or younger in 2016; and accounting for 21% of the total clients (n=10,123) who attended these organisations for counselling (Table 43).

**Table 43: Counselling provided, by age group**

Age Group (years)	Number of Clients 2015	Percentage of Total	Number of Clients 2016	Percentage of Total
< 6	122	2%	104	1%
7 – 12	259	3%	427	4%
13 – 18	1,535	19%	1,605	16%
<b>All</b>	<b>1,916</b>	<b>24%</b>	<b>2,136</b>	<b>21%</b>

Bereavement support funding is also awarded annually to Rainbows Ireland, who facilitates group-based supports for children who have experienced a bereavement or parental separation. Groups are held in schools or community-based settings and focus on the 6-12 year age group. This service is provided across the academic year. For the academic year 2015/2016 a total of 2,533 children were supported by the programme. The majority of the children supported experienced parental separation (Table 44).

**Table 44: Children supported by Rainbows Ireland**

Academic Year	Completed Accredited Sites	*Total participants as per Accreditation	Loss by Separation	Loss by Bereavement
2014 - 2015	262	2,766	1,855 (67.06%)	911 (32.94%)
2015 -2016	309	2,533	1,724 (68.06%)	809 (31.94%)

\* Total participants as per accreditation refers to the total number of children supported by the programme

## 5.6 FAMILY WELFARE CONFERENCING

A Family Welfare Conference (FWC) is a structured, family led, decision making meeting where as wide a range of family members as possible come together to formulate a safe family plan in the best interests of the child. Essentially it is a method of family intervention that enables families to provide their own solutions to the difficulties they face. Empowerment is key to the FWC process. With the support of an independent facilitator, FWCs enable families to gain control, to make choices and to take ownership of a situation and its solutions. The approach recognises the centrality of parental and family relationships and informal support networks in promoting the welfare of children and ensuring their safety, while enabling the Agency to meet its statutory and co-ordination functions.

The FWC service was established under the Children Act 2001. It is provided directly by the Agency in some areas and contracted out to external providers (e.g., Barnardos) in other areas.

A FWC is chaired by an independent FWC coordinator and convened when:

- The Agency is directed to do so by order of the court;
- The Agency is of the view that a child requires a special care order or protection which he/she is unlikely to receive unless a special care order is made
- The Agency is concerned for the welfare/care/protection of a child and wishes the family to devise a safe family plan to address their concerns.

The Agency's standard business processes for child protection and welfare include FWC as an option at different stages of the child protection and welfare system.

Data for 2016 gives an indication of its use: at least

- 403 referrals (426 children) to a FWC service and 208 conferences convened. In 2015, there were at least 419 referrals (428 children) and 250 conferences convened (incomplete data).
- 50% (n=105) of conferences were convened for reasons of child abuse/neglect and 50% (n=106) were convened for child welfare concerns. *Note more reasons (n=3) were provided than conference convened.*
- 305 children had family plans agreed by the family as an outcome of the conferences; seven children did not have family plans agreed by the family (incomplete data).

## 5.7 COMMENTARY ON SERVICE

The data and information presented in this chapter demonstrate an Agency that is committed to reorienting towards a stronger focus on prevention, early intervention and building resilience that hands an appropriate level of power, control and responsibility to children, young people and families. There is an increasing amount evidence coming through to show that families are receiving more preventative support and that this support is increasingly being delivered in a more integrated, participatory and evidence based manner. Partnerships with other agencies, supported by Child and Family Support Networks and Meitheal – national practice model, have led to increased and more effective multi-agency working.

Notwithstanding, additional inputs are required to support the achievement of outcomes for children and families in 2017 and beyond and have been identified in order to inform service planning in 2017.

Key to this reform will be the continued development of the infrastructure required to assess in a comprehensive way the adequacy of services provided and to determine how resources are meeting identified need. At present not all service providers have systems in place to capture the data required in a consistent and reliable manner.

It is anticipated that will be achieved through the continued implementation of the PPFS programme; the process of commissioning being developed which will include the implementation of an Outcome-Based Accountability approach that will identify performance measures for individual services, along with additional work on the development of participation for children and young people. Evaluation of this work will be a key piece going forward.

This is in addition to a significant investment and expansion of the Family Resource Centre Programme in the coming years.

In 2017 Tusla will continue to place parenting and family support at the very centre of its discharge of child welfare and protection responsibilities, whilst recognising the wider agency responsibility that exists.

## **CHAPTER 6**

### **OTHER SERVICES**

## OTHER SERVICES

### Key Messages

#### Emergency Out of Hours Service

- In 2016, there were 1,450 referrals to out-of-hours social work services; 142 more than 2015. Some 480 children were placed in emergency accommodation; 48 fewer than 2015. Early evidence is indicating that better forward planning and co-ordination between social work departments, An Garda Síochána and out-of-hours social work services is contributing to this decrease.
- Tusla and partner agencies are continuing to develop and improve support services provided to children and young people who find themselves in an emergency situation and in planning their exit from emergency services e.g., recruitment of youth advocacy support workers, mediation service.
- The intention is to extend the out-of-hours service to ensure that all parts of the country have access to a social work service on a 24/7 basis. The expanded emergency service will enable greater joint working between Gardaí and Tusla, which will create better outcomes and faster responses for children at immediate risk.

#### Children “Out of Home”

- Tusla has legal responsibility under Section 5 of the Child Care Act 1991 to provide for the care and welfare of children who can no longer live at home.
- During 2016, 21 children (16 & 17 year olds) were accommodated for the first time under Section 5 of the Act; two fewer than 2015 (n=23 estimated) and 12 fewer than 2014 (n=33). There were 12 children being accommodated under Section 5 at the end of December 2016. Social work departments work with these children to ensure the minimum amount of time in homeless accommodation.
- In 2016, a total of 20 children were placed in a youth homeless centre/unit for more than four consecutive nights or more than 10 separate nights; seven fewer than 2015 and 22 fewer than 2014 (n=42). All but one reported by Cork (this area has a dedicated service for children out of home).

#### Service for Separated Children Seeking Asylum

- Tusla provides specialist services for separated children seeking asylum (SCSA) under two discrete but sometimes overlapping streams: family reunification and unaccompanied minors. In the latter half of 2016, the service began working with the Irish Refugee Protection Programme (IRPP) and also set-up the Calais Special Project. The service has developed substantially in recent years and now provides an effective range of intake and assessment services and family-based care placements.
- There were 126 referrals to Tusla’s Service for Separated Children Seeking Asylum in 2017; 17 more than 2015 and the highest number since 2009 (n=203). A total of 82 children were

placed in care (no change from 2015). Family reunifications were completed for 42 children in 2016; 10 more than 2015.

### **Adoption Services**

- Tusla is the competent authority for assessing the eligibility and suitability of possible adoptive parents. Following assessment, a recommendation is made to the Adoption Authority.
- In 2016, there were:
  - 95 completed assessments for inter-country adoptions; three more than 2015 (n=92)
  - 27 completed assessments for domestic adoptions; nine more than 2015 (n=18)
  - 55 completed assessments for fostering to adoption; 10 fewer than 2015 (n=65)
  - 56 completed assessments for step-parent adoption; eight more than 2015 (n=48)
- Commencement of the Adoption (Amendment) Act 2017 will bring a number of changes to the legislative landscape for adoption and will provide for an adoption process that is fully inclusive of everyone involved and where children's best interests are always at the heart of decisions involving them.

### **Domestic, Sexual and Gender-Based Violence Services**

- Statutory responsibility for care and protection for victims of domestic, sexual and gender-based violence (DSGBV) transferred to Tusla on establishment in 2014.
- In 2016, Tusla provided in the region of €20.6 million in funding to approximately 60 specialist Domestic Violence (DV) and Sexual Violence (SV) services as well as supporting national DSGBV networks.
- A national DSGBV team was established in 2016 in conjunction with regional service coordinators, who enabled a more coherent oversight of Service Level Agreements with funded services in their regions.
- An increase of €200,000 in budget 2016 over 2015 supported the implementation of obligations under the Council of Europe Convention for the Prevention and Combatting of Violence Against Women and Domestic Violence (the Istanbul Convention), and allowed for an increase in emergency domestic violence family accommodation units from 149 to 155, and additional provision of outreach services in Counties Donegal, Louth, and the Midlands region, where there were particular needs regarding access to services.
- The homeless crisis continued to impact the safety of non-abusing partners and children, with the greatest impact in the greater Dublin area, but with effects observed throughout the country. Access to move-on accommodation for those leaving refuges remains a significant problem, and supporting service users in relation to their accommodation needs has placed a major demand on staff resources in Tusla-funded services. Longer lengths of stay in refuge accommodation also had an impact on access to refuges for those in emergency situations.

## 6.1 INTRODUCTION

This chapter of the report presents data and information on a number of other services provided to children requiring a child protection and welfare response. These include:

- Emergency Out of Hours Service
- Children “Out of Home”
- Service provided by Tusla’s Social Work Team for Separated Children Seeking Asylum
- Adoption Services
- Domestic and Gender-Based Violence Services

## 6.2 EMERGENCY SERVICES FOR CHILDREN

Tusla provides emergency out of hours services to ensure the provision of an appropriate response and place of safety for children found to be at risk outside normal working hours. Due to differing demand and historical organisational reasons the emergency services have developed differently across the country. Out of hours services are provided by the Emergency Out of Hours Social Work Service which operates in all areas outside of Dublin, Wicklow and Kildare, Cork North Lee and South Lee; the Crisis Intervention Service (CIS) for counties Dublin, Kildare and Wicklow; and the Cork Out of Hours Service for Cork North Lee and South Lee.

### 6.1.1 Emergency Out of Hours Service

In November 2015, Tusla set up the Emergency Out-of-Hours Service (EOHS) which operates in all areas outside of Dublin, Wicklow and Kildare. This service builds on the placement only service (referred to as the Emergency Place of Safety Service) that was previously in place. The service is available Monday to Sunday between 6pm and 7am and each Saturday, Sunday and Bank Holiday from 9am to 5pm. The EOHS was set up to co-operate with and support An Garda Síochána in the execution of their duties and responsibilities under Section 12(3) of the Child Care Act 1991<sup>28</sup> and referrals made under Section 8(5) of the Refugee Act 1996. This service development ensures that there is social work involvement at all stages in assessing and safety planning for children and young people who require a service out of hours.

The EOHS provides the following services:

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<sup>28</sup> Section 12 of the Child Care Act 1991 states that

*“Where a member of the Garda Síochána has reasonable grounds for believing that –*

*(a) there is an immediate and serious risk to the health or welfare of a child, and*

*(b) it would not be sufficient for the protection of the child from such immediate and serious risk to await the making of an application for an emergency care order by a health board under section 13, the member, accompanied by such other persons as may be necessary, may, without warrant, enter (if need be by force) any house or other place (including any building or part of a building, tent, caravan or other temporary or moveable structure, vehicle, vessel, aircraft or hovercraft) and remove the child to safety”.*

It further provides that the provisions of the Act are without prejudice to any other powers exercisable by a member of the Garda Síochána and that the child shall “as soon as possible” be delivered into the custody of the health board, who must then either return the child to the parent having custody of him or a person acting in *loco parentis*, or else make an application for an emergency care order.

1. A national EOHS Call Centre providing social work consultation and advice to An Garda Síochána. The service provides a single, national contact point for An Garda Síochána to make referrals. The on-call service is staffed by social workers operating from the Out of Hours Service in Dublin;
2. Access by An Garda Síochána to a local on-call social worker. The EOHS service has access to on-call social workers placed strategically around the country;
3. Placements for children under Section 12(3) of the Child Care Act 1991 and placements for children referred under Section 8(5) of the Refugee Act 1996.

Types of referrals to the EOHS include:

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

Since the establishment of the EOHS, communication and working relationships between social work departments around the country, the EHOS and AGS have improved significantly. Key to this is the sharing of information by social work departments with the EHOS regarding possible referrals to the EHOS. For example, where a case is known to be high risk for presentation out-of-hours, the allocated social worker will inform the EHOS in advance and provide details of alternative placement plans for the child or young person if they come to the attention of the EHOS. This has led to a reduction in the number of children who are received into care in out of hours circumstances as AGS, the EOHS and parents can agree a plan to ensure the child/young person's safety until the local social work department resumes responsibility the next working day. The EOHS will then provide a comprehensive report and assessment to the local social work department so that care planning for the child can begin immediately.

In all cases referred to the EOHS a young person or parent can speak by phone to a Tusla social worker. This ensures that the young person and parents views are represented in any care planning for the child. This has led to improved relationships between all parties and where appropriate a family placement can be identified to ensure the child/young person's safety until the local social work department resumes responsibility the next working day.

In circumstances where, on the basis of the presenting information, the EOHS forms the opinion that consultation and advice of a local on-call social worker would be of assistance in establishing sufficient grounds as to the nature and degree of any harm and the immediate safety of the child, the EOHS can contact the local on-call social worker. In exceptional circumstances where a child, has suffered extreme trauma the on-call social worker can attend at the scene with AGS. This development ensures that children and young people are supported at all stages by Tusla staff when they are received into care in an emergency situation.

The on-call social worker can also assist AGS in the transportation of the child to a place of safety if required. Where a child requires medical treatment and is brought to hospital and is then deemed fit for discharge the on-call social worker can meet with the young person and bring them to the identified foster care/residential placement. This has ensured that children/young people are not remaining in hospital unnecessarily and are brought to a placement as quickly as possible.

In weekend and Bank Holiday circumstances where Section 12 of the Child Care Act 1991 has been invoked it may be necessary to make an application for an emergency care order at the District Court. In these cases the on-call social worker is available to attend Court to support the emergency care order application and provide any information to the court as required.

### 6.1.2 Cork Out of Hours Service

The HSE established emergency out of hours pilot projects in Cork and Donegal in 2011. The Cork pilot service continues to operate. Two social work staff are on call each night (one social work manager and one social work practitioner) and eight staff are on call at weekends to cover four shifts (one social work manager and one social work practitioner per shift). Placements for children are provided by a private provider, on contract.

In 2016, there were 594 referrals to the EOHS/Cork Service; 225 more than 2015 (Table 45). A total of 237 children were placed in accommodation; some 43 fewer than 2015. A total of 363 nights' accommodation was provided by placement providers in 2015; 213 fewer nights than 2015.

In 2015 the Out of Hours Services moved to a new model of providing emergency foster care placements whereby the private provider provides a placement for one night only or until the next working day. This has had an impact on children/ young people moving out of emergency placements and to more suitable longer term options sooner.

**Table 45: Referrals to the EOHS / Cork Service, 2014 - 2016**

Year	Number of referrals	Number referrals placed	Nights' accommodation provided
2016	594	237	363
2015	369	280	576
2014	343	200	470

Source: EOHS

### 6.1.3 Crisis Intervention Service

The Crisis Intervention Service (CIS) provides an out of hours emergency social work service to children aged 0-17 years who are in crisis. The service operates across the greater Dublin area serving the counties Dublin, Kildare and Wicklow. It is available Monday to Sunday between 6pm and 7am and each Saturday, Sunday and Bank Holiday from 9am to 5pm, all year round.

- Referrals to the CIS are made by emergency service providers working outside of normal working hours, e.g., Gardaí, hospitals and ambulance service personnel.
- Referrals are accepted in relation to:
  - Concerns regarding the immediate protection and welfare of children;
  - Children in crisis seeking emergency accommodation;
  - Children who are identified by the Garda National Immigration Bureau as separated children seeking asylum;
  - Requests for home visits that warrant close monitoring at the weekend.
- Where possible, the CIS tries to avoid placement of children in emergency accommodation: preferred options include placement of the child or young person with other family/friends

or facilitating the child or young person to return home through mediating between parties where a breakdown in family relations has occurred.

Integral to the work of the CIS is the Crisis Intervention Day Service Partnership (CISP) service. This service is delivered in partnership with Focus Ireland and includes practical day to day supports for children while they are out of home and provides such things as meals, showers, and laundry services. The service also provides a key worker service to provide one to one support to the young person and facilitates and supports contacts between the young person and their family with a view to reunification where appropriate. The CISP also has a role in the provision of emergency foster carers as a resource to the out-of-hours team and link work support is provided by the CISP team leader. The CISP team work alongside social work departments in planning for better outcomes for young people.

### **Alternative Care Placement Options**

#### **Lefroy House**

This is a seven bed emergency unit managed by the Salvation Army under a service level agreement with Tusla. The CISP team have daily contact with Lefroy staff and attend regular planning meetings for young people who are placed. Weekly planning meetings are held for all young people accessing the service. This is a useful and inclusive forum where plans for young people are developed to sign post their exit from emergency services to a more stable and secure environment. Young people along with their families are invited to attend the meeting with social work case managers, CIS project workers and Lefroy house social care staff. When parents attend it can be an opportunity to explore further the option of a young person returning home or moving to relative care. These meetings ensure that the young person's views are always central to any assessment/plan. Support plans for the young person involving the social work departments, CISP, Youth Advocate Programmes (YAP) etc. are also agreed at this meeting in consultation with the young person and their families.

#### **Sherrard House**

There is one emergency placement available in Sherrard House for girls. CIS project workers are regularly in contact with both Sherrard House staff and social work departments in future planning for the young person placed.

### **Key Working/ Support Role**

All young people who are accessing emergency accommodation in Lefroy House and Sherrard House are assigned a keyworker by CISP. In 2016 young people placed in emergency accommodation were provided with key work support on 288 occasions. This one to one contact with the young person is essential in ensuring the young person's wellbeing when they are placed in an emergency residential placement. The CIS project workers will look after all of the young person's basic needs while also providing information on services appropriate to them. Meeting the practical needs of a young person lends itself to a positive engagement with the young person. As the relationship develops more tangible goals can be worked on, such as motivating young people to meet their educational needs or to repair fractured relationships with their care givers. Young persons who are placed in Lefroy house can be older teenagers who are approaching 18 years of age. Some of these young people may not have come to the attention of social work services previously. Given CISP is a partnership project with Focus Ireland there are strong links

between the CISP team and the case management service that provides key working to young adults who may be out of home. For this group of young people CIS project workers may refer the young person to the case management team. This partnership approach ensures that there is consistency of support as the young person transitions to adulthood and that all accommodation options for when they turn 18 years are explored.

Every month there is a meeting held with the CIS emergency residential managers which include representatives from the Salvation Army, Crosscare, Focus Ireland and Tusla. This forum promotes positive working between all services involved in the short term/emergency residential care needs of young people placed. Transitions and move on plans both between the services and to other alternative care options are discussed and planned.

### **Foster care**

The CIS has a number of foster carers who are on a roster to provide foster care to children and young people in an emergency situation. The link work support for the families is provided by the CISP team leader and there is also regular contact between CISP staff and the foster carers when a child is placed. The CIS carers are experienced in having children placed with them who are exhausted, hungry and uncertain about the wellbeing of their parents or when they might be reunited with them.

Five Rivers Ireland (FRI) provide 25 families nationally to the out-of-hours services each night. These placements are strategically placed around the country to ensure easy access for An Garda Síochána and the out-of-hours services to placements when required. Five Rivers has a social worker available on call and together the teams will risk assess the child or young person's suitability for fostering and match accordingly with a foster carer. The CIS social work team leader regularly attends operational service reviews to quality assure service provision and to trouble shoot any issues that may arise.

### **Family and Young Person's Support Services**

In 2016 there were additional resources made available to the CIS project which included the availability of youth advocacy support workers (YAP) for young people placed in emergency accommodation. A number of meetings were held to plan for the service. It is hoped that a YAP advocate can be allocated very quickly to young people who are placed and will complement the CIS key workers role in supporting young people who are out of home and placed in emergency care. Protocols are in place between YAP and CISP to deliver the service and once allocated a YAP advocate, the service can remain in place for one month. Should it be deemed appropriate the young person can be allocated to the YAP main programme by the local social work department, if required.

### **Mediation Service**

In 2016 Focus Ireland received funding to provide a mediation service through the CISP project. A working group between Tusla representatives and Focus Ireland was set up and a mediator was employed. The goal of this service is to work with families where there has been a relationship breakdown. While it is hoped that young people will return home it is recognised that repairing relationships between the young person and their care givers will also support them as they transition towards adulthood. Early evidence is showing that the mediation service has improved

young people's relationships with their care givers and has reduced the numbers of repeat referrals of young people due to family relationship breakdowns.

In 2016, there were 856 referrals to the CIS; 83 fewer than 2015 (Table 46). A total of 243 children were placed in accommodation; five fewer than 2015. A total of 1,680 nights' accommodation was provided in 2015; 777 fewer nights than 2015.

**Table 46: Referrals to the Crisis Intervention Services, 2014 - 2016**

<b>Year</b>	<b>Number of referrals</b>	<b>Number (%) of referrals placed</b>	<b>Nights' accommodation provided</b>
2016	856	243	1,680
2015	939	248	2,457
2014	914	218	2,584

*Source: Crisis Intervention Service*

The intention is to extend the out-of-hours services to ensure that all parts of the country have access to a social work service on a 24/7 basis. The expanded emergency service will enable greater joint working between Gardaí and Tusla, which will create better outcomes and faster responses for children at immediate risk.

### 6.3 CHILDREN “OUT OF HOME”

Children become “out of home” for a range of reasons – it is rare that any one event is the cause. Triggers might include conflicts within the family; violence, abuse or neglect at home; drug or alcohol addiction; emotional or behavioural problems; or leaving residential or foster care. Unlike adult homelessness, most children have a base or place of residence where they could potentially live, albeit that they may be unable to stay living there.

The Agency has a legal responsibility under the Child Care Act 1991 to provide for the care and welfare of children who can no longer remain at home. Section 5 of the Child Care Act 1991 states:

*“Where it appears to a health board that a child in its area is homeless, the board shall enquire into the child's circumstances, and if the board is satisfied that there is no accommodation available to him which he can reasonably occupy, then, unless the child is received into the care of the board under the provisions of this Act, the board shall take such steps as are reasonable to make available suitable accommodation for him.”*

- During 2016, 21 children (16 & 17 years) were newly accommodated under Section 5 of the Child Care Act 1991; two fewer than 2015 (n=23 estimated) and 12 fewer than 2014 (n=33). The highest number was reported by Dublin North (n=7), followed by Kerry (n=5), Dublin North City (n=4), Cork (n=3), Dublin South East Wicklow (n=1) and MidWest (n=1). The remaining 11 areas reported none.
- At the end of December 2016, there were 12 children (16 & 17 years) accommodated under Section 5 of the Child Care Act 1991. The majority of these children (n=9) were reported by Cork. Three remaining three cases were reported by MidWest, Kerry and Dublin North.
- Of the 12 children who were accommodated at the end of December 2016, seven (58%) were in supported lodgings<sup>29</sup>, three were in designated homeless beds, one of in a children's residential centre while the remaining child was in a placement setting specified as ‘other’.
- Social work departments work with these children to ensure the minimum time spent in homeless accommodation. At the end of December 2016, five of the 12 children (42%; n=5/12) accommodated were the subject of a Section 5 for 1-6 months while the remaining seven were the subject of a Section 5 for > 6 months.
- The Agency also collects data on the number of children placed in a youth homeless centre/unit for more than four consecutive nights or more than 10 separate nights over the year. In 2016, a total of 20 children were placed in a youth homeless centre/unit for more than four consecutive nights or more than 10 separate nights; seven fewer than 2015 and 22 fewer than 2014 (n=42). All of but one of these children were reported by Cork. These data most likely reflect the fact that Cork has a dedicated service (Liberty Street House) for children out of home or at risk of being out of home, and for older separated children seeking asylum. It provides social work and child care leader support to children who are out-of-home or in conflict situations in their family homes and at risk of leaving or being

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<sup>29</sup> Supported lodgings is the term used for the provision of accommodation, support and in a domestic setting to young people who cannot live at home, but are not ready to live independently. The provider of supported lodgings will work in partnership with the young person and the young person's social worker in preparing them for independent living at a future date.

put out-of-home. The priority at all times is to return a child home. Where a child is unable to return home, there are a number of emergency accommodation options available. Children move on from the emergency accommodation to other accommodation options managed by Liberty Street House. The approach adopted by this service has been found to facilitate enhanced working relationships with the families of the children.

## 6.4 SERVICE FOR SEPARATED CHILDREN SEEKING ASYLUM

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

The service consists of seven residential units; four short-to-medium term intake units and three long term residential units that are all registered children's homes. The SCSA services has developed substantially in recent years and now provides an effective range of intake and assessment services and family-based care placements. The majority of children referred to the service are received into care and initially accommodated in one of the intake units as either a "pre-reunification with their family placement", or as a "pre-foster care placement". All unaccompanied children under 12 years of age are placed with a foster family on arrival.

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

There were 126 referrals to Tusla's Team for SCSA in 2016; 17 more than 2015 and the highest number since 2009 (n=203) (Table 47). A total of 82 children were placed in care; same number as 2015. Family reunifications (regardless of placement care status) were completed for 42 children in 2016; 10 more than 2015. The service received 21 inappropriate/other referrals in 2016.

**Table 47: Referrals to Tusla's Team for SCSA, 2000-2016**

	# Referrals to Tusla's Team for SCSA	# Placed in care	Completed family reunification	Inappropriate referrals / other
2000	520	406	107	7
2001	1085	846	231	8
2002	863	335	506	22
2003	789	277	439	73
2004	617	174	418	25
2005	643	180	441	22
2006	516	188	308	22
2007	336	130	185	29
2008	319	156	157	26
2009	203	126	66	11
2010	96	70	21	5

2011	99	66	31	7
2012	71	48	31	12
2013	120	62	43	15
2014	97	86	49	14
2015	109	82	32	24
2016	126	82	42	21

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*Source: Social Work Team for Separated Children Seeking Asylum*

## 6.5 ADOPTION SERVICES

Adoption Services is a national service within Tusla, managed by a national manager, and carries out two distinct functions:

(1) Adoption which includes the:

- Assessment for suitability and eligibility of those who wish to adopt;
- The counselling of birth parents considering adoption as an option for their child;
- The placing of children for adoption at birth parents' consent.

(2) Adoption Information and Tracing Service

*For the purpose of this report only adoption is covered; information and tracing is outside the scope of the report.*

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

- Infant domestic adoption;
- Step-parent adoption;
- Fostering to adoption;
- Inter-country adoption (i.e., adoption of children outside the State).

Adoption in Ireland is governed by the Adoption Act 2010 ("the Act") which came into force on the 01 November 2010. This Act consolidates all existing laws in relation to adoption into one single piece of legislation and aims to ensure better regulation of adoption in Ireland and in respect of inter-country adoption. The Act provides that the Hague Convention (meaning the Convention on Protection of Children and Co-operation in respect of Inter-country Adoption 1993) has the force of law in Ireland, meaning that it is only possible to adopt children from countries that have ratified the Hague Convention or from countries with which Ireland has a bi-lateral agreement. Membership of Hague is intended to improve standards in inter-country adoption. The Act also establishes "The Adoption Authority of Ireland (AAI)" in place of the Adoption Board.

An adoption order secures in law the position of the child in the adoptive family. The child is regarded in law as the child of the adoptive parents as if he/she were born to them. Adoption orders are made by the Adoption Authority of Ireland.

Tusla is the competent authority for assessing the eligibility and suitability of possible adoptive parents. Following assessment, a recommendation is made to the Adoption Authority.

In 2016, there were:

- 95 completed assessments for inter-country adoptions; three more than 2015 (n=92)
- 27 completed assessments for domestic adoptions; nine more than 2015 (n=18)
- 55 completed assessments for fostering to adoption; 10 fewer than 2015 (n=65)
- 56 completed assessments for step-parent adoption; 8 more than 2015 (n=48)

The Adoption (Amendment) Act 2017 commenced in 2017 amends the Adoption Act 2010 and extends the law in relation to the adoption of children. It gives give effect to Article 42A (Children) of the Constitution, in so far as it relates to adoption and in particular, the Act provides for –

- The adoption of any child, regardless of the marital status of his/her parents.
- The Adoption Authority of Ireland or the Court, to regard the best interests of the child as the paramount consideration.
- The Authority or the Court to ascertain the child's views and such views to be given due weight having regard to the age and maturity of the child.
- The introduction of revised criteria for dispensing with consent, in the case of the adoption of children whose parents fail in their duty towards them.
- The adoption of a child by his or her step parent without the requirement for the child's other parent to adopt his or her own child.
- The provision for the joint adoption of a child by civil partners and cohabiting couples.
- The further adoption of a child who was previously adopted.

## 6.6 DOMESTIC, SEXUAL AND GENDER-BASED VIOLENCE SERVICES

Statutory responsibility for care and protection for victims of domestic, sexual and gender-based violence (DSGBV) transferred to Tusla on establishment of the Agency in 2014.

In 2016, Tusla provided approximately €20.6 million in funding to approximately 60 specialist Domestic Violence (DV) and Sexual Violence (SV) services as well as supporting national DSGBV networks. Organizations funded include:

- 44 DV Services (including 20 emergency refuges)
- 16 Rape Crisis Centres (RCCs)/SV Services

### **Key priorities for DSGBV services for 2016 included**

1. Planning to achieve outcomes required within the 2<sup>nd</sup> National Strategy on gender based violence.
2. Aligning developments in service provision with the various requirements of the Convention of Europe for the Prevention and Combatting of Violence against Women and Domestic Violence (the Istanbul Convention).
3. Implementation of a national governance framework to support the delivery of coherent, consistent and high quality services to victims, with greater equity in access and better outcomes for service users.
4. Implementation of commissioning approaches for DSGBV Services.
5. Further development of business intelligence for DSGBV services to inform resource allocation and underpin service planning.
6. Service developments to include additional provision of emergency accommodation units; and enhanced focus on a number of geographical areas, including increased outreach services in Border and Midlands areas.
7. Both Tusla and its funded services will explore and enhance methods of engaging with service users to ensure that the service user's voice is heard in planning and delivering services for victims and survivors of domestic, sexual and gender based violence.

### **Developments in 2016**

There were a number of developments in 2016 as follows:

1. A national DSGBV team was established in conjunction with regional service co-ordinators, who enabled a more coherent oversight of Service Level Agreements with funded services in their regions. The team had significant engagement with the 60 service provider organisations across the country and focused on fostering respectful relationships. Key engagement mechanisms included:
  - o The assignment of a lead co-ordinator to each funded service;
  - o Two on-site meetings with each organisation;
  - o Regional cluster group meetings with funded services;
  - o Two national meetings/learning events held;

2. Progress in provision of a national Freephone 24 hour helpline service, as required under the Istanbul Convention, including scoping the requirements of the service and establishing a project group with key stakeholders.
3. As part of the Tusla national pilot project on commissioning, DSGBV Services developed a Commissioning Statement, which included a number of core targets for development of services in the coming years. To progress commissioning approaches, work was initiated to carry out a needs analysis or strategic planning processes across six Areas in 2017 in order to look at local needs in those areas.
4. Data on service use in 2015 was gathered and analysed and the *“Working Report on 2015 Services, Activities and Use”*, published in October 2016, was the first national report from Tusla containing data on services for victims of DSGBV. Throughout 2016, the Data/Information Project was undertaken with service delivery organisations to agree on the most important data that would be sourced from Tusla-funded services, and to define the terms by which this data could be gathered and analysed most effectively.
5. An increase of €200,000 in 2016 budget over the 2015 figure supported the implementation of obligations under the Istanbul Convention, and allowed for an increase in emergency domestic violence family accommodation units from 149 to 155, and additional provision of outreach services in Counties Donegal, Louth, and the Midlands region, where there were particular needs regarding access to services.
6. A Service Users Forum to engage service users in service planning was established, and a first consultation meeting with a service user group was held.
7. Representation on national cross-governmental and interagency bodies with a remit on domestic, sexual and gender based violence. This includes participation in oversight structures for the Second National Strategy on Domestic, Sexual and Gender Based Violence and the Domestic, Sexual and Gender Based Violence Data Committee (all co-ordinated by COSC in the Department of Justice and Equality) as well as national and regional Homelessness fora).

### **Gaps Identified in 2016**

- Overall some shortfalls were identified in emergency domestic violence refuge accommodation nationally, and included a particular need for additional/alternative emergency accommodation provision in the Dublin Area, and pathways for those who experience homelessness because of domestic violence.
- The homeless crisis continued to impact the safety of non-abusing partners and children, with the greatest impact in the greater Dublin area, but with effects observed throughout the country. Access to move-on accommodation for those leaving refuges remains a significant problem, and supporting service users in relation to their accommodation needs has placed a major demand on staff resources in Tusla-funded services. In 2016, services in some areas outside of Dublin, which had previously indicated that they could find local accommodation solutions for families leaving refuges, reported that for the first time they were discharging people to homeless services or had to retain families in refuges for longer

periods. Longer lengths of stay in refuge accommodation also had an impact on access to refuges for those in emergency situations.

- Initial mapping of dedicated services and supports for children in domestic violence services indicated that provision and access to these supports are variable across the country and require development. Additionally, greater coherence is needed in the provision of services to older children and young people who have experienced sexual violence.
- The current national helpline provision does not meet the requirement, under the Istanbul Convention, for a free 24 hour helpline services for victims of domestic, sexual and gender based violence, although two national helpline providers, the Dublin Rape Crisis Centre and Women's Aid, and a number of local helpline services, do provide substantial access to telephone support.
- There were sustainability issues in relation to funding for a number of organisations, which resulted in reduced capacity to respond to victims and survivors in those areas. In 2016, Tusla worked to support these organisations and to maintain continuity of service provision.

### **Key Priorities and Developments Planned for 2017**

- The commissioning statement for 2017 identified four key areas for development in the coming years:
  - **Services for Children** who experience and witness domestic, sexual and gender based violence, to include older children who are victims of sexual violence and children who are witnesses or otherwise exposed to domestic violence.
  - **Equity of Service Provision** to improve services to male victims of domestic violence and victims from the Traveller and Roma communities, as well as to improve the distribution of services nationally.
  - **National Helpline Services** that will see the development of a national Freephone 24 hour helpline service for victims of both domestic violence and sexual violence.
  - **Court Accompaniment** Services, which will see Tusla working with the Department of Justice (Commission for Victims of Crime and COSC) to develop a joint commissioning approach to Court Accompaniment.
- In December 2016, Tusla was awarded European Commission funding of €455,000 as lead partner under the restricted call for proposals JUST/2016/RGEN/AG/VAWA (Action grants to support national information, awareness-raising and education activities aimed at preventing and combating violence against women under the Rights, Equality and Citizenship Programme, REC) for the Manuela Project. The Manuela Project is a preventative education programme focusing on consent in sexual relationships, which is targeted at young people at Senior Cycle in secondary schools and other educational settings. The project will involve the roll-out of the programme to approximately 1,100 young people in 80 settings over a 2 year period. The Manuela Project is being undertaken on a collaborative basis between Tusla, organisations in the Rape Crisis/Sexual Violence

services sector, and the Manuela Riedo Foundation Ireland, Tusla has taken the role of project lead for the programme.

- Tusla also plans to undertake needs analysis work to support commissioning developments for the six identified Areas (Galway; Cork; Wicklow; Dublin North (Fingal); Carlow/Kilkenny and Midlands), which will be completed and transition to a service planning and commissioning stage in 2017 and 2018.



## **CHAPTER 7**

### **SUMMARY**

## 7.1 SUMMARY

The annual “Review of Adequacy” (as provided for under Section 8 of the Child Care Act 1991) provides us with the opportunity to assess and reflect on the quality and quantum of services being provided to children and families. It affords us an opportunity to identify what we are doing well and to name the difficulties and challenges being experienced. Most importantly, it provides us with the opportunity to think about the means by which we can address these challenges and difficulties.

The determination of adequacy presented in this report is, in the main, based on the performance and activity data routinely collated and published by the Agency and findings from inspection and investigation reports published by HIQA, the National Review Panel (NRP), Ombudsman for Children and Ombudsman along with other internal and external reports and reviews. The availability of data on outcomes of children receiving child protection and welfare services including children in care along with more feedback from children and families engaging with services would provide for a more comprehensive assessment of adequacy and in particular for Family Support Services. At present, the Agency does not have the systems to collate the data and information required for a comprehensive assessment of the adequacy of Family Support Services and to determine how resources are meeting identified need. This is compounded by the number and type of services involved. It is anticipated that the work underway in terms of commissioning of services and in terms of implementation of the PPFS programme will address much of this deficit. Over time, commissioned research and roll-out of the NCCIS will also improve the data and information required for an assessment of adequacy, not just for Family Support Services, but across the Agency as a whole.

In 2016, demand for services continued. In terms of numbers there were:

- 47,399 referrals to child protection and welfare services; the highest number for all years 2012 – 2016
- 1,450 referrals to out-of-hours social work services; 142 more than 2015
- 25,034 cases open to social work (December 2016); equates to 2% of children under 18 years
- 19,621 (78%) open cases allocated to a named social worker; up from 75% in 2015
- 1,272 children listed as active on the CPNS (December 2016); 83 fewer than 2015
- 799 children admitted to care for the first time; equates to about seven children per 10,000 under 18 years
- 1,224 discharges from care
- 6,267 children in the care of the Agency (December 2016); 117 fewer than 2015
- 4,893 foster carers (December 2016); 70 more than 2015
- 1,880 young people in receipt of aftercare services; 45 more than 2015
- At least 30,980 children and 23,465 families referred to family support services

This is in addition to other services provided by the Agency (e.g., Educational Welfare Services, Early Years Inspectorate).

In terms of statutory requirements more than nine out of 10 children in care at the end of December 2016 had an allocated social worker (93%; 5,810/6,267) and an up-to-date care plan (94%; 5,861). The number of children with an up-to-date care is up four percentage points on 2015 with 212 fewer children awaiting an up-to-date plan. Ninety-three percent (4,537) of foster carers (all types) were approved in accordance with regulations and 82% (3,376/4,134) of approved foster carers (general and relative) had an allocated link worker; up three percentage points on 2015 and seven percentage points on 2014. Similarly, almost nine out of 10 young people (18-22 years) in aftercare had an allocated aftercare worker (85%; 1,531/1,806) and aftercare plan (86%; 1,547/1,806).

Other positives include, the high number of children in care (16 & 17 years) in full-time education (93%; 985/1,055); the high number of young people (18-22 years) in aftercare in full-time education (58%; 1,040) and remaining with their carers (46%; 837) implying that they continue to experience caring relationships and stable living arrangements; although increased on 2015, the relatively small number of children in care in their third or greater placement within the previous 12 months (169 2.7% of children in care) along with the overall decrease in the number of children in the care of the Agency (down 117 on December 2015).

Overall, the findings from internal and external reports indicate that the majority of children engaging in services receive a good service. Children at serious and immediate risk receive a timely response and emergency action is instigated when required. Families and children report that their experiences of services are positive and beneficial. Children's rights are generally well promoted with the views of children being sought and respected. HIQA reports refer to children building positive relationships with staff, being supported to maintain contact with family and being supported to achieve their educational potential. Social work practice is found to be good in most cases with evidence of good quality assessment and planning for children. For the most part, safeguarding and child protection practice is also found to be good and in line with Children First (2011). The standard of aftercare was also referred to as being good in a number of cases as was interagency working and relationships. Reports commonly refer to committed, experienced and well qualified staff.

The national CPNS although only newly implemented is operating well, albeit that improvements are required in terms of consistency in the application of thresholds for requesting and convening child protection conferences and listing/delisting children on the system. The Emergency Out-of Hours Services is leading to better forward planning and co-ordination between social work departments and An Garda Síochána which in turn means a better experience and support for children and young people who find themselves in emergency situations. This is in addition to the strengthening and development of systems for risk management, quality assurance and complaints management.

Notwithstanding, the data and information presented in this report highlight a number of shortcomings and weaknesses across the system, many of which are being addressed. A common feature of inspection reports and audits is variance in practice and capacity to meet the needs of children and families meaning that the quality of service experienced by children and families is often dependent of the area in which they are living. At the end of December 2016 there were 5,413 (78% of open cases) child protection and welfare cases awaiting allocation of a social worker

of which 15% (801) were categorised as high priority, key indicator of a responsive service. Although allocation of social workers is a continual challenge significant inroads have been made since the Agency was established (cases awaiting are down 44%; 4329), due in no small part to efforts by management and staff and increased budget made available by the Government. The inability to allocate social workers in a timely manner is compounded by a shortage of social workers to meet demand and the retention of social workers in child protection and welfare services.

Other issues identified include:

- Access to HSE Child and Adolescent Mental Health Services (Camhs) and disability services;
- Lack of suitable care placements and in particular for children from different cultural, ethnic and religious backgrounds;
- Managing behaviour that challenges and children engaging in at risk behaviour;
- Lack of specialist services for children displaying sexualised behaviour;
- Timely assessments, approval and reviews of foster carers;
- Unapproved foster carers with no link worker;
- deficiencies in the management of cases of retrospective abuse
- Consideration of patterns of long-term neglect;
- Systems for the management, prioritisation and oversight of cases awaiting allocation to a named social worker;
- Interagency collaboration and co-operation;
- Deficits in management and accountability systems including risk management, recording and reporting practices, complaints management, Garda Vetting and training are also commonly cited in inspection reports and reviews.

A small number of HIQA reports referred to premises not being fit for purpose and in breach of building regulations.

This is in addition to the need for more data and analysis on the referral and assessment process to get a better understanding of who is making reports, reasons for reporting, outcomes of the screening and assessment process, the quality of assessments along with an examination of re-referrals.

In 2017, Tusla will continue to place parenting and family support at the very centre of its discharge of child welfare and protection responsibilities while recognising the wider cross-agency responsibility. This will be achieved through the continued implementation of the PPFS programme of work along with the Agency's first Child Protection and Welfare Strategy that includes a national approach to practice (Signs of Safety) designed to provide services that are appropriate, proportionate and timely. Other key actions planned include:

- Development and implementation of the Agency's first Alternative Care Strategy;
- Continued focus on reducing the number of cases awaiting allocation of a social worker

- preparation for implementation of Children First (2015);
- Continued focus on implementation of recommendations made in internal and external reports;
- Extend the emergency out-of-hours service to ensure that all parts of the country have access to a social work service on a 24/7 basis;
- Recruitment and retention initiatives and strategies;
- Continued engagement with the HSE with regard to children who require priority access to mental health and disability services;
- Improved collaboration and co-operation with other agencies and in particular An Garda Síochána
- Continued roll-out of the complaints and feedback system (Tell Us);
- Continued roll-out of the NCCIS and other ICT developments;
- Roll-out of the Agency's Quality Improvement Framework;
- On-going training and development of staff.

This will be in addition to the continued development of governance and accountability systems across the service.

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## APPENDICES

**Table 48: Source of referrals to Child Protection and Welfare Services, 2014 – 2016**

<b>Source Category</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>Δ (+/-) 2016 v 2015</b>
Self Referral	433	301	230	-71
Parent Guardian	4,330	4,039	3,753	-286
Other Family Member	1,627	1,544	1,359	-185
Member of the Public	1,298	1,180	1,191	11
Probation Service	153	135	119	-16
Other HSE Officer (CAMHS etc)	6,223	6,471	7,152	681
General Practitioner	1,276	1,200	1,280	80
Voluntary Agency	3,154	3,544	3,809	265
An Garda Síochána	8,645	10,282	11,776	1,494
Designated Officer HSE	3,976	4,004	4,264	260
Government Agency/Dept	968	749	1,064	315
Local Authority	491	463	524	61
Foreign National/Social Services	101	101	104	3
Anonymous	2,163	2,108	2,635	527
Courts: Section 20	294	344	373	29
Courts Section 47	43	19	12	-7
School	5,114	4,999	5,784	785
Other Sources	2,627	2,113	1,970	-143
<b>Total</b>	<b>42,916</b>	<b>43,596</b>	<b>47,399</b>	<b>3,803</b>

*\*Source was not provided for 777 referrals in 2014*

**Table 49: Referrals by Area, 2014 - 2016**

Source Category	2014	2015	2016	$\Delta (+/-)$ 2016 v 2015
Dublin South Central	1,469	1,753	1,729	-24
Dublin South East / Wicklow	1,880	2,145	2,016	-129
DSW/K/WW	2,857	3,129	3,087	-42
Midlands	3,825	4,495	5,435	940
Dublin North City	2,184	2,457	2,739	282
Dublin North	3,310	3,853	4,324	471
Louth / Meath	3,508	2,371	3,095	724
Cavan / Monaghan	1,565	938	1,026	88
Cork	4,982	5,160	5,908	748
Kerry	1,019	997	1,157	160
Carlow / Kilkenny / St. Tipperary	2,774	2,638	2,915	277
Waterford / Wexford	3,954	3,462	4,006	544
Midwest	4,032	4,079	4,157	78
Galway / Roscommon	3,063	3,179	3,253	74
Mayo	960	884	859	-25
Donegal	1,144	1,007	922	-85
Sligo /Leitrim / West Cavan	1,104	1,049	771	-278
<b>National</b>	<b>43,630</b>	<b>43,596</b>	<b>47,399</b>	<b>3,803</b>

**Table 50: Referrals that had a preliminary enquiry by Area, 2016**

Area	# Referrals	# Preliminary enquiries	% Preliminary enquiries	# Done within 24 hours	% Done within 24 hours
Dublin South Central	1,729	1,729	100%	740	43%
Dublin South East / Wicklow	2,016	2,016	100%	835	41%
DSW/K/WW	3,087	3,087	100%	1,224	40%
Midlands	5,435	5,331	98%	4,709	88%
Dublin North City	2,739	2,739	100%	2,583	94%
Dublin North	4,324	4,324	100%	2,929	68%
Louth / Meath	3,095	3,095	100%	3,095	100%
Cavan / Monaghan	1,026	705	69%	603	86%
Cork	5,908	5,908	100%	2,368	40%
Kerry	1,157	1,144	99%	666	58%
Carlow / Kilkenny / St. Tipperary	2,915	2,648	91%	723	27%
Waterford / Wexford	4,006	3,823	95%	1,712	45%
Midwest	4,157	4,157	100%	4,077	98%
Galway / Roscommon	3,253	3,253	100%	3,253	100%
Mayo	859	859	100%	768	89%
Donegal	922	888	96%	85	10%
Sligo /Leitrim / West Cavan	771	742	96%	291	39%
<b>National</b>	<b>47,399</b>	<b>46,448</b>	<b>98%</b>	<b>30,661</b>	<b>66%</b>

**Table 51: Referrals requiring initial assessment by Area, 2016**

Area	# Preliminary Enquiries	# Proceeding to IA	% Proceeding to IA	# Completed within 21 days	% completed within 21 days
Dublin South Central	1,729	1,106	64%	302	27%
Dublin South East / Wicklow	2,016	850	42%	97	11%
DSW/K/WW	3,087	1,843	60%	75	4%
Midlands	5,331	2,952	55%	355	12%
Dublin North City	2,739	1,205	44%	12	1%
Dublin North	4,324	2,584	60%	30	1%
Louth / Meath	3,095	765	25%	324	42%
Cavan / Monaghan	705	248	35%	2	1%
Cork	5,908	2,328	39%	150	6%
Kerry	1,144	468	41%	59	13%
CW/KK/ST	2,648	669	25%	112	17%
Waterford / Wexford	3,823	846	22%	212	25%
Midwest	4,157	1,888	45%	760	40%
Galway / Roscommon	3,253	1,541	47%	215	14%
Mayo	859	461	54%	226	49%
Donegal	888	183	21%	24	13%
Sligo /Leitrim / West Cavan	742	180	24%	23	13%
<b>National</b>	<b>46,448</b>	<b>20,117</b>	<b>43%</b>	<b>2,978</b>	<b>15%</b>

