



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

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

2017



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ABBREVIATIONS

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

GLOSSARY

Emergency Care Order	Tusla can apply to the District Court for an Emergency Care Order when there is reasonable cause to believe that there is an immediate and serious risk to the health or welfare of a child. An Emergency Care Order can be for a period of up to 8 days [Section 13 Child Care Act 1991]
Interim Care Order	Tusla applies to the Court for an Interim Care Order where an application for a Care Order has been or is about to made. This can be applied for regardless of whether an Emergency Care Order is in place, and where there is reasonable cause to believe that it is necessary for the child's health or welfare, for the child to be placed or maintained in the care of Tusla as the Care Order application comes to an end. The limit on an Interim Care Order is 28 days; however, a Court can grant an extension to that period if it is satisfied it is still necessary [Section 17 Child Care Act 1991]
Care Order	<p>A Care Order is applied for when a child needs protection and is unlikely to receive it without the use of one. The Court may make a Care Order when: the child has been or is being neglected, assaulted, ill-treated, or sexually abused; or the child's health, development, or welfare has been or is being avoidably impaired or neglected; or the child's health, development or welfare is likely to be avoidably impaired or neglected.</p> <p>A Care Order is usually made for as short a period as possible and this decision is made by the Court. However, if necessary the Court may decide to place a child in care up to their 18th birthday [Section 18 Child Care Act 1991]</p>
Supervision Order	A Supervision Order is granted by a District Court Judge and allows Tusla to visit and monitor the health and welfare of the child and to give the parents any necessary advice and support. The order is for up to a maximum of 12 months but can be renewed [Section 19 Child Care Act 1991]
Voluntary care	This is where the parents request or agree to their child being taken into the care of Tusla. In these cases, Tusla must consider the parents' wishes on aspects of how care is provided. As long as a child requires safety and welfare - Tusla must provide this. If this arrangement breaks down, Tusla may still seek a Care Order through the Court [Section 4 Child Care Act 1991]
Foster care	Foster care is full-time or part-time substitute care for children outside their own home by people other than their biological or

	<p>adoptive parents or legal guardians. Foster care is the preferred option for children who cannot live with their parents as a result of abuse and /or neglect and their parents' inability to care for them due to a combination of difficulties in their own lives [Child Care Act 1991]</p>
General foster carer	<p>A general foster carer is a person approved by the Child and Family Agency having completed a process of assessment and who has been placed on the panel of approved foster carers, in accordance with the Child Care Act 1991 and the Child Care (Placement of Children in Foster Care) Regulations 1995.</p>
Relative foster care	<p>A relative foster carer is defined as a person who is a friend, neighbour or relative of a child, or a person with whom the child or the child's family has had a relationship prior to the child's admission to care (Child Care (Placement of Children with Relatives) Regulations 1995). A relative foster carer takes care of a child on behalf of and by agreement with the Child and Family Agency, having completed (or having agreed to undertake) an assessment of suitability within 12 weeks of a child being placed with them.</p>
Residential care	<p>Any home or institution for the residential care of children in the care of Tusla or other children who are not receiving adequate care or attention (Child Care Act 1991). Residential care aims to meet in a planned way the physical, educational, emotional, spiritual, health and social needs of each child. Residential care can be provided by a statutory, voluntary or private provider [Child Care Act 1991]</p>
Special Care	<p>Special care provides for short-term, stabilising intervention that prioritises safe care in a therapeutic environment for children at risk and with challenging behaviour. It is an exceptional intervention restricting the liberty of the child and involves detention of the child for his/her own welfare and protection in a Special Care Unit. The child is detained under a High Court Order and not on the basis of criminal activity [Child Care (Amendment) Act 2011]</p>
Separated children	<p>"Children under 18 years of age who are outside their country of origin and separated from parents, or previous/legal customary primary care giver". <i>Separated Children in Europe Programme (as cited by Ombudsman for Children, 2009)</i></p>
Aftercare	<p>Aftercare services are support services that build on and support the work that has already been undertaken by foster carers, social workers, residential workers and others in preparing young people for adulthood. Section 45A of the Child Care</p>

	Amendment Act 2015 places a statutory duty on Tusla to form a view in relation to each person leaving care as to whether there is a “need for assistance” and if it forms such a view to provide services in accordance with the section and subject to resources.
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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.
- 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.
- 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.

EXECUTIVE SUMMARY

This report presents data and information on Tusla's child protection and welfare services including children in the care of Tusla for the year 2017. It is submitted in fulfilment of the requirement for an annual report on the adequacy of child care and family support services available (Section 8 Child Care Act 1991). The data in this report are drawn from the activity and performance metric data collated on a routine basis by the Agency. Additional information on the quality and adequacy of services delivered can be found in other reports published by the Agency along with reports published by oversight bodies including the Health Information and Quality Authority (HIQA), the Ombudsman and the Ombudsman for Children.

In 2017 demand for services grew with 53,755 referrals to child protection and welfare services, a 13% (6,356) increase on 2016 and the highest number for the three-year period 2014 – 2017. This equates to about five¹ referrals for every 100 children living in Ireland or 147 referrals a day. While not all referrals require social work intervention a significant amount of work goes into screening and processing these referrals and in many cases diverting them to other more appropriate support services. At the end of December 2017, 24,891 children (2.1% of children under 18 years) were being assessed or in receipt of a social work service for child protection and welfare concerns. This figure includes 6,116² children in the care of the Agency and 1,304 children who were subject to a child protection plan and listed as "active" on the national Child Protection Notification System (CPNS). Eight out of ten children (19,999) being assessed or in receipt of a social work service had an allocated social worker, a significant improvement on the 78% reported in 2016 and the 69% (19,425) reported in 2014. The remaining 20% (4,892) were awaiting allocation, some 521 fewer than 2016 and 3,650 fewer than 2014. These cases are monitored on an ongoing basis for a change in circumstances and any child found to be at immediate risk is provided with an immediate response.

In addition to referrals to child protection and welfare services, there were at least 39,065³ children referred to family support services in 2017, while 21,526 were in receipt of a family support service at year end. Three out of four (73%; 28,562) children referred to family support services in 2017 received a service. With continued development and expansion of early intervention work through the Agency's Prevention, Partnership and Family Support programme (a key objective of the Agency) it is likely that these figures will increase over the coming years.

The year 2017 also saw a decrease in the number of admissions to care, both first-time and second and subsequent admissions, along a concomitant decrease in the number of children in care. The decrease in admissions was particularly evident for the older ages of 15-17 years, with first-time admissions for 16 year olds down 61% (39), 15 year olds down 47% (29) and 17 year olds down 36% (15). Although difficult to determine at this early stage if this is the start of a downward trend early evidence is suggesting that initiatives like Tusla's Creative Community Alternatives which was established in six pilot sites in 2017 and Springboard's Homeless Outreach Initiative which also started in 2017 are having an impact. Increased use of private providers and particularly for foster care was another feature of 2017, reflecting the difficulty in some areas in recruiting suitable foster carers and the falling number of approved foster carers on the panel of approved carers. In terms of statutory requirements 94% (5,762) of children in care had an allocated social worker and 92%

¹ Figures includes second or subsequent referrals for a child

² This figure (6,116) does not include an additional 80 children in care under the Social Work team for Separated Children Seeking Asylum

³ Figure based on data from 85% of services

(5,624) had an up-to-date care plan. Despite ongoing challenges with recruitment and retention of social workers these high percentages are consistently maintained. Similarly, 93% (2,551) of general foster carers and 87% (1,003) of approved relative foster carers had an allocated link (social) worker, a significant improvement on previous years. Eighty-eight percent (221) of relative foster carers waiting approval who had a child placed for >12 weeks had an allocated link (social) worker, up from 69% at the end of December 2016.

Other related services including aftercare, emergency out-of-hours and the service for separated children seeking asylum also experienced increased demand during 2017. At year end there were 2,037 young adults in receipt of aftercare services, the highest number for the period 2015 – 2017. There were 1,799 referrals to emergency out-of-hours services in 2017, a 24% (349) increase on 2016, while the service for separated children seeking asylum reported the highest number of referrals (175) since 2017.

KEY FINDINGS 2017

CHILD PROTECTION AND WELFARE SERVICES

- Referrals to child protection and welfare services continued to increase; 53,755 referrals in 2017, a 13% (6,356) increase on 2016 (47,399)
- Most common source of referrals is An Garda Síochána (29% of referrals)
- Welfare is the most common type of concern reported (62% of referrals)
- Emotional abuse is the most common type of child protection concern reported (37% of abuse/neglect referrals)
- Number of referrals requiring social work intervention continued to decrease, possibly implying greater diversion to family support or other community services
- 2.1% (24,891) of children (0-17 years) in receipt of a social work service for child protection and welfare concerns at the end of 2017
- 80% (19,999) of children in receipt of a social work service (for child protection and welfare concerns) at the end of 2017 had an allocated social worker, up from 78% in 2016 and the highest percentage for the period 2014-2017
- 52% (2,247)⁴ of cases awaiting allocation to a social worker were waiting less than 3 months at the end of 2017
- One in 1,000 children (0-17 years) is subject to a child protection plan and listed as “active” on the National Child Protection Notification System (CPNS)
- Neglect is the most common type of abuse recorded for children subject to a child protection plan (60% of cases).
- Younger children (0-4 years) over-represented on the CPNS

ALTERNATIVE CARE SERVICES

Admissions to care

- 910 admissions to care of which 70% (639) were first-time admission
- Total admissions to care (910) down at least 13% (137) on 2016
- First-time admissions to care (639) down 20% (160) on 2016
- 49% (83) decrease from 2016 in older children (15-17 years) admitted to care for the first time
- Most common age for second or subsequent admissions was 15 and 16 years
- 54% of all admissions were voluntary admissions
- Neglect was the most common reason for first-time admissions (41% of admissions)
- 90% (573) of first-time admissions were to foster care; one in four of these (145) was to relative foster care.

⁴ Length of time awaiting allocation was available for 89% (4,360) of cases awaiting allocation

Children in care

- Number of children in State care (6,116)⁵ continued to decrease; down 2% (151) on 2016 and 4% (268) on 2015
- 5 children per 1,000 in State care
- 93% (5,690) of children in care were in a foster care placement
- Welfare concern is the most common reason for being in care (44% of children in care)
- 32% (1,942) of children in care were in care under a voluntary arrangement
- Half of children in care (51.5%; 3,150) at the end of December 2017 were in care for <5 years
- Number of children in care > 5 years continued to increase (up 8%; 226 on 2015)
- Slight decrease (142 v 169 in 2016) in the number of children in care in their third or greater placement within the previous 12 months
- 9% (557) of children in care with private providers; highest number for the period 2015 – 2017
- 16 children in an out of state placement
- 98% of children in care aged 6-15 were in full-time education
- 94% of children in care had an allocated social worker

Discharges from care

- 1,074 discharges from care, 12% (150) decrease on 2016
- 50% (534) of discharges were for young people turning 18 years
- 88% (876) of discharges were from foster care
- 52% (556) of discharges were to home/family with a further 33% (357) choosing to remain with their carers.

Foster carers

- Number of approved foster carers (4,384) continued to decrease; down 3% (156) on 2016
- 62% (182) increase in private foster carers from 2015, reflecting the ongoing difficulty in recruiting suitable foster carers
- Improvement in the number of relative foster carers awaiting approval (291 v 356 in 2016)
- Improvement in the number of foster carers with an allocated link worker
- 93% (2,551) of general foster carers had an allocated link worker, up from 82% in 2016
- 87% (1,003) of approved relative foster carers had an allocated link worker, up from 80% in 2016
- 88% (221) of unapproved relative foster carers had a link worker, up from 69% in 2016.

Aftercare

- Young adults in receipt of aftercare services (2,037) continued to increase
- 45% (893) of young adults in receipt of aftercare services were continuing to live with their carers; 26% (510) were in independent living arrangements

⁵ This figure excludes children in respite care from home and children in the care of the Social Work Team for Separated Children Seeking Asylum

- 87% (1,709) of the 18-22 years cohort in receipt of aftercare services had an aftercare plan and 85% (1,674) had an allocated aftercare worker.

Adoption

- 190 applications for assessment as adoptive parents
- 177 children referred for adoption in 2017
- 152 adoption assessments presented to Local Adoption Committees for recommendation to the Adoption Authority.

FAMILY AND COMMUNITY SUPPORT SERVICES

- At least 39,065⁶ (~3%) children (0-17 years) referred to family support services in 2017
- 21,526 children in receipt of family support services at the end of 2017
- Parents/guardians made the most referrals (27%; 10,640) to family support services
- Three out of four children (73%; 28,562) referred to family support services in 2017 received a service
- 1,409⁷ Meitheal processes requested in 2017
- 99 Child and Family Support Networks operating at the end of December 2017.

OTHER SERVICES

Emergency Out of Hours Service

- Referrals to emergency out of hours services (1,799) continued to increase, up 24% (349) on 2016.

Service for Separated Children Seeking Asylum

- 175 referrals in 2017, highest number since 2009
- 111 children placed in care, highest number since 2009
- Family re-unifications were completed for 70 children, highest number since 2008

⁶ Data is based on data from 85% of services

⁷ Figure needs to be interpreted with caution due to some concern regarding the interpretation of definitions in some areas. This has been rectified for 2018

1.0 INTRODUCTION

Tusla – Child and Family Agency (“the Agency”) holds statutory responsibility under the Child Care Act 1991 (“the Act”) and other legislation to safeguard children who are not receiving adequate care and protection. This means assisting vulnerable children, who have been, or 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 our statutory services, such as health, education, An Garda Síochána, local authorities, the voluntary sector and most importantly families and their communities.

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

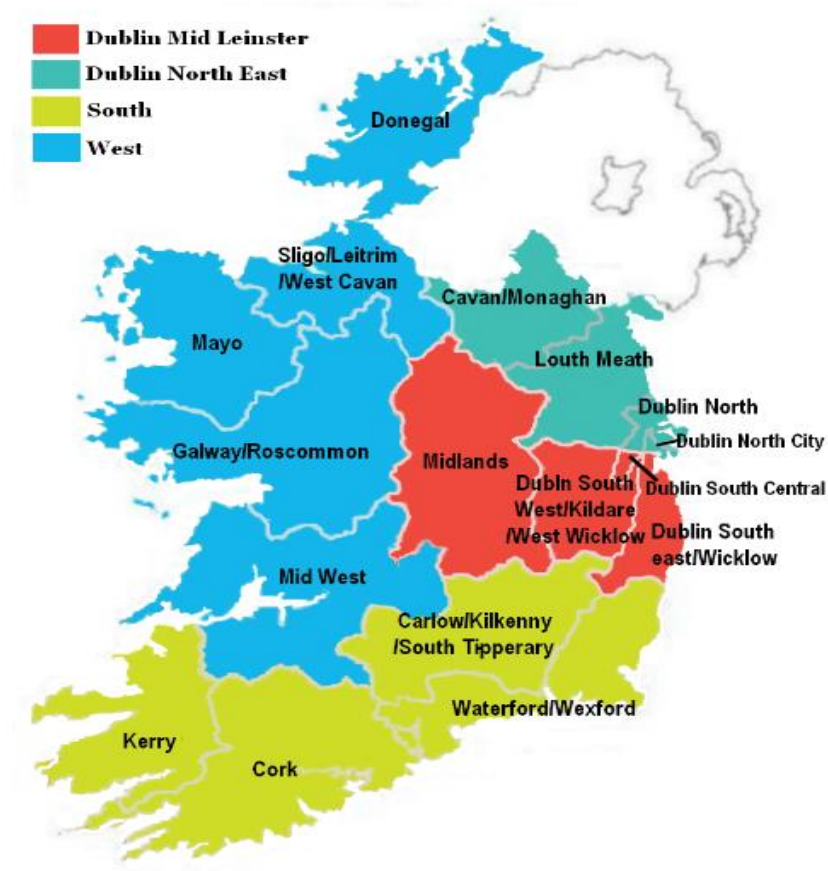


Figure 1: Tusla’s Regional and Area Management Structure

Considerable resources go into safeguarding children. In 2017, Tusla had an operating budget of about €700 million and had 3,696 staff (whole-time equivalents) on its payroll. Seventy percent (2,593) of the workforce were social workers (1,466) and social care staff (1,127).

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

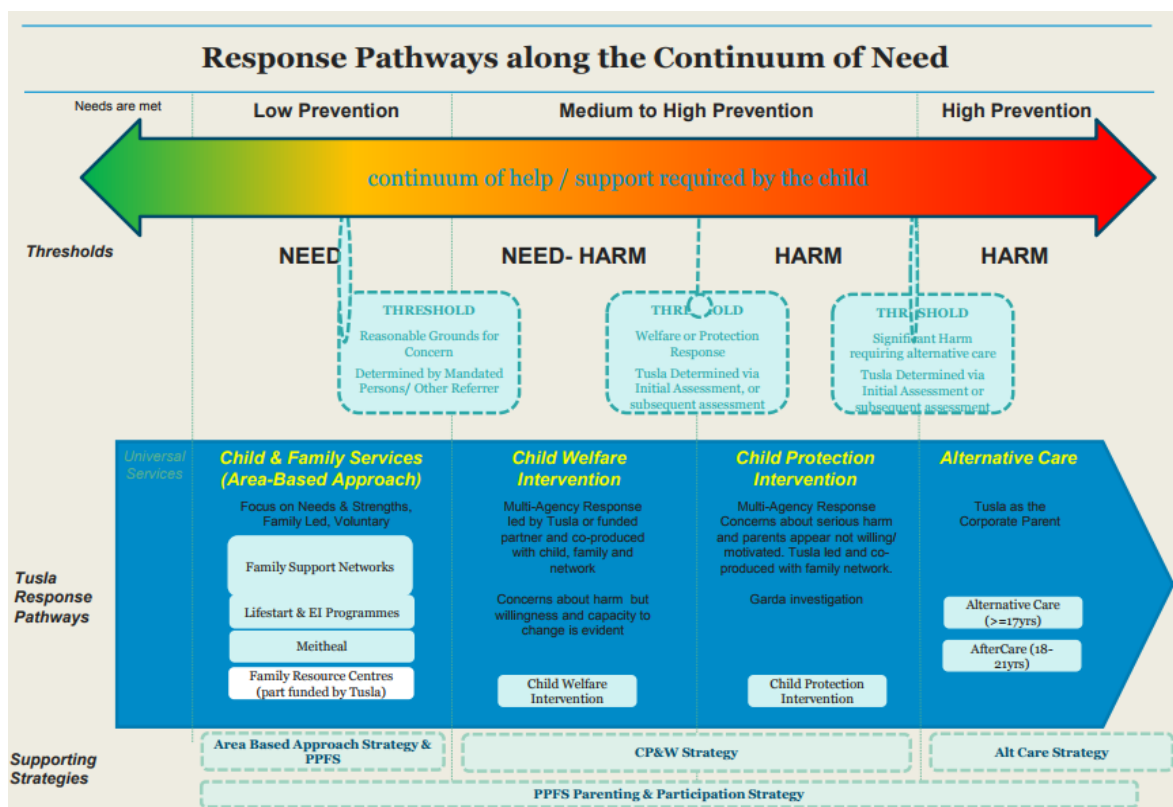


Figure 2: Tusla's National Service Delivery Framework

This report presents data and information on Tusla's child protection and welfare services including children looked after by the State for the year 2017. It is submitted in fulfilment of the requirement for an annual report on the adequacy of child care and family support services available (Section 8 Child Care Act 1991).

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

- Children whose parents are dead or missing;
- Children whose parents have deserted or abandoned them;
- Children who are in the care of the Agency;

- (d) Children who are homeless;
- (e) Children who are at risk of being neglected or ill-treated; and
- (f) Children whose parents are unable to care for them due to ill health or for any other reason.

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

Other services provided by the Agency (e.g., Educational Welfare Services, Early Years Inspectorate, Domestic and Gender-Based Violence Services, Adoption Information and Tracing Service etc.) are outside the scope of this report.

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

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

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

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

Chapter 5: presents data on two other separate but related services provided by the Agency. These services are the out-of-hours service for children and services delivered by the Social Work Team for Separated Children Seeking Asylum.

2.0 CHILD PROTECTION AND WELFARE SERVICES

2.1 Referrals

A referral or a report is the first stage of the child protection and welfare process. It is a request for services to be provided and can be made by anyone who has concerns about the safety or welfare of a child. To be considered a referral the subject of the report must be a child and the essence or character of the report a concern (for the subject) that can be categorised as one of the following report types: Physical Abuse, Sexual Abuse, Emotional Abuse, Neglect or a Welfare Concern⁸. If the concern is not appropriate to Tusla's child protection and welfare services, Tusla will give information and advice on the most appropriate ways of addressing the needs of the child and their family.

Referrals to Child Protection and Welfare Services continued to increase

In 2017, local offices received 53,755 child protection and welfare referrals, the highest number for all years 2014-2017 (Figure 3). This number (53,755) equates to about 147 referrals a day or 45 referrals per 1,000 children living in Ireland (Census 2016). *More than one referral can be received in relation to a child and as a result the number of children involved is likely to be fewer than the number of referrals.* Referrals for 2017 were up 13% (6,356) on 2016 and 23% (10,125) on 2014.

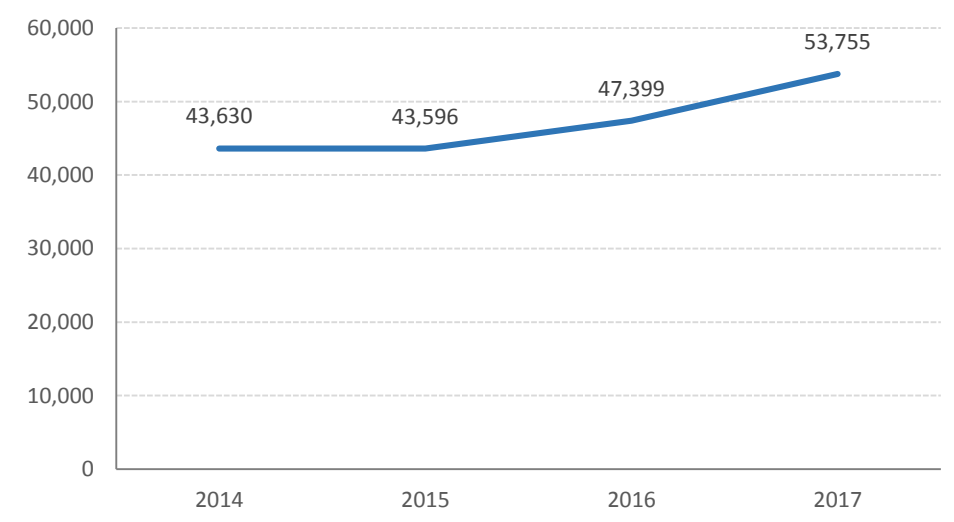


Figure 3: Referrals to Tusla's Child Protection and Welfare Services, 2014 – 2017

An increase in referrals is not necessarily good or bad in terms of safety of children. It most likely reflects a combination of socioeconomic and other factors including, the increase in the 0-17 years population over the same period⁹; the increase in the number of families becoming homeless in recent years¹⁰; a possible increase in awareness of concerns about the safety of children (media attention) and particularly with the commencement of mandated reporting¹¹ on the 11th December

⁸ [Children First: National Guidance for the Protection and Welfare of Children \(DCYA 2017\)](#)

⁹ Census 2016 Central Statistics Office

¹⁰ [Homelessness data](#), Department of Housing Planning and Local Government

¹¹ [Children First Act 2015](#), Section 14. (1) Subject to subsections (3), (4), (5), (6) and (7), where a mandated person knows, believes or has reasonable grounds to suspect, on the basis of information that he or she has received, acquired or becomes aware of in the course of his or her employment or profession as such a mandated person, that a child— (a) has been harmed, (b) is being harmed, or (c) is at risk of being harmed, he or she shall, as soon as practicable, report that knowledge, belief or suspicion, as the case may be, to the Agency. (2) Where a child believes that he or she— (a) has been harmed,

2017. Variation in local practice in terms of applying thresholds (i.e., whether the referral meets the threshold for Child Protection and Welfare Services) has also been identified. The impact of mandated reporting (if any) on number of referrals will be monitored in 2018 and beyond.

Although not directly comparable in terms of what is counted as a referral, increases in referrals have also been reported in other jurisdictions. In England, there was a 4.0 percent increase in the number of accepted referrals for 2016/2017 and in Northern Ireland, the number of children in need who were referred in 2016/2017 increased by 10.0 per cent (NSPCC 2018)¹². The rate of referrals (children referred per 1,000 children) in England for the period 2016/2017 was 48.5 while that in Northern Ireland was 83.7/1,000 children.

Most common source of referrals is An Garda Síochána

In 2017, the top three sources of referrals were An Garda Síochána accounting for 29% (15,571) of referrals, HSE/Tusla Officers accounting for 24% (12,690) of referrals and schools accounting for 12% (6,521) of referrals (Figure 4). These three sources combined accounted for almost two-thirds (65%; 34,782) of referrals.

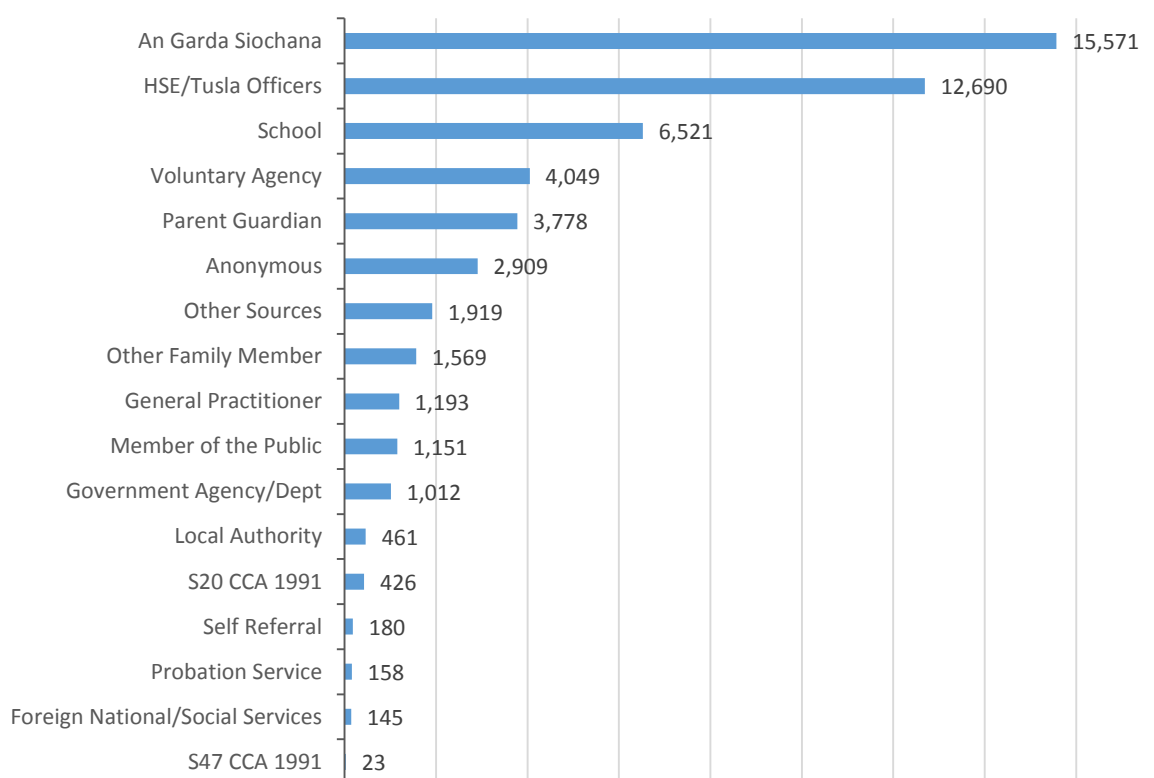


Figure 4: Source of referrals to Tusla's Child Protection and Welfare Services, 2017

The percentage of referrals from An Garda Síochána has increased year on year and is up almost 10 percentage points on 2014 (Figure 5). The percentage of referrals from the other most common sources of referrals has varied little over the same period.

(b) is being harmed, or (c) is at risk of being harmed, and discloses that belief to a mandated person in the course of the mandated person's employment or profession as such a person, the mandated person shall, subject to subsections (5), (6) and (7), as soon as practicable, report that disclosure to the Agency.

¹²[How safe are our children? 2018](#) National Society for the Prevention of Cruelty to Children, UK (NSPCC)

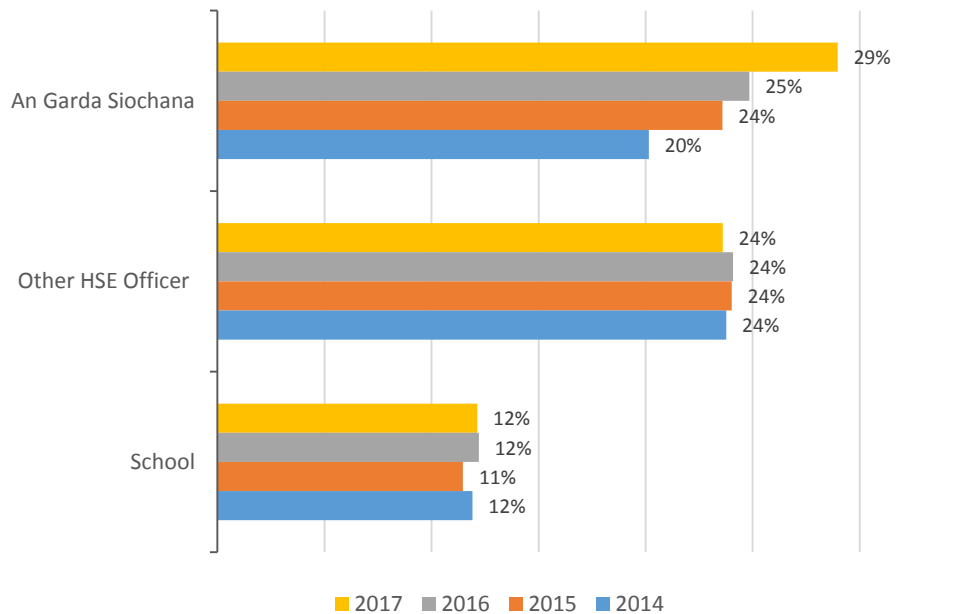


Figure 5: Percentage of referrals from the top four sources, 2014 – 2017

Note: Source of referral not available for 714 referrals in 2014

Welfare is the most common concern reported and is increasing

In 2017, more than six in ten (62%; 33,218) referrals were for welfare concerns, while the remaining 38% (20,537) were for child protection concerns i.e., where there were grounds to believe that there was a risk of physical, sexual or emotional abuse or neglect (Figures 6 & 7).

Referrals for welfare concerns are showing a year-on-year increase and are up 33% (8,264) on 2014. In contrast, although the number of referrals for abuse/neglect is up 10% (1,861) on 2014, the proportion of referrals for abuse/neglect has dropped year-on year; down from 43% in 2014 to 38% in 2017.

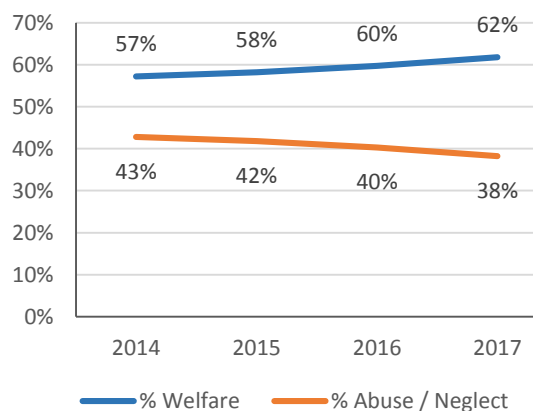


Figure 6: Percentage of referrals by type, 2014 – 2017

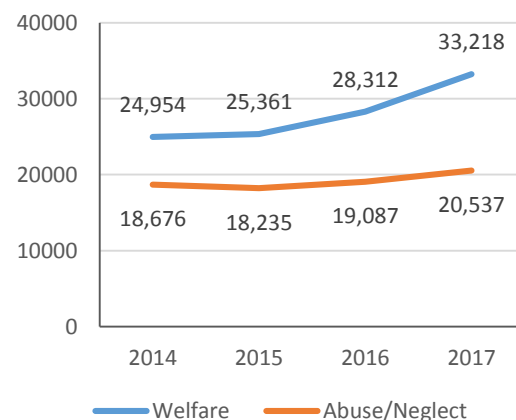


Figure 7: Number of referrals by type, 2014 -2017

Emotional abuse is the most common type of child protection concern reported

The most common type of child protection concern reported in 2017 was emotional abuse accounting for over a third (37%; 7,615/20,537) of all abuse/neglect referrals (Figure 8). Sexual abuse was the least common type of abuse reported, comprising about one in six (16%; 3,170) referrals.

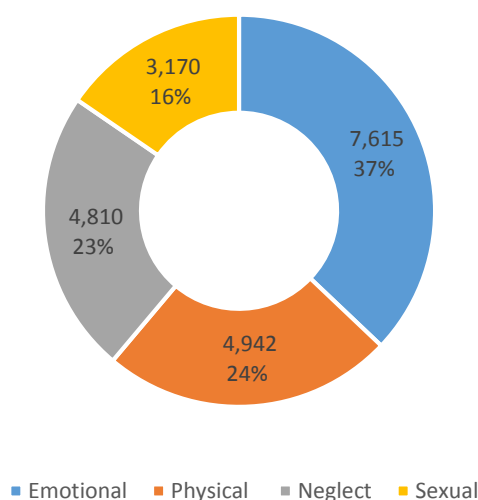


Figure 8: Breakdown of child protection referrals, 2017

The percentage breakdown of child protection referrals is broadly consistent with the breakdown for the years 2014 – 2016 (Table 1). All types of abuse/neglect showed an increase from 2016 with the largest increase observed for emotional abuse with some 744 (11%) more referrals. Referrals for emotional abuse are showing a year-on-year increase and are up 22% (1,382) on 2014. Proportionately, the percentage of referrals for emotional abuse has gone from 33% in 2014 to 37% in 2017. In contrast, although referrals for neglect are up 2% (86) on 2016 they are down 9% (453) on 2014. The proportion of referrals for neglect has dropped from 28% in 2014 to 23% in 2017.

Table 1: Breakdown of child protection referrals, 2014 - 2017

Category	2014	2015	2016	2017	Δ 2016 v 2017
Physical	4,066 (22%)	3,991 (22%)	4,450 (23%)	4,942 (24%)	492 (11%)
Emotional	6,233 (33%)	6,535 (36%)	6,871 (36%)	7,615 (37%)	744 (11%)
Sexual	3,114 (17%)	2,940 (16%)	3,042 (16%)	3,170 (15%)	128 (4%)
Neglect	5,263 (28%)	4,769 (26%)	4,724 (25%)	4,810 (23%)	86 (2%)
Total	18,676	18,235	19,087	20,537	1,450 (8%)

Midlands area reported the highest rate of referrals

The number of referrals varies widely across Tusla's 17 operational areas, ranging from 7,370 in the Midlands area to 931 in Mayo (Table 2). The rate of referrals for per 1,000 children under 18 years ranged from 92 per 1,000 in the Midlands area (more than double the national rate) to 25 per 1,000 in Dublin South East / Wicklow. Cork with the highest population ranked 5th highest overall (out of 17) in terms of rate while Sligo/Leitrim/West Cavan with the fewest number of children ranked 8th highest overall.

Table 2: Number and rate of referrals by area, 2017

Area	# Referrals	0-17 years population	Rate/1,000 population
Dublin South Central	2,306	65,564	35
Dublin South East / Wicklow	2,161	86,810	25
Dublin South West / Kildare /West Wicklow	3,001	108,186	28
Midlands	7,370	80,193	92
Dublin North City	2,650	44,927	59
Dublin North	4,131	100,654	41
Louth / Meath	3,251	93,093	35
Cavan / Monaghan	1,291	36,446	35
Cork	6,493	134,015	48
Kerry	1,291	34,527	37
Carlow / Kilkenny / South Tipperary	3,539	63,009	56
Waterford / Wexford	4,678	68,513	68
Midwest	4,408	96,266	46
Galway / Roscommon	3,738	79,912	47
Mayo	931	31,968	29
Donegal	1,469	42,865	34
Sligo / Leitrim / West Cavan	1,047	23,554	44
Total	53,755	1,190,502	45

Population: Census 2016

All but three of the 17 areas (DSW/K/WW, Dublin North City, and Dublin North) reported an increase in referrals from 2016 (Figure 9). The highest percentage increase was reported by Donegal (up 59%) followed by Midlands (36%) and SLWC (36%). In terms of numbers the Midlands area reported the highest increase, with 1,935 more referrals than 2016.

The four areas, Midlands, Cork, MidWest and GY/RN have reported three consecutive increases between 2014 and 2017.

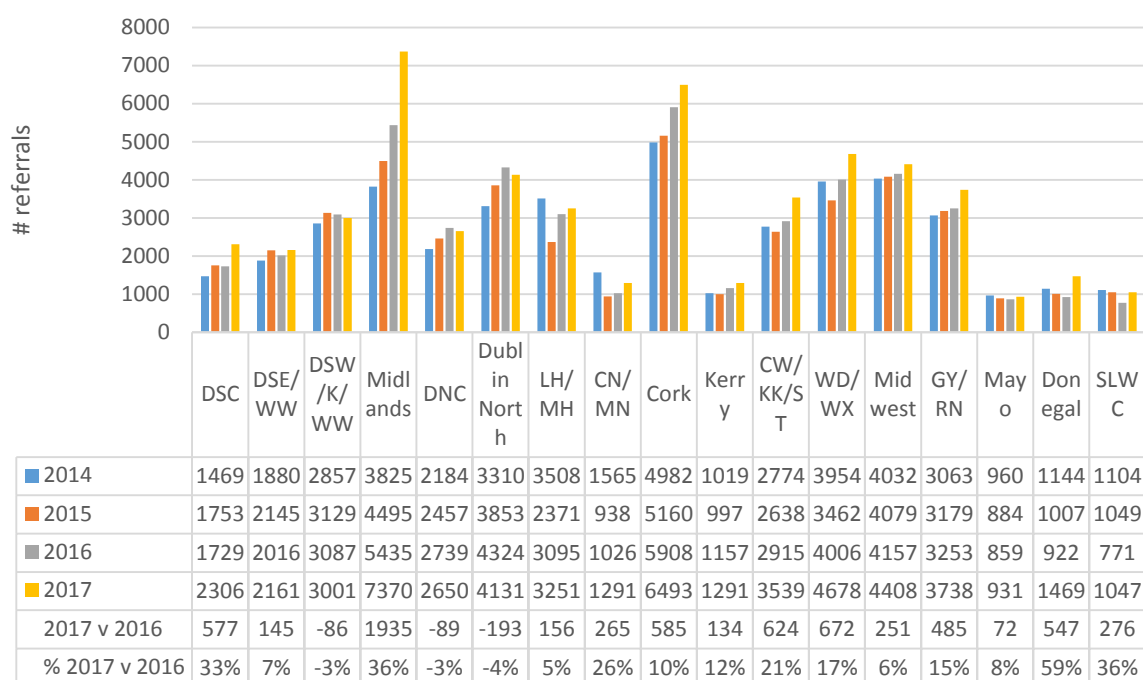


Figure 9: Referrals by area, 2014 - 2017

2.2 Assessment

On receipt of a referral the first consideration for social work teams is the immediate safety of the child and whether protective action is required. The actions taken by social workers include making preliminary enquiries to substantiate the information provided, to identify if the child/family is already known to the service and 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 that the child is safe and protected. Referrals not requiring social work intervention are closed or diverted to more appropriate services (e.g., community or family support services). An initial assessment will determine if the child requires a child welfare safety plan, a child protection plan, or whether harm to the child is at a level where removal from the care of their parents is required until such time as a safety can be put in place.

Two-thirds of preliminary enquires were done within 24 hours

In 2017 preliminary enquiries were done on 98% (52,703) of referrals (no change from 2016) and of these 66% (34,950) were completed within the 24 hour timeframe¹³ recommended in the standard business processes for the management of referrals (Table 3).

¹³ In line with implementation of the Agency's new social work practice model "Signs of Safety" this timeframe has been changed from 24 hours to 5 working days (commenced 5th February 2018).

Table 3: Preliminary enquiries, 2014 - 2017

Year	# Referrals	# Preliminary enquiries	% Preliminary enquiries	# Done within 24 hours	% Done within 24 hours
2017	53,755	52,703	98%	34,950	66%
2016	47,399	46,448	98%	30,661	66%
2015	43,596	42,579	98%	27,483	65%
2014	43,630	41,382	95%	26,236	63%

The percentage of referrals that had a preliminary enquiry ranged from 100% in 11 of the 17 areas to 67% in one area (Cavan/Monaghan) (Figure 10). All areas with the exception of CN/MN, CW/KK/ST and Donegal reported 98% (national average) or higher.

The percentage of preliminary enquiries that were done within the 24 hour timeframe ranged from 100% in five areas to 4% in Donegal. Eight of the areas reported 66% (national average) or higher (Figure 11).

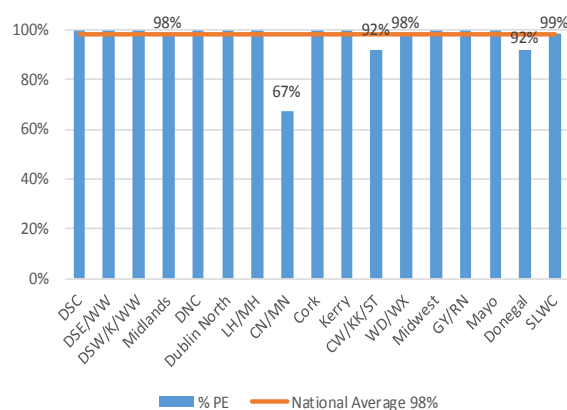


Figure 10: % of referrals with PE done, 2017

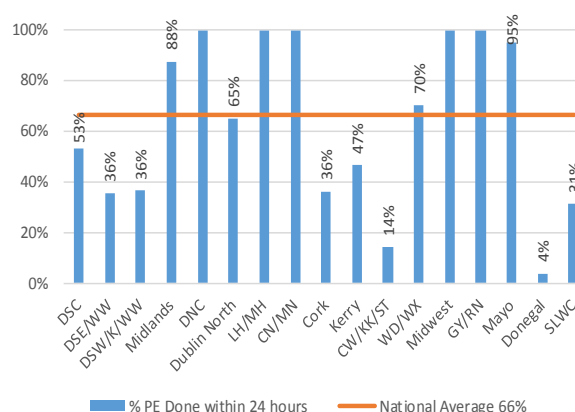


Figure 11: % of PEs done with 24 hours

Percentage of referrals requiring social work intervention continued to decrease

In 2017, an initial assessment was recommended for 36% (18,932) of referrals (where a preliminary enquiry was done), down seven percentage points on 2016 (43%) and the lowest percentage for the years 2014 – 2017 (Table 4). Although additional data is required to examine the reason(s) for this decrease it is likely that an increasing number of referrals are being diverted to more appropriate community and family support services as they become more developed in the areas. Development of early intervention and family support services to help prevent children and families entering or re-entering a more intrusive child protection and welfare system has been a key aim of the Agency since establishment.

About one in six (16%; 2,993) initial assessments was completed within the 21 day timeframe¹⁴ recommended in the standard business process for the management of referrals (Table 4). 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 e.g., court attendance. At all times, resources are deployed

¹⁴ In line with implementation of the Agency's new social work practice model "Signs of Safety" this timeframe has been changed from 21 days to 40 working days (commenced 5th February 2018).

to children at immediate risk and requiring an urgent response resulting in assessments for the less urgent cases exceeding the recommended timeframe.

Table 4: Initial assessments, 2014-2017

Year	# Preliminary enquiries	# Requiring initial assessment	% Requiring initial assessment	# Done within 21 days	% Done within 21 days
2017	52,703	18,932	36%	2,993	16%
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%

The percentage of referrals requiring an initial assessment (following a preliminary enquiry) ranged from 59% (Dublin North) to 10% (Waterford/Wexford). Eight of the 17 areas reported a percentage above the national average of 36% (Figure 12).

The percentage of initial assessments completed within the 21 day timeframe ranged from 57% (WD/WX) to 0% (CN/MN). Eleven of the 17 areas reported a percentage below the national average of 16% (Figure 13).

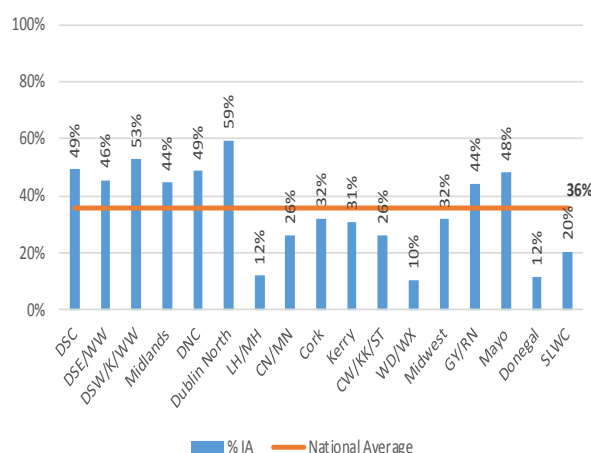


Figure 12: % of Referrals requiring IA, 2017

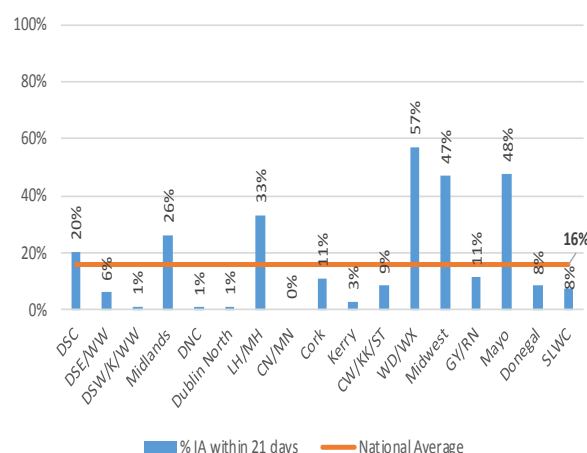


Figure 13: % of IAs done within 21 days

In 2017, the outcome of assessment (initial) was recorded for 7,310 (39%) referrals that required an initial assessment and of these more than half (51%; 3,706) required no further action/closed to social work, while one in five (21%; 1,546) went on to further assessment. Just over one in ten (12%; 886) required a child protection response while <2% required admission to care (Figure 14). The high level of attrition requires further examination.

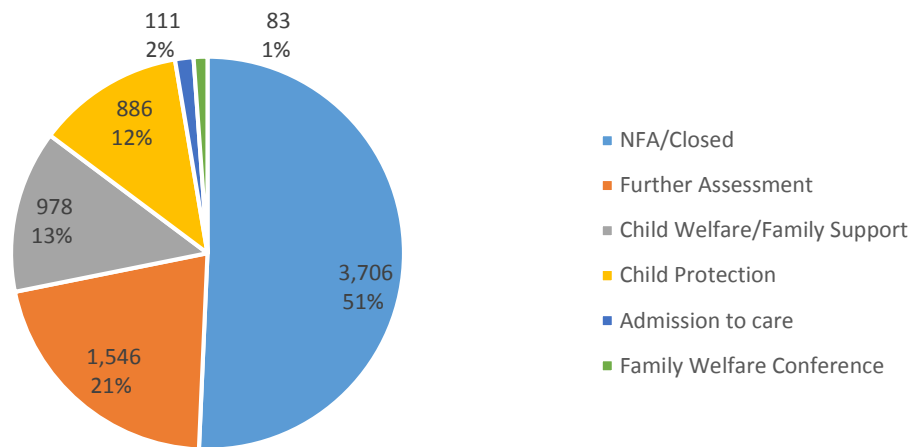


Figure 14: Outcome of initial assessments, 2017

2.3 Cases Open to Social Work

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

80% of open cases were allocated to a social worker; unallocated cases down 10%

At the end December 2017, there were 24,891 cases open to social work, 143 (<1%) fewer than December 2016 (25,034) and the fewest number for the period 2014 – 2017 (Table 5). As open cases are recorded on a per child basis we can say that 2.1% of children under 18 years (Census 2016) were in receipt of a social work service (for child protection and welfare concerns) at the end of December 2017.

Eight out of 10 cases open to social work at the end of December 2017 were allocated to a named social worker, up two percentage points from 2016 and the highest percentage for the years 2014 – 2017 (Table 5). The remaining 20% (4,892) were awaiting allocation, some 521 (10%) fewer than 2016 and 3,650 (43%) fewer than 2014.

Table 5: Cases open to social work, 2014 - 2017

Year	# Open cases	# Allocated	% Allocated	# Unallocated	% Unallocated
2017	24,891	19,999	80%	4,892	20%
2016	25,034	19,621	78%	5,413	22%
2015	26,655	19,937	75%	6,718	25%
2014	27,967	19,425	69%	8,542	31%

Seventeen percent (818) of cases awaiting allocation at the end of December 2017 were categorised as high priority¹⁵, 17 more than 2016 (801). It should be noted that high priority does not imply that a child is at immediate risk and requires an urgent or immediate response. Children identified at immediate risk receive an immediate response. In addition, cases awaiting allocation are monitored on an ongoing basis for a change in circumstance.

Sixty percent (2,925) of cases were categorised as medium priority while the remaining 23% (1,149) were categorised as low priority.

52% of cases awaiting allocation were waiting less three months

The length of time waiting for allocation was recorded for 4,360 (89%) of cases and of these 52% (2,247) were waiting for less than 3 months. The remaining 2,113 (48%) were waiting for >3 months.

DSW/K/WW reported the highest number of unallocated cases

The highest number of cases awaiting allocation was reported by DSW/K/WW (654; 40% of open cases) followed by Cork (593; 18% of open cases), Donegal (476; 38% of open cases) and Dublin North

¹⁵ Priority level assigned as per the guidance outlined in “Framework for Measuring, Managing and Reporting Social Work Intake, Assessment and Allocation Activity, Version 2 (Tusla)

(455; 15% of open cases) (Table 6). These four areas accounted for almost half (44%; 2,178) of all cases awaiting allocation. All cases were allocated in one area, Mayo. In twelve of the 17 areas at least 80% of cases were allocated to a named social worker.

Table 6: Area breakdown of cases open to social work by allocation status, December 2017

Area	# Open cases	# Allocated	% Allocated	# Unallocated	% Unallocated
DSE/WW	1,016	901	89%	115	11%
DSW/K/WW	1,617	963	60%	654	40%
DSC	1,279	977	76%	302	24%
Midlands	1,423	1,140	80%	283	20%
DNC	1,824	1,466	80%	358	20%
Dublin North	3,085	2,630	85%	455	15%
LH/MH	1,347	1,083	80%	264	20%
CN/MN	678	466	69%	212	31%
Kerry	583	490	84%	93	16%
Cork	3,369	2,776	82%	593	18%
CW/KK/ST	1,688	1,334	79%	354	21%
WD/WX	1,641	1,423	87%	218	13%
Donegal	1,243	767	62%	476	38%
SLWC	374	318	85%	56	15%
Mayo	566	566	100%	0	0%
GY/RN	1,672	1,492	89%	180	11%
Midwest	1,486	1,207	81%	279	19%
Total Cases	24,891	19,999	80%	4,892	20%

Ten of the 16 areas with cases awaiting allocation at the end of 2017 reported a decrease from the previous year (Figure 15). The highest decrease was reported by Dublin North (down 55%, 566 cases) followed by DSW/K/WW (down 24%, 206 cases). Of the six areas that reported an increase, the highest increase was reported by Donegal (up 440 cases).

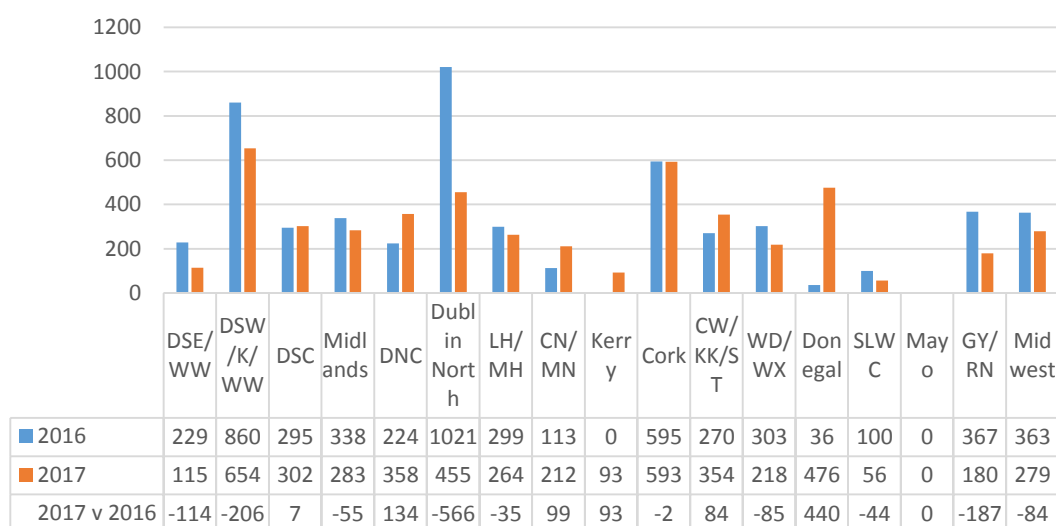


Figure 15: Area breakdown of unallocated cases, 2016 -2017

Dublin South West/Kildare/West Wicklow had the highest number of high priority cases awaiting allocation (198) at the end of December 2017 followed by Cork (162) (Figure 16). These two areas

accounted for almost half (44%; 360) of all high priority cases awaiting allocation. Three areas with cases awaiting allocation (Dublin South Central, Dublin North and Dublin North City) reported no high priority cases awaiting allocation with a further three (DSE/WW, CW/KK/ST and SLWC) reporting fewer than ten.

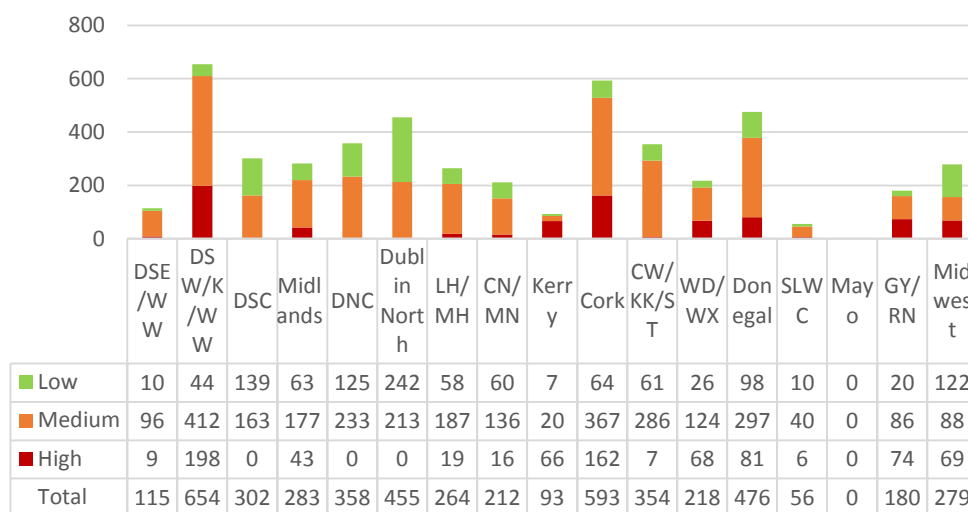


Figure 16: Area breakdown of cases awaiting allocation by priority status, 2017

2.4 Children Subject to a Child Protection Plan

If following assessment a child protection plan is recommended (i.e., there are grounds for believing that a child is at ongoing risk of significant harm from abuse, including neglect) a child protection conference¹⁶ 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)¹⁷. Reviews of children listed on the system must occur at intervals of not more than six months. A child will be listed as inactive on the system if it is established at a review conference that the child is no longer at on-going risk of significant harm. It is important to note that children who have experienced harm outside the family or are at risk to themselves from their own behaviour are not listed on the CPNS.

11 children per 10,000 child population were subject to a child protection plan

1,304 children were “active” on the CPNS (i.e., at ongoing risk of significant harm from abuse, including neglect and still residing with their parents/carers) at the end of December 2017, 32 (2.6%) more than December 2016 (1,272)¹⁸ but 50 fewer than December 2015 (1,354). This number (1,304) equates to about 11 children per 10,000 of the population under 18 years. 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.

Different criteria and thresholds for listing children on the CPNS in this jurisdiction does not allow for easy comparison with rates in other countries where systems/registers are in operation. Table 7 shows the rate of children on child protection registers or subject to child protection plans in UK countries (NSPCC 2018)¹⁹. Of the four countries, Scotland reports the lowest rate of children on child protection registers at 25.5 per 10,000 children while Northern Ireland reports the highest rate at 49 per 10,000 children. The data from each of these countries shows a long-term upward trend in the rate of children who are the subject of a plan or on a child protection register.

Table 7: Children on child protection registers UK

Country	Children on child protection registers - rate per 10,000 children
Northern Ireland	49 (31 March 2017)
England	43.3 (31 March 2017)
Scotland	25.5 (31 July 2017)
Wales	44 (31 March 2017)
Ireland	11 (31 Dec 2017)

¹⁶ A Child Protection Conference (CPC) is an interagency and inter-professional meeting convened by the designated person in the area. The purpose of the conference is to facilitate the sharing and evaluation of information between professionals and parents/carers to consider the evidence as to whether a child is at ongoing risk of significant harm from abuse, including neglect. It the CPC determines that the child is at ongoing risk of significant harm from abuse, including neglect a child protection plan is developed and the child is listed on the CPNS.

¹⁷ The CPNS is a securely held national record of all children who are subject of a child protection plan agreed at a child protection conference. It exists to enable the effective sharing of information between professionals working with vulnerable children and families. Access to the system is strictly controlled and confined to gardaí, hospital emergency staff, maternity hospitals and out-of-hours general practitioners. Tusla introduced a single national system in 2015, replacing all area/regional stand-alone systems that were in place at the time.

¹⁸ Figure for 2016 includes one child who was visiting from another jurisdiction and placed on the CPNS for the duration of their stay in Ireland

¹⁹ [How safe are our children? 2018](#) National Society for the Prevention of Cruelty to Children, UK (NSPCC)

All children “active” on the CPNS at the end of December 2017 had an allocated social worker in line with Tusla policy, an improvement on previous years.

Slightly more males (642) than females (639) were listed as “active” which is consistent with the general population (Census 2016, 51% males and 49% females); the remaining 23 were in-utero.

Younger children over-represented on the CPNS

Thirty-nine percent (505) of children “active” on the CPNS were less than 5 years, the highest percentage of all age groups and up five percentage points on 2016 (Table 8). These figures indicate that the 0-4 years age group are more heavily represented on the CPNS than the general population while the older ages account for a smaller proportion of those on the CPNS than the general population. These data correspond with most international data, which generally identify younger children at most risk, marginally reducing as they get older.

Table 8: Age on children active on the CPNS by age group, 2016 - 2017

Age group	2016	2017	General population
0-4 years	430 (34%)	505 (39%)	331,515 (28%)
5-9 years	376 (30%)	371 (28%)	355,561 (30%)
10-14 years	331 (26%)	297 (23%)	319,476 (28%)
15 – 17 years	135 (11%)	131 (10%)	183,950 (15%)
Total	1,272 (100%)	1,304 (100%)	1,190,502 (100%)

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

The most common type of abuse recorded for children “active” on the CPNS was neglect accounting for six in 10 cases (Figure 17). The next most common type was emotional abuse accounting for a further 30% (386). These findings are consistent with data recorded for 2016 (neglect 61%; 781/1,272 and emotional abuse 27%; 342/1,272).

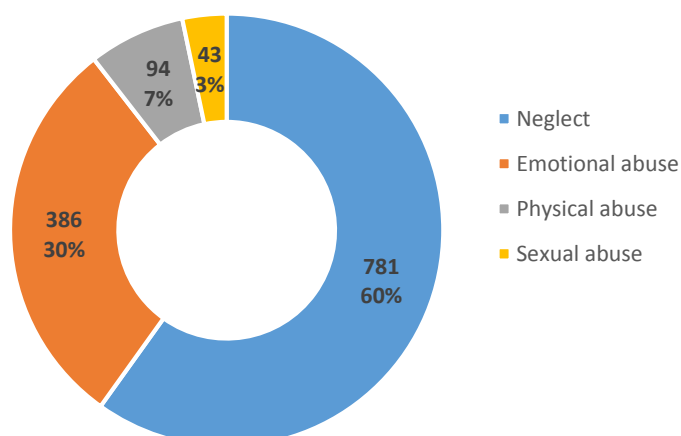


Figure 17: Type of abuse recorded for children active on the CPNS, December 2017

In England and Wales, neglect is also the most common reason for being subject of a child protection plan or on a child protection register (NSPCC, 2018)²⁰. In these two countries there has been an overall upward trend in the proportion due to emotional abuse, making it the second most common reason. The trend in Northern Ireland differs from that in other UK countries in that physical abuse has been the main reason for a child being on a child protection register since 2015. Neglect is the second most common reason. It should be noted that while all countries publish data on reasons why children are the subject of a child protection plan or on a child protection register there are differences between the countries in the criteria for recording and the classification of categories of abuse or concerns. It should also be noted that changes in the proportion of concerns about a specific abuse type do not necessarily represent a rise in the number of children experiencing that form of abuse. Change could also represent increased awareness among the public and professionals about that form of abuse.

88% of children “active” for < 18 months

Almost half (47%; 616) of children active on the CPNS at the end of December 2017 were active for no longer than six months, while 88% (1,142) were active for no longer than 18 months (Figure 18).

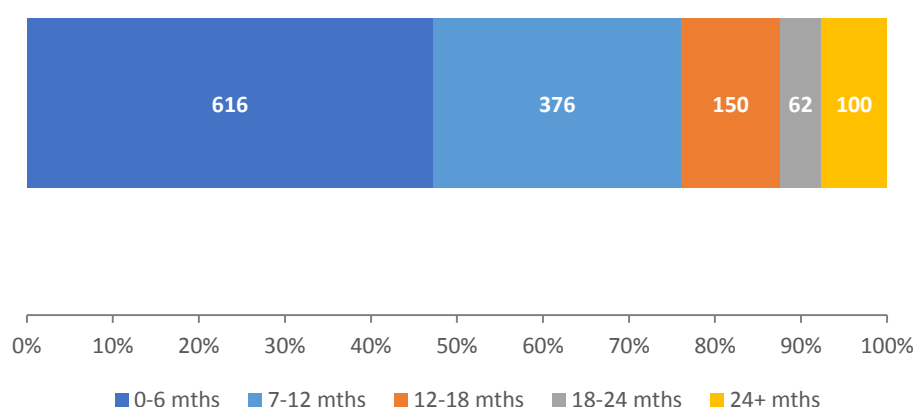


Figure 18: Children active by length of time active, December 2017

Midwest reported the highest rate of children “active” on CPNS

The number of children active on the CPNS at the end of December 2017 in the different Tusla areas ranged from 17.6 per 10,000 children under 18 years (1.6 times the national average) in the Midwest to 4.8 per 10,000 in DSW/K/WW, the area with the third highest proportion of the 0-17 years population (Table 9). Cork with the highest child population ranked 5th lowest at 9.4 per 10,000 population. Eight areas reported a rate higher than the national average (11/10,000). The reason(s) for the variation in rates across the areas requires closer examination.

²⁰ [How safe are our children? 2018](#) National Society for the Prevention of Cruelty to Children, UK (NSPCC)

Table 9: Children active on the CPNS by area, December 2017

Area	# Active Dec 2017	0-17 years population	Rate / 10,000 pop
DSC	63	65,564	9.6
DSE/WW	52	86,810	6.0
DSW/K/WW	52	108,186	4.8
Midlands	83	80,193	10.4
DNC	78	44,927	17.4
Dublin North	73	100,654	7.3
LH/MH	115	93,093	12.4
CN/MN	23	36,446	6.3
Cork	126	134,015	9.4
Kerry	48	34,527	13.9
CW/KK/ST	88	63,009	14.0
WD/WX	110	68,513	16.1
Midwest	169	96,266	17.6
GY/RN	88	79,912	11.0
Mayo	52	31,968	16.3
Donegal	60	42,865	14.0
SLWC	24	23,554	10.2
Total	1,304	1,190,502	11.0

3.0 ALTERNATIVE CARE SERVICES

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

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

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

3.1 First-time Admissions to Care

First-time admissions to care (639) down 20% (160) on 2016

In 2017, there were 639 children admitted to care for the first time, 160 (20%) fewer than 2016 (799). This equates to about 5.4 children per 10,000 population 0-17 years. *Data for previous years not available.*

Slightly more males (325; 51%) than females (314; 49%) were admitted which is consistent with the general population (Census 2016, 51% males and 49% females). The most common age at admission was < 1 year accounting for one in five (130; 20%) children admitted, followed by the younger ages up to 4 years (inclusive) and children 14 and 15 years (Figure 19).

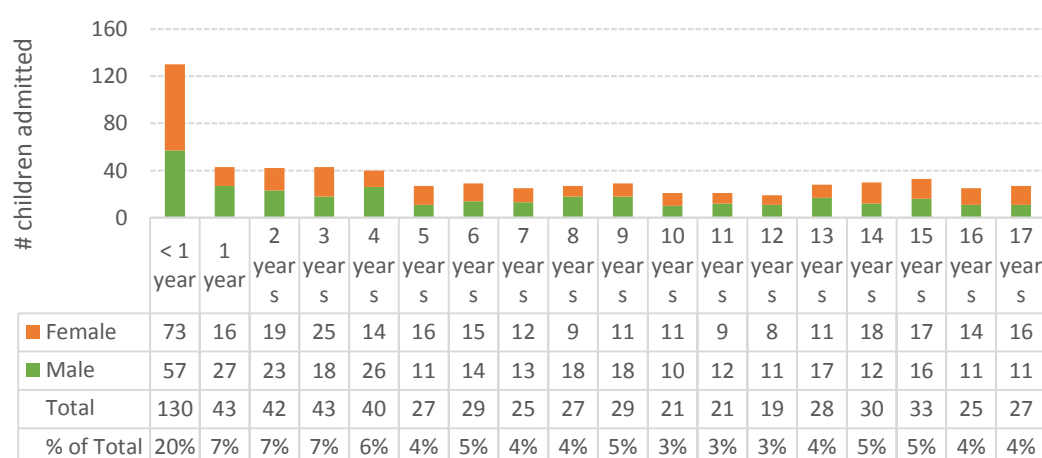


Figure 19: First-time admissions to care by age and gender, 2017

Fewer older children (15-17 years) admitted to care for the first time

With the exception of the < 1 years and the 3 and 4 years, fewer children were admitted to care across all ages when compared to 2016 (Table 10). The largest percentage decrease in admissions was observed across the older ages (15-17 years) with admissions for children 16 years down 61% (39), children 15 years down 47% (29) and children 17 years down 36% (15).

Although difficult to determine at this point, if the decrease in first-time admissions is the start of a downward trend, early evidence is suggesting that initiatives like Tusla's Creative Community Alternatives (CCA)²¹ which was established in six pilot sites in 2017 and Springboard's Homeless Outreach Initiative which also started in 2017 are having an impact. The CCA initiative is 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 known that in one area, none of the eight children who were targeted under this initiative has been admitted to care. It has also been reported that Springboard's Homeless Outreach Initiative which focused on a number of children who faced imminent admission to care in one area was able to offer these children a more intensive community based service which prevented admission to care in these cases.

Table 10: First-time admissions to care by age and year, 2016 and 2017

Age	# 2016	% 2016	# 2017	% 2017	Δ 2017 v 2016	% Δ
< 1 year	125	15.6%	130	20.3%	5	4%
1 year	60	7.5%	43	6.7%	-17	-28%
2 years	45	5.6%	42	6.6%	-3	-7%
3 years	39	4.9%	43	6.7%	4	10%
4 years	30	3.8%	40	6.3%	10	33%
5 years	36	4.5%	27	4.2%	-9	-25%
6 years	32	4.0%	29	4.5%	-3	-9%
7 years	32	4.0%	25	3.9%	-7	-22%
8 years	40	5.0%	27	4.2%	-13	-33%
9 years	34	4.3%	29	4.5%	-5	-15%
10 years	30	3.8%	21	3.3%	-9	-30%
11 years	25	3.1%	21	3.3%	-4	-16%
12 years	24	3.0%	19	3.0%	-5	-21%
13 years	36	4.5%	28	4.4%	-8	-22%
14 years	43	5.4%	30	4.7%	-13	-30%
15 years	62	7.8%	33	5.2%	-29	-47%
16 years	64	8.0%	25	3.9%	-39	-61%
17 years	42	5.3%	27	4.2%	-15	-36%
Total	799	100.0%	639	100.0%	-160	-20%

²¹ [Creative Community Alternatives \(CCA\)](#) aims to provide alternative responses to children and young people who are either on the edge of alternative care, or currently in alternative care due to complex factors that may include abuse, neglect, parental separation, attachment issues, alcohol and /or drug misuse, mental health and economic disadvantage. CCA is a tool for high level prevention work aimed at delivering wraparound supports for children and families within their own community. It refers to a holistic service designed to meet the identified needs of children, young people, caregivers and siblings and to address a range of life areas through the team-based planning and implementation process, within the community. CCA also aims to develop the problem-solving skills, coping skills, and self-efficacy of the young people and family members. There is also an emphasis on integrating the youth into the community and building the family's social support network.

Neglect was the most common reason for first-time admissions into care

The most common reason for admission was neglect accounting for 41% (263) of the first-time admissions and followed closely by welfare concerns (40.5%; 259) (Figure 20).

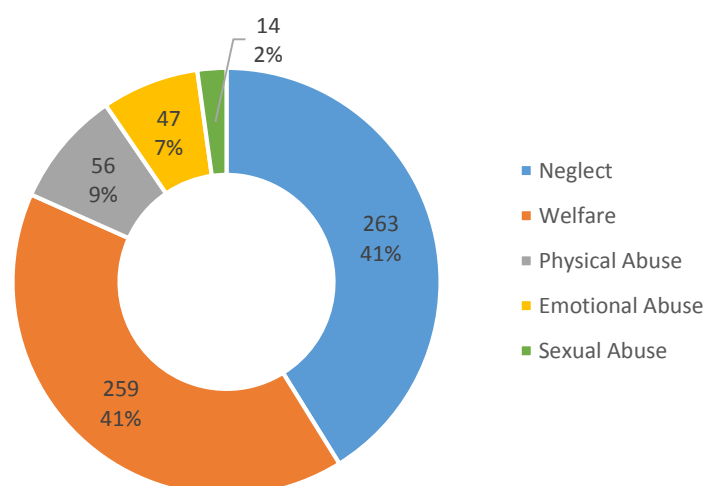


Figure 20: Reason for first-time admissions by type, 2017

In 2016, welfare was the most common reason for admission accounting for 44% (352) of admissions followed by neglect (38%; 300) (Figure 21).

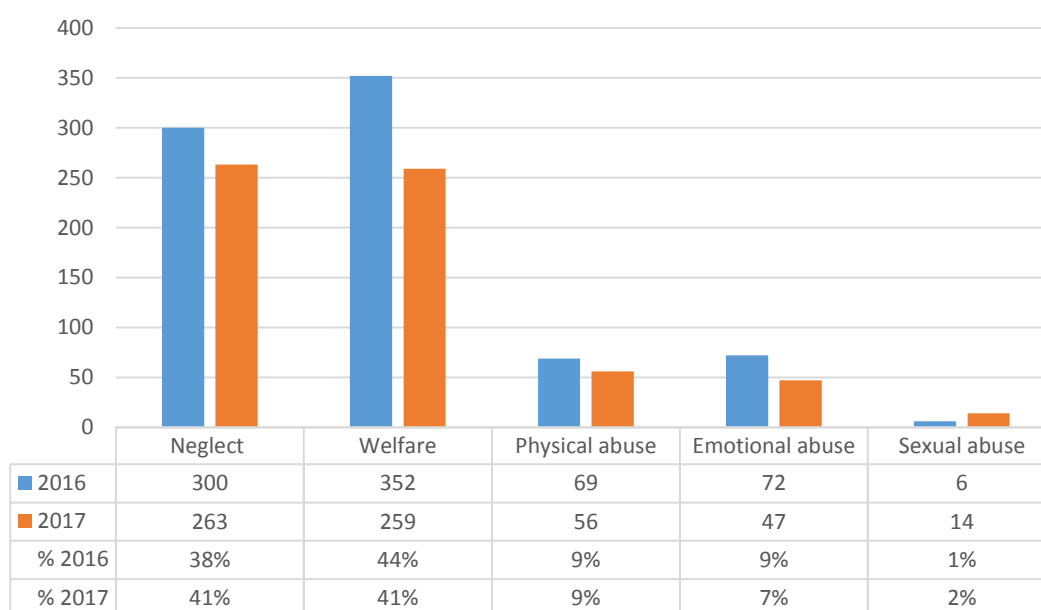


Figure 21: Reason for admission by type, 2016 and 2017

90% of children admitted into care for the first time were placed in foster care

90% (573) of children admitted to care for the first time were placed in foster care and of these one in four (25%; 145) was placed with relatives (Figure 22).

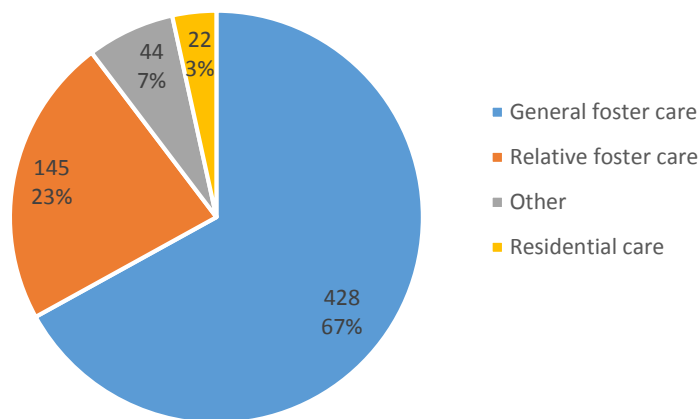


Figure 22: First-time admissions by care type, 2017

The MidWest area reported the highest number of first-time admissions (85) followed by Dublin South West/Kildare/West Wicklow (67) and Cork (64) (Table 11). Sligo/Leitrim/West Cavan reported the highest rate of referrals at 10.6 per 10,000 child population, almost double the national rate of 5.4 per 10,000 child population. The lowest rate (3.5/10,000) was reported by Dublin South East/Wicklow. Seven areas reported a rate higher than the national average.

Table 11: First-time admissions by area, 2017

Area	# First-time admissions	0-17 years population	Rate / 10,000 population
DSC	43	65,564	6.6
DSE/WW	30	86,810	3.5
DSW/KWW	67	108,186	6.2
Midlands	47	80,193	5.9
DNC	16	44,927	3.6
Dublin North	47	100,654	4.7
LH/MH	41	93,093	4.4
CN/MN	18	36,446	4.9
Cork	64	134,015	4.8
Kerry	17	34,527	4.9
CW/KK/ST	29	63,009	4.6
WD/WX	39	68,513	5.7
Midwest	85	96,266	8.8
GY/RN	30	79,912	3.8
Mayo	22	31,968	6.9
Donegal	19	42,865	4.4
SLWC	25	23,554	10.6
Total	639	1,190,502	5.4

Ten of the 17 areas reported a decrease in first-time admissions from 2016 (Figure 23). The largest decrease was reported by Cork with 49 fewer admissions followed by Galway/Roscommon with 47 fewer admissions and Louth/Meath with 40 fewer admissions. The highest increase was reported by Dublin South West / Kildare / West Wicklow with 17 more admissions followed by Dublin South East / Wicklow with 13 more admissions.

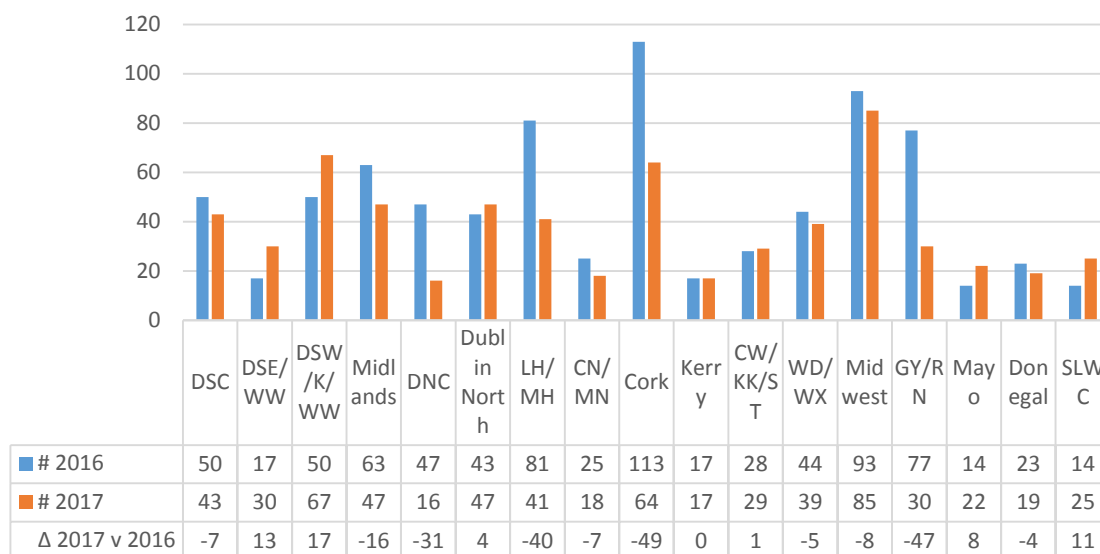


Figure 23: First-time admissions by area, 2016 and 2017

A breakdown of first-time admissions by care type and area is presented in Table 12. Seven areas reported no admissions to residential care with a further four reporting one admission. All admissions in three areas (CN/MN, Mayo and Sligo/Leitrim/West Cavan) were to foster care. Kerry, Dublin North City, Dublin South Central and Dublin North reported the lowest percentage of admissions to foster care at 65% (11/17), 75% (12/16), 77% (33/43) and 79% (37/47) respectively.

Table 12: First-time admissions by area and care type, 2017

Area	# Res Care	% Res care	# Foster care	% Foster care	# Other	% Other	Total
DSC	2	5%	33	77%	8	19%	43
DSE/WW	1	3%	26	87%	3	10%	30
DSW/K/WW	1	1%	60	90%	6	9%	67
Midlands	2	4%	44	94%	1	2%	47
DNC	4	25%	12	75%	0	0%	16
Dublin North	4	9%	37	79%	6	13%	47
LH/MH	0	0%	39	95%	2	5%	41
CN/MN	0	0%	18	100%	0	0%	18
Cork	0	0%	61	95%	3	5%	64
Kerry	0	0%	11	65%	6	35%	17
CW/KK/ST	1	3%	28	97%	0	0%	29
WD/WX	4	10%	35	90%	0	0%	39
Midwest	0	0%	77	91%	8	9%	85
GY/RN	2	7%	28	93%	0	0%	30
Mayo	0	0%	22	100%	0	0%	22
Donegal	1	5%	17	89%	1	5%	19
SLWC	0	0%	25	100%	0	0%	25
Total	22	3%	573	90%	44	7%	639

3.2 Total Admissions to Care

Total admissions (910) to care down at least 13% (137) on 2016

In 2017, there were 910 admissions to care, at least 137 (13%) fewer than 2016 (1,047, partial figure²²). This number (910) is not comparable with data for previous years (2015 and earlier) due to the inclusion of children in 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 – a child can have more than one admission into care during the year.

Almost one-third (30%) of admissions were repeat admissions

Thirty-percent (271) of admissions were repeat admissions (i.e., second or subsequent admissions to care). Comparison with the percentage (20%; 248/1,047) for 2016 is not meaningful due to the absence of second or subsequent admissions for one area. The remaining admissions (639) were first time admissions.

51% (463) of all admissions were male and 49% (447) were female (Figure 24). This contrasts with 2016 when a slightly higher percentage of males (572; 55%) to females (475; 45%) was reported. The most common age at admission was < 1 year accounting for 16% (149) of all admissions followed by the 1-3 years and the 15-16 years (Figure 24).

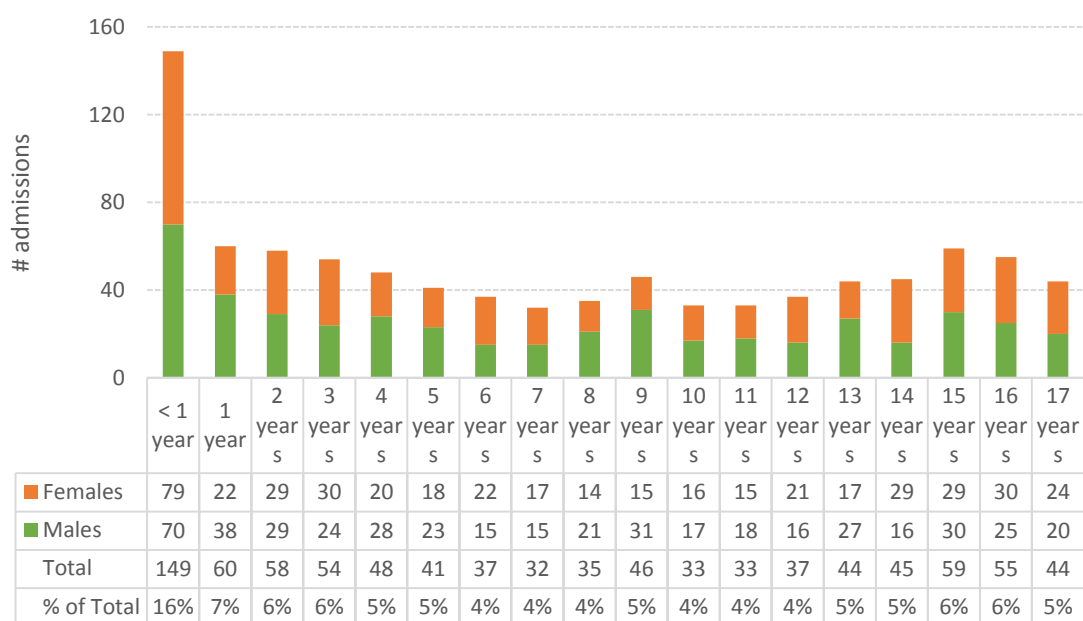


Figure 24: Admissions to care by age and gender, 2017

Although not directly comparable with data from 2016 (due to the absence of second or subsequent admissions for one area) a similar pattern was observed with the higher percentages reported for the younger ages and the 15 and 16 year olds, although not to the same extent (Table 13).

²² This figure (1,047) does not include second or subsequent admissions for one area (Midwest). This data was not available from the area.

Table 13: Total admissions by age and year, 2016 and 2017

Age	# 2016	% 2016	# 2017	% 2017
< 1 year	131	13%	149	16%
1 year	80	8%	60	7%
2 years	60	6%	58	6%
3 years	52	5%	54	6%
4 years	46	4%	48	5%
5 years	46	4%	41	5%
6 years	45	4%	37	4%
7 years	44	4%	32	4%
8 years	47	4%	35	4%
9 years	40	4%	46	5%
10 years	36	3%	33	4%
11 years	33	3%	33	4%
12 years	35	3%	37	4%
13 years	52	5%	44	5%
14 years	62	6%	45	5%
15 years	85	8%	59	6%
16 years	92	9%	55	6%
17 years	61	6%	44	5%
Total	1,047*	100%	910	100%

*Partial figure

Most common age for second or subsequent admissions was 15 and 16 years

In 2017, the most common age for second or subsequent admissions was 16 years accounting for 11% (30) of all second or subsequent admissions (Table 14). This was followed closely by 15 years accounting for 10% (26) of second or subsequent admissions.

Table 14: Second and subsequent admissions by age, 2017

Year	# First-time Admissions	# Total Admissions	≥ 2 admissions	% of ≥2 admissions
< 1 year	130	149	19	7%
1 year	43	60	17	6%
2 years	42	58	16	6%
3 years	43	54	11	4%
4 years	40	48	8	3%
5 years	27	41	14	5%
6 years	29	37	8	3%
7 years	25	32	7	3%
8 years	27	35	8	3%
9 years	29	46	17	6%
10 years	21	33	12	4%
11 years	21	33	12	4%
12 years	19	37	18	7%
13 years	28	44	16	6%
14 years	30	45	15	6%
15 years	33	59	26	10%
16 years	25	55	30	11%
17 years	27	44	17	6%
Total	639	910	271	100%

Welfare concerns was the most common reason for all admissions into care

The most common reason for admission was welfare concerns accounting for 45% (409) of admissions followed by neglect (38%; 348), a similar pattern to 2016 (Figure 25).

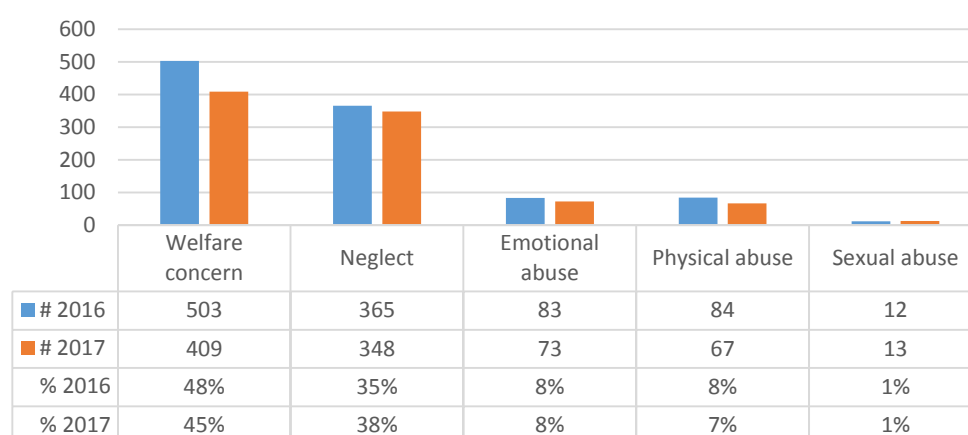


Figure 25: Reasons for admission, 2016 - 2017

88% of admissions were to foster care

88% (801) of admissions were to foster care and of these 21% (166) were to foster care with relatives, a similar pattern to 2016 (Table 15).

Table 15: Admissions to care by placement type, 2016 - 2017

Placement type	# 2016	% 2016	# 2017	% 2017
Residential care	69	7%	47	5%
General foster care	743	71%	635	70%
Foster care with relatives	180	17%	166	18%
Other	55	5%	62	7%
Total	1,047*	100%	910	100%

*Partial figure

54% of admissions to care were voluntary admissions

Over half (54%; 490) of all admissions were voluntary admissions (Table 16). The remainder were on foot of an application to the court of which the highest number (192; 21%) were admissions under an interim care order. About one in six admissions (17%; 150) was under an emergency care order. The percentage breakdown is broadly consistent with the breakdown for 2016.

Table 16: Admissions to care by legal status, 2016 - 2017

Legal Status	# 2016	% 2016	# 2017	% 2017
Emergency Care Order	174	17%	150	17%
Interim Care Order	186	18%	192	21%
Care Order	54	5%	48	5%
Other Court Order	15	1%	30	3%
Voluntary admissions	584	58%	490	54%
Total	1,013*	100%	910	100%

*Legal status was not available for 34 admissions

Midwest reported the highest rate of admissions (14.5 / 10,000 children)

The highest number of admissions for 2017 was reported by Midwest (140) followed by Dublin North (103) and Cork (97) (Table 17). The fewest number was reported by Donegal (20) followed by Kerry (22) and Cavan/Monaghan (29).

Nine areas reported a decrease in admissions from 2016 (Table 17). The largest decrease was reported by Cork (down 51) followed by Galway/Roscommon (down 40) and Dublin North City (down 38). Dublin North reported the highest increase with 31 more admissions than 2016 followed by Sligo/Leitrim/West Cavan (up 17).

Dublin North followed by the MidWest reported the highest number of second or subsequent admissions at 56 and 55 respectively (Table 17). The number of second or subsequent admissions reported by these two areas is substantially higher than all other areas.

Table 17: Admissions to care by area, 2016 and 2017

Area	# Admissions 2016	% Admissions 2016	# Admissions 2017	% Admissions 2017	Δ 2017 v 2016	2 nd or subsequent admissions 2017
DSC	68	6%	54	6%	-14	11
DSE/WW	25	2%	34	4%	9	4
DSW/K/WW	68	6%	76	8%	8	9
Midlands	75	7%	50	5%	-25	3
DNC	70	7%	32	4%	-38	16
Dublin North	72	7%	103	11%	31	56
LH/MH	92	9%	69	8%	-23	28
CN/MN	28	3%	29	3%	1	11
Cork	148	14%	97	11%	-51	33
Kerry	21	2%	22	2%	1	5
CW/KK/ST	52	5%	36	4%	-16	7
WD/WX	53	5%	42	5%	-11	3
Midwest	123*	12%	140	15%	17	55
GY/RN	84	8%	44	5%	-40	14
Mayo	22	2%	30	3%	8	8
Donegal	30	3%	20	2%	-10	1
SLWC	16	2%	32	4%	16	7
Total	1,047*	100%	910	100%	-137	271

*Partial figure

3.3 Children in Care

Number of Children in Care

Number of children in State care continued to decrease

At the end of December 2017 there were 6,116 children in the care of Tusla. This figure excludes children in respite care from home and children in the care of the Social Work Team for Separated Children Seeking Asylum.

The number of children in care has dropped for the second consecutive year and is down 4% (268) on 2015 (Figure 26). Data for the period 2015 – 2017 are not comparable with data for previous years due to a definitional change in the metric; from 2015 (inclusive) children in respite care from home are no longer included in the figures.

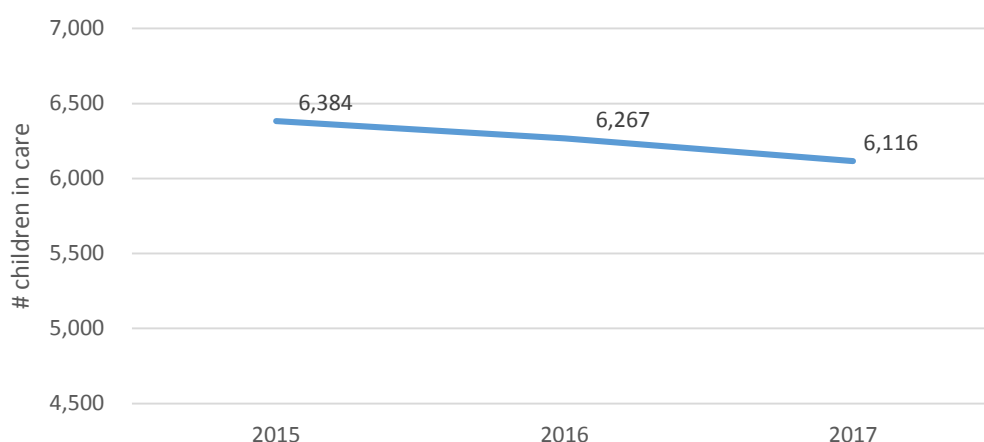


Figure 26: Children in care, 2015 - 2017

51 children per 10,000 child population in the care of the State

The number of children in care equates to about 51 per 10,000 children under 18 years. Table 18 shows the rate of children in care per 10,000 child population in other jurisdictions^{23 24}. While Ireland reports the lowest rate interpretation needs to be considered in the context of differing processes and procedures and definitions that may exist in other jurisdictions.

Table 18: Children care in other jurisdictions, rate per 10,000 child population

Jurisdiction	Rate / 10,000
Ireland (Dec 2017)	51
Northern Ireland (March 2017)	69
England (March 2017)	62
Wales (March 2017)	95
Scotland (July 2017)	108
Australia	87

²³ <https://www.gov.scot/publications/childrens-social-work-statistics-2016-17/> Table 2.9 cross-comparison table for the UK

²⁴ <https://aifs.gov.au/cfca/publications/children-care>

Dublin North City reported the highest rate of children in care

The number of children in care at the end of December 2017 ranged from 805 in Cork to 108 in Sligo/Leitrim/West Cavan (Table 19). Dublin North City reported the highest rate of children in care at 126/10,000 children under 18 years, almost 2.5 times the national rate. Dublin South East/Wicklow and Dublin North reported the lowest rates at 33/10,000 population.

Table 19: Children in care by area, 2015 - 2017

Area	# Children in Care 2015	# Children in Care 2016	# Children in Care 2017	Population 0-17 years	Rate 2017
DSC	393	387	374	65,564	57
DSE/WW	306	287	285	86,810	33
DSW/K/WW	461	435	421	108,186	39
Midlands	380	397	388	80,193	48
DNC	623	612	566	44,927	126
Dublin North	331	326	330	100,654	33
LH/MH	390	397	398	93,093	43
CN/MN	171	152	157	36,446	43
Cork	899	858	805	134,015	60
Kerry	145	152	151	34,527	44
CW/KK/ST	382	373	377	63,009	60
WD/WX	447	427	413	68,513	60
Mid West	598	597	596	96,266	62
GY/RN	402	414	417	79,912	52
Mayo	136	134	130	31,968	41
Donegal	210	216	200	42,865	47
SLWC	110	103	108	23,554	46
National	6,384	6,267	6,116	1,190,502	51

Eleven of the 17 areas reported a decrease in children in care from 2016 with the greatest decrease reported by Cork (down 53) followed by Dublin North City (down 46) (Figure 27). Nine of the 11 areas have reported two consecutive decreases from 2015. Two areas, Louth/Meath and Galway/Roscommon reported two consecutive increases from 2015.

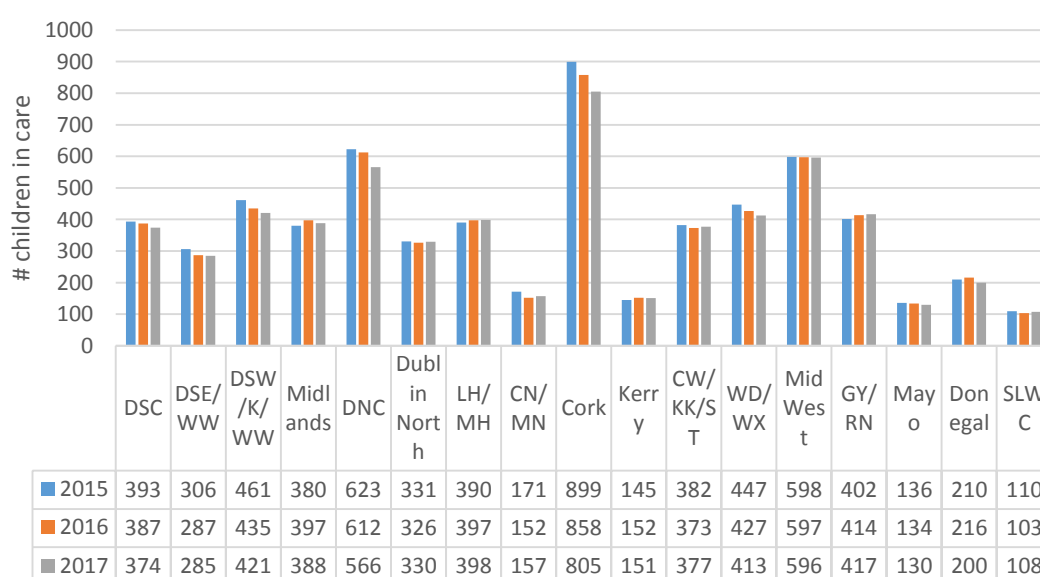


Figure 27: Children in care by area, 2015 – 2017

PLACEMENT TYPE

93% (5,690) of children in care were are in a foster care placement

93% (5,690) of children in care at the end of December 2017 were in foster care and of these 29% (1,667) were in relative foster care, no change from 2016 (Table 20). Residential care (special and general) makes up a relatively small (5%; 323), but significant number of placements within alternative care provision.

Table 20: Children in care by placement type, 2015 – 2017

Placement Type	# 2015	% 2015	# 2016	% 2016	# 2017	% 2017
General foster care	4,110	64%	4,111	66%	4,023	66%
Relative foster care	1,816	28%	1,715	27%	1,667	27%
General residential care	335	5%	307	5%	311	5%
Special care	16	<1%	12	0.2%	12	0.2%
Other ²⁵	107	2%	122	2%	103	2%
Total	6,384	100%	6,267	100%	6,116	100%

In terms of numbers there were 88 (2%) fewer children in general foster care and 48 (3%) fewer children in relative foster care at the end of December 2017 than there were at the end of December 2016 (Figure 28). Since 2015, there has been an 8% (149) decrease in the number of children in relative foster care.

The number of children in residential care (general and special care) although up slightly (4) on 2016 is also down 8% (28) on 2015. There were 19 fewer children in “other” placement type at the end of December 2017 compared to December 2016 and four fewer than December 2015. “Other” includes children in supported lodgings, at home under a care order, in a detention school/centre, in a disability unit or drug and alcohol rehabilitation centre etc.

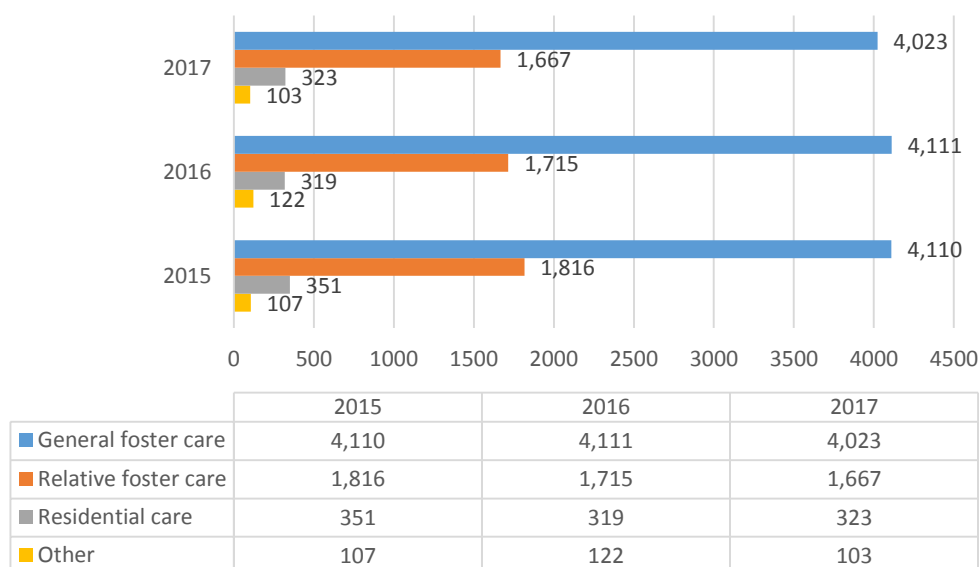


Figure 28: Children in care by care type, 2015 -2017

²⁵ “Other” includes children in supported lodgings, at home under a care order, in a detention school/centre, other residential centre (e.g., disability unit or drug and alcohol rehabilitation centre)

In all but one area (Dublin South Central) over 90% of children in care are in foster care (Table 21). The five Dublin areas reported some of the lowest rates of children in foster care. A higher proportion of children in care in these areas are in residential compared to other areas and particularly to areas in the West.

Table 21: Children in care by placement type, 2017

Area	Residential	% Residential	Foster care	% Foster care	Other	% Other	Total in care
DSC	33	9%	334	89%	7	2%	374
DSE/WW	21	7%	260	91%	4	1%	285
DSW/KWW	35	8%	384	91%	2	0%	421
Midlands	16	4%	365	94%	7	2%	388
DNC	37	7%	514	91%	15	3%	566
Dublin North	23	7%	303	92%	4	1%	330
LH/MH	14	4%	372	93%	12	3%	398
CN/MN	1	1%	156	99%	0	0%	157
Cork	34	4%	757	94%	14	2%	805
Kerry	7	5%	143	95%	1	1%	151
CW/KK/ST	21	6%	355	94%	1	0%	377
WD/WX	33	8%	379	92%	1	0%	413
Mid West	31	5%	544	91%	21	4%	596
GY/RN	5	1%	405	97%	7	2%	417
Mayo	0	0%	128	98%	2	2%	130
Donegal	7	4%	189	95%	4	2%	200
SLWC	5	5%	102	94%	1	1%	108
National	323	5%	5,690	93%	103	2%	6,116

AGE AND GENDER

Number of children in care is increased with increasing age

Slightly more males than females (3,164; 52%) than females (2,952) were in care at the end of December 2017; a similar pattern to 2015 and 2016 and consistent with the general population (Census 2016, 51% boys and 49% girls). The number of children in care is increased with increasing age, with the highest number aged 17 years (8%; 519) and the fewest number aged < 1 year (2%; 114) (Figure 29).

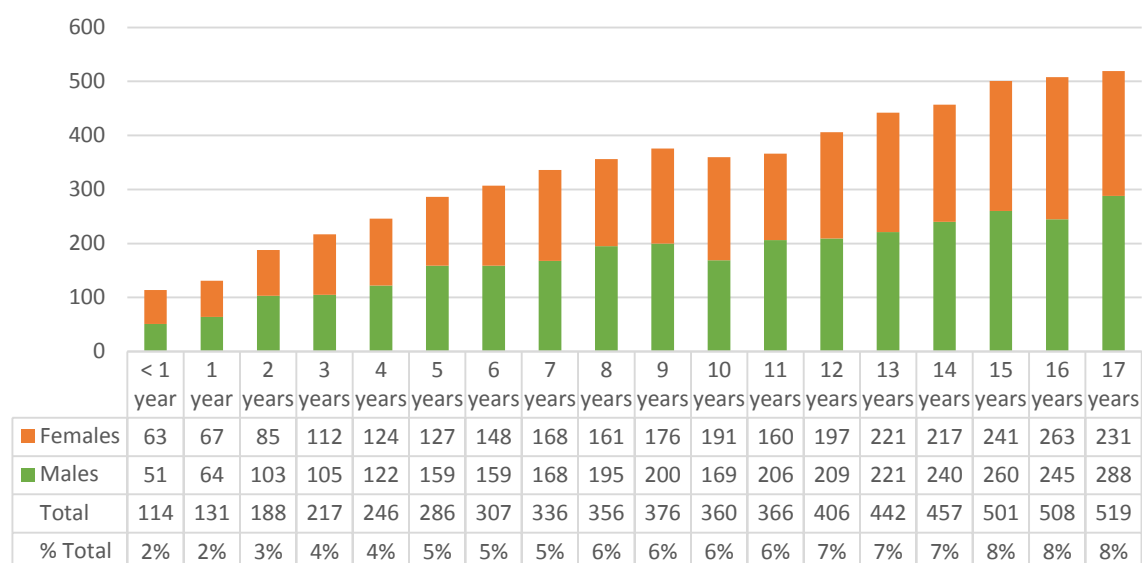


Figure 29: Children in care by age and gender, 2017

The < 1 year age group in care experienced the highest percentage increase from 2016 with 34% (29) more children in care (Table 22). The largest percentage decrease was observed for the 1 year olds, down 14% (21) on 2016. In terms of numbers the largest decrease was observed for the 14 year olds with 41 fewer in care, followed closely by the 17 year olds with 40 fewer in care.

Table 22: Children in care by age and year, 2016 - 2017

Age	# 2016	% 2016	# 2017	% 2017	Δ 2017 v 2016	% Δ
< 1 year	85	1%	114	2%	29	34%
1 year	152	2%	131	2%	-21	-14%
2 years	176	3%	188	3%	12	7%
3 years	246	4%	217	4%	-29	-12%
4 years	267	4%	246	4%	-21	-8%
5 years	283	5%	286	5%	3	1%
6 years	328	5%	307	5%	-21	-6%
7 years	334	5%	336	5%	2	1%
8 years	354	6%	356	6%	2	1%
9 years	355	6%	376	6%	21	6%
10 years	352	6%	360	6%	8	2%
11 years	392	6%	366	6%	-26	-7%
12 years	422	7%	406	7%	-16	-4%
13 years	460	7%	442	7%	-18	-4%
14 years	498	8%	457	7%	-41	-8%
15 years	498	8%	501	8%	3	1%
16 years	506	8%	508	8%	2	0%
17 years	559	9%	519	8%	-40	-7%
Total	6,267	100%	6,116	100%	-151	-2%

REASON FOR BEING IN CARE

Welfare concerns was the most common reason for being in care

The most common reason for being in care was welfare concerns accounting for 44% (2,677) of all children in care (Figure 30). This was followed closely by neglect accounting for 43% (2,619) of all children in care. Figures reveal a slight increase from 2016 in the proportion of children in care in care due to neglect (up 134; 5%) and a slight decrease in the proportion in care due to welfare concerns (down 8%; 243).

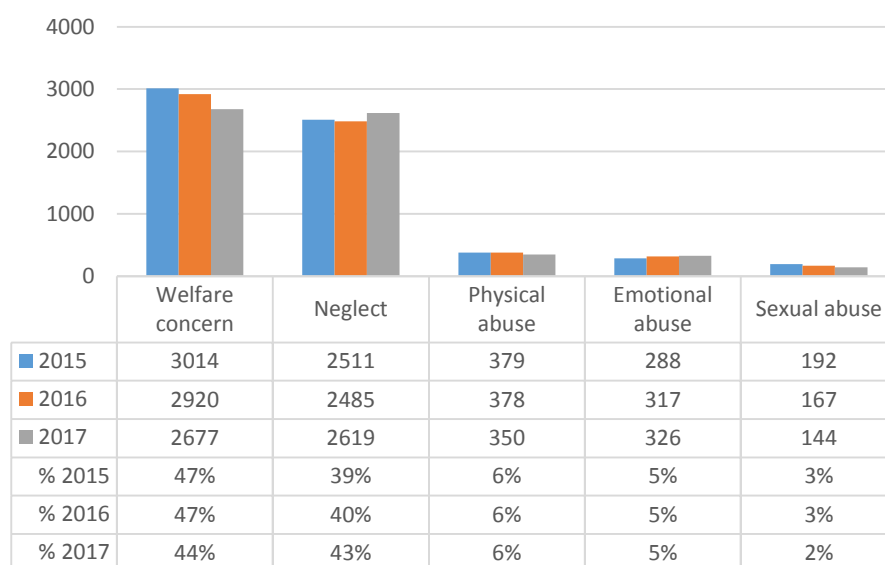


Figure 30: Children in care by reason, 2015 – 2017

LEGAL STATUS

Almost a third (32%) of children in care were in care under a voluntary arrangement

Almost two-thirds (68%; 4,161) of children in care at the end of December 2017 were in care under an order of the court, up 0.3 percentage points on 2016 and 2.9 percentage points on 2015. The remaining third (32%; 1,955) were in care under a voluntary arrangement, down slightly on the 32.3% (2,026/6,267) reported in 2016 and the 34.9% (2,231/6,384) reported in 2015.

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

Table 23: Children in care by legal status, 2015 - 2017

Legal Status	# 2015	% 2015	# 2016	% 2016	# 2017	% 2017
Order of the Court (all types)	4,153	65.1%	4,241	67.7%	4,161	68.0%
Voluntary arrangement	2,231	34.9%	2,026	32.3%	1,955	32.0%
Total	6,384	100%	6,267	100%	6,116	100%

LENGTH OF TIME IN CARE

Half (51.5%) of children in care were in care for < 5 years

Half (51.5%; 3,150/6,116) of children in care at the end of December 2017 were in care for <5 years and of these 21% (646) were in care for <1 year (Table 24). The number and percentage of children in care for <1 year has dropped year on year and is down 30% (283) on December 2015. In contrast there were more children in care for >5 years at the end of 2017 than there were for the previous two years – an 8% (226) increase from 2015 (Figure 31).

Table 24: Children in care by length of time in care, 2015 - 2017

Year/ Length	< 1 year	1-5 years	>5 years	Total
2017	646 (10.6%)	2,504 (40.9%)	2,966 (48.5%)	6,116
2016	704 (11.2%)	2,716 (43.3%)	2,847 (45.4%)	6,267
2015	929 (14.6%)	2,715 (42.5%)	2,740 (42.9%)	6,384

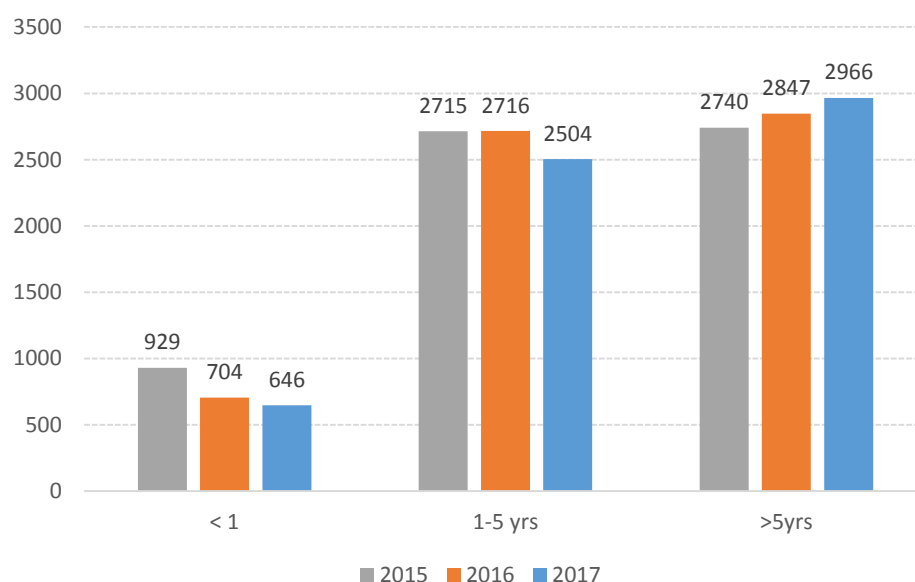


Figure 31: Children in care by length of time in care, 2015 - 2017

PLACEMENT STABILITY

Number of children in three or more placements down on 2016

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

At the end of December 2017, there were 142 children in their third or greater placement within the previous 12 months. This amounts to 2.3% of all children in care, down from 2.7% (169/6,267) in 2016 and up slightly from the 2.1% (132/6,384) reported in 2015 (Table 25).

Table 25: Children in their third or greater placement within the previous 12 months, 2015 - 2017

	2015	2016	2017
# children in care	6,384	6,267	6,116
# in 3 rd placement	132	169	142
% in 3 rd placement	2.1%	2.7%	2.3%

While the percentage compares favourably with percentages reported in other jurisdictions including England 11%; Wales 11% and Scotland 5.5%, interpretation needs to be considered in the context of differing processes and procedures and definitions that may exist in other jurisdictions.

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

56% (79) of the children in their third or greater placement were in foster care, while 35% (50) were in residential care. This is not surprising considering that the majority (93%) of children in care are in foster care. The number of children in foster care (general and relative) in their third or greater placement equates to about 1.4% of the total number of children in foster care (5,690) and compares to 15% (50/323) for residential care (incl. special care) (Table 26).

Table 26: Children in care in their third or greater placement by are type, 2017

Placement Type	# CIC 2017	# in 3rd placement	% in 3 rd placement
General foster care	4,023	68	1.7%
Relative foster care	1,667	11	0.7%
Residential care	323	50	15%
Other	103	13	13%
Total	6,116	142	2.3%

OUT OF STATE PLACEMENTS

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

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

16 children in care at the end of 2017 were in a placement outside of Ireland

At the end of December 2017 there were 16 children in a placement outside of the Ireland; down one from 2015 and 2016 (Table 27). Children in placements abroad account for 0.3% of the total number of children in care.

The majority of the children were in a placement in the United Kingdom (15) including two in Northern Ireland. The remaining child was in another European country.

Six (37.5%) of the children were in a residential placement, while the remaining 10 (62.5%) were in foster care (Table 27).

Table 27: Children in care in an out-of state placement, 2015 - 2017

Placement	2015	2016	2017
General residential (incl. secure)	8	6	6
General foster care	4	5	5
Relative foster care	4	5	5
Other	1	1	0
Total	17	17	16

CHILDREN IN CARE WITH PRIVATE PROVIDERS

9% (557) of children in care at the end of 2017 were in care with private providers

At the end of December 2017 there were 557 children in placements with private providers; 19 (4%) more than 2016 and the highest number for the three year period 2015 – 2017 (Table 28). Children in private placements account for 9% of all children in care (Table 28).

Number of children in foster care with private providers continued to rise

More than two-thirds (69%; 383) of children in private placements were in foster care, the highest number for the three year period 2015 – 2016. The number of children in private foster care placements is up 24% (75) on 2015. In contrast the number of children in private residential is down one on 2016 and eight on 2015.

More than half (54%; 167/311) of children in general residential placements are in placements with private providers compared to 10% (383/4,023) for foster care. The increase in demand for private foster care placements is due to an on-going lack of availability of suitable placements and the capacity of foster care teams to recruit new foster carers to keep pace with demand in some areas.

Table 28: Children in care in private placements, 2015 -2017

Placement	2015	2016	2017
General residential	175	168	167
General foster care	308	360	383
Other	13	10	7
Total	496	538	557

A breakdown of children in private placements by area is presented in Table 29. Dublin South Central reported the highest number (95) of children in private placements followed by Dublin North City (93) and the Midlands area (71). One in four (25%; 95/374) children in care in Dublin South Central is in a private placement, the highest percentage of all areas. Seven of the 17 areas reported fewer than 10 children in private placements. Sixty percent (335) of children in private placements were reported by the five Dublin and wider surrounding areas.

Table 29: Children in care with private providers by care type and area, 2017

Area	Residential	Foster care	Other	Total in private	Total in care	% in private
Dublin South Central	14	79	2	95	374	25%
DSE/WW	12	29	2	43	285	15%
DSW/K/WW	16	42	0	58	421	14%
Midlands	7	64	0	71	388	18%
Dublin North City	10	83	0	93	566	16%
Dublin North	13	33	0	46	330	14%
Louth / Meath	10	11	0	21	398	5%
Cavan / Monaghan	1	1	0	2	157	1%
Cork	24	18	0	42	805	5%
Kerry	4	2	0	6	151	4%
CW/KK/ST	12	2	0	14	377	4%
Waterford / Wexford	24	8	0	32	413	8%
Midwest	5	1	0	6	596	1%
GY/RN	5	0	3	8	417	2%
Mayo	0	5	0	5	130	4%
Donegal	6	3	0	9	200	5%
SLWC	4	2	0	6	108	6%
National	167	383	7	557	6,116	9%

CHILDREN ≤12 YEARS IN RESIDENTIAL PLACEMENTS

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

At the end of December 2017 there were 39 children 12 years and younger in a residential placement; six fewer than 2016 (Table 30). Seventy-nine percent (31) of these children were 10 years or older. No child under six was in a residential placement.

Table 30: Children 12 years and younger in residential placements, 2015 - 2017

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

CHILDREN IN SPECIAL CARE

Special care provides for short-term, stabilising intervention that prioritises safe care in a therapeutic environment for children at risk and with challenging behaviour. It is an exceptional intervention restricting the liberty of the child and involves detention of the child for his/her own welfare and protection in a Special Care Unit. The child is detained under a High Court Order and not on the basis of criminal activity. In 2017, there were four Special Care Units in Ireland:

Ballydowd - a 10 bed mixed gender unit
Coovagh House – a 4 bed mixed gender unit
Gleann Alainn – a 4 bed female unit
Crannóg Nua – a 3 bed mixed gender unit

During 2017, there were 56 referrals to special care, four more than 2016 (n=52) (Table 31). Eleven (20%) of the 56 referrals were re-referrals. Fifty-nine percent (33) of the referrals were approved; 20 were deemed not suitable, one was withdrawn prior to being considered, one was deemed suitable but subsequently withdrawn while the remaining one was under consideration by the National Special Care Admission and Discharge Committee. A total of 17 children were admitted to special care in 2017; the fewest number for the period 2015 - 2017.

Table 31: Referrals to Special Care, 2015 - 2017

	No. of referrals	No. of re-referrals	Total referrals	Referrals approved	Children admitted
2017	45	11	56	33	17
2016	42	10	52	26	19
2015	55	19	74	31	22

More males (35) than females (21) were referred. The most common age of those referred was 16 years (20; 36%) followed by 15 years (13; 23%) (Table 32). The majority of children (52; 93%) were in education at the time of referral.

Table 32: Referrals to Special Care by age, 2017

Age at time of referral	# referrals
≤12 years	1
13 years	6
14 years	8
15 years	13
16 years	20
17 years	8
Total	56

Almost half (46%; 26) of the children referred were in care under a full care order at the time of referral. More than a third were in care under a voluntary arrangement with the parents/guardian (Table 33).

Table 33: Referrals to special care by care status at time of referral, 2017

Care Status	# referrals
Full care order	26
Interim care order	6
Voluntary care arrangement	20
Other	4
Total	56

On the 31 December 2017, there were 12 children in special care; no change from 2016. The number of children in special care accounted for 0.2% (12/6,116) of the total number of children in care on 31 December 2017.

CHILDREN IN CARE IN EDUCATION

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

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

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

98% of children in care aged 6-15 years were in full-time education at the end of 2017

At the end of December 2017, 98% (n=3,854/3,929) of children in care aged 6–15 years were in full time education²⁶ and 94% (n=960/1,026) of children aged 16 and 17 years were in full time education (Table 34).

For children aged 6-15 years, six of the 17 areas reported 100%, with a further nine reporting 95% or higher. For children aged 16 and 17 years, three areas reported 100%, with a further 11 areas reporting 90% or higher.

Table 34: Children in care in full-time education, 2017

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	248	239	96%	61	51	84%
DSE/WW	187	185	99%	45	42	93%
DSW/K/WW	269	264	98%	77	70	91%
Midlands	219	216	99%	53	50	94%

²⁶ 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.

DNC	360	346	96%	123	115	93%
Dublin North	203	185	91%	64	60	94%
LH/MH	251	250	100%	74	68	92%
CN/MN	99	98	99%	23	23	100%
Cork	528	528	100%	136	131	96%
Kerry	106	106	100%	21	21	100%
CW/KK/ST	204	191	94%	62	51	82%
WD/WX	281	279	99%	59	57	97%
Mid West	410	406	99%	92	90	98%
GY/RN	277	277	100%	69	68	99%
Mayo	82	82	100%	21	21	100%
Donegal	137	134	98%	27	24	89%
SLWC	68	68	100%	19	18	95%
National	3,929	3,854	98%	1,026	960	94%

Source: Q4 2017 data return. Hence, slightly variation in the number of 6—17 year olds reported above and in Figure 29 / Table 22.

CHILDREN IN CARE WITH AN ALLOCATED SOCIAL WORKER AND CARE PLAN

94% of children in care had an allocated social worker at the end of 2017

At the end of December 2017, 94% (n=5,762/6,116) of children in care had an allocated social worker against a target of 100% (Table 35), up one percentage point from 2016 (93%; 5,810/6,267). In terms of numbers 354 children were awaiting allocation of a social worker at the end of December 2017, 103 (23%) fewer than December 2016 (457).

For the same period, 92% (n=5,624/6,116) of children had an up-to-date care plan²⁷ against a target of 90% (Table 35), down two percentage points from 2016 (94%; 5,861/6,267). In terms of numbers 492 children did not have an up-to-date plan, 86 (21%) more than December 2016 (406).

Table 35: Children in care with an allocated social worker and written care plan, December 2017

Care Type	# in Care	# with Social Worker	% with Social Worker	# with Care Plan	% with Care Plan
Foster Care General	4,023	3,811	95%	3,730	93%
Foster Care Relative	1,667	1,529	92%	1,487	89%
Residential (General)	311	308	99%	300	96%
Special Care	12	12	100%	12	100%
Other	103	102	99%	95	92%
National	6,116	5,762	94%	5,624	92%

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 2017 is presented in Table 36. In seven of the 17 areas all (100%) children in care had an allocated social worker, with 95% or higher reported in a further four areas. CW/KK/ST reported the lowest percentage at 77% followed by DSW/K/WW at 86%.

²⁷ It should be noted that variances have been identified in how data on this metric are being reported by the areas. In some areas care plans that have fallen due for review and not updated are included. Also, it should be noted that where a care plan is not up-to-date, the care plan in place (albeit that it is awaiting review) is used to support the care of the child.

In 12 out of 17 areas, more than 90% (target) of children in care had an up to date care plan. Sligo / Leitrim / West Cavan reported the lowest percentage at 65% followed by Dublin North (70%), DSW/K/WW (73%) and Dublin South Central (85%).

Table 36: Children in care with a social worker and written care plan by area, 2017

Area	# Children in Care	# Allocated Social Worker	% Allocated Social Worker	# Care Plan	% Care Plan
DSC	374	373	99.7%	316	84.5%
DSE/WW	285	285	100.0%	272	95.4%
DSW/K/WW	421	360	85.5%	308	73.2%
Midlands	388	340	87.6%	340	87.6%
DNC	566	548	96.8%	549	97.0%
Dublin North	330	330	100.0%	233	70.6%
LH/MH	398	369	92.7%	384	96.5%
CN/MN	157	142	90.4%	144	91.7%
Cork	805	788	97.9%	763	94.8%
Kerry	151	151	100.0%	143	94.7%
CW/KK/ST	377	289	76.7%	362	96.0%
WD/WX	413	397	96.1%	412	99.8%
Mid West	596	535	89.8%	596	100.0%
GY/RN	417	417	100.0%	417	100.0%
Mayo	130	130	100.0%	130	100.0%
Donegal	200	200	100.0%	185	92.5%
SLWC	108	108	100.0%	70	64.8%
National	6,116	5,762	94%	5,624	92%

3.4 Discharges from Care

1,074 discharges from care, down 12% (150) on 2016

There were 1,074 discharges from care in 2017, some 150 (12%) fewer than 2016 (1,224). This is not comparable with data for 2015 and previous years due the inclusion of children in respite care from home in figures for these years. Similar, to data on admissions to care, these data refer to incidences of discharge that occurred during the year and not the number of individual children discharged from care – a child can have more than one discharge from care during the year.

82% (876) of discharges were from foster care; similar breakdown to 2016 and not surprising considering over 90% of children in care are in foster care (Table 37).

Table 37: Discharges from care by care type, 2016 - 2017

Care Type	2016	% of Total (2016)	2017	% of Total (2017)
General Foster Care	723	59%	648	60%
Relative Foster Care	252	21%	228	21%
Residential Care	129	11%	112	10%
Other	120	10%	86	8%
National	1,224	100%	1,074	100%

Half (50%; 534) of discharges were for young persons turning 18 years, the highest percentage of all ages and slightly higher than the percentage reported for 2016 (40%; 490) (Table 38). The next most common age of discharge was 16 years followed by 17 years (excluding those turning 18 years), 15 years and 1 year olds, a similar pattern to 2016.

Table 38: Discharges from care by age, 2016-2017

Age	# 2016	% 2016	# 2017	% 2017
< 1 year	40	3%	32	3%
1 year	72	6%	37	3%
2 years	41	3%	26	2%
3 years	37	3%	27	3%
4 years	34	3%	31	3%
5 years	43	4%	25	2%
6 years	31	3%	27	3%
7 years	25	2%	15	1%
8 years	36	3%	14	1%
9 years	25	2%	20	2%
10 years	33	3%	25	2%
11 years	29	2%	20	2%
12 years	26	2%	31	3%
13 years	31	3%	25	2%
14 years	46	4%	29	3%
15 years	49	4%	41	4%
16 years	79	6%	58	5%
17 years	57	5%	57	5%
17 years reaching the age of majority	490	40%	534	50%
Total	1,224	100%	1074	100%

Almost nine out of 10 discharges were to home/family or remaining with carers

More than half (52%; 556) of discharges were to home/family with a further 33% (357) remaining with their carers (Table 39; Fig 32). One in 20 (5%; 59) was to independent living.

Table 39: Location on discharge, 2016 - 2017

Location on discharge	2016	% of Total (2016)	2017	% of Total (2017)
Returned home/family	677	55%	556	52%
Remained with carers	330	27%	357	33%
Independent living	47	4%	59	5%
Supported lodgings	13	1%	21	2%
Other	157	13%	81	8%
Total	1,224	100%	1,074	100%

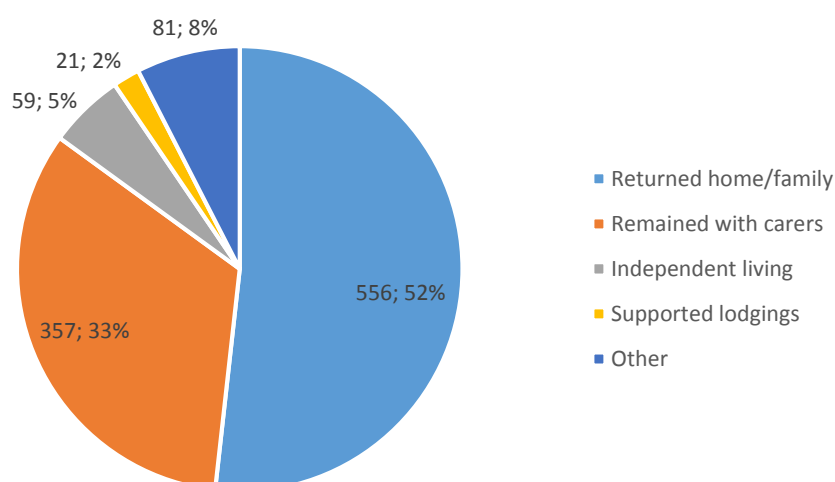


Figure 32: Breakdown of location on discharge, 2017

Discharges from care ranged from 147 (Cork) to 25 (Cavan/Monaghan) (Table 40). Nine of the 17 areas reported a decrease in discharges from 2016 with the greatest decrease reported by the MidWest area (down 61) followed by Galway/Roscommon (down 55) and Cork (down 50). The remaining eight areas reported an increase with the greatest increase reported by Louth/Meath up 19 followed by Dublin North (up 17).

Table 40: Discharges from care by area, 2016-2017

Area	# Discharges 2016	% Discharges 2016	# Discharges 2017	% Discharges 2017	Δ 2017 v 2016
DSC	78	6%	71	7%	-7
DSE/WW	44	4%	37	3%	-7
DSW/KWW	100	8%	89	8%	-11
Midlands	50	4%	61	6%	11
DNC	104	8%	78	7%	-26
Dublin North	69	6%	86	8%	17
LH/MH	57	5%	76	7%	19

CN/MN	35	3%	25	2%	-10
Cork	197	16%	147	14%	-50
Kerry	17	1%	26	2%	9
CW/KK/ST	63	5%	50	5%	-13
WD/WX	60	5%	67	6%	7
Midwest	179	15%	118	11%	-61
GY/RN	101	8%	46	4%	-55
Mayo	22	2%	32	3%	10
Donegal	25	2%	36	3%	11
SLWC	23	2%	29	3%	6
Total	1,224	100%	1074	100%	-150

3.5 Foster Carers

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

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

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

Number of approved foster carers continues to decrease

At the end of December 2017, there were 4,384 foster carers on the Panel of Approved Foster Carers, 153 (3%) fewer than 2016 and the fewest number for the three year period 2015 – 2017 (Table 41). Almost two-thirds (63%; 2,756) of foster carers on the panel were general foster carers; one in four (26%; 1,152) was a relative foster carer with the remaining 11% (476) private foster carers (non-statutory).

The number of general foster carers has dropped year on year for the period 2015-2017 and is down 7% (199) on 2015 (Table 41). In contrast, the number of private foster carers has increased year on year and is up 62% (182) from 2015. This increase in private foster carers reflects the ongoing difficulty in recruiting suitable foster carers to meet demand and the complex / special needs of some children requiring placement.

Table 41: Foster carers (approved) by type, 2015 – 2017

Type	# 2015	# 2016	# 2017	Δ+/- 2017 v 2016	% of Total 2017
General foster carers (approved)	2,955	2,913	2,756	-157 (5%)	63%
Relative foster carers (approved)	1,194	1,221	1,152	-69 (6%)	26%
Private foster carers (approved)	294	403	476	+73 (18%)	11%
Total (approved)	4,443	4,537	4,384	-153 (3%)	100%

Improvement in the number of foster carers awaiting approval

There were 291 relative foster carers awaiting approval at the end of December 2017, a significant improvement on the 356 who were awaiting at the end of December 2016 and the 380 who were

awaiting at the end of December 2015 (Figure 33). Of the 291 relative foster carers awaiting approval at the end of December 2017, 86% (251) has a child placed for less than 12 weeks²⁸.

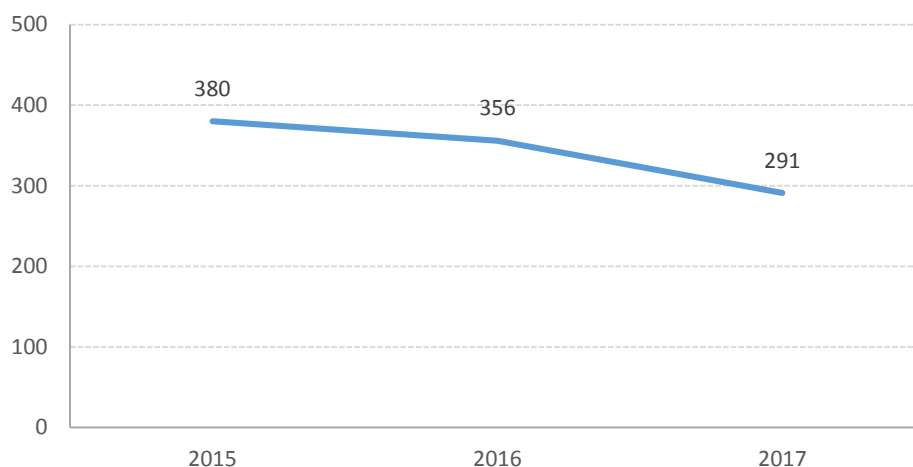


Figure 33: Number of unapproved relative foster carers, 2015 -2017

The number of approved foster carers (all types) ranged from 500 in Cork, the area with the highest number of children in care to 82 in Sligo/Leitrim/West Cavan, the area with the fewest number of children in care (Figure 34).

The highest number (151) of approved relative foster carers was reported by Dublin North City while the highest number of private foster carers was reported by Dublin South Central and Dublin South West/Kildare/West Wicklow combined (139).

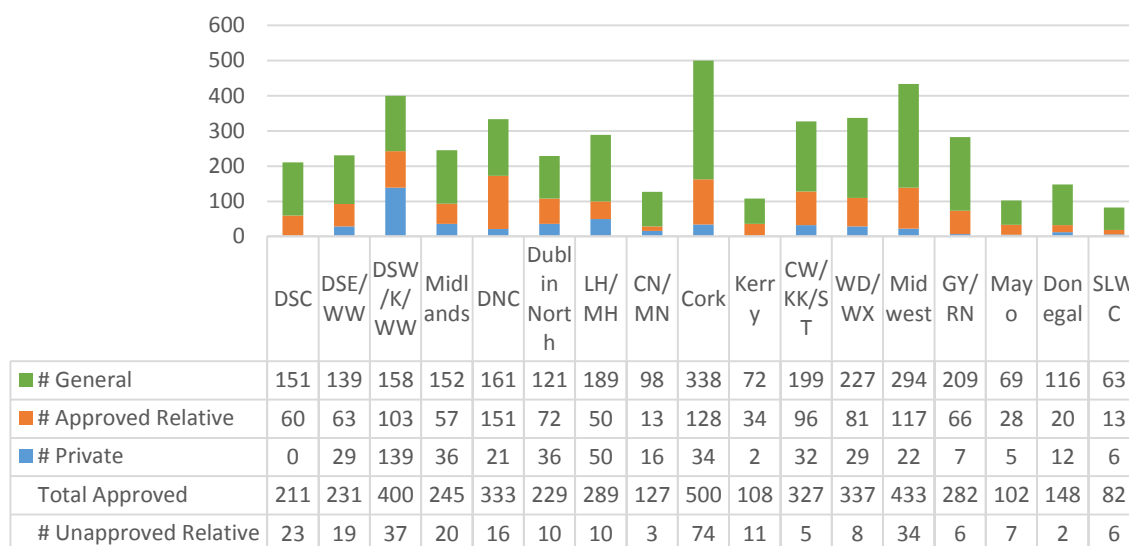


Figure 34: Foster carers by type and area, December 2017

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

²⁸ The timeframe for approval of relative foster carers is as soon as practicable but no later than 12 weeks after placement of a child (Child Care (Placement of Children with Relatives)).

Significant Improvement in the percentage of foster carers with a link worker

At the end of December 2017, 93% (2,551) of general foster carers had an allocated link (social) worker, a significant improvement on the 82% (2,395) who had a link worker at the end of December 2016. Similarly, 87% (1,003) of approved relative foster carers had an allocated link worker, compared to 80% (981) at the end of December 2016 and 72% (856) at the end of December 2015 (Table 42).

Table 42: General and approved relative foster carers with a link (social) worker, 2015 - 2017

Year	# General	# General with Link Worker	% General with Link Worker	# Approved Relative	# Approved Relative with Link worker	% Approved Relative with Link Worker
Dec 2017	2,756	2,551	93%	1,152	1,003	87%
Dec 2016	2,913	2,395	82%	1,221	981	80%
Dec 2015	2,955	2,419	82%	1,194	856	72%

The percentage of general foster carers with a link worker ranged from 77% in one area (Dublin South Central) to 100% in six areas (Table 43). The majority of areas (12/17) reported 90% or higher.

The percentage of approved relative foster carers with a link worker ranged from 51% in one area (Dublin South West/Kildare/West Wicklow) to 100% in six areas. Ten of the 17 areas reported 90% or higher (Table 43).

Table 43: Percentage of approved foster carers with an allocated link worker by area, 2017

Area	# General FC	# With Link Worker	% with Link Worker	# Approved Relative FC	# With Link Worker	% With Link Worker
DSC	151	116	77%	60	54	90%
DSE/WW	139	120	86%	63	48	76%
DSW/K/WW	158	128	81%	103	53	51%
Midlands	152	151	99%	57	45	79%
DNC	161	154	96%	151	143	95%
Dublin North	121	121	100%	72	72	100%
LH/MH	189	147	78%	50	43	86%
CN/MN	98	98	100%	13	13	100%
Cork	338	334	99%	128	124	97%
Kerry	72	72	100%	34	34	100%
CW/KK/ST	199	170	85%	96	70	73%
WD/WX	227	227	100%	81	80	99%
Midwest	294	276	94%	117	104	89%
GY/RN	209	195	93%	66	66	100%
Mayo	69	63	91%	28	21	75%
Donegal	116	116	100%	20	20	100%
SLWC	63	63	100%	13	13	100%
Total	2,756	2,551	93%	1,152	1,003	87%

In terms of relative foster carers awaiting approval, 88% (221) of those who had a child placed with them for longer than 12 weeks at the end of December 2017, had an allocated link worker, up from 69% (211) at the end of December 2016 and 64% (209) at the end of December 2015.

3.6 Aftercare

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

The Child Care Amendment Act 2015 strengthened the legislative basis for the provision of aftercare services. Although the Child Care Act 1991 recognised the provision of aftercare it did not make it a mandatory service provision. Young people who have had a care history with Tusla are now entitled to an aftercare service based on their assessed needs. The core eligible range for aftercare is from 18 years up to 21 years. This can be extended until the completion of a course of education in which the young person is engaged, up until the age of 23 years.

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

Number of young adults (all ages) in aftercare is increasing

At the end of December 2017, there were 2,037 young adults (18+ years) in receipt of aftercare services; 157 (8%) more than at the end of December 2016 (1,880) and 202 (11%) more than at the end of December 2015.

96% (1,963) of young adults in receipt of aftercare services were 18-22 years. More than half (57%; 1,128) of these young people were in full-time education.

Almost half (45%) of 18-22 year olds in receipt of aftercare were living with their carers

45% (893) of the same cohort (18-22 years) were continuing to live with their carers, implying that they continue to experience caring relationships and stable living arrangements. A further 10% (196) had returned home to family while one in four (26%; 510) had moved to independent living arrangements (Figure 35)²⁹.

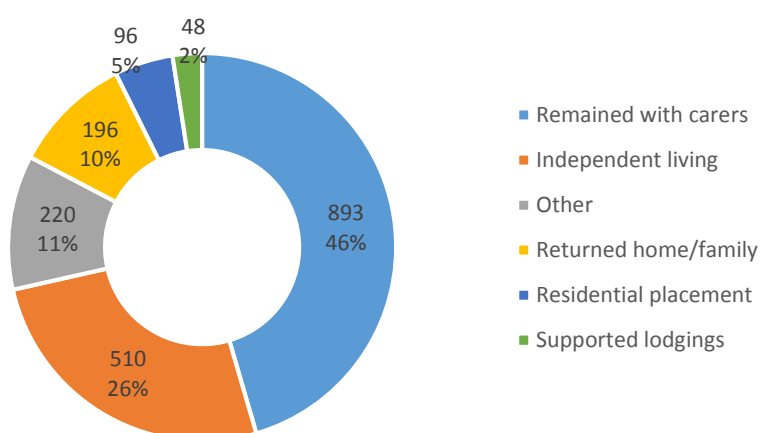


Figure 35: Living arrangements for 18-22 years cohort in receipt of aftercare services, December 2017

²⁹ Other includes psychiatric services, disability services, mother and baby centres, prison, staying with friends, homeless etc.

87% of 18-22 year olds had an aftercare plan; 85% had an allocated aftercare worker

87% (1,709) of the 18-22 years cohort had an aftercare plan, up one percentage point from December 2016 and 85% (1,674) had an allocated after care worker, no change from December 2016.

The highest number of young adults (18-22 years) in receipt of aftercare services was reported by Cork (234) followed by Dublin North City (188) and DSW/K/WW (175) while the fewest number was reported by Sligo/Leitrim/West Cavan (34) followed by Mayo (36).

More than 90% of young adults (18-22 years) had an aftercare plan in 11 of the 17 areas with five of these areas reporting 100% (Table 44). Similarly, more than 90% of young adults had an allocated worker in 11 of the 17 areas with eight of these areas reporting 100%. The percentages reported by Dublin South Central, Dublin South West/Kildare/West Wicklow and Carlow/Kilkenny/South Tipperary were substantially lower than all other areas.

Table 44: 18-22 years in receipt of aftercare services with an aftercare plan and allocated worker, Dec 2017

Area	# 18-22 years in aftercare	# with aftercare plan	% with aftercare plan	# with aftercare worker	% with aftercare worker
DSC	136	53	39%	68	50%
DSE/WW	109	107	98%	104	95%
DSW/K/WW	175	82	47%	95	54%
Midlands	114	113	99%	114	100%
DNC	188	188	100%	127	68%
Dublin North	90	80	89%	89	99%
LH/MH	121	121	100%	121	100%
CN/MN	72	72	100%	72	100%
Cork	234	231	99%	228	97%
Kerry	43	40	93%	36	84%
CW/KK/ST	125	95	76%	69	55%
WD/WX	138	138	100%	138	100%
Midwest	170	167	98%	170	100%
GY/RN	134	114	85%	134	100%
Mayo	36	31	86%	31	86%
Donegal	44	43	98%	44	100%
SLWC	34	34	100%	34	100%
Total	1,963	1,709	87%	1,674	85%

3.7 Adoption

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

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

Tusla is the competent authority for assessing the eligibility and suitability of possible adoptive parents. Following assessment a recommendation is made to the Adoption Authority. Counselling of birth parents considering adoption as an option for their child and the placing of children for adoption at birth parents' consent is also a significant part of the work. The views and best interest of the child are at the centre of adoption in Ireland.

190 applications for assessment as adoptive parents in 2017

A total of 190 applications for assessment of eligibility and suitability as adoptive parent(s) were received in 2017. The most common application received was for inter-country adoption (48%; 92) followed by step-parent adoption (23%; 43) (Figure 36). *Comparison of data with previous years is not possible due to a change in the metrics collated in 2017.*

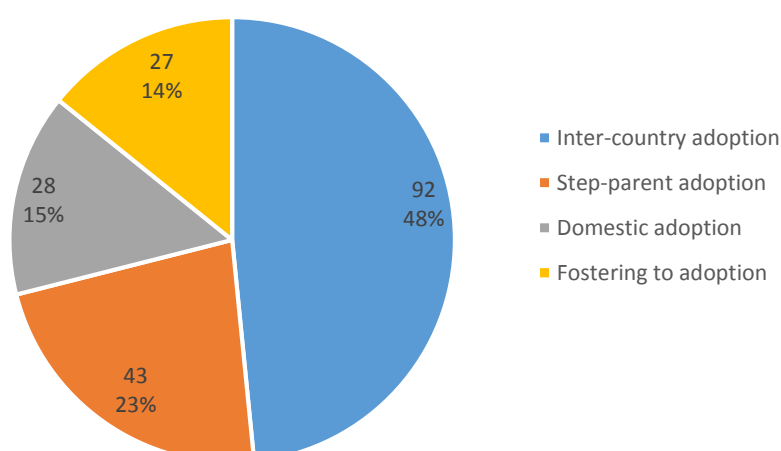


Figure 36: Applications for assessment by type, 2017

177 children referred for adoption in 2017

Some 177 children were referred for adoption (all types) in 2017. The highest number (79; 45%) of children referred were going forward for step-parent adoption, followed closely by fostering to adoption (76; 43%). The remaining 12% (22) were going forward for infant domestic adoption (Figure 37).

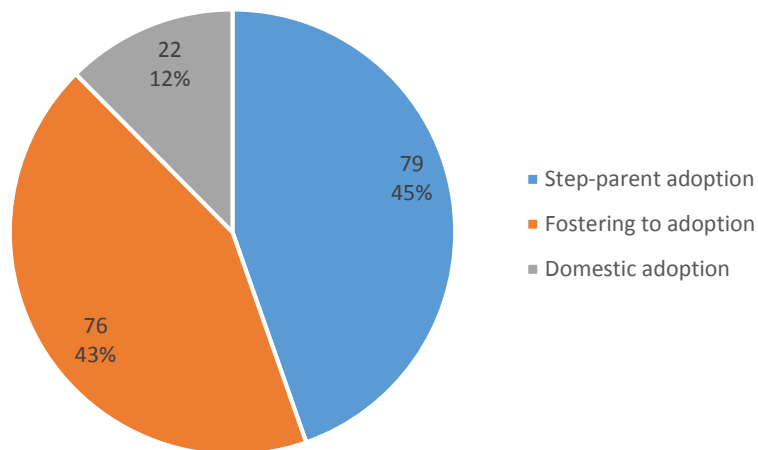


Figure 37: Number of children referred for adoption by type, 2017

152 adoption assessments presented to local foster care committees in 2017

A total of 152 adoption assessments were presented to local adoption committees in 2017. Almost half (47%; 71) of assessments presented were for inter-country adoption, followed by step-parent adoption (28%; 42), domestic adoption (13%; 20) and fostering to adoption (13%; 19) (Figure 38).

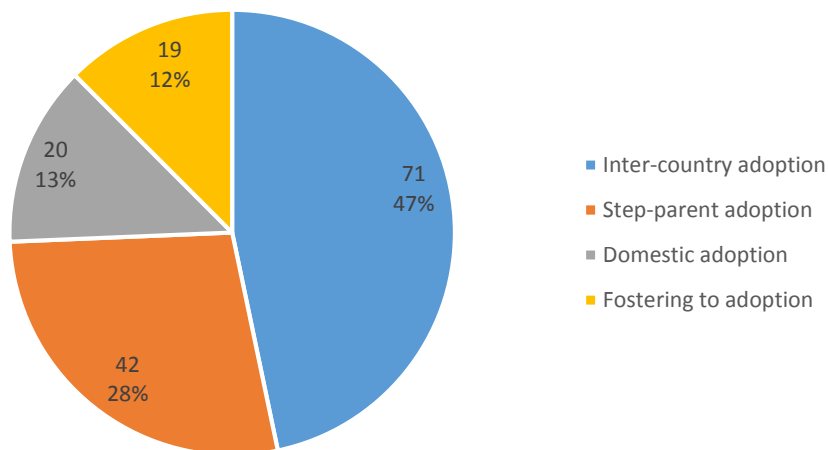


Figure 38: Number of assessments presented to local foster care committees by type, 2017

4.0 FAMILY AND COMMUNITY SUPPORT SERVICES

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

In addition to services provided directly by Tusla, a wide range of private and voluntary agencies are commissioned and funded by Tusla to provide services on its behalf on a local, regional and national basis. This is in accordance with the provisions of Sections 56 - 59 of the Child and Family Agency Act 2013. In 2017 services commissioned under Sections 56 - 59 received funding in the region of €105.8 million.

Tusla is undertaking a specific programme of work to transform child and family services in Ireland by embedding prevention and early intervention into the culture and operation of Tusla ([Prevention, Partnership and Family Support Programme](#)). This work is being made possible as a result of a once-off non-discretionary grant of €8.3 million from Atlantic Philanthropies.

4.1 Referrals to Family Support Services

At least 3% of children (0-17 years) referred to family support services in 2017

At least 39,065 children (0-17 years) were referred to family support services in 2017 and 21,526 children were in receipt of family support services at the end of December 2017. This data is based on data from 85% of services, hence the total numbers involved are likely to be higher. The number of children referred to family support services equates to about 3% of the child population (based on Census 2016 data).

In 2016, at least 30,980 children were referred to family support services and 24,217 children were in receipt of family support services at the end of December 2016. Due the non-return of data from some services (for both years 2016 and 2017) meaningful comparison cannot be drawn between the two years.

Parents / Guardians made the most referrals to Family Support Services

Referrals for Tusla's Family Support Services and services funded under Sections 56-59 of the Child and Family Agency Act 2013, are received from a wide range of external sources and inter-departmentally within Tusla. In 2017, the most common source of referral was Parent/Guardian accounting for more than one in four referrals (27%; 10,640) followed by Tusla Social Work (20%; 7,922) and Schools (16%; 6,427) (Figure 39).

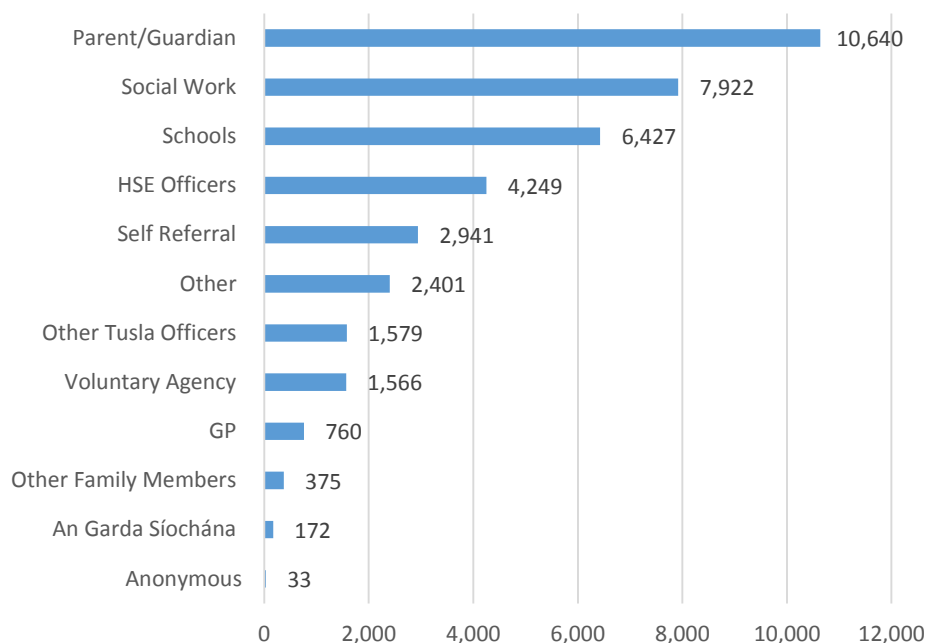


Figure 39: Children referred to Family Support Services by source, 2017

Three out of four children referred to family support services in 2017 received a service

Three out of four children (73%; 28,562) referred to family support services in 2017 received a service (Table 45). The percentage who received a service ranged from 94% (4,071) in Donegal to 42% (453) in Dublin South East/Wicklow (range based on 16 areas that provided data for the full year). In eight of these areas more than seven out of 10 children referred received a service. The type of service provided varies depending on the needs of the child and family.

Table 45: Children who received a family support service, 2017

Area	# Referred	# who received a service	% who received a service
DSC	2,012	1,210	60%
DSE/WW	1,078	453	42%
DSW/KWW	1,839	1,138	62%
Midlands	1,107	730	66%
DNC	3,864	2,098	54%
Dublin North	2,455	2,038	83%
LH/MH	1,985	895	45%
CN/MN	634	523	82%
Cork	805	446	55%
Kerry	595	466	78%
CW/KK/ST	1,278	1,090	85%
WD/WX*	2,026	661	33%
Midwest [#]	9,454	8,329	88%
GY/RN	2,271	1,671	74%
Mayo	1,148	764	67%
Donegal	4,328	4,071	94%
SLWC	2,186	1,979	91%
Total	39,065	28,562	73%

*Data for WD/WX are partial # Figure for the Midwest may include some young people >18years

4.2 MEITHEAL

Tusla has developed a national practice model referred to as Meitheal³⁰ for children and families with additional needs who require multi-agency intervention, but who do not meet the threshold for referral to the Social Work Department under Children First. The way Meitheal works is a lead practitioner identifies a child's and their family's needs and strengths and then brings together a 'team around the child'. The team deliver preventative support that is properly planned, is focused on the child's developmental needs, is documented and evaluated. The child and their family are fully involved and participate in this process. It results in a more timely response to family needs to prevent problems from getting worse which may require more specialised support from social workers. The implementation of Meitheal is supported by the development of Child and Family Support Networks (CFSN).

1,409 Meitheal processes requested in 2017

1,409 Meitheal processes requested in 2017. The number of processes requested across the 17 areas ranged from 433 (Carlow/Kilkenny/South Tipperary) to 18 (Cork). *These figures need to be interpreted with caution due to some concern regarding the interpretation of definitions by the areas. This has been rectified for 2018.*

Most common pathway into Meitheal is direct or self-initiated

The most common pathway into Meitheal is direct or self-initiated, where a request is made by a practitioner or by a family themselves. In 2017, these requests accounted for 52% (736) of all requests. A further 39% (554) were cases that were diverted by CPW social work teams. In these situations, social workers are satisfied that there are no child protection concerns, but that there are unmet needs, which can potentially be addressed through the Meitheal process. The remaining 8% (119) of requests were cases that were stepped down from CPW social work. This occurs when child protection concerns have been dealt with by CPW social workers, but where social workers feel that further support would be beneficial as the family transition out of the system or where there are still some unmet welfare needs.

A breakdown of Meitheal processes requested by area and access pathway is presented in Table 46. *As mentioned above, these data need to be interpreted with caution due to some concern regarding the interpretation of definitions by the areas, which has been rectified for 2018.*

Table 46: Meitheal processes requested by access pathway and area, 2017

Area	# Meitheal processes requested	# Direct Access	% Direct Access	# SW Diversion	% SW Diversion	# SW Step-Down	% SW Step-Down
DSC	35	29	83%	3	9%	3	9%
DSE/WW	66	48	73%	13	20%	5	8%
DSW/K/WW	74	55	74%	7	9%	12	16%
Midlands	36	32	89%	2	6%	2	6%
DNC	79	46	58%	29	37%	4	5%
Dublin North	135	93	69%	21	16%	21	16%
LH/MH	31	25	81%	5	16%	1	3%
CN/MN	28	14	50%	13	46%	1	4%
Cork	18	8	44%	4	22%	6	33%

³⁰ Meitheal is an old Irish term that describes how neighbours would come together to assist in the saving of crops or other tasks.

Kerry	25	23	92%	0	0%	2	8%
CW/KK/ST	433	92	21%	328	76%	13	3%
WD/WX	178	74	42%	88	49%	16	9%
Midwest	53	29	55%	4	8%	20	38%
GY/RN	96	83	86%	13	14%	0	0%
Mayo	56	30	54%	17	30%	9	16%
Donegal	21	16	76%	2	10%	3	14%
SLWC	45	39	87%	5	11%	1	2%
Total	1,409	736	52%	554	39%	119	8%

99 Child and Family Support Networks operating at the end of December 2017

99 Child and Family Support Networks (CFSN) operating at the end of December 2017 with a further 35 planned (Table 47). CFSNs are collaborative networks of community, voluntary and statutory providers intended to improve access to support services for children and their families. These partnership-based networks are open to any service that has an input into families' lives, including Tusla staff as well as other statutory organisations and community and voluntary agencies. The model's goals are to work with families to ensure that there is 'No Wrong Door'³¹ and that services are available to support them as locally as possible. Members' roles include supporting the implementation of Meitheal by agreeing to act as Lead Practitioners or participating in a process in other ways, and working in a collaborative way with other agencies in their network.

Table 47: Number of CFSN by area, December 2017

Area	# CFSN Operating	# CFSN Planned
DSC	5	2
DSE/WW	7	2
DSW/K/WW	5	9
Midlands	7	0
DNC	6	0
Dublin North	4	0
LH/MH	5	5
CN/MN	7	2
Cork	8	7
Kerry	8	0
CW/KK/ST	7	0
WD/WX	8	0
Midwest	2	5
GY/RN	12	0
Mayo	3	0
Donegal	2	3
SLWC	3	0
Total	99	35

³¹ This is based on the idea that service providers are able to direct families to the appropriate agency even if they or the sector they operate in do not offer that service themselves ('No Wrong Door', 2014).

5.0 OTHER SERVICES

5.1 Emergency Out of Hours Service

Tusla provides out of hours services to ensure the provision of an appropriate response and place of safety for children found to be at risk outside normal working hours. Out of hours services are provided by the Emergency Out of Hours Service (EOHS) which operates in all areas outside of Dublin, Wicklow, 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.

The EOHS was set-up (November 2015) to co-operate with and support An Garda Síochána in the execution of their duties and responsibilities under Section 12 (3) Child Care Act 1991 and referrals made under Section 8(5) Refuge Act 1996. It builds on the emergency place of safety service (EPSS) that was in place previously. 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.

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.

The CIS provides an out of hours emergency social service to children who are in crisis in the greater Dublin area serving counties Dublin, Kildare and Wicklow. Referrals to the CIS are made by emergency services working outside of normal working hours e.g., gardaí, ambulance personnel, hospitals etc.

Where possible, out of hours services try 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.

1,799 referrals to emergency out of hours services in 2017, a 24% (349) increase on 2016

In 2017, there were 1,799 referrals to emergency out of hours services (all three services), some 349 (24%) more than 2016 and the highest number for the three year period 2015 – 2017 (Table 48). There were 591 children placed by the out of hours services (all three services) in 2017, 111 (23%) more than 2016 and the highest number for the three year period 2015 – 2017.

Table 48: Referrals to emergency out of hours services, 2015-2017

Year	# referrals EOHS*	# referrals CIS	Total referrals	# children placed EOHS*	# children placed CIS	Total children placed
2017	814	985	1,799	307	284	591
2016	594	856	1,450	237	243	480
2015	369	939	1,308	280	248	528

*Figures for EOHS includes data from the service operating in Cork North Lee and South Lee

Since the establishment of the EOHS in November 2015, it has been reported that communication and working relationships between social work departments around the country, the EOHS and An Garda

Síochána have improved significantly. Key to this is the sharing of information by social work departments with the EOHS regarding possible referrals to the EOHS. For example, where a case is known to be high risk for presentation out of hours, the allocated social worker will inform the EOHS in advance and provide details of alternative placements plans for the child if they come to the attention of the EOHS. This has led to a reduction in the proportion of children who are placed in accommodation by the EOHS in out of hours circumstances, as An Garda Síochána, the EOHS and the parents can agree a plan to ensure the child's safety until the social work department resumes responsibility the next working day.

5.2 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. Children are referred to the service by the International Protection Office (formerly ORAC) and by the Garda National Immigration Bureau (GNIB). In the latter half of 2016, the service began working with the Irish Refugee Protection programme (IRPP) and also set up the Calais Special project (CSP). Children are received into the care of Tusla, either on a voluntary basis or through a court order under the Child Care Act 1991. Some of the children are received into care pending the outcome of a family reunification risk assessment or while family tracing is being facilitated. All unaccompanied children under 12 years are placed with a foster family on arrival.

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

175 referrals to Tusla's Service for SCSA; highest number since 2009

In 2017, there were 175 referrals to Tusla's Service for Separated Children Seeking Asylum, 49 (39%) more than 2016. This is the third consecutive increase and the highest number since 2009 (203 referrals) (Figure 40).

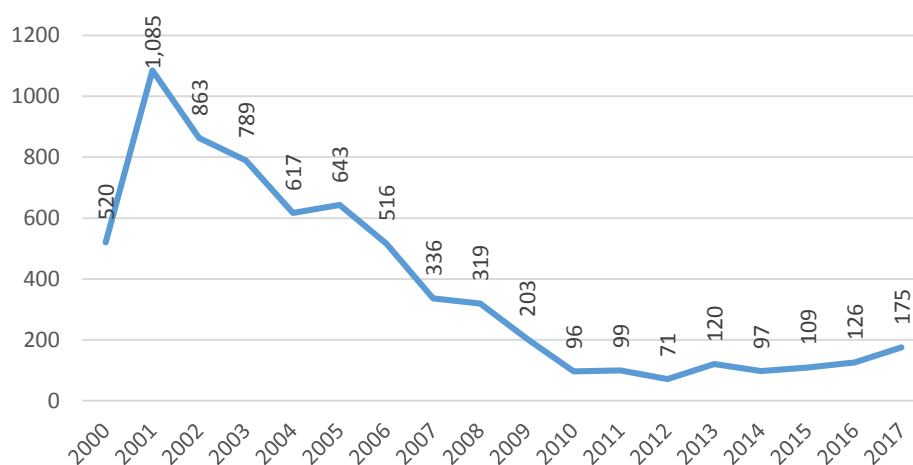


Figure 40: Referrals to Tusla's Social Work Team for Separated Children Seeking Asylum, 2000 – 2017

A total of 111 children were placed in care in 2017, 29 more than 2016 and the highest number since 2009 (Table 49). At the end of December 2017, there were 80 children in care and of these 35 (44%) were in general residential care, 19 (24%) were in foster while the remaining 26 (33%) were in supported lodgings. Sixty-four percent (51) of all children in care were in care with private providers. All children in care had an allocated social worker and a care plan.

Family reunifications (regardless of placement care status) were completed for 70 children, 28 more than 2016 and the highest number since 2008. The service received 36 inappropriate/other referrals in 2017, 15 more than 2016 and the highest number since 2003.

Table 49: Referrals to Tusla's Service for Separated Children Seeking Asylum, 2000 - 2017

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

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