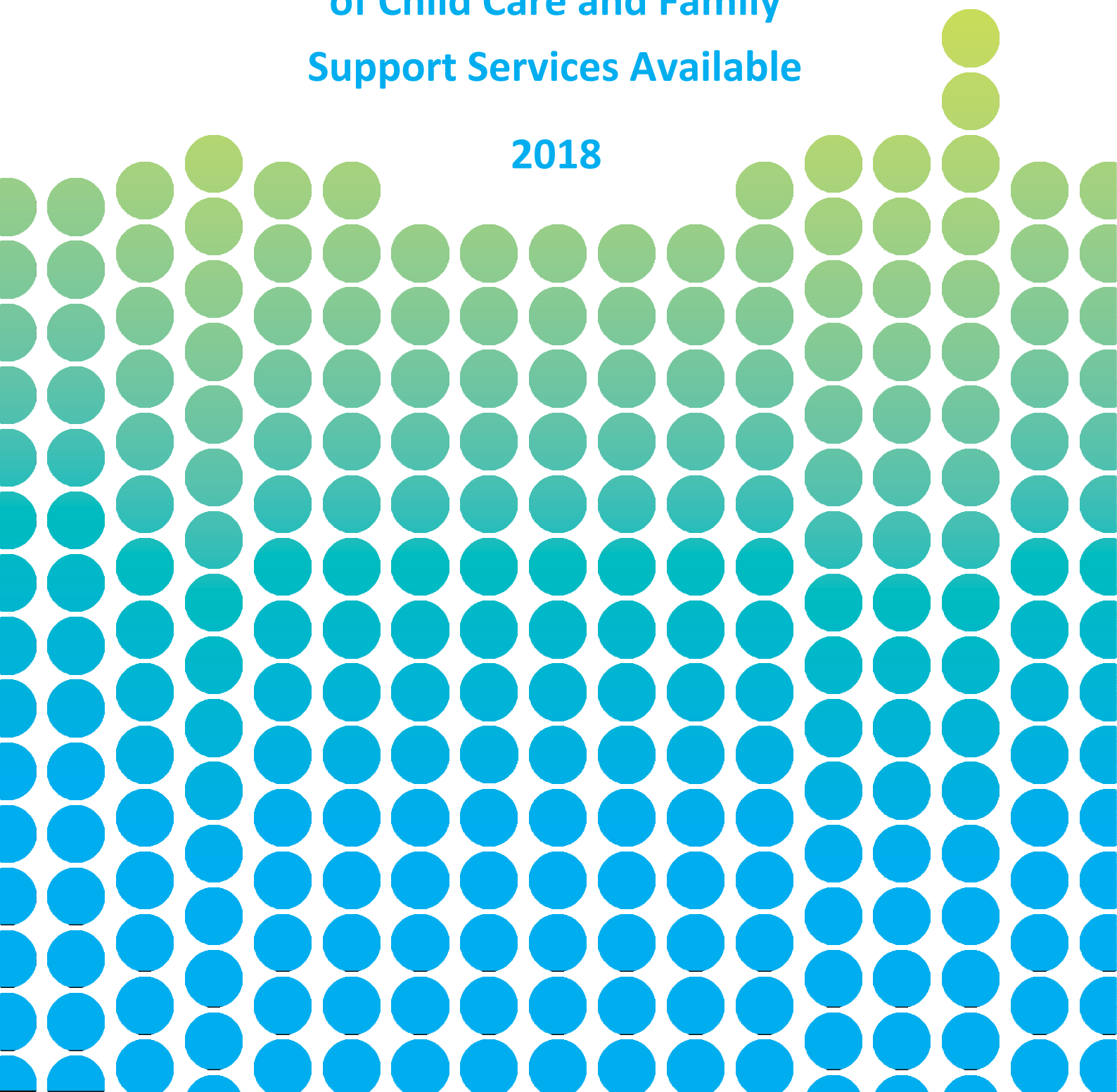




An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

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

2018



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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
NCCIS	National Child Care Information System
NSDF	National Service Delivery Framework
NSPCC	National Society for the Prevention of Cruelty to Children (UK)
ORAC	Office of the Refugee Applications Commissioner
PPFS	Prevention, Partnership and Family Support
SCO	Special Care Order
SCSA	Separated Children Seeking Asylum
SLWC	Sligo/Leitrim/West Cavan
WD/WX	Waterford/Wexford

GLOSSARY

Emergency Care Order	Tusla can apply to the District Court for an Emergency Care Order when there is reasonable cause to believe that there is an immediate and serious risk to the health or welfare of a child. An Emergency Care Order can be for a period of up to 8 days [Section 13 Child Care Act 1991]
Interim Care Order	Tusla applies to the Court for an Interim Care Order where an application for a Care Order has been or is about to 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.
- Tusla implemented its national child care information system (NCCIS) for child protection and welfare services including children in care in 2017 / 2018. The roll-out of this system involved a review and “clean-up” of data held on a number of legacy systems maintained by the areas and as a result the data presented in this report needs to be interpreted with care.

SUMMARY FINDINGS 2018

This report presents data and information on Tusla's child protection and welfare services, children in the care of Tusla and children referred to family and community support services for the year 2018. It is submitted in fulfilment of the requirement for an annual report on the adequacy of child care and family support services available (Section 8 Child Care Act 1991). The data in this report are drawn from the activity and performance metric data collated on a routine basis by the Agency. Additional information on the quality and adequacy of services delivered can be found in other reports published by the Agency along with reports published by oversight bodies including the Health Information and Quality Authority (HIQA), the Ombudsman and the Ombudsman for Children.

Child Protection and Welfare Services

- 55,136 referrals to Child Protection and Welfare Services in 2018; 3% (1,381) more than 2017 (53,755) and 26% (11,540) more than 2015. Year on year increase from 2015.
- Number of referrals equates to about 151 a day or 46 for every 1,000 children living in Ireland.
- Welfare is the most common concern reported, accounting for 55% (30,321) of all referrals. Emotional abuse is the most common type of child protection concern¹ reported, accounting for 41% (10,130) of all child protection referrals (24,815).
- 21% (4,278) increase (from 2017) in child protection referrals and a 9% (2,897) decrease in welfare referrals. Although further examination is required, this increase in child protection referrals most likely reflects the introduction of mandatory reporting in December 2017.
- 12,610 mandated reports received in 2018. Mandated reports accounted for 51% of all child protection referrals.
- 74% (9,371) of mandated reports were from five sources: members of An Garda Síochána (26%), teachers (22%), social workers (14%), social care workers (7%) and medical practitioners (5%).
- 26,433 cases open to social work at the end of December 2018, 6% (1,542) more than December 2017. This means that 2.2% of children under 18 years were being assessed or in receipt of a social work service.
- 76% (20,001) of open cases were allocated to a social worker, down slightly on the 80% reported for 2017. A total of 6,432 children were awaiting an allocated social worker. Of these, at least one in four was being progressed by dedicated duty teams or rotating social workers on a duty roster.
- 1,029 children were listed as “active” (i.e., at ongoing risk of significant harm or abuse including neglect and still residing with their parents/carers) on the National Child Protection Notification System (CPNS) at the end of December 2018. Fewest number for the period 2015-2019.
- All children listed as “active” on the CPNS had an allocated social worker.

¹ Child protection concerns refer to concerns of physical abuse, emotional abuse, sexual abuse and neglect

Alternative Care Services

Admissions to Care

- 652 children admitted to care for the first-time in 2018, 13 (2%) more than 2017 (639).
- Most common reason for first-time admission was neglect accounting for 45% (296) of all first-time admissions. Percentage of admissions due to neglect appears to be increasing (38% in 2016 compared to 45% in 2018) and percentage due to welfare decreasing (44% in 2016 compared to 33% in 2018).
- 91% (596) of children admitted to care for the first-time were placed in foster care and of these one in five (21%; 127) was placed in relative foster care.
- First-time admissions accounted for 74% (652) of all admissions (878) in 2018; a quarter (226) of all admissions were repeat admissions.
- Total number of admissions (878) down 4% (32) on 2017 (910).
- 55% (484) of all admissions (878) were voluntary, where there was an agreement with the parents/guardians; no significant change from 2017 (54%; 490). Some 138 (16%) admissions were under an emergency care order, the fewest number for the period 2015 -2018

Children in Care

- 5,974² children in care at the end of 2018, 142 (2%) fewer than 2017 and 410 (6%) fewer than 2015. Year on year decrease from 2015.
- The number of children in care equates to about 50 children per 10,000 under 18 years.
- 93% (5,551) of children in care were in foster care and of those 29% (1,591) were in relative foster care, similar to previous years.
- Neglect is the most common reason for being in care, accounting for 45% (2,675) of children in care.
- Over two-thirds (68%; 4,006) of children in care were in care under a care order, up slightly on previous years.
- 51% (3,052) of children in care were in care for < 5 years and of these one in five (612) was in care for < 1 year.
- Percentage of children in care for > 5 years is up 7% (182) on 2015. Year on year increase.
- Decrease in the number of children in their third or greater placement within the previous 12 months. There were 114 (1.9%) children in their third or greater placement at the end of 2018 compared to 142 (2.3%) at the end of 2017 and 169 (2.7%) 2016.
- 10% (610) of children in care were in placements with private providers; 53 (10%) more than 2017 (557) and the highest number for the three year period 2015 – 2018.
- 92% (5,484) of children in care had an allocated social worker; 490 children were awaiting an allocated social worker, 136 (38%) more than December 2017.

² This figure excludes children in care under Tusla Social Work Team for Separated Children Seeking Asylum

- 91% (5,437) of children in care had an up-to-date care plan; 537 children did not have an up-to-date care plan, 45 (9%) more than December 2017.
- 98% (3,764) of children 6-15 years and 93% (970) of 16-17 year olds in care were in full-time education.

Discharges from Care

- 1,040 discharges from care in 2018, 33 (3%) fewer than 2017 (1,073 revised figure) and the fewest number for the three year period 2016 – 2018.
- 48% (496) of those discharged were young people turning 18 years.
- 50% (800) of discharges were to home/extended family and 26% (275) had remained with their carers.
- Majority (52%; 259) of those discharged by virtue of turning 18 years remained with their carers.
- 162 more discharges from care than admission to care in 2018.

Foster Carers

- 4,324 foster carers on the panel of approved foster carers at the end of 2018, 60 fewer than 2017 and the fewest number for the period 2015 – 2018.
- 257 relative foster carers awaiting approval at the end of December 2018, 34 fewer than December 2017 (291) and 123 fewer than December 2015 (380)
- 90% (2,405) of general foster carers and 90% (1,027) of relative foster carers with a link worker at the end of December 2018.

Aftercare

- 2,496 young persons/adults in receipt of aftercare services at the end of December 2018.
- Two-thirds (999) of 18-20 year olds in receipt of aftercare services were in education / accredited training.
- Almost half (47%; 939) of those 18-22 years in receipt of aftercare services were continuing to live with their carers. One in four (26%; 529) had moved to independent living arrangements
- 78% (1,935) of all young persons/adults in receipt of aftercare services had an aftercare plan and 92% (1,669) of those assessed as needing an aftercare worker had an aftercare worker

Adoption Services

- 212 applications for assessment as adoptive parents in 2018; 22 (12%) more than 2017.
- 197 children referred for adoption in 2018; 20 (11%) more than 2017.
- 151 adoption assessments presented to local foster committees in 2018, one fewer than 2017

Family and Community Support Services

- At least 33,270 children referred to family support services in 2018 and 19,016 children in receipt of family support services at the end of 2018

- 73% (24,211) of children referred to family support service in 2018 received a service
- 1,734 Meitheal processes requested in 2018, 23% (325) more than 2017
- 106 Child and Family Support Networks operating at the end of 2018, a further 22 were planned.

Other Services

Emergency Out of Hours Services

- 1,928 referrals to emergency services in 2018, 7% (129) more than 2017

Service for Separated Children seeking Asylum

- 129 referrals to Tusla Service for Separated Children Seeking Asylum, 46 (26%) fewer than 2017 and the first decrease in three years.

1.0 INTRODUCTION

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

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 a number of ordinary members, all appointed by the Minister for Children and Youth Affairs, is accountable to the Minister for the performance of its functions in accordance with Section 21 (3) Child and Family Agency Act 2013.



Figure 1: Tusla’s Regional and Area Management Structure

Considerable resources go into safeguarding children. In 2018, Tusla had an operating budget of about €750 million and had 3,893 staff (whole-time equivalents) on its payroll. Almost seventy percent (2,603) of the workforce are social workers (1,453) and social care staff (1,150).

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

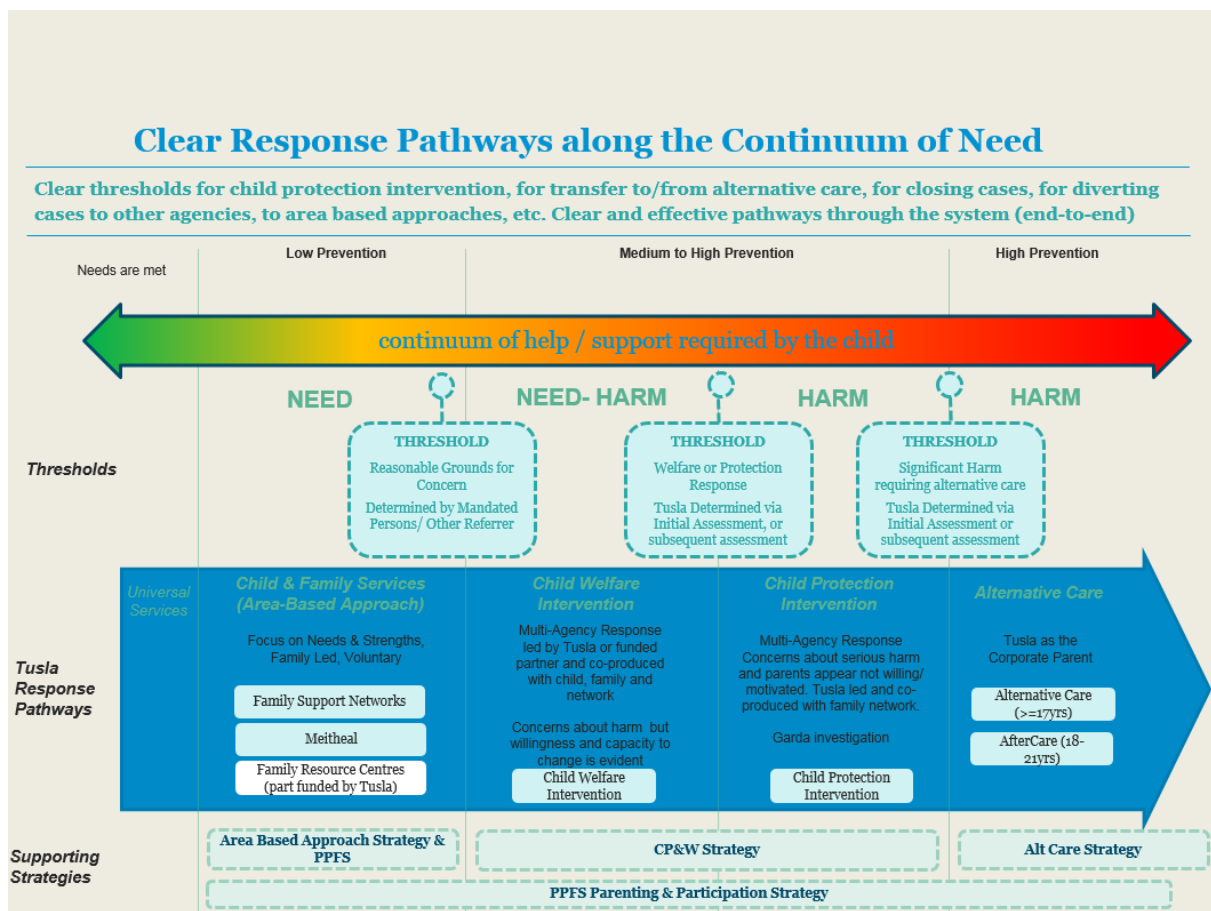


Figure 2: Tusla's Response Pathways along the Continuum of Need

This report presents data and information on Tusla's Child Protection and Welfare services including children looked after by the State, for the year 2018. 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 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, Sexual and Gender-Based Violence Services, Adoption Information and Tracing Service) are outside the scope of this report.

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

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

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

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

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

2.0 CHILD PROTECTION AND WELFARE SERVICES

The Child Care Act 1991 (as amended) is the primary legislation governing child care in Ireland, with this legislation placing a statutory duty on Tusla to identify and promote the welfare of children who are not receiving adequate care and protection.

In 2018, Tusla progressed the implementation of its Child Protection and Welfare Strategy 2017 – 2020³, including its new national approach to practice, the *Signs of Safety*⁴. The *Signs of Safety* which originated in Australia, is a whole systems approach designed to expand the investigation of risk to encompass strengths and *signs of safety* that can be built upon to stabilise and strengthen a child's and family's situation. This is done in partnership and collaboration with the child and family and their wider networks. Implementation of this practice model means one uniform assessment and intervention approach in use across the country, bringing consistency to practice.

In 2018, Tusla also completed the roll-out of its National Child Care Information System (NCCIS), a case management system for child protection and welfare cases including children in care. For the first time in the history of the State all 17 social work areas have access to a single integrated information system to manage child protection and welfare cases. It captures critical data on children who are the subject of a child protection and welfare referral, including children in care.

All data and information presented in this report need to be interpreted in the context of a changing environment in terms of approach to practice and recording of data and information. Like any new system, it is expected that these systems will take time to embed.

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 Concern⁵. 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.

In December 2017, mandatory reporting was introduced under the Children First Act 2015⁶, placing a legal obligation on certain people, many of whom are professionals (reference Schedule 2 Children First Act 2015), to report child protection concerns at or above a defined threshold to Tusla.

Referrals to Child Protection and Welfare Services continue to increase

In 2018, local offices received 55,136 child protection and welfare referrals, 3% (1,381) more than 2017 and the highest number for all years 2014-2018 (Figure 3). This number (55,136) equates to about 151 referrals a day or 46 referrals per 1,000 children living in Ireland (Census 2016). *More than one referral*

³ [Tusla Child Protection and Welfare Strategy 2017 - 2020](#)

⁴ [Signs of Safety](#)

⁵ [Children First: National Guidance for the Protection and Welfare of Children \(DCYA 2017\)](#)

⁶ [Children First Act 2015](#)

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.

Although referrals for 2018 were up 3% (1,381) on 2017, the rate of increase was not as high as previous years, with a 13% (6,356) increase reported between 2016 and 2017 and a 9% (3,803) increase reported between 2015 and 2016. It is too early to predict if this is the start of a stabilisation of referrals. Fluctuation in referrals is not uncommon.

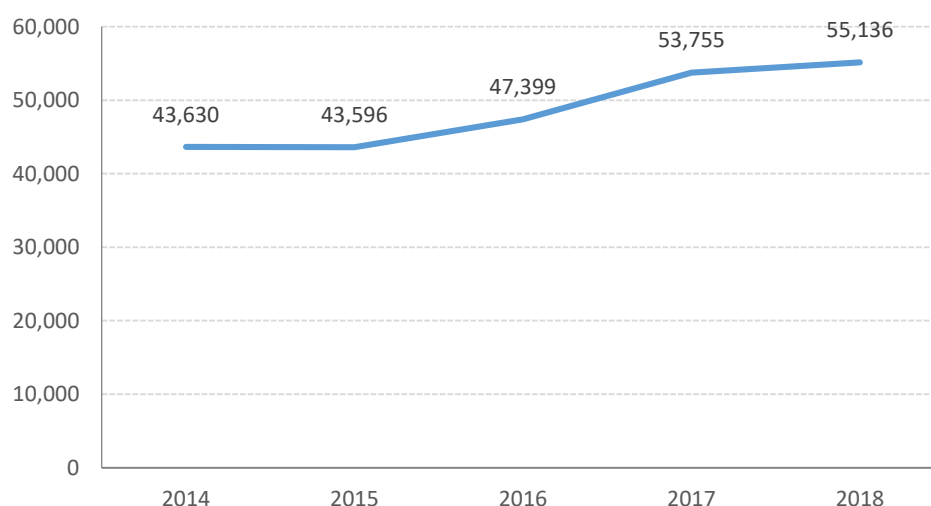


Figure 3: Referrals to Tusla's Child Protection and Welfare Services, 2014 – 2018

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 period⁷; the increase in the number of families becoming homeless in recent years⁸; a possible increasing awareness of concerns about the safety of children (media attention) and particularly with the commencement of mandated reporting⁹ on the 11th December 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.

Most common source of referrals is An Garda Síochána

The source of referrals is not available for 2018, due to issues with the configuration of the source on NCCIS, which is being rectified. In 2017 (latest data), 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.

⁷ Census 2016 Central Statistics Office

⁸ [Homelessness data](#), Department of Housing Planning and Local Government

⁹ [Children First Act 2015](#), Section 14. (1) Subject to subsections (3), (4), (5), (6) and (7), where a mandated person knows, believes or has reasonable grounds to suspect, on the basis of information that he or she has received, acquired or becomes aware of in the course of his or her employment or profession as such a mandated person, that a child— (a) has been harmed, (b) is being harmed, or (c) is at risk of being harmed, he or she shall, as soon as practicable, report that knowledge, belief or suspicion, as the case may be, to the Agency. (2) Where a child believes that he or she— (a) has been harmed, (b) is being harmed, or (c) is at risk of being harmed, and discloses that belief to a mandated person in the course of the mandated person's employment or profession as such a person, the mandated person shall, subject to subsections (5), (6) and (7), as soon as practicable, report that disclosure to the Agency.

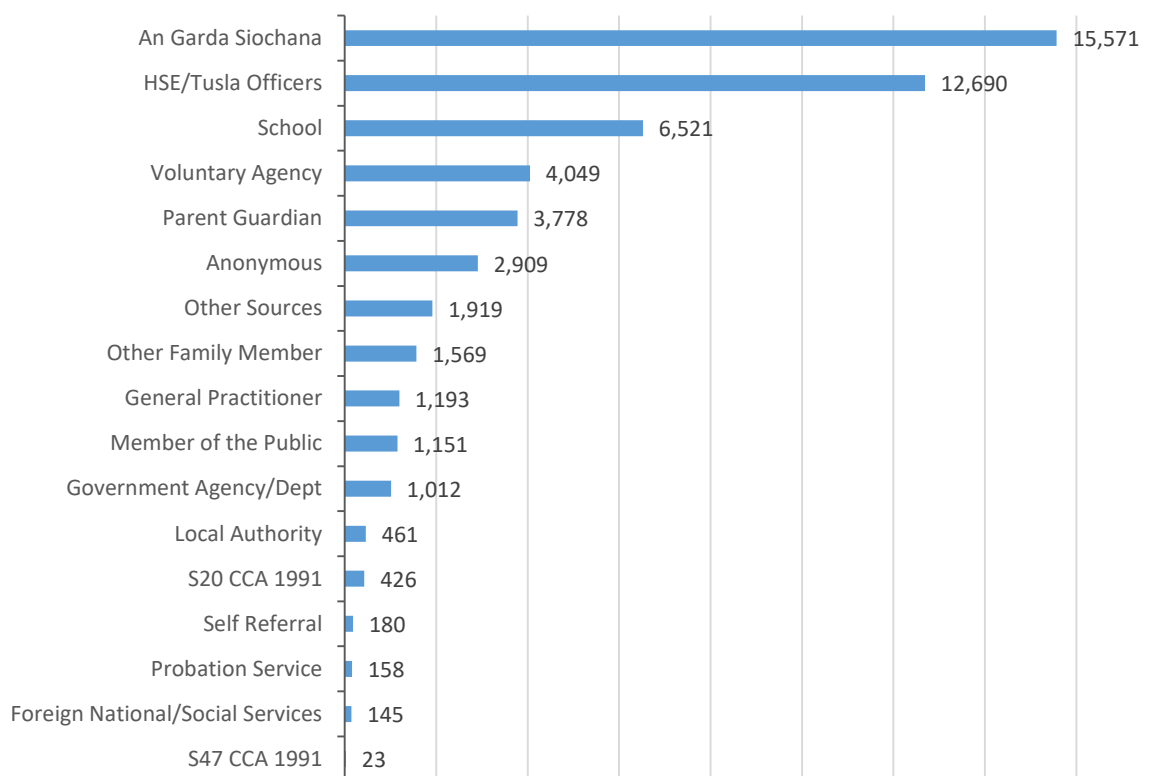


Figure 4: Source of referrals to Tusla's Child Protection and Welfare Services, 2017

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.

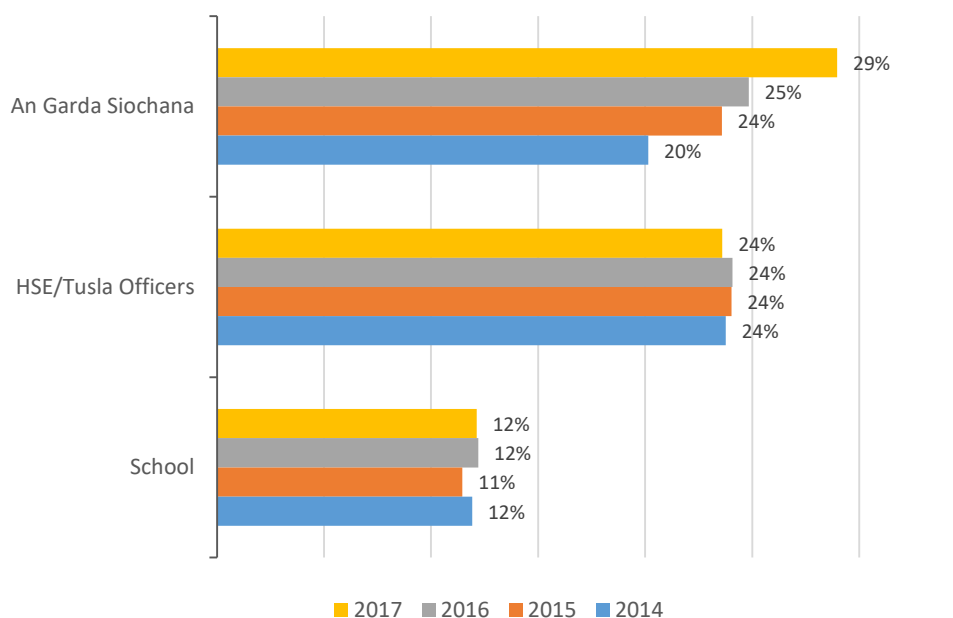


Figure 5: Percentage of referrals from the top three sources, 2014 – 2017

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

Welfare is the most common concern reported, but down as a proportion of all referrals

In 2018, 55% (30,321) of referrals were for welfare concerns, the lowest percentage for all years 2014 – 2018. The remaining 45% (24,815) of referrals 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), the highest percentage for all years 2014 – 2018 (Figure 6).

Referrals for welfare concerns are down 9% (2,897) on 2017, the first decrease in the four year period 2014 – 2018. Child protection referrals are up 21% (4,278) on 2017, the highest number for all years 2014 – 2018.

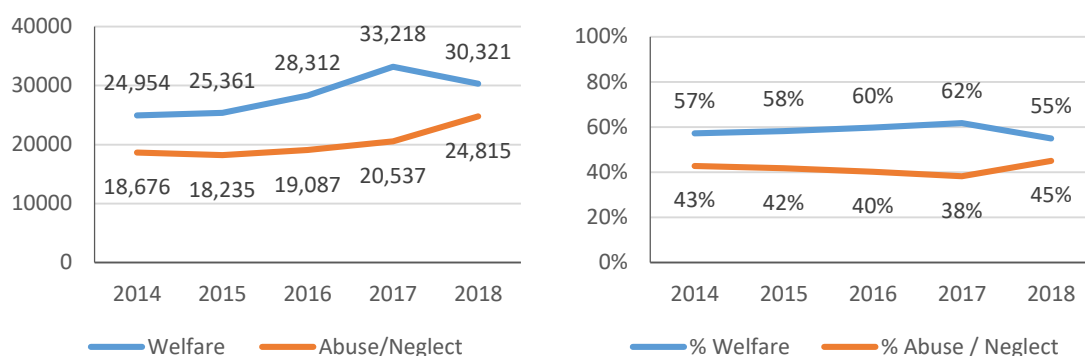


Figure 6: Number and percentage of referrals by type 2014 – 2018

51% (12,610) of child protection referrals were mandated reports

One possible reason for the increase in child protection referrals and particularly as a proportion of all referrals is the introduction of mandatory reporting (Children First Act 2015) which commenced on the 11 December 2017. Mandatory reporting refers to child protection concerns that meet a threshold specified in the Children First Act 2015. In 2018, Tusla received 12,610 mandated reports, accounting for 51% of child protection referrals and 23% of all referrals (child protection and welfare).

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

The most common type of child protection concern reported in 2018 was emotional abuse accounting for 41% (10,130) of all abuse/neglect referrals (Figure 7). Sexual abuse was the least common type of abuse reported, comprising about one in seven (14%; 3,548) referrals.

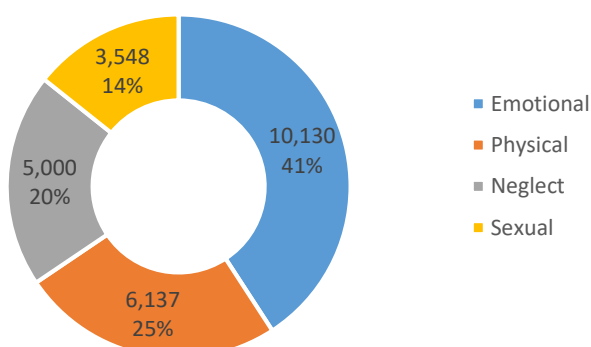


Figure 7: Breakdown of child protection referrals, 2018

The percentage breakdown of child protection referrals is broadly consistent with the breakdown for the years 2014 – 2018 (Table 1). All types of abuse/neglect showed an increase from 2017 with the largest increase observed for emotional abuse with some 2,515 (33%) more referrals. Referrals for emotional abuse are showing a year-on-year increase and are up 63% (3,897) on 2014. Proportionately, the percentage of referrals for emotional abuse has gone from 33% in 2014 to 41% in 2018. In contrast, although referrals for neglect are up 4% (190) on 2017 they are down 5% (263) on 2014. The proportion of referrals for neglect has fallen eight percentage points from 28% in 2014 to 20% in 2018.

Table 1: Breakdown of child protection referrals, 2014 - 2018

Category	2014	2015	2016	2017	2018	Δ 2018 v 2017
Physical	4,066 (22%)	3,991 (22%)	4,450 (23%)	4,942 (24%)	6,137 (25%)	1,195 (24%)
Emotional	6,233 (33%)	6,535 (36%)	6,871 (36%)	7,615 (37%)	10,130 (41%)	2,515 (33%)
Sexual	3,114 (17%)	2,940 (16%)	3,042 (16%)	3,170 (15%)	3,548 (14%)	378 (12%)
Neglect	5,263 (28%)	4,769 (26%)	4,724 (25%)	4,810 (23%)	5,000 (20%)	190 (4%)
Total	18,676	18,235	19,087	20,537	24,815	4,278 (21%)

Of the 12,610 mandated reports received in 2018, the highest number (4,242; 34%) were for emotional abuse, followed by physical abuse (3,661; 29%) (Table 2). The fewest number were for neglect (2,286; 18%).

Table 2: Mandated reports by type, 2018

Category	# Reports	% Total
Physical	3,661	29%
Emotional	4,242	34%
Sexual	2,421	19%
Neglect	2,286	18%
Total	12,610	100%

Gardaí and teachers made the most mandated reports under Children First 2015

The most common source of mandated reports was members of An Garda Síochána, accounting for more than one in four reports (27%; 3,349) received, followed by teachers (22%; 2,790), social workers (14%; 1,704), social care workers (7%; 893) and medical practitioners (5%; 635). These five sources account for 74% (9,371) of all reports received (Table 3).

Table 3: Mandated reports by mandated person, 2018

Source	# Reports	% of Total
An Garda Síochána Member	3,349	26.6%
Teacher registered with the Teaching Council.	2,790	22.1%
Social worker who practises as such and who is eligible for registration	1,704	13.5%
Social care worker who practises as such and who is eligible for registration	893	7.1%
Medical practitioner (Registered)	635	5.0%
Nurse or registered midwife (Registered)	510	4.0%
Psychologist who practises as such and who is eligible for registration	442	3.5%
Safeguarding officer, child protection officer or other person (howsoever described) who is employed for the purpose of performing the child welfare and protection function of religious, sporting, recreational, cultural, educational and other bodies and organisations offering services to children;	409	3.2%
Psychotherapist or a person providing counselling who is registered with one of the voluntary professional bodies	388	3.1%
Domestic violence shelter manager	317	2.5%
Youth worker holds a professional qualification.. and who is employed in a youth work service	224	1.8%
Homeless provision or emergency accommodation facility manager	113	0.9%
Physiotherapist (Registered)	106	0.8%
Youth work service - person responsible for the care or management within the meaning of section 2 of the Youth Work Act 2001	101	0.8%
Addiction counsellor employed by a body funded, wholly or partly, out of moneys provided by the Oireachtas	90	0.7%
Child care staff member employed in a pre-school service within the meaning of Part VIIA of the Child Care Act 1991;	82	0.7%
Probation officer within the meaning of section 1 of the Criminal Justice (Community Service) Act 1983.	81	0.6%
Pre-school service within the meaning of Part VIIA of the Child Care Act 1991.	60	0.5%
Guardian ad litem appointed in accordance with section 26 of the Child Care Act 1991	56	0.4%
EMT, paramedic and advanced paramedic registered with the Pre-Hospital Emergency Care Council	53	0.4%
Foster carer registered with the Agency.	52	0.4%
Speech & language therapist (Registered)	46	0.4%
Occupational therapist (Registered)	41	0.3%
Clergy member (howsoever described) or pastoral care worker (howsoever described) of a church or other religious community;	23	0.2%
Asylum seeker accommodation (direct provision) centre manager	22	0.2%
Institution where a child is detained by an order of a court (Director)	12	0.1%
Language school or other recreational school where children reside away from home manager	8	0.1%
Registered dentist	3	0.0%
Total	12,610	100.0%

Midlands area reported the highest rate of referrals

The number of referrals varies widely across Tusla's 17 operational areas, ranging from 947 in Donegal to 7,039 in Cork (Table 4). The rate of referrals per 1,000 children under 18 years ranged from 22 per 1,000 in Donegal to 83 per 1,000 in the Midlands area. Cork with the highest child 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. Eight areas reported a rate higher than the national rate of 46 per 1,000 children.

Table 4: Number and rate of referrals by area, 2018

Area	# Referrals	0-17 years population	Rate/1,000 population
Dublin South Central	2,800	65,564	43
Dublin South East / Wicklow	2,254	86,810	26
Dublin South West / Kildare /West Wicklow	3,352	108,186	31
Midlands	6,680	80,193	83
Dublin North City	3,314	44,927	74
Dublin North	3,719	100,654	37
Louth / Meath	3,762	93,093	40
Cavan / Monaghan	1,725	36,446	47
Cork	7,039	134,015	53
Kerry	1,218	34,527	35
Carlow / Kilkenny / South Tipperary	3,627	63,009	58
Waterford / Wexford	4,549	68,513	66
Midwest	4,636	96,266	48
Galway / Roscommon	3,276	79,912	41
Mayo	1,140	31,968	36
Donegal	947	42,865	22
Sligo / Leitrim / West Cavan	1,098	23,554	47
Total	55,136	1,190,502	46

Population: Census 2016

Eleven of the 17 areas reported an increase in referrals from 2017 (Figure 8). The largest percentage increase was reported by Cavan/Monaghan (34%) followed by Dublin North City (25%) and Mayo (22%). In terms of numbers the Dublin North City reported the largest increase, with 664 more referrals than 2017.

The largest percentage decrease was reported by Donegal (36%) followed by Galway/Roscommon (12%), and Dublin North (10%). In terms of numbers the largest decrease was reported by the Midlands (down 690), first decrease in four years followed by Donegal (down 522) and Galway/Roscommon (down 462), first decrease in four years.

Two areas, Cork and MidWest have reported four consecutive increases between 2014 and 2018.

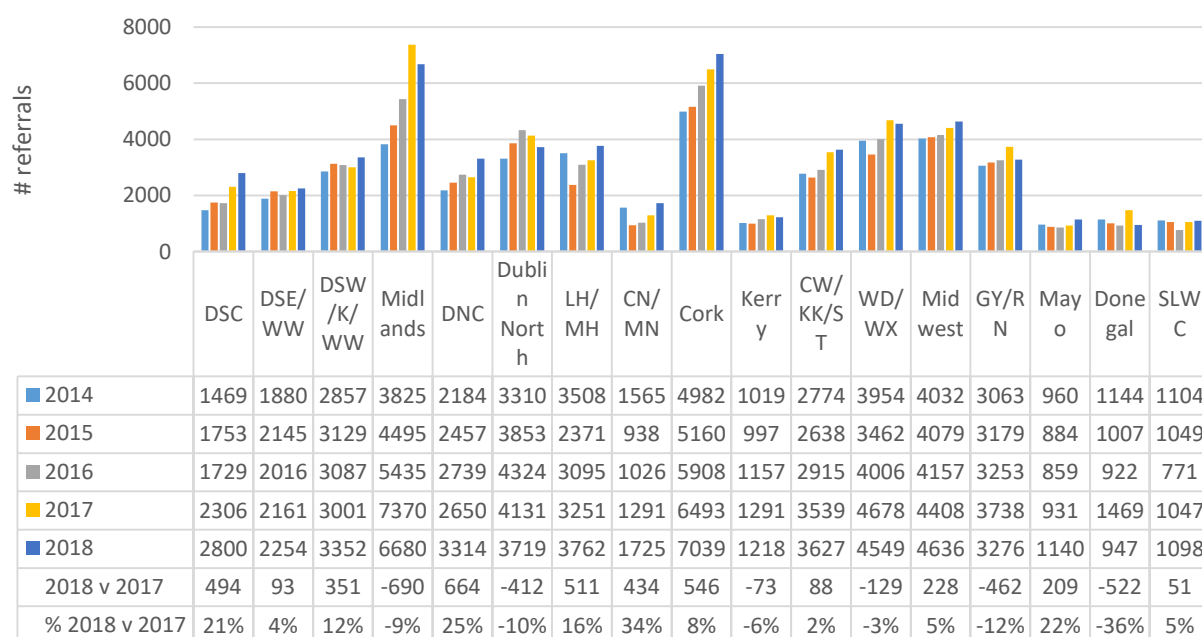


Figure 8: Referrals by area, 2014 - 2018

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. All reports to Tusla are reviewed on the day they are received, irrespective of the source. The actions taken by social workers include screening and making preliminary enquiries to:

- gather and consider relevant information regarding a reported concern about a child;
- consider the immediate safety of a child and to take necessary immediate protective action, if required;
- examine all information held by Tusla and determine whether the report meets the threshold for harm for child protection and welfare social work services and to divert cases where this threshold is not met;
- decide the primary report type and priority status of accepted reports and to respond to these accepted reports in a proportionate and timely manner.

Under the new approach to practice (*Signs of Safety*) introduced on the 5th February 2018, the practitioner gathers information using a questioning approach and records this information on an Intake Record under the analysis categories within the *Signs of Safety* Assessment Framework. The *Signs of Safety* Harm Matrix is used to map harm and determine whether the harm meets the threshold for an Initial Assessment. The outcome of the screening / preliminary enquiry step will be either:

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

The timeline for the preliminary enquiry is 5 working days (previous timeline was 24 hours)

The purpose of the Initial Assessment is to determine whether there is harm or future harm and if there is any existing safety present to address this harm. The Initial Assessment will recommend whether the child/children require a Child Welfare Safety Plan; a Child Protection Safety Plan or whether the harm to the child is at a level where the children should be removed from the care of their parents until such time as a safety plan can be established. The Initial Assessment will also determine whether the report can be closed or diverted to an early intervention response that doesn't require Tusla social work intervention. A summary of the response process is depicted in Figure 9.

In 2018, preliminary enquiries were done on 98% (50,251) of referrals (based on data for 16 areas). Thirty-nine percent (17,855) of preliminary enquiries were completed within the 5 day timeline recommended for the management of referrals (percentage based on complete data for 10 areas and partial data for six areas, data not available for one area). *Due to the introduction of the new approach to practice (Signs of Safety) these data not comparable with data for previous years. The data also need to be interpreted with caution due to the transition to NCCIS.*

Response Pathways

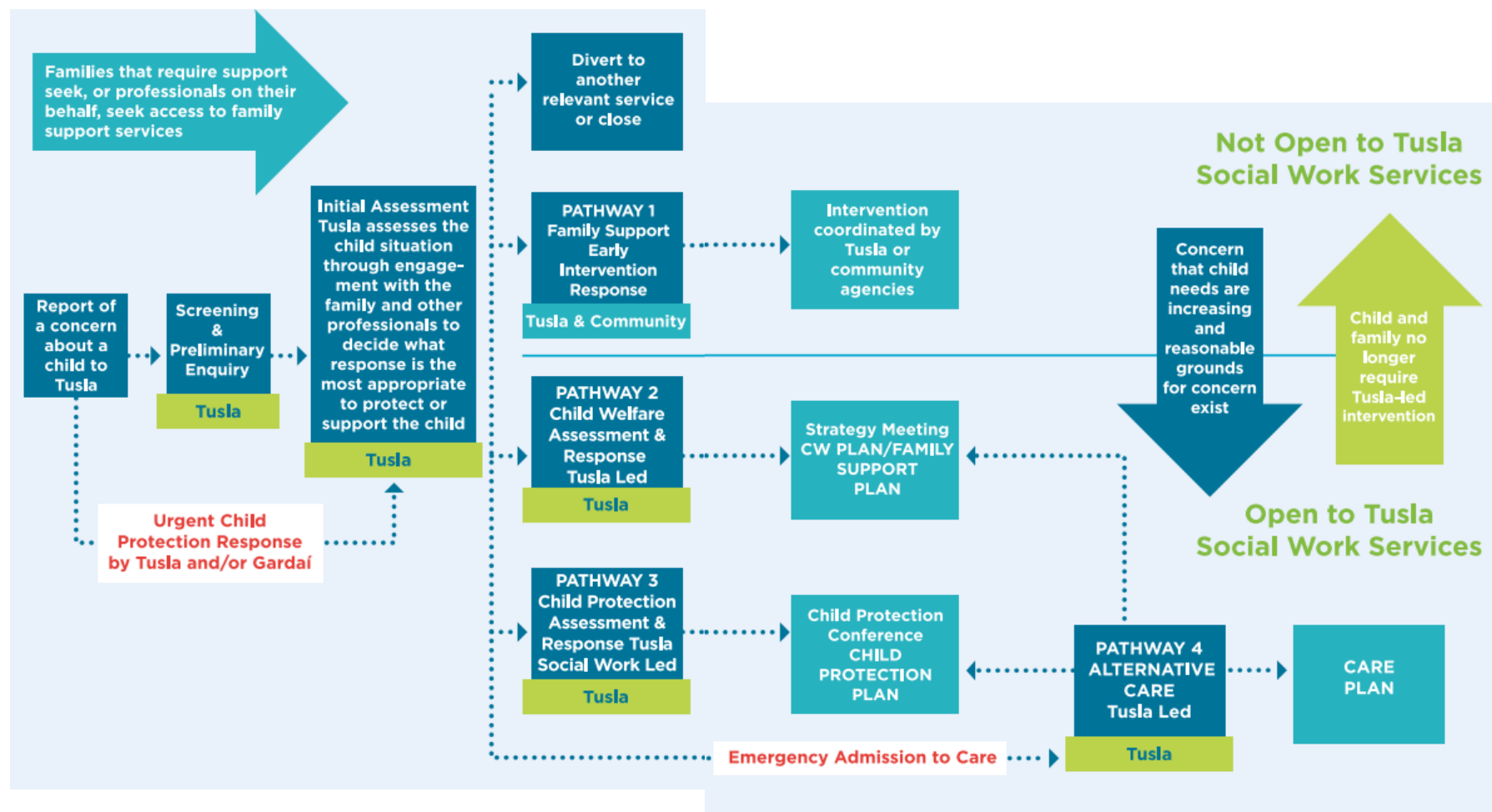


Figure 9: Child Protection and Welfare Services, Response Pathways

One in four (24%; 10,318) referrals that had a preliminary enquiry required an initial assessment (percentage based on complete data for 14 areas, partial data for two areas, data not available from one area), the lowest percentage for all years 2014 – 2018 (Table 5). *As before, these data need to be interpreted with caution due to the transition to NCCIS and the introduction of the new approach to practice.*

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

Table 5: Initial assessments, 2014-2018

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

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

In 2018, the outcome of assessment (initial) was recorded for 4,698 (46%) referrals that required an initial assessment. The outcome of assessment was not available for the remaining referrals requiring an initial assessment (54%) due to assessments ongoing or not started. Of those where the outcome was recorded, 41% (1,917) required no further action/closed to social work. Just over one in ten (13%; 607) required a child protection response while <2% (84) required admission to care (Figure 10).

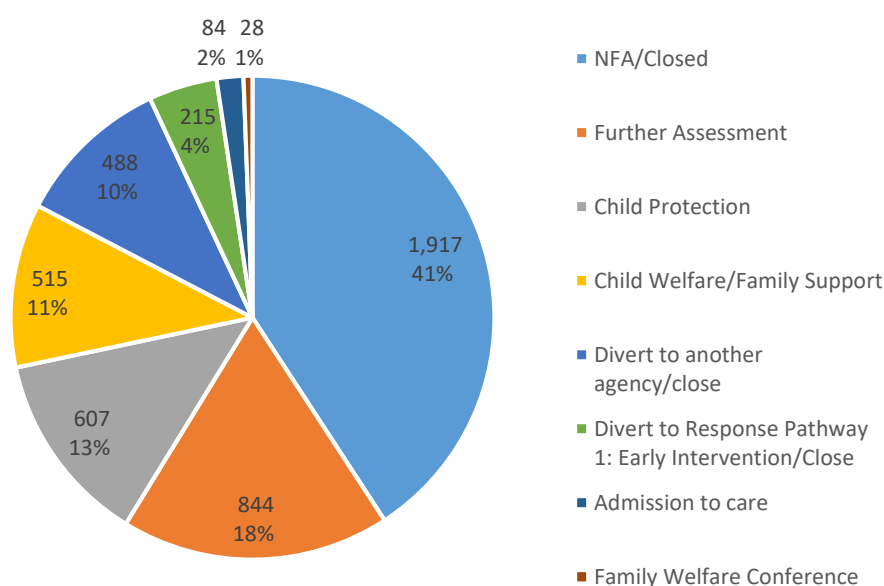


Figure 10: Outcome of initial assessments, 2018

2.3 Cases Open to Social Work

Cases open to social work include all children going through the preliminary enquiry/ assessment process, children requiring social work support including children in the care of the Agency and children “active” on the Child Protection Notification System. Open cases include 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.

2.2% (26,433) of children under 18 years in receipt of a social work service

At the end December 2018, there were 26,433 cases open to social work, 1,542 (6%) more than December 2017 (24,891) and the highest number since 2015 (Table 6). As open cases are recorded on a per child basis we can say that 2.2% 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 2018.

76% of cases allocated to a social worker, down four percentage points on 2017

76% of cases open to social work at the end of December 2018 were allocated to a named social worker, down four percentage points from a high of 80% in 2017 (Table 6). The remaining 24% (6,432) were awaiting allocation, some 1,540 (31%) more than 2017; first increase after three consecutive decreases and the highest number since December 2014 (8,542). At least 26% (1,669) of these cases (6,432) were being progressed by dedicated duty teams or rotating on a duty roster e.g., children were being visited, initial assessments were being completed, child in care reviews were taking place. All cases are reviewed and monitored on an ongoing basis and prioritised accordingly.

Table 6: Cases open to social work, 2014 - 2018

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

16% of cases awaiting allocation were categorised as high priority

Sixteen percent (1,003) of cases awaiting allocation at the end of December 2018 were categorised as high priority¹⁰, 185 (23%) more than 2017 (818) (Table 7). It should be noted that high priority does not imply that a child is at immediate risk and requires an urgent or immediate response. Children identified at immediate risk receive an immediate response. In addition, cases awaiting allocation are monitored on an ongoing basis for a change in circumstance.

51% (3,296) of cases were categorised as medium priority while the remaining 33% (2,133) were categorised as low priority.

¹⁰ 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)”

Table 7: Cases awaiting allocation by priority level, 2014 - 2018

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

52% of cases awaiting allocation were waiting less than three months

52% (3,368) of cases awaiting allocation were waiting for less than 3 months, no change from 2017. The remaining 3,064 (48%) were waiting for >3 months.

Dublin North reported the highest number of cases awaiting; all cases allocated in Mayo

At the end of December 2018, the highest number of cases awaiting allocation was reported by Dublin North (1,320; 32% of its open cases) followed by Dublin South Central (732; 36% of its open cases), Cork (697; 19% of its open cases), Dublin South West / Kildare / West Wicklow (551; 41% of its open cases) and CW/KK/ST (518; 34% of its open cases) (Table 8). These five areas accounted for almost 60% (3,818) of all cases awaiting allocation. All cases were allocated in one area, Mayo. In twelve of the seventeen areas, at least 70% of cases were allocated to a named social worker. The lowest percentage (59%) was reported by Dublin South West / Kildare / West Wicklow.

Table 8: Area breakdown of cases open to social work by allocation status, 2018

Area	# Open cases	# Allocated	% Allocated	# Unallocated	% Unallocated
DSE/WW	946	802	85%	144	15%
DSW/KWW	1,348	797	59%	551	41%
DSC	2,058	1,326	64%	732	36%
Midlands	1,485	986	66%	499	34%
DNC	1,442	1,278	89%	164	11%
Dublin North	4,167	2,847	68%	1,320	32%
LH/MH	1,765	1,307	74%	458	26%
CN/MN	730	631	86%	99	14%
Kerry	602	475	79%	127	21%
Cork	3,716	3,019	81%	697	19%
CW/KK/ST	1,541	1,023	66%	518	34%
WD/WX	1,809	1,473	81%	336	19%
Donegal	1,060	750	71%	310	29%
SLWC	310	282	91%	28	9%
Mayo	395	395	100%	0	0%
GY/RN	1,530	1,354	88%	176	12%
Midwest	1,529	1,256	82%	273	18%
Total Cases	26,433	20,001	76%	6,432	24%

Seven areas reported a decrease in cases awaiting allocation from the previous year (Figure 11). The largest decrease was reported by Dublin North City (down 54%, 194 cases) followed by Donegal (down 35%, 166 cases) and Dublin South West/Kildare/West Wicklow (down 16%; 103). Of the nine areas that reported

an increase, the largest increase was reported by Dublin North (up 865; 190%) followed by Dublin South Central (up 430; 142%).

Four areas (DSW/K/WW, SLWC, GY/RN and Midwest) reported two consecutive decreases from 2016 – 2018, while two areas (Dublin South Central and CW/KK/T) reported two consecutive increases (Figure 11).

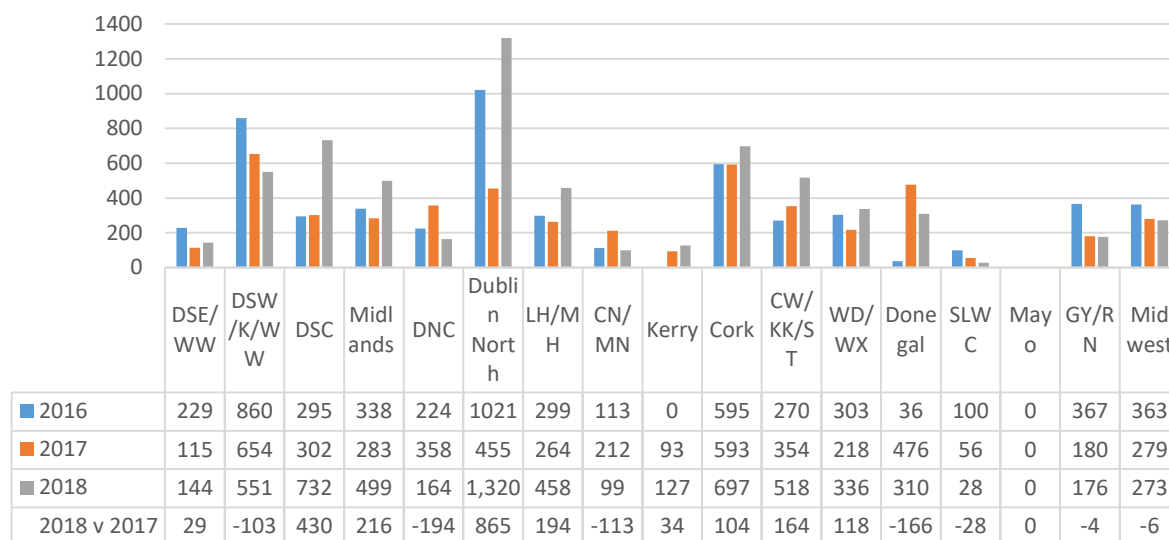


Figure 11: Area breakdown of unallocated cases, 2016-2018

Dublin South West/Kildare/West Wicklow had the highest number of high priority cases awaiting allocation (218) at the end of December 2018 followed by Cork (196), Midwest (113), Midlands (109) and Donegal (100) (Figure 12). These five areas account for 73% (736) of all high priority cases awaiting allocation. Two areas with cases awaiting allocation (Dublin South Central and Dublin North City) reported no high priority cases awaiting allocation.

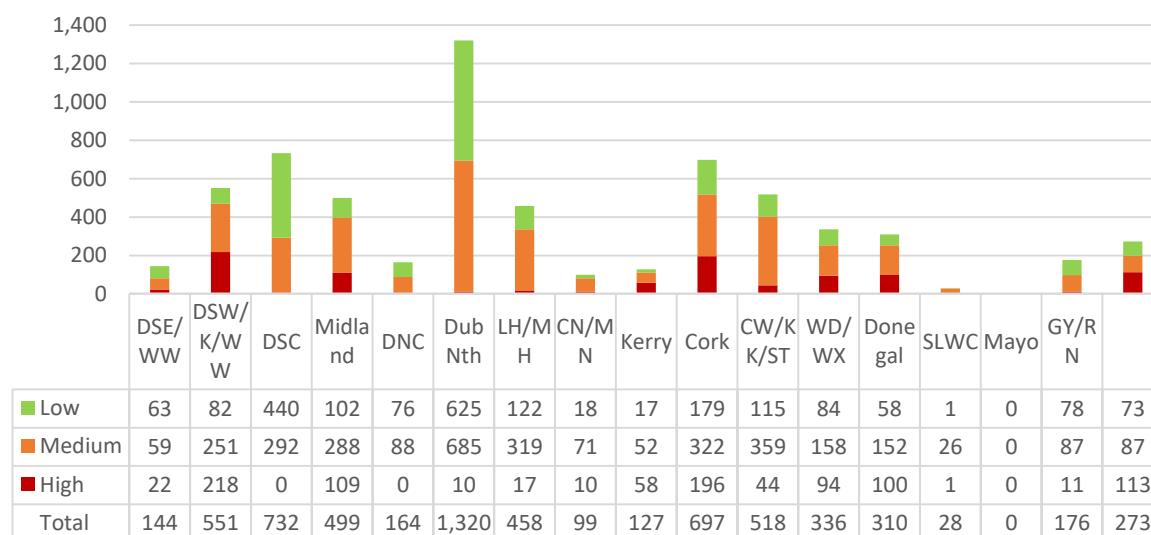


Figure 12: Area breakdown of cases awaiting allocation by priority status, 2018

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 conference¹¹ 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)¹². 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.

Number of children subject to a child protection plan decreasing (year end figure)

1,029 children were listed as “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 2018, 275 (21%) fewer than December 2017 (1,304) and the fewest number for the period 2015 - 2018¹³ (Figure 13).

This number (1,029) equates to about nine children per 10,000 of the population under 18 years, down from 11/10,000 in 2017. Comparison with years prior to 2015 is not possible due to a validation exercise that took place prior to the introduction of the national electronic system in October 2015.

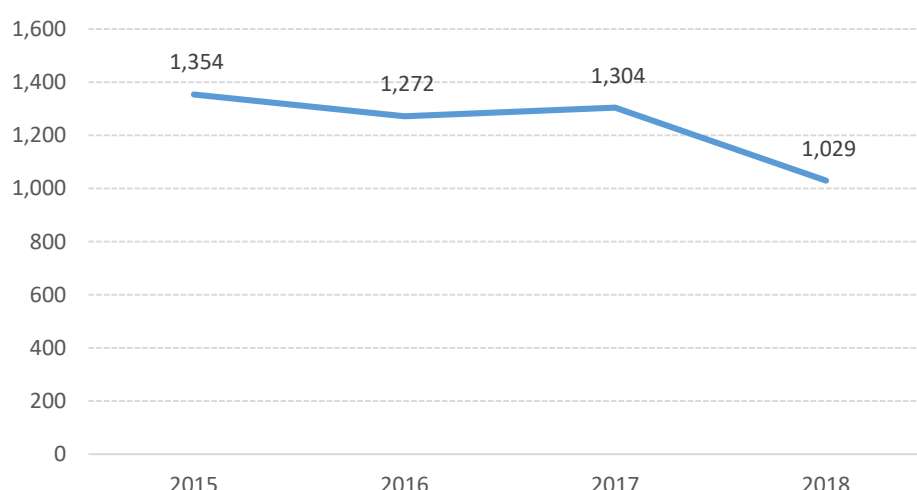


Figure 13: Number of children "active" on the CPNS, 2015 - 2018

¹¹ 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.

¹² 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.

¹³ 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

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 9 shows the rate of children on child protection registers or subject to child protection plans in UK countries¹⁴. Of the four countries, Scotland reports the lowest rate of children on child protection registers at 26 per 10,000 children while Northern Ireland reports the highest rate at 48 per 10,000 children.

Table 9: Children on child protection registers in other jurisdictions

Country	Children on child protection registers - rate per 10,000 children
Northern Ireland	48 (31 March 2018)
England	45 (31 March 2018)
Scotland	26 (31 March 2018)
Wales	47 (31 March 2018)
Ireland	9 (31 Dec 2018)

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

Table 10: Rate of children on the child protection register per 10,000 children across the UK, 2008-2018

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
England	27	31	35	38	38	38	42	43	43	43	45
Wales	37	40	44	46	46	47	50	47	49	44	47
Scotland	23	25	24	25	26	26	28	25	26	26	26
Northern Ireland	48	57	55	56	49	45	46	45	49	49	48

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

All children listed as “active” on the CPNS at the end of December 2018 had an allocated social worker in line with Tusla policy. Despite challenges with the allocation of social workers Tusla continues to prioritise these children for allocation.

More females (518; 51%) than males (495; 49%) were listed as “active” which is in contrast to the general population (Census 2016, 51% males and 49% females); the remaining 16 were in-utero.

Younger children over-represented on the CPNS

Thirty-eight percent (391) of children listed as “active” on the CPNS were less than 5 years, the highest percentage of all age groups (Table 11). These figures indicate that the 0-4 years age group are more heavily represented on the CPNS 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.

The number of children listed as “active” decreased across all age groups with the largest percentage decrease observed for the 15- 17 years age group, down 39% (51). This is followed by the 0-4 years age

¹⁴Data for countries can be found from the Supporting Files, Additional Tables download at the following link <https://www.gov.scot/publications/childrens-social-work-statistics-2017-2018/>

group, down 23% (114), the 5-9 years age-group, down 18% (68) and the 10-14 years age group, down 14% (42).

Table 11: Age on children active on the CPNS by age group, 2016 - 2018

Age group	2016	2017	2018	General population
0-4 years	430 (34%)	505 (39%)	391 (38%)	331,515 (28%)
5-9 years	376 (30%)	371 (28%)	303 (29%)	355,561 (30%)
10-14 years	331 (26%)	297 (23%)	255 (25%)	319,476 (28%)
15 – 17 years	135 (11%)	131 (10%)	80 (8%)	183,950 (15%)
Total	1,272 (100%)	1,304 (100%)	1,029 (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 listed as “active” on the CPNS was neglect accounting for six in 10 cases (Figure 14). The next most common type was emotional abuse accounting for a further 29% (293). These findings are consistent with data recorded for previous years (Table 12).

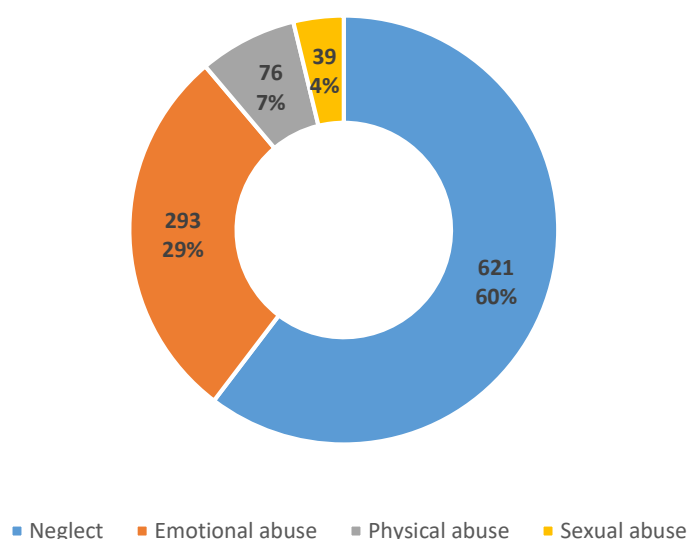


Figure 14: Type of abuse recorded for children active on the CPNS, December 2018

Table 12: Type of abuse by year 2016 - 2018

Type of Abuse	# 2016	# 2017	# 2018	% 2016	% 2017	% 2018
Neglect	781	781	621	61%	60%	60%
Emotional abuse	342	386	293	27%	30%	28%
Physical abuse	78	94	76	6%	7%	7%
Sexual abuse	71	43	39	6%	3%	4%
Total	1,272	1,304	1,029	100%	100%	100%

In England neglect is also the most common reason for being subject of a child protection plan or on a child protection register while in Wales and Scotland, emotional abuse is the most common reason with

neglect the second most common reason (NSPCC)¹⁵. 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.

73% of children listed as “active” were listed for no longer than 12 months

More than half (53%; 541) of children listed as “active” on the CPNS at the end of December 2018 were “active” for no longer than six months, while 73% (750) were “active” for no longer than 12 months (Figure 15).

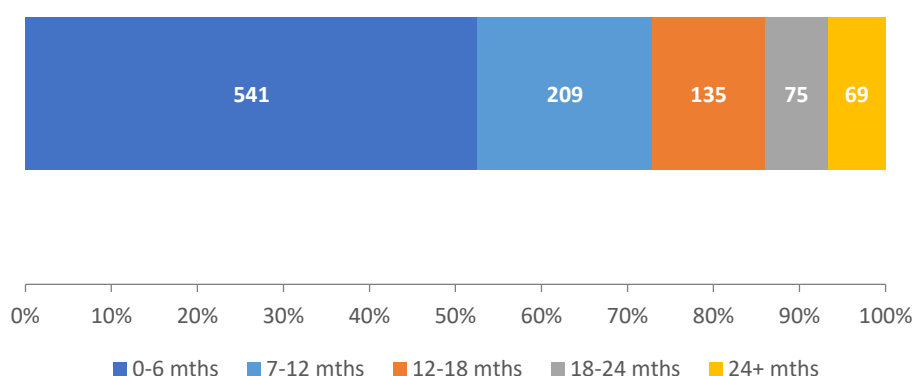


Figure 15: Children active by length of time active, December 2018

The number of children listed as “active” for > 24 months (69; 7%) is down 31% (31) on 2017 (Table 13).

Table 13: Children listed as “active” by length of time “active”, 2017 - 2018

Length of time active	# 2017	% 2017	# 2018	% 2018
0-6 months	616	47%	541	53%
7-12 months	376	29%	209	20%
12-18 months	150	12%	135	13%
18-24 months	62	5%	75	7%
24+ months	100	8%	69	7%
Total	1,304	100%	1,029	100%

Dublin North City reported the highest rate of children listed as “active” on CPNS

¹⁵<https://learning.nspcc.org.uk/research-resources/child-protection-plan-register-statistics/>

The number of children active on the CPNS at the end of December 2018 in the different Tusla areas ranged from 3 per 10,000 children under 18 years in Dublin South West / Kildare / West Wicklow (the area with the third highest proportion of the 0-17 years population) to 15 per 10,000 children under 18 years (1.7 times the national average) in the Dublin North City (Table 14). Cork with the highest child population ranked 6th lowest at 7.76 per 10,000 population. Eleven areas reported a rate higher than the national average (8.64/10,000). The reason(s) for the variation in rates across the areas requires closer examination.

Table 14: Children active on the CPNS by area, 2018

Area	# Active Dec 2018	0-17 years population	Rate / 10,000 pop
DSC	67	65,564	10.22
DSE/WW	37	86,810	4.26
DSW/K/WW	36	108,186	3.33
Midlands	74	80,193	9.23
DNC	68	44,927	15.14
Dublin North	77	100,654	7.65
LH/MH	83	93,093	8.92
CN/MN	22	36,446	6.04
Cork	104	134,015	7.76
Kerry	37	34,527	10.72
CW/KK/ST	70	63,009	11.11
WD/WX	69	68,513	10.07
Midwest	113	96,266	11.74
GY/RN	62	79,912	7.76
Mayo	41	31,968	12.83
Donegal	48	42,865	11.20
SLWC	21	23,554	8.92
Total	1,029	1,190,502	8.64

All but two areas (Dublin South Central and Dublin North) had fewer children listed as active at the end of 2018 than 2017 (Table 15). The largest decrease (in terms of numbers) was reported by the Midwest (down 56; 33%), followed by Waterford/Wexford (down 41; 37%) and Galway/Roscommon (down 26, 30%). Both of the areas that reported an increase (Dublin South Central and Dublin North), reported an increase of four.

Table 15: Number of children active on the CPNS by area, 2017 and 2018

Area	# Active Dec 2017	# Active Dec 2018	2018 v 2017	% Diff
DSC	63	67	4	6%
DSE/WW	52	37	-15	-29%
DSW/K/WW	52	36	-16	-31%
Midlands	83	74	-9	-11%
DNC	78	68	-10	-13%
Dublin North	73	77	4	5%
LH/MH	115	83	-32	-28%
CN/MN	23	22	-1	-4%
Cork	126	104	-22	-17%
Kerry	48	37	-11	-23%
CW/KK/ST	88	70	-18	-20%
WD/WX	110	69	-41	-37%
Midwest	169	113	-56	-33%
GY/RN	88	62	-26	-30%

Mayo	52	41	-11	-21%
Donegal	60	48	-12	-20%
SLWC	24	21	-3	-13%
Total	1,304	1,029	-275	-21%

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 up slightly (13) on 2017

In 2018, there were 652 children admitted to care for the first time, 13 (2%) more than 2017 (639) and 147 (18%) fewer than 2016 (Figure 16). The number of children admitted to care equates to about 5.5 children for every 10,000 under 18 years living in Ireland.

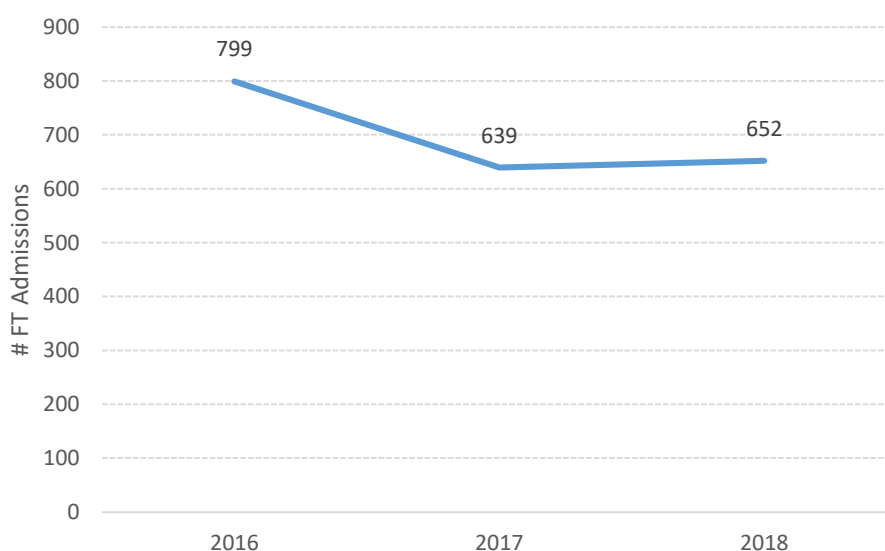


Figure 16: First-time admissions to care, 2016 - 2018

Slightly more males (331; 51%) than females (321; 49%) were admitted which is consistent with the general population (Census 2016, 51% males and 49% females) and previous years. The most common

age at admission was < 1 year accounting for one in six (109; 17%) children admitted, followed by 15 years (52; 8%) (Figure 17).

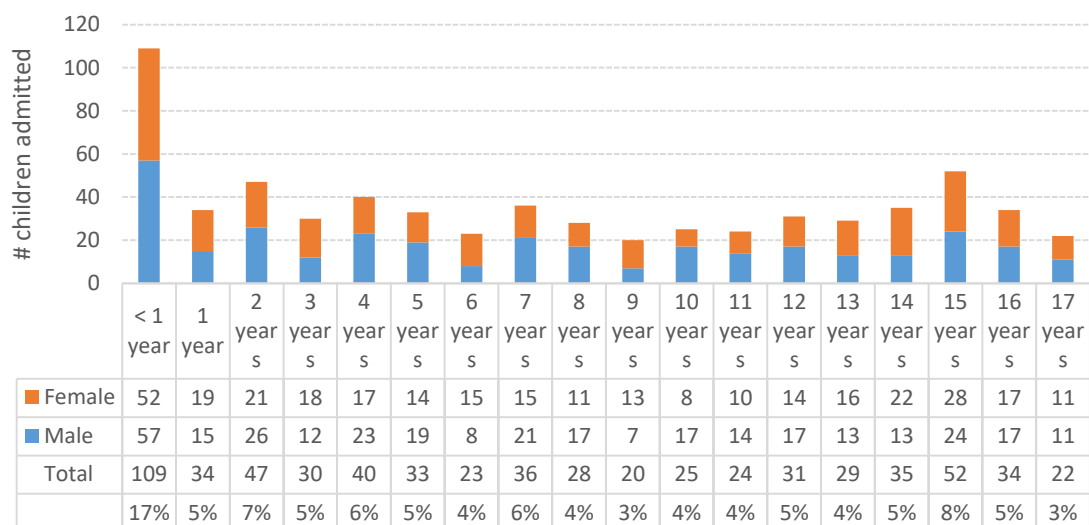


Figure 17: First-time admissions to care by age and gender, 2018

First-time admissions for children 0-4 years down 13% (38) and 15-17 years up 27% (23)

First-time admissions for children 0-4 years were down 13% (38) on 2017, fewest number of admissions for the period 2016 – 2018. In contrast, admissions across the other three age bands were up on 2017, with the older ages of 15-17 years showing the largest percentage increase at 27% (23) followed by the 10-14 years showing a 21% (25) increase (Table 16 and Figure 18)

Table 16: First-time admissions to care by age band and year, 2016 - 2018

Age Band	2016	2017	2018	Δ 2018 v 2017	% Δ
0-4 years	299	298	260	-38	-13%
5-9 years	174	137	140	3	2%
10-14 years	158	119	144	25	21%
15-17 years	168	85	108	23	27%
Total	799	639	652	13	2%

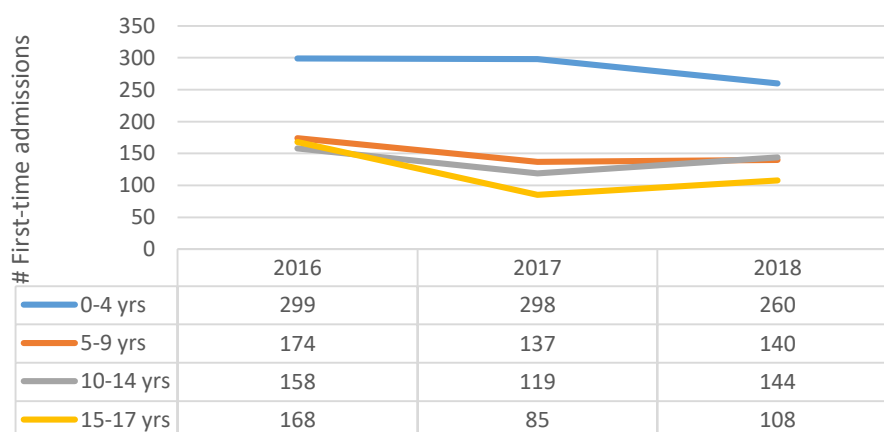


Figure 18: First-time admissions by time band and year, 2016 - 2018

Percentage of admissions due to neglect increasing; percentage due to welfare decreasing

The most common reason for admission was neglect accounting for 45% (296) of the first-time admissions and followed by welfare concerns (33%; 216) (Figure 19).

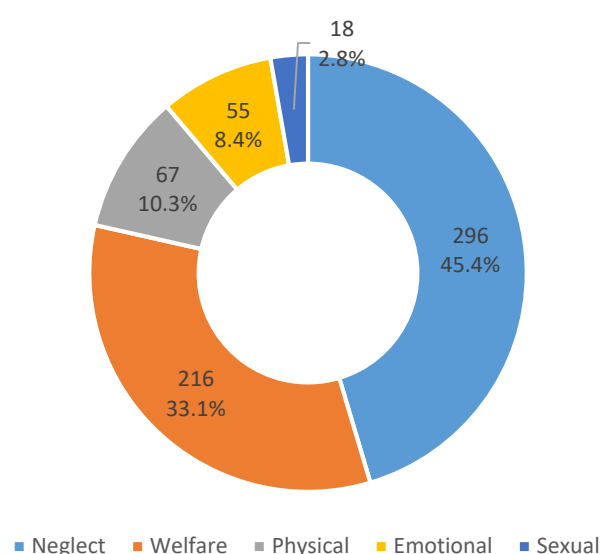


Figure 19: Reason for first-time admissions by type, 2018

The percentage of admissions due to neglect (45%; 296) is up four percentage points on 2017 and is the highest percentage for the three years 2016 – 2018. In contrast the percentage of admissions due to welfare is down eight percentage points on 2017 and is lowest percentage for the three years 2016 – 2017. Although only accounting for 3% (18) of admissions, the number of admissions due to sexual abuse has tripled from 2016 – 2018. There has been little or no overall change in the percentage admitted due to physical and emotional abuse (Figure 20).

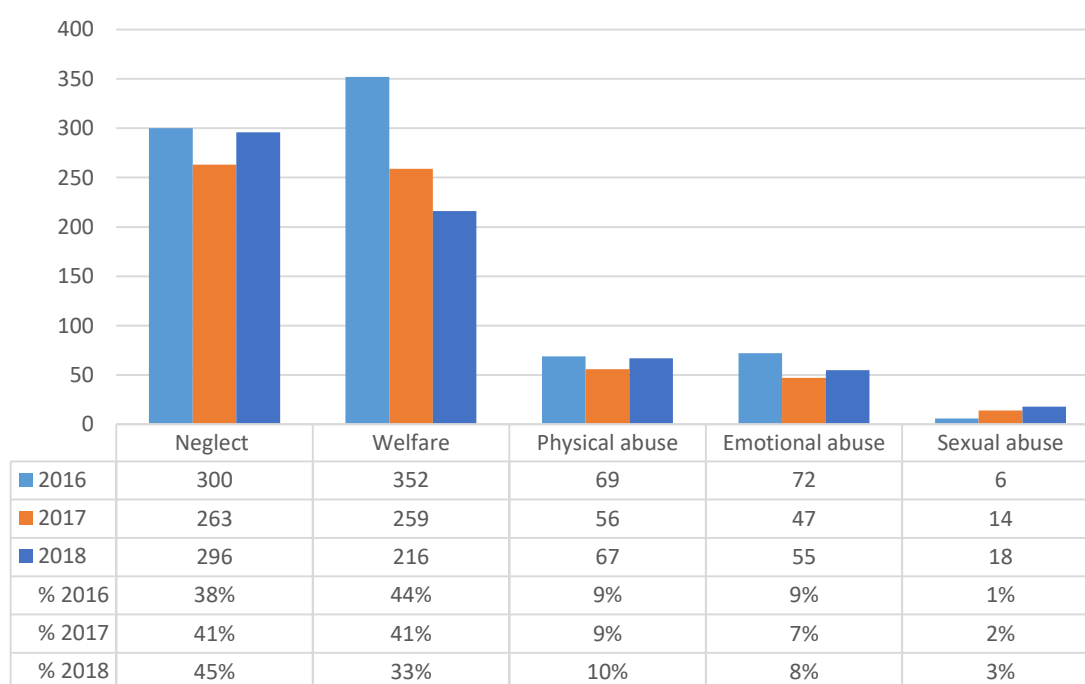


Figure 20: Reason for admission by type, 2016 - 2018

91% of children admitted into care for the first time were placed in foster care

91% (596) of children admitted to care for the first time were placed in foster care and of these one in five (21%; 127) was placed with relatives (Figure 21).

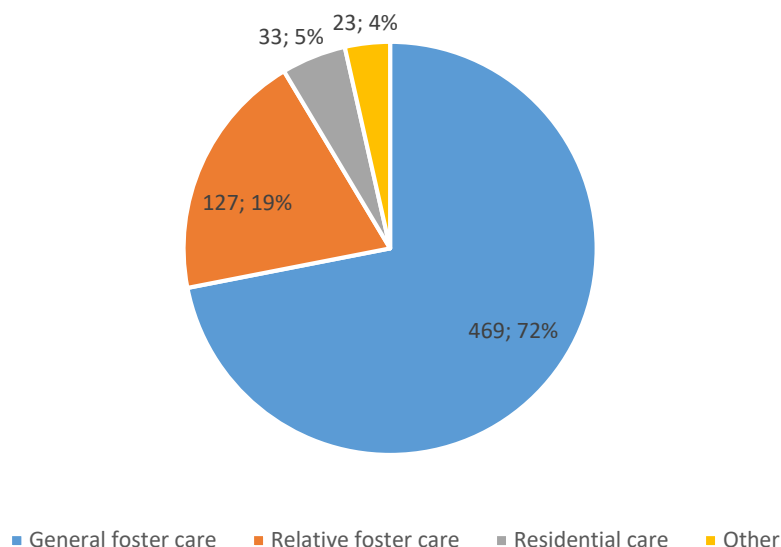


Figure 21: First-time admissions by care type, 2018

The percentage of admissions to general foster care is up five percentage points on 2017 (from 67% to 72%) and is the highest percentage for the three years 2016 – 2018. In contrast, the percentage of admissions to relative foster care is down four percentage points and back to the 19% reported in 2016. The percentage of admissions to residential care (incl. special care) rose by two percentage points, from 3% to 5%, but is still lower than that reported for 2016 (6%) (Figure 22).

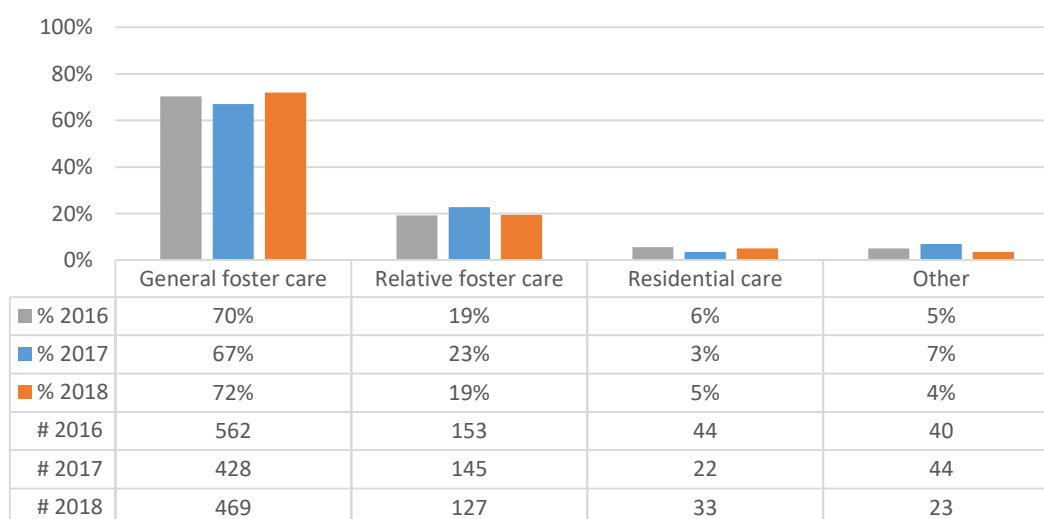


Figure 22: First-time admissions to care by care type, 2016 - 2018

Cork reported the highest number of first-time admissions (76) followed by Dublin South West/Kildare/West Wicklow (66) and Midwest (62) (Table 17). Kerry reported the highest rate of admissions at 9.8 per 10,000 child population, followed by CW/KK/ST (8.4/10,000) and Donegal

(7.9/10,000). The lowest rate (2.3/10,000) was reported by Dublin South East/Wicklow. Nine areas reported a rate higher than the national average (5.5/10,000).

Table 17: First-time admissions by area, 2018

Area	# First-time admissions	0-17 years population	Rate / 10,000 population
DSC	32	65,564	4.9
DSE/WW	20	86,810	2.3
DSW/K/WW	66	108,186	6.1
Midlands	54	80,193	6.7
DNC	16	44,927	3.6
Dublin North	34	100,654	3.4
LH/MH	48	93,093	5.2
CN/MN	19	36,446	5.2
Cork	76	134,015	5.7
Kerry	34	34,527	9.8
CW/KK/ST	53	63,009	8.4
WD/WX	41	68,513	6.0
Midwest	62	96,266	6.4
GY/RN	34	79,912	4.3
Mayo	11	31,968	3.4
Donegal	34	42,865	7.9
SLWC	18	23,554	7.6
Total	652	1,190,502	5.5

Nine of the 17 areas reported an increase in first-time admissions from 2017 (Figure 23). The largest increase was reported by CW/KK/ST with 24 more admissions followed by Kerry with 17 more admissions and Donegal with 15 more admissions. The largest decrease was reported by Midwest with 23 fewer admissions followed by Dublin North (down 13) and Dublin South Central and Mayo, both reporting 11 fewer admissions. Dublin North City reported no change.

Two areas (Dublin South Central and Midwest) have reported two consecutive decreases. One area (CW/KK/ST) has reported two consecutive increases.

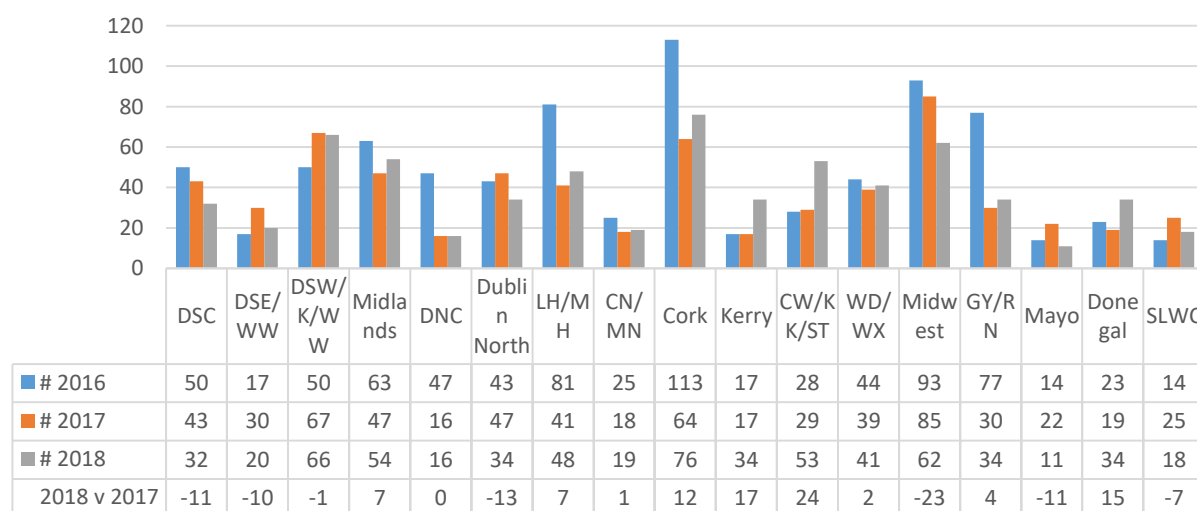


Figure 23: First-time admissions by area, 2016-2018

A breakdown of first-time admissions by care type and area is presented in Table 18. All admissions in three areas (Dublin North City, Cavan/Monaghan and Mayo) were to foster care. Thirteen of the 17 areas reported a percentage equal to or higher than the national average of 91% for admissions to foster care. Galway/Roscommon reported the highest percentage of admissions (21%; 7/34) to residential care (incl. special care) followed by Dublin South East/Wicklow (15%; 3/20). The data needs to be interpreted with caution, due to small numbers and the effect of sibling groups.

Table 18: First-time admissions by area and care type, 2018

Area	# Res Care	% Res care	# Foster care	% Foster care	# Other	% Other	Total
DSC	2	6%	25	78%	5	16%	32
DSE/WW	3	15%	15	75%	2	10%	20
DSW/K/WW	5	8%	60	91%	1	2%	66
Midlands	1	2%	47	87%	6	11%	54
DNC	0	0%	16	100%	0	0%	16
Dublin North	1	3%	33	97%	0	0%	34
LH/MH	2	4%	44	92%	2	4%	48
CN/MN	0	0%	19	100%	0	0%	19
Cork	3	4%	69	91%	4	5%	76
Kerry	1	3%	33	97%	0	0%	34
CW/KK/ST	1	2%	51	96%	1	2%	53
WD/WX	3	7%	38	93%	0	0%	41
Midwest	2	3%	58	94%	2	3%	62
GY/RN	7	21%	27	79%	0	0%	34
Mayo	0	0%	11	100%	0	0%	11
Donegal	1	3%	33	97%	0	0%	34
SLWC	1	6%	17	94%	0	0%	18
Total	33	5%	596	91%	23	4%	652

3.2 Total Admissions to Care

Total admissions (878) to care down 4% (32) on 2018 and 16% (169) on 2016

In 2018, there were 878 admissions to care, 32 (4%) fewer than 2017 (910) and 169 (16%) fewer than 2016 (1,047, partial figure¹⁶) (Figure 24). This number (878) 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.

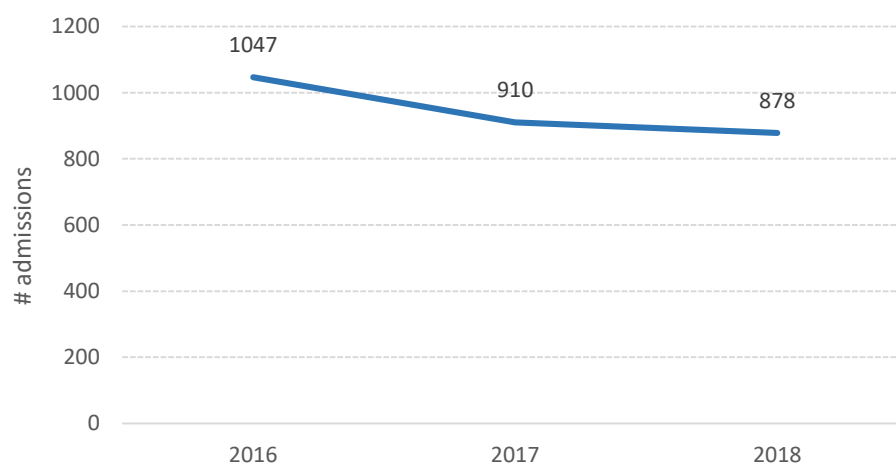


Figure 24: Total admissions to care, 2016 - 2018

50.3% (442) of all admissions were male and 49.7% (436) were female (Figure 25). The most common age at admission was < 1 year accounting for 15% (129) of all admissions followed by 15 years (61; 7%) (Figure 25).

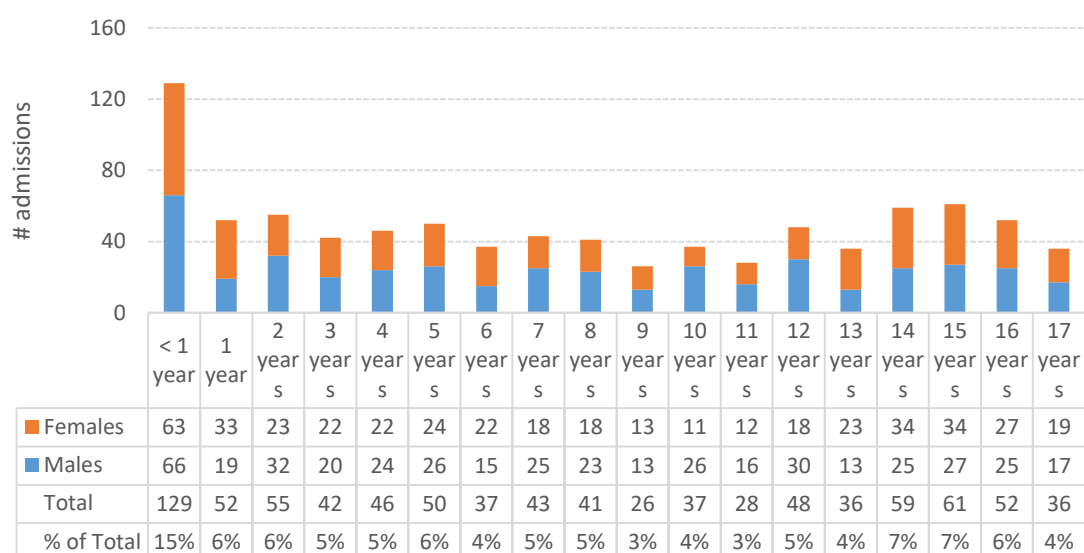


Figure 25: Admissions to care by age and gender, 2018

¹⁶ This figure (1,047) does not include second or subsequent admissions for one area (Midwest). This data was not available from the area.

Admissions for children 0-4 years and 15- 17 years were down 12% (45) and 6% (9) respectively on 2017 (Table 19). Small increases were observed across the other two age cohorts; 5- 9 years up 3% (6) and 10-14 years up 8% (16).

Table 19: Admissions by age group, 2016 - 2018

	2016	2017	2018	2018 v 2017	% Δ
0-4 years	369	369	324	-45	-12%
5-9 years	222	191	197	+6	3%
10-14 years	218	192	208	+16	8%
15-17 years	238	158	149	-9	-6%
Total	1047	910	878	-32	-4%

Over a quarter (26%; 226) of admissions were repeat admissions

Twenty-six per cent (226) of admissions (878) were repeat admissions (i.e., second or subsequent admissions to care), down from 30% (271/910) in 2017 (Table 20). Comparison with the percentage (24%; 248/1,047) for 2016 is not meaningful due to the absence of second or subsequent admissions for one area. The remaining admissions (652) were first time admissions.

The number of second or subsequent admissions ranged from 13% (6/46) for those aged 4 years to 41% (24/59) for those aged 14 years.

Table 20: Second and subsequent admissions by age, 2018.

Year	# First-time Admissions	# Total Admissions	≥ 2 admissions	% of Admissions that were 2 nd or subsequent
< 1 year	109	129	20	16%
1 year	34	52	18	35%
2 years	47	55	8	15%
3 years	30	42	12	29%
4 years	40	46	6	13%
5 years	33	50	17	34%
6 years	23	37	14	38%
7 years	36	43	7	16%
8 years	28	41	13	32%
9 years	20	26	6	23%
10 years	25	37	12	32%
11 years	24	28	4	14%
12 years	31	48	17	35%
13 years	29	36	7	19%
14 years	35	59	24	41%
15 years	52	61	9	15%
16 years	34	52	18	35%
17 years	22	36	14	39%
Total	652	878	226	26%

Percentage of admissions due to neglect increasing; admissions due to welfare decreasing

The most common reason for admission was neglect accounting for 42% (372) of admissions followed by welfare (37%; 325), (Figure 26).

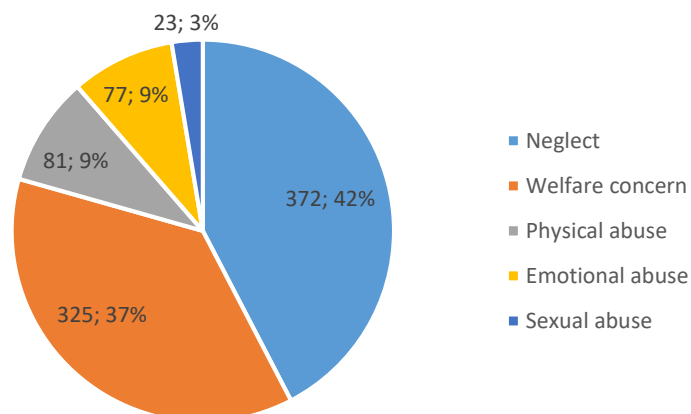


Figure 26: Admissions to care by reason, 2018

The percentage of admissions due to neglect is up four percentage points from 2017 and seven percentage points from 2016 (Figure 27). In contrast, there has been a year on year decrease in the percentage of admissions due to welfare (down 11 percentage points from 2016). There was also a slight increase from 2017 in the number of admissions due to the other types of abuse, physical (up 14; 21%), emotional abuse (up 4; 5%) and sexual abuse (up 10; 77%). As before, the data needs to be interpreted with caution due to the small numbers and the effect of sibling groups.

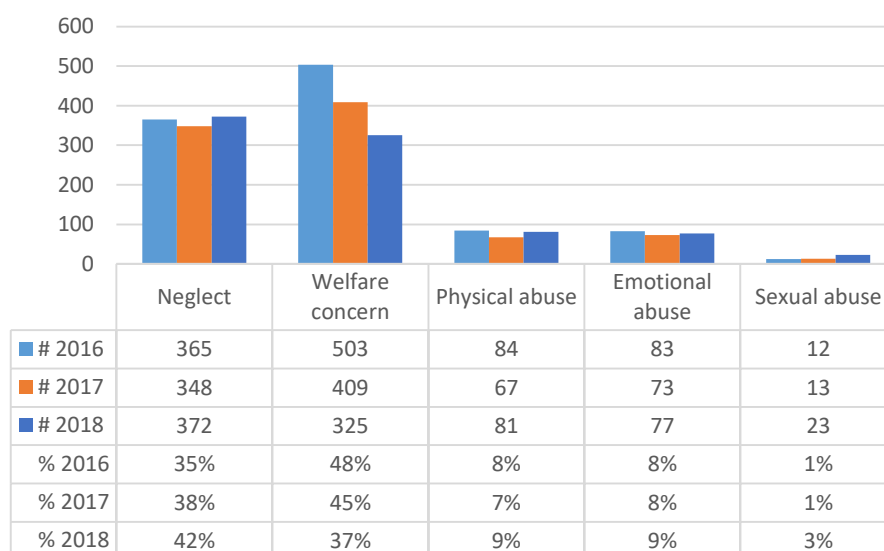


Figure 27: Reasons for admission, 2016 – 2018

90% of admissions were to foster care, up two percentage points on 2017

90% (791) of admissions were to foster care and of these 19% (153) were to foster care with relatives, a similar pattern to previous years (Table 21).

Table 21: Admissions to care by placement type, 2016 - 2018

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

*Partial figure

More than half (55%; 484) of admissions to care were voluntary admissions

Over half of all admissions (55%; 484) were voluntary admissions, where it was agreed with the child's parent/guardian (Table 22). The remainder (394) were on foot of an application to the court of which the highest number (183) were admissions under an interim care order. Sixteen percent of admissions (138) were under an emergency care order, down slightly on 2016 and 2017. Figures are broadly consistent with previous years.

Table 22: Admissions to care by legal status, 2016 - 2018

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

*Legal status was not available for 34 admissions

The highest number of admissions for 2018 was reported by Cork (111) followed by Midwest (85) and Dublin North (78) (Table 23). The fewest number was reported by Mayo (12) followed by CN/MN (20) and Sligo/Leitrim/West Cavan (21).

Eight areas reported a decrease in admissions from 2017 (Table 23). The largest decrease was reported by Midwest (down 55) followed by Dublin North (down 25). Donegal reported the largest increase with 29 more admissions than 2017, followed by Waterford/Wexford (up 19).

Dublin North reported the highest percentage of repeat admissions (56%; 44) followed by Dublin North City (48%; 15) (Table 23). Areas reporting a lower than average percentage include CW/KK/ST (2%; 1/54), Kerry (3%; 1/35), Cavan/Monaghan (5%; 1/20), Midlands (7%; 4/58), Mayo (8%; 1/12). Eight areas reported a percentage above the national average of 26%.

Table 23: Admissions to care by area, 2016 - 2018

Area	# Admissions 2016	# Admissions 2017	# Admissions 2018	2018 v 2017	# First-Time Admissions 2018	# repeat admissions	% repeat admissions
DSC	68	54	45	-9	32	13	29%
DSE/WW	25	34	23	-11	20	3	13%
DSW/K/WW	68	76	76	0	66	10	13%
Midlands	75	50	58	8	54	4	7%
DNC	70	32	31	-1	16	15	48%
Dublin North	72	103	78	-25	34	44	56%
LH/MH	92	69	74	5	48	26	35%
CN/MN	28	29	20	-9	19	1	5%
Cork	148	97	111	14	76	35	32%
Kerry	21	22	35	13	34	1	3%
CW/KK/ST	52	36	54	18	53	1	2%
WD/WX	53	42	61	19	41	20	33%
Midwest	123*	140	85	-55	62	23	27%
GY/RN	84	44	45	1	34	11	24%
Mayo	22	30	12	-18	11	1	8%
Donegal	30	20	49	29	34	15	31%
SLWC	16	32	21	-11	18	3	14%
Total	1,047*	910	878	-32	652	226	26%

*Partial figure

3.3 Children in Care

3.3.1 Number of Children in Care

Number of children in State care continue to decrease

At the end of December 2018 there were 5,974 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 fallen for the third consecutive year and is down 6% (410) on 2015 (Figure 28). Data for the period 2015 – 2018 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.

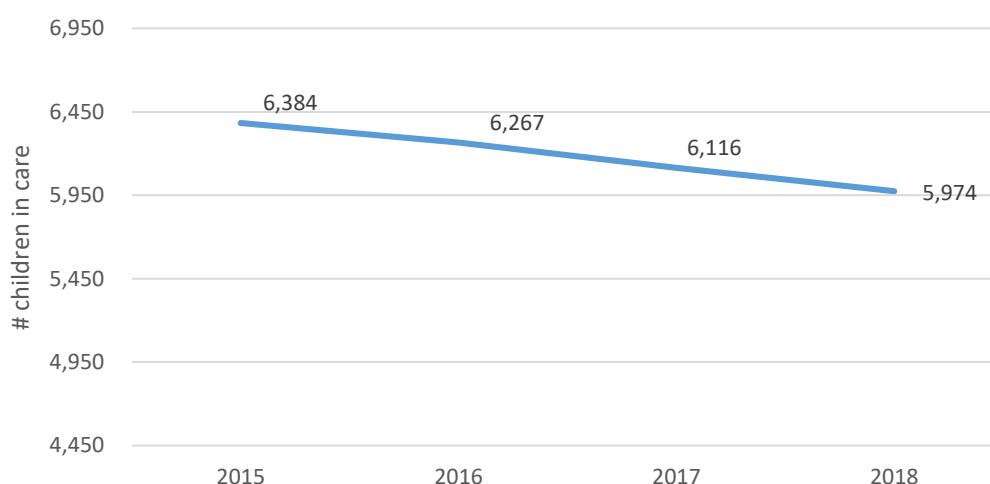


Figure 28: Children in care, 2015 - 2018

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

The number of children in care equates to about 50 per 10,000 children under 18 years. Table 24 shows the rate of children in care per 10,000 child population in other jurisdictions¹⁷. While Ireland reports the lowest rate interpretation needs to be considered in the context of differing processes and procedures and definitions that may exist in other jurisdictions. Rates reported by Northern Ireland, England and Wales were up on 2017, while the rate for Scotland was down slightly.

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

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

¹⁷<https://www.gov.scot/publications/childrens-social-work-statistics-2017-2018/> Table 2.9 cross-comparison table for the UK

3.3.2 Age and Gender

Number of children in care is increased with increasing age

Slightly more males (3,061; 51.2%) than females (2,913; 48.8%) were in care at the end of December 2018; 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 exception of the 11 and 12 year olds) with the highest number aged 17 years (9%; 528) and the fewest number aged < 1 year (1%; 72) (Figure 29).

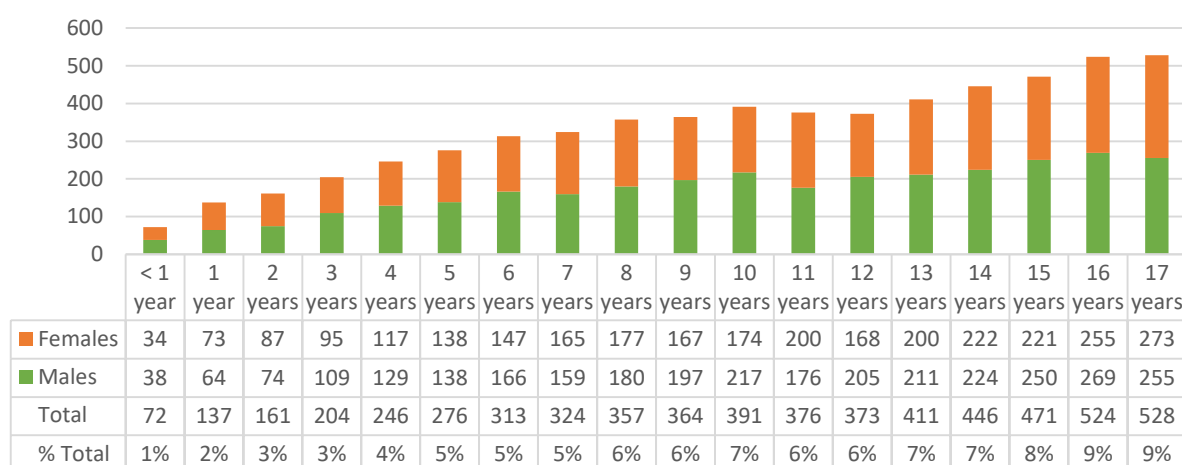


Figure 29: Children in care by age and gender, 2018

The 10 years age group experienced the largest percentage increase from 2017 (9%; 31) while the largest percentage decrease (37%; 42) was observed for the <1 year olds (Table 25).

Table 25: Children in care by age and year, 2016 – 2018

Age	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018	Δ 2018 v 2017	% Δ
< 1 year	85	1%	114	2%	72	1%	-42	-37%
1 year	152	2%	131	2%	137	2%	6	5%
2 years	176	3%	188	3%	161	3%	-27	-14%
3 years	246	4%	217	4%	204	3%	-13	-6%
4 years	267	4%	246	4%	246	4%	0	0%
5 years	283	5%	286	5%	276	5%	-10	-3%
6 years	328	5%	307	5%	313	5%	6	2%
7 years	334	5%	336	5%	324	5%	-12	-4%
8 years	354	6%	356	6%	357	6%	1	0%
9 years	355	6%	376	6%	364	6%	-12	-3%
10 years	352	6%	360	6%	391	7%	31	9%
11 years	392	6%	366	6%	376	6%	10	3%
12 years	422	7%	406	7%	373	6%	-33	-8%
13 years	460	7%	442	7%	411	7%	-31	-7%
14 years	498	8%	457	7%	446	7%	-11	-2%
15 years	498	8%	501	8%	471	8%	-30	-6%
16 years	506	8%	508	8%	524	9%	16	3%
17 years	559	9%	519	8%	528	9%	9	2%
Total	6,267	100%	6,116	100%	5974	100%	-142	-2%

Dublin North City reported the highest rate if children in care at 113/10,000 under 18 years

The number of children in care at the end of December 2018 ranged from 781 in Cork to 108 in Sligo/Leitrim/West Cavan (Table 26). Dublin North City reported the highest rate of children in care at 113/10,000 children under 18 years, more than double the national rate. Dublin South East/Wicklow reported the lowest rate at 31/10,000 population. Eight areas reported a rate equal to or higher than the national average.

Table 26: Children in care by area, 2015 - 2018

Area	# Children in Care 2015	# Children in Care 2016	# Children in Care 2017	# Children in Care 2018	Population 0-17 years	Rate 2018
DSC	393	387	374	361	65,564	55
DSE/WW	306	287	285	273	86,810	31
DSW/K/WW	461	435	421	400	108,186	37
Midlands	380	397	388	379	80,193	47
DNC	623	612	566	507	44,927	113
Dublin North	331	326	330	322	100,654	32
LH/MH	390	397	398	406	93,093	44
CN/MN	171	152	157	156	36,446	43
Cork	899	858	805	781	134,015	58
Kerry	145	152	151	164	34,527	47
CW/KK/ST	382	373	377	347	63,009	55
WD/WX	447	427	413	439	68,513	64
Mid West	598	597	596	595	96,266	62
GY/RN	402	414	417	398	79,912	50
Mayo	136	134	130	124	31,968	39
Donegal	210	216	200	214	42,865	50
SLWC	110	103	108	108	23,554	46
National	6,384	6,267	6,116	5,974	1,190,502	50

Twelve of the 17 areas reported a decrease in children in care from 2017 with the largest decrease reported by Dublin North City (down 59) followed by Carlow/Kilkenny/South Tipperary (down 30) (Figure 30). All but three areas (Louth/Meath, Kerry and Donegal) had fewer children in care at the end of 2018 than 2015.

Seven areas have reported three consecutive decreases from 2015 (Dublin South Central, Dublin South East/Wicklow, Dublin South West/Kildare/West Wicklow, Dublin North City, Cork, Midwest, Mayo) and of these the largest overall decrease has been reported by Dublin North City (down 19%; 116) and Cork (down 13%; 118). One area (Louth/Meath) reported three consecutive increases and is up 4% (16) overall on 2015.

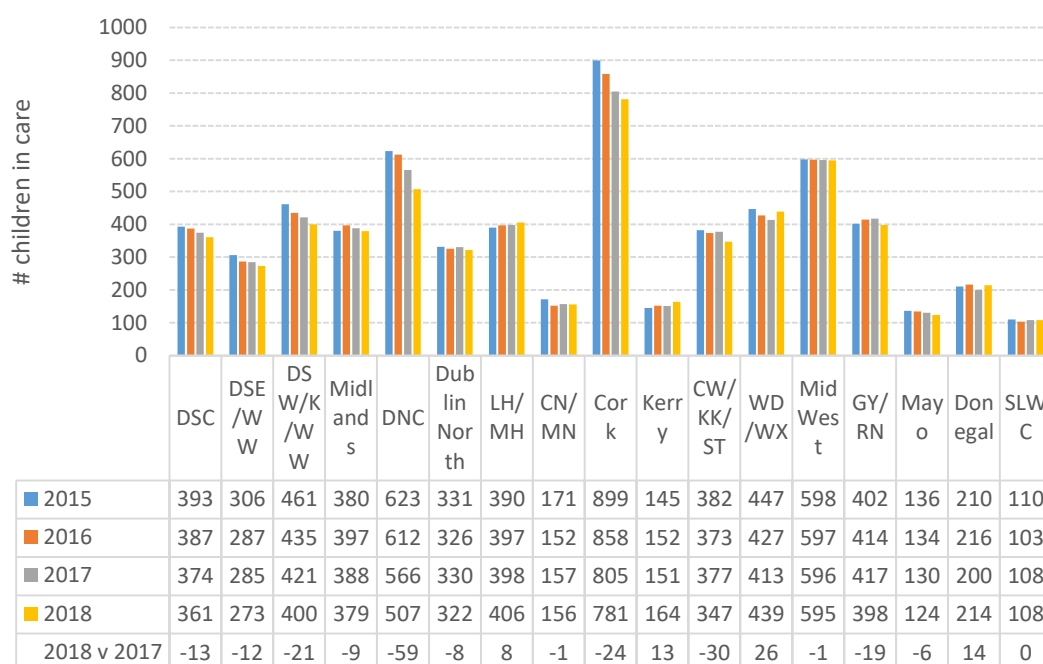


Figure 30: Children in care by area, 2015 – 2018

3.3.3 Placement Type

93% (5,551) of children in care are in a foster care placement

93% (5,551) of children in care at the end of December 2018 were in foster care and of these 29% (1,594) were in relative foster care, similar to previous years (Table 27). Residential care (special and general) makes up a relatively small (5.8%; 346), but significant number of placements within alternative care provision.

Table 27: Children in care by placement type, 2015 – 2018

Placement Type	# 2015	% 2015	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018
General foster care	4,110	64%	4,111	66%	4,023	66%	3,957	66.2%
Relative foster care	1,816	28%	1,715	27%	1,667	27%	1,594	26.7%
General residential care	335	5%	307	5%	311	5%	332	5.6%
Special care	16	<1%	12	0.2%	12	0.2%	14	0.2%
Other¹⁸	107	2%	122	2%	103	2%	77	1.3%
Total	6,384	100%	6,267	100%	6,116	100%	5,974	100.0%

In terms of numbers there were 66 (2%) fewer children in general foster care and 73 (4%) fewer children in relative foster care at the end of December 2018 than there were at the end of December 2017 (Figure 31). Since 2015, there has been a 4% (153) reduction in the number of children in general foster care and a 12% (222) decrease in the number of children in relative foster care.

The number of children in residential care (general and special care) is up 7% (23) on 2017, but down slightly (5) on 2015 (351). There were 26 fewer children in “other” placement type at the end of December

¹⁸ “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)

2018 compared to December 2017. “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.

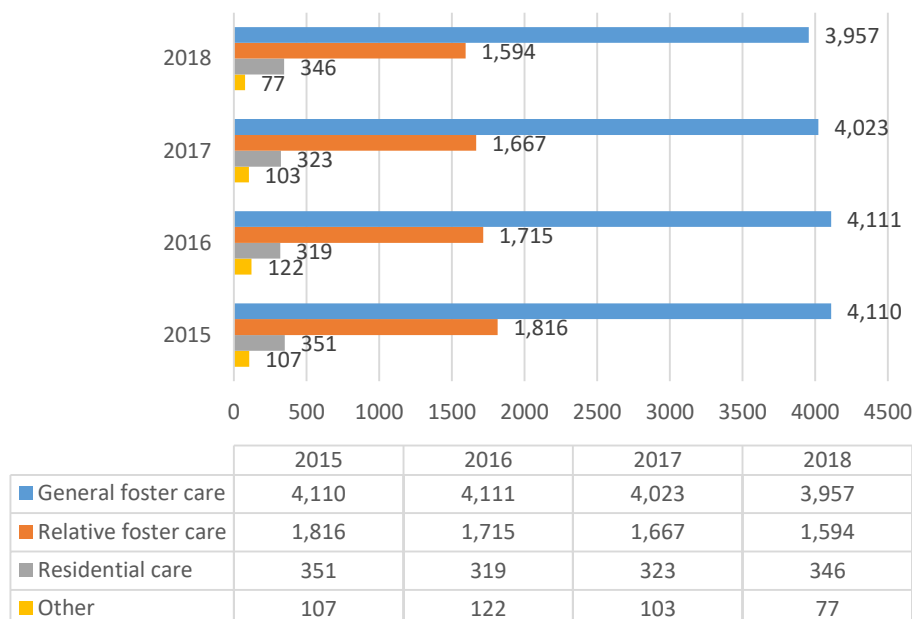


Figure 31: Children in care by care type, 2015 -2018

In all but one area (Dublin South West/Kildare/West Wicklow) at least 90% of children in care are in foster care (Table 28). 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 28: Children in care by placement type, 2018

Area	Residential	% Residential	Foster care	% Foster care	Other	% Other	Total in care
DSC	26	7%	329	91%	6	2%	361
DSE/WW	20	7%	247	90%	6	2%	273
DSW/K/WW	42	11%	353	88%	5	1%	400
Midlands	14	4%	360	95%	5	1%	379
DNC	37	7%	467	92%	3	1%	507
Dublin North	28	9%	291	90%	3	1%	322
LH/MH	13	3%	382	94%	11	3%	406
CN/MN	0	0%	155	99%	1	1%	156
Cork	36	5%	739	95%	6	1%	781
Kerry	10	6%	149	91%	5	3%	164
CW/KK/ST	22	6%	325	94%	0	0%	347
WD/WX	40	9%	398	91%	1	0%	439
Mid West	35	6%	543	91%	17	3%	595
GY/RN	10	3%	385	97%	3	1%	398
Mayo	1	1%	123	99%	0	0%	124
Donegal	8	4%	202	94%	4	2%	214
SLWC	4	4%	103	95%	1	1%	108
National	346	6%	5551	93%	77	1%	5,974

3.3.4 Reason for Being in Care

Neglect was the most common reason for being in care

The most common reason for being in care was neglect accounting for 45% (2,675) of all children in care (Figure 32). This was followed by welfare concerns accounting for 41% (2,452) of all children in care. Figures reveal an increasing trend in the proportion of children in care due to neglect (up six percentage points from 2015 and a concomitant decrease in the proportion in care due to welfare concerns (down six percentage points). The percentage of children in care due to emotional is also showing a year on year increase, but not to the same extent as neglect.

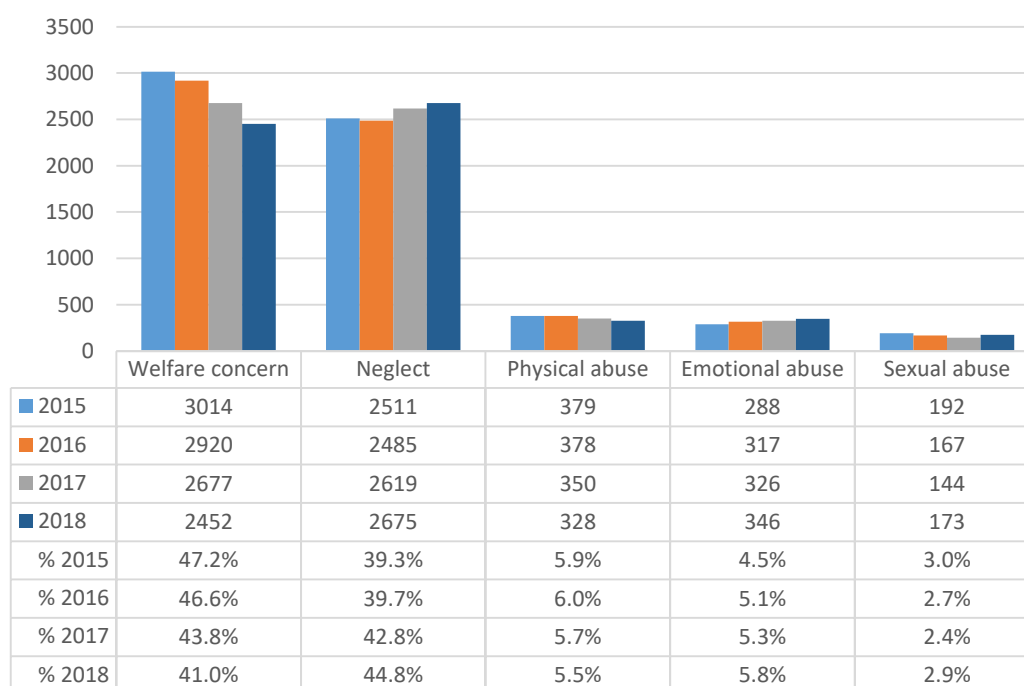


Figure 32: Children in care by reason, 2015 – 2018

3.3.5 Legal Status

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

More than two-thirds (68%; 4,066) of children in care at the end of December 2018 were in care under an order of the court, up 0.1 percentage points on 2017 and 3.0 percentage points on 2015 (Table 29). The remaining third (31.9%; 1,908) were in care under a voluntary arrangement.

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 29: Children in care by legal status, 2015 - 2018

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

Of the 4,066 children in care under a care order at the end of 2018, the majority (80%; 3,248) were in care under a care order while a further 19% (792) were in care under an interim care order. A total seven children were in care under an emergency care order and 19 were in care under an “other” care order.

3.3.6 Length of Time in Care

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

Slightly over half (51%; 3,052/5,974) of children in care at the end of December 2018 were in care for 5 years or less and of these one in five (20%; 612) was in care for <1 year (Table 30). The percentage of children in care for <1 year has fallen year on year and is down 34% (317) on December 2015 (Figure 33). In contrast the percentage of children in care for >5 years has risen year on year and is up 7% (182) on 2015. In terms of numbers, the number of children in care for 5 years or less is down 98 (3%) on 2017 and 592 (16%) on 2015 while the number in care for greater than 5 years is down 44 on 2017 but up 182 (7%) on 2015.

Table 30: Children in care by length of time in care, 2015 - 2018

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

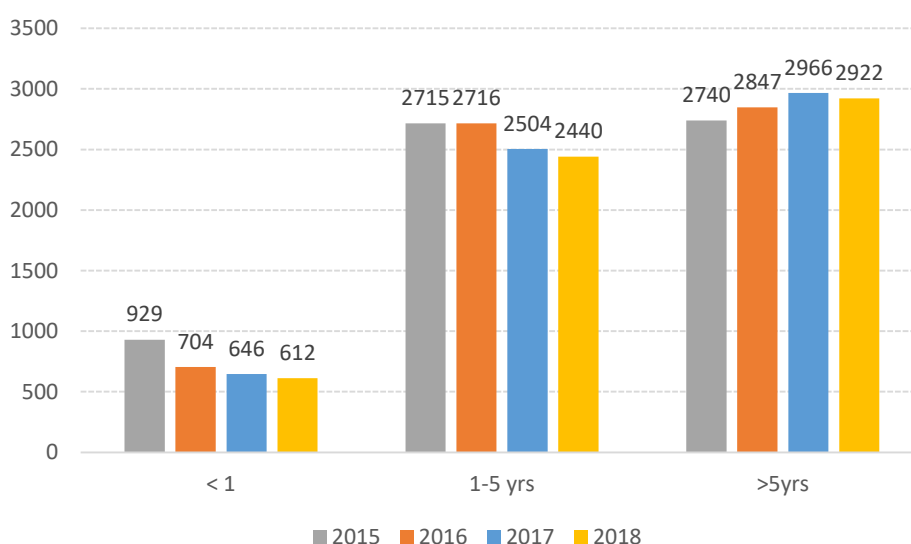


Figure 33: Children in care by length of time in care, 2015 – 2018

Donegal and Sligo/Leitrim/West Cavan reported the highest percentage (19%) of children in care in their respective areas for less than 1 year (Figure 34). In these two areas one in five children in care (40/214 in Donegal and 20/108 in SLWC) were in care for < 1 year. In contrast, Dublin North City reported the lowest percentage of children in care for < 1 year. In this area, 3% (16/507) of children in care were in care for < 1 year. Nine areas reported a percentage above the national average of 10.2%.

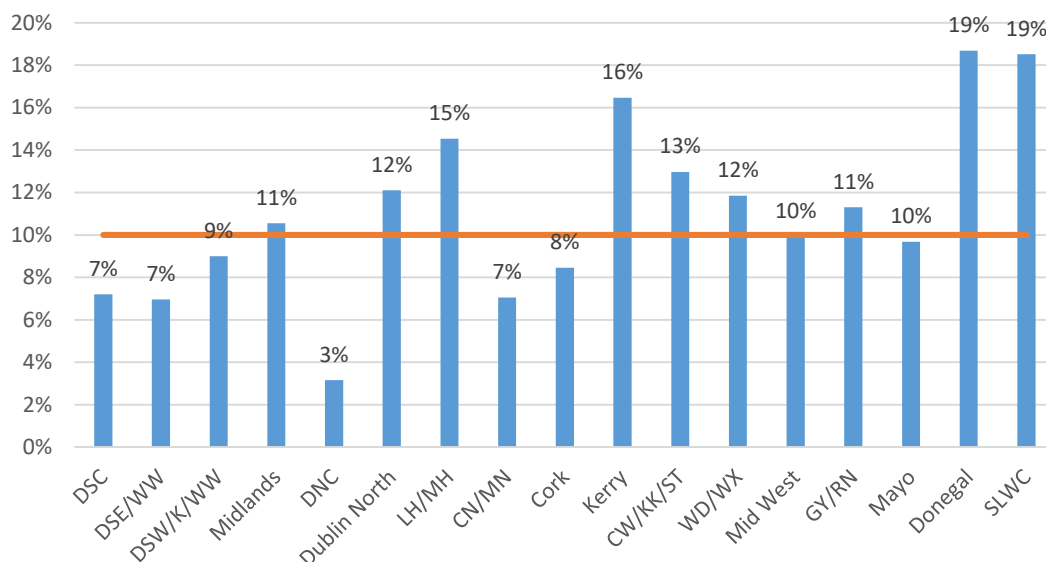


Figure 34: Number of children in care for < 1 year by area, 2018

Dublin North City reported the highest percentage of children in care for > 5 years. In this area, more than six out of 10 (63%; 319/507) children in care were in care for > 5 years (Figure 35 and Table 31). This area was followed by Dublin South East / Wicklow with 59% (160/273) of their children in care for > 5 years. Sligo/Leitrim/West Cavan reported the lowest percentage of children in care for > 5 years. In this area 23% (25/108) of children in care were in area for > 5 years. Other areas with a lower than average percentage (49%) of children in care for > 5 years include Midlands, Dublin North, Louth/Meath, Kerry, Carlow/Kilkenny/South Tipperary, Mayo, Donegal and Sligo/Leitrim/West Cavan

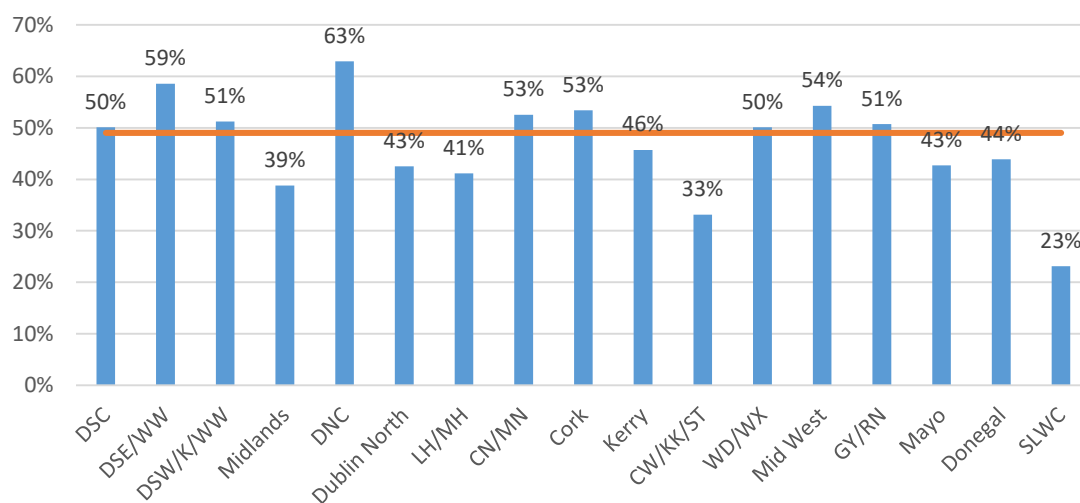


Figure 35: Number of children in care > 5 years by area, 2018

Table 31: Children in care by length of time in care by area, 2018

	< 1 year	% < 1 Year	1-5 years	% 1-5 years	> 5 years	% > 5 years	Total
DSC	26	7%	154	43%	181	50%	361
DSE/WW	19	7%	94	34%	160	59%	273
DSW/K/WW	36	9%	159	40%	205	51%	400
Midlands	40	11%	192	51%	147	39%	379
DNC	16	3%	172	34%	319	63%	507
Dublin North	39	12%	146	45%	137	43%	322
LH/MH	59	15%	180	44%	167	41%	406
CN/MN	11	7%	63	40%	82	53%	156
Cork	66	8%	298	38%	417	53%	781
Kerry	27	16%	62	38%	75	46%	164
CW/KK/ST	45	13%	187	54%	115	33%	347
WD/WX	52	12%	167	38%	220	50%	439
Mid West	59	10%	213	36%	323	54%	595
GY/RN	45	11%	151	38%	202	51%	398
Mayo	12	10%	59	48%	53	43%	124
Donegal	40	19%	80	37%	94	44%	214
SLWC	20	19%	63	58%	25	23%	108
National	612	10%	2,440	41%	2,922	49%	5,974

3.3.7 Placement Stability

Number of children in three or more placements within the year decreasing

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 2018, there were 114 children in their third or greater placement within the previous 12 months. This amounts to 1.9% of all children in care, down from 2.3% (142/6,116) in 2017 and the lowest percentage for the period 2015 - 2018 (Table 32).

While the percentage compares favourably with percentages reported in other jurisdictions including England 10%¹⁹; Wales 10%²⁰ and Scotland 5.1%²¹, interpretation needs to be considered in the context of differing processes and procedures and definitions that may exist in other jurisdictions.

Table 32: Children in their third or greater placement within the previous 12 months, 2015 – 2018

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

¹⁹ <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2017-to-2018> [National Tables, Table A2]

²⁰ <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/children-looked-after-childrenlookedafterat31march-by-localauthority-numberofplacementsduringyear-measure>

²¹ <https://www.gov.scot/publications/childrens-social-work-statistics-2017-2018/> [MS Excel Additional Tables, Table 2.6]

<1% of children in foster care were in their third or greater placement

Figures show the same number of children (52; 46%) in foster care (general and relative) and residential care in their third or greater placement. The number of children in foster care (general and relative) in their third or greater placement equates to less than 1% of the total number of children in foster care (5,551), down from 1.4% (79/5,690) in 2017 (Table 33). This compares to 15% (52/346) for residential care (incl. special care), no change from 2017.

Table 33: Children in care in their third or greater placement, by care type 2017 and 2018

Placement Type	# CIC 2017	# ≥ 3 rd placement	% in 3 rd placement	# CIC 2018	# ≥ 3 rd placement	% ≥ 3 rd placement
General foster care	4,023	68	1.7%	3,957	44	1.1%
Relative foster care	1,667	11	0.7%	1,594	8	0.5%
Residential care	323	50	15%	346	52	15%
Other	103	13	13%	77	10	13%
Total	6,116	142	2.3%	5,974	114	1.9%

The number of children in their third or greater placement by area is presented in Table 34. Cork reported the highest percentage of children in care in their third or greater placement at 6.1% (48/781), more than three times the national rate of 1.9%. Other areas with a higher than average percentage included, Dublin South East/Wicklow and Dublin North, both reporting 3.7%. Five areas reported no children in their 3rd or greater placement (Midlands, Dublin North City, Cavan/Monaghan, Galway/Roscommon and Sligo/Leitrim/West Cavan).

Table 34: Children in their or greater placement within the previous 12 months, by area 2018

Area	# ≥ 3 rd placement	# in care	% ≥ 3 rd placement
DSC	5	361	1.4%
DSE/WW	10	273	3.7%
DSW/K/WW	10	400	2.5%
Midlands	0	379	0.0%
Dublin North City	0	507	0.0%
Dublin North	12	322	3.7%
Louth / Meath	7	406	1.7%
Cavan / Monaghan	0	156	0.0%
Cork	48	781	6.1%
Kerry	3	164	1.8%
CW/KK/ST	2	347	0.6%
Waterford / Wexford	7	439	1.6%
Midwest	4	595	0.7%
GY/RN	0	398	0.0%
Mayo	1	124	0.8%
Donegal	5	214	2.3%
SLWC	0	108	0.0%
National	114	5974	1.9%

3.3.8 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.

22 children in care at the end of 2018 were in a placement outside of Ireland

At the end of December 2018 there were 22 children in a placement outside of Ireland; six more than 2017 and the highest number for the period 2015 - 2018 (Table 35). Children in placements abroad account for 0.4% of the total number of children in care.

The majority (68%; 15) of the children in placements abroad where is foster care, of which 67% (10) were in foster care with relatives. The remaining seven (32%) were in a residential placement, one more than 2017 (Table 35).

Table 35: Children in care in an out-of state placement, 2015 - 2018

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

3.3.9 Children in Care with Private Providers

10% (610) of children in care at the end of 2018 were in care with private providers

At the end of December 2018 there were 610 children in placements with private providers; 53 (10%) more than 2017 (557) and the highest number for the four year period 2015 – 2018 (Table 36). Children in placements with private providers account for 10% of all children in care.

10% (37) increase in the number of children in placements with private providers

Almost two-thirds (64%; 388) of children in placements with private providers were in foster care; five more than 2018 and the highest number for the four year period 2015 – 2017 (Table 36). The number of children in private foster care placements is up 26% (80) on 2015.

A third (204; 33%) of children in placements with private providers were in residential care; 37 (22%) more than 2017 and the highest number for the period 2015 – 2018.

Sixty – one percent (204/332) of children in general residential placements are in placements with private providers compared to 10% (388/3,957) for general foster care. The increase in demand for private foster care placements is due to an on-going lack of availability of suitable placements to meet the complexity of need and the capacity of foster care teams to recruit new foster carers to keep pace with demand in some areas.

Table 36: Children in care in placements with private providers, 2015 -2018

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

A breakdown of children in placements with private providers by area is presented in Table 37. Dublin South Central reported the highest number (99) of children in these placements followed by Dublin North City (95). More than one in four (27%; 99/361) children in care in Dublin South Central is in a placement with a private provider, the highest percentage of all areas. Fifty-eight percent (352) of children in private placements were reported by the five Dublin and wider surrounding areas.

Table 37: Children in care with private providers by care type and area, 2018

Area	Residential	Foster care	Other	Total in private	Total in care	% in private
Dublin South Central	14	81	4	99	361	27%
DSE/WW	14	28	2	44	273	16%
DSW/K/WW	19	46	3	68	400	17%
Midlands	8	55	0	63	379	17%
Dublin North City	14	81	0	95	507	19%
Dublin North	12	31	3	46	322	14%
Louth / Meath	6	15	2	23	406	6%
Cavan / Monaghan	0	1	1	2	156	1%
Cork	28	24	0	52	781	7%
Kerry	7	5	0	12	164	7%
CW/KK/ST	13	2	0	15	347	4%
Waterford / Wexford	29	10	0	39	439	9%
Midwest	22	0	0	22	595	4%
GY/RN	7	0	2	9	398	2%
Mayo	1	3	0	4	124	3%
Donegal	7	4	1	12	214	6%
SLWC	3	2	0	5	108	5%
National	204	388	18	610	5,974	10%

Twelve of the 17 areas reported an increase in children in placements with private providers from 2017 (Figure 36). The largest increase was reported by Midwest (up 16), followed by Dublin South West/Kildare/West Wicklow and Cork, both up ten. The largest decrease was reported by Midlands, down eight. Dublin North and Cavan/Monaghan reported no change.

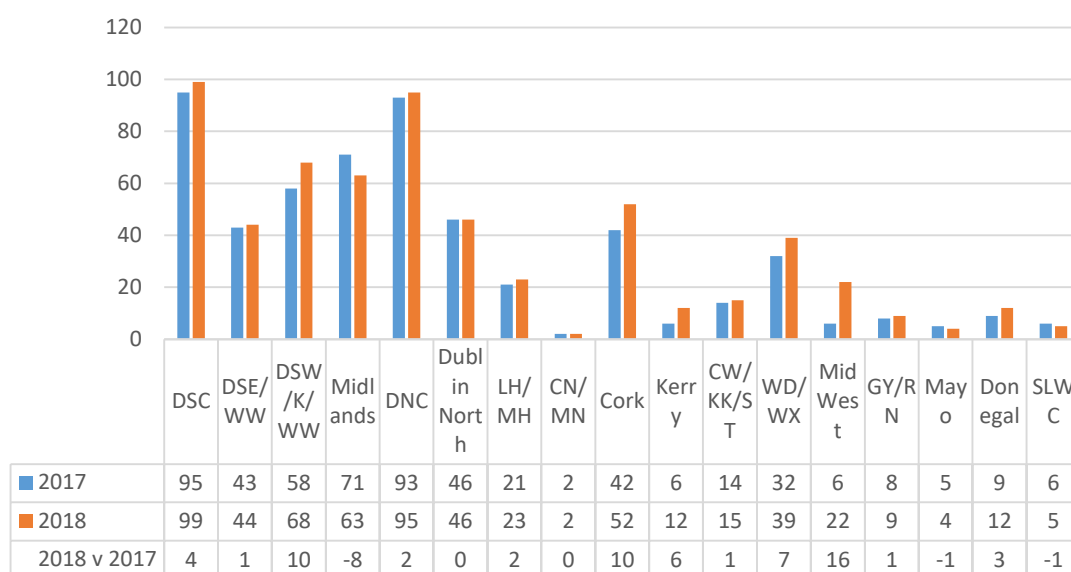


Figure 36: Children in care in placements with private providers, 2017 and 2018

3.3.10 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 2018 there were 42 children 12 years and younger in a residential placement; three more than 2017 (Table 38). The majority (81%; 34) of these children were 10 years or older. No child under eight was in a residential placement.

Table 38: Children 12 years and younger in residential placements, 2015 - 2018

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

The majority of areas (11) reported two or fewer children ≤ 12 years in a residential placements with five of these areas reporting none (Cavan/Monaghan, Galway/Roscommon, Mayo, Donegal, Sligo/Leitrim/West Cavan). Waterford/Wexford reported the highest number (8) of children ≤ 12 years in a residential placements, representing 19% (8/42) of their overall number in residential care. This was followed by Dublin South East / Wicklow and Dublin North City, both reporting five children.

3.3.11 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 Alaiinn – a 4 bed female unit (This unit closed on the 31.12.2018)

Crannóg Nua – a 3 bed mixed gender unit

During 2018, there were 39 referrals to special care, 17 fewer than 2017 (n=56) and the fewest number for the period 2015 - 2018 (Table 39). Five (13%) of the 39 referrals were re-referrals. Fifty-one percent (20) of the referrals were approved; nine were deemed not suitable, seven were withdrawn prior to being considered, two were deemed suitable but subsequently withdrawn while the remaining one was deemed suitable, re-reviewed and deemed not suitable. A total of 19 children were admitted to special care in 2018; two more than 2017.

Table 39: Referrals to Special Care, 2015 - 2018

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

More males (25) than females (14) were referred. The most common age of those referred was 16 years (13; 33%) followed by 15 years (10; 26%) (Table 40). The majority of children (34; 87%) were in education at the time of referral.

Table 40: Referrals to Special Care by age, 2018

Age at time of referral	# referrals
≤12 years	1
13 years	1
14 years	6
15 years	10
16 years	13
17 years	8
Total	39

The highest number of children referred (17; 44%) were in care under a voluntary arrangement with parents/guardians. A further 38% (15) were in care under a full care order (Table 41).

Table 41: Referrals to special care by care status at time of referral, 2018

Care Status	# referrals
Full care order	15
Interim care order	4
Voluntary care arrangement	17
Other	3
Total	39

On the 31 December 2018, there were 14 children in special care; two more than December 2017. The number of children in special care accounted for 0.2% (14/5,974) of the total number of children in care on 31 December 2018.

3.3.12 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 2018

At the end of December 2018, 98% (n=3,764/3,837) of children in care aged 6–15 years were in full time education²² and 93% (n=970/1,047) of children aged 16 and 17 years were in full time education (Table 42). These percentages are consistent with data for previous years.

For children aged 6-15 years, two area (Mayo and Sligo/Leitrim/West Cavan) reported 100%, with a further 14 areas reporting 95% or higher. For children aged 16 and 17 years, one area (Cavan/Monaghan) reported 100%, with a further 13 areas reporting 90% or higher.

Table 42: Children in care in full-time education, 2018

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	239	220	92.1%	69	62	89.9%
DSE/WW	178	177	99.4%	52	49	94.2%
DSW/KWW	249	245	98.4%	86	82	95.3%
Midlands	229	225	98.3%	47	44	93.6%

²² 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	343	339	98.8%	93	88	94.6%
Dublin North	204	200	98.0%	61	52	85.2%
LH/MH	250	239	95.6%	63	57	90.5%
CN/MN	97	96	99.0%	26	26	100.0%
Cork	532	518	97.4%	142	131	92.3%
Kerry	109	108	99.1%	28	27	96.4%
CW/KK/ST*	212	210	99.1%	71	70	98.6%
WD/WX	281	277	98.6%	65	58	89.2%
Mid West	369	367	99.5%	101	91	90.1%
GY/RN	260	259	99.6%	73	69	94.5%
Mayo	72	72	100.0%	29	27	93.1%
Donegal	142	141	99.3%	27	24	88.9%
SLWC	71	71	100.0%	14	13	92.9%
National	3,837	3,764	98.1%	1,047	970	92.6%

Source: Q4 2018 data return. Hence, slightly variation in the number of 6—17 year olds reported above and in Figure 29 / Table 25 of this report

*Data for CW/KK/ST is an estimate based on data for Q3 2018

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

92% of children in care at the end of 2018 had an allocated social worker

At the end of December 2018, 92% (n=5,484/5,974) of children in care had an allocated social worker against a target of 100% (Table 43), down two percentage points from 2017 (94%; 5,762/6,116). In terms of numbers 490 children were awaiting allocation of a social worker at the end of December 2018, 136 (38%) more than December 2017 (354).

Table 43: Children in care with an allocated social worker, December 2017 and 2018

Care Type	# in Care 2017	# with Social Worker 2017	% with Social Worker 2017	# in Care 2018	# with Social Worker 2018	% with Social Worker 2018
Foster Care General	4,023	3,811	95%	3,957	3,677	93%
Foster Care Relative	1,667	1,529	92%	1,594	1,395	88%
Residential (General)	311	308	99%	332	323	97%
Special Care	12	12	100%	14	14	100%
Other	103	102	99%	77	75	97%
National	6,116	5,762	94%	5,974	5,484	92%

91% of children in care at the end of 2018 had an up-to-date care plan

For the same period, 91% (n=5,437/5,974) of children had an up-to-date care plan²³ against a target of 90% (Table 44), down one percentage point from 2017 (92%; 5,624/6,116). In terms of numbers 537 children did not have an up-to-date plan, 45 (9%) more than December 2017 (492).

²³ 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.

Table 44: Children in care with a care plan, December 2017 and 2018

Care Type	# in Care 2017	# with Care Plan 2017	% with Care Plan 2017	# in Care 2018	# with Care Plan 2018	% with Care Plan 2018
Foster Care General	4,023	3,730	93%	3,957	3,569	90%
Foster Care Relative	1,667	1,487	89%	1,594	1,472	92%
Residential (General)	311	300	96%	332	316	95%
Special Care	12	12	100%	14	14	100%
Other	103	95	92%	77	66	86%
National	6,116	5,624	92%	5,974	5,437	91%

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 2018 is presented in Table 45. In four of the 17 areas all (100%) children in care had an allocated social worker, with 95% or higher reported in a further three areas. CW/KK/ST reported the lowest percentage at 69% followed by DSW/K/WW at 74%.

In 10 out of 17 areas, more than 90% (target) of children in care had an up to date care plan. Sligo / Leitrim / West Cavan and DSW/K/WW reported the low percentage, with both reporting 73%, followed by Dublin South Central (80%).

Table 45: Children in care with a social worker and written care plan by area, 2018

Area	# Children in Care	# Allocated Social Worker	% Allocated Social Worker	# Care Plan	% Care Plan
DSC	361	351	97.2%	291	80.6%
DSE/WW	273	242	88.6%	241	88.3%
DSW/K/WW	400	294	73.5%	292	73.0%
Midlands	379	319	84.2%	354	93.4%
DNC	507	470	92.7%	481	94.9%
Dublin North	322	303	94.1%	297	92.2%
LH/MH	406	378	93.1%	395	97.3%
CN/MN	156	142	91.0%	140	89.7%
Cork	781	779	99.7%	742	95.0%
Kerry	164	164	100.0%	159	97.0%
CW/KK/ST	347	240	69.2%	289	83.3%
WD/WX	439	397	90.4%	439	100.0%
Mid West	595	562	94.5%	538	90.4%
GY/RN	398	398	100.0%	398	100.0%
Mayo	124	124	100.0%	124	100.0%
Donegal	214	213	99.5%	178	83.2%
SLWC	108	108	100.0%	79	73.1%
National	5974	5484	91.8%	5437	91.0%

3.4 Discharges from Care

1,040 discharges from care, 33 (3%) fewer than 2017

There were 1,040 discharges from care in 2018, 33 (3%) fewer than 2017 (1,073 revised figure) and the fewest number for the three year period 2016 – 2018 (Figure 37). This data 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.

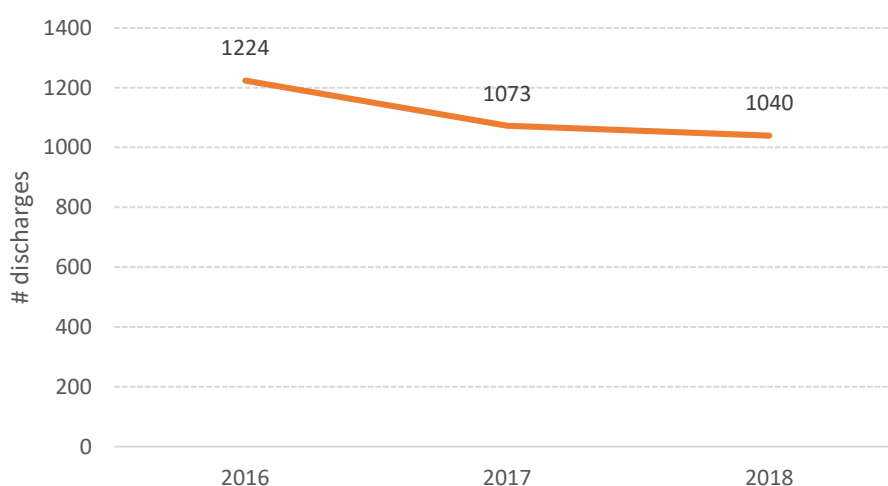


Figure 37: Discharges from care, 2016 - 2018

Almost half (48%; 496) of discharges were for young persons turning 18 years, the highest percentage of all ages, but slightly lower than the percentage reported for 2017 (50%; 533) (Table 46). The next most common age of discharge was 17 years (excluding those turning 18 years) followed by the older ages of 14 years, 15 years and 16 years.

Table 46: Discharges from care by age, 2016-2018

Age	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018
< 1 year	40	3%	32	3%	29	3%
1 year	72	6%	37	3%	41	4%
2 years	41	3%	26	2%	27	3%
3 years	37	3%	27	3%	20	2%
4 years	34	3%	31	3%	21	2%
5 years	43	4%	25	2%	24	2%
6 years	31	3%	27	3%	21	2%
7 years	25	2%	15	1%	25	2%
8 years	36	3%	14	1%	22	2%
9 years	25	2%	20	2%	22	2%
10 years	33	3%	25	2%	22	2%
11 years	29	2%	20	2%	20	2%
12 years	26	2%	31	3%	26	3%
13 years	31	3%	25	2%	27	3%

14 years	46	4%	29	3%	43	4%
15 years	49	4%	41	4%	48	5%
16 years	79	6%	58	5%	42	4%
17 years	57	5%	57	5%	64	6%
17 years reaching the of majority	490	40%	533	50%	496	48%
Total	1,224	100%	1073	100%	1,040	100%

81% (845) of discharges were from foster care; similar breakdown to previous years and not surprising considering 93% of children in care are in foster care (Table 47).

Table 47: Discharges from care by care type, 2016 - 2018

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

More than three out of four discharges were to home / family or remaining with carers

Half (50%; 525) of discharges were to home/extended family with a further 26% (275) remaining with their carers (Table 48; Figure 38). One in 10 (11%; 113) was to independent living.

Table 48: Location on discharge, 2016 - 2018

Location on discharge	2016	% of Total (2016)	2017	% of Total (2017)	2018	% of Total (2018)
Returned home/extended family	677	55%	555	52%	525	50%
Remained with carers	330	27%	357	33%	275	26%
Independent living	47	4%	59	5%	113	11%
Supported lodgings	13	1%	21	2%	6	<1%
Other	157	13%	81	8%	121	12%
Total	1,224	100%	1,073	100%	1,040	100%

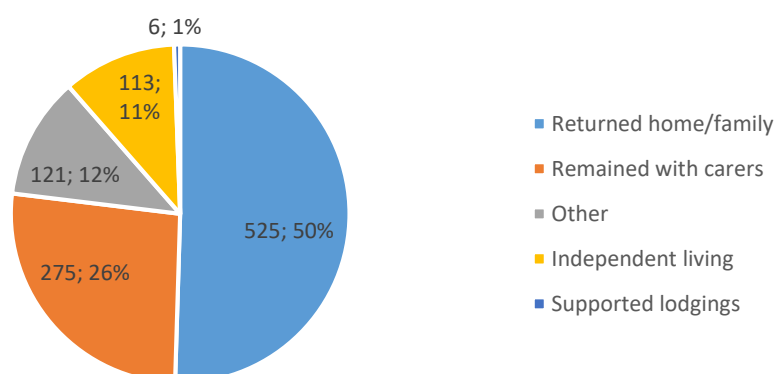


Figure 38: Breakdown of location on discharge, 2018

Of those who were discharged by virtue of turning 18 years (496), the majority (52%; 259) remained with their carers, with a further 11% (54) returning home/extended family. One in five (99) moved to independent living (Figure 39).

Majority (52%; 259) of young persons discharged by virtue of turning 18 years, remained with their carers

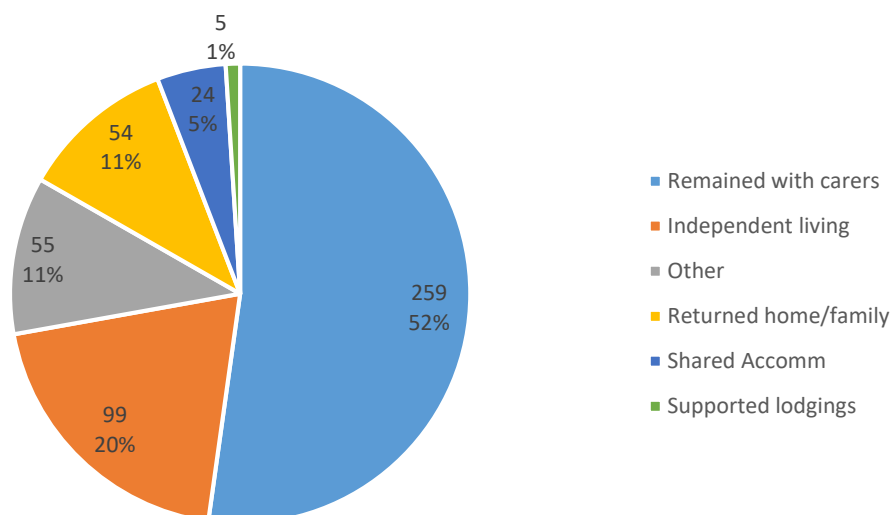


Figure 39: Breakdown of location on discharge for those discharged by virtue of turning 18 years, 2018

Discharges from care ranged from 141 (Cork) to 12 (Mayo) (Table 49). Almost a quarter (23%; 241) of all discharges were reported by two areas, Cork (14%; 141) and Dublin North City (10%; 100). Eleven of the 17 areas reported a decrease in discharges from 2017 with the largest decrease reported by the MidWest area (down 24) followed by Mayo (down 20). The remaining six areas reported an increase with the largest increase reported by Dublin North City (up 22) followed by Galway/Roscommon City (up 20).

Table 49: Discharges from care by area, 2016-2018

Area	# Discharges 2016	% Discharges 2016	# Discharges 2017	% Discharges 2017	# Discharges 2018	% Discharges 2018	2018 v 2017
DSC	78	6%	71	7%	57	5%	-14
DSE/WW	44	4%	37	3%	39	4%	2
DSW/K/WW	100	8%	89	8%	95	9%	6
Midlands	50	4%	61	6%	56	5%	-5
DNC	104	8%	78	7%	100	10%	22
Dublin North	69	6%	86	8%	95	9%	9
LH/MH	57	5%	76	7%	73	7%	-3
CN/MN	35	3%	25	2%	22	2%	-3
Cork	197	16%	147	14%	141	14%	-6
Kerry	17	1%	26	2%	22	2%	-4
CW/KK/ST	63	5%	49	5%	55	5%	6
WD/WX	60	5%	67	6%	59	6%	-8

Midwest	179	15%	118	11%	94	9%	-24
GY/RN	101	8%	46	4%	66	6%	20
Mayo	22	2%	32	3%	12	1%	-20
Donegal	25	2%	36	3%	35	3%	-1
SLWC	23	2%	29	3%	19	2%	-10
Total	1,224	100%	1073	100%	1,040	100%	-34

162 more discharges from care than admissions to care

In 2018, there were 162 more discharges than admissions reported (Table 50). Ten of the 17 areas reported more discharges than admissions, ranging from 69 (Dublin North City) to one (CW/KK/ST). Six areas reported more admissions than discharges: Donegal (14), Kerry (13), Midlands (2), Waterford/Wexford (2), Sligo/Leitrim/West Cavan (2) and Louth/Meath (1). The remaining area (Mayo) reported the same number of admissions and discharges.

Table 50: Admissions and discharges by area, 2016 - 2018

Area	#	#	#	#	#	#	2018
	Admissions 2016	Discharges 2016	Admissions 2017	Discharges 2017	Admissions 2018	Discharges 2018	Discharges v Admissions
DSC	68	78	54	71	45	57	12
DSE/WW	25	44	34	37	23	39	16
DSW/K/WW	68	100	76	89	76	95	19
Midlands	75	50	50	61	58	56	-2
DNC	70	104	32	78	31	100	69
Dublin North	72	69	103	86	78	95	17
LH/MH	92	57	69	76	74	73	-1
CN/MN	28	35	29	25	20	22	2
Cork	148	197	97	147	111	141	30
Kerry	21	17	22	26	35	22	-13
CW/KK/ST	52	63	36	49	54	55	1
WD/WX	53	60	42	67	61	59	-2
Midwest	123*	179	140	118	85	94	9
GY/RN	84	101	44	46	45	66	21
Mayo	22	22	30	32	12	12	0
Donegal	30	25	20	36	49	35	-14
SLWC	16	23	32	29	21	19	-2
Total	1,047*	1,224	910	1073	878	1,040	162

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 2018, there were 4,324 foster carers on the Panel of Approved Foster Carers, 60 (1%) fewer than 2017 and the fewest number for the four year period 2015 – 2018 (Table 51). Almost two-thirds (62%; 2,675) of foster carers on the panel were general foster carers; 27% (1,146) were relative foster carers while the remaining 12% (503) were private foster carers (non-statutory).

The number of general foster carers has fallen year on year for the period 2015-2018 and is down 9% (280) on 2015 (Table 51). In contrast, the number of private foster carers has risen year on year and is up 71% (209) 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 51: Foster carers (approved) by type, 2015 – 2018

Type	# 2015	# 2016	# 2017	# 2018	Δ+/- 2018 v 2017	% of Total 2018
General foster carers (approved)	2,955	2,913	2,756	2,675	-81	62%
Relative foster carers (approved)	1,194	1,221	1,152	1,146	-6	27%
Private foster carers (approved)	294	403	476	503	+27	12%
Total (approved)	4,443	4,537	4,384	4,324	-60	100%

Decrease in the number of foster carers awaiting approval

There were 257 relative foster carers awaiting approval at the end of December 2018, 34 fewer than December 2017 (291) and 123 fewer than December 2015 (Figure 40). Of the 257 relative foster carers awaiting approval at the end of December 2018, 90% (231) has a child placed for less than 12 weeks²⁴.

²⁴ 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)).

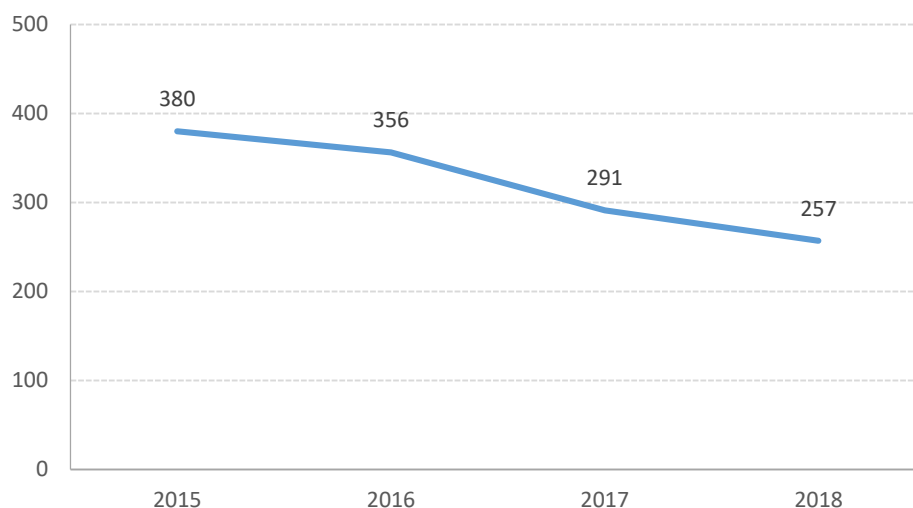


Figure 40: Number of unapproved relative foster carers, 2015 -2018

The number of approved foster carers (all types) ranged from 496 in Cork, the area with the highest number of children in care to 87 in Sligo/Leitrim/West Cavan, the area with the fewest number of children in care (Figure 41).

The highest number (141) 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 (147).

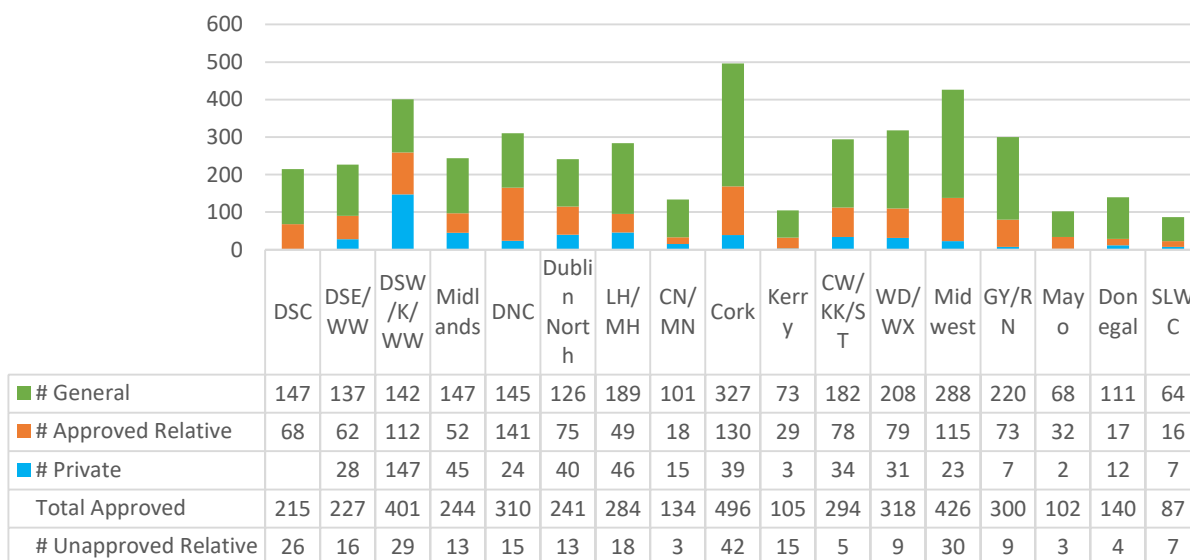


Figure 41: Foster carers by type and area, December 2018

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

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

At the end of December 2018, 90% (2,405) of general foster carers had an allocated link (social) worker, down three percentage points on 2017 and 90% (1,027) of approved relative foster carers had an allocated link worker, up three percentage points from 2017 and 18 percentage points from 2015 (Table 52).

Table 52: General and approved relative foster carers with a link (social) worker, 2015 - 2018

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

The percentage of general foster carers with a link worker ranged from 62% in one area (Mayo) to 100% in four areas (Table 53). Eight of the 17 areas reported a percentage higher than the national average of 90%.

The percentage of approved relative foster carers with a link worker ranged from 69% in one area (Mayo) to 100% in eight areas. Nine of the 17 areas reported a percentage higher than the national average of 90% (Table 53).

Table 53: Percentage of approved foster carers with an allocated link worker by area, 2018

Area	# General FC	# With Link Worker	% with Link Worker	# Approved Relative FC	# With Link Worker	% With Link Worker
DSC	147	117	79.6%	68	59	86.8%
DSE/WW	137	113	82.5%	62	48	77.4%
DSW/K/WW	142	119	83.8%	112	84	75.0%
Midlands	147	124	84.4%	52	52	100.0%
DNC	145	137	94.5%	141	129	91.5%
Dublin North	126	126	100.0%	75	75	100.0%
LH/MH	189	168	88.9%	49	40	81.6%
CN/MN	101	88	87.1%	18	18	100.0%
Cork	327	324	99.1%	130	130	100.0%
Kerry	73	73	100.0%	29	29	100.0%
CW/KK/ST	182	162	89.0%	78	65	83.3%
WD/WX	208	155	74.5%	79	69	87.3%
Midwest	288	263	91.3%	115	101	87.8%
GY/RN	220	219	99.5%	73	73	100.0%
Mayo	68	42	61.8%	32	22	68.8%
Donegal	111	111	100.0%	17	17	100.0%
SLWC	64	64	100.0%	16	16	100.0%
Total	2,675	2,405	89.9%	1,146	1,027	89.6%

In terms of relative foster carers awaiting approval, 84% (193) of those who had a child placed with them for longer than 12 weeks at the end of December 2018, had an allocated link worker, down from 88% (221) at the end of December 2017, but 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 person will need for support and how this will best be met.

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

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

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

2,496 young persons/adults in receipt of aftercare services

At the end of December 2018, there were 2,496 young persons/adults in receipt of aftercare services. Sixty percent (1,491) of those in receipt of aftercare services were 18-20 years inclusive, 21% (526) were 21 – 22 years inclusive while the remaining 479 were less than 18 years.

Two-thirds (999) of those 18-20 years in aftercare were in education/accredited training

67% (999/1,491) of those 18 – 20 years in receipt of aftercare services were in education/accredited training (Table 54). The highest number of whom (262; 26%) were in post-leaving cert colleges (PLCs), followed closely by second level education (261; 26%) and third level college/university (237; 24%).

Table 54: Adults 18-20 years in receipt of aftercare services in education/accredited training, 2018

	# 18 -20 years in education/accredited training	%
Second level	261	26%
Vocational Training	89	9%
PLCs	262	26%
Third Level College / University	237	24%
Accredited Training (e.g., Solas)	121	12%
Other	29	3%
Total	999	100%

More than half (148) of those 21-22 years in education/accredited training were in third level

55% (288/526) of those 21 – 22 years in receipt of an aftercare service education/accredited training (Table 55). More than half (51%; 148) of whom were in Third Level College / University with a further 23% (65) in PLCs.

Table 55: Adults 21-22 years in receipt of aftercare services in education/accredited training, 2018

	# 21-22 years in education/accredited training	%
Second level	9	3%
Vocational Training	23	8%
PLCs	65	23%
Third Level College / University	148	51%
Accredited Training (e.g., Solas)	35	12%
Other	8	3%
Total	288	100%

Almost half (47%) of those 18-22 years in aftercare remained living with their carers

47% (939/2,017) of the 18-22 years cohort were continuing to live with their carers, implying that they continue to experience caring relationships and stable living arrangements. A further 10% (193) had returned home to family while one in four (26%; 529) had moved to independent living arrangements (Figure 42)²⁵.

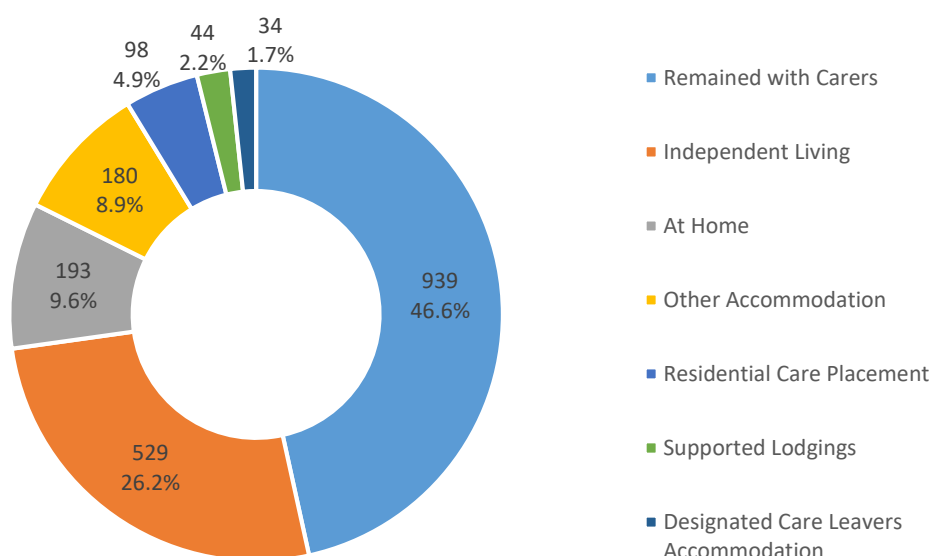


Figure 42: Living arrangements for 18-22 years cohort in receipt of aftercare services, 2018

²⁵ Other includes psychiatric services, disability services, mother and baby centres, prison, staying with friends, homeless etc.

78% of young persons/adults in receipt of an aftercare service had an aftercare plan

78% (1,935/2,496) of all young persons/adults in receipt of an aftercare service had an aftercare plan; rising to 88% (1,766/2017) for the 18-22 years cohort.

92% of those with an aftercare plan and assessed as needing an aftercare worker had a one

92% (1,669) of those with an aftercare plan assessed as needing aftercare worker had an aftercare worker.

The highest number of young persons/adults in receipt of aftercare services was reported by Cork (313) followed closely by Dublin North City (301), while the fewest number was reported by Sligo/Leitrim/West Cavan (47) followed by Kerry (53) (Table 56).

In 11 of the 17 areas, at least 80% of young persons/adults had an aftercare plan (Table 56). In 14 out of 17 areas at least 90% of those assessed as needing an aftercare worker had an aftercare worker with nine of these areas reporting 100%.

The percentage with a plan reported by Dublin South Central (38%), Dublin South West/Kildare/West Wicklow (48%) and Carlow/Kilkenny/South Tipperary were substantially lower than all other areas. The percentage with an aftercare worker in two of these areas (DSW/K/WW and CW/KK/ST) was also substantially lower than all other areas at 65% and 57% respectively.

Table 56: persons in receipt of aftercare services with an aftercare plan and allocated worker, 2018

Area	# in aftercare	# with plan	% with plan	# assessed as needing AC worker	% assessed as needing AC worker	# with AC worker	% with AC worker
DSC	138	52	38%	40	77%	38	95%
DSE/WW	148	123	83%	123	100%	117	95%
DSW/K/WW	225	107	48%	81	76%	53	65%
Midlands	103	90	87%	90	100%	90	100%
DNC	301	301	100%	296	98%	277	94%
Dublin North	107	92	86%	92	100%	92	100%
LH/MH	150	139	93%	139	100%	111	80%
CN/MN	75	69	92%	51	74%	51	100%
Cork	313	255	81%	233	91%	228	98%
Kerry	53	43	81%	43	100%	43	100%
CW/KK/ST	186	112	60%	89	79%	51	57%
WD/WX	169	147	87%	138	94%	138	100%
Midwest	207	147	71%	147	100%	147	100%
GY/RN	143	123	86%	108	88%	98	91%
Mayo	60	52	87%	52	100%	52	100%
Donegal	71	47	66%	47	100%	47	100%
SLWC	47	36	77%	36	100%	36	100%
National Total	2,496	1,935	78%	1,805	93%	1,669	92%

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.

212 applications for assessment as adoptive parents in 2018, 22 (12%) more than 2017

A total of 212 applications for assessment of eligibility and suitability as adoptive parent(s) were received in 2018, 22 more than 2017 (190). The most common application received was for inter-country adoption (36%; 76) followed by step-parent adoption (32%; 68) (Figure 43). *Comparison of data with previous years is not possible due to a change in the metrics collated in 2017.*

Applications for inter-country adoption fell 17% (16) in the year, while applications for step-parent adoption rose by 58% (25) and domestic adoption by 46% (13) (Table 57). There was no change in the number of applications for fostering to adoption.

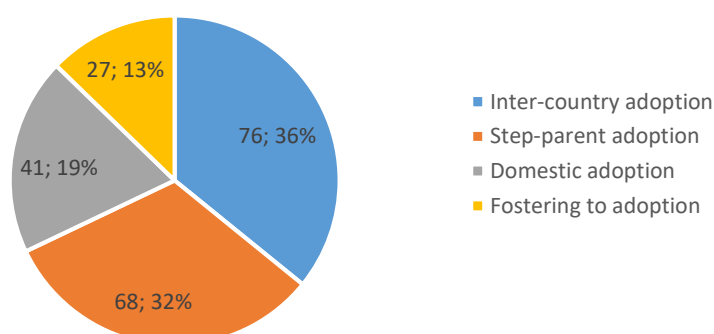


Figure 43: Applications for assessment as adoptive parent(s) by type, 2018

Table 57: Applications for assessment as adoptive parent(s) by type, 2017 - 2018

Applications	2017	2018	2018 v 2017
Inter-country adoption	92	76	-16
Step-parent adoption	43	68	+25
Domestic adoption	28	41	+13
Fostering to adoption	27	27	0
Total	190	212	22

197 children referred for adoption in 2018, 20 (11%) more than 2017

Some 197 children were referred for adoption (all types) in 2018, some 20 more than 2017 (177). The highest number (136; 69%) of children referred were going forward for step-parent adoption, followed by fostering to adoption (45; 23%). The remaining 8% (16) were going forward for infant domestic adoption (Figure 44).

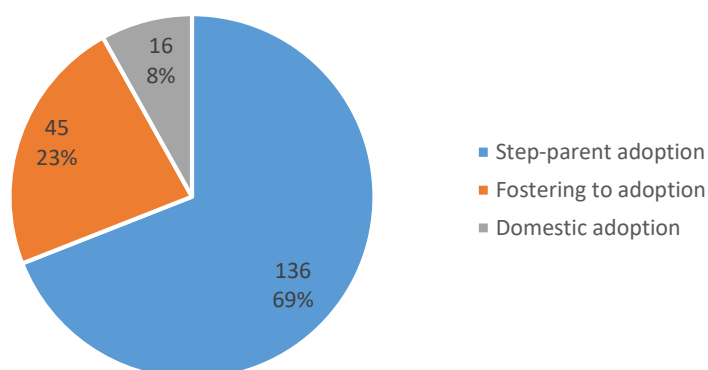


Figure 44: Children referred for adoption by type, 2018

The number of children referred for step-parent adoption rose by 72% (57) in the year, while the number of children referred for fostering to adoption fell by 41% (31) and domestic adoption by 27% (6) (Table 58).

Table 58: Children referred for adoption by type, 2017 - 2018

Referrals	2017	2018	2018 v 2017
Step-parent adoption	79	136	57
Fostering to adoption	76	45	-31
Domestic adoption	22	16	-6
Total	177	197	20

151 adoption assessments presented to local foster care committees in 2018, down one on 2017

A total of 151 adoption assessments were presented to local adoption committees in 2018, one fewer than 2017 (152). The highest number of assessments presented were for inter-country adoption (52; 34%), followed by step-parent adoption (45; 30%), domestic adoption (22; 15%) and fostering to adoption (32; 21%) (Figure 45).

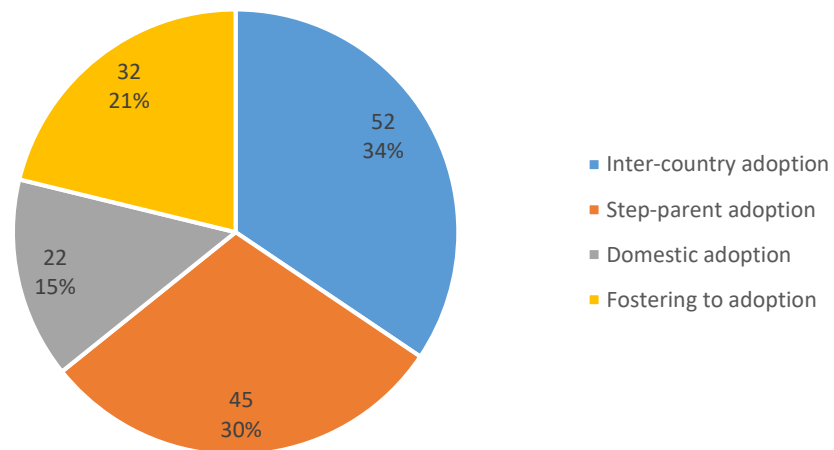


Figure 45: Number of assessments presented to local adoption committees by type, 2018

The number of assessments for inter-country adoption was down 27% (19) on 2017, while the number of assessments for the other three categories were up (Table 59).

Table 59: Assessments presented to local adoption committees, 2017 - 2018

Assessments	2017	2018	2018 v 2017
Inter-country adoption	71	52	-19
Step-parent adoption	42	45	3
Domestic adoption	20	22	2
Fostering to adoption	19	32	13
Total	152	151	-1

4.0 FAMILY AND COMMUNITY SUPPORT SERVICES

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

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

In addition to services provided directly by Tusla, a wide range of private and voluntary agencies are commissioned and funded by Tusla to provide services on its behalf on a local, regional and national basis. This is in accordance with the provisions of Sections 56 - 59 of the Child and Family Agency Act 2013. In 2018 services commissioned under Sections 56 - 59 received funding in the region of €115.4 million.

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

4.1 Referrals to Family Support Services

At least 3% of children (0-17 years) referred to family support services in 2018

At least 33,270 children (0-17 years) were referred to family support services in 2018 and 19,016 children were in receipt of family support services at the end of December 2018. This data is based on data from 89% 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 2017, at least 39,065 children were referred to family support services and 21,526 children were in receipt of family support services at the end of December 2017. Due the non-return of data from some services (for both years 2017 and 2018) 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 2018, the most common source of referral was Parent/Guardian accounting for one in four referrals (25%; 8,392) followed by Tusla Social Work (24%; 8,157), HSE Officers (13%; 4,203) and Schools (11%; 3,582) (Figure 46).

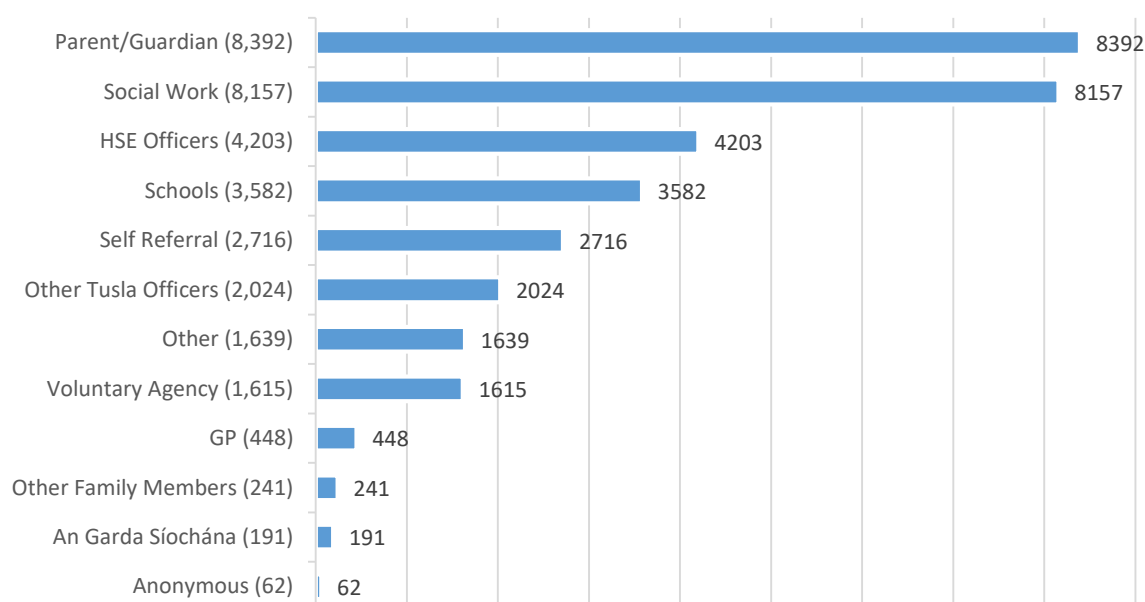


Figure 46: Children referred to Family Support Services by source, 2018

Three out of four children referred to family support services in 2018 received a service

Dublin North City reported the highest number of children referred to family support services (4,301) followed by Dublin North (3,508), while Cork reported the fewest (594) followed by Kerry (625).

Three out of four children (73%; 24,211) referred to family support services in 2018 received a service (Table 60). The percentage who received a service ranged from 94% (2,369) in Donegal to 49% in Dublin South Central (1,195) and Cork (291). In eleven of the 17 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 60: Children who received a family support service, 2018

Area	# referred	# who received a service	% who received a service
DSC	2428	1195	49%
DSE/WW	1027	743	72%
DSW/K/WW	2488	1384	56%
Midlands	748	643	86%
DNC	4301	3283	76%
Dublin North	3508	2954	84%
LH/MH	1867	1419	76%
CN/MN	1884	1256	67%
Cork	594	291	49%
Kerry	625	416	67%
CW/KK/ST	1979	1564	79%
WD/WX	2667	1994	75%
Midwest	2141	1583	74%

GY/RN	1998	1277	64%
Mayo	1189	875	74%
Donegal	2522	2369	94%
SLWC	1304	965	74%
Total	33,270	24,211	73%

4.2 MEITHEAL

Tusla has developed a national practice model referred to as Meitheal²⁶ for children and families with additional needs who require multi-agency intervention, but who do not meet the threshold for referral to the Social Work Department under Children First. It is one part of the family support system of services for children and families that is all about child and family well-being and improving outcomes. Included in this system is the [Parenting Support Strategy](#). The Parenting Support Strategy is about supporting parents within their communities to be the best parents they can be. The Parenting Support Strategy promotes positive parenting and key messages for supporting parenting including [parenting24seven](#).

The way Meitheal works is a lead practitioner identifies a child's and their family's needs and strengths and then brings together a 'team around the child'. The team deliver preventative support that is properly planned, is focused on the child's developmental needs, is documented and evaluated. The child and their family are fully involved and participate in this process. It results in a 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).

1,734 Meitheal processes requested in 2018; up 23% (325) on 2017

1,734 Meitheal processes requested in 2018, some 325 (23%) more than 2017 (1,409). The number of processes requested across the 17 areas ranged from 18 (Dublin South Central) to 480 (Dublin North) (Table 61).

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 2018, these requests accounted for 74% (1,291) of all requests. A further 14% (236) 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 12% (207) 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 61.

Table 61: Meitheal processes requested by access pathway and area, 2018

²⁶ Meitheal is an old Irish term that describes how neighbours would come together to assist in the saving of crops or other tasks.

Area	# Meitheal processes requested	# Direct Access	% Direct Access	# SW Diversion	% SW Diversion	# SW Step-Down	% SW Step-Down
DSC	18	12	67%	4	22%	2	11%
DSE/WW	55	42	76%	12	22%	1	2%
DSW/K/WW	79	61	77%	10	13%	8	10%
Midlands	39	35	90%	2	5%	2	5%
DNC	98	64	65%	32	33%	2	2%
Dublin North	480	311	65%	52	11%	117	24%
LH/MH	56	52	93%	4	7%	0	0%
CN/MN	30	28	93%	0	0%	2	7%
Cork	38	18	47%	14	37%	6	16%
Kerry	47	38	81%	6	13%	3	6%
CW/KK/ST	170	110	65%	43	25%	17	10%
WD/WX	113	60	53%	35	31%	18	16%
Midwest	88	70	80%	3	3%	15	17%
GY/RN	312	300	96%	1	0%	11	4%
Mayo	39	21	54%	17	44%	1	3%
Donegal	52	49	94%	1	2%	2	4%
SLWC	20	20	100%	0	0%	0	0%
Total	1734	1291	74%	236	14%	207	12%

106 Child and Family Support Networks operating at the end of December 2018

There were 106 Child and Family Support Networks (CFSN) operating at the end of 2018, seven more than at the end of 2017 (99). A further 22 planned were planned (Table 62). 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'²⁷ 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 62: Number of CFSN by area, December 2018

Area	# CFSN Operating	# CFSN Planned
DSC	5	2
DSE/WW	7	2
DSW/K/WW	6	3
Midlands	7	0
DNC	6	0
Dublin North	4	0
LH/MH	5	0
CN/MN	8	2
Cork	10	6
Kerry	8	0
CW/KK/ST	7	1

²⁷ 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).

WD/WX	8	0
Midwest	2	5
GY/RN	12	0
Mayo	4	0
Donegal	4	1
SLWC	3	0
Total	106	22

4.3 Creative Community Alternatives

Creative Community Alternatives (CCA) is Tusla's high-level prevention initiative 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. It is 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 aim to develop the problem-solving skills, coping skills, and self-efficacy of the young people and family members. There is an emphasis on integrating the youth into the community and building the family's social support network.

Implementation of this initiative commenced as a pilot project in seven areas with high numbers of children in alternative care in 2017. In 2018, the remaining nine areas were given technical supports and guidance to develop Local Commissioning Plans for CCA, according to the agreed national framework and business processes outlined. Additional funding was allocated to the regions in 2019 to progress the initiative.

An independent process evaluation was conducted in 2017/2018. Early findings are positive and include the following:

- Evidence from some areas of children already prevented from going into care / leaving care as a direct result of CCA
- Relationships restored within some family units and strong support systems put in place
- Development of several community based responses based on identified needs
- Intensive supports put in place that support both the child and the family
- Strong governance mechanisms and improved working relationships both within Tusla and with external agencies
- Move away from system of referrals and escalation of care pathways
- Children and families placed in the centre of interventions
- Potential for medium and long-term savings (through reduction in residential care).

Further analysis and evaluation will be required as the initiative progresses.

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.

1,928 referrals to emergency out of hours services in 2018, a 7% (129) increase on 2017

In 2018, there were 1,928 referrals to emergency out of hours services (all three services), some 129 (7%) more than 2017 and the highest number for the four year period 2015 – 2018 (Table 63). There were 619 children placed by the out of hours services (all three services) in 2018, 28 (5%) more than 2017 and the highest number for the four year period 2015 – 2017.

Table 63: Referrals to emergency out of hours services, 2015-2018

Year	# referrals EOHS*	# referrals CIS	Total referrals	# children placed EOHS*	# children placed CIS	Total children placed
2018	870	1,058	1,928	283	336	619
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.

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.

129 referrals to Tusla Service for SCSA, first decrease in three years

In 2018, there were 129 referrals to Tusla's Service for Separated Children Seeking Asylum, 46 (36%) fewer than 2017 and the first decrease after three consecutive increases (Figure 47).

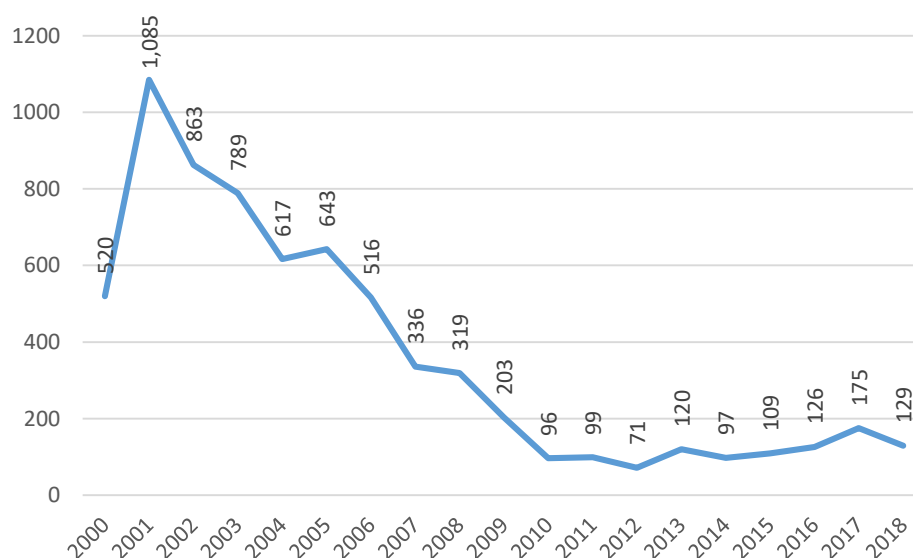


Figure 47: Referrals to Tusla Social Work Team for Separated Children Seeking Asylum, 2000 – 2017

A total of 81 children were placed in care in 2018, 30 (27%) fewer than 2017 and the fewest number since 2013 (Table 64).

At the end of December 2018, there were 67 children in care, 13 fewer than 2017. Of the 67 children in care, 35 (52%) were in general residential care, 10 (15%) were in foster while the remaining 22 (33%) were in supported lodgings. Sixty-seven percent (45) of all children in care were in placements 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 35 children in 2018. The service received 19 inappropriate/other referrals in 2018, 17 fewer than 2017 and the fewest number since 2014.

Table 64: Referrals to Tusla's Service for Separated Children Seeking Asylum, 2000 - 2018

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

6.0 BIBLIOGRAPHY

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Adoption (Amendment) Act 2017

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Child Care Act 1991

Child Care (Amendment) Act 2011

Child Care (Amendment) Act 2015

Child Care (Placement of Children in Foster Care) Regulations 1995

Child Care (Placement of Children with Relatives) Regulations 1995

Child Care (Placement of Children in Residential Centres) Regulations 1995

Child Care (Special Care) Regulations 2004

Child Care (Standards in Children's Residential Centres) Regulations 1996

Children Act 2001

Children First Act 2015

Children (Family Welfare Conference) Regulations, 2004

Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012

Protection of Children (Hague Convention) Act 2000

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