An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

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

2020

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ABBREVIATIONS

AGS	An Garda Síochána
CCA	Child Care Act 1991
CW/KK/ST	Carlow/Kilkenny/South Tipperary
CFSN	Child and Family Support Network
CISP	Crisis Intervention Service Partnership
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
DCEDIY	Dept of Children, Equality, Disability, Integration & Youth
DML	Dublin Mid-Leinster
DNC	Dublin North City
DNE	Dublin North East
DSC	Dublin South Central
DSE/WW	Dublin South East/Wicklow
DSW/K/WW	Dublin South West/Kildare/West Wicklow
ECO	Emergency Care Order
EFSS	Emergency Fostering Support Service
NOHS	National 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
SCSIP	Separated Children Seeking International Protection
S*of*S	Signs of Safety
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 be made (whether or not an emergency care order is in force) and, there is reasonable cause to believe that it is necessary for the child's health or welfare, for the child to be placed or maintained in the care of Tusla pending the determination of the application of the care order. The limit on an interim care order is 28 days; however, a Court can grant an extension to that period if it is satisfied it is still necessary [Section 17 Child Care Act 1991]
Care Order	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. 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]
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 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]
General foster carer	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.
Relative foster care	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.
Residential care	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]
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 [Child Care (Amendment) Act 2011]
Separated children	"Children under 18 years of age who are outside their country of origin and separated from parents, or previous/legal customary primary care giver". *Separated Children in*

	Europe Programme (as cited by Ombudsman for Children, 2009)
Aftercare	Aftercare services are support services that build on and support the work that has already been undertaken by foster carers, social workers, residential workers and others in preparing young people for adulthood. Section 45A of the Child Care Amendment Act 2015 places a statutory duty on Tusla to form a view in relation to each person leaving care as to whether there is a "need for assistance" and if it forms such a view to provide services in accordance with the section and subject to resources.

TECHNICAL NOTES

- In this report, the term 'children' is used to describe all children under the age of 18 years other than a person who is or has been married.
- In most tables the figures are presented as whole numbers while in some tables percentages are displayed to one decimal point. The rounding convention is as follows: any fractions of 0.5 and above are rounded up, anything less than 0.5 are rounded down. Due to this rounding, percentages may not total 100.
- Data presented in this report may vary from data previously reported and published due to the on-going validation of data that is done at a local level.
- 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 validation 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 this in mind.
- 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.

November 2021

SUMMARY FINDINGS 2020

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 2020. It is submitted in fulfilment of the requirement for an annual report on the adequacy of child care and family support services available (Section 8 Child Care Act 1991). The data in this report are drawn from the activity and performance metric data collated on a routine basis by the Agency. Additional information on the quality and adequacy of services delivered can be found in other reports published by the Agency along with reports published by oversight bodies including the Health Information and Quality Authority (HIQA), the Ombudsman and the Ombudsman for Children.

CHILD PROTECTION AND WELFARE SERVICES

Referrals to Child Protection and Welfare Services

- 69,712 referrals received by Child Protection and Welfare Services in 2020; close to 200 a day, or six for every hundred children living in Ireland. *Figure not comparable with 2019 and previous years*[1]
- One in three referrals (23,209) was from An Garda Síochána, the most common source of all referrals for 2020. The next most common source was social workers (5,840; 8.4%) followed by teachers (5,308; 7.6%).
- 45% (31,024) of referrals received in 2020 were for welfare concerns[2] and 32% (22,050) were for child protection concerns[3]. The report type was not available for the remaining 24% (16,638) of referrals. The higher proportion of referrals for welfare concerns is consistent with previous years.
- The percentage of referrals for emotional abuse (43% of all child protection concerns) continues to increase, while the percentage of referrals for neglect (15% of all child protection concerns) continues to decrease. There has been little or no overall change in the percentage of referrals for physical abuse and sexual abuse in recent years.
- 60% (13,129/22,050) of referrals for child protection concerns received in 2020 were mandated reports[4].

[1] The number of referrals for 2020 is the result of a new and improved methodology of capturing all of the need referred to child protection and welfare services. For previous years, a different methodology was used and focused on the number of referrals that were deemed to require a social work response following screening by child protection and welfare services. Referrals requiring diversion to other early intervention or family support services that did not require social work intervention, as well as referrals requiring no further action following screening were not included. This new approach to capturing all of the need referred is part of our continuous improvement to inform our decisions on resources and ways of working. Capturing all of the need now provides an even greater account of activity and demand on child protection and welfare services.

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

[3] A child protection concern is where there are reasonable grounds for believing that a child may have been, is being or is at risk of being physically, sexually, or emotionally abused or neglected (Child protection and Welfare Practice Handbook, HSE 2011).

[4] Determination based on that of the mandated reporter and not the social worker.

- 62% (43,295) of all referrals received in 2020 moved to the preliminary enquiry stage of the referral process. These are referrals deemed to require a social work response following screening.
- One in five (23%; 9,997) referrals received in 2020 that moved to the preliminary enquiry stage of the referral process required an initial assessment. This percentage is slightly higher than that for 2019 (17%), but similar to that for 2018 (24%).
- 27% (2,660) of referrals that required an initial assessment were closed following the initial assessment, 21% (2,094) required safety planning and 2% (215) required admission to care. The outcome of initial assessment was not recorded for 30% (3,016) of referrals – these assessments were either ongoing or not started at the time the data was extracted. In a small number of cases it is also possible that the outcome was not recorded on the system.

Cases Open to Social Work

- 21,143 cases open to social work at the end of 2020, fewest number for the period 2014 – 2020. Equates to less than 2% of the general child population in receipt of social work services for child protection and welfare concerns.
- 80% (16,904) of cases open to social work were allocated to a named social worker at the end of 2020.
- Further decrease in the number of cases awaiting allocation to a named social worker (4,239); 20% (1,052) reduction from 2019 (5,291) and a 50% (4,303) reduction from 2014 (8,542).
- Almost a two-thirds (2,611) of cases awaiting allocation to a named social worker at the end of 2020 were being progressed by dedicated duty teams or rotating social workers on a duty roster.
- Fewer than one in ten (9%; 376) of the cases awaiting allocation to a named social worker at the end of 2020 was categorised as high priority.
- 74% (3,150) of cases waiting allocation at the end of 2020 were waiting three months or less; an increase of 13 percentage points from 2019.
- 47% (957) decrease from 2019 in the number of cases waiting more than three months for allocation (1,089 versus 2,046).
- 7 areas[5] account for 78% (3,317) of cases awaiting allocation.

Children Subject to a Child Protection Plan

- 939 children "active" on the CPNS at the end of 2020; a 7% (63) increase from 2019 (876). The of children "active" (939) is lower than all years 2015 – 2018.
- 100% children "active" on the CPNS at the end of 2020 had an allocated social worker.

[5] Dublin North (819), Dublin South Central (640), Dublin South West/Kildare/West Wicklow (547), Waterford/Wexford (376), Louth/Meath (330), Cork (313) and Midwest (292)

- Neglect continues to be the most common concern for children "active" on the CPNS (58%).
- 20% (50) increase from 2019 in the number of children "active" because of emotional abuse and a 5% (27) increase in the number "active" because of neglect.
- Majority (79%; 739) of children "active" on the CPNS at the end of 2020 were "active" for no longer than 12 months.
- Number and percentage of children "active" for longer than 24 months (41; 4%) continues to decrease.

National Out of Hours Service

- Referrals to Tusla's National Out of Hours Service (NOOHS) continue to increase; 2,281 referrals in 2020, a 4% (95) increase on the 2019.
- 17% (110) decrease in the number of children placed by the NOHS service in 2020; 525 children placed by the NOHS in 2020, 110 fewer than 2019 and the fewest number since 2016 (480).

ALTERNATIVE CARE SERVICES

First-Time Admissions to Care

- 637 children came into care for the first time in 2020[6], 33 fewer than 2019 (670) and the fewest number for the five years 2016 – 2020. There has been little or no overall change since 2017 in the number children coming into care for the first-time.
- This equates to about 5 children for every 10,000 living in Ireland. Ranges from 2 per 10,000 children living in Dublin South East/Wicklow to 9 per 10,000 children living in Sligo/Leitrim/West Cavan.
- Most common age of children coming into care for the first-time, was under 1 year (16%; 104), followed by 2 years (7%; 46), 3 years (7%; 45) and 16 years (7%; 43).
- Neglect continues to be the most common reason for children coming into care for the first-time, accounting for almost half (44%; 278) of all children coming into care for the first-time in 2020.
- Percentage of children coming into care for the first-time because of emotional abuse is increasing; percentage of children coming into care for the first-time because welfare concerns is decreasing. No overall change in the percentage of children coming into care because of neglect, physical abuse or sexual abuse.

Total Admissions to Care

- Total number of admissions to care continue to decrease; 837 admissions to care in 2020, seven fewer than 2019 (844) and the fewest number for the five years 2016 to 2020.

[6] Note: these children were never in State care prior to this admission

- Most common ages at admission are < 1 year (14%) and 16 years (8%).
- In 2020, one in four of all admissions to care (24%; 200) was a second or subsequent admission.
- Most common reason for admission to care in 2020, was neglect (43%) followed by welfare concerns (33%).
- Admissions to care due to emotional abuse are increasing; admissions to care due to welfare concerns are decreasing.
- 85% (712) of admissions were to foster care, consistent with previous years.
- Voluntary admissions to care (agreement with parents/guardians) continue to decrease; 47% (392) of admissions in 2020 were voluntary down seven percentage points from 2019 (54%), and the lowest percentage for the five years 2016 – 2020.
- Increase in admissions under an emergency care order; 201 in 2020, 25 more than 2019 (176) and the highest number for the period 2016 – 2020.

Children in Care

- The number of children in care[7] continues to decrease; 5,818 children in care at the end of 2020, 133 (2%) fewer than 2019 and 566 (9%) fewer than 2015.
- The number of children in care equates to about 5 children for every 1,000 living in Ireland.
- The number of children in care is increased with increasing age with the highest number aged 17 years (516; 9%).
- 92% (5,338) of children in care at the end of 2020 were in foster care, consistent with previous years.
- Neglect is the most common reason being in care, accounting for almost half (46%) of all children in care.
- Three out of four (77%; 4,502) children in care at the end of 2020 were in care under an order of the court; year on year increase since 2015 (65%).
- The percentage of children in care under a voluntary agreement is decreasing.
- Just over half of children in care at the end of 2020, were in care for 5 years or less and of these one in five (21%) was in care for less than a year.
- 3% (179) of all children in care at the end of 2020 were in their third or greater placement within the previous 12 months. This is an increase from the 2.3% (137) reported in 2019 and the highest percentage for all years 2015 to 2020.

[7] The data excludes children in care under Tusla's Social Work Team for Separated Children Seeking International Protection. Data on children managed by Tusla's Social Work Team for Separated Children Seeking International Protection is presented separately in Section 3.7 of this report.

- 16 (0.3%) children in care at the end of 2020 where is a placement outside of Ireland, four fewer than 2019. All but three, were in foster care.
- Further increase in the number of children 12 years and younger in residential placements; 60 children 12 years and younger were in residential placements at the end of 2020, 13 more than 2019 (47) and 21 more than 2017 (39).
- The number of children in care in placements with private providers continues to increase with 692 (12%) children in placements with private providers at the end of 2020, 36 (5%) more than 2019 and 196 (40%) more than 2015.
- 96% of children in care aged 16-15 years and 95% of 16 -17 years olds in full-time education (as per their care plan) at the end of 2020, consistent with previous years.

Discharges from Care

- 977 discharges from care in 2020, a slight increase (31) on 2019 and the first increase after three consecutive decreases.
- Over half of all discharges (53%; 515) were young people turning 18 years, consistent with previous years.
- 76% (744) of discharges were from foster care. This is consistent with previous years and not surprising considering that over 90% of children in care are in foster care.
- Almost half of discharges (47%; 456) were to home / extended family with a further 41% (397) remaining with their foster family. One in 20 (5%; 52) discharges was to independent living, no change from previous years.
- Percentage of discharges remaining with foster families is up six percentage points on 2019 and is the highest percentage for all years 2016 to 2020.
- Majority (71%; 368) of young people discharged by virtue of turning 18 years remained with their foster family, with a further 9% (45) returning home/extended family. One in ten (50) moved to independent living.
- 140 more discharges than admissions reported in 2020, consistent with previous years and decreasing number of children in care.

Foster Carers

- 4,035 foster carers on the panel of approved foster carers at the end of 2020, 95 (2%) fewer than 2019 (4,130).
- The number of Tusla foster carers (general and relative) on the panel of approved foster carers continues to decrease, while the number of private foster carers (non-statutory) continues to increase.
- 17% (33) increase in the number of general and relative foster carers approved in 2020 (226) compared to 2019 (193).
- 91% of general foster carers and 93% of relative (approved) foster carers had an allocated link (social) worker at the end of 2020.

- 99% of "unapproved" relative foster carers[8] with a child placed for more than 12 weeks had a link (social) worker at the end of 2020.

Aftercare

- The number of young people in receipt of aftercare services (2,835) continues to grow, up 6% (159) from 2019 and 14% (339) from 2018.
- 75% (1,612/2,150) of the 18-22 years cohort in receipt of aftercare services at the end of 2020 were in education/training.
- Almost half (49%; 1,047/2,150) of the 18-22 years cohort were continuing to live with their foster families, while a further 10% (209) had returned home to family. One in four (23%; 505) had moved to independent living.
- 82% (2,322/2,835) of all young persons/adults in receipt of an aftercare service at the end of 2020 had an aftercare plan, with this figure rising to 96% (2,068/2,150) for the 18-22 years cohort.
- 91% (1,953) of those with an aftercare plan (2,322) assessed as needing aftercare worker (2,139) had an aftercare worker, with ten of the 17 areas reporting 100%.

Services for Separated Children Seeking International Protection

- 80 referrals to Tusla's Service for Separated Children Seeking International Protection in 2020, 104 (56%) fewer than 2019 (184) and the fewest number since 2012 (71).
- 51 children were placed in care in 2020, 53 (51%) fewer than 2019 (104) and the fewest number since 2012 (48). The majority (40; 78%) of these children were admitted to care on a voluntary basis; the remaining 11 were in care under an order of the court.
- 64 children were in care at the end of 2020, three fewer than 2019 (67). The majority of the children were male (86%; 55) and all but two of the children in care were 15-17 years.
- 50% (32) of children in care were in residential care, 37% (24) were in supported lodgings and 13% (8) were in foster care
- All of the children in care had an allocated social work and up-to-date care plan.
- 108 young persons/adults in receipt of aftercare services at the end of 2020, 10 more than 2019 (98).
- 91% (85/93) of the 18-22 years cohort in receipt of aftercare services were in education / accredited training.
- The majority (80%; 74) of the 18-22 years cohort in receipt of aftercare services were in independent living.

[8] Unapproved foster carer: An "unapproved" foster carer is a person(s) who has a child or children placed with them under Section 36.1 (d) of the Children Care Act 1991 who is either (a) awaiting an assessment, (b) in the process of assessment, or (c) whose assessment has yet to go before the Child and Family Agency Foster Care Committee for approval.

- 92% of young persons/adults in receipt of aftercare services at the end 2020 had an aftercare plan (99) and an aftercare worker (98).

Adoption Services

- Decrease (19%; 36) from 2019 in applications for assessment and suitability as adoptive parent(s). Fewest number (158) for the four years 2017 – 2020. It is possible that fewer applications were submitted, because of the Covid-19 pandemic and associated restrictions.
- Applications for inter-country adoption on the decline; down 63% (58) over the three-year period 2017 – 2020.
- 9% (17) increase from 2019 in the number of children referred for adoption (196). Half of all children referred for adoption are referred for step-parent adoption
- 155 adoption assessments presented to local adoption committees, three more than 2019. Assessments for step-parent adoption are the most common assessments presented (66; 43%).

FAMILY AND COMMUNITY SUPPORT SERVICES

- 31,267 children were referred to family support services in 2020, with 17,516 children in receipt of family support services at year end (based on a response rate of 81%).
- The number children referred to family support services equates to about 3% of children living in Ireland and ranges from <1% to 5.7% across the 17 Tusla areas.
- The most common source of referral was Tusla social workers accounting for more than a quarter (28%; 8,716) of all referrals, followed by parents / guardians (21%; 6,478), self-referrals (12%; 3,761), HSE Officers (10%; 3,203) and schools (2,553; 8%). These five sources account for 79% (24,711) of all referrals.
- 72% (22,356) of children referred to family support services in 2020 received a service (ranges from 35% to 91% across the 17 Tusla areas).

Meitheal

- 2,287 Meitheal processes were requested in 2020, a slight decrease (43) from a high of 2,330 in 2019. It is likely that the Covid-19 pandemic and associated restrictions impacted the number of requests.
- 65% (1,494) of Meitheal processes requested in 2020, were requested either by the family themselves, or directly by a practitioner. This percentage is down on the 72% (1,670) reported in 2019, which may be explained by the Covid-19 pandemic.
- 24% (556) of Meitheal processes requested in 2020 were diversions from social work, up from 18% (413) in 2019.
- 10% (237) of Meitheal processes requested in 2020 were initiated following step-down from social work, similar to that for 2019 (11%).

- 81% (1,857) of Meitheal processes requested in 2020 proceeded to Stage 2 (discussion stage). The Meitheal is considered to be initiated at this point.
- 1,537 Meitheal processes reached completion of stage 2 (discussion stage) in 2020 and of these 49% (754) proceeded to delivery, 2% (36) were referred to Tusla social work services, 34% (524) were referred "to a single agency response", 10% (151) were closed, while the remaining 5% (72) requests were categorised as "other".
- 1,366 Meitheal processes were closed in 2020. Of these 27% (371) were closed following submission of the request form (end of stage 1); 39% (533) were closed following completion of the strengths and needs form (stage 2); 12% (161) were closed following commencement of Meitheal support meetings (stage 3); 22% (301) were closed post-delivery (end of process).
- 121 Child and Family Support Networks operating at the end of 2020, six more than 2019.

1.0 INTRODUCTION

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

Tusla's Child Protection and Welfare Services, including services for children being looked after by the State are delivered across 17 geographical areas, configured into four regions (Figure 1). Each area is managed by an area manager and each region is managed by a service director. Service directors report to the Director of Services and Integration who in turn reports to the Chief Executive Officer (CEO). The CEO reports to the Chairperson of the Board and is responsible for leading the Agency in all 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, Equality, Disability, Integration and Youth, is accountable to the Minister for the performance of its functions in accordance with Section 21 (3) Child and Family Agency Act 2013.

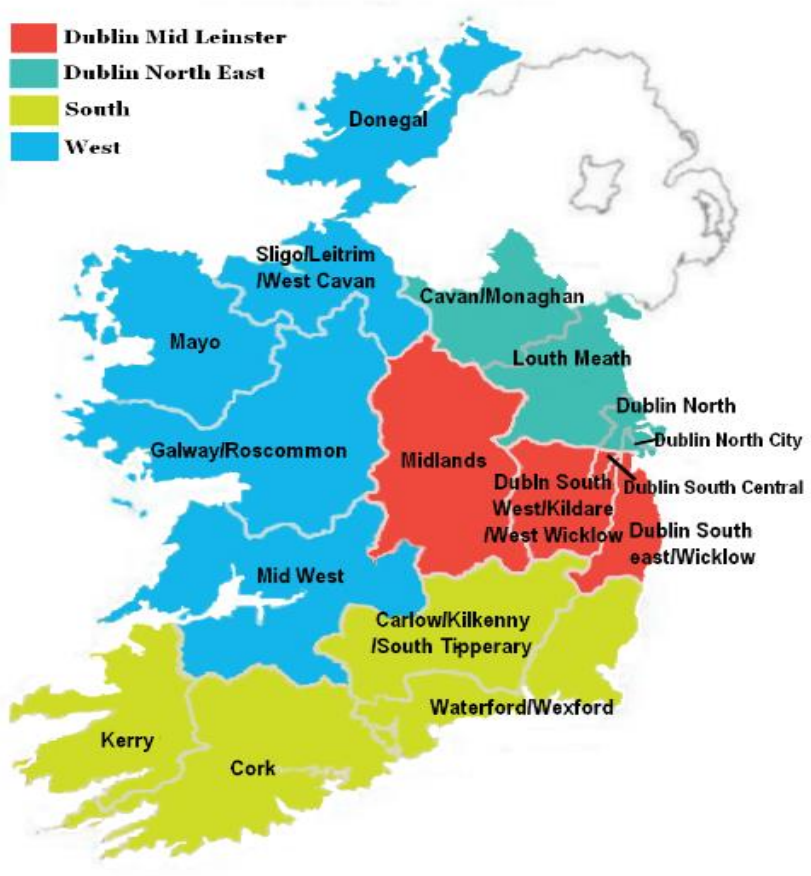


Figure 1: Tusla's Regional and Area Management Structure

In 2020, Tusla had a budgetary allocation of about €800 million[9] and had 4,598 staff (whole-time equivalents) on its payroll[10]. The majority (64%; 2,926) of the workforce are social workers (1,669; 36%) and social care staff (1,256; 27%). Management (Grade VIII+) comprises 4.7% (217.9 whole-time equivalents) of the total workforce.

Service delivery in Tusla is guided by the Agency's Response Pathways (Figure 2). These response pathways are designed to ensure intervention in a preventative and timely manner to support the child and family's needs and enhance the family's ability to meet those needs. The goal is always to build on the family's strengths, utilising their own naturally connected family and community supports with the professional supports and services offered. In this context, Tusla also works with other key agencies and partners to ensure a child and family receives an integrated multi-agency response. Tusla's national approaches to practice ensure that responses are consistent across the country and embedded with the values and behaviours of the Agency. Tusla wants its referral community to know that, based on whatever reason they refer a child to Tusla, it will make an informed, collaborative, and respectful decision about what will assist the child and their family. This can be a family support plan to help a child that has additional needs, a safety plan where there is worry that a child has been harmed or a care plan where a child requires a period of out of home care and support. Tusla also provides educational supports, domestic, sexual and gender-based violence supports and therapeutic support across this range of need. Tusla's regulatory services work to ensure that the services are safe and happy places for children and young people to play, learn and develop.

In 2020, Tusla progressed the implementation of its Child Protection and Welfare Strategy 2017 – 2020[11], including its new national approach to practice, the *Signs of Safety*[12]. The *Signs of Safety* which originated in Australia in the 1990s, is an approach to child protection casework designed to work collaboratively with parents/carers and children to conduct risk assessments and safety plans that focus on the family's strengths and their wider networks. The format for assessing both danger and strengths/safety is known as a mapping, consisting of 3 elements: what is working well, what child protective services are worried about, and what needs to happen.

[9] Non-capital budget allocation for all services delivered by Tulsa including: Child Protection and Welfare Services; Alternative Care & Adoption; Family Support; Children's Services Regulation including Early Years Inspectorate; Tusla Education Support and Services (TESS); Domestic, Sexual and Gender Based Violence Services etc.

[10] Figure at 31 December 2020 (HR Employment Monitoring Report, December 2020)

[11] Tusla Child Protection and Welfare Strategy 2017 - 2020

[12] *Signs of Safety*

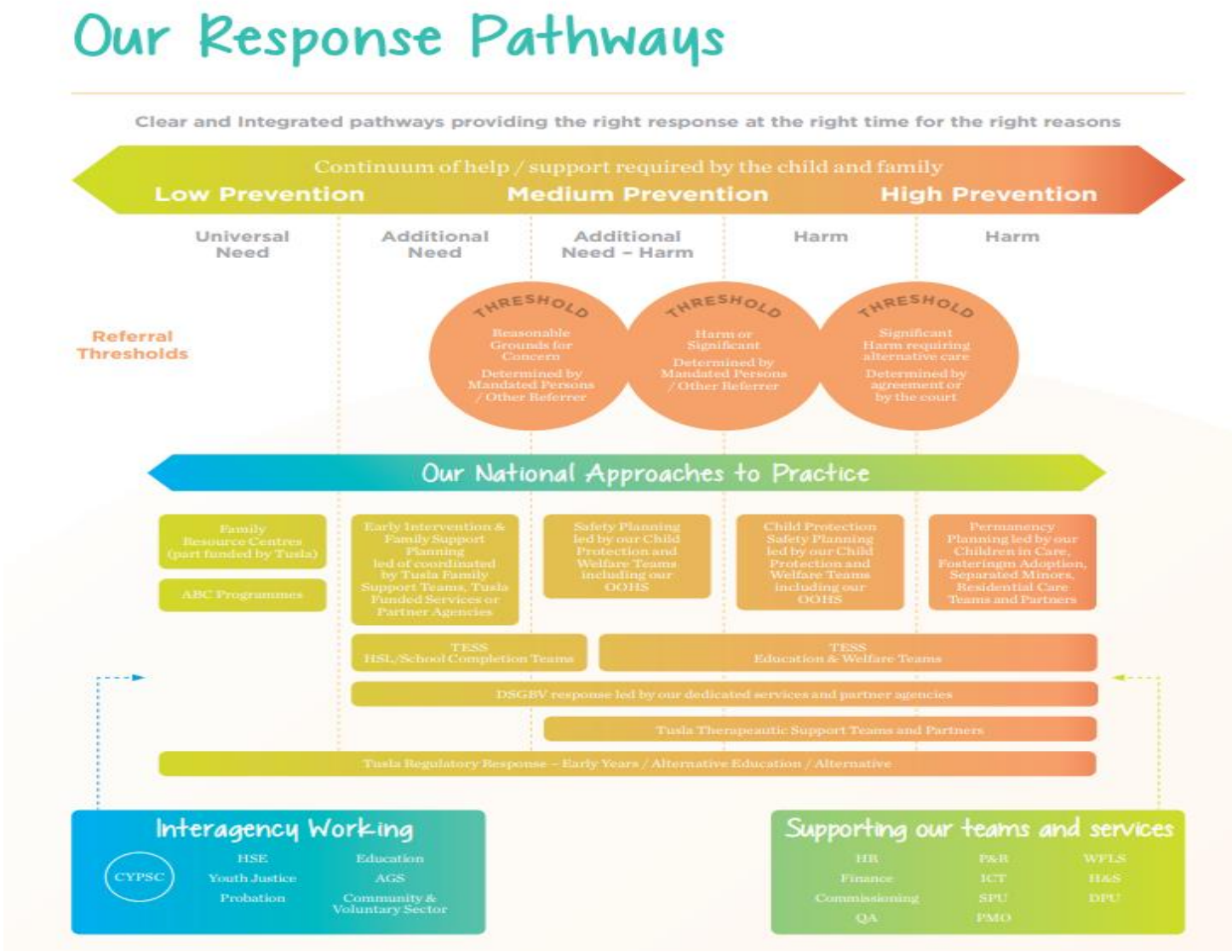


Figure 2: Tusla Response Pathways

All data and information presented in this report needs to be interpreted in the context of a changing environment in terms of approach to practice and recording of data and information. Tusla introduced a national case management system for child protection and welfare cases including children in care in 2017 / 2018. 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. The roll-out of the national childcare information system (NCCIS) involved a review and validation of data held on a number of legacy systems maintained by the individual areas and as a result the data presented in the report needs to be interpreted with this in mind.

1.1 Purpose of Scope

This report presents data and information on Tusla's Child Protection and Welfare Services including children looked after by the State and children referred to family and community support services for the year 2020. 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:

(a) children whose parents are dead or missing;

(b) children whose parents have deserted or abandoned them;

(c) children who are in the care of the Agency;

(d) children who are homeless;

(e) children who are at risk of being neglected or ill-treated; and

(f) children whose parents are unable to care for them due to ill health, or for any other reason.

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

Other services provided by the Agency (e.g., Tusla Education Support Services, Regulatory Services including the 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 three chapters as follows:

Chapter 2 presents data on the child protection and welfare referral and assessment process including children subject to a child protection plan (i.e., listed on the national Child Protection Notification Ssystem). It also presents data on Tulsa's National Out of Hours Service.

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

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).

2.0 CHILD PROTECTION AND WELFARE SERVICES

2.1 Referrals

A referral or a report of concern is the first stage of the child protection and welfare process. It is a request for services to be provided and can be made by anyone who has concerns about the safety or welfare of a child.

On receipt of a referral the first consideration for social work teams is the immediate safety of the child and whether protective action is required. All reports to Tusla are normally reviewed (screened) on the day they are received.

If the concern 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(ren) and their family, and/or refer the child and family to an early intervention response that does not require Tusla social work intervention.

In December 2017, mandatory reporting was introduced under the Children First Act 2015[13], placing a legal obligation on certain people, many of whom are professionals (reference Schedule 2 Children First Act 2015), to report child protection concerns at or above a defined threshold to Tusla. Mandated persons are people who have contact with children and families, by virtue of their qualifications, training and experience, and are in a key position to help protect children from harm. Through the provisions of the Act, it is intended to:

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

KEY FACTS 2020

- 69,712 referrals received by Child Protection and Welfare Services in 2020; close to 200 a day, or six for every hundred children living in Ireland. *Figure not comparable with 2019 (56,561) and previous years*[14]
- One in three referrals (23,209) was from An Garda Síochána, the most common source of all referrals for 2020. The next most common source was social workers (5,840; 8.4%) followed by teachers (5,308; 7.6%).

[13] Children First Act 2015

[14] The number of referrals for 2020 is the result of a new and improved methodology of capturing all of the need referred to child protection and welfare services. For previous years, a different methodology was used and focused on the number of referrals that were deemed to require a social work response following screening by child protection and welfare services. Referrals requiring diversion to other early intervention or family support services that did not require social work intervention, as well as referrals requiring no further action following screening were not included. This new approach to capturing all of the need referred is part of our continuous improvement to inform our decisions on resources and ways of working. Capturing all of the need now provides an even greater account of activity and demand on child protection and welfare services.

- 45% (31,024) of referrals received in 2020 were for welfare concerns[15] and 32% (22,050) were for child protection concerns[16]. The report type was not available for the remaining 24% (16,638) of referrals. The higher proportion of referrals for welfare concerns is consistent with previous years.
- The percentage of referrals for emotional abuse (43% of all child protection concerns) continues to increase, while the percentage of referrals for neglect (15% of all child protection concerns) continues to decrease. There has been little or no overall change in the percentage of referrals for physical abuse and sexual abuse in recent years.
- 60% (13,129/22,050) of referrals for child protection concerns received in 2020 were mandated reports[17].
- 62% (43,295) of all referrals received in 2020 moved to the preliminary enquiry stage of the referral process. These are referrals deemed to require a social work response following screening.
- One in five (23%; 9,997) referrals received in 2020 that moved to the preliminary enquiry stage of the referral process required an initial assessment. This percentage is slightly higher than that for 2019 (17%), but similar to that for 2018 (24%).
  - 27% (2,660) of referrals that required an initial assessment were closed following the initial assessment, 21% (2,094) required safety planning and 2% (215) required admission to care. The outcome of initial assessment was not recorded for 30% (3,016) of referrals – these assessments were either ongoing or not started at the time the data was extracted. In a small number of cases it is also possible that the outcome was not recorded on the system.

Number of Referrals

- In 2020, local social work departments received 69,712 referrals[18]. This figure (69,712) is a count of all reports of concern received by social work departments in 2020 and is not comparable with data for previous years (Figure 3). In previous years, the count of referrals was a count of referrals deemed to require a social work response following screening – referrals "screened out" were not included in the count. The counting of all reports of concern provides a more accurate account of activity and demand on child protection and welfare services.
- The number of referrals for 2020 (69,712) is lower than expected, due to the closure of schools and other services during the Covid-19 pandemic. When schools and other services were shut down in mid-March 2020, there was a sharp decrease in referrals (about 35%) for about the

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

[16] A child protection concern is where there are reasonable grounds for believing that a child may have been, is being or is at risk of being physically, sexually, or emotionally abused or neglected (Child protection and Welfare Practice Handbook, HSE 2011).

[17] Determination based on that of the mandated reporter and not the social worker.

[18] Data extracted from NCCIS on the 30 April 2021

first three to four weeks, after which they returned to about 80-90% of normal activity for the remaining part of the year.

- The number of referrals for 2020 (69,712) equates to close on 200 referrals a day, or six referrals for every hundred children living in Ireland (Census 2016). More than one referral can be received in relation to a child and as a result the number of children involved is likely to be fewer than the number of referrals.

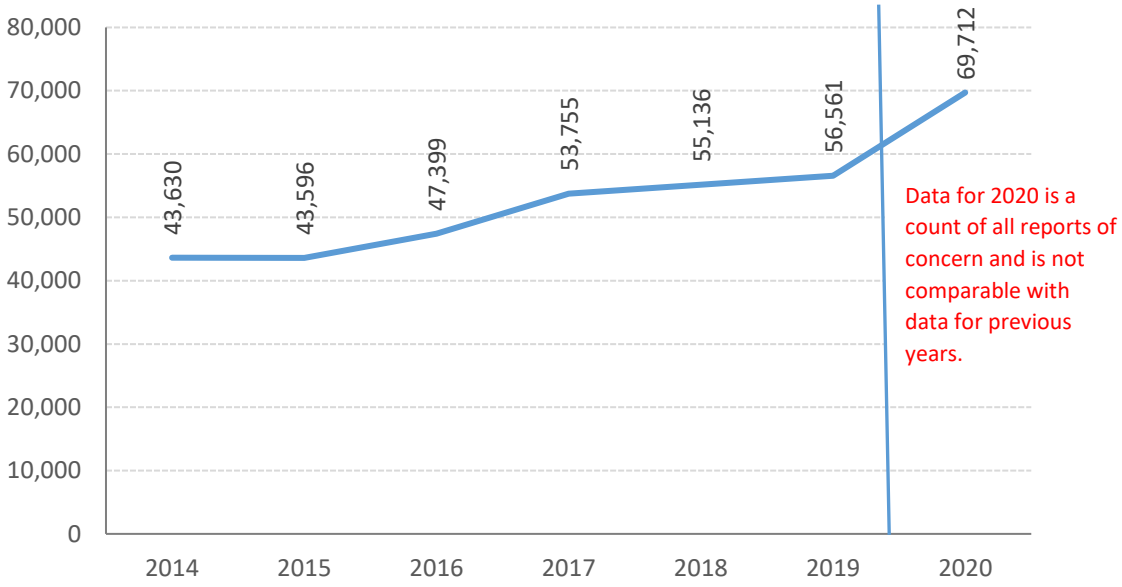


Figure 3: Referrals to Tusla's Child Protection and Welfare Services, 2014 – 2020

Source of Referrals

- A breakdown of the source of referrals for 2020 is presented in the Table 1 below. This list of sources includes the list of mandated persons as per Schedule 2 of the Children First Act 2015.
- As can be seen from the table, the most common source of referrals in 2020 was members of An Garda Síochána, accounting for one in three (33%; 23,209) referrals received, far exceeding any other source. As mentioned previously, this data needs to be interpreted in the context of the closure of schools and other services during 2020 due to the pandemic.
- The top five sources (gardaí, social workers, teachers, "other" and parent/guardian) account for 60% (41,894) of referrals received.
- In interpreting this data, it should be noted that the source was not specified for 11% (7,832) of referrals (non-mandated reports) from mandated persons. It should also be noted that referrals received from some mandated persons, may be recorded under the organisation (e.g., Designated Officer Tusla / HSE) as opposed to the professional (e.g., social worker). The list of sources on NCCIS has been updated to correct for this potential overlap.

Table 1: Source of referrals, 2020 (ranked by number of referrals)

Source	# Referrals	% Total
Member of An Garda Síochána	**23209**	**33.3%**
Social worker	**5840**	**8.4%**
Teacher	**5308**	**7.6%**
Other	**4693**	**6.7%**
Parent/Guardian	**2844**	**4.1%**
Anonymous	2709	3.9%
Social care worker	1976	2.8%
Medical practitioner	1758	2.5%
Registered nurse /midwife	1718	2.5%
Safeguarding officer	1332	1.9%
Other family member	1307	1.9%
Manager of domestic violence shelter	1204	1.7%
Voluntary agency	878	1.3%
Designated officer in the HSE	873	1.3%
Designated officer in Tusla	818	1.2%
Psychotherapist or a person providing counselling	809	1.2%
Member of the public	804	1.2%
Psychologist	712	1.0%
Youth worker (as per Schedule 2 Children First Act 2015)	419	0.6%
Courts: Section 20 Child Care Act 1991	401	0.6%
Manager of homeless provision or emergency accommodation facility	377	0.5%
Person responsible for the care or management of a youth work service	290	0.4%
Government agency / department	170	0.2%
Child care staff member employed in a pre-school service	161	0.2%
Probation officer	144	0.2%
Self	140	0.2%
Foster carer registered with the agency	111	0.2%
Occupational therapist	109	0.2%
Local authority	91	0.1%
A person carrying on a pre-school service	86	0.1%
Manager of asylum seeker accommodation (direct provision centre)	82	0.1%
Addiction counsellor	79	0.1%
Emergency medical technician	69	0.1%
Speech and language therapist	68	0.1%
Physiotherapist	66	0.1%
International Social Services	64	0.1%
Other court request	52	0.1%
Director of any institution where a child is detained by an order of a court	38	0.1%
Guardian ad litem	28	0.04%
Dentist	17	0.02%
Manager of a language school or other recreational school where children reside	12	0.02%
Member of the Clergy	10	0.01%
Courts: Section 47 Child Care Act 1991	4	0.01%
Mandated person (not specified)	7832	11.2%
Total	**69,712**	**100%**

Type of Referrals

- 44% (31,024) of referrals received in 2020 were for welfare concerns and 32% (22,050) were for child protection concerns, or where there were grounds to believe that there was a risk of physical, sexual or emotional abuse or neglect (Figure 4). The report type was not available for the remaining 24% (16,638) of referrals. The report type (primary) reported at this point is based on the view of the referrer and not that of the social worker and hence can change following assessment by the social worker.

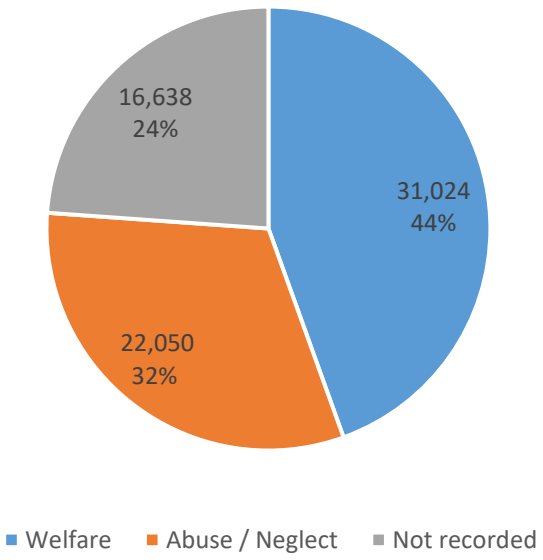


Figure 4: Referrals by primary report type, 2020

- As can be seen from the charts below (Figure 5), the higher number of welfare referrals described above is consistent with the pattern for previous years. *Charts below not updated with data for 2020, due to the change in the counting of referrals in 2020 and the absence of primary report type for 24% (16,638) of referrals.*

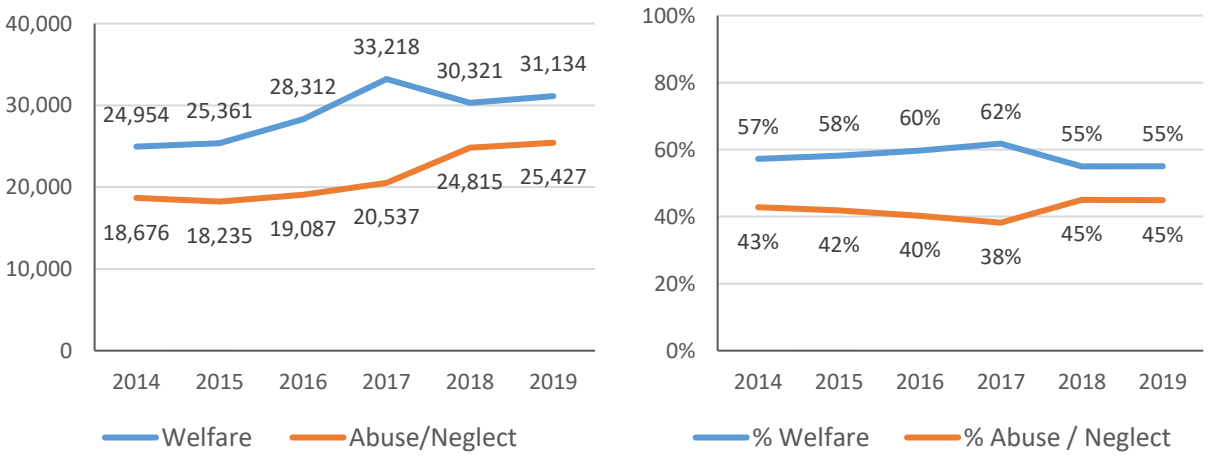


Figure 5: Number and percentage of referrals by type 2014 – 2019

- The most common type of child protection concern reported in 2020 was emotional abuse, accounting for 43% (9,546) of all child protection referrals (22,050) (Figure 6). Neglect was the least common type of child protection concern reported, accounting for 15% (3,340) of referrals.

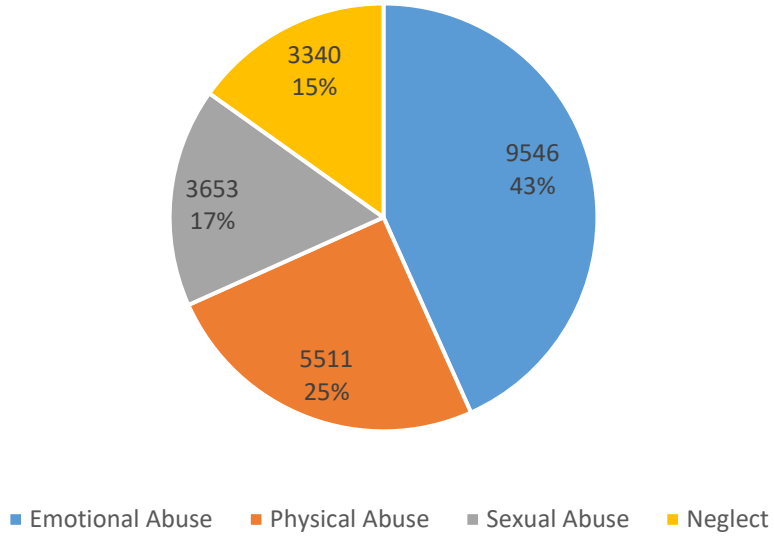


Figure 6: Breakdown of child protection referrals, 2020

- The percentage breakdown of child protection concerns is similar to that for 2019 and previous years, as shown in Table 2 below. The data also shows a further increase in the percentage of referrals for emotional abuse and a further decrease in the percentage of referrals for neglect. Referrals for emotional abuse are up 10 percentage points from 2014, while referrals for neglect are down 13 percentage points over the same period. The has been little or no overall change in the percentage of referrals for the other two types of abuse - physical and sexual, in recent years. This data needs to be interpreted in the context of the 24% (16,638) of referrals with no report type recorded for 2020 and the fact that the data for 2020 includes all referrals and not just those that required a social work response following screening.

Table 2: Breakdown of child protection referrals by year, 2014 - 2020

Category of Abuse	2014	2015	2016	2017	2018	2019	2020
Physical abuse	4,066 (22%)	3,991 (22%)	4,450 (23%)	4,942 (24%)	6,137 (25%)	6,488 (26%)	**5,511 (25%)**
Emotional abuse	6,233 (33%)	6,535 (36%)	6,871 (36%)	7,615 (37%)	10,130 (41%)	10,722 (42%)	**9,546 (43%)**
Sexual abuse	3,114 (17%)	2,940 (16%)	3,042 (16%)	3,170 (15%)	3,548 (14%)	3,909 (15%)	**3,653 (17%)**
Neglect	5,263 (28%)	4,769 (26%)	4,724 (25%)	4,810 (23%)	5,000 (20%)	4,308 (17%)	**3,340 (15%)**
Total	**18,676**	**18,235**	**19,087**	**20,537**	**24,815**	**25,427**	**22,050**

Distribution of Referrals by Area

- The number of referrals varies widely across Tusla's 17 operational areas and in 2020 ranged from 1,204 (2%) (Sligo/Leitrim/West Cavan) to 6,736 (10%) (Cork) (Table 3).
- The rate of referrals ranged from just under 4% in Dublin South East/Wicklow to almost 10% in Dublin North City. Cork - with the highest number of children under 18 years, ranked 5th lowest overall (out of 17) in terms of rate while Sligo/Leitrim/West Cavan - with the fewest number of children, ranked 7th lowest overall. Although further analysis is required, this would imply that there are other factors influencing referral rates, and possibly include factors like deprivation rates, the level of access to family and community services within an area, differences across areas in how thresholds for accepting referrals are applied and publicity regarding the handling of a particular case in an area. Seven areas reported a rate equal to or higher than the national average of 6% of children under 18 years.

Table 3: Number and rate of referrals by area, 2020 (ranked by rate)

Area	# Referrals	0 -17 years population	%
Dublin North City	4361	44,927	9.7
Midlands	6661	80,193	8.3
Dublin South Central	5356	65,564	8.2
Waterford/Wexford	4991	68,513	7.3
Dublin North	6473	100,654	6.4
Carlow/Kilkenny/St. Tipperary	3867	63,009	6.1
Dublin South West/Kildare/West Wicklow	6502	108,186	6.0
Cavan/Monaghan	2045	36,446	5.6
Kerry	1819	34,527	5.3
Louth/Meath	4870	93,093	5.2
Sligo/Leitrim/West Cavan	1204	23,554	5.1
MidWest	4840	96,266	5.0
Cork	6736	134,015	5.0
Galway/Roscommon	3699	79,912	4.6
Mayo	1393	31,968	4.4
Donegal	1772	42,865	4.1
Dublin South East/Wicklow	3123	86,810	3.6
Total	**69,712**	**1,190,502**	**5.9**

Population: Census 2016

Mandated Reports

- 60% (13,129/22,050) of referrals for child protection concerns received in 2020 were mandated reports (i.e., child protection concerns at or above a defined threshold determined by the mandated reporter). This figure (13,129) is not comparable with the number for 2019 (12,214) and previous years[19]. The number for 2020 (13,129) is also lower than expected, due to the closure of schools in particular, from mid-March to the end of the school year and the non-return of some classes from September to December 2020, because of the Covid-19 pandemic.
- A breakdown of mandated reports by report type is presented in Table 4 below. As can be seen from the table, the percentage breakdown is broadly consistent with 2019 and previous years. The breakdown is also consistent with the breakdown for all child protection referrals presented earlier (Table 2).

Table 4: Mandated reports by type, 2018 - 2020

Category	# Reports 2018	% Total 2018	# Reports 2019	% Total 2019	# Reports 2020	% Total 2020
Physical abuse	3,661	29%	3,330	28%	3,610	27%
Emotional abuse	4,242	34%	4,380	36%	5,113	40%
Sexual abuse	2,421	19%	2,357	19%	2,712	21%
Neglect	2,286	18%	2,022	17%	1,694	13%
Total	12,610	100%	12,089*	100%	13,129	100%

*2019 – report type not available for 125 reports

- The top five sources of mandated reports in 2020 were members of An Garda Síochána (36.6%; 4,810), social workers (16%; 2,100), teachers (15.6%; 2,053), social care workers (6.1%; 802) and medical practitioners (4.2%; 550) (Table 5). These five sources account for 79% (10,315) of all reports received.
- The fewer number of mandated reports from teachers mentioned above is also evident from the table, with mandated reports from teachers accounting for 15.6% of reports in 2020 compared to down from 20.4% in 2019. What is also, evident is the increased percentage of mandated reports from managers of domestic violence shelters, up from 2.4% in 2019 to 3.8% in 2020. This is consistent with the well documented increase in the number of women and children seeking support from domestic violence services during the COVID-19 pandemic.

[19] From mid-2018 to mid-2020, if following screening, an intake record had not been created on the NCCIS system at the time the data was extracted for reporting, the report would not be included in the count above. From mid -2020 all mandated reports logged on NCCIS are included in the figures above, regardless of whether an intake required had been created / was required, at the time the data was extracted. Also, it should be noted that this data differs from the data published monthly – the data published monthly is point in time and considered provisional.

Table 5: Mandated reports by mandated person, 2018 - 2020 (ranked by top sources 2020)

Source	# Reports 2018	% Total 2018	# Reports 2019	% Total 2019	# Reports 2020	% Total 2020
An Garda Síochána Member	3349	26.6%	3676	30.7%	**4810**	**36.6%**
Social worker	1704	13.5%	1661	13.9%	**2100**	**16.0%**
Teacher	2790	22.1%	2434	20.4%	**2053**	**15.6%**
Social care worker	893	7.1%	737	6.2%	**802**	**6.1%**
Medical practitioner (Registered)	635	5.0%	581	4.9%	**550**	**4.2%**
Domestic violence shelter manager	317	2.5%	288	2.4%	**505**	**3.8%**
Safeguarding officer,	409	3.2%	501	4.2%	**478**	**3.6%**
Psychologist	442	3.5%	300	2.5%	**352**	**2.7%**
Nurse or registered midwife	510	4.0%	424	3.5%	**338**	**2.6%**
Psychotherapist	388	3.1%	300	2.5%	**335**	**2.6%**
Youth worker	224	1.8%	194	1.6%	**155**	**1.2%**
Homeless provision or emergency accommodation facility manager	113	0.90%	149	1.2%	**112**	**0.85%**
Youth work service (section 2 of the Youth Work Act 2001	101	0.80%	82	0.69%	**103**	**0.78%**
Child care staff member employed in a pre-school service	82	0.65%	82	0.69%	**71**	**0.54%**
Foster carer registered with the Agency.	52	0.41%	58	0.49%	**66**	**0.50%**
Occupational therapist (Registered)	41	0.33%	32	0.27%	**41**	**0.31%**
Pre-school service within the meaning of Part VIIA of the Child Care Act 1991.	60	0.48%	69	0.58%	**37**	**0.28%**
Physiotherapist (Registered)	106	0.84%	117	0.98%	**35**	**0.27%**
EMT, paramedic and advanced paramedic	53	0.42%	42	0.35%	**33**	**0.25%**
Asylum seeker accommodation (direct provision) centre manager	22	0.17%	18	0.15%	**29**	**0.22%**
Speech & language therapist (Registered)	46	0.36%	37	0.31%	**28**	**0.21%**
Addiction counsellor	90	0.71%	33	0.28%	**25**	**0.19%**
Probation officer	81	0.64%	59	0.49%	**23**	**0.18%**
Guardian ad litem	56	0.44%	48	0.40%	**17**	**0.13%**
Registered dentist	*S*	*S*	*S*	*S*	**13**	**0.10%**
Institution where a child is detained by an order of a court (Director)	12	0.10%	14	0.12%	**10**	**0.08%**
Language school or other recreational school where children reside away from home manager	*S*	*S*	*S*	*S*	*S*	*S*
Clergy member	23	0.18%	11	0.09%	*S*	*S*
Total	**12,610**	**100.0%**	**11,955****	**100.0%**	**13,129**	**100.0%**

**Source not available for 259 reports for 2019.

S = Suppression due to small numbers. Suppressed numbers are included in the totals.

2.2 Assessment

Referrals deemed appropriate for child protection and welfare services move to the next stage of the referral process where a preliminary enquiry is carried out. During this step the social worker

- Gathers and considers relevant information regarding the reported concern about the child.
- Considers the immediate safety of the child and takes necessary immediate protective action, if required.
- Decides the priority status of the referral and responds in a proportionate and timely manner.

Under the *Signs of Safety (SofS)* approach introduced in February 2018, the practitioner gathers information using a questioning approach and records this information on an Intake Record. The *Signs of Safety* Harm Matrix is used to map harm and determine whether the harm meets the threshold for an initial assessment. The outcome of the preliminary enquiry step will be either:

- An initial assessment is required.
- The case can be appropriately diverted to other services, or an early intervention response.
- The case will be closed with no further action.

The timeline recommended for the preliminary enquiry is five working days.

The purpose of the initial assessment is to determine whether there is harm or future harm and if there is any existing safety present to address this harm. The initial assessment will recommend whether the child/children require a child welfare safety plan; a child protection safety plan or whether the harm to the child is at a level where the 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 7.

- Preliminary enquiries were done on 43,295 (62%)[20] referrals received in 2020. These are referrals deemed to require a social work response following screening. The referrals not deemed to require a social work response (i.e., "screened out") are diverted to other more appropriate services, or an early intervention response that doesn't require Tusla social work intervention, or closed requiring no further action.
- The number of preliminary enquiries (43,295) is down 20% (10,563) on the number for 2019 (53,858). While this decrease can be attributed to fewer referrals overall in 2020, due to the closure of schools and other services because of the Covid-19 pandemic, it should also be noted that in previous years, a small number of areas may have carried out preliminary enquiries on some referrals deemed not to require a social work response following screening. The correct process was clarified for social workers in October 2019.

[20] In previous years the percentage of referrals that had a preliminary enquiry would have been around the 99% - 100% mark, because the calculation (denominator) was based on referrals deemed to require a social work response following screening. The calculation for 2020 is based on all reports of concern received.

- One in five (23%; 9,997) referrals received in 2020 that had a preliminary enquiry required an initial assessment. The percentage of referrals that required an initial assessment is higher than that reported for 2019 (17%), but similar to that reported for 2018 (24%) (Table 6).

- Although further examination is required, one reason for the lower percentage of referrals requiring an initial assessment in recent years is the more detailed and thorough preliminary enquiry process under the new approach to practice - Signs of Safety. Referrals are being diverted to other more appropriate community and family support services or closed earlier than they would have been 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 6: Initial assessments, 2014-2020

Year	# Preliminary enquiries	# Requiring initial assessment	% Requiring initial assessment
2020	**43,295**	**9,997**	**23%**
2019	53,858	9,181	17%*
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 and 2019 adjusted to account for missing/incomplete data

- Like the rate of referrals discussed earlier, there are significant differences across the 17 areas in the percentage of referrals moving to the preliminary enquiry and initial assessment stages of the referral process (Table 7).

- The percentage of referrals that moved to the preliminary enquiry stage ranged from 36% (1,949/5,356) in Dublin South Central to 83% (3,226/3,867) in Carlow/Kilkenny/ South Tipperary. Eleven areas reported a percentage equal to or higher than the national average of 62%.

- The percentage of referrals that required an initial assessment following a preliminary enquiry ranged from 14% (734/5,257) in the Midlands area to 33% (678/2,071) in Dublin South East/Wicklow. Ten areas reported a percentage equal to or higher than the national average of 23%.

- Further examination is required to understand the varying patterns across the Tusla areas. The reasons are most likely multi-faceted.

Table 7: Breakdown of referrals requiring a preliminary enquiry and initial assessment, by area 2020

Area	# Referrals	# had PE	% had PE	# required IA	% required IA
Dublin South Central	5356	1949	36%	482	25%
Dublin South East/Wicklow	3123	2071	66%	678	33%
Dublin South West/Kildare/West Wicklow	6502	2600	40%	732	28%
Midlands	6661	5257	79%	734	14%
Dublin North City	4361	2875	66%	570	20%
Dublin North	6473	4074	63%	1170	29%
Louth/Meath	4870	1975	41%	580	29%
Cavan/Monaghan	2045	1465	72%	229	16%
Cork	6736	4658	69%	1031	22%
Kerry	1819	1048	58%	304	29%
Carlow/Kilkenny/St. Tipperary	3867	3226	83%	668	21%
Waterford/Wexford	4991	3000	60%	627	21%
Mid West	4840	3297	68%	712	22%
Galway/Roscommon	3699	3006	81%	718	24%
Mayo	1393	1061	76%	267	25%
Donegal	1772	791	45%	249	31%
Sligo/Leitrim/West Cavan	1204	942	78%	246	26%
Total	69712	43295	62%	9997	23%

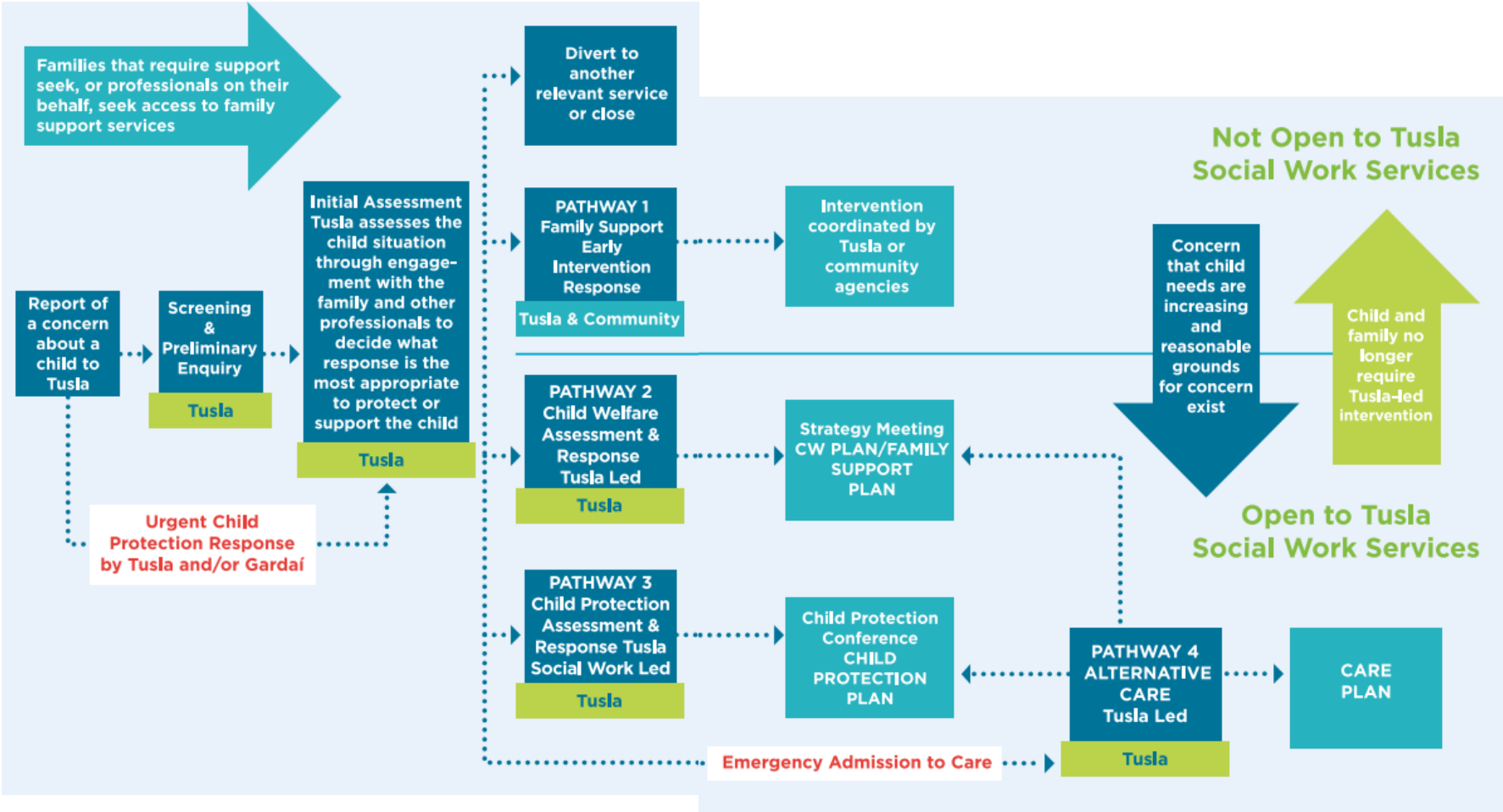
- Nationally, 27% (2,660) of referrals that required an initial assessment were closed following the initial assessment, 21% (2,094) required safety planning and 2% (215) required admission to care.
- The outcome of initial assessment was not recorded for 30% (3,016) of referrals – these assessments were either ongoing or not started at the time the data was extracted. In a small number of cases it is also possible that the outcome was not recorded on the system. A full breakdown of the outcome of initial assessments for all referrals is presented in Table 8 below.

Table 8: Outcome of initial assessment for referrals received in 2020

Outcome	# Referrals	% Total
No Further Action (NFA) - Close	2660	27%
Safety Planning	1263	13%
Child Protection / Child Protection Conference Safety Planning	831	8%
Divert to Another Agency - Close	651	7%
Divert to Prevention Partnership Family Support (PPFS)[21] - Close	493	5%
Child Welfare - Family Support Plan	325	3%
Further Assessment	249	2%
No Further Action (NFA) - Close - Assessment/Safety Planning ongoing	222	2%
Admission to Care	215	2%
Family Welfare Conference	72	1%
Not recorded	3016	30%
Total	9997	100%

[21] Tusla PPFS Operational Team for early intervention and family support

Response Pathways



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

Figure 7: Child Protection and Welfare Services, Response Pathways

2.3 Cases Open to Social Work

Cases open to social work include all children going through the preliminary enquiry/assessment process, children requiring social work support including children in the care of the Agency and children "active" on the Child Protection Notification System (CPNS). Open cases include cases both allocated and awaiting allocation to a named social worker. It is Tusla policy that all children requiring social work intervention are allocated a named social worker. All cases awaiting allocation are reviewed and monitored on an ongoing basis and prioritised accordingly.

KEY FACTS 2020

- 21,143 cases open to social work at the end of 2020, fewest number for the period 2014 – 2020. Equates to less than 2% of the general child population in receipt of social work services for child protection and welfare concerns.
- 80% (16,904) of cases open to social work were allocated to a named social worker at the end of 2020.
- Further decrease in the number of cases awaiting allocation to a named social worker (4,239); 20% (1,052) reduction from 2019 (5,291) and a 50% (4,303) reduction from 2014 (8,542).
- Almost a two-thirds (2,611) of cases awaiting allocation to a named social worker at the end of 2020 were being progressed by dedicated duty teams or rotating social workers on a duty roster.
- Fewer than one in ten (9%; 376) of the cases awaiting allocation to a named social worker at the end of 2020 was categorised as high priority.
- 74% (3,150) of cases waiting allocation at the end of 2020 were waiting three months or less; an increase of 13 percentage points from 2019.
- 47% (957) decrease from 2019 in the number of cases waiting more than three months for allocation (1,089 versus 2,046).
- 7 areas[22] account for 78% (3,317) of cases awaiting allocation.

Open Cases

- At the end of 2020, there were 21,143 cases open to social work. As open cases are recorded on a per child basis we can say that 1.8% of the general child population (Census 2016) were in receipt of a social work service for child protection and welfare concerns at the end of 2020.
- The number of cases open to social work is down 15% (3,684) from 2019 (24,827) and is the fewest number for the period 2014 – 2020 (Table 9). Open cases are down 24% (6,824) overall from a high of 27,967 cases at the end of 2014.
- While more in-depth analysis is required to fully understand the continuing decrease in open cases, it is likely that the following factors have, and are continuing to contribute to this decrease:

[22] Dublin North (819), Dublin South Central (640), Dublin South West/Kildare/West Wicklow (547), Waterford/Wexford (376), Louth/Meath (330), Cork (313) and Midwest (292)

- better oversight and management of cases (including more timely closure of cases) since the establishment of the Agency and particularly since the roll-out of the Agency's national case management system in 2017/2018.
- more effective screening and assessment of cases with the implementation of *Signs of Safety* – national approach to practice, and
- greater access and scope to divert to early intervention and family support services, as they become more developed and embedded in the areas.
- fewer referrals in 2020, due to the closure of schools and other services during the Covid-19 pandemic. Social workers may also have had more time to do the administrative work required to close out cases in a timely manner when Covid-19 restrictions were in place (i.e., fewer house visits taking place for non-emergency cases).

Allocated Cases

- 80% (16,904) of cases open to social work at the end of 2020 were allocated to a named social worker. The percentage of cases allocated is up one percentage point from 2019 and 11 percentage points from December 2014 when a low of 69% was reported (Table 9).

Cases Awaiting Allocation

- The remaining 20% (4,239) of cases were awaiting allocation to a named social worker. Further progress on the reduction of cases awaiting allocation was made in 2020, with 1,052 (20%) fewer cases awaiting at the end of 2020 than at the end of 2019 (5,291). The number of cases awaiting allocation to a named social worker is down 50% (4,303) on 2014 when a high of 8,542 cases was reported (Table 9 & Figure 8). The slow, but steady progress on the reduction of cases awaiting allocation to a named social worker reflects the continued efforts and targeted focus by management and staff, despite ongoing challenges with recruitment of social workers in some areas.
- Almost a two-thirds (2,611) of cases awaiting allocation to a named social worker at the end of 2020 were being progressed by dedicated duty teams or rotating social workers on a duty roster e.g., children were being visited, initial assessments were being completed, child in care reviews were taking place. All cases awaiting allocation to a named social worker are reviewed and monitored on an ongoing basis and prioritised accordingly. Children at immediate risk get an immediate response.

Table 9: Cases open to social work, 2014 - 2020

Year	# Open cases	# Allocated	% Allocated	# Unallocated	% Unallocated
2020	**21,143**	**16,904**	**80%**	**4,239**	**20%**
2019	24,827	19,536	79%	5,291	21%
2018	26,433	20,001	76%	6,432	24%
2017	24,891	19,999	80%	4,892	20%
2016	25,034	19,621	78%	5,413	22%
2015	26,655	19,937	75%	6,718	25%
2014	27,967	19,425	69%	8,542	31%

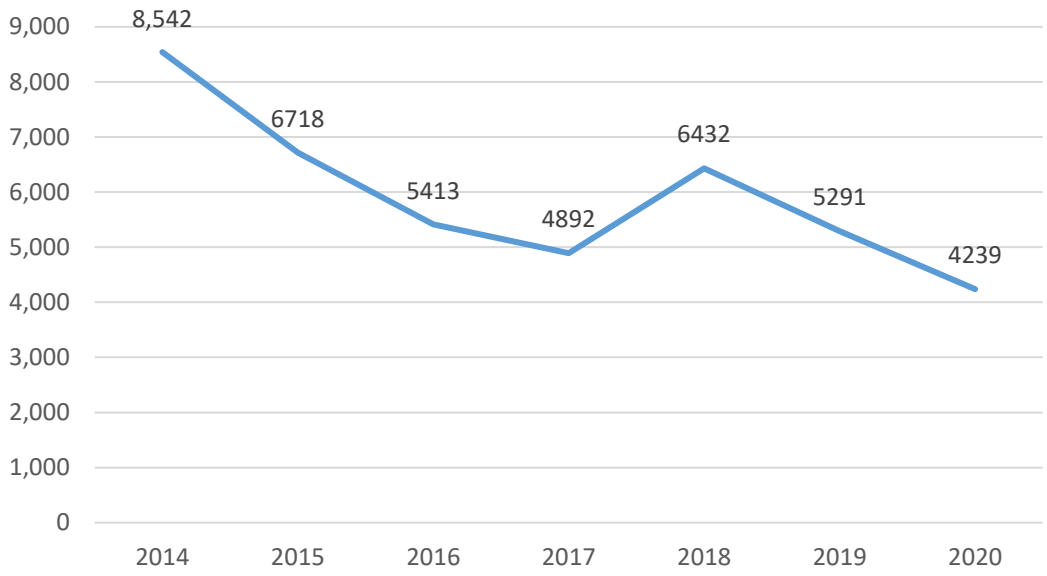


Figure 8: Number of open cases awaiting allocation, 2014 -2020

Cases Awaiting Allocation by Priority Level

- 9% (376) of cases awaiting allocation at the end of 2020 were categorised as high priority, a 42% (277) reduction on 2019 (653) and an 87% (2,460) reduction on 2014 when a high of 2,836 was reported (Table 10). This comparison needs to be interpreted in the context of revised guidance on categorisation of cases issued in 2020. This revised guidance is based on *Signs of Safety* – Tusla's national approach to practice and replaces the guidance issued in 2012. It should be noted that children identified at immediate risk continue to receive an immediate response and in addition, cases awaiting allocation are monitored on an ongoing basis for a change in circumstance.
- 56% (2,353) of cases awaiting allocation at the end of 2020 were categorised as medium priority while the remaining 36% (1,510) were categorised as low priority. The percentage of medium priority cases has varied little over the years 2014 to 2020, while the percentage of low priority cases doubled between 2014 and 2018 and has continued to increase since then. The decrease in the percentage of high priority and the increase in the percentage of low priority cases reflects the Agency's ongoing focus on the management of high priority cases.

Table 10: Cases awaiting allocation by priority level, 2014 - 2020

Year	# High Priority Awaiting	# Medium Priority Awaiting	# Low Priority Awaiting	Total
2020	**376 (9%)**	**2,353 (56%)**	**1,510 (36%)**	**4,239**
2019	653 (12%)	2,782 (53%)	1,856 (35%)	5,291
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

Cases Awaiting Allocation by Length of Time Waiting

- 74% (3,150) of cases awaiting allocation at the end of 2020 were waiting three months or less; the remaining 26% (1,089) of cases were waiting longer than three months. The number of cases awaiting allocation for more than three months is down 47% (957) from 2019 (2,046).

Cases Awaiting Allocation by Tusla Area

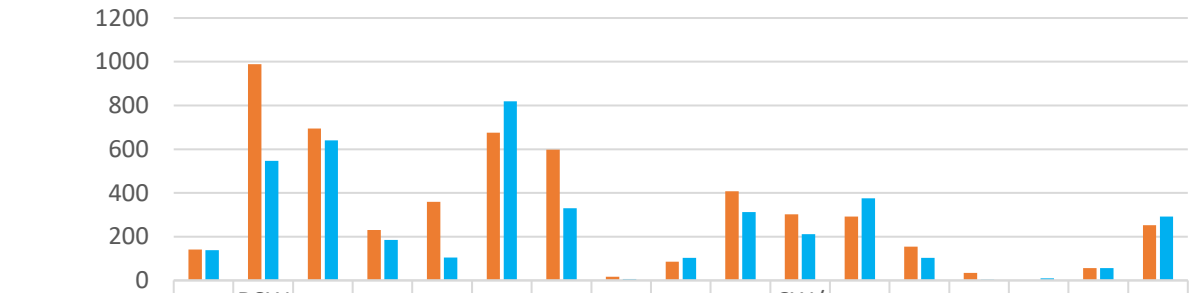
- At the end of 2020, the number of cases open across the 17 areas ranged from 253 (1% of open cases) (Sligo/Leitrim/West Cavan) to 3,269 (15% of open cases) (Dublin North) (Table 11).
- The area with the highest number of cases awaiting allocation was Dublin North (819) followed by Dublin South Central (640), Dublin South West/Kildare/West Wicklow (547), Waterford/Wexford (376), Louth/Meath (330), Cork (313) and Midwest (292) (Table 11). These seven areas account for 78% (3,317) of all cases awaiting allocation. Three areas (Mayo, Cavan/Monaghan and Sligo/Leitrim/West Cavan) reported fewer than 10 cases awaiting allocation.
- In 11 of the 17 areas, at least 80% of open cases were allocated to a named social worker. More than four out of 10 cases were awaiting an allocated social worker in Dublin South Central, the highest percentage of all areas (42%; 640).

Table 11: Area breakdown of cases open to social work by allocation status, 2020 (ranked by # awaiting allocation)

Area	# Open Cases	# Allocated	% Allocated	# Unallocated	% Unallocated
Dublin North	3269	2450	75%	819	25%
Dublin South Central	1518	878	58%	640	42%
Dublin South West/Kildare/West Wicklow	1836	1289	70%	547	30%
Waterford/Wexford	1678	1302	78%	376	22%
Louth/Meath	1275	945	74%	330	26%
Cork	2213	1900	86%	313	14%
Midwest	1493	1201	80%	292	20%
Carlow/Kilkenny/South Tipperary	874	662	76%	212	24%
Midlands	1264	1079	85%	185	15%
Dublin South East/Wicklow	868	729	84%	139	16%
Dublin North City	1528	1424	93%	104	7%
Kerry	573	470	82%	103	18%
Donegal	629	526	84%	103	16%
Galway/Roscommon	1124	1068	95%	56	5%
Mayo	291	282	97%	9	3%
Cavan/Monaghan	457	450	98%	7	2%
Sligo/Leitrim/West Cavan	253	249	98%	4	2%
TOTAL	**21143**	**16904**	**80%**	**4239**	**20%**

- Twelve of the 17 areas had fewer cases awaiting allocation at the end of 2020 than at the end of 2019 (Figure 9). Of these 12 areas, Dublin South West/Kildare/West Wicklow (down 442; 45%), Louth/Meath (down 268; 45%) and Dublin North City (255; 71%) reported the largest decreases.
- Of the five areas that reported an increase, the largest increase as reported by Dublin North (up 143; 21%) followed by Waterford/Wexford (up 84; 29%) and to a lesser extent Midwest (up 40;

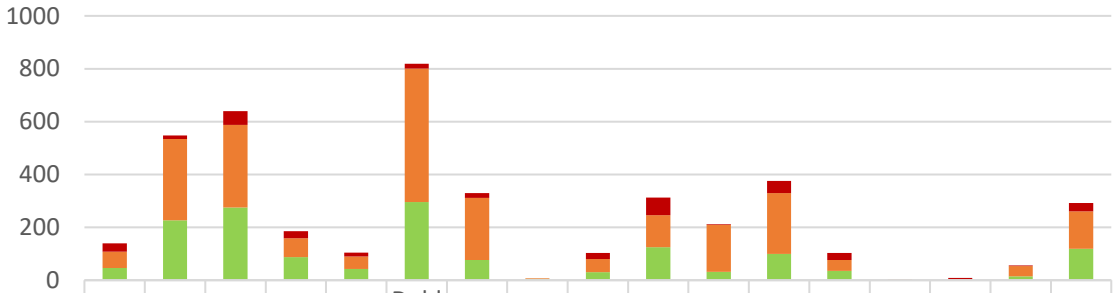
16%), Kerry (up 17; 20%) and Mayo (up 9 from none). *Dublin North advised that the increase in cases can be explained by transition to NCCIS for reporting and the work required to validate data migrated from legacy systems and to assign cases to new team formations.*



	DSE/ WW	DSW /K/ WW	DSC	Midl and	DNC	Dub Nth	LH/ MH	CN/ MN	Kerr y	Cork	CW/ KK/S T	WD/ WX	Don egal	SLW C	May o	GY/R N	Mid west
2019	141	989	695	230	359	676	598	17	86	407	302	292	155	35	0	57	252
2020	139	547	640	185	104	819	330	7	103	313	212	376	103	4	9	56	292
2020 v 2019	-2	-442	-55	-45	-255	143	-268	-10	17	-94	-90	84	-52	-31	9	-1	40

Figure 9: Area breakdown of cases awaiting allocation, 2019 -2020

- The area with the highest number of high priority cases awaiting allocation at the end of 2020 was Cork (67) and followed by Dublin South Central (52), Waterford/Wexford (47), Dublin South East/Wicklow (31) and Midwest (31) (Figure 10). These five areas account for 61% (228) of all high priority cases awaiting allocation. Two areas (Cavan/Monaghan and Sligo/Leitrim/West Cavan) reported no high priority cases awaiting allocation at the end of 2020.



	DSE/ WW	DSW /K/ WW	DSC	Midl ands	DNC	Dubl in Nort h	LH/ MH	CN/ MN	Kerr y	Cork	CW/ KK/S T	WD/ WX	Don egal	SLW C	May o	GY/R N	Mid west
High	31	13	52	26	14	18	18	0	23	67	2	47	27	0	5	2	31
Medium	62	307	313	72	48	505	236	2	50	121	178	230	41	3	4	39	142
Low	46	227	275	87	42	296	76	5	30	125	32	99	35	1	0	15	119
Total	139	547	640	185	104	819	330	7	103	313	212	376	103	4	9	56	292

Figure 10: Area breakdown of cases awaiting allocation by priority status, 2020

2.4 Children Subject to a Child Protection Plan

If following assessment a child protection plan is recommended (i.e., there are grounds for believing that a child is at ongoing risk of significant harm from abuse, including neglect) a child protection conference[23] 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)[24]. Reviews of children listed on the system must occur at intervals of not more than six months. A child will be listed as inactive on the system if it is established at a review conference that the child is no longer at on-going risk of significant harm. It is important to note that children who have experienced harm outside the family, or are at risk to themselves from their own behaviour are not listed on the CPNS.

KEY FACTS

- 939 children "active" on the CPNS at the end of 2020; a 7% (63) increase from 2019 (876). The of children "active" (939) is lower than all years 2015 – 2018.
- 100% children "active" on the CPNS at the end of 2020 had an allocated social worker.
- Neglect continues to be the most common concern for children "active" on the CPNS (58%).
- 20% (50) increase from 2019 in the number of children "active" because of emotional abuse and a 5% (27) increase in the number "active" because of neglect.
- Majority (79%; 739) of children "active" on the CPNS at the end of 2020 were "active" for no longer than 12 months.
- Number and percentage of children "active" for longer than 24 months (41; 4%) continues to decrease.

Number of Children "Active" on CPNS

- There were 939 children "active" on the CPNS (i.e., at ongoing risk of significant harm from abuse, including neglect and still living with their parents/carers) at the end of 2020.
- The number of children "active" at the end of December 2020 was up 7% (63) on 2019 (876) when the fewest number for the period 2015 - 2019[25] was reported (Figure 11).

[23] 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.

[24] 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.

[25] 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

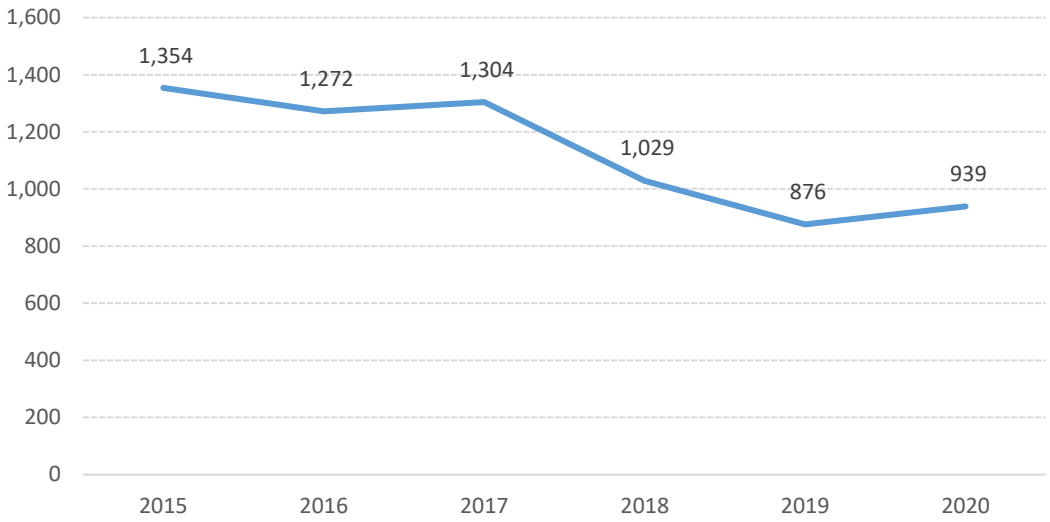


Figure 11: Number of children "active" on the CPNS, 2015 – 2020

- The number of children "active" (939) equates to about eight children per 10,000 of the population under 18 years, up from seven per 10,000 in 2019, but down from 11 per 10,000 at the end of 2017 (Table 12).
- The number of children "active" accounts for a small (4%), but nonetheless significant percentage of cases open to social work (21,143).

Table 12: Number and rate of children "active" on the CPNS at year end, 2015-2020

Number / Rate	2015	2016	2017	2018	2019	2020
# "active"	1,354	1,272	1,304	1,029	876	**939**
Rate/10,000*	11.4	10.7	11	8.6	7.4	**7.9**

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

- As with other stages of the referral process the reason(s) for the increase in the number of children "active" in 2020 is likely to be multi-faceted involving socioeconomic and other factors including approach to practice and application of thresholds for child protection conferences and the subsequent listing of children on the CPNS, across the 17 Tusla areas. It is also possible that the restrictions on society, due to the Covid-19 pandemic, may have been a factor in the increase in the number of children "active" on CPNS at the end of 2020. When the restrictions were introduced in March 2020, guidance was issued to social workers advising that following discussion and evaluation of safety plans, review conferences (where decisions are made to remove children listed as "active") could be deferred for a maximum of 3 months.
- Notwithstanding the slight increase in 2020, early evidence is indicating that the lower numbers of children on the CPNS in recent years may, at least in part, be explained by the implementation of the *Signs of Safety (SofS)* approach to practice. The use of safety planning and the creation of effective safety networks through SofS can support parents in more effectively addressing the risk of harm, preventing concerns from escalating at an earlier stage, and negating the need for a child protection conference. The use of SofS also supports parents in identifying strengths thereby providing parents with a genuine opportunity to address these concerns. In other cases, it has also been reported that rigorous monitoring and management of safety networks has led to a number of

cases being deactivated on the CPNS, as the risk of significant harm has been removed/reduced through more effective safety planning.

- Different criteria and thresholds for listing children on the CPNS in this jurisdiction do not allow for easy comparison with rates in other countries where systems/registers are in operation. Table 13 shows the rate of children on child protection registers or subject to child protection plans in UK countries[26]. Of the four countries, Scotland reports the lowest rate of children on child protection registers at 24 per 10,000 children while Northern Ireland reports the highest rate at 52 per 10,000 children. As can be seen from the table, Ireland falls well below these rates at eight per 10,000 children.

Table 13: Children on child protection registers in other jurisdictions

Country	Children on child protection registers - rate per 10,000 children
Ireland	8 (31 December 2020)
Northern Ireland	52 (31 March 2020)
England	43 (31 March 2020)
Wales	45 (31 March 2019)
Scotland	24 (31 March 2020)

- All children "active" on the CPNS at the end of 2020 had an allocated social worker in line with Tusla policy. Despite challenges with the allocation of social workers, areas continue to prioritise these children for allocation.

Age of Children "Active" on CPNS

- Of the 939 children "active" on the CPNS at the end of 2020, 52% (490) were male and 47% (437) were female which is broadly consistent with the general population (Census 2016, 51% males and 49% females); the remaining 12 were in-utero.
- 38% (358) of children "active" on the CPNS were under 5 years, the highest percentage of all age groups (Figure 12). Ten percent (93) of those "active" were 15-17 years.

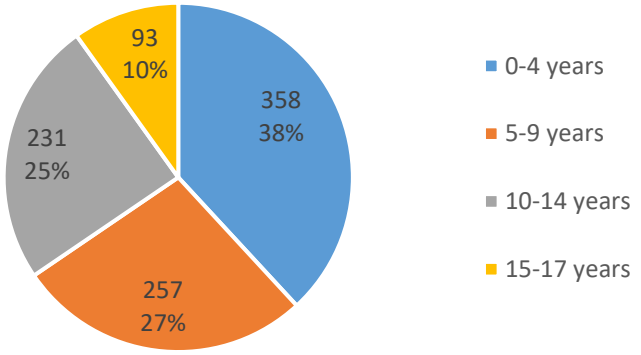


Figure 12: Number of children "active" on the CPNS at the end of December 2020, by age group

[26]Data for countries can be found from the Supporting Files, Additional Tables (Table 4.9) download at the following link https://www.gov.scot/publications/childrens-social-work-statistics-2019-20/

- These figures indicate that the 0-4 years age group is more heavily represented on the CPNS (38%) than the general population (28%) while the older ages account for a smaller proportion of those on the CPNS (10%) than the general population (15%) (Table 14). These data correspond with most international data, which generally identify younger children at most risk, marginally reducing as they get older.
- In contrast to the other age groups, the number and percentage of children in the 15-17 years age group has shown a year on year increase for the three years 2018 -2020.

Table 14: Age on children "active" on the CPNS by age group at year-end, 2018 - 2020

Age group	2017	2018	2019	2020	General population
0-4 years	505 (39%	391 (38%)	312 (36%)	**358 (38%)**	331,515 (28%)
5-9 years	371 (28%	303 (29%)	264 (30%)	**257 (27%)**	355,561 (30%)
10-14 years	297 (23%)	255 (25%)	218 (25%)	**231 (25%)**	319,476 (28%)
15 – 17 years	131 (10%)	80 (8%)	82 (9%)	**93 (10%)**	183,950 (15%)
Total	**1,304 (100%)**	**1,029 (100%)**	**876 (100%)**	**939 (100%)**	**1,190,502**

Reason for being "Active" on CPNS

- The most common type of abuse recorded for children "active" on the CPNS at the end of 2020 was neglect accounting for almost six in 10 cases (58%; 546), followed by emotional abuse accounting for a further 32% (302) of cases (Figure 13). Combined, these two types of abuse account for 90% of cases. The least common type of abuse was sexual abuse accounting for 4% (33) of cases.
- The data shows a 20% (50) increase from 2019 in the number of children "active" because of emotional abuse and a 5% (27) increase in the number of children "active" because of neglect (Table 15). This is a reversal of the downward trend in numbers observed over the previous two years.
- In contrast, slight decreases were observed from 2019 in the numbers "active" because of physical abuse and sexual abuse.

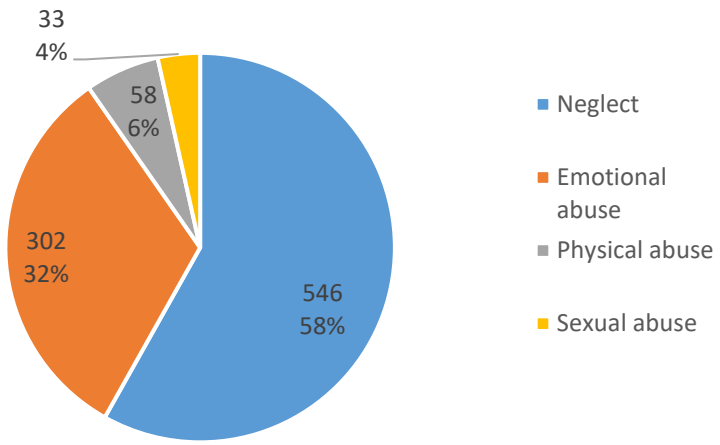


Figure 13: Type of abuse recorded for children "active" on the CPNS, year-end 2020

Table 15: Type of abuse by year, 2017 – 2020

Type of Abuse	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019	# 2020	% 2020	2020 v 2019	%
Neglect	781	60%	621	60%	519	59%	**546**	**58%**	27	5%
Emotional abuse	386	30%	293	28%	252	29%	**302**	**32%**	50	20%
Physical abuse	94	7%	76	7%	62	7%	**58**	**6%**	-4	-6%
Sexual abuse	43	3%	39	4%	43	5%	**33**	**4%**	-10	-23%
Total	**1,304**	**100%**	**1,029**	**100%**	**876**	**100%**	**939**	**100%**	**63**	**7%**

Length of Time "Active" on CPNS

- More than half (52%; 485) of children "active" on the CPNS at the end of 2020 were "active" for no longer than six months, while 79% (739) were "active" for no longer than 12 months (Figure 14). Four percent (41) of children were "active" for more than 24 months.

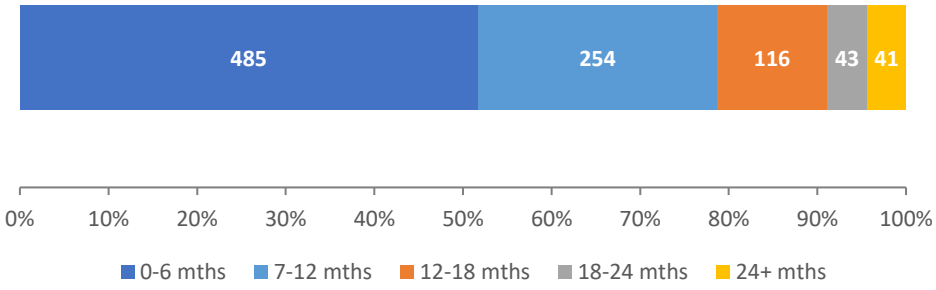


Figure 14: Children active by length of time active, year-end 2020

- The data also shows a year on year decrease from 2017 in the number and percentage of children "active" for longer than 24 months. The number of children "active" for more than 24 months has more than halved during this period and is down 59% (59) overall, while the percentage has dropped from 8% at the end of 2017 to 4% at the end of 2020 (Table 16).
- The number of children "active" for more than 24 months (41) was reported across 12 of the 17 areas. Five areas (Cavan/Monaghan, Dublin South East/Wicklow, Kerry, Midlands and Sligo/Leitrim/West Cavan) reported no child "active" for more than 24 months.

Table 16: Children listed as "active" by length of time "active", 2017 - 2020

Length of time active	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019	# 2020	% 2020
0-6 months	616	47%	541	53%	467	53%	**485**	**52%**
7-12 months	376	29%	209	20%	233	27%	**254**	**27%**
12-18 months	150	12%	135	13%	97	11%	**116**	**12%**
18-24 months	62	5%	75	7%	30	3%	**43**	**5%**
24+ months	100	8%	69	7%	49	6%	**41**	**4%**
Total	**1,304**	**100%**	**1,029**	**100%**	**876**	**100%**	**939**	**100%**

Children "Active" on CPNS by Area

- The number of children "active" on the CPNS at the end of 2020 in the different Tusla areas ranged from 11 in Sligo/Leitrim/West Cavan to 88 in Carlow/Kilkenny/South Tipperary. The corresponding rate per 10,000 children ranged from 2.3/10,000 in Louth/Meath to 18.7/10,000 in Dublin North City, more than double the national rate (7.9/10,000) (Table 17).
- Cork and Dublin North - with the higher populations of children, reported rates well below the average at 7.9/10,000 population. Seven areas reported a rate equal to or higher than the national average (7.9/10,000). As with the referral rates, it is likely that there are number of underlying factors leading to this variation.

Table 17: Children "active" on the CPNS by area, year-end 2020 (ranked by rate)

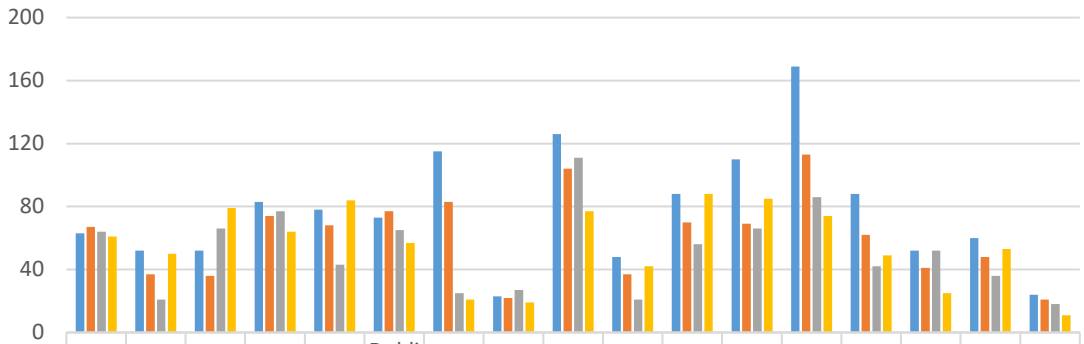
Area	# Active 2020	Population	Rate / 10,000
Dublin North City	84	44,927	18.7
Carlow/Kilkenny/South Tipperary	88	63,009	14.0
Waterford/Wexford	85	68,513	12.4
Donegal	53	42,865	12.4
Kerry	42	34,527	12.2
Dublin South Central	61	65,564	9.3
Midlands	64	80,193	8.0
Mayo	25	31,968	7.8
Midwest	74	96,266	7.7
Dublin South West/Kildare/West Wicklow	79	108,186	7.3
Galway/Roscommon	49	79,912	6.1
Dublin South East/Wicklow	50	86,810	5.8
Cork	77	134,015	5.7
Dublin North	57	100,654	5.7
Cavan/Monaghan	19	36,446	5.2
Sligo/Leitrim/West Cavan	11	23,554	4.7
Louth/Meath	21	93,093	2.3
Total	**939**	**1,190,502**	**7.9**

- Nine of the 17 areas had fewer children listed as "active" at the end of 2020 than 2019 (Table 18 and Figure 15). The largest decrease (in terms of numbers) was reported by the Cork (down 34; 31%), followed by Mayo (down 27; 52%), Midlands (down 13; 17%) and Midwest (down 12; 14%).
- Of the eight areas that reported an increase, the largest increase was reported by Dublin North City (up 41; 95%) followed by Carlow/Kilkenny/South Tipperary (up 32; 57%), Dublin South East/Wicklow (up 29; 138%) and Kerry (up 21; 100%).

Table 18: Number of children "active" on the CPNS by area at year end, 2017 – 2020 (ranked by % difference)

Area	# Active 2017	# Active 2018	# Active 2019	# Active 2020	2020 v 2019	% Diff
Dublin South East/Wicklow	52	37	21	**50**	29	138%
Kerry	48	37	21	**42**	21	100%
Dublin North City	78	68	43	**84**	41	95%
Carlow/Kilkenny/South Tipperary	88	70	56	**88**	32	57%
Donegal	60	48	36	**53**	17	47%
Waterford/Wexford	110	69	66	**85**	19	29%
Dublin South West/Kildare/West Wicklow	52	36	66	**79**	13	20%
Galway/Roscommon	88	62	42	**49**	7	17%
Dublin South Central	63	67	64	**61**	-3	-5%
Dublin North	73	77	65	**57**	-8	-12%
Midwest	169	113	86	**74**	-12	-14%
Louth/Meath	115	83	25	**21**	-4	-16%
Midlands	83	74	77	**64**	-13	-17%
Cavan/Monaghan	23	22	27	**19**	-8	-30%
Cork	126	104	111	**77**	-34	-31%
Sligo/Leitrim/West Cavan	24	21	18	**11**	-7	-39%
Mayo	52	41	52	**25**	-27	-52%
Total	**1,304**	**1,029**	**876**	**939**	**63**	**7%**

- Three of the 17 areas have reported three consecutive decreases from 2017, with the largest decrease (in terms of numbers) reported by Midwest with 95fewer children listed as "active", followed by Louth/Meath with 94 fewer children listed and to a lesser extent Sligo/Leitrim/West Cavan with 13 fewer children listed. No area has reported three consecutive increases.
- Two areas (Dublin South Central and Dublin North) have reported two consecutive decreases (down 6 and 20 respectively), while one area Dublin South West/Kildare/West Wicklow has reported two consecutive increases (up 43 overall).
- Fourteen out of 17 areas had fewer children listed as "active" at the end of 2020 than at the end of 2017. The largest decrease is reported by Midwest (down 95) followed by Louth/Meath (down 94), Cork (down 49) and Galway/Roscommon (down 39).
- The two areas with more children listed as "active" at the end of 2020 than at the end of 2017 are Dublin South West/Kildare West Wicklow (up 27) and Dublin North City (up 6) while Carlow/Kilkenny/South Tipperary reports no change.



	DSC	DSE/ WW	DSW /K/W W	Midla nds	DNC	Dubli n Nort h	LH/M H	CN/ MN	Cork	Kerry	CW/K K/ST	WD/ WX	Midw est	GY/R N	Mayo	Done gal	SLWC
# Active 2017	63	52	52	83	78	73	115	23	126	48	88	110	169	88	52	60	24
# Active 2018	67	37	36	74	68	77	83	22	104	37	70	69	113	62	41	48	21
# Active 2019	64	21	66	77	43	65	25	27	111	21	56	66	86	42	52	36	18
# Active 2020	61	50	79	64	84	57	21	19	77	42	88	85	74	49	25	53	11
2020 v 2017	-2	-2	27	-19	6	-16	-94	-4	-49	-6	0	-25	-95	-39	-27	-7	-13
2020 v 2019	-3	29	13	-13	41	-8	-4	-8	-34	21	32	19	-12	7	-27	17	-7

Figure 15: Number of children "active" on the CPNS at year-end by area, 2017- 2020

2.5 Out of Hours Services

Tusla provides out-of-hours services to ensure the provision of an appropriate response and place of safety for children found to be at risk outside normal working hours.

The Crisis Intervention Service comprises the National Out of Hours Service (NOHS), the Crisis Intervention Service Partnership (CISP) and the Emergency Fostering Support Service (EFSS).

Out-of-hours services are provided by the National Out of Hours Service (NOHS) which is based in Tusla's Offices, Brunel Building, Dublin. This service replaces the former Out of Hours Service which operated in Dublin/Wicklow/Kildare, the Cork Out of Hours Service and the Emergency Out of Hours Service (EOHS) which covered all other counties.

A team of eight NOHS Social Workers are available from Monday to Sunday between 6pm and 7am 365 days a year and each Saturday/Sunday and Public Holiday from 9am - 5pm. The CISP team comprises seven staff who provide a service from Monday to Friday 9pm to 5pm.

The National Out-of-Hours Service provides a service to children and young people in the areas of Dublin, Kildare and Wicklow and nationally through a phone support service to An Garda Síochána (AGS), hospital staff and mandated reporters. It primarily supports AGS in the execution of their duties and responsibilities to children and young persons under Section 12 of the Child Care Act 1991 and provides the following services:

- A National Call Centre providing social work consultation and advice to AGS, hospital staff and mandated reporters;
- Placements for children under Section 12(3) of the Child Care Act 1991 provided on contract by an external contractor;
- Access to AGS and hospital staff to a National On-Call Local Social Worker;
- Access to an On-Call Principal Social Worker for consultation on escalated cases.

Types of referrals to the National Out of Hours include:

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

Where possible the NOHS tries to avoid placement of children in emergency accommodation, preferred options include placement of the child or young person with other family/friends or facilitating the child or young person to return home through mediating between parties where a breakdown in family relations has occurred.

The Emergency Fostering Support Service provides Tusla Foster carers, phone support access to a NOHS Social Worker outside of normal office hours. This phone-based support service assists foster carers in the event that an emergency situation arises regarding a child in their foster care.

Tusla recognises that foster carers should have out of hours support to reflect the reality of family life. The aim of the service is to ensure that foster carers have access to support information and advice as needed.

KEY FACTS

- Referrals to Tusla's National Out of Hours Service continue to increase; 2,281 referrals in 2020, a 4% (95) increase on the 2019.
- 17% (110) decrease in the number of children placed by the NOHS service in 2020; 525 children placed by the NOHS in 2020, 110 fewer than 2019 and the fewest number since 2016 (480).

In 2020, there were 2,281 referrals to Tusla's National Out of Hours Service, 95 (4%) more than 2019 and the highest number for the six years 2015 – 2020 (Figure 16). Referrals to the NOHS are up 74% (973) on 2015. Since the establishment of the NOHS there has been a steady increase in the number of children/families referred to the service. This may be due to a number of factors including better awareness among professionals of the availability of out of hours social work services, in addition to the provision of a mandated persons support line and fostering support line.

There were 525 children placed by the NOHS in 2020, 110 (17%) fewer than 2019 when the highest number (635) for the period 2015 – 2019 was reported. This is the first decrease after three consecutive increases.

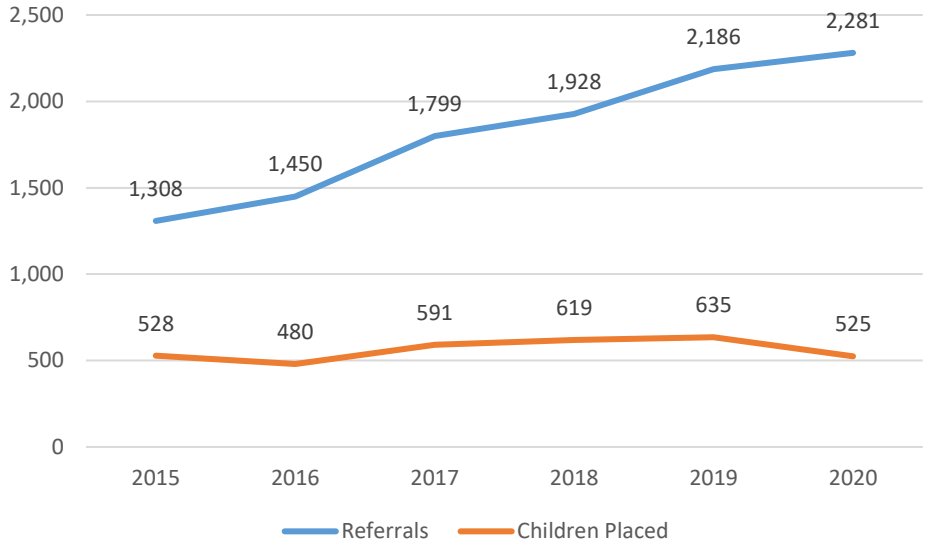


Figure 16: Referrals to Tusla's National Out of House Service & Number of Children Placed, 2015 - 2020

The NOHS supplied 5,276 nights accommodation in 2020, a 31% (1,251) increase on 2019 (4,025).

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 6 for definitions.

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

Where a child is taken into care it is frequently agreed on a voluntary basis with the child's parents/guardians. In these cases, while the Agency has care of the child it must consider the parents' wishes as to how the care is provided. If no agreement is reached the Agency may apply to the courts for a number of different orders. These orders give the courts a range of powers, including decision-making about the type of care necessary and about access to the child for parents and other relatives. Refer to Glossary on page 7 for definitions.

3.1 First-time Admissions to Care

KEY FACTS

- 637 children came into care for the first time in 2020[27], 33 fewer than 2019 (670) and the fewest number for the five years 2016 – 2020. There has been little or no overall change since 2017 in the number children coming into care for the first-time.
- This equates to about 5 children for every 10,000 living in Ireland. Ranges from 2 per 10,000 children living in Dublin South East/Wicklow to 9 per 10,000 children living in Sligo/Leitrim/West Cavan.
- Most common age of children coming into care for the first-time, was under 1 year (16%; 104), followed by 2 years (7%; 46), 3 years (7%; 45) and 16 years (7%; 43).
- Neglect continues to be the most common reason for children coming into care for the first-time, accounting for almost half (44%; 278) of all children coming into care for the first-time in 2020.
- Percentage of children coming into care for the first-time because of emotional abuse is increasing; percentage of children coming into care for the first-time because welfare concerns is decreasing. No overall change in the percentage of children coming into care because of neglect, physical abuse or sexual abuse.

[27] Note: these children were never in State care prior to this admission

Number of First-Time Admissions[28]

- In 2020, 637 children came into care for the first time, representing about 5 children for every 10,000 under 18 years living in Ireland[29]. The number of children coming into care for the first-time is down 33 (5%) on 2019 (670) and is the fewest number for the period 2016 - 2020 (Figure 17). While it is too early to predict if this is the start of a downward trend, there has been little or no overall change in the number of children coming into care for the first-time since 2017. In interpreting these data, it should be noted that a small number of large sibling groups can have a significant effect on the data.

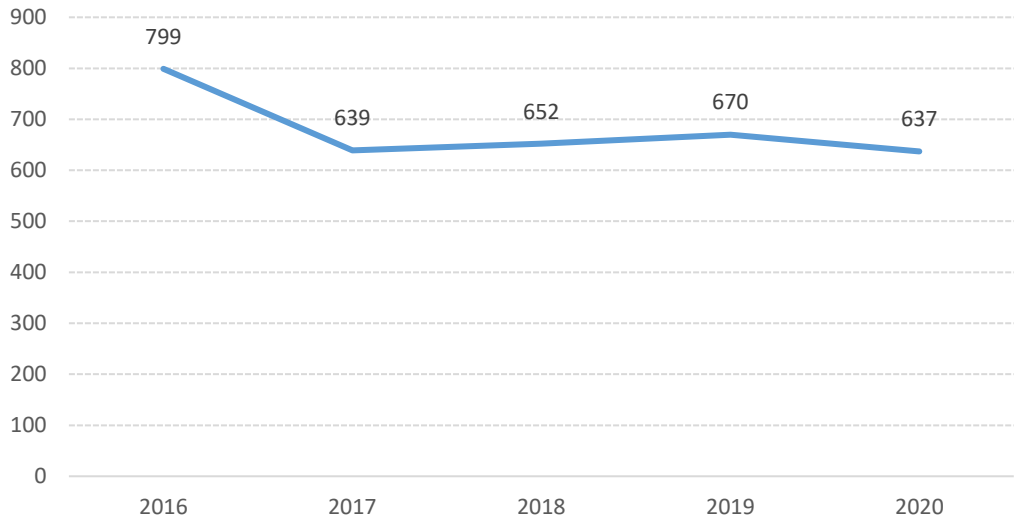


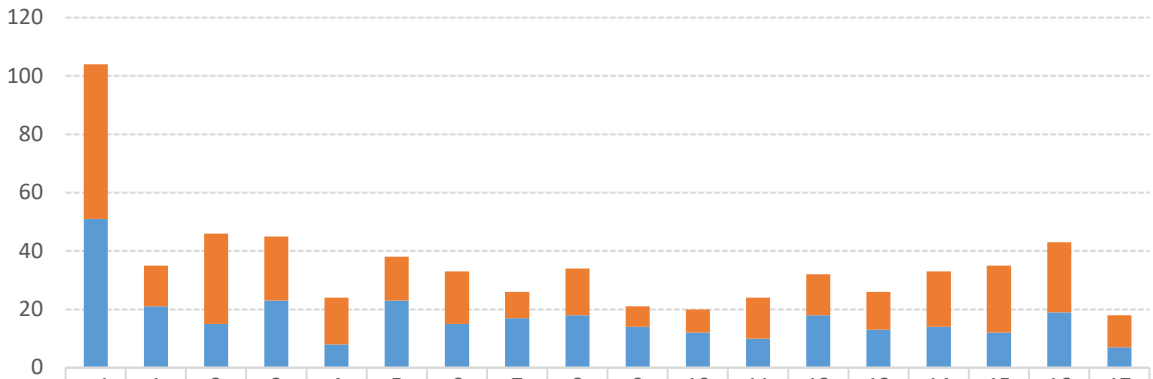
Figure 17: Number of children coming into care for the first-time, 2016 – 2020

Age and Gender

- More females (327; 51%) than males (310; 49%) came into care for the first-time in 2020, a reversal of previous years where more males than females came into care and also the general population (Census 2016, 51% male and 49% female).
- The most common age of children coming into care for the first-time was under one year, accounting for one in six (104; 16%) children, followed by 2 years (46; 7%), 3 years (45; 7%) and 16 years (43; 7%) (Figure 18). The number of children coming into to care for the first-time is increased with age from 10 years to 16 years.

[28] Collation of data on first-time admissions to care commenced in 2016. These children were never in State care prior to this admission

[29] The data on admissions to care presented in this section of the report excludes children in care under Tusla's Social Work Team for Separated Children Seeking International Protection. Data on children managed by Tusla's Social Work Team for Separated Children Seeking International Protection is presented separately in Section 3.7 of this report.



	< 1 year	1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years
Female	53	14	31	22	16	15	18	9	16	7	8	14	14	13	19	23	24	11
Male	51	21	15	23	8	23	15	17	18	14	12	10	18	13	14	12	19	7
Total	104	35	46	45	24	38	33	26	34	21	20	24	32	26	33	35	43	18
% of Total	16%	5%	7%	7%	4%	6%	5%	4%	5%	3%	3%	4%	5%	4%	5%	5%	7%	3%

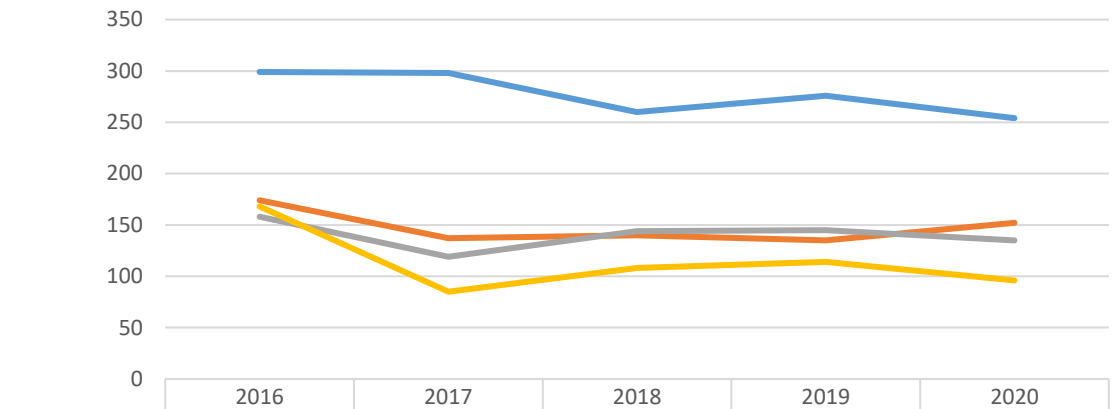
Figure 18: Children coming into care for the first-time, by age and gender, 2020

- When the number of children coming into care for the first-time is disaggregated by age group, the percentage breakdown for 2020 is broadly similar to that for 2019 and previous years, with the 0-4 years accounting for the highest proportion of children coming into care at 40% in 2020 (Table 19 and Figure 19).
- The figures indicate that the 0-4 years age is group is more heavily represented (40%) than in the general population (28%), while the 5-9 years and the 10-14 years age groups account for smaller proportions than in the general population (Table 19). The proportion of 15-17 year olds coming into care is similar to that in the general population.
- In terms of numbers, three of the four age groups show a decrease from 2019 in the number of children coming into care, with the largest decrease (22) observed for the 0-4 years. The number of children 0-4 years coming into to care in 2020 is also the fewest number for all years 2016 – 2020 and is down 15% (45) overall.
- It is too early to predict if the decrease in the number 15-17 year olds coming into year in 2020 is the start of a downward trend.

Table 19: Children coming into care for the first-time, by age group and year, 2016 - 2020

Age Band	2016	2017	2018	2019	2020	Δ 2020 v 2019	% Δ	General Pop*
0-4 years	299 (37%)	298 (47%)	260 (40%)	276 (41%)	254 (40%)	-22	-8%	331,515 (28%)
5-9 years	174 (22%)	137 (21%)	140 (21%)	135 (20%)	152 (24%)	17	13%	355,561 (30%)
10-14 years	158 (20%)	119 (19%)	144 (22%)	145 (22%)	135 (21%)	-10	-7%	319,476 (28%)
15-17 years	168 (21%)	85 (13%)	108 (17%)	114 (17%)	96 (15%)	-18	-16%	183,950 (15%)
Total	**799 (100%)**	**639 (100%)**	**652 (100%)**	**670 (100%)**	**637 (100%)**	**-33**	**-5%**	**1,190,502**

*Census 2016



	2016	2017	2018	2019	2020
0-4 yrs	299	298	260	276	254
5-9 yrs	174	137	140	135	152
10-14 yrs	158	119	144	145	135
15-17 yrs	168	85	108	114	96

Figure 19: Children coming into care for the first-time, by age group and year, 2016 -2020

Reasons for Admissions

- The most common reason for children coming into care for the first-time in 2020 was neglect, accounting for nearly half of all admissions (44%; 278), followed by welfare concerns accounting for a further 30% (192) of admissions (Figure 20).

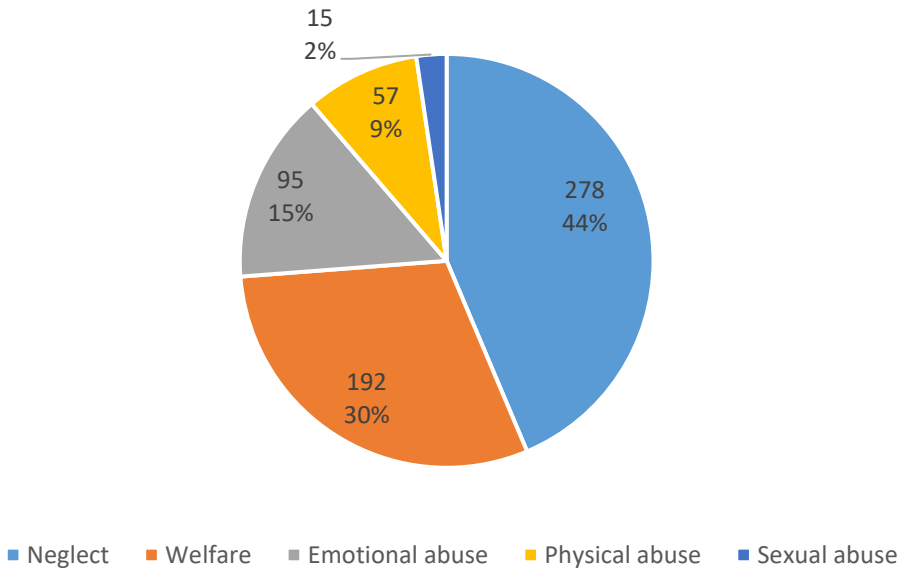
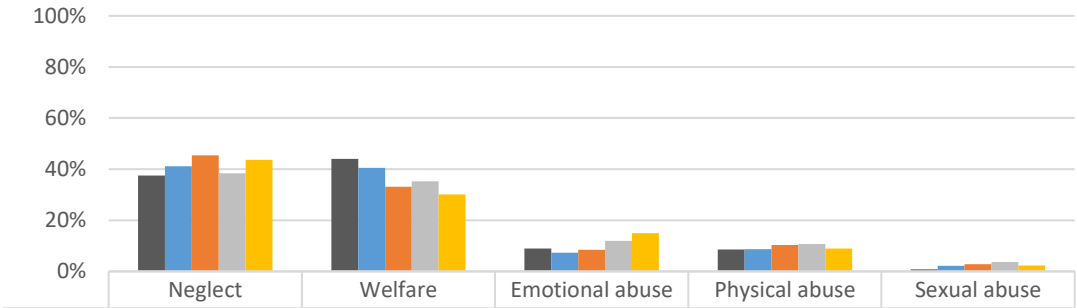


Figure 20: Breakdown of the reasons for children coming into care for the first-time, 2020

- As can be seen from the chart below (Figure 21) the percentage breakdown of the reasons for children coming into care for the first-time is broadly consistent with that for 2019 and previous years.
- When the data is viewed across the years, what becomes apparent, is an increase in the percentage of children coming into care because of emotional abuse and a decrease in the percentage of children coming into care because welfare concerns. The percentage of children coming into care

because of emotional abuse is up eight percentage points from 2017, while the percentage of children coming into care because of welfare concerns is down 11 percentage points from 2017. More detailed data is required to elucidate the reason(s) for this particular change in pattern. Over the same period, there has been little or no overall change in the number and proportion of children coming into care for the first-time, because of neglect, physical abuse and sexual abuse.



	Neglect	Welfare	Emotional abuse	Physical abuse	Sexual abuse
% 2016	38%	44%	9%	9%	1%
% 2017	41%	41%	7%	9%	2%
% 2018	45%	33%	8%	10%	3%
% 2019	38%	35%	12%	11%	4%
% 2020	44%	30%	15%	9%	2%
# 2016	300	352	72	69	6
# 2017	263	259	47	56	14
# 2018	296	216	55	67	18
# 2019	257	236	80	72	25
# 2020	278	192	95	57	15

Figure 21: Breakdown of the reasons for children coming into care for the first-time, 2016 – 2020

Care Placements

- Of the 637 children who came into care for the first-time in 2020, 86% (545) were placed in foster care and of these one in five (23%; 123) was placed with relatives (Figure 22).

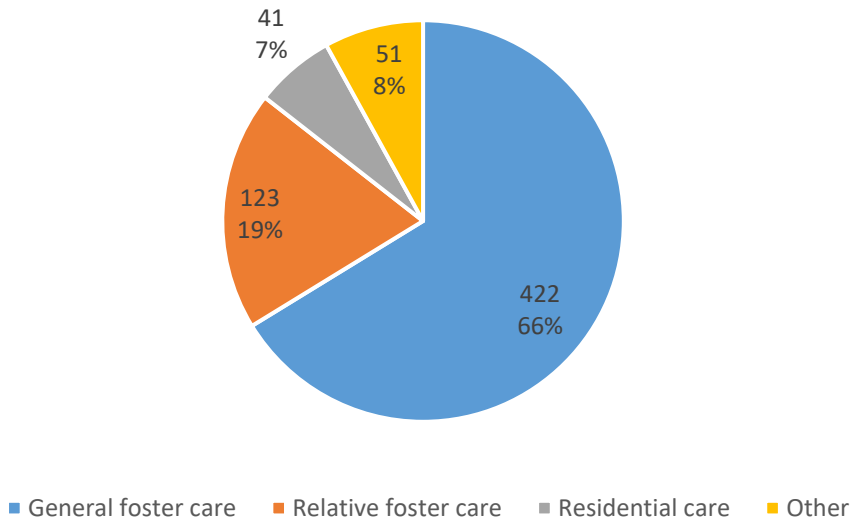
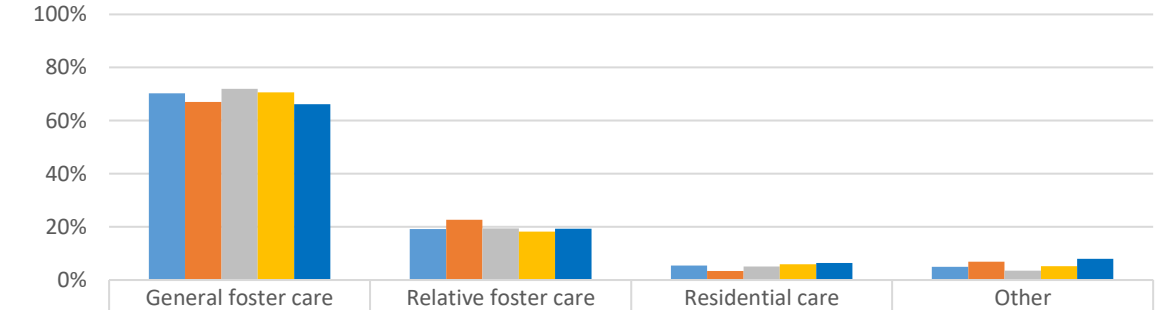


Figure 22: Breakdown of children coming into care, by placement type, 2020

- The percentage breakdown of placement type for children coming into care for the first-time is broadly consistent with that for 2019 and previous years (Figure 23). While there has been little or no overall change in the percentage of children placed in foster care over the four-year period 2016 – 2020, the percentage of children placed in residential care, although relatively small overall, has increased year on year since 2017 and is up three percentage points overall. While further analysis is required, this increase in the percentage of children placed in residential care may reflect an increase in children with challenging behaviours and complex needs and particularly older children where substance misuse and associated criminal behaviour maybe a feature.



	General foster care	Relative foster care	Residential care	Other
% 2016	70.3%	19.1%	5.5%	5.0%
% 2017	67.0%	22.7%	3.4%	6.9%
% 2018	71.9%	19.5%	5.1%	3.5%
% 2019	70.6%	18.2%	6.0%	5.2%
% 2020	66.2%	19.3%	6.4%	8.0%
# 2016	562	153	44	40
# 2017	428	145	22	44
# 2018	469	127	33	23
# 2019	473	122	40	35
# 2020	422	123	41	51

Figure 23: Breakdown of children coming into care, by placement type, 2016 – 2020

First-Time Admissions by Area

- Cork – the area with the largest population of children under 18 years - reported the highest number (60) of children coming into care for the first-time in 2020, followed by Galway/Roscommon (60) and Dublin South Central (51). Mayo reported the fewest number (12), followed by Dublin South East/Wicklow (14) and Kerry (16) (Table 20).

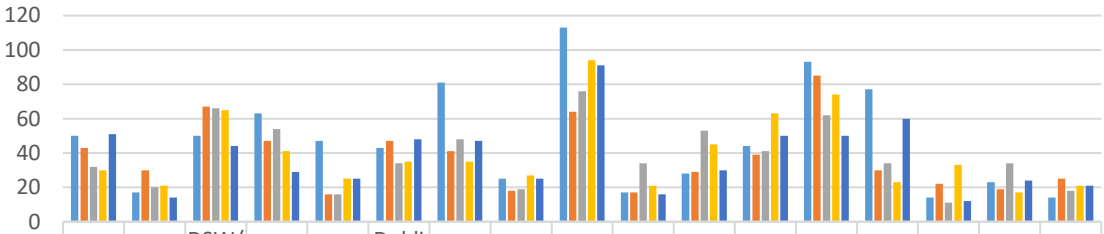
- As with other data presented in this report, the rate of children coming into care for the first-time varies widely across the 17 areas, ranging from about 2 per 10,000 children living in Dublin South East/Wicklow to 9 per 10,000 children living in Sligo/Leitrim/West Cavan (Table 20). Eight areas reported a rate higher than the national average (5.4/10,000).

- Areas like Sligo/Leitrim/West Cavan and Cavan/Monaghan with the smaller numbers of children under 18 years report some of the highest rates of children coming into care. Whereas areas like Dublin South West/Kildare/West Wicklow and Midlands with higher numbers of children under 18 years report some of the lowest rates of admission, implying, as with other data presented in this report, that there are other factors influencing admissions to care.

Table 20: Children coming into care, by area, 2020 (ranked by rate)

Area	# First-time admissions	0-17 years pop	Rate / 10,000 population
Sligo/Leitrim/West Cavan	21	23,554	8.9
Dublin South Central	51	65,564	7.8
Galway/Roscommon	60	79,912	7.5
Waterford/Wexford	50	68,513	7.3
Cavan/Monaghan	25	36,446	6.9
Cork	91	134,015	6.8
Donegal	24	42,865	5.6
Dublin North City	25	44,927	5.6
Midwest	50	96,266	5.2
Louth/Meath	47	93,093	5
Dublin North	48	100,654	4.8
Carlow/Kilkenny/South Tipperary	30	63,009	4.8
Kerry	16	34,527	4.6
Dublin South West/Kildare/West Wicklow	44	108,186	4.1
Mayo	12	31,968	3.8
Midlands	29	80,193	3.6
Dublin South East Wicklow	14	86,810	1.6
Total	**637**	**1,190,502**	**5.4**

- Five of the 17 areas reported an increase from 2019 in the number of children coming into care for the first-time (Figure 24). The largest increase was reported by Galway/Roscommon (up 37) followed by Dublin South Central (up 21), Dublin North (up 13), Louth/Meath (up 12) and Donegal (up 7). The largest decreases were reported by Midwest (down 24), Dublin South West / Kildare / West Wicklow (down 21) and Mayo (down 21).
- As can be seen from the chart below, fluctuation from one year to the next in the number of children coming into care for the first-time is common. As mentioned previously, a small number of large sibling groups can also have a significant effect on the data.



	DSC	DSE/ WW	DSW/ K/W W	Midla nds	DNC	Dubli n North	LH/M H	CN/ MN	Cork	Kerry	CW/K K/ST	WD/ WX	Midw est	GY/R N	Mayo	Done gal	SLWC
2016	50	17	50	63	47	43	81	25	113	17	28	44	93	77	14	23	14
2017	43	30	67	47	16	47	41	18	64	17	29	39	85	30	22	19	25
2018	32	20	66	54	16	34	48	19	76	34	53	41	62	34	11	34	18
2019	30	21	65	41	25	35	35	27	94	21	45	63	74	23	33	17	21
2020	51	14	44	29	25	48	47	25	91	16	30	50	50	60	12	24	21
2019 v 2020	21	-7	-21	-12	0	13	12	-2	-3	-5	-15	-13	-24	37	-21	7	0

Figure 24: Children coming into care, by area, 2016-2020

3.2 Total Admissions to Care

KEY FACTS

- Total number of admissions to care continue to decrease; 837 admissions to care in 2020, seven fewer than 2019 (844) and the fewest number for the five years 2016 to 2020.
- Most common ages at admission are < 1 year (14%) and 16 years (8%).
- In 2020, one in four of all admissions to care (24%; 200) was a second or subsequent admission.
- Most common reason for admission to care in 2020, was neglect (43%) followed by welfare concerns (33%).
- Admissions to care due to emotional abuse are increasing; admissions to care due to welfare concerns are decreasing.
- 85% (712) of admissions were to foster care, consistent with previous years.
- Voluntary admissions to care (agreement with parents/guardians) continue to decrease; 47% (392) of admissions in 2020 were voluntary down seven percentage points from 2019 (54%), and the lowest percentage for the five years 2016 – 2020.
- Increase in admissions under an emergency care order; 201 in 2020, 25 more than 2019 (176) and the highest number for the period 2016 – 2020.

Number of Admissions

- The data presented in this section of the report refers to all admissions to care in the year[30], as opposed to children admitted to care for the first-time (previous section of the report). The data also refers to incidences of admission that occurred during the year and not the number of individual children admitted – a child can have more than one admission into care during the year.
- In 2020, there were 837 admissions to care, seven fewer than 2019 (844) and the fewest number for the five years 2016 - 2020 (figure for 2016 (1,047), partial figure[31]) (Figure 25)[32]. The number of admissions to care is down at least 20% (210) on 2016. However, as can be seen from the chart the rate of decrease has slowed in recent years. As with the data on first-time admissions, it should be noted that a small number of large sibling groups can have a significant effect on the data.

[30] The data on admissions to care presented in this section of the report excludes children in care under Tusla's Social Work Team for Separated Children Seeking International Protection. Data on children managed by Tusla's Social Work Team for Separated Children Seeking International Protection is presented separately in Section 3.7 of this report.

[31] This data does not include second or subsequent admissions for one area (Midwest). This data was not available from the area

[32] Data for 2016 -2020 inclusive is not comparable with data for previous years due to a definitional change in the metric in 2015 to count children admitted to respite care from home separately. Prior to 2015 these children were included in the count for admissions to care. Admissions into respite care from home are not new admissions to care and hence the decision to count them separately. Some areas inadvertently included admissions into respite care from home with their count of admissions for 2015.

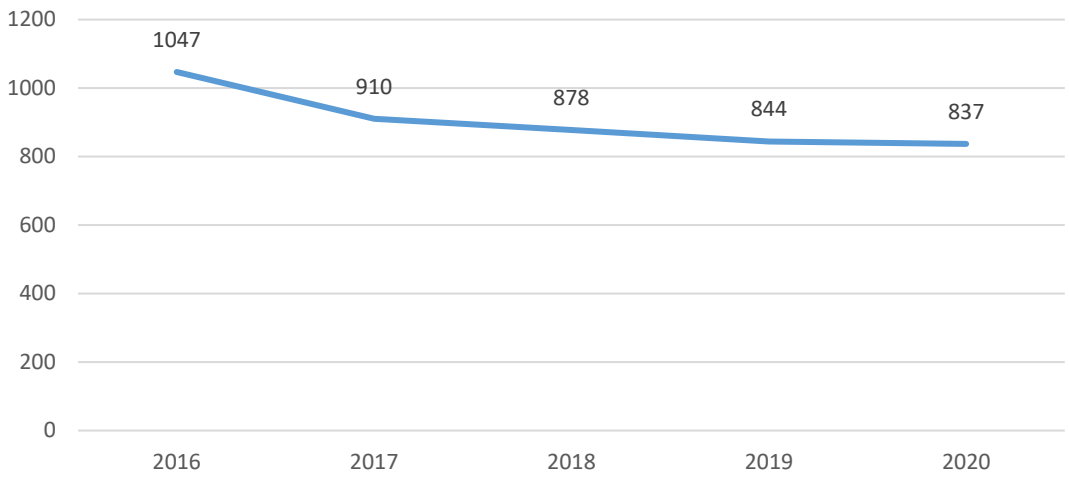


Figure 25: Total admissions to care, 2016 – 2020

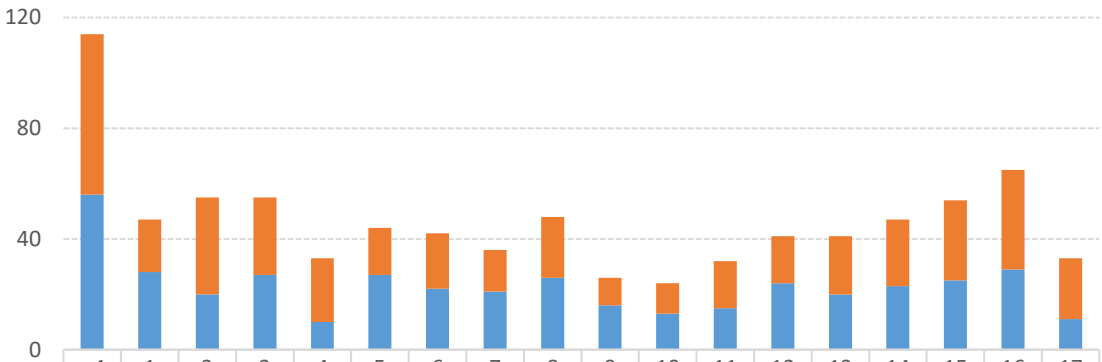
- In 2020, 24% (200) of all admissions (837) were second or subsequent admissions, up from 21% (174) in 2019, but lower than 2018 (26%) and 2017 (30%) (Table 21). Note, data on placement stability is presented later on in Section 3.3 of this report.

Table 21: First time admissions to care and repeat admissions to care, 2016 - 2020

Year	# First-time Admissions	# Total Admissions	≥ 2 admissions	% of Admissions 2nd or subsequent
2020	**637**	**837**	**200**	**24%**
2019	670	844	174	21%
2018	652	878	226	26%
2017	639	910	271	30%
2016	799	1,047*	248*	24%

Age and Gender

- Of the 837 admissions to care, 49% (413) were male and 51% (424) were female which is the reverse of the general population (Census 2016, 51% males and 49% females).
- The most common age at admission were under 1 year (14%; 114) followed by 16 years (65; 8%). As can be seen from the chart below the number of admissions to care is increased with age from 10 years to 16 years (Figure 26).



	< 1 year	1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years
Females	58	19	35	28	23	17	20	15	22	10	11	17	17	21	24	29	36	22
Males	56	28	20	27	10	27	22	21	26	16	13	15	24	20	23	25	29	11
Total	114	47	55	55	33	44	42	36	48	26	24	32	41	41	47	54	65	33
% of Total	14%	6%	7%	7%	4%	5%	5%	4%	6%	3%	3%	4%	5%	5%	6%	6%	8%	4%

Figure 26: Admissions to care by age and gender, 2020

- When the admissions are disaggregated by age group the percentage breakdown for 2020 is similar to that for 2019 and previous years with the 0-4 years accounting for the highest proportion of admissions at 36% in 2020.
- In terms of numbers, decreases were observed (from 2019) in three of the four age groups with the largest decrease observed in the 0-4 years age group (down 23) (Table 22).

Table 22: Admissions to care, by age group, 2016 - 2020

Age Group	2016	2017	2018	2019	2020	2020 v 2019	% Δ
0-4 years	369 (35%)	369 (41%)	324 (37%)	327 (39%)	**304 (36%)**	-23	-7%
5-9 years	222 (21%)	191 (21%)	197 (22%)	169 (20%)	**196 (23%)**	27	16%
10-14 years	218 (21%)	192 (21%)	208 (24%)	187 (22%)	**185 (22%)**	-2	-1%
15-17 years	238 (23%)	158 (17%)	149 (17%)	161 (19%)	**152 (18%)**	-9	-6%
Total	**1047 (100%)**	**910 (100%)**	**878 (100%)**	**844 (100%)**	**837 (100%)**	**-7**	**-1%**

Reasons for Admissions

- In 2020, the most common reason for admission was neglect accounting for 43% (360) of all admissions followed by welfare concerns accounting for a further 33% (276) of admissions (Figure 27). Combined, these two reasons account for 76% (636) of all admissions. The least common reason for admission to care was sexual abuse, accounting for 2% (17) of all admissions.

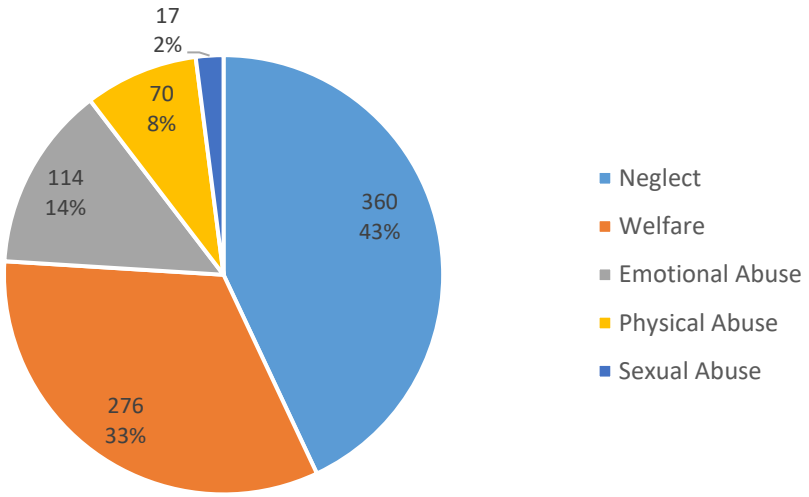
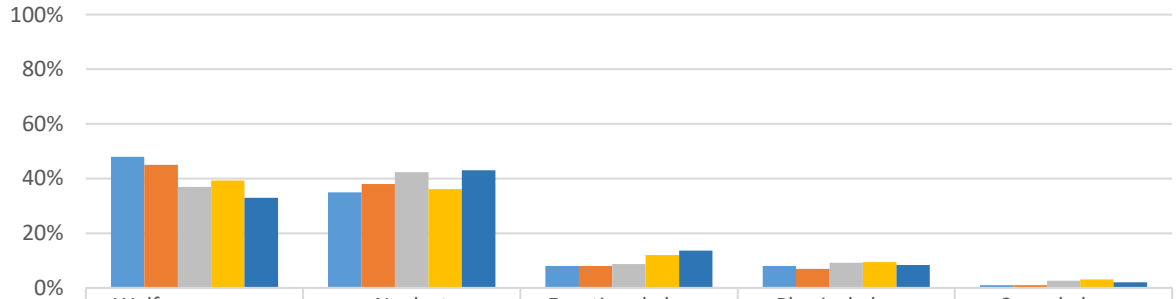


Figure 27: Admissions to care by reason, 2020

- The percentage breakdown of admissions by reason for admission is broadly consistent with 2019 and previous years (Figure 28).
- As with the first-time admissions, the percentage of admissions due to emotional abuse is increasing – year on year increase since 2017, while the percentage of admissions due to welfare concerns is decreasing. The percentage of admissions due to emotional abuse is up six percentage points from 2017, while the percentage of admissions due to welfare concerns is down 15 percentage points from 2016. Over the same period 2016 – 2020, there has been little or no overall change in the percentage of admissions due to neglect, physical abuse and sexual abuse.



	Welfare concern	Neglect	Emotional abuse	Physical abuse	Sexual abuse
% 2016	48%	35%	8%	8%	1%
% 2017	45%	38%	8%	7%	1%
% 2018	37%	42%	9%	9%	3%
% 2019	39%	36%	12%	9%	3%
% 2020	33%	43%	14%	8%	2%
# 2016	503	365	83	84	12
# 2017	409	348	73	67	13
# 2018	325	372	77	81	23
# 2019	332	305	101	80	26
# 2020	276	360	114	70	17

Figure 28: Reasons for admission, 2016 – 2020

Care Placements

- 85% (712) of admissions to care in 2020 were to foster care and of these 23% (166) were to foster care with relatives (Table 23). The percentage of admissions to general foster care (65%) is down seven percentage points from 2019 and is the lowest percentage for the five years 2016 – 2020. In contrast, the percentage of admissions due relative foster care is up three percentage points from 2019 and is the highest percentage of the five years 2016 -2020. It is too early to predict if this is the start of a changing pattern.

- The number of admissions to residential care continues to increase with 62 admissions in 2020, eight more admissions than 2019 and a year on year increase from 2017. Admissions to residential care are up 32% (15) since 2017. As with the first-time admissions this increase in admissions to residential care most likely reflects an increase in challenging behaviours and complexity of need of children requiring admission to care.

Table 23: Admissions to care by placement type, 2016 - 2020

Placement type	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019	# 2020	% 2020
Residential care (incl. special care)	69	7%	47	5%	53	6%	54	6%	**62**	**7%**
General foster care	743	71%	635	70%	638	73%	604	72%	**546**	**65%**
Foster care with relatives	180	17%	166	18%	153	17%	144	17%	**166**	**20%**
Other	55	5%	62	7%	34	4%	42	5%	**63**	**8%**
Total	**1,047***	**100%**	**910**	**100%**	**878**	**100%**	**844**	**100%**	**837**	**100%**

*Partial figure

Legal Reasons for Admission

- In 2020, 47% (392) of all admissions to care were voluntary admissions (where it was agreed with the child's parent/guardian). The percentage of voluntary admissions is down seven percentage points from 2019 (54%) and is the lowest percentage for the five years 2016 - 2020 (Table 24). As can be seen from the table below, the number of voluntary admissions has decreased year on year since 2016 and is down 33% (192) overall.

- The remaining admissions (445; 53%) were on foot of an application to the court of which the largest number (230; 52%) were admissions under an interim care order (Section 17 Child Care Act 1991). This is consistent with the pattern observed in previous years. Twenty-four percent (201) of all admissions or 45% of admissions under an order of the court were under an emergency care order (Section 13 Child Care Act 1991).

- The number of admissions under an emergency care order is up 14% (25) from 2019 and is the highest number reported for the five years 2016 to 2020. As a percentage of all admissions, admissions under an emergency care order are up three percentage points from 2019, the highest percentage for the five years 2016 to 2020. While the reason(s) for the increase requires further examination, it is possible that the increase observed in 2020 may, at least in part, be explained by the increase in domestic violence that was reported by An Garda Síochána and other services during the period of Covid-19 restrictions. This would also tie in with the increase (from 2019) in admissions due to neglect.

Table 24: Admissions to care by legal status, 2016 – 2020

Legal Status	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019	# 2020	% 2020
Emergency Care Order	174	17%	150	17%	138	16%	176	21%	**201**	**24%**
Interim Care Order	186	18%	192	21%	183	21%	194	23%	**230**	**27%**
Care Order	54	5%	48	5%	56	6%	11	1%	**12**	**1%**
Other Court Order	15	1%	30	3%	17	2%	10	1%	**2**	**0.2%**
Voluntary admissions	584	58%	490	54%	484	55%	453	54%	**392**	**47%**
Total	**1,013***	**100%**	**910**	**100%**	**878**	**100%**	**844**	**100%**	**837**	**100%**

*Legal status was not available for 34 admissions

Admissions by Area

- As can be seen from the table below (Table 25), there is wide variation in the number of admissions to care across the 17 areas with the highest for 2020 reported by Cork (107) and the fewest number reported by Mayo (16).
- Ten areas reported a decrease in admissions from 2019. Six areas reported an increase, while the remaining area (Waterford/Wexford) reported no change. As before, this data needs to be interpreted in the context of small numbers and the effect of any large sibling groups.
- The largest decrease was reported by Mayo (down 25) followed by Midlands (down 21) and Dublin South West/Kildare/West Wicklow (down 19).
- Galway/Roscommon reported the largest increase (up 40) followed by Dublin North City (up 24) and Louth/Meath (up 19).
- In 2020, the percentage of admissions that were second or subsequent admissions ranged from 57% (33/58) in Dublin North City to 8% (24/26) in Donegal (Table 25). Nine areas reported a percentage equal to or higher than the national average of 24%. The reason(s) for the variation in second and subsequent admissions requires further examination.

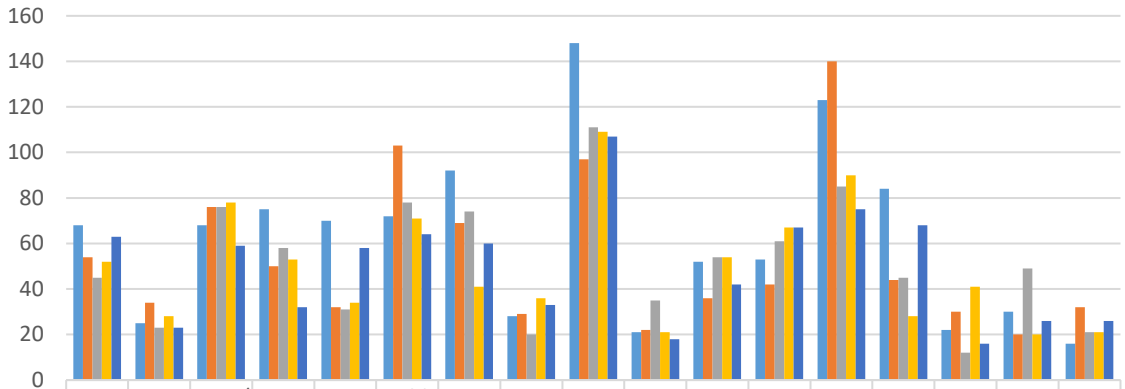
Table 25: Admissions to care by area, 2016 – 2020

Area	# 2016	# 2017	# 2018	# 2019	# 2020	2020 v 2019	# First-Time 2020	# repeat	% repeat
DSC	68	54	45	52	**63**	11	**51**	12	19%
DSE/WW	25	34	23	28	**23**	-5	**14**	9	39%
DSW/K/WW	68	76	76	78	**59**	-19	**44**	15	25%
Midlands	75	50	58	53	**32**	-21	**29**	3	9%
DNC	70	32	31	34	**58**	24	**25**	33	57%
Dublin North	72	103	78	71	**64**	-7	**48**	16	25%
LH/MH	92	69	74	41	**60**	19	**47**	13	22%
CN/MN	28	29	20	36	**33**	-3	**25**	8	24%
Cork	148	97	111	109	**107**	-2	**91**	16	15%
Kerry	21	22	35	21	**18**	-3	**16**	2	11%
CW/KK/ST	52	36	54	54	**42**	-12	**30**	12	29%

WD/WX	53	42	61	67	**67**	0	**50**	17	25%
Midwest	123	140	85	90	**75**	-15	**50**	25	33%
GY/RN	84	44	45	28	**68**	40	**60**	8	12%
Mayo	22	30	12	41	**16**	-25	**12**	4	25%
Donegal	30	20	49	20	**26**	6	**24**	2	8%
SLWC	16	32	21	21	**26**	5	**21**	5	19%
Total	**1,047***	**910**	**878**	**844**	**837**	**-7**	**637**	**200**	**24%**

*Partial figure

- As with the first-time admissions, fluctuation in admissions to care across the areas from one year to the next is common (Figure 29). Over the four-year period 2016-2020 no area reported four consecutive increases or decreases. One area (Dublin North) reported three consecutive decreases (2017-2020). Two areas Dublin South Central and Dublin North City) reported two consecutive increases while three areas (Cork, Kerry and Midlands) have reported two consecutive decreases.



	DSC	DSE/ WW	DSW/ K/W W	Midla nds	DNC	Dubli n North	LH/M H	CN/M N	Cork	Kerry	CW/K K/ST	WD/ WX	Midw est	GY/R N	Mayo	Done gal	SLWC
2016	68	25	68	75	70	72	92	28	148	21	52	53	123	84	22	30	16
2017	54	34	76	50	32	103	69	29	97	22	36	42	140	44	30	20	32
2018	45	23	76	58	31	78	74	20	111	35	54	61	85	45	12	49	21
2019	52	28	78	53	34	71	41	36	109	21	54	67	90	28	41	20	21
2020	63	23	59	32	58	64	60	33	107	18	42	67	75	68	16	26	26
2020 v 2019	11	-5	-19	-21	24	-7	19	-3	-2	-3	-12	0	-15	40	-25	6	5

Figure 29: Admissions to care by area, 2016 - 2020

3.3 Children in Care

KEY FACTS

- The number of children in care[33] continues to decrease; 5,818 children in care at the end of 2020, 133 (2%) fewer than 2019 and 566 (9%) fewer than 2015.
- The number of children in care equates to about 5 children for every 1,000 living in Ireland.
- The number of children in care is increased with increasing age with the highest number aged 17 years (516; 9%).
- 92% (5,338) of children in care at the end of 2020 were in foster care, consistent with previous years.
- Neglect is the most common reason being in care, accounting for almost half (46%) of all children in care.
- Three out of four (77%; 4,502) children in care at the end of 2020 were in care under an order of the court; year on year increase since 2015 (65%).
- The percentage of children in care under a voluntary agreement is decreasing.
- Just over half of children in care at the end of 2020, were in care for 5 years or less and of these one in five (21%) was in care for less than a year.
- 3% (179) of all children in care at the end of 2020 were in their third or greater placement within the previous 12 months. This is an increase from the 2.3% (137) reported in 2019 and the highest percentage for all years 2015 to 2020.
- 16 (0.3%) children in care at the end of 2020 where is a placement outside of Ireland, four fewer than 2019. All but three, were in foster care.
- Further increase in the number of children 12 years and younger in residential placements; 60 children 12 years and younger were in residential placements at the end of 2020, 13 more than 2019 (47) and 21 more than 2017 (39).
- The number of children in care in placements with private providers continues to increase with 692 (12%) children in placements with private providers at the end of 2020, 36 (5%) more than 2019 and 196 (40%) more than 2015.
- 96% of children in care aged 16-15 years and 95% of 16 -17 years olds in full-time education (as per their care plan) at the end of 2020, consistent with previous years.

[33] The data excludes children in care under Tusla's Social Work Team for Separated Children Seeking International Protection. Data on children managed by Tusla's Social Work Team for Separated Children Seeking International Protection is presented separately in Section 3.7 of this report.

Number of Children in Care

- The year 2020 saw a further decrease in the number of children in the care of the State. As can be seen from the chart below, there were 5,818 children in the care at the end of 2020, 133 (2%) fewer than 2019 and the fewest number for the six years 2015 to 2020 (Figure 30)[34]. The number of children in care has fallen year on year over the period and is down 9% (566) overall[35].

- The reason(s) for this downward trend is not easily understood and most likely reflects a combination of internal and external factors, for example greater focus on early intervention and prevention from the establishment of Tusla, ongoing development of family support services, changes in approach to practice (Signs of Safety approach), enhanced oversight and supervision of case management, improved data quality and a possible reduction in the number of care orders sought and/or granted.

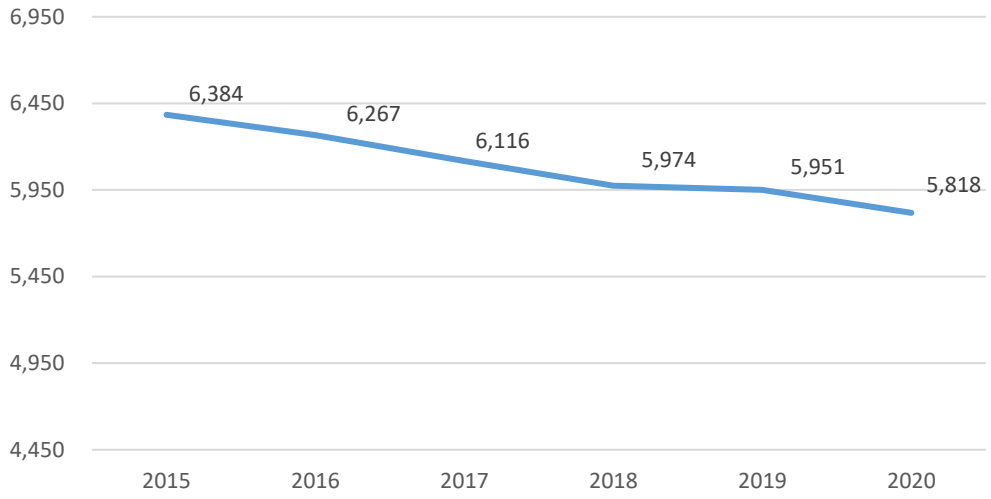


Figure 30: Children in care, 2015 – 2020

- The number of children in care equates to about 5 per 1,000 children under 18 years living in Ireland. Table 26 shows the rate of children in care per 1,000 child population in other jurisdictions[36]. 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 and England are showing a year on year increase from 2016, while Scotland and Wales report no change from 2019.

[34] The data on children in care presented in this section of the report excludes children in care under Tusla's Social Work Team for Separated Children Seeking International Protection. Data on children managed by Tusla's Social Work Team for Separated Children Seeking International Protection is presented separately in Section 3.7 of this report.

[35] Data for the period 2015 – 2020 is not comparable with data for previous years, due to a definitional change in the metric in 2015 to count children in respite care from home separately. Prior to 2015, these children were included in count for children in care.

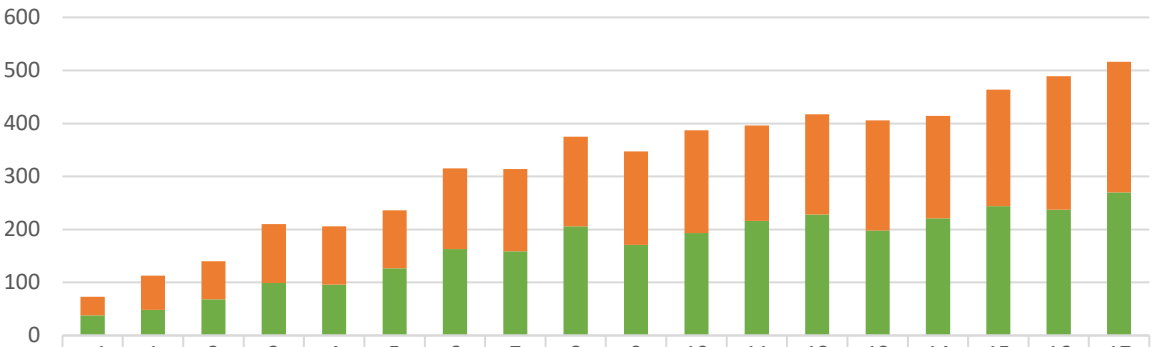
[36] https://www.gov.scot/publications/childrens-social-work-statistics-2019-20/%20 Table 2.8 cross-comparison table for the UK

Table 26: Children in care in other jurisdictions, rate per 1,000 child population

Jurisdiction	2017	2018	2019	2020
Ireland (Dec)	5.1	5	5	4.9
Northern Ireland (March)	6.9	7.1	7.5	7.7
England (March)	6.2	6.4	6.5	6.7
Wales (March)	9.5	10.2	10.9	10.9
Scotland (March)	10.8	10.5	10.4	10.4

Age and Gender

- Slightly more males (2,982; 51%) than females (2,836; 49%) were in care at the end of 2020; a similar pattern to previous years and consistent with the general population (Census 2016, 51% boys and 49% girls).
- The number of children in care is increased with increasing age with the highest number aged 17 years (9%; 516) and the fewest number under a year 1 (1%; 73) (Figure 31).



	< 1 year	1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years
Females	35	65	72	111	110	109	152	155	169	176	194	180	189	208	193	220	252	246
Males	38	48	68	99	96	127	163	159	206	171	193	216	228	198	221	244	237	270
Total	73	113	140	210	206	236	315	314	375	347	387	396	417	406	414	464	489	516
% Total	1%	2%	2%	4%	4%	4%	5%	5%	6%	6%	7%	7%	7%	7%	7%	8%	8%	9%

Figure 31: Children in care by age and gender, 2020

- When the number of children in care is disaggregated by age group, the largest percentage of children in care were in the 10-14 years' age group (35%) followed by the 5-9 years age group (27%). The 0-4 years age group comprises the smallest percentage of children in care at 13% (Table 27). Sixty percent of children in care (3,489) at the end of 2020 were 10 years or older, a similar breakdown to previous years.
- When that data are compared to the general population, the percentage of children in care in the 0-4 years age group is significantly lower than that in the general population (13% versus 28% in the general population[37]), while the percentage of children in care in the 15-17 years age group is significantly higher (25% versus 15% in the general population). The percentages of children in

[37] CSO: Census 2016

care in the other two age groups are relatively consistent with those of the general population (30% and 28% respectively).

- In terms of numbers, decreases were observed in 2020 across all four age groups with the 0-4 years cohort experiencing the largest decrease (7%; 53) from 2019. The number of children in care in the 0-4 years age group has fallen year on year from 2016 and is down 20% (184) overall (Table 27 and Figure 32). The number of children in care in the 15-17 years age group has also decreased year on year from 2016 and is down 6% (94) overall.

Table 27: Children in care by age group and year, 2016 - 2020

Age Group	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019	# 2020	% 2020	2020 v 2019	% Δ
0-4	926	15%	896	15%	820	14%	795	13%	**742**	**13%**	-53	-7%
5-9	1654	26%	1661	27%	1634	27%	1625	27%	**1587**	**27%**	-38	-2%
10-14	2124	34%	2031	33%	1997	33%	2022	34%	**2020**	**35%**	-2	0.1%
15 - 17	1563	25%	1528	25%	1523	25%	1509	25%	**1469**	**25%**	-40	-3%
Total	**6267**	**100%**	**6116**	**100%**	**5974**	**100%**	**5951**	**100%**	**5818**	**100%**	-133	-2%

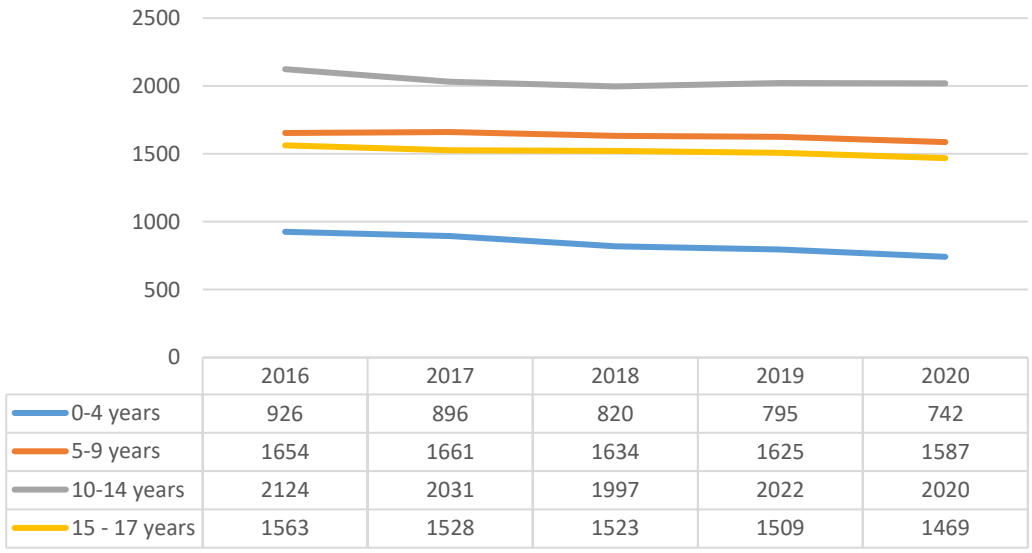


Figure 32: Children in care by age group and year, 2016 -2020

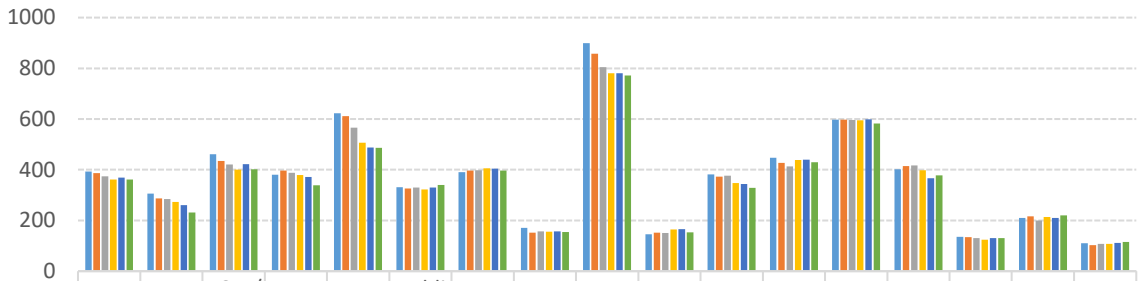
Children in Care by Area

- As with all datasets there is wide variation in the number and rate of children in care across Tusla's 17 areas.
- At the end of 2020, the number of children in care ranged from 772 in Cork to 115 in Sligo/Leitrim/West Cavan (Table 28). Similarly, the rate per 1,000 children under 18 years ranged from 10.8/1,000 children under 18 years in Dublin North City to 2.7/1,000 in Dublin South East / Wicklow. Eight areas reported a rate equal to or higher than the national average of 4.9/1,000 children under 18 years.
- Dublin South West/Kildare/West Wicklow and Dublin North with the second and third highest numbers of children under 18 years, reported some of the lowest rates, again implying that there are other factors besides population driving the number of children in care.

Table 28: Children in care by area, 2015 – 2020 (ranked by rate)

Area	2015	2016	2017	2018	2019	2020	Pop under 17 years	Rate/ 1,000 2020
DNC	623	612	566	507	488	**486**	44,927	10.8
WD/WX	447	427	413	439	440	**429**	68,513	6.3
Mid West	598	597	596	595	599	**582**	96,266	6.0
Cork	899	858	805	781	781	**772**	134,015	5.8
DSC	393	387	374	361	369	**362**	65,564	5.5
CW/KK/ST	382	373	377	347	344	**328**	63,009	5.2
Donegal	210	216	200	214	210	**220**	42,865	5.1
SLWC	110	103	108	108	111	**115**	23,554	4.9
GY/RN	402	414	417	398	366	**378**	79,912	4.7
Kerry	145	152	151	164	166	**153**	34,527	4.4
LH/MH	390	397	398	406	405	**397**	93,093	4.3
Midlands	380	397	388	379	371	**339**	80,193	4.2
CN/MN	171	152	157	156	157	**154**	36,446	4.2
Mayo	136	134	130	124	131	**130**	31,968	4.1
DSW/K/WW	461	435	421	400	422	**402**	108,186	3.7
Dublin North	331	326	330	322	330	**340**	100,654	3.4
DSE/WW	306	287	285	273	261	**231**	86,810	2.7
National	**6384**	**6267**	**6116**	**5974**	**5951**	**5818**	**1,19,0502**	**4.9**

- Thirteen of the 17 areas reported a decrease in children in care from 2019 with the largest decreases reported by Midlands (down 32), Dublin South East/Wicklow (down 30) and Dublin South West/Kildare/West Wicklow (down 20) (Figure 33).
- Of the four areas that reported an increase, the largest increase was reported by Galway/Roscommon with 12 more children in care followed by Dublin North and Donegal, both reporting ten more children in care.
- All but five areas (Donegal, Dublin North, Kerry, Louth/Meath and SLWC) had fewer children in care at the end of 2020 than 2015. Of the areas that reported a decrease from 2015, the largest decreases were reported by Dublin North City (down 137; 22%) and Cork (down 127; 14%)
- In terms of an underlying trend, two areas have reported five consecutive decreases from 2015 (Dublin South East / Wicklow and Dublin North City) while one area (Midlands) has reported four consecutive decreases. Of these areas, the largest overall decrease has been reported by Dublin North City (down 22%; 137). No area has reported more than two consecutive increases.



	DSC	DSE/ WW	DSW/ K/W W	Midlands	DNC	Dublin North	LH/M H	CN/ MN	Cork	Kerry	CW/K K/ST	WD/ WX	Mid West	GY/R N	Mayo	Donegal	SLWC
2015	393	306	461	380	623	331	390	171	899	145	382	447	598	402	136	210	110
2016	387	287	435	397	612	326	397	152	858	152	373	427	597	414	134	216	103
2017	374	285	421	388	566	330	398	157	805	151	377	413	596	417	130	200	108
2018	361	273	400	379	507	322	406	156	781	164	347	439	595	398	124	214	108
2019	369	261	422	371	488	330	405	157	781	166	344	440	599	366	131	210	111
2020	362	231	402	339	486	340	397	154	772	153	328	429	582	378	130	220	115
2020 v 2019	-7	-30	-20	-32	-2	10	-8	-3	-9	-13	-16	-11	-17	12	-1	10	4
2020 v 2015	-31	-75	-59	-41	-137	9	7	-17	-127	8	-54	-18	-16	-24	-6	10	5

Figure 33: Children in care by area, 2015 – 2020

Placement Type

- 92% (5,338) of children in care at the end of 2020 were in foster care and of these 28% (1,516) were in relative foster care, a pattern similar to previous years (Table 29). Residential care (special and general) makes up a relatively small (6.3%; 389), but significant number of placements within alternative care provision. The placement "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.

Table 29: Children in care by placement type, 2015 – 2020

Placement Type	# 2015	% 2015	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019	# 2020	% 2020
General foster care	4,110	64%	4,111	66%	4,023	66%	3,957	66%	3,924	66%	**3,822**	**66%**
Relative foster care	1,816	28%	1,715	27%	1,667	27%	1,594	27%	1,558	26%	**1,516**	**26%**
General residential	335	5%	307	5%	311	5%	332	5.6%	363	6.1%	**371**	**6%**
Special care	16	<1%	12	0.2%	12	0.2%	14	0.2%	14	0.2%	**18**	**0.30 %**
Other	107	2%	122	2%	103	2%	77	1.3%	92	1.6%	**91**	**2%**
Total	**6,384**	**100%**	**6,267**	**100%**	**6,116**	**100%**	**5,974**	**100%**	**5,951**	**100%**	**5,818**	**100%**

- In terms of numbers, there were 102 (3%) fewer children in general foster care and 42 (3%) fewer children in relative foster care at the end of 2020 than there were at the end of 2019 (Figure 34). Since 2015, there has been a 7% (288) decrease in the number of children in general foster care and a 17% (300) decrease in the number of children in relative foster care.

- The number of children in residential care (general and special care) is up 3% (12) on 2019. In contrast to foster care, there has been a year on year increase in children in residential care since 2016, up 22% (70) overall.

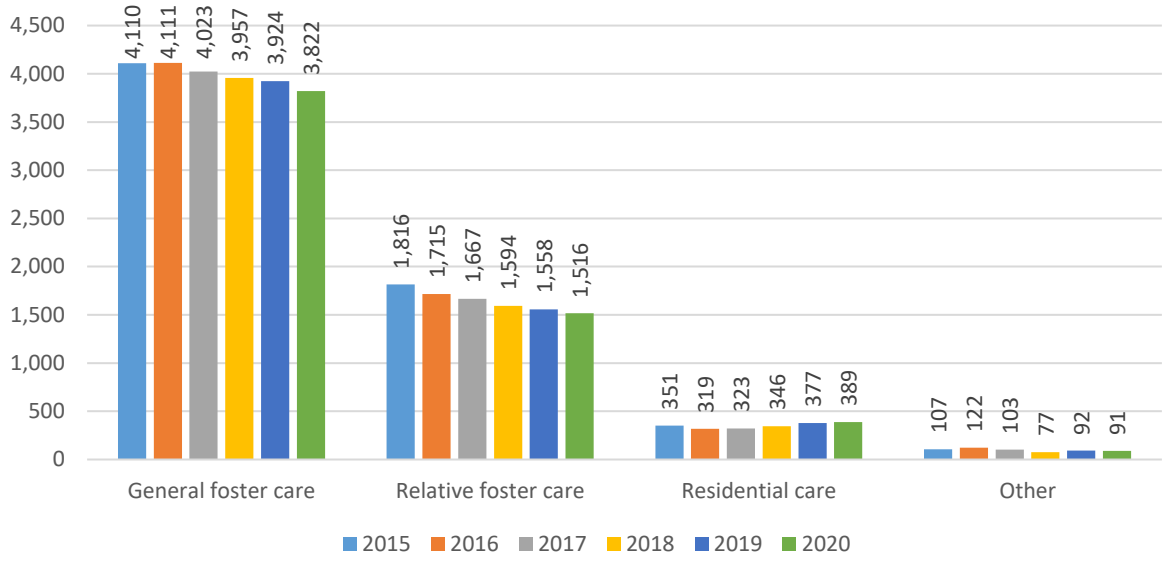
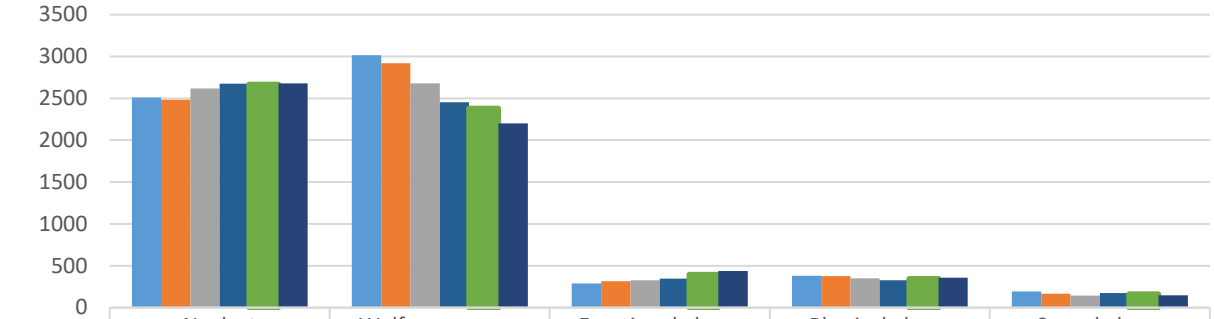


Figure 34: Children in care, by care type, 2015 -2020

Reason for Being in Care

- The most common reason for being in care at the end of 2020 was neglect accounting for 46% (2,677) of all children in care (Figure 35), an increase of one percentage point on 2019. This was followed by welfare concerns accounting for a further 38% (2,199) of all children in care. Combined, these two reasons account for 84% (4,876) of children in care.

- As can be seen from the chart below, the percentage of children in care because of welfare concerns is on the decline; down nine percentage points from 47% in 2016 to 38% in 2020. In contrast, the percentages of children in care because of neglect and emotional abuse are showing a slight increase, while there has been little or no overall change in the percentages of children in care because of physical and sexual abuse. The decrease observed for welfare concerns and the increase observed for emotional abuse, is consistent with the admissions data presented earlier in this report.



	Neglect	Welfare concern	Emotional abuse	Physical abuse	Sexual abuse
2015	2511	3014	288	379	192
2016	2485	2920	317	378	167
2017	2619	2677	326	350	144
2018	2675	2452	346	328	173
2019	2668	2379	396	346	162
2020	2677	2199	438	357	147
% 2015	39%	47%	5%	6%	3%
% 2016	40%	47%	5%	6%	3%
% 2017	43%	44%	5%	6%	2%
% 2018	45%	41%	6%	5%	3%
% 2019	45%	40%	7%	6%	3%
% 2020	46%	38%	8%	6%	3%

Figure 35: Children in care by reason for being in care, 2015 – 2020

Legal Status

- 77% (4,502) of children in care at the end of 2020 were in care under an order of the court, up from 74% (4,415) at the end of 2019 and the highest percentage for all years 2015 – 2020 (Table 30 and Figure 36)[38]. In terms of numbers there were 87 (2%) more children in care under an order of the court at the end 2020 than 2019. The remaining 23% (1,316) of children in care were in care under a voluntary arrangement.

Table 30: Children in care by legal status, 2015 – 2020

Legal Status	# 2015	% 2015	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019	# 2020	% 2020
Order of the Court (all types)	4,153	**65.1%**	4.241	**67.7%**	4,161	**68.0%**	4,066	**68.1%**	4,415	**74.2%**	**4,502**	**77.4%**
Voluntary arrangement	2,231	**34.9%**	2,026	**32.3%**	1,955	**32.0%**	1,908	**31.9%**	1,536	**25.8%**	**1,316**	**22.6%**
Total	**6,384**	**100%**	**6,267**	**100%**	**6,116**	**100%**	**5,974**	**100%**	**5,951**	**100%**	**5,818**	**100%**

[38] 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 order 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.

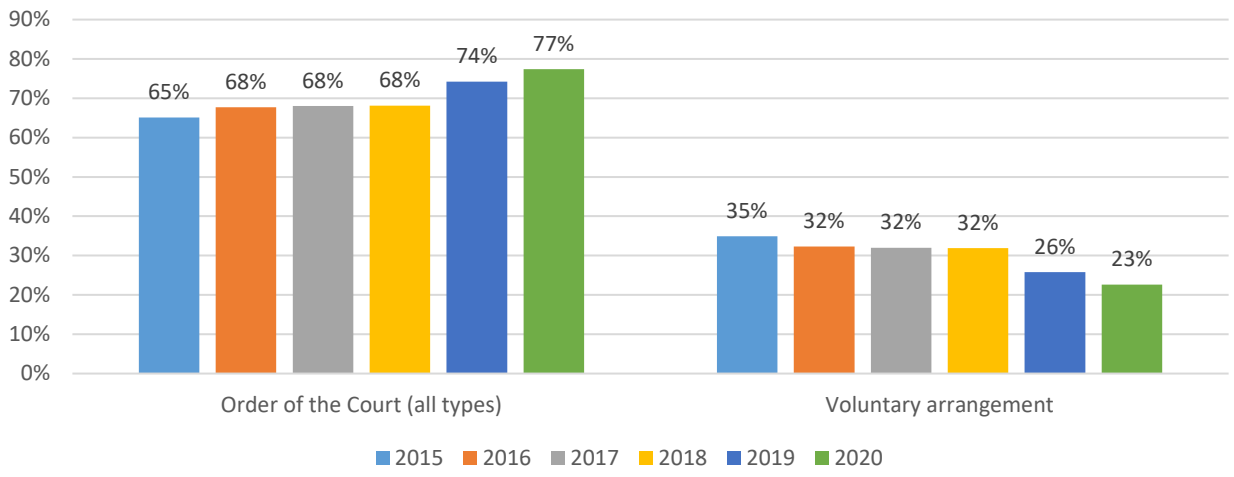


Figure 36: Breakdown of children in care by legal status, 2015 - 2020

- Of the 4,502 children in care under a care order at the end of 2020, the majority (83%; 3,719) were in care under a care order (Section 18 Child Care Act 1991) while 16% (738) were in care under an interim care order (Section 17 Child Care Act 1991). A total of 20 children were under a special care order (Section 23B Child Care Act 1991) while 24 children were in care under an emergency care order. One child was under an "other" care order.

- A breakdown of the percentage of children in care under a court order and a voluntary arrangement, by area is presented in the table below (Table 31). Looking across the areas, the percentage of children in care under a court order ranges from 95% in two areas – Cork and Kerry to 61% in Dublin North. Seven areas reported a percentage equal to or higher than the national average of 77%.

Table 31: Breakdown of children in care by court order / voluntary arrangement, by area 2020

Area	# Court Order	% Court Order	# Voluntary Arrangement	% Voluntary Arrangement	# children in care
Dublin South Central	251	69%	111	31%	362
Dublin South East/Wicklow	167	72%	64	28%	231
DSW/K/WW	269	67%	133	33%	402
Midlands	226	67%	113	33%	339
Dublin North City	343	71%	143	29%	486
Dublin North	208	61%	132	39%	340
Louth/Meath	308	78%	89	22%	397
CN/MN	127	82%	27	18%	154
Cork	735	95%	37	5%	772
Kerry	145	95%	8	5%	153
CW/KK/ST	227	69%	101	31%	328
WD/WX	311	72%	118	28%	429
MidWest	543	93%	39	7%	582
GY/RN	269	71%	109	29%	378
Mayo	108	83%	22	17%	130

Donegal	182	83%	38	17%	220
SLWC	83	72%	32	28%	115
National	4,502	77%	1,316	23%	5,818

Length of Time in Care

- Just over half (51.5%; 2,995/5,818) of children in care at the end of 2020 were in care for 5 years or less and of these one in five (21%; 624) was in care for less than a year (Figure 37). The remaining 48.5% (2,823) were in care for more than five years. The percentage of children in care in each of the time bands is similar to that for the years 2017 to 2019 inclusive.

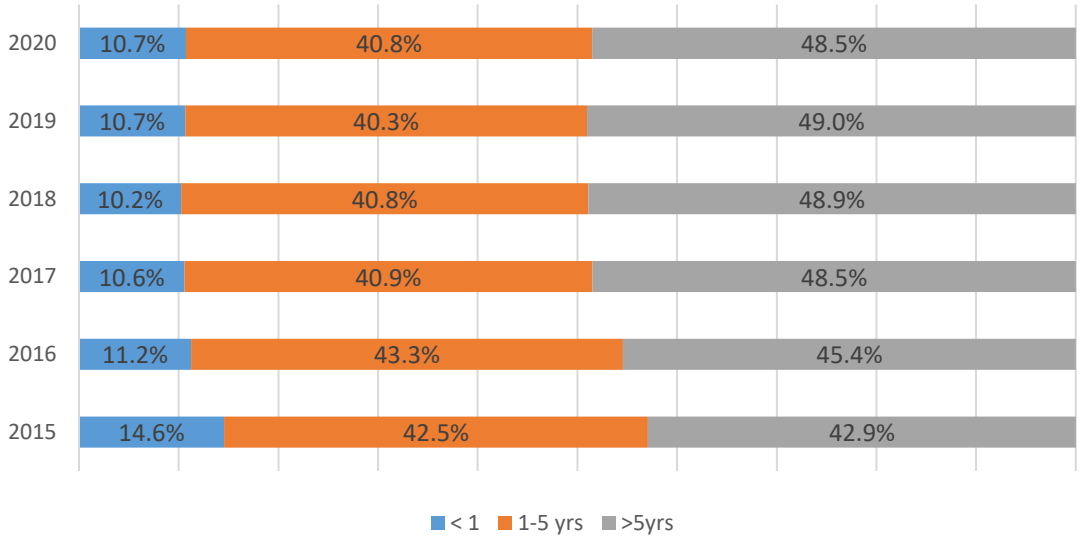


Figure 37: Breakdown of children in care by length of time in care, 2015 - 2020

- In terms of numbers, the number of children in care for less than 1 year is down 10 on 2019, the number in care for 1-5 years is down 28 (fourth consecutive decrease) while the number in care for greater than 5 years is down 95 (third consecutive decrease) (Table 32 and Figure 38).

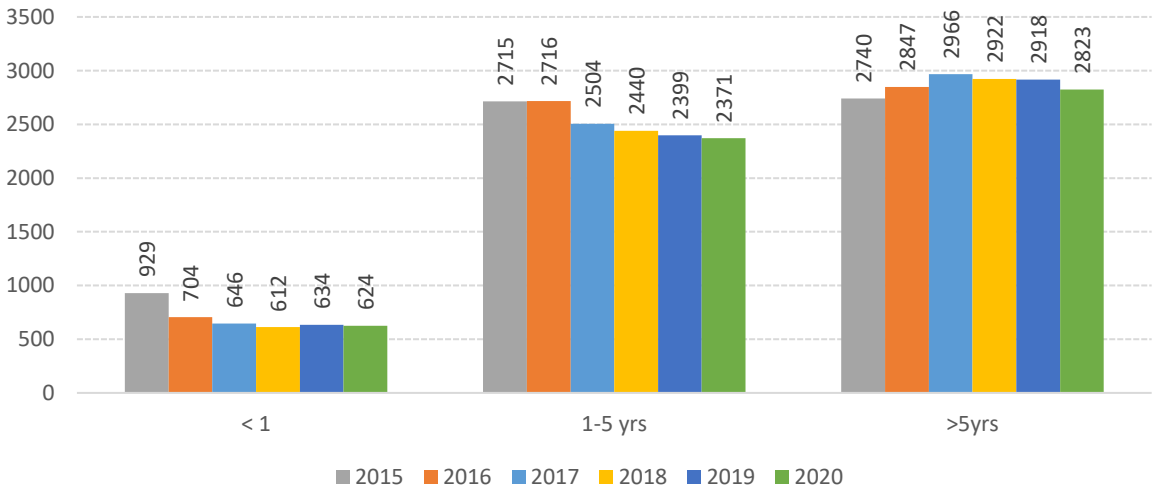


Figure 38: Percentage of children in care by length of time in care, 2015 – 2020

Table 32: Children in care by length of time in care, 2015 - 2020

Year/ Length	< 1 year	1-5 years	>5 years	Total
2020	**624 (10.7%)**	**2,371 (40.8%)**	**2,823 (48.5%)**	**5,818**
2019	634 (10.7%)	2,399 (40.3%)	2,918 (49.0%)	5,951
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

- At the end of 2020, the percentage of children in care for less than 1 year ranged from 5% (17/339) for Midlands area to 19% (22/115) for Sligo/Leitrim/West Cavan (Figure 39). Nine areas reported a percentage equal to or higher than the national average of 10.7%.

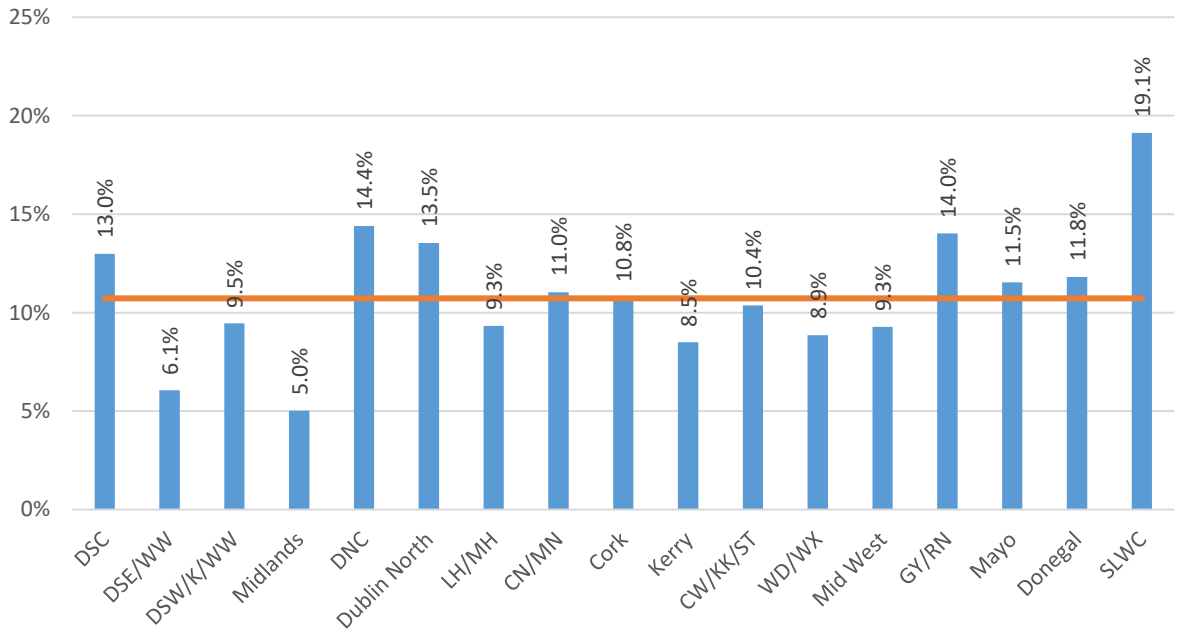


Figure 39: Number of children in care for < 1 year by area, 2020

- Dublin South East/ Wicklow reported the highest percentage of children in care for > 5 years. In this area, 65% (150/231) children in care were in care for > 5 years (Figure 40 and Table 33). The next highest percentage was reported by Cavan/Monaghan with 61% (94/154) 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 34% (39/115) of children were in care for > 5 years. Other areas with a lower than average (48.5%) percentage of children in care for > 5 years include Midlands, Dublin North, Louth/Meath, Cork, Kerry, Carlow/Kilkenny/South Tipperary, Mayo and Sligo/Leitrim/West Cavan).

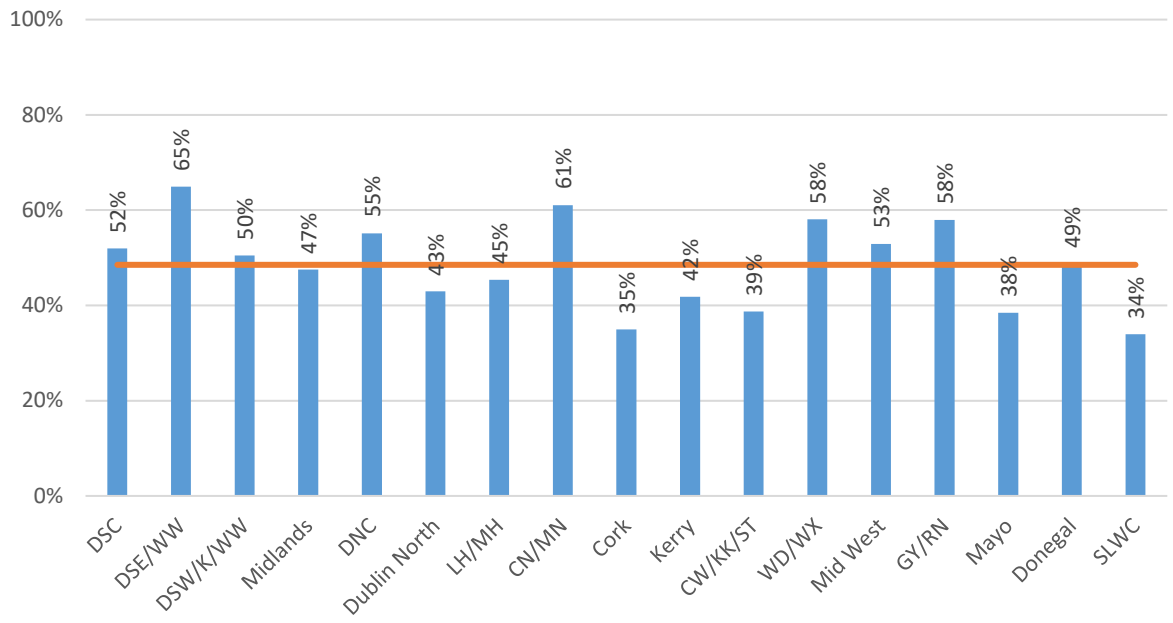


Figure 40: Number of children in care > 5 years by area, 2020

Table 33: Children in care by length of time in care by area, 2020

Area	< 1 year	% < 1 Year	1-5 years	% 1-5 years	> 5 years	% > 5 years	Total
Dublin South Central	47	13.0%	127	35.1%	188	51.9%	362
Dublin South East/Wicklow	14	6.1%	67	29.0%	150	64.9%	231
DSW/K/WW	38	9.5%	161	40.0%	203	50.5%	402
Midlands	17	5.0%	161	47.5%	161	47.5%	339
Dublin North City	70	14.4%	148	30.5%	268	55.1%	486
Dublin North	46	13.5%	148	43.5%	146	42.9%	340
Louth/Meath	37	9.3%	180	45.3%	180	45.3%	397
CN/MN	17	11.0%	43	27.9%	94	61.0%	154
Cork	83	10.8%	419	54.3%	270	35.0%	772
Kerry	13	8.5%	76	49.7%	64	41.8%	153
CW/KK/ST	34	10.4%	167	50.9%	127	38.7%	328
WD/WX	38	8.9%	142	33.1%	249	58.0%	429
MidWest	54	9.3%	220	37.8%	308	52.9%	582
GY/RN	53	14.0%	106	28.0%	219	57.9%	378
Mayo	15	11.5%	65	50.0%	50	38.5%	130
Donegal	26	11.8%	87	39.5%	107	48.6%	220
SLWC	22	19.1%	54	47.0%	39	33.9%	115
National	624	10.7%	2371	40.8%	2823	48.5%	5818

Placement Stability

- The number of children in care in their third or greater placement within the previous 12 months is used as a proxy for placement stability. Tusla collates data on the third or greater placement as it gives an indication of the moves from the more stable placement, as depending on the circumstances or reason for admission a child can be placed in an emergency placement and then moved to a more long-term placement.
- At the end of 2020, there were 179 children in care in their third or greater placement within the previous 12 months. This amounts to 3.1% of all children in care, up from 2.3% (137/5,951) in 2019 and the highest percentage of all years 2015 – 2020 (Table 34).
- While the percentage compares favourably with percentages reported in other jurisdictions including England 11%[39]; Wales 9%[40] and Scotland 4%[41], interpretation needs to be considered in the context of differing processes and procedures and definitions that may exist in other jurisdictions.

Table 34: Children in their third or greater placement within the previous 12 months, 2015 – 2020

# Children in care	2015	2016	2017	2018	2019	2020
# children in care	6,384	6,267	6,116	5,974	**5,951**	**5,818**
# 3rd placement	132	169	142	114	**137**	**179**
% 3rd placement	2.10%	2.70%	2.30%	1.90%	**2.30%**	**3.10%**

- Looking at the data across the various placement types, figures show a slight increase (7) from 2019 in the number of children in foster care (general and relative) in their third or greater placement within the year. The number of children in foster care (general and relative) in their third or greater placement equates to 1.5% of the total number of children in foster care (5,338), up slightly from the 1.4% reported in 2019 (Table 35). This compares to 22% (85/389) for residential care (incl. special care), up eight percentage points from 2019 (14%).

Table 35: Children in care in their third or greater placement, by care type 2019 and 2020

Placement Type	# CIC 2019	# ≥ 3rd 2019	% ≥ 3rd 2019	# CIC 2020	# ≥ 3rd 2020	% ≥ 3rd 2020
General foster care	3,924	63	**2%**	3,822	65	**2%**
Relative foster care	1,558	12	**1%**	1,516	17	**1%**
Residential care	377	54	**14%**	389	85	**22%**
Other	92	8	**9%**	91	12	**13%**
Total	**5,951**	**137**	**2%**	**5,818**	**179**	**3%**

- The number of children in their third or greater placement within the year, by Tusla area is presented in Table 36. Of the 17 areas, Dublin South Central reported the highest percentage with 5% (18/362) of their children in care in their third or greater placement within the year and

[39] https://explore-education-statistics.service.gov.uk/data-tables/fast-track/6798c399-7dfe-42ec-8055-56e4c7ad089f

[40] https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/children-looked-after-childrenlookedafterat31march-by-localauthority-numberofplacementsduringyear-measure

[41] https://www.gov.scot/publications/childrens-social-work-statistics-2019-20/%20

followed closely by Cork (4.9%; 38/772) and Dublin North City (4.7%; 23/486). The majority of areas report single figures with one area (Dublin North) reporting none.

Table 36: Children in their third or greater placement within the previous 12 months, by area 2020 (ranked by %)

Area	# ≥ 3rd placement	# in care	% ≥ 3rd placement
Dublin South Central	18	362	**5.0%**
Cork	38	772	**4.9%**
Dublin North City	23	486	**4.7%**
Dublin South East/Wicklow	9	231	**3.9%**
Galway/Roscommon	14	378	**3.7%**
Kerry	5	153	**3.3%**
Dublin South West/Kildare/West Wicklow	13	402	**3.2%**
Carlow/Kilkenny/St. Tipperary	10	328	**3.0%**
Waterford/Wexford	13	429	**3.0%**
Midlands	8	339	**2.4%**
Mid West	14	582	**2.4%**
Cavan/Monaghan	*S*	154	*S*
Donegal	*S*	220	*S*
Mayo	*S*	130	*S*
Louth/Meath	*S*	397	*S*
Sligo/Leitrim/West Cavan	*S*	115	*S*
Dublin North	0	340	**0.0%**
National	**179**	**5818**	**3.1%**

S = figures suppressed due to small numbers. Suppressed figures are included in the total.

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.

- At the end of 2020, there were 16 children in a placement outside of Ireland, four fewer than 2019 (20) (Table 37). Children in placements abroad account for 0.3% of the total number of children in care.
- All but three (13) of the children in placements outside of Ireland were in foster care, of which eight were in foster care with relatives. Two children were in a residential placement, two fewer than 2019 and the fewest number for the six years 2015 - 2020 (Table 37).

Table 37: Children in care in an out-of-state placement, 2015 - 2020

Placement	2015	2016	2017	2018	2019	2020
General residential	8	6	6	7	4	**2**
General foster care	4	5	5	5	5	**5**
Relative foster care	4	5	5	10	6	**8**
Other	1	1	0	0	5	**1**
Total	**17**	**17**	**16**	**22**	**20**	**16**

Children in Care with Private Providers

- At the end of 2020, there were 692 children in care in placements with private providers; 36 (5%) more than 2019 (656) and the highest number for the period 2015 – 20120 (Table 38). These children are included in the overall number of children in care presented above. The number of children in placements with private providers has gone up 40% (196) since 2015. Children in placements with private providers account for 12% of all children in care.
- The majority (59%; 409) of children in placements with private providers were in foster care, 11 more than 2019 and the highest number for the period 2015 – 2020 (Table 38). The number of children in foster care with private providers has increased year on year since 2015 and is up 33% (101) overall.

- Over a third (250; 36%) of children in placements with private providers were in residential care, 18 (8%) more than 2019 and the highest number for the period 2015 – 2020. The number of children in private residential placements is up 43% (75) on 2015.
- 67% (250/371) of children in general residential placements are in placements with private providers compared to 11% (409/3,822) for general foster care.
- The increase in demand for private placements is due to an on-going lack of availability of suitable placements to meet demand and also in some cases the challenging behaviours and complex needs of children requiring a placement.

Table 38: Children in care in placements with private providers, 2015 -2020

Placement	2015	2016	2017	2018	2019	2020
General residential	175	168	167	204	**232**	**250**
General foster care	308	360	383	388	**398**	**409**
Other[42]	13	10	7	18	**26**	**33**
Total	**496**	**538**	**557**	**610**	**656**	**692**

- A breakdown of children in placements with private providers, by area is presented in Table 39. As can be seen from the table, Dublin South Central reported the highest number (106) of children in placements with private providers at the end of 2020, followed by Dublin South West/Kildare/West Wicklow (90) and Dublin North City (82).
- More than one in four (29%; 106/362) children in care in Dublin South Central is in a placement with a private provider, the highest percentage of all areas. This compares to 1% in Mayo.
- The five Dublin and wider surrounding areas report the highest percentages of children in care in placements with private providers, and account for over half (57%; 392) of all children in placements with private providers.

Table 39: Children in care with private providers by care type and area, December 2020

Area	Residential	Foster care	Other	Total in private	Total in care	% in private
Dublin South Central	21	82	*S*	106	**362**	**29%**
DSE/WW	19	21	*S*	42	**231**	**18%**
DSW/K/WW	24	60	6	90	**402**	**22%**
Midlands	9	42	0	51	**339**	**15%**
Dublin North City	12	70	0	82	**486**	**17%**
Dublin North	9	51	12	72	**340**	**21%**
Louth / Meath	13	16	0	29	**397**	**7%**
Cavan / Monaghan	*S*	0	*S*	*S*	**154**	**3%**
Cork	33	30	*S*	65	**772**	**8%**
Kerry	7	6	0	13	**153**	**8%**
CW/KK/ST	12	*S*	0	14	**328**	**4%**
Waterford / Wexford	32	16	*S*	51	**429**	**12%**

[42] The placement "Other" includes children in supported lodgings, in a disability unit or drug and alcohol rehabilitation centre etc.

Midwest	28	8	*S*	38	**582**	**7%**
GY/RN	10	0	0	10	**378**	**3%**
Mayo	*S*	0	0	*S*	**130**	**1%**
Donegal	15	*S*	*S*	19	**220**	**9%**
SLWC	*S*	*S*	0	5	**115**	**4%**
National	**250**	**409**	**33**	**692**	**5818**	**12%**

S=figures suppressed due to small numbers. Suppressed figures are included in the totals.

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 2020, there were 60 children 12 years and younger in a residential placement: 13 (28%) more than 2019 and the highest number for the five years 2015 - 2020 (Table 40). The majority (70%; 42) of these children were 10 years or older.

Table 40: Children 12 years and younger in residential placements, Year End 2015 – 2020

Children in residential care	2015	2016	2017	2018	2019	2020
# children aged ≤12 years in residential care	39	45	39	42	47	**60**
Total number of children in residential care (incl. special care)	351	319	323	346	377	**389**
% aged ≤12 years in residential care	11%	14%	12%	12%	**12%**	**15%**

- The majority of areas (11) reported three or fewer children 12 years and younger in a residential placement with two of these areas reporting none (Galway/Roscommon and Sligo/Leitrim/West Cavan). Cork reported the highest number (12) of children 12 years and younger in a residential placement, representing 26% (12/47) of their overall number of children in residential care. This was followed by Dublin South Central, Dublin South West/Kildare/West Wicklow and Waterford / Wexford, all reporting seven.

Children in Special Care

Special care provides for short-term, stabilising intervention that prioritises safe care in a therapeutic environment for children at risk and with challenging behaviour. It is an exceptional intervention restricting the liberty of the child and involves detention of the child for his/her own welfare and protection in a special care unit. The child is detained under a High Court Order and not on the basis of criminal activity. Special care units differ from ordinary residential care units in that such units offer higher staff ratios, on-site education, as well as specialised input such as clinical/therapeutic services. In 2020, there were three special care units in Ireland as set out below. Special care units have a limited capacity and the units are not appropriate as general residential care facilities for children. The bed capacity within special care can fluctuate, with reduced capacity due to challenges with the recruitment and retention of staff.

Ballydowd - 6 bed mixed gender unit
Coovagh House – 4 bed mixed gender unit
Crannóg Nua – 8 bed mixed gender unit

- During 2020, there were 47 referrals to special care, four more than 2019 (Table 41). Eight (17%) of the 47 referrals were re-referrals. Sixty-two percent (29) of the referrals were approved; 15 were deemed not suitable, while the remaining three were withdrawn/removed prior to being considered. A total of 28 children were admitted to special care in 2020, one more than 2019 and the highest number for the period 2015 – 2020.

Table 41: Referrals to Special Care, 2015 – 2020

Year	No. of referrals	No. of re-referrals	Total referrals	Referrals approved	Children admitted
2020	**39**	**8**	**47**	**29**	**28**
2019	37	6	43	25	27
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 (29; 62%) than females (18; 38%) were referred. The most common age of those referred was 15 years (19; 40%) followed by 16 years (11; 23%) (Table 42).

Table 42: Referrals to Special Care by age, 2020

Age at time of referral	# referrals
13 years	4
14 years	9
15 years	19
16 years	11
17 years	4
Total	**47**

- The majority of children referred (40; 85%) were in education at the time of referral.
- 72% (34) were engaging in drug and alcohol misuse at the time of referral.

- 66% (31) were presenting with mental health difficulties (unassessed) at the time of referral.
- 79% (37) were involved with the criminal justice system at the time of referral.
- 55% (26) of children referred were in care under an order of the court at the time of referral (Table 43). The majority (20; 77%) of whom were under a care order. Forty-three percent (13) of children were in care under a voluntary agreement with parents/guardians.

Table 43: Referrals to special care by care status at time of referral, 2020

Care Status	# referrals
Full care order	20
Interim care order	6
Voluntary care arrangement	20
Other	1
Total	47

- On the 31 December 2020, there were 18 children in special care. The number of children in special care accounted for 0.3% (18/5,818) of the total number of children in care and 5% of all children in residential care (389).

Children in Care in Education

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

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

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

- At the end of 2020, 96% (3,683/3,837) of children in care aged 6–15 years were in full time education[43] and 95% (943/994) of children aged 16 and 17 years were in full time education (Table 44). These percentages are consistent with data for previous years.
- For children aged 6-15 years, four areas (Dublin South East/Wicklow, Kerry, Donegal and Sligo/Leitrim/West Cavan) reported 100%, with a further nine areas reporting 95% or higher. For children aged 16 and 17 years, three areas (Kerry, Donegal and Sligo/Leitrim/West Cavan) reported 100%, with a further 13 areas reporting 90% or higher.

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

Table 44: Children in care in full-time education, 2020

Area	# Care 6-15 years	# Education 6-15 years	% Education 6-15 years	# in Care 16 & 17	# Education 16 & 17 years	% Education 16 &17 years
DSC	235	218	**93%**	75	68	**91%**
DSE/WW	158	158	**100%**	47	43	**91%**
DSW/K/WW	277	244	**88%**	66	62	**94%**
Midlands	223	220	**99%**	43	41	**95%**
DNC	305	285	**93%**	108	104	**96%**
Dublin North	229	222	**97%**	58	54	**93%**
LH/MH	242	236	**98%**	69	67	**97%**
CN/MN	97	95	**98%**	30	28	**93%**
Cork	520	498	**96%**	127	123	**97%**
Kerry	102	102	**100%**	26	26	**100%**
CW/KK/ST	226	221	**98%**	47	46	**98%**
WD/WX	289	284	**98%**	70	66	**94%**
Mid West	380	374	**98%**	81	77	**95%**
GY/RN	259	232	**90%**	72	64	**89%**
Mayo	77	76	**99%**	24	23	**96%**
Donegal	141	141	**100%**	37	37	**100%**
SLWC	77	77	**100%**	14	14	**100%**
National	**3837**	**3683**	**96%**	**994**	**943**	**95%**

Source: Q4 2020 data return. Hence, slight variation in the number of 6—17 year olds reported above than in Figure 31 / Table 27 of this report

Children in care with an allocated social worker and care plan

- At the end of 2020, 93% (5,419/5,818) of children in care had an allocated social worker against a target of 100% (Table 45), up two percentage points from 2019 (91%). In terms of numbers 399 children were awaiting allocation of a social worker at the end of 2020, 107 (21%) fewer than 2019 (506).

Table 45: Children in care with an allocated social worker, December 2019 and 2020

Care Type	# in Care 2019	# with SW 2019	% with SW	# in Care 2020	# with SW 2020	% with SW 2020
Foster Care General	3,924	3,619	92%	3,822	3,577	**94%**
Foster Care Relative	1,558	1,373	88%	1,516	1,378	**91%**
Residential (General)	363	351	97%	371	360	**97%**
Special Care	14	14	100%	18	18	**100%**
Other	92	88	96%	91	86	**95%**
National	**5,951**	**5,445**	91%	**5,818**	**5,419**	**93%**

- For the same period, 97% (5,618/5,818) of children had an up-to-date care plan[44] against a target of 90% (Table 46), up four percentage points from 2019. In terms of numbers 200 children did not have an up-to-date plan, 234 (54%) fewer than 2019 (434).

Table 46: Children in care with a care plan, December 2019 and 2019

Care Type	# in Care 2019	# with Care Plan 2019	% with Care Plan 2019	# in Care 2020	# with Care Plan 2020	% with Care Plan 2020
Foster Care General	3,924	3,632	93%	**3,822**	**3,696**	**97%**
Foster Care Relative	1,558	1,438	92%	**1,516**	**1,468**	**97%**
Residential (General)	363	354	98%	**371**	**351**	**95%**
Special Care	14	14	100%	**18**	**18**	**100%**
Other	92	79	86%	**91**	**85**	**93%**
National	**5,951**	**5,517**	**93%**	**5,818**	**5,618**	**97%**

- A breakdown of the number of children in care with an allocated social worker and written care plan, by area at the end of 2020 is presented in Table 47. As can be seen from the table, in three areas (Galway/Roscommon, Mayo and Donegal) all (100%) children in care had an allocated social worker, with a further five areas reporting 95% or higher. Louth/Meath reported the lowest percentage at 81% followed by Midlands at 82% and Dublin North (86%).
- In all areas, at least 90% of children in care had an up to date care plan with one of these areas (Mayo) reporting 100%.

Table 47: Children in care with a social worker and written care plan by area, 2020

Area	# Children in Care	# Allocated Social Worker	% Allocated Social Worker	# Care Plan	% Care Plan
Dublin South Central	362	326	**90.1%**	348	**96.1%**
Dublin South East/Wicklow	231	229	**99.1%**	229	**99.1%**
DSW/K/WW	402	373	**92.8%**	391	**97.3%**
Midlands	339	279	**82.3%**	337	**99.4%**
Dublin North City	486	482	**99.2%**	454	**93.4%**
Dublin North	340	293	**86.2%**	313	**92.1%**
Louth/Meath	397	322	**81.1%**	373	**94.0%**
CN/MN	154	149	**96.8%**	152	**98.7%**
Cork	772	731	**94.7%**	734	**95.1%**
Kerry	153	142	**92.8%**	150	**98.0%**
CW/KK/ST	328	303	**92.4%**	323	**98.5%**
WD/WX	429	400	**93.2%**	427	**99.5%**
MidWest	582	549	**94.3%**	565	**97.1%**
GY/RN	378	378	**100.0%**	367	**97.1%**
Mayo	130	130	**100.0%**	130	**100.0%**
Donegal	220	220	**100.0%**	213	**96.8%**
SLWC	115	113	**98.3%**	112	**97.4%**
National	**5818**	**5419**	**93.1%**	**5618**	**96.6%**

[44] 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.

3.4 Discharges from Care

KEY FACTS

- 977 discharges from care in 2020, a slight increase (31) on 2019 and the first increase after three consecutive decreases.
- Over half of all discharges (53%; 515) were young people turning 18 years, consistent with previous years.
- 76% (744) of discharges were from foster care. This is consistent with previous years and not surprising considering that over 90% of children in care are in foster care.
- Almost half of discharges (47%; 456) were to home / extended family with a further 41% (397) remaining with their foster family. One in 20 (5%; 52) discharges was to independent living, no change from previous years.
- Percentage of discharges remaining with foster families is up six percentage points on 2019 and is the highest percentage for all years 2016 to 2020.
- Majority (71%; 368) of young people discharged by virtue of turning 18 years remained with their foster family, with a further 9% (45) returning home/extended family. One in ten (50) moved to independent living.
- 140 more discharges than admissions reported in 2020, consistent with previous years and decreasing number of children in care.

Number of Discharges

- In 2020, there were 977 discharges from care, a slight increase (31) on 2019 and the first increase after three consecutive decreases [45;46] (Figure 41).
- 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.

[45] Data for 2016 -2020 inclusive is not comparable with data for previous years due to a definitional change in the metric in 2015 to count children discharged from respite care from home separately. Prior to 2015 these children were included in the count for discharges from care. Some areas inadvertently included discharges from respite care to home with their count of discharges for 2015.

[46] The data on discharges from care presented in this section of the report excludes children in care under Tusla's Social Work Team for Separated Children Seeking International Protection. Data on children managed by Tusla's Social Work Team for Separated Children Seeking International Protection is presented separately in Section 3.7 of this report.

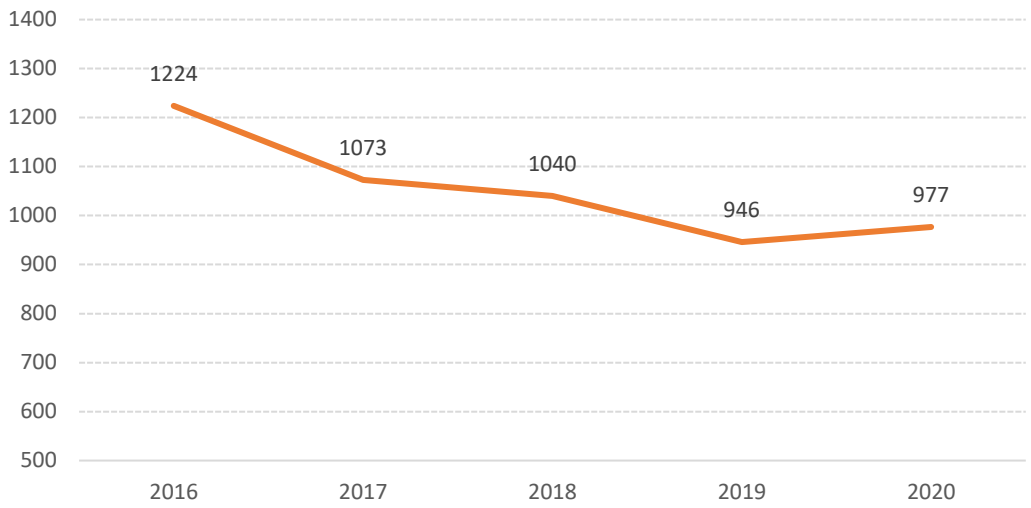


Figure 41: Discharges from care, 2016 - 2020

- Like previous years, the majority (53%; 515) of discharges were for young people turning 18 years (Table 48). The next most common age of discharge was 17 years (excluding those turning 18 years) followed by the older ages of 14 years to 16 years. This is consistent with the increasing number of children in care with age.

Table 48: Discharges from care by age, 2016-2020

Age	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019	# 2020	% 2020
< 1 year	40	3%	32	3%	29	3%	27	3%	**29**	**3%**
1 year	72	6%	37	3%	41	4%	30	3%	**19**	**2%**
2 years	41	3%	26	2%	27	3%	28	3%	**28**	**3%**
3 years	37	3%	27	3%	20	2%	21	2%	**25**	**3%**
4 years	34	3%	31	3%	21	2%	23	2%	**25**	**3%**
5 years	43	4%	25	2%	24	2%	14	1%	**21**	**2%**
6 years	31	3%	27	3%	21	2%	17	2%	**14**	**1%**
7 years	25	2%	15	1%	25	2%	12	1%	**11**	**1%**
8 years	36	3%	14	1%	22	2%	16	2%	**21**	**2%**
9 years	25	2%	20	2%	22	2%	16	2%	**13**	**1%**
10 years	33	3%	25	2%	22	2%	18	2%	**20**	**2%**
11 years	29	2%	20	2%	20	2%	21	2%	**18**	**2%**
12 years	26	2%	31	3%	26	3%	14	1%	**23**	**2%**
13 years	31	3%	25	2%	27	3%	18	2%	**27**	**3%**
14 years	46	4%	29	3%	43	4%	20	2%	**33**	**3%**
15 years	49	4%	41	4%	48	5%	38	4%	**32**	**3%**
16 years	79	6%	58	5%	42	4%	44	5%	**39**	**4%**
17 years	57	5%	57	5%	64	6%	50	5%	**64**	**7%**
17 years reaching majority	490	40%	533	50%	496	48%	519	55%	**515**	**53%**
Total	**1,224**	**100%**	**1073**	**100%**	**1040**	**100%**	**946**	**100%**	**977**	**100%**

- 76% (744) of discharges were from foster care; a similar breakdown to previous years and not surprising considering over 90% of children in care are in foster care (Table 49). The increasing percentage of discharges from residential care is also consistent with the increasing number of children in care in residential care.

Table 49: Discharges from care by care type, 2016 - 2020

Care Type	2016	% of Total (2016)	2017	% of Total (2017)	2018	% of Total (2018)	2019	% of Total (2019)	2020	% Total (2020)
General Foster Care	723	59%	648	60%	612	59%	545	58%	**525**	**54%**
Relative Foster Care	252	21%	227	21%	233	22%	215	23%	**219**	**22%**
Residential Care (incl. special care	129	11%	112	10%	118	11%	127	13%	**147**	**15%**
Other	120	10%	86	8%	77	7%	59	6%	**86**	**9%**
National	**1,224**	**100%**	**1,073**	**100%**	**1,040**	**100%**	**946**	**100%**	**977**	**100%**

Location Discharged

- Almost half (47%;456) of discharges were to home/extended family with a further 41% (397) remaining with their foster family (Table 50; Figure 42). The percentage of discharges remaining with their foster family is up six percentage points on 2019 and is the highest percentage for all years 2016 to 2020. Although difficult to determine with certainty, this would imply a positive relationship with foster families. One in 20 discharges (5%; 52) was to independent living, no change from previous years. Of the 69 discharges to "other accommodation" 15 were adopted and a further nine were in shared accommodation.

Table 50: Location on discharge, 2016 – 2020

Location on Discharge	2016	% 2016	2017	% 2017	2018	% 2018	2019	% 2019	2020	% 2020
Returned home/extended family	677	55%	555	52%	525	50%	447	47%	**456**	**47%**
Remained with carers	330	27%	357	33%	275	26%	335	35%	**397**	**41%**
Independent living	47	4%	59	5%	113	11%	48	5%	**52**	**5%**
Supported lodgings	13	1%	21	2%	6	<1%	9	1%	**3**	**0.3%**
Other (not specified)	157	13%	81	8%	121	12%	107	11%	**69**	**7%**
Total	**1,224**	**100%**	**1,073**	**100%**	**1,040**	**100%**	**946**	**100%**	**977**	**100%**

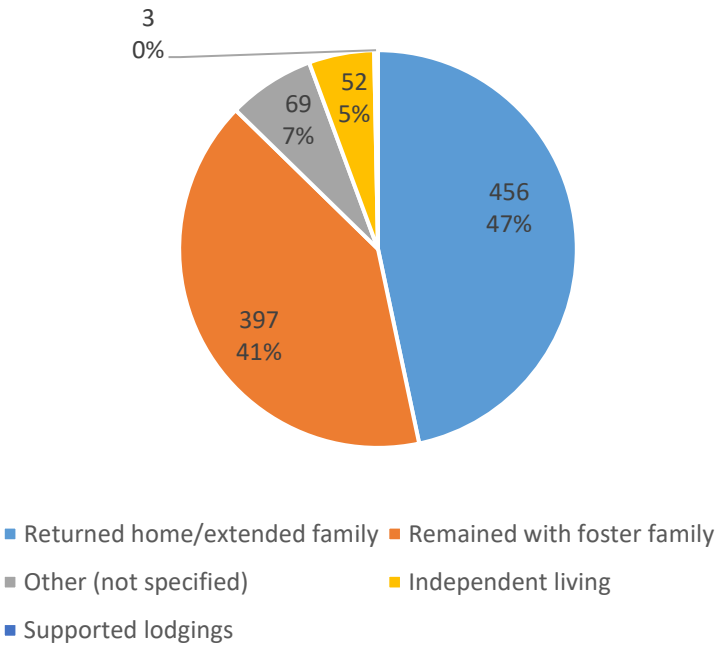


Figure 42: Breakdown of location on discharge, 2020

- Of those who were discharged by virtue of turning 18 years (515), the majority (71%; 368) remained with their foster family, with a further 9% (45) returning home/extended family. One in ten (50) moved to independent living. Of the 49 in "other accommodation" nine were in shared accommodation (Figure 43).

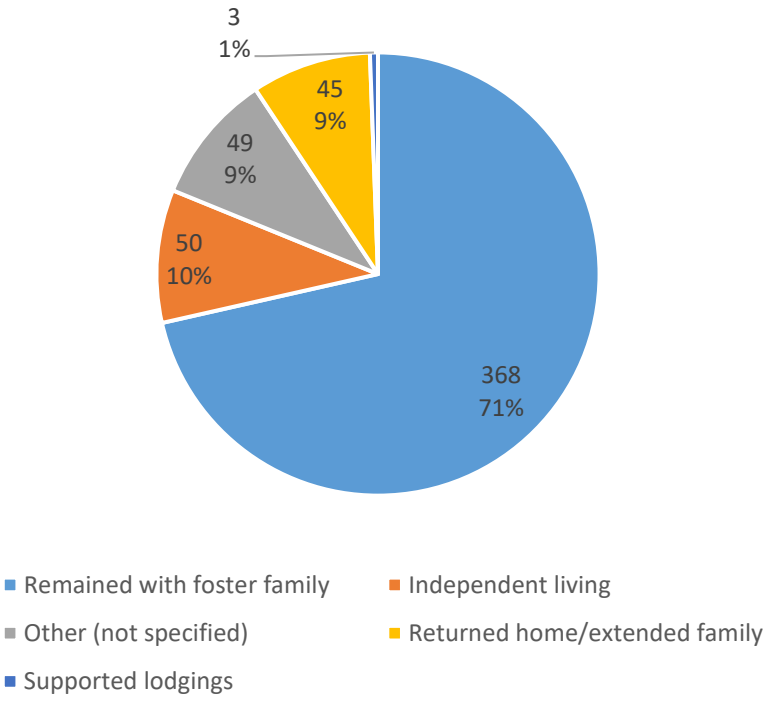


Figure 43: Breakdown of location on discharge for those discharged by virtue of turning 18 years, 2020

Discharges by Area

- A breakdown of discharges by area is presented in the table below (Table 51). As can be seen from the table, there is wide variation in the number of discharges ranging from 127 in Cork - the area with the largest number of children in care - to 17 in Mayo, the area with the second fewest number of children in care.
- Eleven of the 17 areas reported an increase in discharges from 2019 with the largest increase reported by Dublin South Central (up 22) followed by Dublin South West/Kildare/West Wicklow (up 18), Cork (up 16), Kerry (up 14) and Galway/Roscommon (up 13). The remaining six areas reported a decrease with the largest decrease reported by Midwest (down 25) followed by Dublin North City (down 19) and Mayo (down 14).

Table 51: Discharges from care by area, 2016-2020 (ranked by # discharges 2020)

Area	# 2016	% 2016	# 2017	% 2017	# 2018	% 2018	# 2019	% 2019	# 2020	% 2020	2020 v 2019
Cork	197	16%	147	14%	141	14%	111	12%	**127**	**13%**	16
DSW/K/WW	100	8%	89	8%	95	9%	64	7%	**82**	**8%**	18
Midwest	179	15%	118	11%	94	9%	104	11%	**79**	**8%**	-25
GY/RN	101	8%	46	4%	66	6%	61	6%	**74**	**8%**	13
DSC	78	6%	71	7%	57	5%	50	5%	**72**	**7%**	22
WD/WX	60	5%	67	6%	59	6%	66	7%	**70**	**7%**	4
LH/MH	57	5%	76	7%	73	7%	63	7%	**69**	**7%**	6
Midlands	50	4%	61	6%	56	5%	58	6%	**59**	**6%**	1
CW/KK/ST	63	5%	49	5%	55	5%	59	6%	**57**	**6%**	-2
Dublin North	69	6%	86	8%	95	9%	69	7%	**56**	**6%**	-13
DNC	104	8%	78	7%	100	10%	73	8%	**54**	**6%**	-19
DSE/WW	44	4%	37	3%	39	4%	42	4%	**51**	**5%**	9
CN/MN	35	3%	25	2%	22	2%	31	3%	**37**	**4%**	6
Kerry	17	1%	26	2%	22	2%	18	2%	**32**	**3%**	14
SLWC	23	2%	29	3%	19	2%	18	2%	**23**	**2%**	5
Donegal	25	2%	36	3%	35	3%	28	3%	**18**	**2%**	-10
Mayo	22	2%	32	3%	12	1%	31	3%	**17**	**2%**	-14
Total	**1,224**	**100%**	**1,073**	**100%**	**1,040**	**100%**	**946**	**100%**	**977**	**100%**	**31**

Admissions versus Discharges

- In 2020, there were 140 more discharges than admissions reported (Table 52). All but four of the 17 areas reported more discharges than admissions, ranging from 28 (Dublin South East/Wicklow) to one (Mayo). Four areas reported more admissions than discharges, Dublin North (8), Donegal (8), Dublin North City (4) and Sligo/Leitrim/West Cavan (3).
- The higher number of discharges than admissions in 2020 is consistent with previous years and the decreasing number of children in care.

Table 52: Admissions and discharges by area, 2016 - 2020

Area	# Admissions 2016	# Discharges 2016	# Admissions 2017	# Discharges 2017	# Admissions 2018	# Discharges 2018	# Admissions 2019	# Discharges 2019	# Admissions 2020	# Discharges 2020	2020 Discharges v Admissions
DSC	68	78	54	71	45	57	52	50	**63**	**72**	9
DSE/WW	25	44	34	37	23	39	28	42	**23**	**51**	28
DSW/K/WW	68	100	76	89	76	95	78	64	**59**	**82**	23
Midlands	75	50	50	61	58	56	53	58	**32**	**59**	27
DNC	70	104	32	78	31	100	34	73	**58**	**54**	-4
Dublin North	72	69	103	86	78	95	71	69	**64**	**56**	-8
LH/MH	92	57	69	76	74	73	41	63	**60**	**69**	9
CN/MN	28	35	29	25	20	22	36	31	**33**	**37**	4
Cork	148	197	97	147	111	141	109	111	**107**	**127**	20
Kerry	21	17	22	26	35	22	21	18	**18**	**32**	14
CW/KK/ST	52	63	36	49	54	55	54	59	**42**	**57**	15
WD/WX	53	60	42	67	61	59	67	66	**67**	**70**	3
Midwest	123*	179	140	118	85	94	90	104	**75**	**79**	4
GY/RN	84	101	44	46	45	66	28	61	**68**	**74**	6
Mayo	22	22	30	32	12	12	41	31	**16**	**17**	1
Donegal	30	25	20	36	49	35	20	28	**26**	**18**	-8
SLWC	16	23	32	29	21	19	21	18	**26**	**23**	-3
Total	**1,047**	**1,224**	**910**	**1073**	**878**	**1,040**	**844**	**946**	**837**	**977**	**140**

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)[47] of the Child Care Act 1991 (emergency placements), regardless of the method of recruitment must be approved by the Child and Family Agency prior to any child being placed with them.

Foster care applicants participate in a comprehensive assessment of their ability to carry out the fostering of a child and are formally approved by the foster care committee in the area. The decision to place a child with a particular foster carer is based on their assessed ability to meet the child's needs. Each decision is judged on its own merits, considering the fit between the carer and the child.

In terms of statutory provision, there are two main types of foster carer: a general foster carer[48] and a relative foster carer[49].

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

KEY FACTS

- 4,035 foster carers on the panel of approved foster carers at the end of 2020, 95 (2%) fewer than 2019 (4,130).
- The number of Tusla foster carers (general and relative) on the panel of approved foster carers continues to decrease, while the number of private foster carers (non-statutory) continues to increase.
- 17% (33) increase in the number of general and relative foster carers approved in 2020 (226) compared to 2019 (193).
- 91% of general foster carers and 93% of relative (approved) foster carers had an allocated link (social) worker at the end of 2020.
- 99% of "unapproved" relative foster carers[50] with a child placed for more than 12 weeks had a link (social) worker at the end of 2020.

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

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

[49] 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) Regulations1995). 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.

[50] Unapproved foster carer: An "unapproved" foster carer is a person(s) who has a child or children placed with them under Section 36.1 (d) of the Children Care Act 1991 who is either (a) awaiting an assessment, (b) in the process of assessment, or (c) whose assessment has yet to go before the Child and Family Agency Foster Care Committee for approval.

Number of Foster Carers on the Panel

- At the end of 2020, there were 4,035 foster carers nationally on the panel of approved foster carers. The number of foster carers on the panel is down 95 (2%) from 2019 (4,130) and is the fewest number for the six years 2015 – 2020 (Figure 44). The number of approved foster carers on the panel has fallen year on year since 2016 and is down 11% (502) overall.
- In response to the decreasing number of foster carers on the panel, Tusla launched their annual public awareness campaign in October 2020. The campaign, which was primarily a social media campaign, due to the Covid-19 pandemic, sought to create maximum publicity and visibility for Tusla fostering recruitment needs. Interviews with foster carers were aired extensively on radio stations across the country and the campaign received widespread media coverage in both national and regional publications. The campaign led to 417 enquiries from potential foster carers between October and Christmas 2020, a slight increase on the 393 received in 2019.

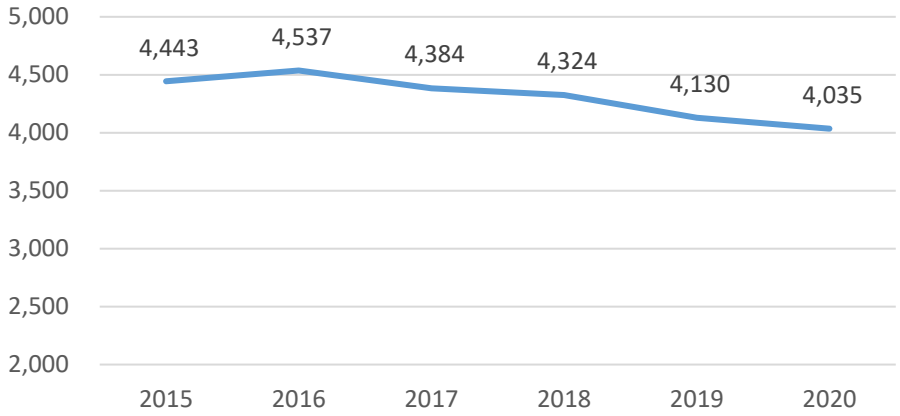


Figure 44: Number of approved foster carers on the panel of approved foster carers, 2015 – 2020

- The majority (61%; 2,476) of foster carers on the panel at the end of 2020 were general foster carers; one in four (26%; 1,056) was a relative foster carer, while the remaining 13% (503) were private foster carers (non-statutory) (Figure 45).

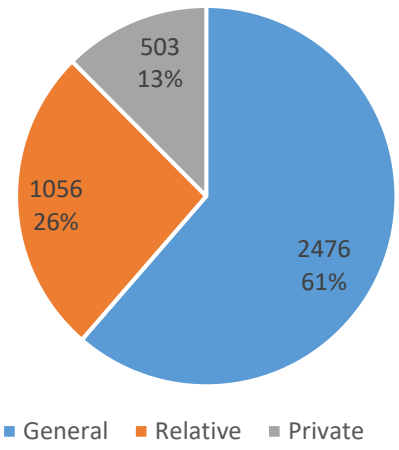


Figure 45: Breakdown of approved foster carers by type, 2020

- The number of general foster carers has fallen year on year over the six years 2015-2020 and is down 16% (479) overall (Table 53).
- The number of relative foster carers has fallen year on year since 2016 and is down 14% (165) overall.
- In contrast, the number of private foster carers has increased and is up 71% (209) on 2015. The increase in private foster carers over this period reflects the ongoing difficulty in recruiting suitable foster carers to meet demand and the complex / special needs of some children requiring placement. The decrease in the number of private foster carers between 2018 and 2019 needs to be interpreted with caution, due to a discrepancy in the number of private foster carers identified in one area following validation of their foster carers' register in 2019.

Table 53: Foster carers (approved) by type, 2015 – 2020

Type	# 2015	# 2016	# 2017	# 2018	# 2019	# 2020	Δ+/- 2020 v 2019	% Δ
General foster carers (approved)	2,955	2,913	2,756	2,675	2,574	2,476	-98	4%
Relative foster carers (approved)	1,194	1,221	1,152	1,146	1,095	1,056	-39	4%
Private foster carers (approved)	294	403	476	503	461	503	42	9%
Total (approved)	**4,443**	**4,537**	**4,384**	**4,324**	**4,130**	**4,035**	**-95**	**2%**

Foster Carers Approved

- Notwithstanding the overall decrease in the number of foster carers on the panel, a total of 226 general and relative foster carers were approved and placed on the panel in 2020, while an additional 45 private foster carers were also approved. *Note this figure (45) includes a small number of "Brussels II foster carers".*[51]
- The number of general and relative foster carers approved (226) is up 33 (17%) on 2019 (193) while the number of private foster carers approved in 2020 (45) is up nine on 2019 (33). *Note this figure (33) includes a small number of "Brussels II foster carers".*

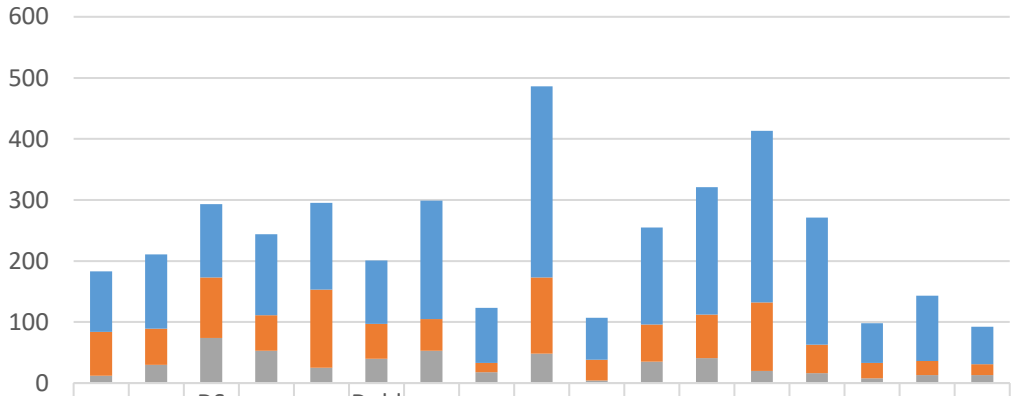
Foster Carers by Area

- The number of foster carers (all types) on the panel at the end of 2020 across the areas ranged from 486 in Cork - the area with the highest number of children in care, to 92 in Sligo/Leitrim/West Cavan - the area with the fewest number of children in care (Figure 46).
- As can be seen from Table 54, while 61% of foster carers nationally are general foster carers, there is wide variation across the areas, ranging from 41% to 77%. The three areas reporting the highest percentages of general foster carers are Galway/Roscommon (77%), Donegal (75%) and

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

Cavan/Monaghan (73%). Three in four foster carers in these areas are general foster carers. This is in contrast to Dublin South West/Kildare/West Wicklow (41%) and Dublin North City (48%) where fewer than half of the foster carers in these areas are general foster carers.

- Similarly, while 26% of foster carers on the panel nationally are relative foster carers, it ranges from 12% to 43% across the areas. The three areas reporting the highest percentages of relative foster carers are Dublin North City (43%), Dublin South Central (39%) and Dublin South West/Kildare/West Wicklow (34%). Cavan/Monaghan reports the lowest percentage of relative foster carers at 12% followed by Donegal (16%), Louth/Meath (17%) and Galway/Roscommon (17%). The higher percentages seen in the Dublin area most likely reflect families living in close proximity, unlike the more rural areas like Cavan/Monaghan and Donegal.
- Also, while 12% of foster carers on the panel are private foster carers, it ranges from 4% to 25% across the areas. The three arears reporting the highest percentages of private foster carers were Dublin South West/Kildare/West Wicklow (25%), Midlands (22%) and Dublin North (20%). Kerry (4%), Midwest (5%) and Galway/Roscommon (6%) report the lowest rates of private foster carers.



	DSC	DSE/WW	DSW/K/WW	Midlands	DNC	Dublin North	LH/MH	CN/MN	Cork	Kerry	CW/KK/ST	WD/WX	Midwest	GY/RN	Mayo	Donegal	SLWC
# General	99	122	120	133	142	104	194	90	313	69	159	209	281	208	65	107	61
# Approved Relative	72	59	99	58	128	57	52	15	125	34	61	71	112	47	25	23	18
# Private	12	30	74	53	25	40	53	18	48	4	35	41	20	16	8	13	13
Total Approved	183	211	293	244	295	201	299	123	486	107	255	321	413	271	98	143	92

Figure 46: Foster carers by type and area, 2020

Table 54: Percentage breakdown of foster carers on the panel, by area 2020

Area	% General Foster Carers	% Relative Foster Carers	% Private Foster Carers
Dublin South Central	54%	39%	7%
Dublin South East/Wicklow	58%	28%	14%
Dublin South West / Kildare / West Wicklow	41%	34%	25%
Midlands	55%	24%	22%
Dublin North City	48%	43%	8%
Dublin North	52%	28%	20%
Louth / Meath	65%	17%	18%
Cavan / Monaghan	73%	12%	15%
Cork	64%	26%	10%
Kerry	64%	32%	4%
Carlow / Kilkenny / South Tipperary	62%	24%	14%
Waterford / Wexford	65%	22%	13%
Midwest	68%	27%	5%
Galway / Roscommon	77%	17%	6%
Mayo	66%	26%	8%
Donegal	75%	16%	9%
Sligo / Leitrim / West Cavan	66%	20%	14%
Total	**61%**	**26%**	**12%**

"Unapproved" Relative Foster Carers

- In addition to the 4,035 approved foster carers detailed above, there were also 228 relative foster carers who were "unapproved" at the end of 2020, 12 (5%) fewer than 2019 (240) and the fewest number for the period 2015 – 2020 (Figure 47). The number of "unapproved" relative foster carers has decreased year on year since 2015 and is down 40% (152) overall. *An "unapproved" foster carer is a person(s) who has a child or children placed with them under Section 36.1 (d) of the Children Care Act 1991 who is either (a) awaiting an assessment, (b) in the process of assessment, or (c) whose assessment has yet to go before the Child and Family Agency Foster Care Committee for approval.*
- Of the 228 relative foster carers who were "unapproved" at the end of 2020, 90% (206) had a child placed for longer than 12 weeks. The timeframe for approval of relative foster carers is as soon as practicable, but no later than 12 weeks after placement of a child(ren) (Child Care (Placement of Children with Relatives) Regulations 1995).

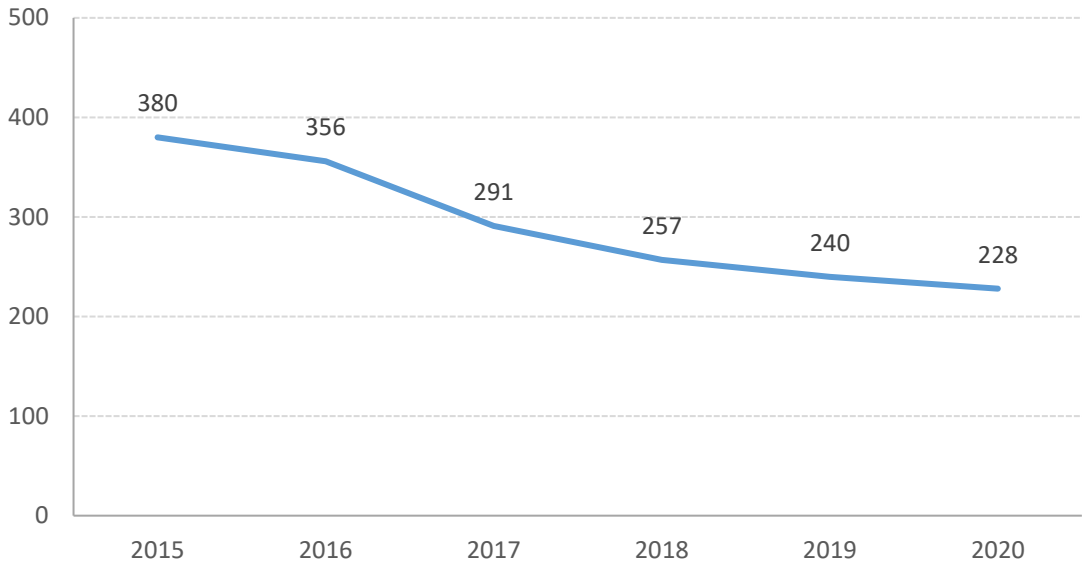


Figure 47: Number of unapproved relative foster carers, 2015 -2020

Foster Carers with a Link (Social) Worker

- At the end of 2020, 91% (2,247) of general foster carers had an allocated link (social) worker; a total of 229 were awaiting a link (social) worker (Table 55).
- The percentage of general foster carers with a link (social) worker is down three percentage points from 2019 when the highest percentage (94%) for the five years, 2015 to 2019 was reported, but is still higher than years like 2015 and 2016 when a low of 82% was reported.
- 93% (978) of approved relative foster carers had an allocated link (social) worker at the end of 2020; a total of 78 were awaiting a link (social worker).
- The percentage of relative foster carers with a link (social) worker is up two percentage points from 2019 (91%) and is the highest percentage for the six years, 2015 to 2020.

Table 55: General and approved relative foster carers with a link (social) worker, 2015 - 2020

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

- Across the 17 areas, the percentage of general foster carers with a link (social) worker ranged from 74% (Carlow/Kilkenny/South Tipperary) to 100% in five areas (Table 56). Eleven of the 17 areas reported a percentage equal to or higher than the national average of 91%.

- The percentage of approved relative foster carers with a link (social) worker ranged from 78% in (Donegal) to 100% in seven areas. Eleven of the 17 areas reported a percentage equal to or higher than the national average of 93% (Table 56).

Table 56: Percentage of approved foster carers with an allocated link worker by area, 2020

Area	# General FC	# General with Link Worker	% General with Link Worker	# Approved Relative FC	# Relative with Link Worker	% Relative With Link Worker
Dublin South Central	99	98	**99%**	72	71	**99%**
Dublin South East/Wicklow	122	118	**97%**	59	59	**100%**
DSW/K/WW	120	99	**83%**	99	80	**81%**
Midlands	133	123	**92%**	58	53	**91%**
Dublin North City	142	134	**94%**	128	123	**96%**
Dublin North	104	104	**100%**	57	57	**100%**
Louth / Meath	194	159	**82%**	52	43	**83%**
Cavan / Monaghan	90	90	**100%**	15	15	**100%**
Cork	313	287	**92%**	125	120	**96%**
Kerry	69	69	**100%**	34	34	**100%**
CW/K/ST	159	117	**74%**	61	52	**85%**
Waterford / Wexford	209	188	**90%**	71	69	**97%**
Midwest	281	241	**86%**	112	94	**84%**
Galway / Roscommon	208	201	**97%**	47	47	**100%**
Mayo	65	65	**100%**	25	25	**100%**
Donegal	107	93	**87%**	23	18	**78%**
Sligo / Leitrim / West Cavan	61	61	**100%**	18	18	**100%**
Total	**2476**	**2247**	**91%**	**1056**	**978**	**93%**

- 99% (205/206) of "unapproved" relative foster carers who had a child placed with them for longer than 12 weeks at the end of 2020, had an allocated link worker at the end of 2020, up from 94% at the end of 2019 and a low of 64% at the end of 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 quarter 2, 2018 to reflect the Child Care Amendment Act 2015 and a revised Aftercare Policy.

The data presented in this section does not include young persons/adults under the Social Work Team for Separated Children Seeking International Protection. Refer to Section 5.2 for data on these young persons/adults.

KEY FACTS

- The number of young people in receipt of aftercare services (2,835) continues to grow, up 6% (159) from 2019 and 14% (339) from 2018.
- 75% (1,612/2,150) of the 18-22 years cohort in receipt of aftercare services at the end of 2020 were in education/training.
- Almost half (49%; 1,047/2,150) of the 18-22 years cohort were continuing to live with their foster families, while a further 10% (209) had returned home to family. One in four (23%; 505) had moved to independent living.
- 82% (2,322/2,835) of all young persons/adults in receipt of an aftercare service at the end of 2020 had an aftercare plan, with this figure rising to 96% (2,068/2,150) for the 18-22 years cohort.
- 91% (1,953) of those with an aftercare plan (2,322) assessed as needing aftercare worker (2,139) had an aftercare worker, with ten of the 17 areas reporting 100%.

Number of Young Persons / Adults in Receipt of Aftercare Services

- The year 2020 saw a further increase in the number of young persons/adults in receipt of aftercare services. At the end of 2020, there were 2,835 young persons/adults in receipt of aftercare services, 159 (6%) more than 2019 (2,676) and 339 (14%) more than 2018 (2,496) (Table 57).

- Of those in receipt of aftercare services, 50.2% (1,422) were male and 49.7% (1,409) were female. Of the remaining four, three were gender neutral and gender was not declared for the remaining person.
- 54% (1,531) of those in receipt of aftercare services were 18-20 years inclusive, 22% (619) were 21-22 years inclusive, while the remaining 24% (685) were less than 18 years. Increases were observed across all age groups with the largest increase observed for the 21 -22 years cohort, up 20% (105) from 2019 (Table 57).

Table 57: Young persons / adults in receipt of aftercare services by age group, 2018 – 2020

Age Group	# 2018	# 2019	# 2020	2020 v 2019	Δ%
< 18 years	479	658	**685**	27	4%
18-20 years	1,491	1,504	**1,531**	27	2%
21-22 years	526	514	**619**	105	20%
Total	**2,496**	**2,676**	**2,835**	**159**	**6%**

Aftercare Services and Education

- 76% (1,169) of the 18–20 years cohort in receipt of aftercare services at the end of 2020 were in education/accredited training, up from 75% (1,121/1,504) in 2019 (Table 58). The highest number of whom (305; 26%) were in second level and followed closely by post-leaving cert courses (23%; 268) and third level colleges/university (22%; 263).

Table 58: Adults 18-20 years in receipt of aftercare services in education/accredited training, 2019 – 2020

Education/Training	# in education 2019	% 2019	# in education 2020	% 2020
Second level	276	25%	**305**	**26%**
Vocational Training	113	10%	**133**	**11%**
PLCs	279	25%	**268**	**23%**
Third Level College / University	247	22%	**263**	**22%**
Accredited Training (e.g., Solas)	139	12%	**151**	**13%**
Other[52]	67	6%	**49**	**4%**
Total	**1,121**	**100%**	**1,169**	**100%**

- 72% (443/619) of those 21-22 years in receipt of an aftercare service at the end of 2020 were in education/accredited training, up from 65% (332/514) in 2019. More than half (53%; 234) of whom were in third level college / university, with a further 19% (86) in post leaving cert courses (Table 59). The percentage of young people in third level colleges / university is up five percentage points from 2019 (48%).

[52] Other is not specified, but generally includes disability schools.

Table 59: Adults 21-22 years in receipt of aftercare services in education/accredited training, 2019 -2020

Education/Training	# in education 2019	2019%	# in education 2020	2020%
Second level	8	2%	**3**	**1%**
Vocational Training	28	8%	**38**	**9%**
PLCs	82	25%	**86**	**19%**
Third Level College / University	161	48%	**234**	**53%**
Accredited Training (e.g., Solas)	40	12%	**62**	**14%**
Other[53]	13	4%	**20**	**5%**
Total	**332**	**100%**	**443**	**100%**

Aftercare Services and Accommodation

- Of those 18-22 years in receipt of aftercare services, almost half (49%; 1,047/2,150) were continuing to live with their foster families, implying that they continue to experience caring relationships and stable living arrangements (Figure 48). A further 10% (209) had returned home to family, while almost one in four (23%; 505) had moved to independent living arrangements[54].

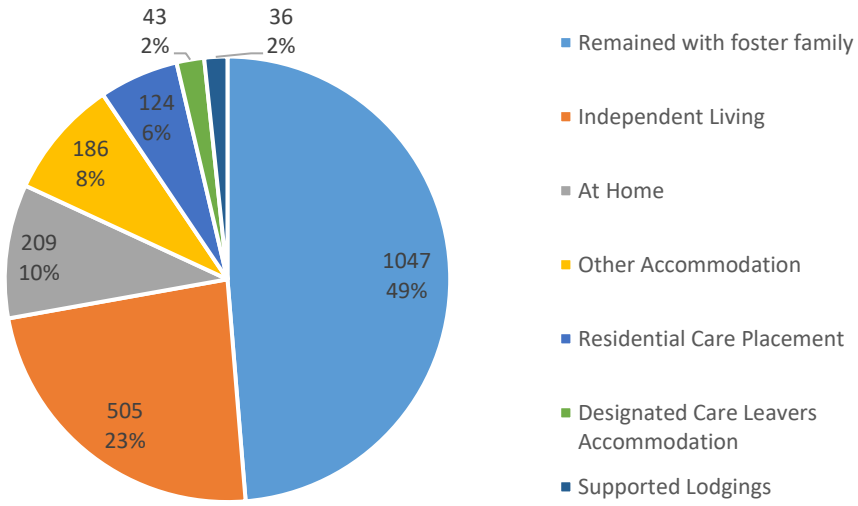


Figure 48: Living arrangements for 18-22 years cohort in receipt of aftercare services, 2020

Aftercare Plan and Aftercare Worker

- More than eight out of 10 (82%; 2,322/2,835) young persons/adults in receipt of an aftercare service had an aftercare plan at the end of 2020, with this figure rising to 96% (2,068/2,150) for the 18-22 years cohort.
- 91% (1,953) of those with an aftercare plan (2,322) assessed as needing aftercare worker (2,139) had an aftercare worker.

[53] Other is not specified, but generally includes disability schools.
[54] Other includes psychiatric services, disability services, mother and baby centres, prison, staying with friends, homeless etc.

Aftercare Services by Area

- Looking across the 17 areas, the highest number of young persons/adults in receipt of aftercare services was reported by Cork (338) followed by Dublin North City (293), Dublin South West/Kildare/West Wicklow (281) and Midwest (239), while the fewest number was reported by Sligo/Leitrim/West Cavan (53) followed by Mayo (63) (Table 60).
- The percentage of young persons/adults with an aftercare plan across the areas ranged from 74% (Dublin South West/Kildare/West Wicklow) to 93% (Donegal). Nine of the 17 areas reported a percentage equal to or higher than the national average of 82% (Table 60).
- The percentage of young persons/adults assessed as needing an aftercare worker with one, ranged from 49% (Dublin South West/Kildare/West Wicklow) to 100% in ten areas. All but two areas (Dublin South West/Kildare/West Wicklow and Carlow/Kilkenny/South Tipperary) reported 90% or higher.

Table 60: Persons in receipt of aftercare services with an aftercare plan and allocated worker, 2020

Area	# in aftercare	# with plan	% with plan	# assessed as needing AC worker	% assessed as needing AC worker	# with AC worker	% with AC worker
Dublin South Central	199	161	81%	160	99%	148	93%
Dublin South East/Wicklow	147	130	88%	130	100%	121	93%
DSW/K/WW	281	209	74%	207	99%	102	49%
Midlands	147	135	92%	64	47%	64	100%
Dublin North City	293	224	76%	224	100%	224	100%
Dublin North	158	127	80%	107	84%	107	100%
Louth/Meath	161	138	86%	138	100%	135	98%
Cavan/Monaghan	72	62	86%	44	71%	44	100%
Cork	338	277	82%	231	83%	208	90%
Kerry	70	58	83%	58	100%	58	100%
CW/K/ST	178	141	79%	117	83%	84	72%
Waterford/Wexford	176	136	77%	136	100%	136	100%
Midwest	239	206	86%	206	100%	206	100%
Galway/Roscommon	180	153	85%	152	99%	152	100%
Mayo	63	48	76%	48	100%	48	100%
Donegal	80	74	93%	74	100%	73	99%
SLWC	53	43	81%	43	100%	43	100%
National Total	2,835	2,322	82%	2,139	92%	1,953	91%

3.7 Services for Separated Children Seeking International Protection

Tusla provides specialist services for separated children seeking international protection (SCSIP) 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 - Office of the Refugee Applications Commissioner) 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.

KEY FACTS

- 80 referrals to Tusla's Service for Separated Children Seeking International Protection in 2020, 104 (56%) fewer than 2019 (184) and the fewest number since 2012 (71).
- 51 children were placed in care in 2020, 53 (51%) fewer than 2019 (104) and the fewest number since 2012 (48). The majority (40; 78%) of these children were admitted to care on a voluntary basis; the remaining 11 were in care under an order of the court.
- 64 children were in care at the end of 2020, three fewer than 2019 (67). The majority of the children were male (86%; 55) and all but two of the children in care were 15-17 years.
- 50% (32) of children in care were in residential care, 37% (24) were in supported lodgings and 13% (8) were in foster care
- All of the children in care had an allocated social work and up-to-date care plan.
- 108 young persons/adults in receipt of aftercare services at the end of 2020, 10 more than 2019 (98).
- 91% (85/93) of the 18-22 years cohort in receipt of aftercare services were in education / accredited training.
- The majority (80%; 74) of the 18-22 years cohort in receipt of aftercare services were in independent living.
- 92% of young persons/adults in receipt of aftercare services at the end 2020 had an aftercare plan (99) and an aftercare worker (98).

Referrals

- In 2020, there were 80 referrals to Tusla's Service for Separated Children Seeking International Protection, 104 (57%) fewer than 2019 (184) and the fewest number since 2012 (71) (Figure 49).

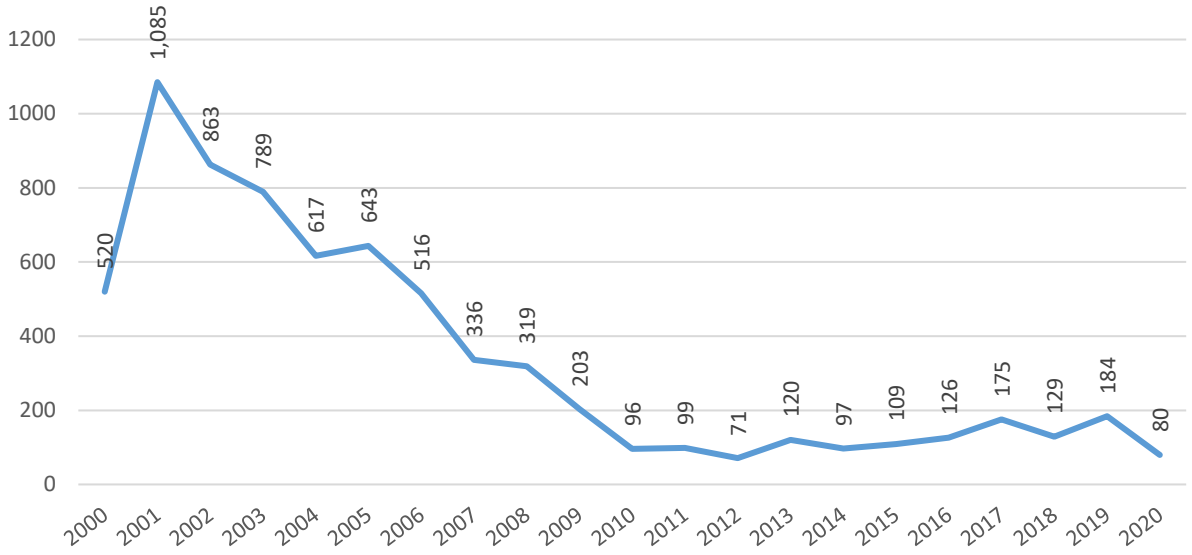


Figure 49: Referrals to Tusla Social Work Team for Separated Children Seeking International Protection, 2000 – 2020

- A total of 51 children were placed in care in 2020, 53 (51%) fewer than 2019 (104) and the fewest number since 2012 (Table 61).
- Family reunifications (regardless of placement care status) were completed for 18 children in 2020. The service received 26 inappropriate/other referrals in 2020, five fewer than 2019 (31).

Table 61: Referrals to Tusla's Service for Separated Children Seeking International Protection, 2000 - 2020

Year	# Referrals	# Children placed in care	# Completed family reunifications	# Inappropriate referrals/other
2020	**80**	**51**	**18**	**26**
2019	184	104	61	31
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

Admissions to Care

- Of the 51 children placed in care in 2020, 65% (33) were male and 35% (18) were female. Children aged 16 and 17 years accounted for 82% (42) of children placed in care in 2020. All, but one of the children were 13+ years.
- The majority (37; 73%) of children placed in care in 2020 were placed in general residential care (Figure 50).

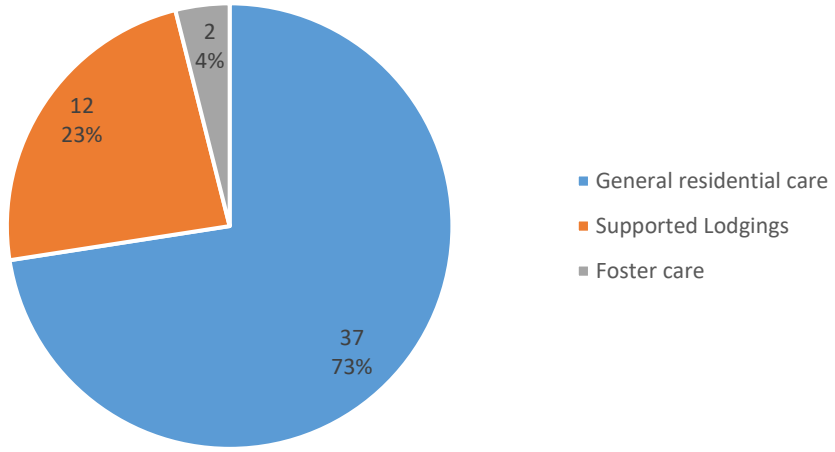


Figure 50: Breakdown of admissions to care, by placement type, 2020

- All of the children were placed in care because of welfare concerns, the majority (78%; 40) of whom, were placed on a voluntary basis. The remaining 11 children (22%) children were placed in care under an order of the court (interim care orders).

Children in Care

- At the end of 2020, there were 64 children in care, three fewer than 2019 (67). The majority (86%; 55) of these children were male, 14% (9) were female. All but two of the children in care were in the 15-17 years age bracket, with the highest number (25) aged 17 years, followed by 16 years (24) and 15 years (13).
- The primary reason for being in care was reported as welfare concerns of all 64 children concerned.
- Half (32; 50%) of the children in care were in general residential care, with the next highest number in supported lodgings (24; 37%) (Figure 51).

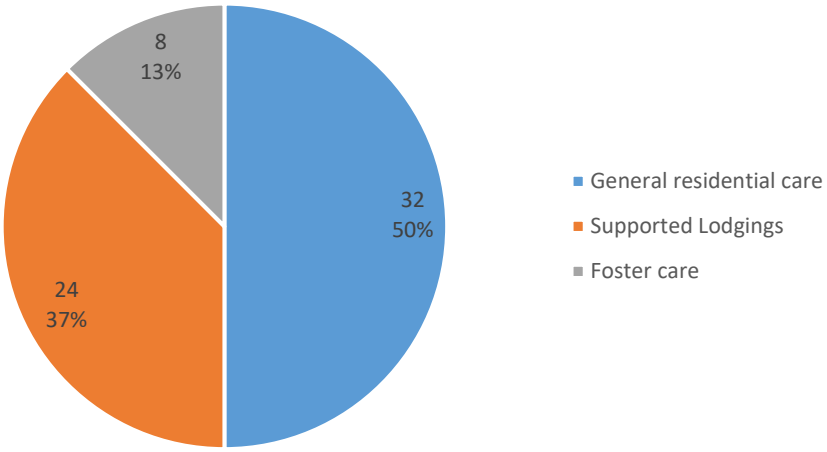


Figure 51: Breakdown of children in care by placement type, 2020

- Over half (58%; 37) of the children in care (64) were in placements with private providers (Figure 52), the majority (62%; 23) of whom were in residential care.

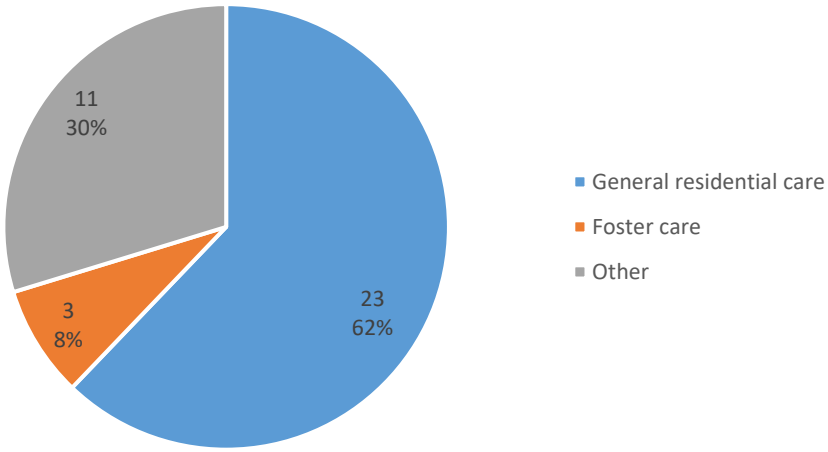


Figure 52: Breakdown of children in placements with private providers by placement type, 2020

- The majority of children in care (61%; 39) were in care for less than 1 year. No child was in care for greater than 5 years.
- All of the children in care had an allocated social worker and up-to-date care plan at the end of 2020.

Aftercare

- At the end of 2020, there were 108 young persons /adults under the Social Work Team for Separated Children Seeking International Protection in receipt of aftercare services, 10 more than 2019 (98).

- Of the 108 young persons / adults in receipt of aftercare services, the majority (76%; 82) were 18 – 20 years inclusive (Figure 53). A further 11 (10%) were 21-22 years while the remaining 15 were less than 18 years. The majority of the young persons/adults in receipt of aftercare services were male (85%; 92); 15% (16) were female. A pattern similar to 2019.

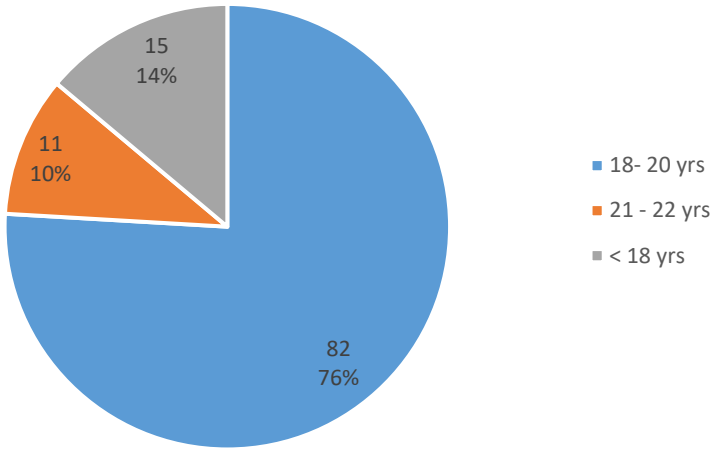


Figure 53: Breakdown of young persons/adults in receipt of aftercare services, by age group, 2020

- Of the 82 young persons /adults aged 18-20 years, almost all (93%; 76) were in education / accredited training, while 82% (9/11) of the 21 -22 years cohort were in education / accredited training.
- In terms of living arrangements, the majority (80%; 74) of the 18-22 years cohort (93) were in independent living (Figure 54). A breakdown of living arrangements is presented in the chart below (Figure 54).
- 92% of young persons/adults in receipt of aftercare services at the end 2020 had an aftercare plan (99) and an aftercare worker (98).

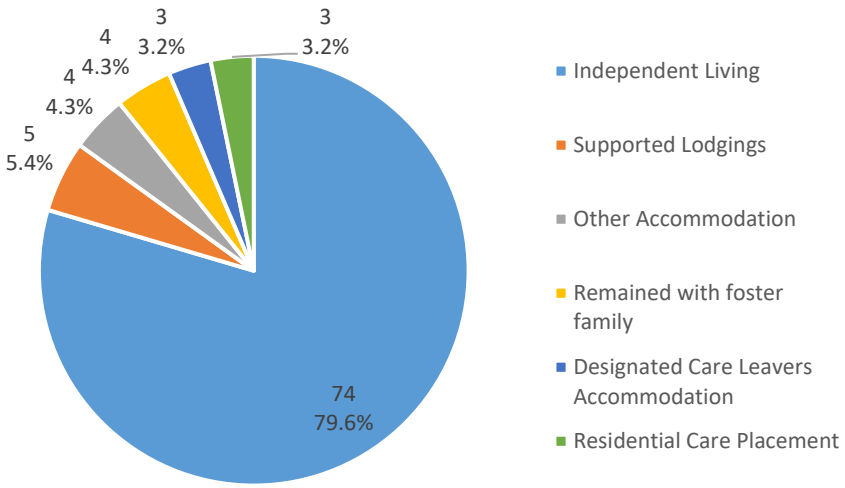


Figure 54: 18-22 years in receipt of aftercare services, by accommodation type, 2020

3.8 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;
- Stepparent / family adoption
- Fostering to adoption.

Children outside the State can be adopted through a process known as inter country adoption.

Tusla is the competent authority for assessing the eligibility and suitability of prospective adoptive parents, which they then submit to the Board of the Adoption Authority of Ireland for review and approval. Counselling of birth parents considering adoption as an option for their child and the placing of children for adoption at birth parents' consent is also a significant part of the work. The views and best interests of the child are at the centre of adoption in Ireland. In the event that the birth parent is not consenting, and it is deemed in the child's best interest to pursue the adoption then an application is made to the High Court to dispense with consent. The Agency applies to dispense with the birth mother's consent. In the case of birth fathers, this application is taken by the Adoption Authority of Ireland.

Children who are placed for adoption as infants are placed in foster care under Section 4 of the Child Care Act 1991 for the purposes of Section 6 of the Child Care Act. Upon receipt of the necessary consents and approvals children are then transitioned from foster care to their adoption placements where they are subject to post placement reporting until such time as the adoption order is granted. In certain circumstances post placement adoption reporting is required for children placed through inter-country adoption.

KEY FACTS

- Decrease (19%; 36) from 2019 in applications for assessment and suitability as adoptive parent(s). Fewest number (158) for the four years 2017 – 2020. It is possible that fewer applications were submitted, because of the Covid-19 pandemic and associated restrictions.
- Applications for inter-country adoption on the decline; down 63% (58) over the three-year period 2017 – 2020.
- 9% (17) increase from 2019 in the number of children referred for adoption (196). Half of all children referred for adoption are referred for stepparent adoption
- 155 adoption assessments presented to local adoption committees, three more than 2019. Assessments for stepparent adoption are the most common assessments presented (66; 43%).

Applications for Assessment as Adoptive Parents

- In 2020, Tusla received a total of 158 applications for assessment of eligibility and suitability as adoptive parent(s). The number of applications received was down 19% (36) on 2019 when 194 applications were received and was the fewest number received for the four years 2017 – 2020 (Table 62). The number of applications for the three years 2017 – 2019 were broadly similar.

Although difficult to determine with certainty, it is possible that fewer applications were submitted, because of the Covid-19 pandemic and associated restrictions.

- The most common type of application received in 2020 was for fostering to adoption accounting for about a third (32%; 51) of all applications received and was followed closely by applications for stepparent adoption (30%; 48) (Figure 55). Applications for domestic adoption accounted for the fewest number of applications received (25; 16%) in 2020.

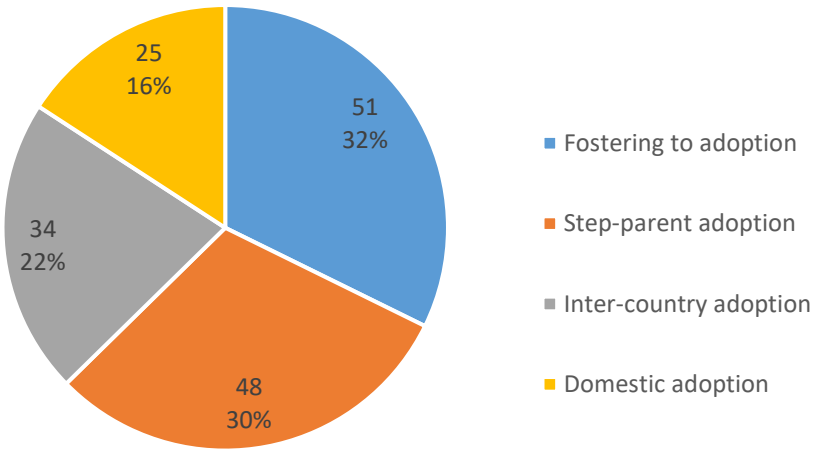


Figure 55: Applications for assessment as adoptive parent(s) by type, 2020

- Looking at the various types of applications, the data is showing a year on year decrease in applications for inter-country adoption with an overall decrease of 63% (58) over the three-year period 2017 – 2020 (Table 62).
- Applications for fostering to adoption doubled in 2020 with 51 applications received compared to an average of about 26 a year for the previous three years (Table 62).
- In contrast, there was a 49% (46) decrease in applications for stepparent adoption in 2020 with numbers dropping back to numbers seen in 2017. It is too earlier to predict if this is the start of a downward trend (Table 62).

Table 62: Applications for assessment as adoptive parent(s) by type, 2017 – 2020

Applications	2017	2018	2019	2020	2020 v 2019
Inter-country adoption	92	76	50	34	-16
Stepparent adoption	43	68	94	48	-46
Domestic adoption	28	41	25	25	0
Fostering to adoption	27	27	25	51	26
Total	**190**	**212**	**194**	**158**	**-36**

Children Referred for Adoption

- A total of 196 new children were referred for adoption (all types) in 2020, an increase of 17 (9%) on 2019 (179) and similar to the number referred in 2018 (197) (Table 63). Half (98) of all children referred for adoption in 2020 were referred for stepparent adoption (Figure 56). This was followed by fostering to adoption accounting for 39% (76) of referrals and then domestic adoption accounting for about one in ten referrals (11%; 22).

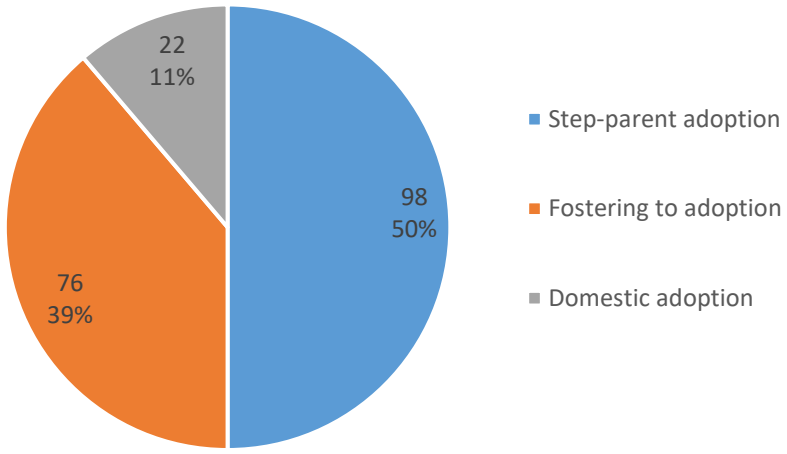


Figure 56: Children referred for adoption by type, 2020

- The number children referred for fostering to adoption was up 58% (28) on 2019 and the same as the number referred in 2017 (76) (Table 63).
- The number of children referred for stepparent adoption was down 11 (10%) on 2019 and 38 (28%) from 2018 when a high of 136 children were referred. These figures may be indicating the start of a downward trend.
- There number of children referred for domestic adoption has remained relatively consistent with 22 referrals reported for three of the four years 2017 to 2020.

Table 63: Children referred for adoption by type, 2017 – 2020

Referrals	2017	2018	2019	2020	2020 v 2019
Stepparent adoption	79	136	109	98	-11
Fostering to adoption	76	45	48	76	28
Domestic adoption	22	16	22	22	0
Total	**177**	**197**	**179**	**196**	**17**

Adoption Assessments

- A total of 155 adoption assessments were presented to local adoption committees in 2020, three more than 2019 (152) and broadly similar to previous years (Table 64). The local adoption committees make a recommendation to the Adoption Authority of Ireland.

- The highest number of assessments presented were for stepparent adoption (66; 43%), followed by inter-country adoption (37; 24%), fostering to adoption (30; 19%) and domestic adoption (22; 14%) (Figure 57 and Table 64).

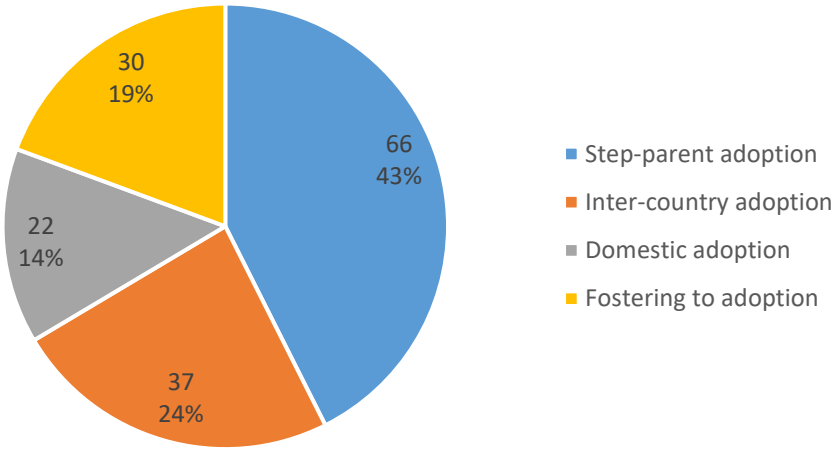


Figure 57: Number of assessments presented to local adoption committees by type, 2020

Table 64: Assessments presented to local adoption committees, 2017 - 2020

Assessments	2017	2018	2019	2020	2020 v 2019
Inter-country adoption	71	52	46	37	-9
Stepparent adoption	42	45	56	66	10
Domestic adoption	20	22	25	22	-3
Fostering to adoption	19	32	25	30	5
Total	**152**	**151**	**152**	**155**	**3**

- An audit of adoption committees was conducted in 2019. As a result of the findings of the audit the number of committees has been reduced from seven to four with one appeals committee. This reduction in the number of committees will bring greater consistency to practice and decision making. In addition, a policy document has been developed, introducing a high standard of governance and practice. It will also assist committees comply with their obligations under GDPR. Committees continued to meet remotely during the Covid-19 pandemic.

Post-Adoption Service

- Children who have been adopted can be referred to the Adoption Service for a post adoption service. Services provided include, post placement reports, social work support and sign posting to other services. In 2020, 28 adopted children were the subject of a 1st post placement report.
- Tusla also commissions therapeutic services for adopted children and their parents through Barnardos. This service expanded to a national service in 2019 with offices now in Cork and Galway, in addition to the Dublin office. An evaluation of the service conducted by Queens University is currently underway and it is expected that the report will be published in 2021.

- In 2020, a total of 113 new families were referred to the Barnardos Post Adoption Service. The 113 families comprised of 80 children and 171 parents. Some 307 families were open to the service at the end of 2020. The majority of new families referred (78%; 88) self-referred, while the remaining 22% (25) were referred by a professional. Inter-country adoption was the most common type of adoption (88%; 99) for new families referred. A total of 31 families were on a waiting list for a service at the end of 2020.

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 2020 services commissioned under Sections 56 - 59 received funding in the region of €131.282 million

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

KEY FACTS

- 31,267 children were referred to family support services in 2020, with 17,516 children in receipt of family support services at year end (based on a response rate of 81%).
- The number children referred to family support services equates to about 3% of children living in Ireland and ranges from <1% to 5.7% across the 17 Tusla areas.
- The most common source of referral was Tusla social workers accounting for more than a quarter (28%; 8,716) of all referrals, followed by parents / guardians (21%; 6,478), self-referrals (12%; 3,761), HSE Officers (10%; 3,203) and schools (2,553; 8%). These five sources account for 79% (24,711) of all referrals.
- 72% (22,356) of children referred to family support services in 2020 received a service (ranges from 35% to 91% across the 17 Tusla areas).

Referrals to Family Support Services

- In 2020, at least 31,267 children were referred to family support services, with 17,516 children in receipt of family support services at year end. This data is based on data from 81% of services, hence the total number of children involved is likely to be higher and is not directly comparable with data for 2019 and previous years. The number of children referred to family support services equates to about 3% of children under 18 years (based on Census 2016 data).
- In 2019, 37,024 children (0-17 years) were referred to family support services (based on a response rate of 87%) with 18,343 children in receipt of family support services at year end.
- Referrals for Tusla's Family Support Services and services funded under Sections 56-59 of the Child and Family Agency Act 2013, are received from a wide range of external sources and inter-departmentally within Tusla. In 2020, the most common source of referral was Tusla social workers accounting for more than a quarter (28%; 8,716) of all referrals, followed by parents / guardians (21%; 6,478), self-referrals (12%; 3,761), HSE Officers (10%; 3,203) and schools (2,553; 8%). These five sources accounted for 79% (24,711) of all referrals (Figure 58).

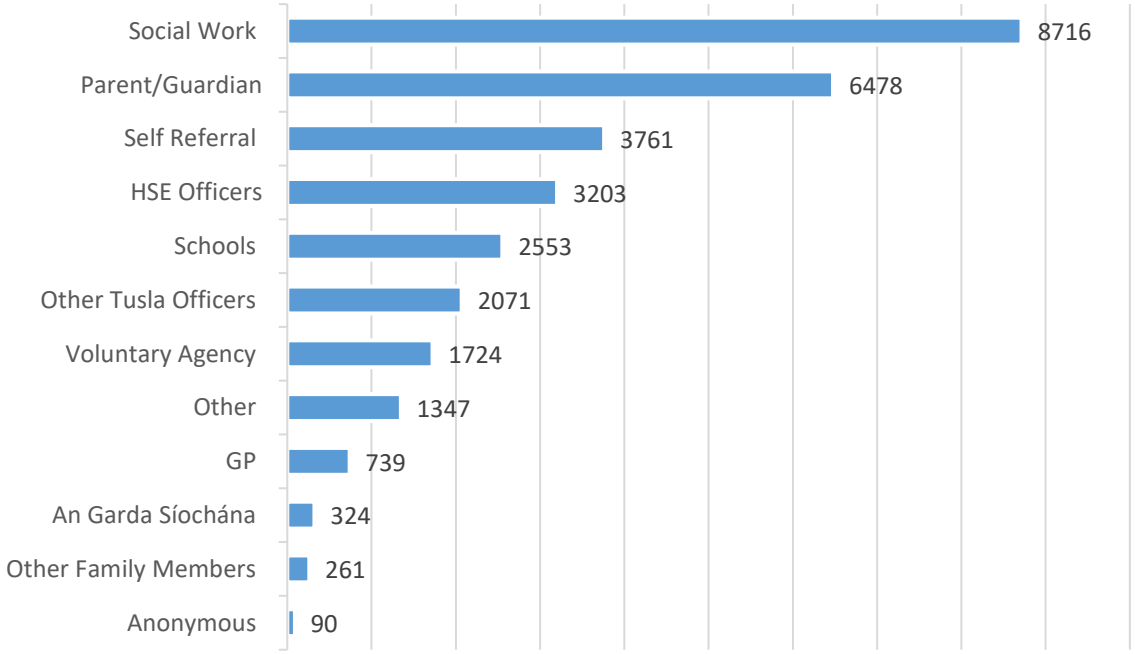


Figure 58: Children referred to Family Support Services by source, 2020

- 72% (22,356) of children referred to family support services in 2020, received a service. A service is defined as received when there is any formal intervention undertaken with a child and their family as a result of the receipt of a written referral and arising in a written service plan. The percentage who received a service is up five percentage points on 2019 (67%). However, this comparison needs to be interpreted with caution due to incomplete returns.

- Further development of the metrics to provide more granular data on the types and quantities of family support services provided is also required.

Referrals to Family Support Services by Area

- As can be seen from the table below, there is significant variation in the number of children referred to family support services across the 17 areas, most likely reflecting a combination of factors relating to how services are funded and provided in areas. For example, in some areas similar family support services may be funded by the HSE or other sources and hence lower rates may not necessarily indicate that families are not receiving adequate supports. Family support is provided by the Departments of Health, Education and Justice. The data also needs to be interpreted in the context of the closure of schools and other services in 2020, due to the Covid-19 pandemic. Additional data is required to examine this more fully.
- Based on the data returned, Dublin North reported the highest number of children referred to family support services (3,874) followed by Dublin South West/Kildare/West Wicklow (3,569), Waterford/Wexford (2,567), Dublin North City (2,546) and Dublin South Central (2,516). Kerry reported the fewest number (582) followed by Midlands (657) and Cork (701) - the area with the highest number of children under 18 years (Table 65).
- Cavan/Monaghan and Dublin North City reported the highest percentage of children referred, at just under 6% in both areas. The lowest rate was reported by Cork (0.5%) followed by Midlands (0.8%) and Dublin South East/Wicklow (1%). Ten of the 17 areas reported a rate equal to or higher than the national average of 2.6% (Table 65).
- The percentage of children referred to family support services who received a service ranged from 35% in Dublin South Central to 91% in Cavan/Monaghan. Nine of the 17 areas reported a percentage equal to or higher than the national average of 72% (Table 65). The lower than average rate reported by Dublin South Central has been attributed to the fact that this area directly funds a high number of community childcare services, many of which were closed or offered a service to far few children during 2020, due the Covid-19 pandemic. The type of service provided by these services varies depending on the needs of the child and family.

Table 65: Children referred to family support service, by area 2020 (ranked by number referred)

Area	# Referred	Population < 18 years	Rate referrals / 100 pop	# who received a service	% who received a service	Response rate*
Dublin North	3874	100,654	3.8	3,300	85%	93%
DSW/K/WW	3569	108,186	3.3	2,192	61%	87%
WD/WX	2567	68,513	3.7	2,283	89%	80%
DNC	2546	44,927	5.7	1,469	58%	66%
DSC	2516	65,564	3.8	888	35%	100%
CN/MN	2066	36,446	5.7	1,882	91%	74%
Donegal	2017	42,865	4.7	1,671	83%	100%
Midwest	2008	96,266	2.1	1,475	73%	65%
GY/RN	1885	79,912	2.4	1,514	80%	60%
CW/K/ST	1707	63,009	2.7	1,373	80%	87%
LH/MH	1660	93,093	1.8	964	58%	93%
SLWC	1157	23,554	4.9	927	80%	100%
Mayo	880	31,968	2.8	552	63%	100%
DSE/WW	875	86,810	1.0	607	69%	79%
Cork	701	134,015	0.5	426	61%	100%
Midlands	657	80,193	0.8	388	59%	100%#
Kerry	582	34,527	1.7	445	76%	100%
Total	**31267**	**1,190,502**	**2.6**	**2,2356**	**72%**	**81%**

*Response rate is based on the average of the rates reported for the two data returns (data reported bi-annually). #Response rate reported for the Midlands area is based on the rate for one data return (100%). Assumption that the rate for the second data return is also 100%.

- All areas except for two (Dublin South Central and Galway/Roscommon) reported a decrease from 2019 in the number of children referred to family support services (Table 66). While a decrease is to be expected due to the closure of services for a period in 2020 because of the Covid-19 pandemic, the data must also be interpreted in the context of varying response rates.
- The largest percentage decreases were reported by three of the five areas in the West: Donegal (down 41%; 1,423), Mayo (down 36%; 498) and Sligo/Leitrim West Cavan (down 34%; 590). The data for Donegal is based on a response rate of 100% for both years, while the 2020 response rates for Mayo and Sligo/Leitrim/West Cavan were up on 2019 levels.
- In contrast, Galway/Roscommon reported a 30% (438) increase from 2019, based on a slightly lower response rate, while Dublin South Central reported a 21% (431) increase, based on a 100% response rate for both years.

Table 66: Children referred to family support services, by area and year, 2019 - 2020

Area	# referred 2019	# referred 2020	Δ 2020 v 2019	% Δ	Response rate 2019*	Response rate 2020*
DSC	2085	2516	**431**	21%	100%	100%
DSE/WW	1157	875	**-282**	-24%	100%	79%
DSW/K/WW	3690	3569	**-121**	-3%	84%	87%
Midlands	911	657	**-254**	-28%	95%	100%
DNC	3601	2546	**-1055**	-29%	88%	66%
Dublin North	4593	3874	**-719**	-16%	93%	93%
LH/MH	1717	1660	**-57**	-3%	91%	93%
CN/MN	2292	2066	**-226**	-10%	74%	74%
Cork	768	701	**-67**	-9%	100%	100%
Kerry	616	582	**-34**	-6%	100%	100%
CW/K/ST	2360	1707	**-653**	-28%	79%	87%
WD/WX	3148	2567	**-581**	-18%	83%	80%
Midwest	2074	2008	**-66**	-3%	90%	65%
GY/RN	1447	1885	**438**	30%	65%	60%
Mayo	1378	880	**-498**	-36%	69%	100%
Donegal	3440	2017	**-1423**	-41%	100%	100%
SLWC	1747	1157	**-590**	-34%	92%	100%
Total	**37024**	**31267**	**-5757**	**-16%**	**87%**	**81%**

*Response rate is based on the average of the rates reported for the two data returns (data reported bi-annually). #Response rate reported for the Midlands area is based on the rate for one data return (100%). Assumption that the rate for the second data return is also 100%.

4.1 MEITHEAL

Tusla has developed a national practice model referred to as Meitheal[55] 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 timelier response to family needs to prevent problems from getting worse which may require more specialised support from social workers. The implementation of Meitheal is supported by the development of Child and Family Support Networks (CFSN).

There are three stages to the Meitheal process as follows:

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

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

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

KEY FACTS

- 2,287 Meitheal processes were requested in 2020, a slight decrease (43) from a high of 2,330 in 2019. It is likely that the Covid-19 pandemic and associated restrictions impacted the number of requests.
- 65% (1,494) of Meitheal processes requested in 2020, were requested either by the family themselves, or directly by a practitioner. This percentage is down on the 72% (1,670) reported in 2019, which may be explained by the Covid-19 pandemic.
- 24% (556) of Meitheal processes requested in 2020 were diversions from social work, up from 18% (413) in 2019.
- 10% (237) of Meitheal processes requested in 2020 were initiated following step-down from social work, similar to that for 2019 (11%).
- 81% (1,857) of Meitheal processes requested in 2020 proceeded to Stage 2 (discussion stage). The Meitheal is considered to be initiated at this point.
- 1,537 Meitheal processes reached completion of stage 2 (discussion stage) in 2020 and of these 49% (754) proceeded to delivery, 2% (36) were referred to Tusla social work services, 34% (524)

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

were referred "to a single agency response", 10% (151) were closed, while the remaining 5% (72) requests were categorised as "other".

- 1,366 Meitheal processes were closed in 2020. Of these 27% (371) were closed following submission of the request form (end of stage 1); 39% (533) were closed following completion of the strengths and needs form (stage 2); 12% (161) were closed following commencement of Meitheal support meetings (stage 3); 22% (301) were closed post-delivery (end of process).
- 121 Child and Family Support Networks operating at the end of 2020, six more than 2019.

Meitheal Requests

- In 2020, some 2,287 Meitheal processes were requested, 43 fewer than 2019 (2,330), but 553 (32%) more than 2018 (1,734) and 878 (62%) more than 2017 (1,409) (Table 67). The fewer number of requests received in 2020, is again, most likely due to the Covid-19 pandemic and associated restrictions making it difficult for professionals and children and families to meet and participate in the process.

Table 67: Number of Meitheal requests, by Year, 2017 -2020

Year	2017	2018	2019	2020	2020 v 2019	%Δ
# requests	1,409	1,734	2,330	2,287	-43	-2%

- The most common pathway into Meitheal is direct or self-initiated, where a request is made by a practitioner or by a family themselves. In 2020, these requests accounted for 65% (1,494) of all requests, down from 72% in 2019 (Table 68).
- A further 24% (556) of requests were cases that were diverted by child protection and welfare social work teams, an increase of six percentage points on 2019 (18%). In these situations, social workers are satisfied that there are no child protection concerns, but that there are unmet needs, which can potentially be addressed through the Meitheal process (Table 68).
- The remaining 10% (237) of requests were cases that were stepped down by child protection and welfare social work teams, and similar to the 11% reported in 2019. Step-down occurs when child protection concerns have been dealt with by child protection and welfare social workers, but where social workers feel that further support would be beneficial as the family transition out of the system, or where there are still some unmet welfare needs.

Table 68: Pathways into Meitheal, 2019 - 2020

Pathway	# 2019	% Total	# 2020	% Total	2020 v 2019	%Δ
Direct Access	1,670	72%	1,494	65%	-176	-11%
SW Diversion	413	18%	556	24%	143	35%
Social Work-Step Down	247	11%	237	10%	-10	-4%
Total	**2,330**	**100%**	**2,287**	**100%**	**-43**	**-2%**

Meitheal Requests by Area

- As can be seen from the table below, the number of processes requested varies across the 17 Tusla areas. In 2020, the number of requests ranged from 37 (Louth/Meath) to 330 (Dublin North) (Table 69). Eight areas reported fewer than 100 requests, four areas reported between 100 and 200 requests, a further four areas reported between 200 and 300 hundred requests, while the remaining area reported in excess of 300 requests.
- Eight areas reported more requests in 2020 than 2019, with the largest increase reported by Kerry (up 173; 194%) followed by Cavan/Monaghan (up 103; 93%) and to a lesser extent Waterford/Wexford (up 53; 30%) and Carlow/Kilkenny/South Tipperary (up 51; 33%).
- Of the eight areas that reported a decrease, the largest decrease was reported by Dublin North (down 235; 42%) followed by Cork (down 91; 31%) and Donegal (down 55; 59%). The remaining area Mayo reported no change.
- All areas with the exception of three (Carlow/Kilkenny, Dublin South East/Wicklow and Mayo) reported more requests in 2020 than 2017, demonstrating the increasing use of Meitheal practice model.

Table 69: Meitheal processes requested by access pathway and area, 2017 - 2020

Area	# Requests 2017	# Requests 2018	# Requests 2019	# Requests 2020	2020 v 2019	% Δ
DSC	35	18	43	**76**	33	77%
DSE/WW	66	55	73	**58**	-15	-21%
DSW/K/WW	74	79	134	**122**	-12	-9%
Midlands	36	39	84	**93**	9	11%
DNC	79	98	104	**99**	-5	-5%
Dublin North	135	480	565	**330**	-235	-42%
LH/MH	31	56	77	**37**	-40	-52%
CN/MN	28	30	111	**214**	103	93%
Cork	18	38	289	**198**	-91	-31%
Kerry	25	47	89	**262**	173	194%
CW/KK/ST	433	170	153	**204**	51	33%
WD/WX	178	113	179	**232**	53	30%
Midwest	53	88	92	**111**	19	21%
GY/RN	96	312	147	**106**	-41	-28%
Mayo	56	39	54	**54**	0	0%
Donegal	21	52	94	**39**	-55	-59%
SLWC	45	20	42	**52**	10	24%
Total	**1409**	**1734**	**2,330**	**2,287**	**-43**	**-2%**

- Looking across the areas the pathways into Meitheal also vary considerably across the 17 areas (Table 70). The percentage of direct or self-initiated requests ranged from 49% (Carlow/Kilkenny/South Tipperary) to 94% (Galway/Roscommon). Nine of the 17 areas reported a percentage equal to or higher than the national average of 65%.

- The percentage of Meitheal requests that were diverted from social work ranged from 3% (Galway/Roscommon) to 37% (Carlow/Kilkenny/South Tipperary) (Table 70). Ten of the 17 areas reported a percentage equal to or higher than the national average of 24%.
- Similarly, the percentage of requests that were stepped down from social work ranged from 2% (Waterford/Wexford) to 19% (Cavan/Monaghan) (Table 70). Eight of the 17 areas reported a percentage equal to or higher than the national average of 10%.

Table 70: Breakdown of pathways into Meitheal by area, 2020

Area	# Requests	# Direct Access	% Direct Access	# SW Diversion	% SW Diversion	# SW Step-Down	% SW Step-Down
DSC	76	43	**57%**	23	**30%**	10	**13%**
DSE/WW	58	39	**67%**	16	**28%**	3	**5%**
DSW/K/WW	122	76	**62%**	39	**32%**	7	**6%**
Midlands	93	72	**77%**	17	**18%**	4	**4%**
DNC	99	75	**76%**	16	**16%**	8	**8%**
Dublin North	330	226	**68%**	74	**22%**	30	**9%**
LH/MH	37	21	**57%**	11	**30%**	5	**14%**
CN/MN	214	116	**54%**	58	**27%**	40	**19%**
Cork	198	150	**76%**	28	**14%**	20	**10%**
Kerry	262	132	**50%**	82	**31%**	48	**18%**
CW/KK/ST	204	100	**49%**	75	**37%**	29	**14%**
WD/WX	232	159	**69%**	69	**30%**	4	**2%**
Midwest	111	88	**79%**	12	**11%**	11	**10%**
GY/RN	106	100	**94%**	3	**3%**	3	**3%**
Mayo	54	30	**56%**	14	**26%**	10	**19%**
Donegal	39	36	**92%**	2	**5%**	1	**3%**
SLWC	52	31	**60%**	17	**33%**	4	**8%**
Total	**2,287**	**1494**	**65%**	**556**	**24%**	**237**	**10%**

- Of the number of Meitheal requests received in 2020, 81% (1,857) proceeded to Stage 2 (discussion stage). The Meitheal is considered to be initiated at this point. The Meitheal request form has been completed and a check has been undertaken to ensure that the child who is subject to the request is not currently in receipt of a service from the Tusla Social Work Department and the lead practitioner is advised to proceed to the discussion stage of the Meitheal process.
- 1,537 Meitheal processes reached completion of stage 2 (discussion stage) in 2020. At this point the Strengths and Needs Record Form is signed and dated and next steps are clearly outlined.
    - Of these 49% (754) proceeded to delivery. This is where the lead practitioner and parent(s) decide in partnership that it is necessary to plan, deliver and review support using Stage 3 (Delivery) of the Meitheal Process. The decision to proceed is explicitly recorded on the Meitheal Strengths and Needs Record Form. The delivery stage may or may not involve multiple agencies.
    - 2% (36) were referred to Tusla social work services. This is where a member of the Meitheal deems it appropriate under Children First for the involvement of the Child and Family Agency

Social Work Department and accordingly a standard report is made to the Social Work Department.

- 34% (524) were referred "to a single agency response". This where the lead practitioner and parent(s) decide in partnership that the child's needs can be sufficiently met through receiving service(s) from one particular agency specifically.
- 10% (151) were closed. This is where the lead practitioner and parent(s) decide in partnership to close the Meitheal process after the discussion stage.
- The remaining 72 (5%) requests were categorised as "other".

- 1,366 Meitheal processes were closed in 2020.
  - Of these 27% (371) were closed following submission of the request form (end of stage 1).
  - 39% (533) were closed following completion of the strengths and needs form (stage 2).
  - 12% (161) were closed following commencement of Meitheal support meetings (stage 3).
  - 22% (301) were closed post delivery (end of process).

Child and Family Support Networks

- There were 121 Child and Family Support Networks (CFSN) operating at the end of 2020, six more than at the end of 2019 (115). A further 19 were planned / at pre-planning stage (Table 71).
- 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'[56] 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.
- Cork (14) reports the highest number of CFSNs followed by Galway/Roscommon (12) and the Midwest (10). Dublin North, Midlands and Mayo report the fewest number (4).

[56] 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).

Table 71: Number of CFSN by area, December 2020

Area	# CFSN Operating
Dublin South Central	7
Dublin South East/Wicklow	7
DSW/K/WW	9
Midlands	4
Dublin North City	6
Dublin North	4
Louth/Meath	5
Cavan/Monaghan	8
Cork	14
Kerry	8
CW/K/ST	7
Waterford/Wexford	*8*
Midwest	10
Galway/Roscommon	12
Mayo	4
Donegal	5
SLWC	3
Total	**121**

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