



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

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

2024



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ABBREVIATIONS

AGS	An Garda Síochána
CCA	Child Care Act 1991
CCA	Creative Community Alternatives
CW/KK/ST	Carlow/Kilkenny/South Tipperary
CFSN	Child and Family Support Network
CN/MN	Cavan/Monaghan
CPC	Child Protection Conference
CPNS	Child Protection Notification System
CPW	Child Protection and Welfare
CSO	Central Statistics Office
DCDE	Department of Children, Disability and Equality
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
FSS	Family Support Services
FWC	Family Welfare Conference
GY/RN	Galway/Roscommon
HIQA	Health Information and Quality Authority
ICO	Interim Care Order
IGEES	The Irish Government Economic and Evaluation Service
LH/MH	Louth/Meath
NCCIS	National Child Care Information System
NOHS	National Out of Hours Service
NSDF	National Service Delivery Framework
SCO	Special Care Order
SCSIP	Separated Children Seeking International Protection
SofS	Signs of Safety
TCM	Tusla Case Management System
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	<p>A care order is applied for when a child needs protection and is unlikely to receive it without the use of one. The Court may make a care order when: the child has been or is being neglected, assaulted, ill-treated, or sexually abused; or the child's health, development, or welfare has been or is being avoidably impaired or neglected; or the child's health, development or welfare is likely to be avoidably impaired or neglected.</p> <p>A care order is usually made for as short a period as possible, and this decision is made by the Court. However, if necessary, the Court may decide to place a child in care up to their 18th birthday [Section 18 Child Care Act 1991]</p>
Supervision Order	A supervision order is granted by a District Court Judge and allows Tusla to visit and monitor the health and welfare of the child and to give the parents any necessary advice and support. The order is for up to a maximum of 12 months but can be renewed [Section 19 Child Care Act 1991]
Voluntary Care	This is where the parents request or agree to their child being taken into the care of Tusla. In these cases, Tusla must consider the parents' wishes on aspects of how care is provided. As long as a child requires safety and welfare

	Tusla must provide this. If this arrangement breaks down, Tusla may still seek a care order through the Court [Section 4 Child Care Act 1991]
Foster care	Foster care is full-time or part-time substitute care for children outside their own home by people other than their biological or 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	Separated children seeking international protection are defined as children under eighteen years of age who are outside their country of origin, who may be in need of international protection and are separated from their parents or their legal/customary care giver.
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.
Family Support Services	<p>Family 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).</p> <p>As well as 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.</p>

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, any fractions 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.

1 August 2025

SUMMARY FINDINGS 2024

This report presents data and information on Tusla - child protection and welfare services, children in the care of Tusla and children referred to family and community support services, for the year 2024.

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 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 and other bodies including the Health Information and Quality Authority (HIQA), the Ombudsman, the Ombudsman for Children, the Irish Government Economic and Evaluation Service (IGEES) and the Central Statistics Office (CSO) (Frontier Series Outputs).

CHILD PROTECTION AND WELFARE SERVICES

Referrals to Child Protection and Welfare Services

- **96,666 referrals received** by Child Protection and Welfare Services in 2024¹, 4,742 (5%) more than 2023 (91,924), and the highest number for the 4-year period 2020-2024².
- **21% (20,407)** of referrals were **re-referrals**. *A re-referral is defined as a referral on a child who was previously open to social work, but whose referral was closed within 12 months prior to receipt of the re-referral.*
- The **most common source** of referrals was An Garda Síochána (AGS), accounting for **33% (32,009) of referrals**, far exceeding any other source. A similar pattern to previous years.
- **60.7% (58,695)** of referrals were for **welfare concerns**, **38.7% (37,427)** 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, while the report type was not available for the remaining 0.6% (544) of referrals.
- The **most common type of child protection concern was emotional abuse**, accounting for **45% (16,714)** of child protection referrals (37,427) and 17% of all referrals. Sexual abuse was the least common type of child protection concern reported, accounting for 15% (5,603) of child protection referrals and 6% of all referrals.
- **82% (30,640/37,427)** of referrals for child protection concerns were **mandated reports** (i.e., child protection concerns at or above a defined threshold determined by the mandated reporter), a 7% (1,981) increase on 2023 (28,659).

¹ Based on data extracted quarterly in arrears from Tusla Case Management (TCM) system

² Note: data for 2020–2024 is a count of all reports of concern received by the Agency and is not comparable with data for 2019 and previous years. In 2019 and previous years, the count of referrals was based on referrals deemed to require a social work response following screening—referrals “screened out” were not included in the count.

- **Over half (57%; 54,913)** of referrals received in 2024 were **closed to social work following screening**. Of these, 37% (20,091) were closed with no further action required, while a further 51% (28,127) were closed as assessment/safety planning was already ongoing for these children, 8% (4,288) were diverted to family support services, 2% (937) were diverted to another agency and 3% (1,470) were closed for other reasons.
- **28% (26,756)** of referrals moved to the next stage of the referral process — the **preliminary enquiry (PE)** stage. These are referrals deemed to require a social work response following screening. The remaining referrals (16%; 14,997) were at the screening stage (i.e., awaiting formal closure on the system or a preliminary enquiry in a small number of cases) when the data was extracted for reporting (quarterly in arrears)³.
- Of the referrals where the preliminary enquiry was completed (26,325), **34% (9,029) required an initial assessment**. The remaining referrals (66%; 17,293) were closed to social work following the preliminary enquiry stage, while the outcome was not specified for the remaining three referrals.
- **53% (2,682)** of referrals where the initial assessment was completed (5,026) were **closed to social work after the initial assessment**, 27% (1,356) required a safety planning response, 16% (813) required a child protection conference and 3% (175) required admission to care.

Cases Open to Social Work

- There were **22,839 cases open to social work at the end of 2024**, the highest number for the period 2020–2024. Equates to fewer than 2% of the general child population in receipt of social work services from Tusla for child protection and welfare concerns.
- **75% (17,049)** of cases open to social work were **allocated** to case workers (social workers / other professionals)⁴, a slight decrease from 2023 (76%). The number of children allocated at the end of 2024 was the highest number for the period 2020–2024.
- **5,790 (25%)** cases were **awaiting allocation** to case workers, 459 (9%) more than 2023 (5,331), but 323 (5%) fewer than 2022 when a high of 6,113 cases were reported.
- **32% (1,842) of cases awaiting allocation** were being progressed by dedicated duty teams or rotating social workers on a duty roster.
- **523 (9%) cases awaiting allocation** were categorised as **high priority**, 75 (17%) more than 2023 (448) and the highest number for the period 2020–2024.

³ Data for Q1 2024 extracted 27 July 2024, data for Q2 2024 extracted 21 October 2024, data for Q3 2024 extracted 22 January 2025 and data for Q4 2024 extracted 22 April 2025.

⁴ Allocation to professionals other than social workers reflects a changing environment in Tusla with social care workers and other professionals becoming integrated into social work teams, working alongside social workers. This has become necessary due to ongoing recruitment and retention challenges in a competitive and limited labour market for social workers. Social workers maintain oversight of all cases

- **69% (4,020) of cases awaiting allocation** were waiting three months or less, up from 61% (3,261) at the end of 2023. The remaining 31% (1,770) of cases were waiting longer than three months, down from 39% (2,070) at the end of 2023.
- In nine of the 17 areas, at least 80% of cases open to social work at the end of 2024 were allocated. Rates reported by Dublin South West/Kildare/West Wicklow (56%), Dublin South Central (57%), Carlow/Kilkenny/South Tipperary (60%), Midlands (64%) and Louth/Meath (68%) were lower than all other areas.

Children Subject to a Child Protection Plan

- There were **1,037 children ‘active’ on the CPNS** at the end of 2024, 75 (8%) more than 2023 (962), the second consecutive increase and the highest number for all years 2018–2024.
- The number of children ‘active’ on the CPNS equates to about nine children per 10,000 of the 0–17 years population.
- **32% (328) of children ‘active’ on the CPNS were under 5 years**, marginally higher than the 5–9 years age group at 31% (323). Eleven percent (119) of those “active” were 15–17 years.
- Over the 3-year period 2021–2024, there has been a year-on-year decrease in the percentage of 0–4 year olds ‘active’ and a year-on-year increase in the percentage of both 5–9 year olds and 10–14 year olds ‘active’.
- **Neglect** continues to be the **most common concern** for children “active” on the CPNS (**64%; 663**). Neglect and emotional abuse (31%; 317) combined accounted for 95% (980) of cases “active”.
- **More than half (54%; 561)** of children “active” on the CPNS were **“active” for no longer than six months**, while 83% (864) were “active” for no longer than 12 months. Six percent (65) of children were “active” for more than 18 months.

ALTERNATIVE CARE SERVICES

First-Time Admissions to Care

- **604 children came into care for the first time in 2024** across the 17 Tusla areas⁵, 30 (5%) fewer than 2023 (634), the third consecutive decrease and the fewest number for the period 2017–2024.
- The number of children who came into care for the first time equates to about **5 children for every 10,000** children living in Ireland.
- The **most common age** of children coming into care for the first time was **under one year**, accounting for more than one in five children (22%; 130), followed to a lesser extent by the younger ages of one to five years.
- The proportion of younger children (0–4 years and 5–9 years) coming into care for the first-time is increasing, while the proportion of older children (15–17 years) is decreasing.
- The **most common reason** for children coming into care for the first time was **neglect**, accounting for half (50%; 305) of cases, while the least common reason was sexual abuse accounting for 2% (11) of cases. A similar pattern to previous years.
- **62% (372)** of children coming into care for the first time were **admitted under an order of the court**. The remaining 38% (232) of children were admitted under a voluntary arrangement with the parent(s) / guardians.
- Increase from 2023 (57%) in the percentage of children admitted to care under an order of the court and a decrease in the percentage admitted under a voluntary arrangement.
- **80% (484)** of children coming into care for the first-time were **placed in foster care**, 3% (17) were placed in residential general care, while the remaining 17% (103) were placed in “other” care placements. The underlying trend is showing a decrease in the percentage of children being placed in general foster care and residential care and an increase in the percentage being placed in relative foster care and ‘other’ care placements⁶.

Total Admissions to Care

- **916 admissions** to care across the 17 Tusla areas⁷ in 2024, 24 (3%) more than 2023 (892), the second consecutive increase, and the highest number for all years 2017–2024.
- The recent increase in admissions to care follows a decreasing trend over the period 2017–2022.

⁵ Note: these children were never in State care prior to this admission. Refer to Section 3.8 for children admitted to care by the Service for Separated Children Seeking International Protection

⁶ Other care placements include disability units, mental health units, special emergency arrangements, hospitals and at home under a care order.

⁷ Refer to Section 3.8 for children admitted to care by the Service for Separated Children Seeking International Protection

- **34% (312) of all admissions were second or subsequent admissions**, up from 29% (258) in 2023 and 18% (147) in 2022. The percentage of second or subsequent admissions has almost doubled over the three years 2022–2024.
- The **most common age at admission** was **under one year accounting for 16% (148)** of all admissions followed by 14 years (61; 6.7%) and 15 years (58; 6.3%).
- The proportion of admissions for the older ages of 15-17 years is decreasing.
- The **most common reason for admission** to care was **neglect accounting for 47% (434)** of all admissions, followed by welfare concerns accounting for a further 28% (258) of admissions. Sexual abuse is the least common reason for admission to care, accounting for 2% (21) of all admissions.
- **79% (732) of admissions to care were to foster care**, 4% (38) were to residential general care and 17% (155) were to “other” care placements. Of the 723 admissions to foster care, 26% (189) were to foster care with relatives.
- As with first-time admissions, the percentage of admissions to general foster care and residential care is decreasing while the percentage of admissions to ‘other’ care placements is increasing.
- **55% (505) of all admissions to care were under an order of the court**. The remaining 45% (411) were under a voluntary arrangement with the parent(s)/guardian.
- The percentage of admissions under an order of the court is increasing, while the percentage of admissions under a voluntary arrangement is decreasing.

Children in Care

- There were **5,705 children in the care of the State at the end of 2024**. These children were reported by the 17 Tusla areas⁸.
- There were **90 (2%) more children in care at the end of 2024 than at the end of 2023** (5,615), the first increase after six consecutive decreases over the 7-year period 2017-2024.
- The number of children in care equates to about **5 per 1,000 children under 18 years** living in Ireland (Census 2022, 1,218,567).
- The number of children in care increases with increasing age with the highest number aged 16 years (507; 9%) and the fewest number aged under one year (98; 1.7%). A similar pattern to previous years.
- **89% (5,057) of children in care were in foster care** and of these 30% (1,496) were in relative foster care. Residential care (general and special care) accounted for 8% (457) of children in care.

⁸ Refer to Section 3.8 for children admitted to care by the Service for Separated Children Seeking International Protection

- **Neglect was the most common reason** for being in care, accounting for half **50% (2,835)** of all children in care.
- **85% (4,848)** of children in care **were in care under an order of the court**, while the remaining 15% (857) were in care under a voluntary arrangement with parent(s)/guardians.
- The percentage of children in care under an order of the court is increasing, up 5.6 percentage points over the 3-year period 2021–2024.
- **Half (49.1%; 2,800)** of the children in care were **in care for 5 years or less** and of these one in four (25.4%; 711) was in care for less than a year. The remaining 50.9% (2,905) were in care for more than five years.
- **5.7% (324)** of all children in care were **in their third or greater placement** within the previous 12 months.
- The percentage of children in care in their third or greater placement within the previous 12 months is increasing, up two percentage points over the 3-year period 2021-2024.
- **16 (0.3%)** children in care where in a **placement outside of Ireland**, no change from 2023. All but one of the children were in foster care.
- **17% (943)** of children in care were placed with private providers, 115 (14%) more than 2023 and the highest number for the 3-year period 2021–2024.
- **92 children 12 years and younger were in residential placements**, 8 (10%) more than 2023 (84) and the highest number for the 3-year period 2021–2024.
- **96% (3,582/3,727)** of children in care aged **6–15 years** and **93% (920/993)** aged **16–17 years** were in **full-time education** (as per their care plan) at the end of 2024, consistent with previous years.
- **86% (4,892)** of children in care had an **allocated case worker** at the end of 2024; 813 (14%) were awaiting allocation.
- **84% (4,776)** of children in care had an **up-to-date care plan** at the end of 2024; 929 (16%) were awaiting allocation.
- **292 children were in special emergency arrangements (SEAs) during 2024**, 43 (13%) fewer than 2023 (335). Of the 292 children, 211 were placed for the first-time in 2024, 67 (24%) fewer than 2023 (278).
- There were **36 children in SEAs at year end**, down from a high of 64 in March 2024, a 44% (28) reduction.

Discharges from Care

- **837 discharges from care** in 2024 across the 17 Tusla areas, 47 (5%) fewer than 2023 (884) and the fewest number of for all years 2017–2024.
- The number of discharges from care is decreasing; year-on-year decrease over the 4-year period 2020–2024 with 236 (22%) fewer than 2017 when a high of 1,073 was reported.
- **Over half (52%; 439) of all discharges** were for **young people turning 18 years**, consistent with previous years.
- **72% (601)** of discharges were from foster care, a similar breakdown to previous years and not surprising considering almost 90% of children in care are in foster care.
- **70% (277)** of discharges excluding those discharged by virtue of turning 18 years **returned to their parent(s)**
- **66% (289)** of those discharged by virtue of turning 18 years **remained with their carers**. About one in seven (66; 15%) moved to independent living.
- 79 more admissions than discharges reported by the 17 Tusla areas.

Foster Carers

- **3,809 foster carers** (statutory and non-statutory) on the **panel of approved foster carers** at the end of 2024, 47 (1%) fewer than 2023 (3,856) and the fewest number of the period 2015–2024.
- There has been a 16% (728) decrease in foster carers (statutory and non-statutory) on the panel since 2016 when a high of 4,537 was reported.
- While the overall number of foster carers on the panel has decreased, the number of private foster carers (non-statutory) has increased with a 42% (194) increase observed between 2019 and 2024.
- **244 ‘unapproved’ relative foster carers (emergency)**⁹ at the end of 2024, one fewer than 2023 (245) and of these, **83% (203)** had a **child placed for more than 12 weeks**, seven fewer than 2023 (210).
- **211 general and relative** foster carers (statutory) **approved in 2024**, 38 (22%) more than 2023 (173) and **34 private foster carers** (non-statutory) **approved**, 7 (17%) fewer than 2023 (41).
- **255 general and relative** foster carers (statutory) **ceased fostering** in 2024, 10 (4%) fewer than 2023 (265).

⁹ 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% (2,026) of general foster carers** (statutory) had an **allocated link (social) worker** at the end of 2024; 165 awaiting allocation.
- **97% (931) of relative foster carers** (statutory) had an **allocated link (social) worker** at the end of 2024; 32 awaiting allocation.
- 94% (197/210) of “unapproved” relative foster carers with a child placed for more than 12 weeks had a link (social) worker at the end of 2023, up from 91% (138/151) at the end of 2022.

Aftercare

- **580 referrals** for an aftercare service in 2024, 57 (11%) more than 2023 (523) and 69 (14%) more than 2022 (511). Of the 580 young people referred, 99.7% (578) were eligible for an assessment of need.
- **2,935 young people in receipt of aftercare services** at the end of 2024, 31 (1%) more than 2023 (2,904). Little or no overall change in the number of young people in receipt of aftercare services in recent years.
- **78% (1,721/2,196) of the 18–22 years** cohort in receipt of aftercare services were **in education/training**.
- Almost **half (45%; 997/2,196) of the 18–22 years** cohort in receipt of aftercare services at the end of 2023, were **continuing to live with their carers**, implying that they continue to experience caring relationships and stable living arrangements. A further 10% (218) had returned home to family, while **one in four (23%; 509) had moved to independent living** arrangements.
- **82% (2,394)** of young people in receipt of aftercare services **had an aftercare plan**, with this figure rising to 96% (2,106) for the 18–22 years cohort. The overall percentage with a plan is down one percentage point from 2023 (83%; 2,423/2,904).
- **88% (1,998)** of those with an aftercare plan assessed as needing an aftercare worker (2,280) **had an aftercare worker**, down slightly from 90% at the end of 2023 (2,088/2,310). A total of 282 young people were awaiting an aftercare worker, 60 (27%) than 2023 (222).
- **86% (1,714/1,994) of the 18-22 years** cohort assessed as needing an aftercare worker, **had an aftercare worker**, while 280 (14%) were awaiting.
- **99% (284/286) of those under 18 years** assessed as needing an aftercare worker, **had an aftercare worker**, while 2 (1%) were awaiting.

Adoption Services

- **182 applications for assessment of eligibility and suitability** as adoptive parent(s) were received in 2024, 48 (21%) fewer than 2023 (230) and the fewest number since 2020 (158).
- The most common type of application received was for step-parent adoption accounting for 37% (68) of all applications received. Applications for domestic adoption accounted for the fewest number of applications received (31; 17%).
- **197 new children were referred for adoption** (all types) in 2024, 33 (14%) fewer than 2023 (230) and the fewest number since 2020 (196).
- The **highest number of children referred were referred for step-parent adoption** (82; 42%). Children referred for domestic adoption accounted for over one in four children referred (27%; 53), the highest number referred for all years 2020–2024.
- A total of **169 adoption assessments were presented to local adoption committees** in 2024, 7 (4%) fewer than 2023 (176). The local adoption committees make a recommendation to the Adoption Authority of Ireland.
- The **highest number of assessments presented were for step-parent adoption** accounting for one-third of all assessments presented (33%; 56). Assessments for domestic adoption accounted for 12% (21) of all assessments presented.

Service for Separated Children Seeking International Protection

- **619 referrals to Tusla Service for Separated Children Seeking International Protection** in 2024, 89 (17%) more than 2023 (530) and the highest number since 2005 (643).
- **34% (212/619) of referrals were for children from Ukraine**, a similar percentage to 2023 (33%; 177/530), but lower than that for 2022 (44%; 261/597).
- For the three years 2022 – 2024 there has been a total of 1,746 referrals to the Service for Separated Children Seeking International Protection of which 650 (37%) were from Ukraine
- **570 children were admitted to care/accommodated** by the service in 2024, 138 (32%) more than 2023 (432) and 292 (105%) more than 2022 (278).
- **35% (202/570) of children admitted to care/accommodated were from Ukraine**. The remaining 65% (368/570) of children were from about 30 different countries with the most common being Somalia, Afghanistan, Egypt, Algeria, Democratic Republic of Congo, Pakistan and Nigeria.
- **451 children and young people were in care/being accommodated** by the service at the **end of 2024**, 121 (37%) more than at the end of 2023 (330) and 256 (131%) more than at the end of 2022 (195).
- Of the 451 children in care/accommodated at the end of 2024, **118 (26%) were in the care of Tusla** while the remaining **333 (74%) were being accommodated/provided with services under Section 5 Child Care Act 199**.

FAMILY SUPPORT SERVICES

Referrals to Family Support Services

- At least **48,443 children referred to family support services in 2024** (based on a response rate of 89%), with **19,413 children in receipt of family support services** at year end (based on a response rate of 93%).
- The number of children referred to family support services equates to about 4% of children living in Ireland and ranges from 1% to 11% across the 17 Tusla areas.
- In 2024, the **most common source of referral was parents/guardians** accounting for 31% (14,909) of all referrals, followed by Tusla social workers (24%; 11,771), schools (11%; 5,364) and HSE Officers (9%; 4,589). These four sources account for 76% (36,633) of all sources.
- **68% (32,989)** of children referred to family support services in 2024 received a service in 2024 (ranges from 44% to 89% across the 17 Tusla areas). The variation most likely reflects a combination of factors relating to how services are funded and provided in areas.

Meitheal

- **2,687 Meitheal processes were requested in 2024**, 195 (8%) more than 2023 (2,492) and the highest number for all years 2020–2024.
- **67% (1,793)** of Meitheal processes requested in 2024 were **requested either by the family themselves**, or directly by a practitioner; **25% (665)** of Meitheal processes requested were **diversions from social work** and **9% (229)** of Meitheal processes requested were initiated following **step-down from social work**.
- **73% (21,974)** of Meitheal processes requested in 2024 proceeded to Stage 2 (discussion stage). The Meitheal is considered to be initiated at this point.
- **1,679 Meitheal processes reached completion of stage 2** (discussion stage) in 2024 and of these 53% (885) proceeded to delivery, 2% (39) were referred to Tusla Social Work Services, 32% (529) were referred “to a single agency response”, 13% (226) were closed.
- **2,112 Meitheal processes were closed in 2024**. Of these, 33% (692) were closed following submission of the request form (end of stage 1); 25% (524) were closed following completion of the strengths and needs form (stage 2); 11% (241) were closed following commencement of Meitheal support meetings (stage 3); 31% (655) were closed post-delivery (end of process).

Child and Family Support Networks

- **114 Child and Family Support Networks (CFSN)** operating at the end of 2024, six fewer than 2023 (120).

SUMMARY OF KEY FIGURES

Measure	2023	2024	Δ 2024 v 2023
Child Protection & Welfare			
# Referrals to CPW Services	91,924	96,666	+4,742 (5%)
# Welfare Concerns	54,721 (59.5%)	58,695 (60.7%)	+3,974 (7.3%)
# Abuse/Neglect	34,928 (38.0%)	37,427 (38.7%)	+2,499 (7.2%)
# Not recorded	2,275 (2.5%)	544 (0.6%)	-1,731 (76.1%)
# Cases Open to Social Work¹⁰	22,082	22,839	+757 (3%)
# / % Allocated	16,751 (76%)	17,049 (75%)	+298 (2%)
# / % Awaiting Allocation	5,331 (24%)	5,790 (25%)	+459 (9%)
# / % High Priority Awaiting	448 (8%)	523 (9%)	+75 (17%)
# Children “Active” on CPNS	962	1,037	+75 (8%)
% Allocated	100%	100%	100%
Alternative Care			
# First-time Admissions to Care¹¹	634	604	-30 (5%)
% / # Admitted under Care Order	57% (361)	62% (372)	+5 % points
% / # Admitted by Voluntary Agreement	43% (273)	38% (232)	-5 % points
% / # Admitted to Foster Care	85% (539)	80% (484)	-5 % points
# / % 15–17 year-olds admitted to care	88 (14%)	62 (10%)	-26 (30%)
# Total Admissions to Care¹¹	892	916	+24 (3%)
% / # Admitted under Care Order	51% (458)	55% (505)	+4 % points
% / # Admitted by Voluntary Agreement	49% (434)	45% (411)	-4 % points
% / # Admitted to Foster Care	81% (724)	79% (723)	-2 % points
# / % admissions for 15–17 year-olds	161 (18%)	138 (15%)	-23 (14%)
# Children in Care¹¹	5,615	5,705	+90 (2%)
% / # in Foster Care	90% (5,034)	89% (5,057)	-1 % point
% / # in Residential Care	7% (410)	8% (457)	+1% point
% / # in “Other” Care Placements	3% (171)	3% (191)	
% / # in Care under Court Order	83% (4,657)	85% (4,848)	+2 % points
% / # in Care under Voluntary Agreement	17% (958)	15% (857)	-2 % points
% / # in care for 6+ years	52.5% (2,948)	50.9% (2,905)	-1.6 % points
% / # Allocated to case worker	81% (4,560)	86% (4,892)	+5 % points
% 6–15 years in Education	97% (3,605)	96% (3,582)	-1 % point

¹⁰ 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).

¹¹ Figure is for the 17 Tusla areas. Children under the Service for Separated Children Seeking International Protection not included.

# Total Discharges from Care¹¹	884	837	-47 (5%)
# / % discharged – turned 18 years	458 (52%)	439 (52%)	-19 (4%)
# / % aged out remaining with carers	67% (305)	66% (289)	-1 % point
# Foster Carers on the Panel	3,856	3,809	-47 (1%)
# General Foster Carers (statutory)	2,227 (58%)	2,191 (58%)	-36 (2%)
# Relative Foster Carers (statutory)	996 (26%)	963 (25%)	-33 (3%)
# Private Foster Carers (non-statutory)	633 (16%)	655 (17%)	22 (3%)
# Foster Carers (statutory) Approved	173	211	+38
# Foster Carers (statutory) who Ceased	265	255	-10
% General Foster Carers (statutory) with Link Worker	93%	92%	-1 % point
% Relative Foster Carers (statutory) with Link Worker	95%	97%	+2 % points
# Young People in Receipt of Aftercare	2,904	2,935	+31 (1%)
#18–22 years in Receipt of Aftercare	2,228 (77%)	2,196 (75%)	-32 (1%)
# <18 years in Receipt of Aftercare	676 (23%)	739 (25%)	+63 (9%)
% 18–22 years in Education / Training	75%	78%	+3 % points
% in Receipt of Aftercare with Aftercare Plan	83% (2,423)	82% (2,394)	-1 % point
% in Receipt of Aftercare with Aftercare Worker ¹²	90% (2,088)	88% (1,998)	-2 % points
# Referrals to Service for SCSIP¹³	530	619	+89 (17%)
# children admitted to care / accommodated	432	570	+138 (32%)
# Children in care / accommodated year end	330	451	+121 (37%)
Family Support Services			
# Children referred to FSS	47,260¹⁴	48,443¹⁵	+1,183 (3%)
# Children in receipt of FSS year end	19,792	19,413 ¹⁶	-379 (2%)
% of children referred who received a service	64% (30,092)	68% (32,989)	+4 % points
# Meitheal processes requested	2,492	2,687	+195 (8%)
# Meitheal processes requested – direct access	1,820 (73%)	1,793 (67%)	-27 (1%)
# Meitheal processes requested – social work diversion	490 (20%)	665 (25%)	+175 (36%)
# Meitheal processes requested – social work step-down	182 (7%)	229 (9%)	+47 (26%)
% Meitheal processes that proceeded to Stage 2 ¹⁷	84% (2,095)	73% (1,974)	-11 % points

¹² Number with an aftercare worker is based on the number with an aftercare plan assessed as needing an aftercare worker.

¹³ SCSIP: Separated Children Seeking International Protection

¹⁴ 2023 Response rate 86% of services

¹⁵ 2024 Response rate 89% of services

¹⁶ 2024 Response rate 93% of services

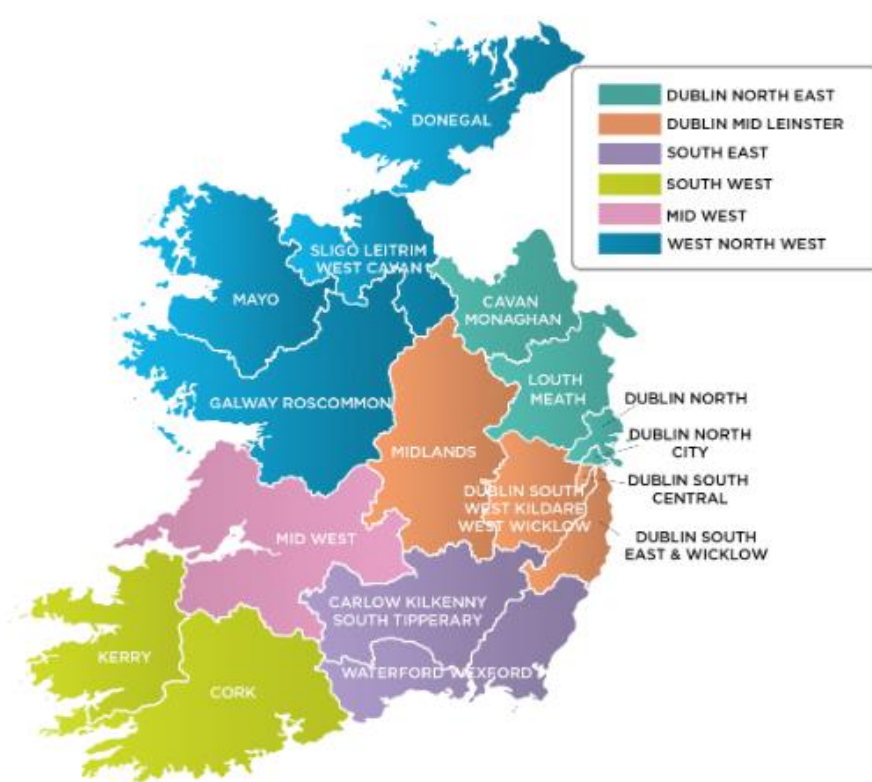
¹⁷ The Meitheal is considered initiated at this point (discussion stage).

1.0 INTRODUCTION

Tusla – the Child and Family 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 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 (AGS), local authorities, the voluntary sector and most importantly families and their communities.

Tusla Child Protection and Welfare Services, including services for children being looked after by the State are delivered across 17 geographical areas and by the Service for Separated Children Seeking International Protection (SCSIP). The 17 geographical areas are configured into six regions (see Figure 1) with each area managed by an area manager and each region managed by a regional chief officer. Regional chief officers report to the Director of Services and Integration (DOSI) who in turn reports to the Chief Executive Officer (CEO). The Service for SCSIP is also managed by an area manager who in turn reports to a Service Director (National Operations) in the Office of the DOSI.

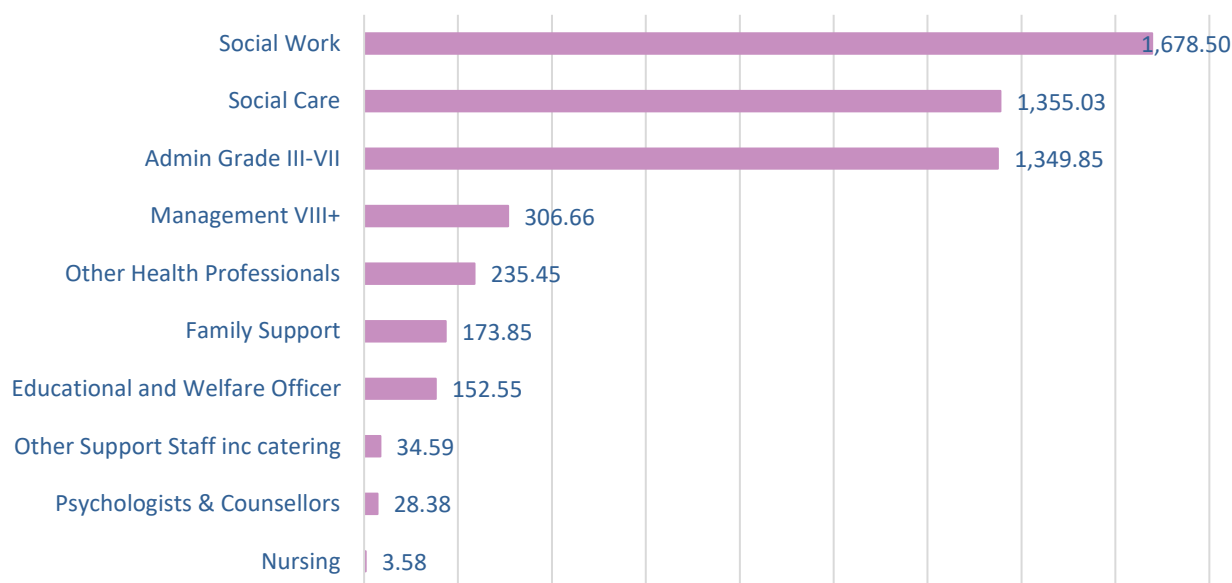
Figure 1: Tusla Regional and Area Management Structure



The CEO reports to the Chairperson of the Board and is responsible for leading the Agency in all 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, Disability and Equality is accountable to the Minister for the performance of its functions in accordance with Section 21 (3) Child and Family Agency Act 2013. In 2024, Tusla had a budgetary allocation of €1.1 billion and had 5,318 staff (whole–time equivalents) on its payroll¹⁸. Social workers are the largest category of staff employed by the Agency, accounting for 32% (1,678.5) of total staff (whole–time equivalents), followed by social care staff accounting for a further 25% (1,355.03) (see *Figure 2*). Management (Grade VIII+) comprises 6% (306.66) of the total workforce.

Figure 2: Breakdown of Tusla staff (whole time equivalents) by category at year end 2024



Service delivery in Tusla is guided by the Agency’s Response Pathways (see *Figure 3*). 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. 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 who has additional needs, a safety plan where there is worry that a child has been harmed, a care plan where a child requires a period of out of home care and support, or re-direction to another organisation for a service as appropriate. Tusla also provides educational supports and other therapeutic supports across this range of need. The Agency’s regulatory services work to ensure that the services are safe and happy places for children and young people to play, learn and develop.

¹⁸ Source: Tusla HR Employment Monitoring Report, December 2024

Our Response Pathways

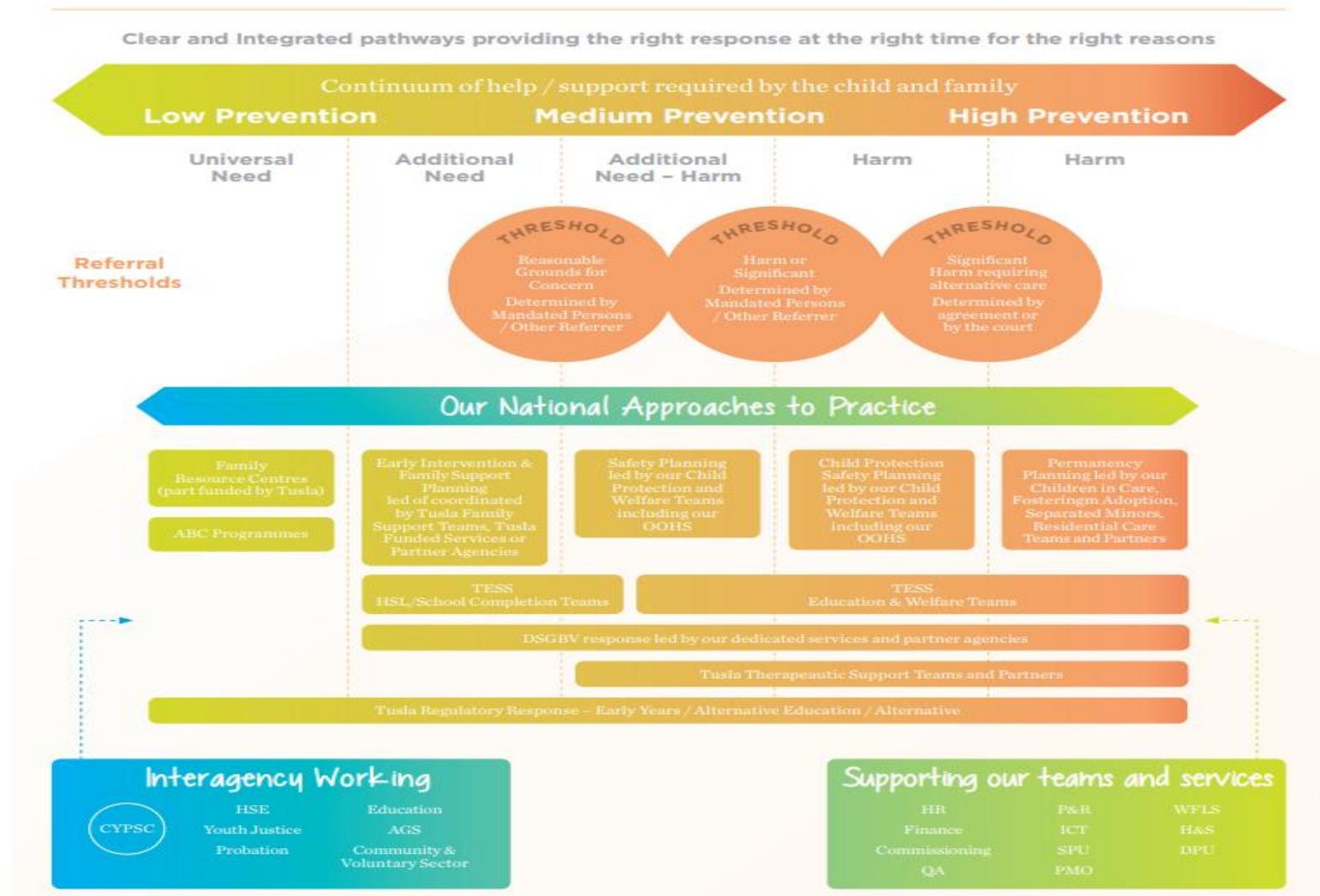


Figure 3: Tusla Response Pathways

1.1 Purpose and Scope

This report presents data and information on Tusla Child Protection and Welfare Services including children looked after by the State and children referred to family support services for the year 2024. 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 performance and activity data collated 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 and other bodies including the Health Information and Quality Authority (HIQA), the Ombudsman, the Ombudsman for Children, the Irish Government Economic Evaluation Service (IGEES) and the Central Statistics Office (CSO) (Frontier Series Outputs).

Other services provided by the Agency (e.g., Tusla Education Support Services; Regulatory Services including the Early Years Inspectorate; Adoption Information and Tracing Services) were deemed 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 System).

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

Chapter 4 presents data on family support services including children referred to family support services and Meitheal (an 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 does not meet the threshold for a social work response, social workers will give information and advice on the most appropriate ways of addressing the needs of the child(ren) and family, and/or refer the child(ren) 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, 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 — the Child and Family Agency, is undertaking child protection.

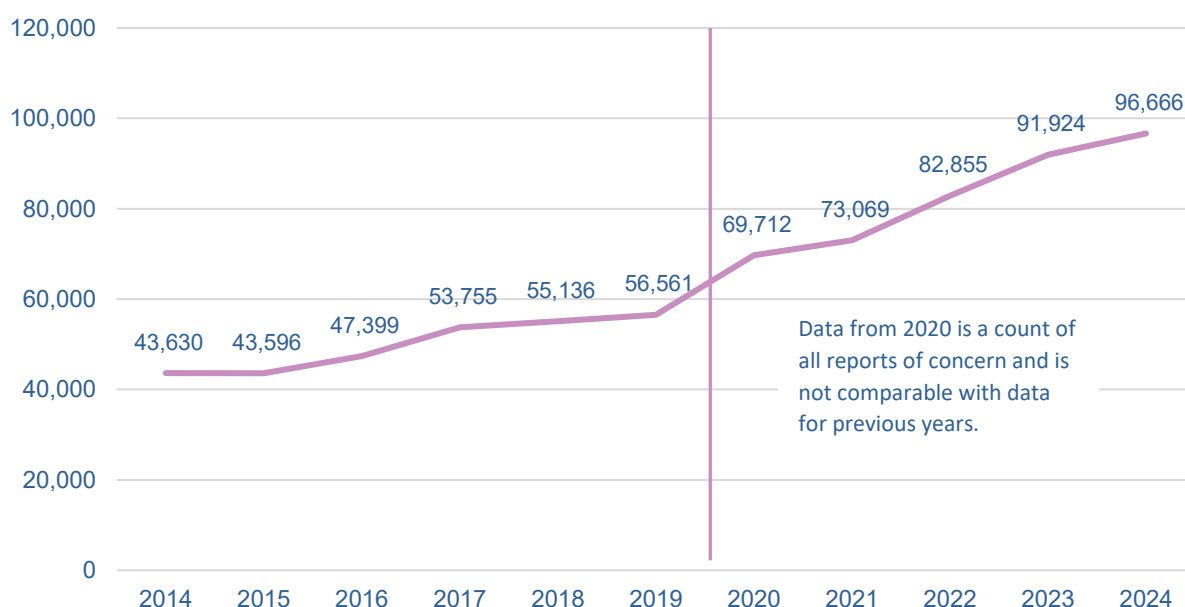
2.1.1 Number of Referrals

- In 2024, Tusla received **96,666 referrals**¹⁹, 4,742 (5%) more than 2023 (91,924) and the highest number for the 4-year period 2020–2024 (see Figure 4).
- Over the 4-year period 2020–2024, referrals increased year-on-year and by 39% (26,954) overall.

Note: data for 2020–2024 is a count of all reports of concern received by the Agency and is not comparable with data for 2019 and previous years. In 2019 and previous years, the count of referrals was based on 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 2024 (96,666) equates to about 1,860 referrals per week, or eight referrals for every hundred children living in Ireland (Census 2022). *Note: 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.*
- **21% (20,407) of referrals in 2024 were re-referrals.** A re-referral is defined as a referral on a child who was previously open to social work, but whose referral was closed within 12 months prior to receipt of the re-referral. This percentage compares favourably with that for England for the year 2024 (22.4%) but needs to be interpreted in the context of possible differences in definitions.²⁰

Figure 4: Referrals to Child Protection and Welfare Services, 2014–2024



¹⁹ Based on data extracted quarterly in arrears from Tusla's case management system (TCM)

²⁰ Children in Need England Reporting Year 2024

2.1.2 Source of Referrals

- A breakdown of the source of referrals for 2024 and comparison with 2023 is presented in the table below (see *Table 1*). This list of sources includes the list of mandated persons as per Schedule 2 of the Children First Act 2015.
- The **most common source of referrals in 2024 was members of An Garda Síochána (AGS)**, accounting for 33.1% (32,009) of referrals, far exceeding any other source and similar to that for 2023 (33.4%; 30,666).
- The next most common sources of referrals were safeguarding officers accounting for 11.8% (11,433) of referrals, social workers accounting for 11.2% (10,841) and teachers accounting for 10.7% (10,384) of referrals.
- Safeguarding officers replaced social workers as the second most common source of referrals in 2024.
- The top four sources of referrals in 2024 (gardaí, safeguarding officers, social workers and teachers) accounted for 67% (64,667) of referrals, similar to that for 2023 (67%; 61,340).
- For the majority of sources, more referrals were received in 2024 than 2023. The largest increase in terms of numbers was seen for safeguarding officers (up 3,234; 39%) followed by AGS (up 1,343; 4.4%), nurses (up 651; 30%), parents/guardians (up 583; 23%), youth workers (up 517; 49.8%) and teachers (up 474; 4.8%).
- **Mandated persons** accounted for **90% (86,668) of all sources of referrals** in 2024.

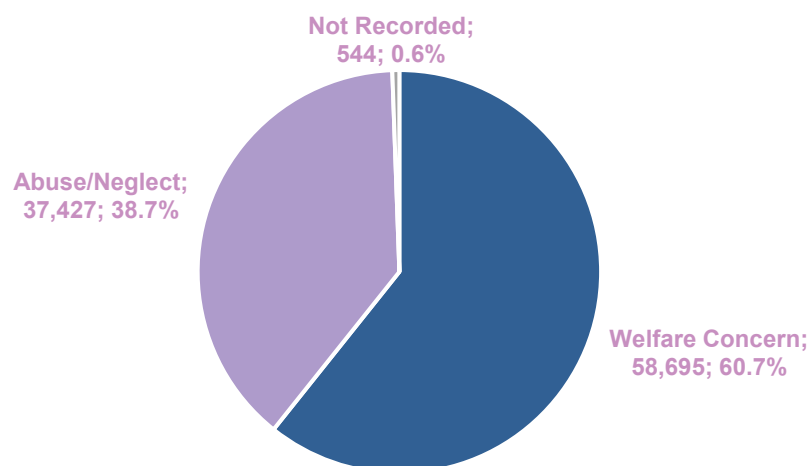
Table 1: Referrals by source, 2023 and 2024 (ranked by number of referrals for 2024)

Source	2023	% 2023	2024	% 2024	2024 v 2023	% Δ
Member of An Garda Síochána	30,666	33.4%	32,009	33.1%	1,343	4.4%
Safeguarding officer	8,199	8.9%	11,433	11.8%	3,234	39.4%
Social worker	12,565	13.7%	10,841	11.2%	-1,724	-13.7%
Teacher	9,910	10.8%	10,384	10.7%	474	4.8%
Social care worker	4,262	4.6%	4,519	4.7%	257	6.0%
Anonymous	3,834	4.2%	4,135	4.3%	301	7.9%
Medical practitioner	3,133	3.4%	3,397	3.5%	264	8.4%
Parent / Guardian	2,502	2.7%	3,085	3.2%	583	23.3%
Registered nurse/midwife	2,155	2.3%	2,806	2.9%	651	30.2%
Manager of domestic violence shelter	1,866	2.0%	2,221	2.3%	355	19.0%
Psychologist	1,617	1.8%	1,737	1.8%	120	7.4%
Psychotherapist / person providing counselling	1,707	1.9%	1,598	1.7%	-109	-6.4%
Youth worker	1,039	1.1%	1,556	1.6%	517	49.8%
Manager of homeless accommodation	1,331	1.4%	1,313	1.4%	-18	-1.4%
Other family member	1,062	1.2%	1,069	1.1%	7	0.7%
Not specified	1,909	2.1%	544	0.6%	-1,365	-71.5%
Courts (Section 20 Child Care Act 1991)	422	0.5%	459	0.5%	37	8.8%
Manager of asylum seeker accommodation	278	0.3%	448	0.5%	170	61.2%
Probation officer	335	0.4%	364	0.4%	29	8.7%
Manager of a youth work service	575	0.6%	350	0.4%	-225	-39.1%
Member of the public	379	0.4%	308	0.3%	-71	-18.7%
Childcare staff member pre-school service	281	0.3%	304	0.3%	23	8.2%
Person carrying on a pre-school service	273	0.3%	263	0.3%	-10	-3.7%
Occupational therapist	203	0.2%	218	0.2%	15	7.4%
Speech and language therapist	151	0.2%	157	0.2%	6	4.0%
Addiction counsellor	189	0.2%	153	0.2%	-36	-19.0%
Physiotherapist	157	0.2%	147	0.2%	-10	-6.4%
Self	151	0.2%	139	0.1%	-12	-7.9%
Courts (Other Court Request)	81	0.1%	125	0.1%	44	54.3%
Guardian ad Litem	92	0.1%	121	0.1%	29	31.5%
Other	261	0.3%	106	0.1%	-155	-59.4%
Emergency medical technician	95	0.1%	101	0.1%	6	6.3%
Foster carer registered with the Agency	51	0.1%	91	0.1%	40	78.4%
Director of institution where a child is detained	50	0.1%	58	0.1%	8	16.0%
Manager of a language school	25	0.03%	35	0.04%	10	40.0%
Immigration Services	29	0.03%	28	0.03%	-1	-3.4%
Member of the Clergy	21	0.02%	25	0.03%	4	19.0%
Dentist	16	0.02%	17	0.02%	1	6.3%
Courts (Section 47 Child Care Act 1991)	2	0.00%	2	0.00%	0	0.0%
International Social Services	50	0.05%	0	0.00%	-50	-100.0%
Total	91,924	100.0%	96,666	100.0%	4,742	5.2%

2.1.3 Types of Referrals

- **60.7% (58,695)** of referrals for 2024 were for **welfare concerns** and **38.7% (37,427)** 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 (see Figure 5). The report type was not available for the remaining 0.6% (544) 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 therefore can change following assessment by the social worker.

Figure 5: Referrals by primary report type, 2024



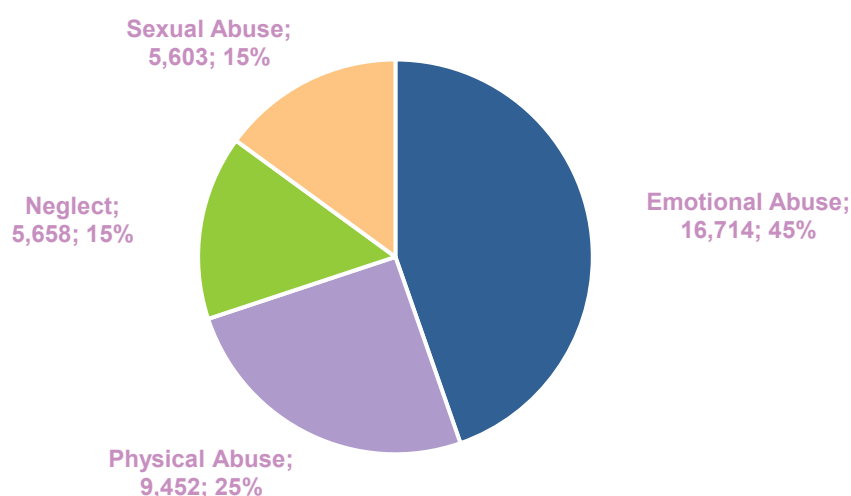
- As can be seen from the table below (see Table 2), the higher number of welfare referrals described above is consistent with previous years. The figures also reveal a year-on-year increase in referrals for both types of concern, welfare and abuse/neglect. However, the extent of any increase needs to be considered in the context of the decrease in the number of referrals over the period where the report type was not recorded.

Table 2: Referrals by primary report type, 2021–2024

Report Type	2021	2022	2023	2024	Δ 2024 v 2023	% Δ
Welfare	37,758 (52%)	46,031 (56%)	54,721 (59.5%)	58,695 (60.7%)	3,974	7.3%
Abuse/Neglect	25,292 (35%)	29,596 (36%)	34,928 (38.0%)	37,427 (38.7%)	2,499	7.2%
Not recorded	10,019 (14%)	7,228 (9%)	2,275 (2.5%)	544 (0.6%)	-1,731	76.1%
Total	73,069 (100%)	82,855 (100%)	91,924 (100%)	96,666 (100%)	4,742	5.2%

- The **most common type of child protection concern** reported in 2024 was **emotional abuse**, accounting for **45% (16,714)** of child protection referrals (37,427) and 17% of all referrals (see Figure 6). Sexual abuse was the least common type of child protection concern reported, accounting for 15% (5,603) of child protection referrals and 6% of all referrals.

Figure 6: Child protection referrals by type, 2024



- The percentage breakdown of child protection concerns for 2024 is broadly similar to that for previous years (see *Table 3*).

Table 3: Child protection referrals by type, 2021–2024

Category of Abuse	2021	2022	2023	2024
Physical abuse	6,391 (25%)	7,324 (25%)	8,375 (24%)	9,452 (25%)
Emotional abuse	10,888 (43%)	12,964 (44%)	15,908 (46%)	16,714 (45%)
Sexual abuse	4,331 (17%)	5,240 (17%)	5,467 (16%)	5,603 (15%)
Neglect	3,682 (15%)	4,068 (14%)	5,178 (15%)	5,658 (15%)
Total	25,292 (100%)	29,596 (100%)	34,928 (100%)	37,427 (100%)

- A breakdown of child protection referrals by the top three sources for each type of concern reveals that teachers were the most common source of referrals of physical abuse accounting for one in four referrals (25%; 2,410) followed to a lesser extent by safeguarding officers (16%; 1,558) and AGS (12%; 1,117) (see *Table 4*).
- AGS was the most common source of referrals of emotional abuse, accounting for two-thirds (66%; 11,054) of all referrals and far exceeding the next most common source, safeguarding officers (8%; 1,321).
- AGS was also the most common source of referrals of sexual abuse (25%; 1,418) and neglect (19%; 1,086).

Table 4: Child protection referrals by the top three sources, 2024

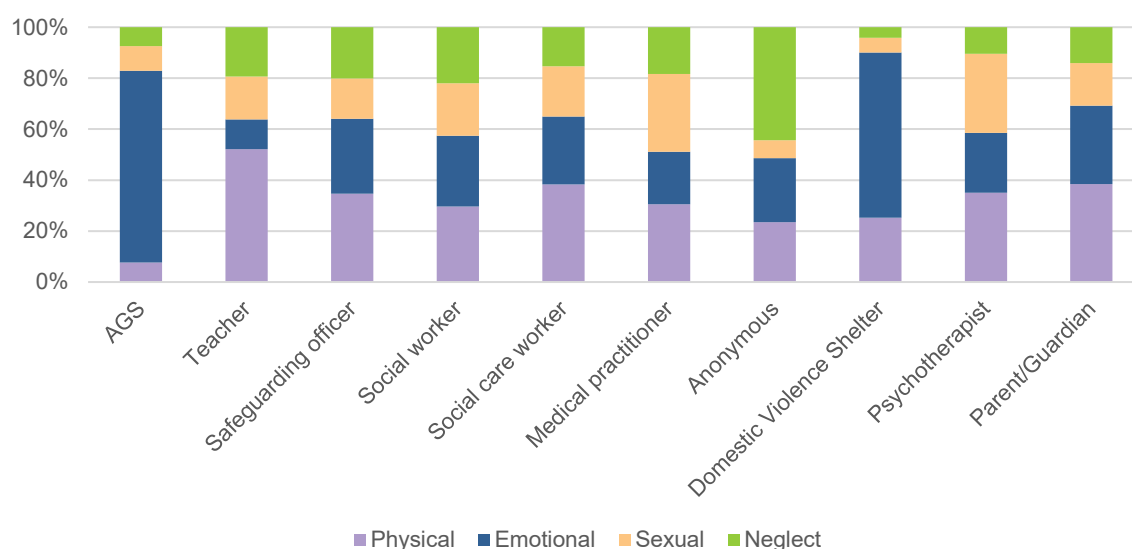
Category of Abuse	Source 1	Source 2	Source 3
Physical abuse	Teacher (2,410; 25%)	Safeguarding officer (1,558; 16%)	AGS (1,117; 12%)
Emotional abuse	AGS (11,054; 66%)	Safeguarding officer (1,321; 8%)	Social worker (1,012; 6%)
Sexual abuse	AGS (1,418; 25%)	Teacher (775; 14%)	Social worker (749; 13%)
Neglect	AGS (1,086; 19%)	Safeguarding officer (905; 16%)	Teacher (897; 16%)

- The figures also reveal that three out of four (75%; 11,054) child protection referrals from AGS were for emotional abuse (see *Table 5 and Figure 7*). This compares to 12% (543) for teachers and 29% (1,321) for safeguarding officers, but 65% (620) for managers of domestic violence shelters.
- The most common type of concern reported by teachers was physical abuse accounting for over half (52%; 2,410) of their referrals. This compares to 8% (1,117) for AGS.
- The most common type of concern reported by medical practitioners was sexual abuse accounting for 31% (341) of their referrals, followed closely by physical abuse (30%; 340).
- Parents/guardians were more likely to report physical abuse accounting for 38% (302) of their referrals, followed by emotional abuse (31%; 242).
- The most common type of concern reported by persons who wished to remain anonymous was neglect accounting for 44% (466) of their referrals.

Table 5: Top 10 sources of child protection referrals by concern type, 2024

Source /Category of Abuse	Physical	Emotional	Sexual	Neglect	Total
An Garda Siochana	1,117 (8%)	11,054 (75%)	1,418 (10%)	1,086 (7%)	14,675 (100%)
Teacher	2,410 (52%)	543 (12%)	775 (17%)	897 (19%)	4,625 (100%)
Safeguarding officer	1,558 (35%)	1,321 (29%)	712 (16%)	905 (20%)	4,496 (100%)
Social worker	1,081 (30%)	1,012 (28%)	749 (21%)	804 (22%)	3,646 (100%)
Social care worker	596 (38%)	415 (27%)	306 (20%)	239 (15%)	1,556 (100%)
Medical practitioner	340 (30%)	230 (21%)	341 (31%)	205 (18%)	1,116 (100%)
Anonymous	247 (24%)	263 (25%)	74 (7%)	466 (44%)	1,050 (100%)
Domestic Violence Shelter	241 (25%)	620 (65%)	55 (6%)	40 (4%)	956 (100%)
Psychotherapist	276 (35%)	185 (23%)	245 (31%)	82 (10%)	788 (100%)
Parent / Guardian	302 (38%)	242 (31%)	131 (17%)	111 (14%)	786 (100%)

Figure 7: Top 10 sources of child protection referrals by concern type, 2024



2.1.4 Distribution of Referrals by Tusla Area

- The number of referrals varies widely across Tusla's 17 operational areas and in 2024 ranged from 1,323 (1.4%) (Mayo) to 9,879 (10.2%) (Midlands) (see *Table 6*).
- The rate of referrals ranged from 4% of children under 18 years in Mayo to 12% of children in the Midlands area. Eight areas reported a rate equal to or higher than the national average of 7.9%. 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 support services within an area and differences across areas in how thresholds for accepting referrals are applied. As mentioned previously, 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.

Table 6: Number and rate of referrals by area, 2024 (ranked by number of referrals)

Area	# Referrals	% Total	# 0–17 years*	Rate/100
Midlands	9,879	10.2%	80,962	12.2%
Dublin South West/Kildare/West Wicklow	9,442	9.8%	108,927	11.0%
Dublin North	9,308	9.6%	104,281	11.0%
Cork	8,806	9.1%	136,786	9.9%
Dublin South Central	7,742	8.0%	70,259	8.9%
Louth/Meath	7,589	7.9%	96,531	8.7%
Midwest	7,139	7.4%	96,764	8.1%
Waterford/Wexford	6,889	7.1%	69,239	7.9%
Dublin North City	5,376	5.6%	48,909	7.4%
Galway/Roscommon	4,648	4.8%	81,799	7.4%
Carlow/Kilkenny/South Tipperary	4,507	4.7%	62,366	7.3%
Dublin South East/Wicklow	3,772	3.9%	91,047	7.2%
Donegal	3,102	3.2%	42,144	6.4%
Cavan/Monaghan	3,034	3.1%	37,336	6.4%
Kerry	2,544	2.6%	34,994	5.7%
Sligo/Leitrim/West Cavan	1,566	1.6%	24,312	4.1%
Mayo	1,323	1.4%	31,911	4.1%
Total	96,666	100.0%	1,218,567	7.9%

*Population data based on CSO Census 2022

2.1.5 Mandated Reports

- **82% (30,640/37,427) of referrals** for child protection concerns received in 2024 were **mandated reports** (i.e., child protection concerns at or above a defined threshold determined by the mandated reporter), 1,981 (7%) more than 2023 (28,659).
- The breakdown of mandated reports by the report type is broadly consistent with that for 2024 (see *Table 7*) with emotional abuse accounting for the largest proportion of reports (43%) and neglect accounting for the smallest proportion (14%).
- Increases were observed across all report types from 2023 with physical abuse showing the largest percentage increase (18%; 1,227) followed by neglect (8%; 324) and sexual abuse (3%; 139).

Table 7: Mandated reports by concern type, 2023–2024

Category	# 2023	% Total 2023	# 2024	% Total 2024	2024 v 2023	%Δ
Physical abuse	6,999	24%	8,226	27%	1,227	18%
Emotional abuse	12,787	45%	13,078	43%	291	2%
Sexual abuse	4,877	17%	5,016	16%	139	3%
Neglect	3,996	14%	4,320	14%	324	8%
Total	28,659	100%	30,640	100%	1,981	7%

- The top five sources of mandated reports in 2024 were AGS (38%; 11,657), teachers (14.2%; 4,339), safeguarding officers (13.4%; 4,111), social workers (11%; 3,357) and social care workers (4.7%; 1,455) (see *Table 8*). These five sources account for 81% (24,919) of all reports received.

Table 8: Mandated reports by reporter type, 2023–2024 (ranked by reports for 2024)

Source	# 2023	% Total 2023	# 2024	% Total 2024
Member of An Garda Siochana	11,424	39.9%	11,657	38.0%
Teacher	4,260	14.9%	4,339	14.2%
Safeguarding officer	2,967	10.4%	4,111	13.4%
Social worker	3,263	11.4%	3,357	11.0%
Social care worker	1,334	4.7%	1,455	4.7%
Medical practitioner	1,053	3.7%	1,032	3.4%
Manager of domestic violence shelter	646	2.3%	879	2.9%
Psychotherapist / person providing counselling	834	2.9%	768	2.5%
Psychologist	658	2.3%	677	2.2%
Registered nurse/midwife	559	2.0%	630	2.1%
Youth worker	421	1.5%	532	1.7%
Manager of homeless accommodation	228	0.8%	275	0.9%
Person responsible for youth work service	204	0.7%	123	0.4%
Childcare staff member employed in a pre-school service	107	0.4%	116	0.4%
Person carrying on a pre-school service	107	0.4%	103	0.3%
Manager of asylum seeker accommodation	100	0.3%	96	0.3%
Occupational therapist	85	0.3%	68	0.2%
Guardian Ad Litem	48	0.2%	64	0.2%
Speech and language therapist	53	0.2%	62	0.2%
Physiotherapist	73	0.3%	54	0.2%
Probation officer	73	0.3%	53	0.2%
Foster carer registered with the Agency	27	0.1%	51	0.2%
Addiction counsellor	47	0.2%	50	0.2%
Emergency medical technician	40	0.1%	32	0.1%
Director of institution child is detained	21	0.1%	24	0.1%
Manager of a language school or other recreational school	11	0.04%	16	0.1%
Dentist	11	0.04%	12	0.04%
Member of the Clergy	5	0.02%	4	0.01%
Total	28,659	100.0%	30,640	100.0%

2.2 Assessment Process

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)²¹ approach to practice 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 can be closed with no further action.

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(ren) require a child welfare safety plan; a child protection safety plan or whether the harm to the child is at a level where the child 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 8 (page 45).

²¹ [What is Signs of Safety?](#)

2.2.1 Assessment Process

- **Over half (57%; 54,913)** of referrals received in 2024 were **closed to social work** following screening. Of these, 37% (20,091) were closed with no further action required, while a further 51% (28,127) were closed as assessment/safety planning was already ongoing for these cases. A breakdown of the outcome of the referrals closed following screening is presented in the table below (see *Table 9*).

Table 9: Outcomes of referrals closed following screening, 2024

Outcome	# Referrals	% Referrals
Closed – assessment/safety planning ongoing	28,127	51%
Closed – no further action	20,091	37%
Closed – diverted to Prevention, Partnership & Family Support	4,288	8%
Closed – diverted to another Agency	937	2%
Closed – “Other”/Not specified	1,470	3%
Total	54,913	100%

- **28% (26,756) of referrals moved to the next stage of the referral process** – the preliminary enquiry (PE) stage. These are referrals deemed to require a social work response following screening. The remaining referrals (16%; 14,997) were at the screening stage (i.e., awaiting formal closure on the system or a preliminary enquiry in a small number of cases) when the data was extracted for reporting (data extracted quarterly in arrears)²².
- At the time the data was extracted for reporting **98% (26,325) of preliminary enquiries were completed**.
- Of the referrals where the preliminary enquiry was completed (26,325), **34% (9,029) required an initial assessment**. The remaining referrals (66%; 17,293) were closed to social work following the preliminary enquiry while the outcome was not specified for three referrals.
- A breakdown of the outcome of referrals that went through the preliminary enquiry stage is presented in the table below (see *Table 10*).

Table 10: Outcomes of referrals that went through the preliminary enquiry, 2024

Outcome	# Referrals	% Referrals
Initial Assessment Required	9,029	34%
Closed – assessment/safety planning ongoing	1,236	5%
Closed – no further action	11,807	45%
Closed – diverted to another Agency	1,744	7%
Closed – diverted to Prevention, Partnership & FSS	2,506	10%
Not specified	3	<1%
Total	26,325	100%

²² Data for Q1 2024 extracted 27 July 2024, data for Q2 2024 extracted 21 October 2024, data for Q3 2024 extracted 22 January 2025 and data for Q4 2024 extracted 22 April 2025.

- Comparison with previous years shows a further increase in the percentage of referrals that required an initial assessment (see Table 11). Further examination is required to understand the reasons for the increase which are most likely multi-faceted. However, it should be noted that the data presented is based on the status of referrals when the data was extracted from TCM (quarterly in arrears) and not all referrals may have moved through the preliminary enquiry/assessment process at the time of extraction.

Table 11: Preliminary enquiries and Initial assessments, 2021–2024

Year	# Referrals	# Requiring PE	% Requiring PE	# Requiring IA	% Requiring IA
2024	96,666	26,756	28%	9,029	34%
2023	91,924	25,771	28%	7,943	31%
2022	82,855	28,792	35%	7,571	30%
2021	73,069	33,422	46%	8,780	28%

*Note: the percentage of referrals that required an initial assessment is based on preliminary enquiries completed and not preliminary enquiries required following screening.

- 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 (see Table 12).
- The percentage of referrals that moved to the preliminary enquiry stage ranged from 16% (Midlands) to 64% (Kerry). Ten areas reported a percentage equal to or higher than the national average of 28%.
- The percentage of referrals that required an initial assessment following a preliminary enquiry ranged from 24% (Louth/Meath) to 45% (Donegal). Twelve areas reported a percentage equal to or higher than the national average of 34%.
- Further examination is required to understand the varying patterns across the Tusla areas.

Table 12: Referrals requiring a preliminary enquiry and initial assessment, by area 2024 (ranked by number of referrals)

Area	# Referrals	# Req. PE	% Req. PE	# Req. IA	% Req. IA*
Midlands	9,879	1,562	16%	568	37%
DSW/K/WW	9,442	2,373	25%	810	35%
Dublin North	9,308	1,809	19%	643	36%
Cork	8,806	2,785	32%	974	36%
Dublin South Central	7,742	1,553	20%	660	43%
Louth/Meath	7,589	2,254	30%	532	24%
Midwest	7,139	1,977	28%	673	35%
Waterford/Wexford	6,889	1,518	22%	544	36%
Dublin North City	5,376	1,243	23%	468	39%
Galway/Roscommon	4,648	2,415	52%	852	36%
Carlow/Kilkenny/South Tipperary	4,507	1,165	26%	314	27%
Dublin South East/Wicklow	3,772	1,198	32%	339	29%
Donegal	3,102	866	28%	385	45%

Cavan/Monaghan	3,034	1,072	35%	273	27%
Kerry	2,544	1,640	64%	475	29%
Sligo/Leitrim/West Cavan	1,566	836	53%	353	42%
Mayo	1,323	490	37%	166	34%
Total	96,666	26,756	28%	9,029	34%

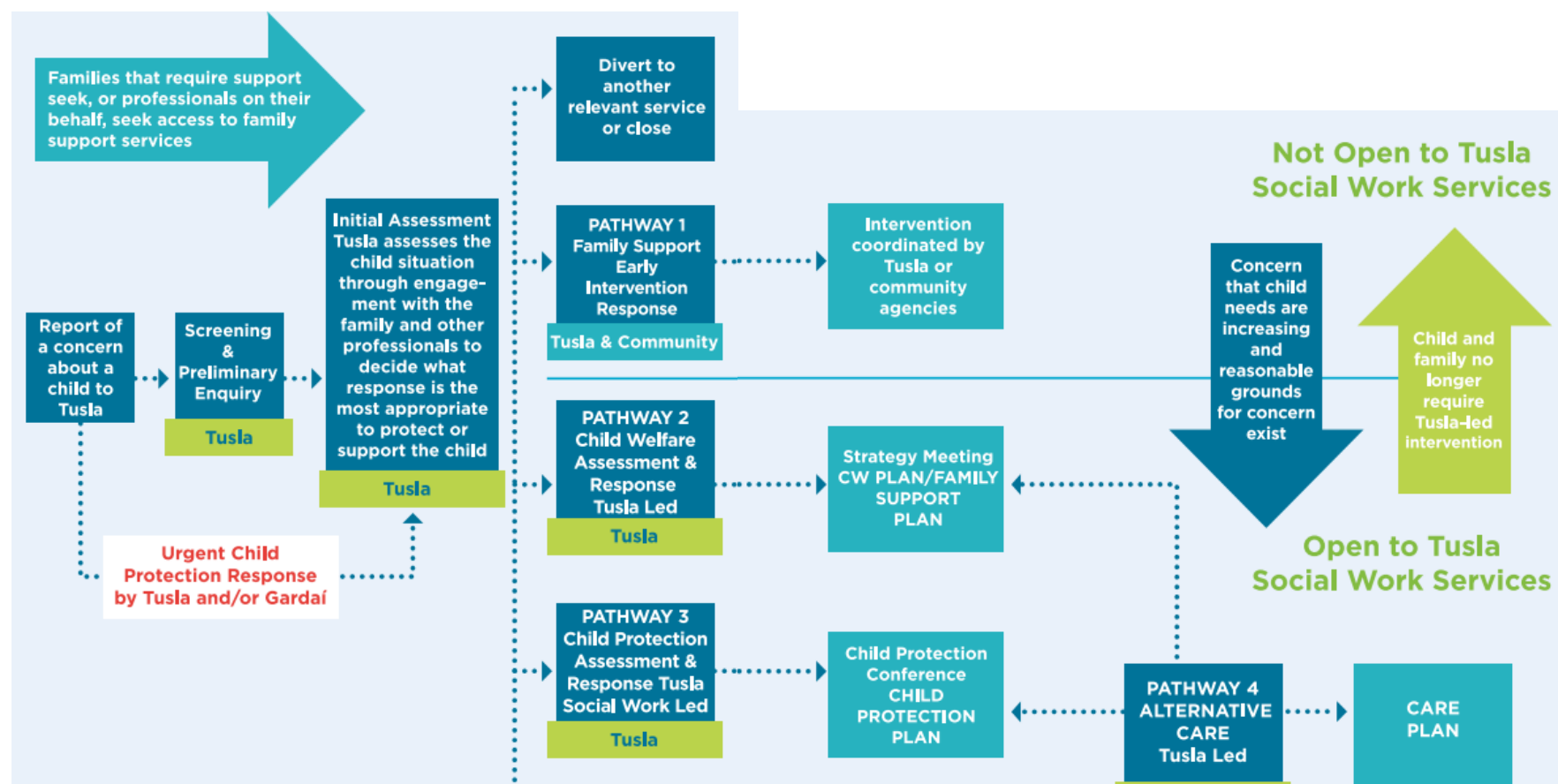
*Note: the percentage of referrals that required an initial assessment is based on preliminary enquiries completed and not preliminary enquiries required following screening.

- At the time the data was extracted for reporting, **56% (5,026) of initial assessments required following a preliminary enquiry were completed**. The remaining assessments were awaiting sign-off, in progress, or not started at the time the data was extracted.
- **53% (2,682)** of referrals where the initial assessment was completed were **closed to social work after the initial assessment**, 27% (1,356) required safety planning, 16% (813) required a children protection conference and 3% (175) required admission to care. A breakdown of the outcome of initial assessments for all referrals is presented in the table below (see *Table 13*).

Table 13: Outcomes of initial assessments, 2024

Outcome	# Referrals	% Total
Closed—No Further Action (NFA)	1,602	32%
Closed—Divert to Another Agency	495	10%
Closed—Divert to Prevention Partnership Family Support (PPFS)	404	8%
Closed—No Further Action (NFA)—Assessment/Safety Planning ongoing	181	4%
Safety Planning	1,356	27%
Child Protection/Child Protection Conference Safety Planning	813	16%
Admission to Care	175	3%
Total	5,026	100%

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 8: 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) (*ref Section 2.4 of this report for details on the CPNS*). Children under the Service for Separated Children are not included.

Open cases include cases both allocated and awaiting allocation to social workers and other professionals. Allocation to professionals other than social workers reflects a changing environment in Tusla with social care workers and other professionals becoming integrated into social work teams, working alongside social workers. This has become necessary due to ongoing recruitment and retention challenges in a competitive and limited labour market for social workers. Social workers maintain oversight of all cases.

All cases awaiting allocation are reviewed and monitored on an ongoing basis and prioritised accordingly. Children at immediate risk get an immediate response.

2.3.1 Cases Open to Social Work

- At the end of 2024 there were **22,839 cases open to social work**. As open cases are recorded on a per child basis, it means that 1.9% of the child population (Census 2022) were in receipt of a social work service from Tusla for child protection and welfare concerns.
- There were 757 more cases open to social work at the end of 2024 than at the end of 2023 (22,082), a 3% increase (*see Table 14*).
- The number of cases open to social work at the end 2024 was the highest number for all years 2020–2024.

2.3.2 Cases Allocated to Cases Workers

- **75% (17,049) of cases** open to social work at the end of 2024 were **allocated to case workers** (social worker / other professionals) (*see Table 14*).
- Although the percentage of open cases allocated to case workers (social workers / other professionals) at the end of 2024 (75%) is down slightly on the percentage reported for 2023 (76%) there were 298 (2%) more children allocated.
- The number of children allocated at the end of 2024, was the highest number for all years 2020–2024.

2.3.3 Cases Awaiting Allocation to Case Workers

- **25% (5,790) of cases** were **awaiting allocation to case workers** (*see Table 14*).
- There were 459 (9%) more children awaiting allocation at the end of 2024 than at the end of 2023 (5,331), but 323 (5%) fewer than 2022 when 6,113 cases were awaiting allocation.

- **32% (1,842) of cases awaiting allocation** at the end of 2024 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 are reviewed and monitored on an ongoing basis and prioritised accordingly with children at immediate risk getting an immediate response.

Table 14: Cases open to social work and allocation status, 2014–2024

Year	# Allocated	% Allocated	# Awaiting	% Awaiting	# Open Cases
2024	17,049	75%	5,790	25%	22,839
2023	16,751	76%	5,331	24%	22,082
2022	15,920	72%	6,113	28%	22,033
2021	16,441	77%	4,807	23%	21,248
2020	16,904	80%	4,239	20%	21,143
2019	19,536	79%	5,291	21%	24,827
2018	20,001	76%	6,432	24%	26,433
2017	19,999	80%	4,892	20%	24,891
2016	19,621	78%	5,413	22%	25,034
2015	19,937	75%	6,718	25%	26,655
2014	19,425	69%	8,542	31%	27,967

2.3.4 Cases Awaiting Allocation by Priority Level

- **9% (523) of cases awaiting allocation** at the end of 2024 were categorised as **high priority**, 61% (3,519) were categorised as medium priority, 29% (1,670) were categorised as low priority while the remaining 1% (78) were awaiting categorisation (see Table 15).
- There were 75 more high priority cases awaiting allocation at the end of 2024 than at the end of 2023, a 17% increase.
- The number of high priority cases awaiting allocation at the end of 2024 was the highest number for all years 2020–2024.
- However, it should be noted that the decrease in the number and percentage of high priority cases awaiting allocation from the earlier years 2014–2019 reflects the Agency’s ongoing focus on the management of high priority cases.

Table 15: Cases awaiting allocation by priority level, 2014–2024

Year	# High	# Medium	# Low	# Awaiting Categorisation	Total
2024	523 (9%)	3,519 (61%)	1,670 (29%)	78 (1%)	5,790
2023	448 (8%)	2,990 (56%)	1,728 (32%)	165 (3%)	5,331
2022	391 (6%)	3,213 (53%)	2,509 (41%)	-	6,113
2021	436 (9%)	2,546 (53%)	1,825 (38%)	-	4,807
2020 ²³	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

²³ Revised guidance on categorisation of cases was issued by Tusla in 2020. The revised guidance is based on *Signs of Safety* – Tusla’s national approach to practice and replaces the guidance issued in 2012.

2.3.5 Cases Awaiting Allocation by Average Length of Time Waiting

- **69% (4,020) of cases awaiting allocation** at the end of 2024 were **waiting three months or less** (see *Table 16*). This compares to 61% (3,261) at the end of 2023, an increase of eight percentage points.
- The remaining 31% (1,770) of cases were waiting longer than three months. This compares to 39% (2,070) at the end of 2023, a decrease of eight percentage points.

Table 16: Cases awaiting allocation by average length of time waiting, 2018–2024

Year	< 1 month	1-3 months	>3 months	Total Awaiting
2024	1,922 (33%)	2,098 (36%)	1,770 (31%)	5,790
2023	1,683 (32%)	1,578 (30%)	2,070 (39%)	5,331
2022	2,221 (36%)	1,910 (31%)	1,982 (32%)	6,113
2021	1,865 (39%)	1,661 (35%)	1,281 (27%)	4,807
2020	1,669 (39%)	1,481 (35%)	1,089 (26%)	4,239
2019	1,677 (32%)	1,568 (30%)	2,046 (39%)	5,291
2018	1,461 (23%)	1,907 (30%)	3,064 (48%)	6,432

- 66% (345) of high priority cases awaiting allocation at the end of 2024 were waiting three months or less, and of these 51% (176) were waiting no longer than one month. The remaining 34% (178) of high priority cases awaiting allocation were waiting more than 3 months (see *Table 17*).

Table 17: Cases awaiting allocation by priority level and average length of time waiting, 2024

Priority	< 1 month	1-3 months	> 3 months	Total Awaiting
High	176 (34%)	169 (32%)	178 (34%)	523 (100%)
Medium	1,029 (29%)	1,411 (40%)	1,079 (31%)	3,519 (100%)
Low	653 (39%)	510 (31%)	507 (30%)	1,670 (100%)
Awaiting Categorisation	64 (82%)	8 (10%)	6 (8%)	78 (100%)
Total	1,922 (33%)	2,098 (36%)	1,770 (31%)	5,790 (100%)

2.3.6 Cases Awaiting Allocation by Tusla Area

- At the end of 2024, the number of cases open to social work across the 17 Tusla areas ranged from 298 (1.3% of open cases) in Mayo to 2,654 (11.6% of open cases) in Cork (see *Table 18*).
- Dublin North City reported the highest rate of open cases at 3.7 per 100 children in the area, followed by Dublin South Central (3.1) and Midlands (2.5).
- Mayo reported the lowest rate at 0.9 per 100 children, followed by Kerry (1.1), Dublin South East/Wicklow (1.2) and Carlow/Kilkenny/South Tipperary (1.2).
- 9 areas reported a rate equal or higher than the national average of 1.9 per 100 children.

Table 18: Open cases by Area and rate per 100 children in the area, 2024 (ranked by rate)

Area	# Open Cases	Child Population*	Rate/100
Dublin North City	1,819	48,909	3.7
Dublin South Central	2,207	70,259	3.1
Midlands	2,003	80,962	2.5
Cavan/Monaghan	818	37,336	2.2
Waterford/Wexford	1,358	69,239	2.0
Cork	2,654	136,786	1.9
Dublin North	1,966	104,281	1.9
Louth/Meath	1,810	96,531	1.9
Dublin South West/Kildare/West Wicklow	2,028	108,927	1.9
Donegal	714	42,144	1.7
Midwest	1,404	96,764	1.5
Galway/Roscommon	1,174	81,799	1.4
Sligo/Leitrim/West Cavan	318	24,312	1.3
Carlow/Kilkenny/South Tipperary	771	62,366	1.2
Dublin South East/Wicklow	1,103	91,047	1.2
Kerry	394	34,994	1.1
Mayo	298	31,911	0.9
Total	22,839	1,218,567	1.9

*Source: CSO Census 2022

- At the end of 2024, the percentage of open cases that were allocated to case workers (social workers / other professionals) across the 17 Tusla areas ranged from 56% (Dublin South West/Kildare/West Wicklow) to 100% (Mayo).
- In nine of the 17 areas, at least 80% of open cases were allocated. Rates reported by Dublin South West/Kildare/West Wicklow (56%), Dublin South Central (57%), Carlow/Kilkenny/South Tipperary (60%), Midlands (64%) and Louth/Meath (68%) were lower than all other areas (see *Table 19*).
- The areas with the highest numbers of cases awaiting allocation at the end of 2024 were Dublin South Central (953), Dublin South West/Kildare/West Wicklow (890), Midlands (730),

Cork (682), Louth/Meath (574) and Waterford/Wexford (333). These six areas accounted for 72% (4,162) of all cases awaiting allocation.

Table 19: Open cases by allocation status and area, 2024 (ranked by % allocated)

Area	# Allocated	% Allocated	# Awaiting	% Awaiting	Total Open
Mayo	298	100%	0	0%	298
Galway/Roscommon	1,149	98%	25	2%	1,174
Kerry	378	96%	16	4%	394
Sligo/Leitrim/West Cavan	288	91%	30	9%	318
Donegal	641	90%	73	10%	714
Dublin North	1,753	89%	213	11%	1,966
Dublin North City	1,545	85%	274	15%	1,819
Cavan/Monaghan	691	84%	127	16%	818
Midwest	1,148	82%	256	18%	1,404
Waterford/Wexford	1,025	75%	333	25%	1,358
Cork	1,972	74%	682	26%	2,654
Dublin South East/Wicklow	801	73%	302	27%	1,103
Louth/Meath	1,236	68%	574	32%	1,810
Midlands	1,273	64%	730	36%	2,003
Carlow/Kilkenny/South Tipperary	459	60%	312	40%	771
Dublin South Central	1,254	57%	953	43%	2,207
Dublin South West/Kildare/West Wicklow	1,138	56%	890	44%	2,028
Total	17,049	75%	5,790	25%	22,839

- The majority of areas (12/17) had fewer cases awaiting allocation at the end of 2024 than at the end of 2023 (see *Table 20*). The largest decreases were reported by Dublin North City (down 174; 39%), Midwest (down 139; 35%) and Dublin South Central (down 114; 11%).
- Of the five areas that reported an increase, the largest increase was reported by Midlands (up 478; 190%) followed by Dublin South West/Kildare/West Wicklow (up 341; 62%), Louth/Meath (up 173; 43%), Carlow/Kilkenny/South Tipperary (up 69; 28%) and Dublin North (up 65; 44%).

Table 20: Cases awaiting allocation by area, 2023 and 2024 (ranked by 2024 v 2023)

Area	# Awaiting 2023	# Awaiting 2024	Δ 2024 v 2023	% Δ
Midlands	252	730	478	190%
Dublin South West/Kildare/West Wicklow	549	890	341	62%
Louth/Meath	401	574	173	43%
Carlow/Kilkenny/South Tipperary	243	312	69	28%
Dublin North	148	213	65	44%
Sligo/Leitrim/West Cavan	33	30	-3	-9%
Mayo	9	0	-9	-100%
Cavan/Monaghan	142	127	-15	-11%
Dublin South East/Wicklow	319	302	-17	-5%

Waterford/Wexford	355	333	-22	-6%
Galway/Roscommon	47	25	-22	-47%
Kerry	39	16	-23	-59%
Cork	746	682	-64	-9%
Donegal	138	73	-65	-47%
Dublin South Central	1,067	953	-114	-11%
Midwest	395	256	-139	-35%
Dublin North City	448	274	-174	-39%
Total	5,331	5,790	459	9%

- An area breakdown of cases awaiting allocation by priority levels is presented in the table below (see *Table 21*).
- The number of high priority cases awaiting allocation ranged from none in two areas (Kerry and Mayo) to 90 (12% of cases awaiting) in the Midlands area.
- Six areas accounted for 73% (383) of high priority cases awaiting allocation, Midlands (90), Louth/Meath (81), Dublin South Central (72), Carlow/Kilkenny/South Tipperary (59), Midwest (43) and Dublin North (38).

Table 21: Cases awaiting allocation by priority level and area, 2024 (ranked by total)

Area	# High	# Medium	# Low	# Not Categorised	Total
Dublin South Central	72	596	283	2	953
Dublin South West/Kildare/West Wicklow	16	477	373	24	890
Midlands	90	507	130	3	730
Cork	22	548	107	5	682
Louth/Meath	81	269	216	8	574
Waterford/Wexford	18	198	107	10	333
Carlow/Kilkenny/South Tipperary	59	151	101	1	312
Dublin South East/Wicklow	10	174	108	10	302
Dublin North City	23	181	65	5	274
Midwest	43	154	58	1	256
Dublin North	38	98	73	4	213
Cavan/Monaghan	2	102	23	0	127
Donegal	35	35	1	2	73
Sligo/Leitrim/West Cavan	4	20	6	0	30
Galway/Roscommon	10	7	8	0	25
Kerry	0	2	11	3	16
Mayo	0	0	0	0	0
Total	523	3,519	1,670	78	5,790

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 is convened to discuss the case.

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. If 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 Child Protection Notification System (CPNS).

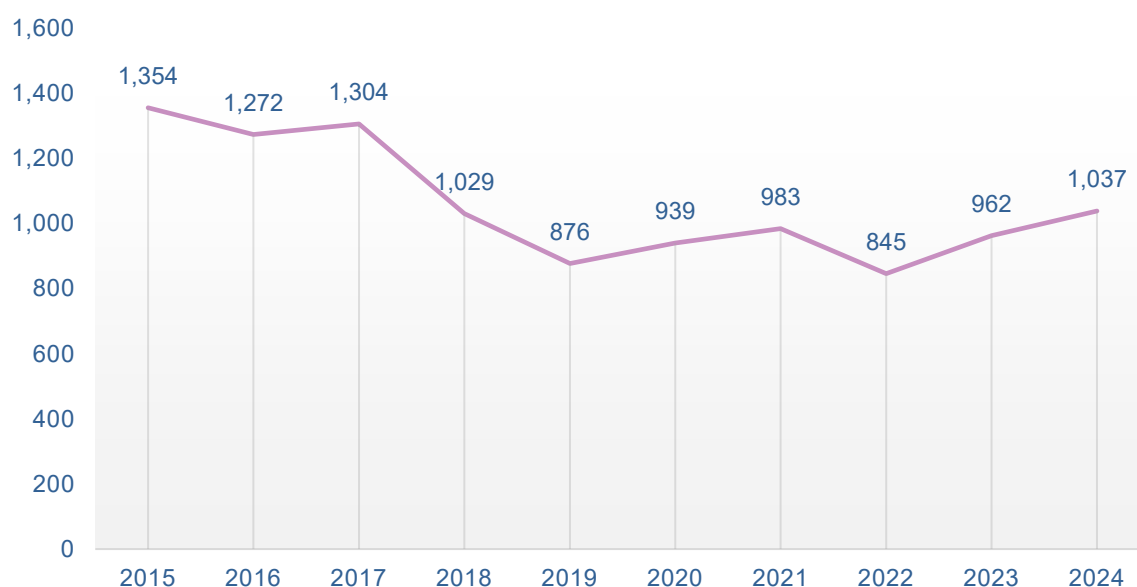
The CPNS is a securely held national record of all children who are subject of a child protection plan agreed at a child protection conference. It exists to enable the effective sharing of information between professionals working with vulnerable children and families. Access to the system is strictly 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. 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.

2.4.1 Children 'Active' on the CPNS

- There were **1,037 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 2024²⁴.
- The number of children 'active' at the end of 2024 (1,037) is the highest number for all years 2018–2024 (see Figure 9)
- There were 75 (8%) more children 'active' at the end of 2024 than at the end of 2023 (962) and 192 (23%) more than 2022 (845) when the fewest number for all years 2015–2024²⁵ was reported.
- It is important to note that a small number of large sibling groups can have a significant effect on the number 'active'.
- The number of children 'active' accounts for a small, but significant percentage (4.5%) of cases open to social work at year end (22,839).
- **All children 'active' on the CPNS at the end of 2024 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.

Figure 9: Children 'active' on the CPNS at year end, 2015–2024



²⁴ Note: data for year end 2024 is for the 12 December 2024 and not the last day of the month. This was due to work required to migrate the standalone CPNS to the Tusla Case Management System (TCM – CPAC) in the latter half of December 2024, providing for better integration of child protection and welfare data

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.

- The number of children 'active' (1,037) equates to about 9 children per 10,000 of the population under 18 (see *Table 22*).

Table 22: Number and rate of children "active" on the CPNS at year end, 2015–2024

Number / Rate	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
# "active"	1,354	1,272	1,304	1,029	876	939	983	845	962	1,037
Rate/10,000*	11.4	10.7	11	8.6	7.4	7.7	8.1	6.9	7.9	8.5

*Source CSO: Rates for 2015–2019 based on Census 2016 (1,190,502 children). Rates for 2020–2024 based on Census 2022 (1,218,567 children)

- 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. However, the table below (*Table 23*) shows the rate of children on child protection registers or subject to child protection plans in UK countries²⁶.
- Of the four countries, Scotland reports the lowest rate of children on child protection registers at 20 per 10,000 children while Northern Ireland reports the highest rate at 50 per 10,000 children. As can be seen from the table, Ireland falls well below these rates at 8.5 per 10,000 children.

Table 23: Children on child protection registers in other jurisdictions

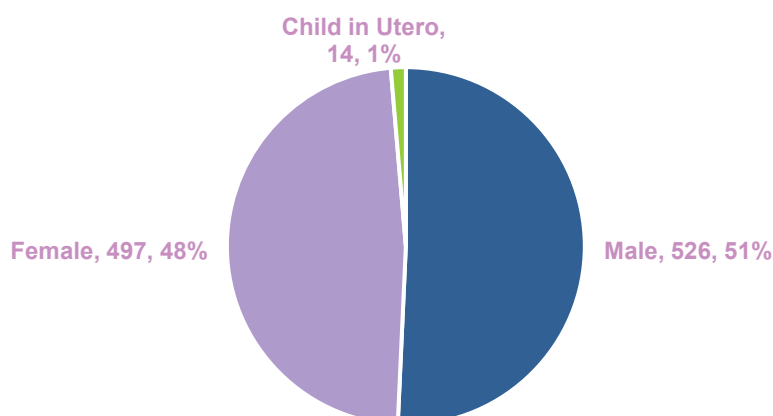
Country	Rate per 10,000 children
Ireland	8.5 (December 2024)
Northern Ireland	50 (March 2023)
England	43 (March 2023)
Wales	47 (March 2023)
Scotland	20 (March 2023)

²⁶Data for countries can be found from the Supporting Documents, Additional Tables (Table 1.16) download at the following link [Children's Social Work Statistics 2022-23 – Child Protection](#)

2.4.2 Children 'Active' on the CPNS by Age and Gender

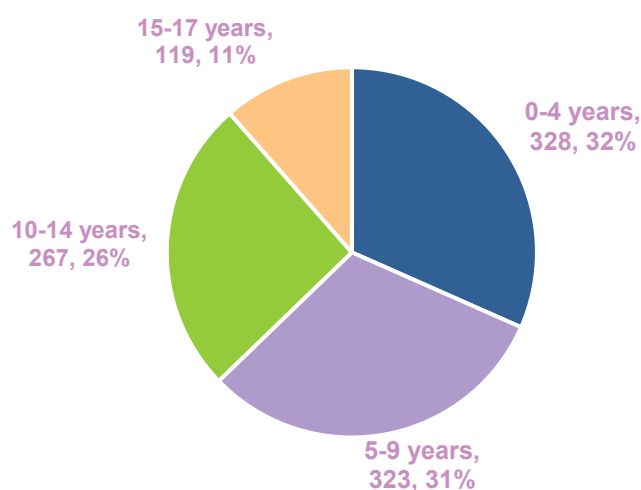
- Of the 1,037 children 'active' on the CPNS at the end of 2024, **51% (526) were male and 48% (497) were female** which is consistent with the general population (Census 2022, 51% males and 49% females); the remaining 1% (14) were in-utero (see *Figure 10*).

Figure 10: Children 'active' on the CPNS at year end 2024, by gender



- 32% (328)** of children 'active' on the CPNS at the end of 2024 were **under 5 years**, and marginally higher than the 5-9 years age group at 31% (323) (see *Figure 11*). These two cohorts accounted for 63% (651) of all children 'active'.
- The older ages of 15–17 years accounted for one in ten (119; 11%) children 'active'.

Figure 11: Children 'active' on the CPNS at year end 2024, by age group



- A breakdown of children 'active' on the CPNS at year end for the years 2021–2024 by age group is presented in the table below (see *Table 24*).
- The figures presented indicate that the 0–4 years age group is more heavily represented on the CPNS (32%) than in the general population (24%) while the older ages (15–17 years) account for a smaller proportion of those on the CPNS (11%) than the general population (17%). These

data correspond with most international data, which generally identify younger children at most risk, marginally reducing as they get older.

- There were more children ‘active’ at the end of 2024 than at the end of 2023 across all age groups with the exception of the 0-4 years age group. The largest increase was observed in the 5-9 years age group with 35 (12%) more children ‘active’ followed by the 10-14 years age group with 25 more children ‘active’.
- Looking across the 3-year period 2021-2024, there has been a year-on-year decrease in the percentage of 0-4 year olds ‘active’, down nine percentage points overall. In contrast, there has been a year-on-year increase in the percentage of both 5-9 year olds and 10-14 year olds, both up four percentage points overall.

Table 24: Children ‘active’ on the CPNS at year end by age group, 2021–2024

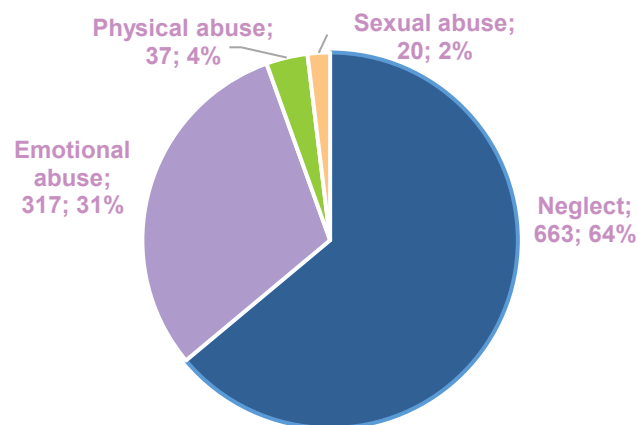
Age group	2021	2022	2023	2024	General population	2024 v 2023
0–4	406 (41%)	315 (37%)	335 (35%)	328 (32%)	295,415 (24%)	-7 (2%)
5–9	263 (27%)	249 (29%)	288 (30%)	323 (31%)	342,670 (28%)	35 (12%)
10–14	218 (22%)	199 (24%)	242 (25%)	267 (26%)	374,202 (31%)	25 (10%)
15–17	96 (10%)	82 (10%)	97 (10%)	119 (11%)	206,280 (17%)	22 (23%)
Total	983 (100%)	845 (100%)	962 (100%)	1,037 (100%)	1,218,567 (100%)	75 (8%)

Source CSO: General population based on Census 2022 population (1,218,567 children under 18 years)

2.4.3 Children “Active” on the CPNS by Reason for being ‘Active’

- The **most common type of abuse** recorded for children ‘active’ on the CPNS at the end of 2024 was **neglect**, accounting for almost **two-thirds of all cases (64%; 663)**, followed by emotional abuse accounting for a further 31% (317) of cases. The least common type of abuse was sexual abuse accounting for 2% (20) of cases (see *Figure 12*).

Figure 12: Children ‘active’ on the CPNS at year end 2024, by reason



- The percentage breakdown of the children ‘active’ on the CPNS at the end of 2024 by abuse type is broadly similar to that for 2023 (see *Table 25*).

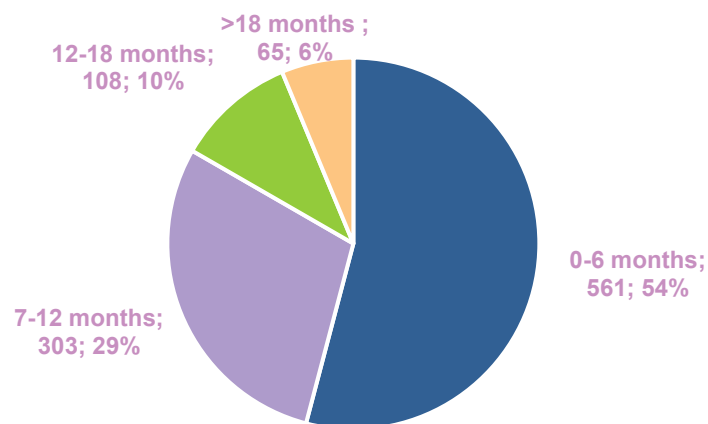
Table 25: Children “active” on the CPNS at year end by reason, 2023 –2024

Type of Abuse	# 2023	% 2023	# 2024	% 2024
Neglect	611	64%	663	64%
Emotional abuse	267	28%	317	31%
Physical abuse	58	6%	37	4%
Sexual abuse	26	3%	20	2%
Total	962	100%	1,037	100%

2.4.4 Children “Active” on the CPNS by Average Length of Time ‘Active’

- More than half (54%; 561) of children ‘active’ on the CPNS at the end of 2024 were ‘active’ for no longer than six months, while **83% (864) were ‘active’ for no longer than 12 months** (see *Figure 13*). Six percent (65) of children were ‘active’ for more than 18 months.

Figure 13: Children ‘active’ on the CPNS at year end 2024, by average length of time ‘active’



- The percentage breakdown of children ‘active’ on the CPNS at the end of 2024 by lengths of time ‘active’ is broadly similar to that for 2023 (see *Table 26*). In terms of numbers, there were 8 (11%) fewer children ‘active’ for more than 18 months at the end of 2024 (65) than at the end of 2023 (73).

Table 26: Children ‘active’ on the CPNS at year end by average lengths of time “active”, 2023–2024

LOT active	# 2023	% 2023	# 2024	% 2024
0–6 months	512	53%	561	54%
7–12 months	284	30%	303	29%
12–18 months	93	10%	108	10%
18+ months	73	8%	65	6%
Total	962	100%	1,037	100%

2.4.5 Children “Active” on the CPNS by Tusla Area

- The number of children “active” on the CPNS at the end of 2024 in the different Tusla areas ranged from ten in Cavan/Monaghan to 121 in Dublin North City (see *Table 27*).
- The corresponding rate per 10,000 children ranged from 2.7 in Cavan/Monaghan to 24.7 in Dublin North City, more than double the national rate (8.5).
- 8 areas reported a rate equal to or higher than the national average. As with the referral rates, it is likely that there are number of underlying factors leading to the variation across the areas.

Table 27: Children ‘active’ on the CPNS at year end by area, 2024 (ranked by rate)

Area	# Active 2024	Population*	Rate / 10,000
Dublin North City	121	48,909	24.7
Midlands	115	80,962	14.2
Sligo/Leitrim/West Cavan	27	24,312	11.1
Dublin South Central	78	70,259	11.1
Carlow/Kilkenny/South Tipperary	62	62,366	9.9
Dublin South West/Kildare/West Wicklow	108	108,927	9.9
Midwest	87	96,764	9.0
Donegal	36	42,144	8.5
Cork	98	136,786	7.2
Kerry	25	34,994	7.1
Galway/Roscommon	57	81,799	7.0
Mayo	22	31,911	6.9
Dublin North	66	104,281	6.3
Louth / Meath	59	96,531	6.1
Waterford / Wexford	32	69,239	4.6
Dublin South East/Wicklow	34	91,047	3.7
Cavan / Monaghan	10	37,336	2.7
Total	1,037	1,218,567	8.5

*Source CSO: Child population (0–17 years) Census 2022

- 11 of the 17 areas had more children listed as ‘active’ at the end of 2024 than at the end of 2023 (see *Table 28*). The largest increases (in terms of numbers) were reported by Midlands (up 55), Dublin North City (up 34), Dublin South Central (up 33) and Galway/Roscommon (up 26).
- Of the five areas that reported a decrease, the largest decrease was reported by Dublin North (down 44) followed by Donegal (down 34), Cork (down 18) and Dublin South East/Wicklow (down 12).
- The remaining area (Kerry) reported no change from 2023.
- In terms of an underlying trend, six areas (Galway/Roscommon, Midwest, Dublin South West/Kildare/West Wicklow, Louth/Meath, Mayo and Sligo/Leitrim/West Cavan) reported two consecutive increases over the two-year period 2022–2024, while one area

(Waterford/Wexford) reported two consecutive decreases over the same period. The numbers fluctuated from year to year in the remaining areas.

Table 28: Children ‘active’ at year end by area, 2022–2024 (ranked by 2024 v 2023)

Area	# 2022	# 2023	# 2024	2024 v 2023	% Δ
Midlands	61	60	115	55	92%
Dublin North City	93	87	121	34	39%
Dublin South Central	59	45	78	33	73%
Galway / Roscommon	19	31	57	26	84%
Midwest	68	72	87	15	21%
Carlow / Kilkenny / South Tipperary	56	53	62	9	17%
Dublin South West / Kildare / West Wicklow	74	102	108	6	6%
Louth / Meath	31	57	59	2	4%
Mayo	12	20	22	2	10%
Cavan / Monaghan	36	9	10	1	11%
Sligo / Leitrim / West Cavan	16	26	27	1	4%
Kerry	20	25	25	0	0%
Waterford / Wexford	51	33	32	-1	-3%
Dublin South East / Wicklow	30	46	34	-12	-26%
Cork	96	116	98	-18	-16%
Donegal	32	70	36	-34	-49%
Dublin North	91	110	66	-44	-40%
Total	845	962	1,037	75	8%

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 11 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 a 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 11 for definitions.*

Over the past 10 years, Tusla has implemented a range of practice models, initiatives and projects aimed at ensuring that, where possible, children can remain at home. These include:

- **Signs of Safety**²⁷, the Agency's national approach to child protection and welfare, aimed at keeping children safe within their families, reducing the need for them to come into care.
- Investment and **development of family support services** (*refer to Section 4.1 of this report*).
- Implementation of **Meitheal**, an early intervention practice model (*refer to Section 4.2 of this report*). The approach brings together professionals, services, and family members to create a tailored plan that addresses the specific needs of the child(ren) and their family. By identifying and responding to concerns early, Meitheal aims to reduce the risk of family breakdown and the need for children to enter care, while ensuring that children can remain safely in their homes and communities.
- Development of **Child and Family Support Networks (CFSNs)** (*refer to Section 4.3 of this report*). Networks bring together a range of local services, including social workers, healthcare professionals, education specialists, and community organisations, to work with families to help strengthen family resilience and address issues before they escalate.
- **Creative Community Alternatives (CCA)**, a Tusla commissioned high-level prevention initiative aimed at those children who are either on the edge of alternative care or currently in alternative care due to complex factors that may include neglect, parental separation, attachment issues, alcohol and /or drug misuse, mental health, and economic disadvantage.

²⁷ [Signs of Safety](#)

CCA operates through commissioning services to work intensively within a wraparound model with children and families. The CCA budget and commissioned services are managed locally so responses can be tailored when need is identified and the ringfenced budget with flexibility is key to its success. CCA offers practical support, including parenting programmes, therapeutic services, and advocacy, to help families navigate difficult circumstances and build resilience. A cost benefit analysis conducted in 2023 (focused on 11 of the 17 areas in Tusla), found that the agency made a cost saving of 13:1 by utilising this model. The costings were based on maintaining children at home by preventing Tusla foster care or residential care.

- **Area-Based Childhood Programmes (ABC)** an initiative that focuses on early intervention and prevention to support better outcomes for children and families, particularly those experiencing disadvantage. There are currently 12 ABC sites across Ireland that, in addition to their early intervention focus, encompass 5 key functions to prevent children from entering care:
 1. Early identification of families with children aged 0 to 6 who are at risk of poverty, social isolation or developmental delays.
 2. Strengthening families through offer parenting programmes that increases parental self-efficacy and supports whilst building secure parent-child relationships.
 3. Improving access to services by working with Children and Young Peoples Service Committees (CYPSC) and the Child and Family Support Networks (CFSN) ensuring families get the support they need before problems escalate.
 4. All ABCs collaborate with early education providers to ensure that children from disadvantaged backgrounds receive quality early childhood education and support transitions from home to pre-school and pre-school to primary school.
 5. ABCs build protective factors by enhancing a child's social, emotional, and cognitive skills early on, the ABC Programme helps build resilience in children.
- **Home Visiting Programme**, established in 2024 to co-ordinate, direct and support the development of consistent delivery of Home Visiting in Ireland, through the administration of the Children's Fund. Early Childhood Home Visiting is an evidenced based proven service delivery strategy that helps children and families thrive and paves the way to a healthier, safer, and more successful future for families. It connects parents-to-be and parents of young children with a home visitor who guides them through the early stages of raising a family. It is a prevention and early intervention approach used to support parents to promote infant and child health, foster educational development and school readiness and help prevent child abuse and neglect.

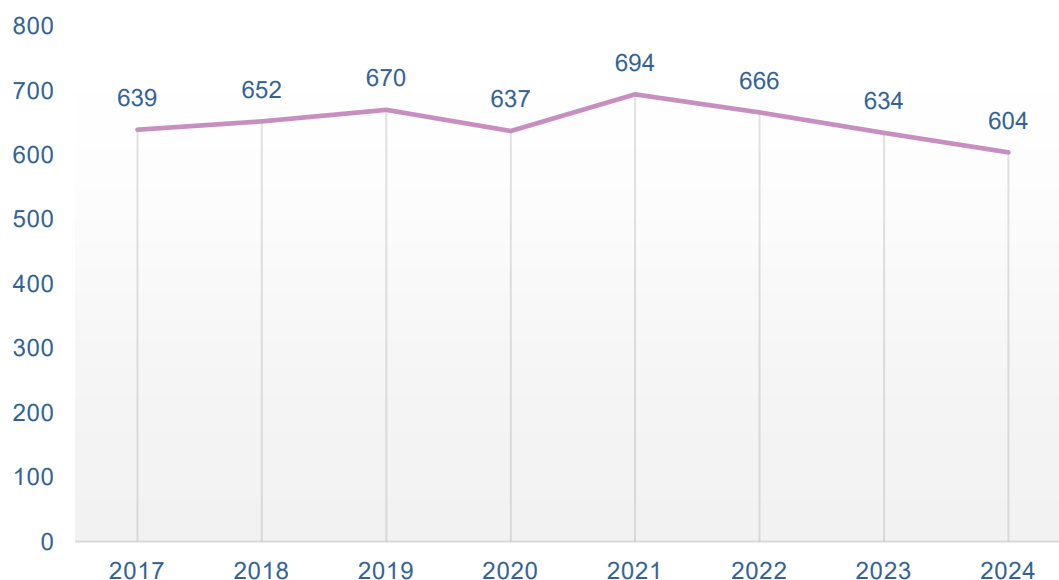
3.1 First-time Admissions to Care

The data presented in this section of the report is for the Agency's 17 administrative areas and does not include separated children admitted to care by Tusla Service for Separated Children Seeking International Protection (SCSIP). Refer to Section 3.8 for data on SCSIP.

3.1.1 First-Time Admissions to Care

- In 2024, **604 children came into care for the first time** (new children). This equates to about five children (0-17 years) for every 10,000 living in Ireland (Census 2022).
- The number of new children who came into care for the first-time in 2024, was the fewest number for all years 2017–2024, with a year-on-year decrease between 2021– 2024 (see *Figure 14*).
- In terms of numbers, there were 30 (5%) fewer children admitted to care in 2024 when compared to 2023 (634) and 90 (13%) fewer when compared to 2021 when a high of 694 was reported.

Figure 14: Children admitted to care for the first-time, 2017–2024



- Further analysis is required to determine the reason(s) for this decrease. However, it most likely reflects a complex mix of factors relating to varying thresholds for admission to care, availability of appropriate placements and innovation and investment in preventative practice.

3.1.2 First-Time Admissions to Care by Age and Gender

- **50% (302)** of children who came into care for the first time in 2024 were **male**, **49.8% (301)** were **female**, a similar breakdown to the general population (Census 2022, 51% boys and 49% girls). The gender of the remaining child was recorded as 'other'.
- The **most common age** of children coming into care for the first time in 2024 was **under one year**, accounting for more than one in five children (130; 22%), followed to a lesser extent by the younger ages of one to five years (see *Table 29*).

Table 29: Children coming into care for the first-time by age on admission, 2024

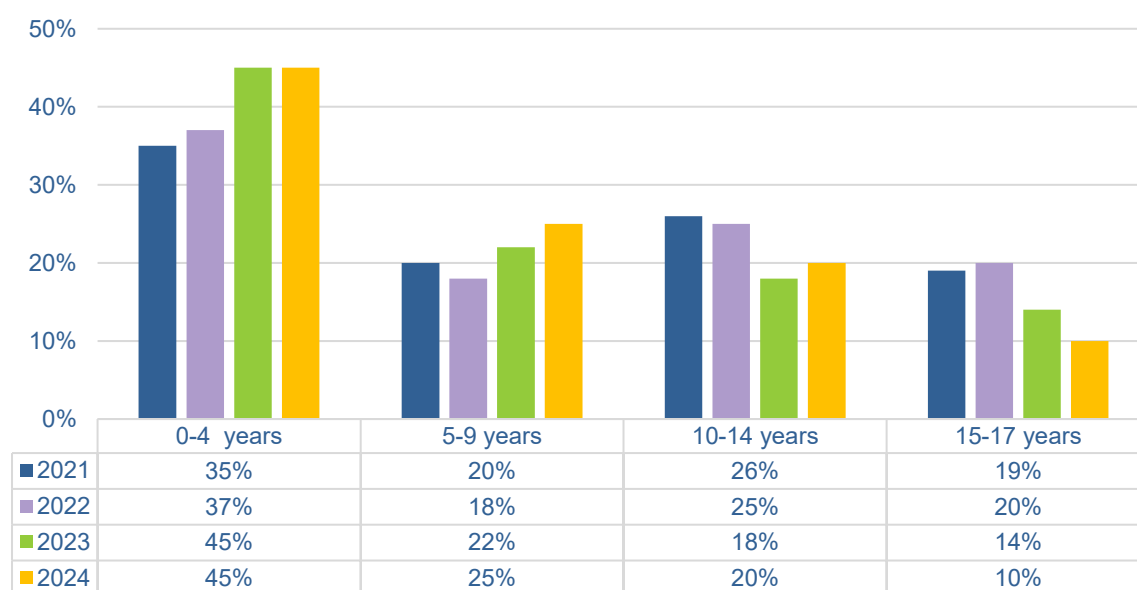
Age	Total	% Total
< 1 year	130	21.5%
1 year	31	5.1%
2 years	35	5.8%
3 years	37	6.1%
4 years	41	6.8%
5 years	38	6.3%
6 years	28	4.6%
7 years	32	5.3%
8 years	26	4.3%
9 years	26	4.3%
10 years	24	4.0%
11 years	17	2.8%
12 years	24	4.0%
13 years	29	4.8%
14 years	24	4.0%
15 years	27	4.5%
16 years	22	3.6%
17 years	13	2.2%
Total	604	100.0%

- A breakdown of children coming into care for the first time by age group for the years 2021–2024 is presented in the table and chart below (see *Table 30 and Figure 15*).
- The figures indicate that the proportion of younger children (0-4 years and 5-9 years) coming into care for the first-time has increased over the 3-year period, while the proportion of older children (10-14 years and 15-17 years) has decreased.
- In interpreting this data, it should be noted that a small number of large sibling groups can have a significant effect on the figures.

Table 30: Children coming into care for the first-time by age group, 2021–2024

Age Band	2021	2022	2023	2024
0–4 years	242 (35%)	244 (37%)	287 (45%)	274 (45%)
5–9 years	142 (20%)	122 (18%)	142 (22%)	150 (25%)
10–14 years	179 (26%)	168 (25%)	117 (18%)	118 (20%)
15–17 years	131 (19%)	132 (20%)	88 (14%)	62 (10%)
Total	694 (100%)	666 (100%)	634 (100%)	604 (100%)

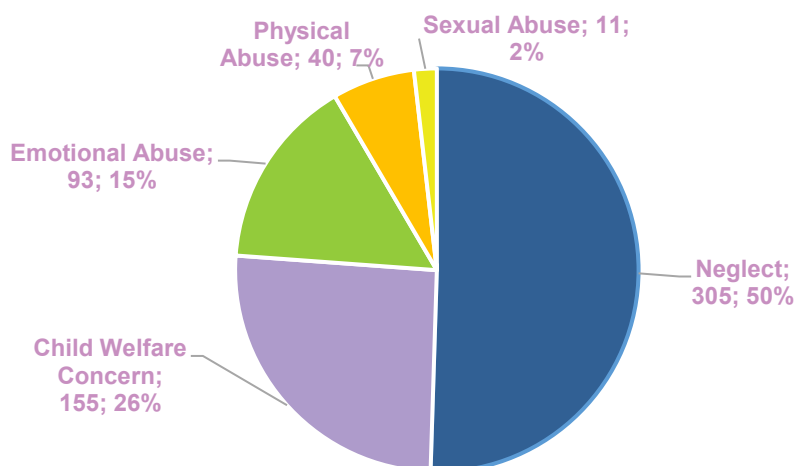
Figure 15: Children coming into care for the first-time by age group, 2021-2024



3.1.3 First-Time Admissions to Care by Reason for Admission

- The **most common reason** for children coming into care for the first time in 2024 was **neglect**, accounting for half (50%; 305) of all admissions, while the least common reason was sexual abuse accounting for 2% (11) of admissions (see Figure 16).

Figure 16: Children coming into care for the first time by reason, 2024

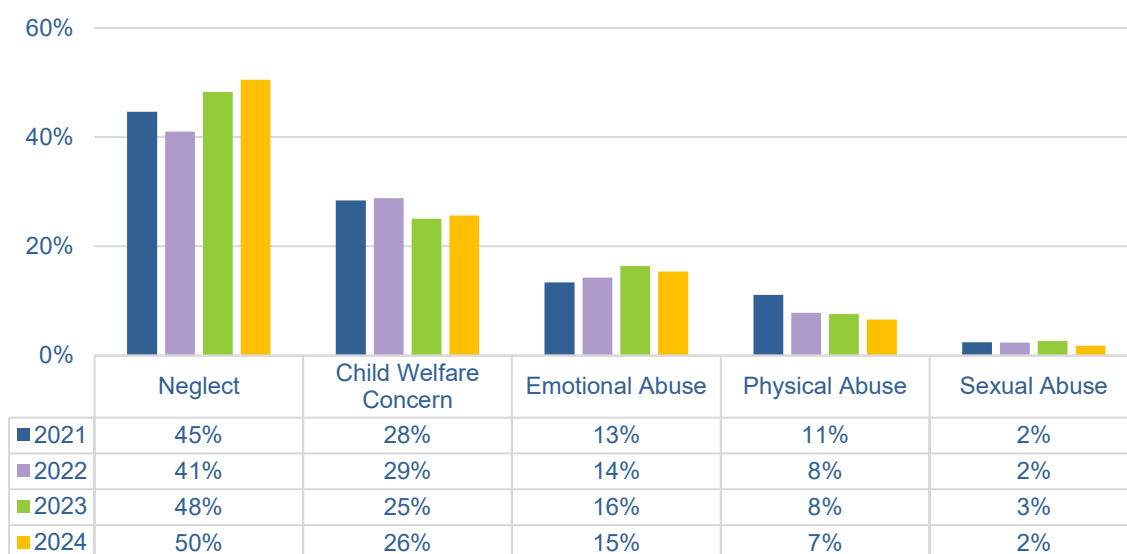


- A breakdown of the reasons for children coming into care for the first time for the 3-year period 2021–2024 is presented in the table and chart below (see Table 31 and Figure 17).
- Looking across the years, the figures show a slight increase in the percentage of children coming into care because of neglect and a slight decrease in the percentage coming into care because of physical abuse.

Table 31: Children coming into care for the first time by reason, 2021–2024

Reason for Admission	2021	% 2021	2022	% 2022	2023	% 2023	2024	% 2024
Neglect	310	45%	273	41%	306	48%	305	50%
Child Welfare Concern	197	28%	192	29%	159	25%	155	26%
Emotional Abuse	93	13%	95	14%	104	16%	93	15%
Physical Abuse	77	11%	52	8%	48	8%	40	7%
Sexual Abuse	17	2%	16	2%	17	3%	11	2%
Not categorised	0	0%	38	6%	0	0%	0	0%
Total	694	100%	666	100%	634	100%	604	100%

Figure 17: Children coming into care for the first time by reason, 2021–2024

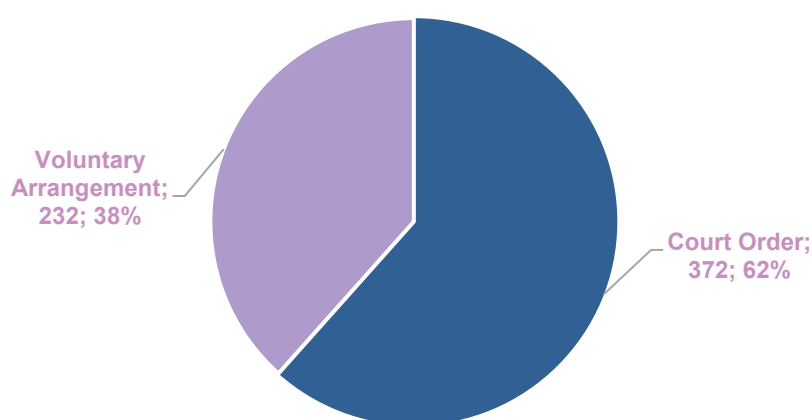


Note: reason not available for 38 (6%) children for 2022

3.1.4 First-Time Admissions to Care by Legal Status

- **62% (372)** of children admitted to care for the first time in 2024 were **admitted under an order of the court**. The remaining 38% (232) of children were admitted under a voluntary care arrangement with the parent(s) (see *Figure 18*).
- Of the children (372) admitted to care under a court order:
 - 72% (268) were admitted under an interim care order
 - 26% (97) were admitted under an emergency care order
 - 2% (7) were admitted under a care order.

Figure 18: Children coming into care for the first time by legal status, 2024



- A breakdown of the legal status of children coming into care for the first time for the years 2023–2024 is presented in the table below (see *Table 32*).
- Looking at the data for the two years, the figures are pointing to a slight increase in the percentage of admissions under an order of the court (up five percentage points) and a concomitant decrease in the percentage of admissions under a voluntary arrangement (down five percentage points).
- Admissions under an interim care order account for the increase in the percentage of admissions under an order of the court, up seven percentage points.

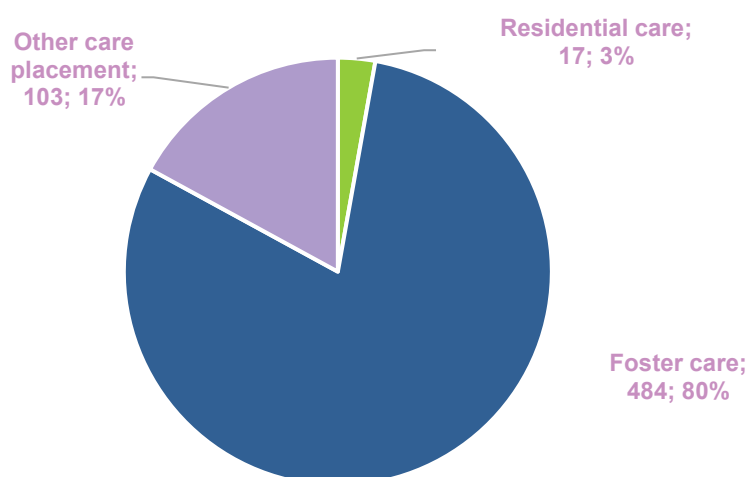
Table 32: Children coming into care for the first time by legal status, 2023–2024

Legal Status	2023	% 2023	2024	% 2024	2024 v 2023
Emergency Care Order	125	20%	97	16%	-28 (22%)
Interim Care Order	235	37%	268	44%	+33 (14%)
Care Order	1	<1%	7	1%	+ 6 (600%)
Voluntary Arrangement	273	43%	232	38%	-41 (15%)
Total	634	100%	604	100%	-30 (5%)

3.1.5 First-Time Admissions to Care by Care Placement

- Of the 604 children who came into care for the first time in 2024, **80% (484) were placed in foster care**, 3% (17) were placed in residential general care, while the remaining 17% (103) were placed in “other” care placements (see *Figure 19*). Other care placements include disability units (6), hospitals²⁸ (36), children at home under a care order (39), special emergency arrangements (14) and other (8).
- Of the 484 children placed in foster care, 32% (156) were placed with relatives.

Figure 19: Children coming into care for the first time by placement type, 2024



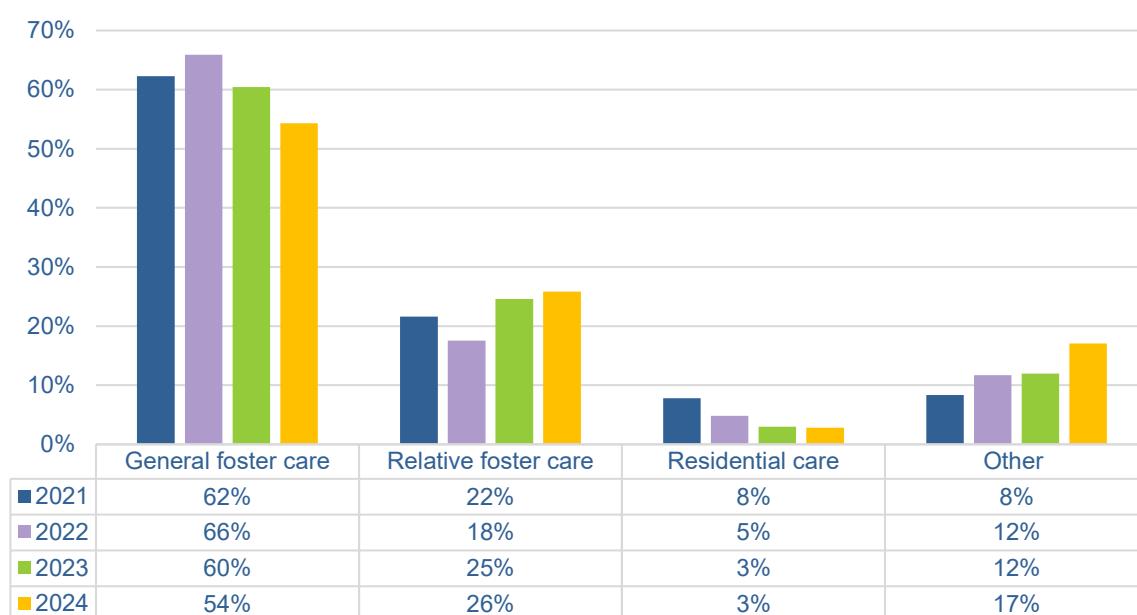
- A breakdown of admissions by placement type for the years 2021–2024 is presented in the table and chart below (see *Table 33 and Figure 20*).
- Looking across the years, the figures show a decrease in the percentage of children being placed in general foster care and an increase in the percentage of children being placed in relative foster care.
- The figures also show a decrease in the percentage of children being placed in residential care and an increase in the percentage of children placed in ‘other’ care placements.
- While further analysis is required it is likely that the increase in the percentage of children being placed in ‘other’ care placements is attributable to challenges in the recruitment and retention of foster carers, more children presenting who cannot live in a family home safely (e.g., children involved in criminality, drug use, mental issues) and capacity issues in residential care.

²⁸ Hospitals include children’s hospitals, maternity hospitals and general hospitals

Table 33: Children coming into care for the first time by placement type, 2021–2024

Placement Type	2021	% 2021	2022	% 2022	2023	% 2023	2024	% 2024
General foster care	432	62%	439	66%	383	60%	328	54%
Relative foster care	150	22%	117	18%	156	25%	156	26%
Residential care	54	8%	32	5%	19	3%	17	3%
Other	58	8%	78	12%	76	12%	103	17%
Total	694	100%	666	100%	634	100%	604	100%

Figure 20: Children coming into care for the first time by placement type, 2021–2024



3.1.6 First-Time Admissions by Tusla Area

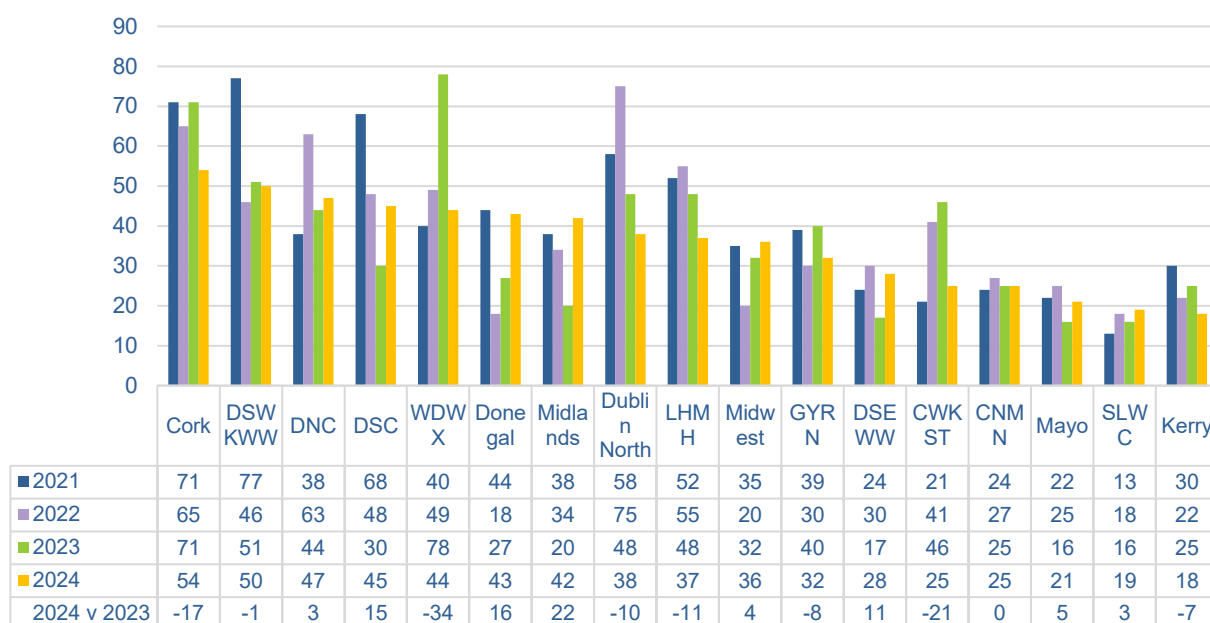
- A breakdown of children admitted to care for the first-time in 2024 by Tulsa area is presented in the table below (see *Table 34*).
- The number of children admitted to care for the first-time across the 17 areas ranged from 18 (Kerry) to 54 (Cork).
- The areas reporting the highest numbers of children admitted were Cork (54), Dublin South West/Kildare/West Wicklow (50) and Dublin North City (47), while the areas reporting the fewest numbers admitted were Kerry (18), Sligo/Leitrim/West Cavan (19) and Mayo (21).
- 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 10 per 10,000 children living in Donegal to 3 per 10,000 children living in Dublin South East/Wicklow (see *Table 34*). Nine areas reported a rate higher than the national average (5/10,000).
- Areas like Sligo/Leitrim/West Cavan, Mayo, Cavan/Monaghan and Donegal with fewer numbers of children under 18 years report some of the highest rates of children coming into care for the first time. Whereas areas like Cork, Dublin North, Midwest, Louth/Meath and Dublin South East/Wicklow 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 admission to care.

Table 34: Children coming into care for the first time by area, 2021–2024 (ranked by rate)

Area	2021	2022	2023	2024	Population	Rate / 10,000
Donegal	44	18	27	43	42,144	10.2
Dublin North City	38	63	44	47	48,909	9.6
Sligo/Leitrim/West Cavan	13	18	16	19	24,312	7.8
Cavan/Monaghan	24	27	25	25	37,336	6.7
Mayo	22	25	16	21	31,911	6.6
Dublin South Central	68	48	30	45	70,259	6.4
Waterford/Wexford	40	49	78	44	69,239	6.4
Midlands	38	34	20	42	80,962	5.2
Kerry	30	22	25	18	34,994	5.1
Dublin South West/Kildare/West Wicklow	77	46	51	50	108,927	4.6
Carlow/Kilkenny/South Tipperary	21	41	46	25	62,366	4.0
Cork	71	65	71	54	136,786	3.9
Galway/Roscommon	39	30	40	32	81,799	3.9
Louth/Meath	52	55	48	37	96,531	3.8
Midwest	35	20	32	36	96,764	3.7
Dublin North	58	75	48	38	104,281	3.6
Dublin South East/Wicklow	24	30	17	28	91,047	3.1
Total	694	666	634	604	1,218,567	5.0

- Eight of the 17 areas reported an increase from 2023 in the number of children coming into care for the first time (*see Figure 21*). The largest increases were reported by Midlands (up 22), Donegal (up 16), Dublin South Central (up 15) and Dublin South East/Wicklow (up 11).
- Eight areas reported a decrease from 2023 with the largest decreases reported by Waterford/Wexford (down 34), Carlow/Kilkenny/South Tipperary (down 21) and Cork (down 17).
- The remaining area (Cavan/Monaghan) reported no change.
- Over the three-year period 2021–2024, no area reported more than two consecutive increases or decreases. Fluctuation from one year to the next is common, while a small number of large sibling groups can also have a significant effect on the data.

Figure 21: Children coming into care for the first time by area, 2021–2024 (ranked by 2024)



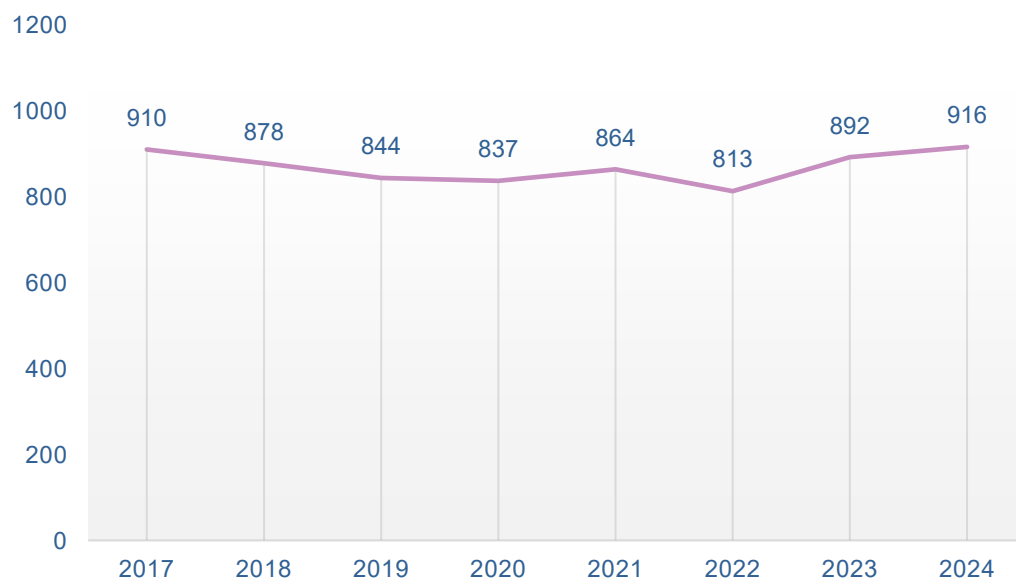
3.2 Total Admissions to Care

The data presented in this section of the report is for the Agency's 17 administrative areas and does not include separated children admitted to care by Tusla Service for Separated Children Seeking International Protection (SCSIP). Refer to Section 3.8 for data on SCSIP.

3.2.1 Total Admissions to Care

- The data presented in this section of the report refers to all admissions to care in the year, and not just children admitted to care for the first time (*Section 3.1 of this report*).
- In 2024, there were **916 admissions to care**, the highest number for all years 2017–2024 (*see Figure 22*).
- There were 24 (3%) more admissions to care in 2024 than 2023 (892) and 103 (13%) more than 2022 when the fewest number (813) for the 7-year period 2017–2024 was reported.
- The recent increase in admissions follows a decreasing trend over the period 2017–2022.
- The total number of admissions in 2024 (916) pertains to 869 individual children; 37 children had two admissions in the year, and five children had three admissions in the year.
- 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.

Figure 22: Total admissions to care, 2017–2024



- In 2024, **34% (312) of all admissions (916) were second or subsequent admissions**, up from 29% (258) in 2023 and 18% (147) in 2022 (*see Table 35*). The percentage of second or subsequent admissions has almost doubled in the three years 2022–2024. The reason(s) for this increase requires further examination.

Table 35: First-time admissions to care and total admissions to care, 2021–2024

Year	# First-time Admissions	# Total Admissions	# repeat admissions	% repeat admission
2024	604	916	312	34%
2023	634	892	258	29%
2022	666	813	147	18%
2021	694	864	170	20%

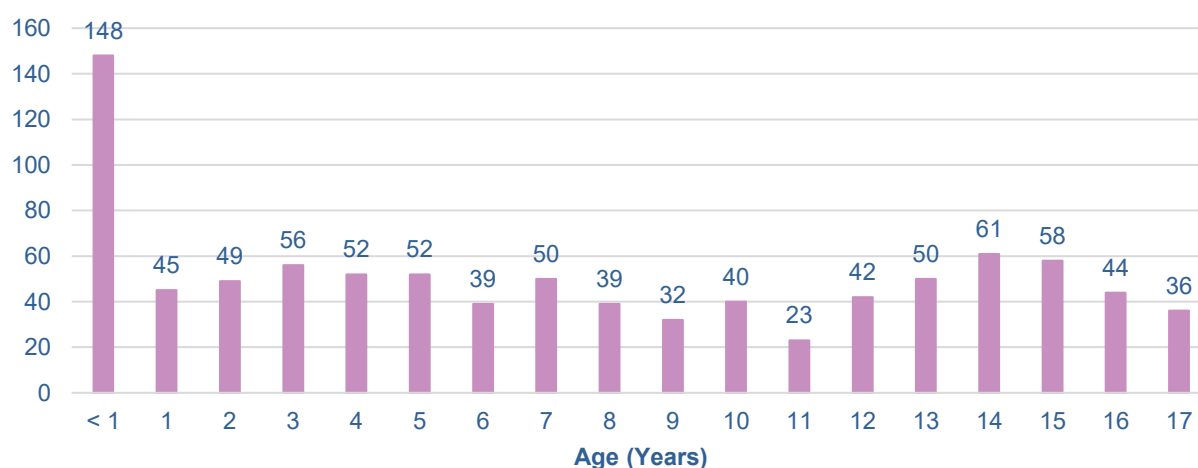
3.2.2 Total Admissions to Care by Age and Gender

- In 2024, **50.9% (466) of admissions were male and 48.9% (448) were female**, a similar breakdown to the general population (Census 2022, 51% boys and 49% girls). The gender of the remaining two admissions was recorded as 'other'.
- The **most common age at admission was under one year** accounting for **16% (148) of all admissions** followed by 14 years (61; 6.7%) and 15 years (58; 6.3%) (see *Table 36*).
- The number of admissions to care is increased with increasing age from 11 to 14 years (see *Figure 23*).

Table 36: Total admissions to care by age at time of admission, 2024

Age	# Admissions	% Total
< 1 year	148	16.2%
1 year	45	4.9%
2 years	49	5.3%
3 years	56	6.1%
4 years	52	5.7%
5 years	52	5.7%
6 years	39	4.3%
7 yrs	50	5.5%
8 years	39	4.3%
9 years	32	3.5%
10 years	40	4.4%
11 years	23	2.5%
12 years	42	4.6%
13 years	50	5.5%
14 years	61	6.7%
15 years	58	6.3%
16 years	44	4.8%
17 years	36	3.9%
Total	916	100.0%

Figure 23: Total admissions to care by age at time of admission, 2024



- A breakdown of admissions to care by age group for the years 2021–2024 is presented in the table below (see *Table 37*).
- Looking across the years, the figures show a decrease in the number and percentage of admissions for the older cohort of 15-17 years and an increase in the number and percentage of admissions for the younger cohort of 0-9 years.

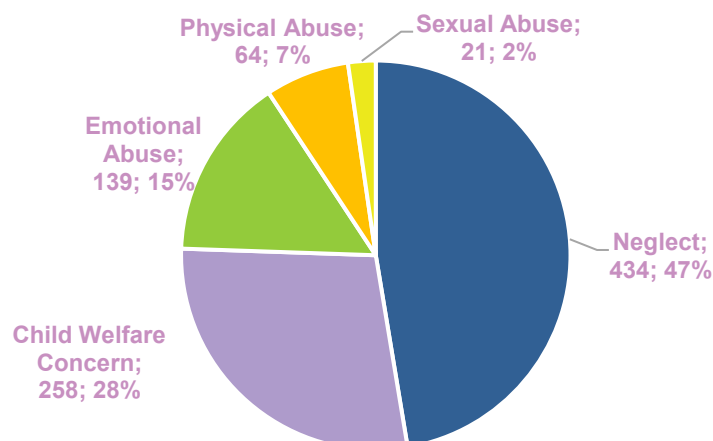
Table 37: Total admissions to care by age group, 2021–2024

Age Group	2021	2022	2023	2024
0–4 years	279 (32%)	279 (34%)	349 (39%)	350 (38%)
5–9 years	177 (20%)	143 (18%)	189 (21%)	212 (23%)
10–14 years	225 (26%)	216 (27%)	193 (22%)	216 (24%)
15–17 years	183 (21%)	175 (22%)	161 (18%)	138 (15%)
Total	864 (100%)	813 (100%)	892 (100%)	916 (100%)

3.2.3 Total Admissions to Care by Reason for Admission

- In 2024, the **most common reason for admission was neglect** accounting for **47% (434)** of **all admissions**, followed by welfare concerns accounting for a further 28% (258) of admissions (see *Figure 24*). Sexual abuse was the least common reason for admission, accounting for 2% (21) of all admissions.

Figure 24: Total admissions to care by reason for admission, 2024

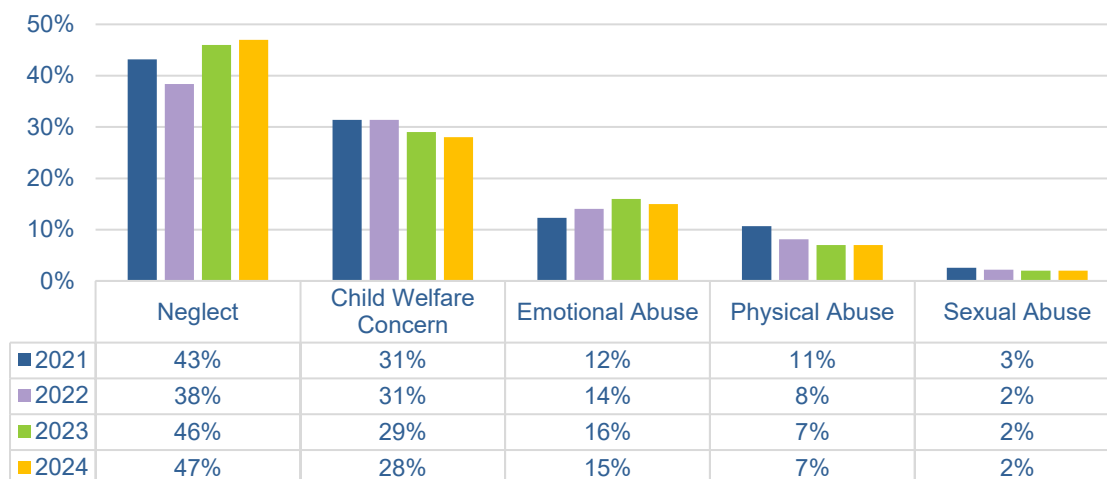


- The breakdown of admissions to care by reasons for admission for the years 2021–2024 is presented in the table and chart below (see *Table 38 and Figure 25*).
- Figures indicate an increase in the percentage of admissions due to neglect and a slight decrease in the percentage of admissions due to welfare concerns and physical abuse.

Table 38: Total admissions to care by reason for admission, 2021–2024

Reason for Admission	2021	% 2021	2022	% 2022	2023	% 2023	2024	% 2024
Neglect	373	43%	312	38%	413	46%	434	47%
Child Welfare Concern	271	31%	255	31%	256	29%	258	28%
Emotional Abuse	106	12%	114	14%	142	16%	139	15%
Physical Abuse	92	11%	66	8%	62	7%	64	7%
Sexual Abuse	22	3%	18	2%	19	2%	21	2%
Not categorised	0	0%	48	6%	0	0%	0	0%
Total	864	100%	813	100%	892	100%	916	100%

Figure 25: Total admissions to care by reason for admission, 2021–2024

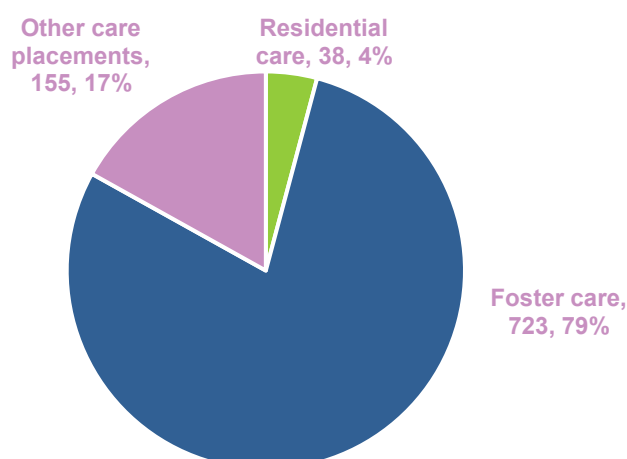


Note: reason not available for 48 (6%) admissions for 2022

3.2.4 Total Admissions to Care by Care Placement

- **79% (723) of all admissions to care in 2024 were to foster care**, 4% (38) were to residential general care and 17% (155) were to “other” care placements (see *Figure 26*). Other care placements include children at home under a care order, disability units, mental health units, supported lodgings, hospital, and special emergency arrangements.
- Of the 723 admissions to foster care, 26% (189) were to foster care with relatives.

Figure 26: Total admissions to care by placement type, 2024

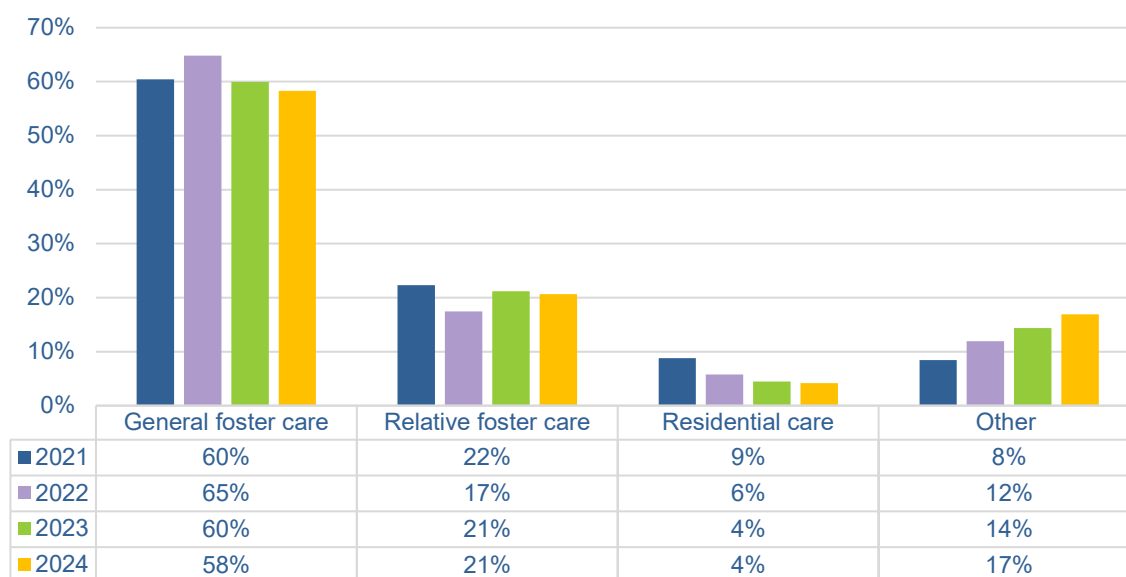


- A breakdown of admissions to care by placement type for the years 2021–2024 is presented in the table and chart below (see *Table 39 and Figure 27*).
- Looking across the years, the percentage of admissions to general foster care and residential care is showing a decrease while the percentage of admissions to ‘other’ care placements is showing an increase. This trend is consistent with the data on first-time admissions to care reported in the previous section (3.1.5) of this report. The percentage of admissions to relative foster care has been relatively consistent over the 3-year period.
- A with first-time admissions, it is likely that the increase in the percentage of admissions to ‘other’ care placements is attributable to challenges in the recruitment and retention of foster carers, more children presenting who cannot live in a family home safely (e.g., children involved in criminality, drug use, mental issues) and capacity issues in residential care.

Table 39: Total admissions to care by placement type, 2021–2024

Placement Type	2021	% 2021	2022	% 2022	2023	% 2023	2024	% 2024
General foster care	522	60%	527	65%	535	60%	534	58%
Relative foster care	193	22%	142	17%	189	21%	189	21%
Residential care	76	9%	47	6%	40	4%	38	4%
Other	73	8%	97	12%	128	14%	155	17%
Total	864	100%	813	100%	892	100%	916	100%

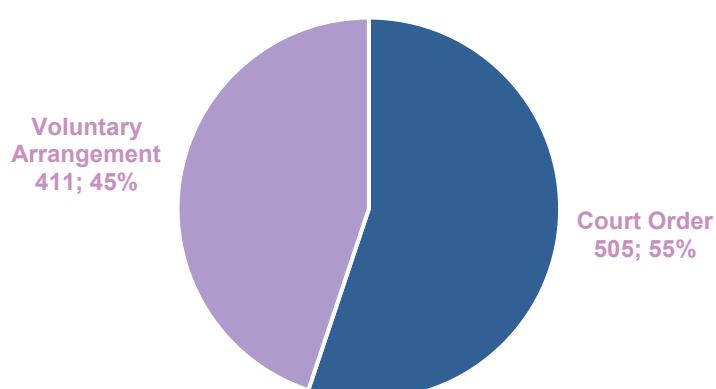
Figure 27: Total admissions by care placement, 2021–2024



3.2.5 Total Admissions to Care by Legal Status

- **55% (505) of admissions to care in 2024 were under an order of the court.** The remaining 45% (411) of admissions were under a voluntary care arrangement with the parents / guardians (see *Figure 28*).
- Of the admissions under a court order (505):
 - 205 (41%) were under an emergency care order
 - 292 (58%) were under an interim care order
 - 8 (2%) were under a care order.

Figure 28: Total admissions to care by legal status on admission, 2024

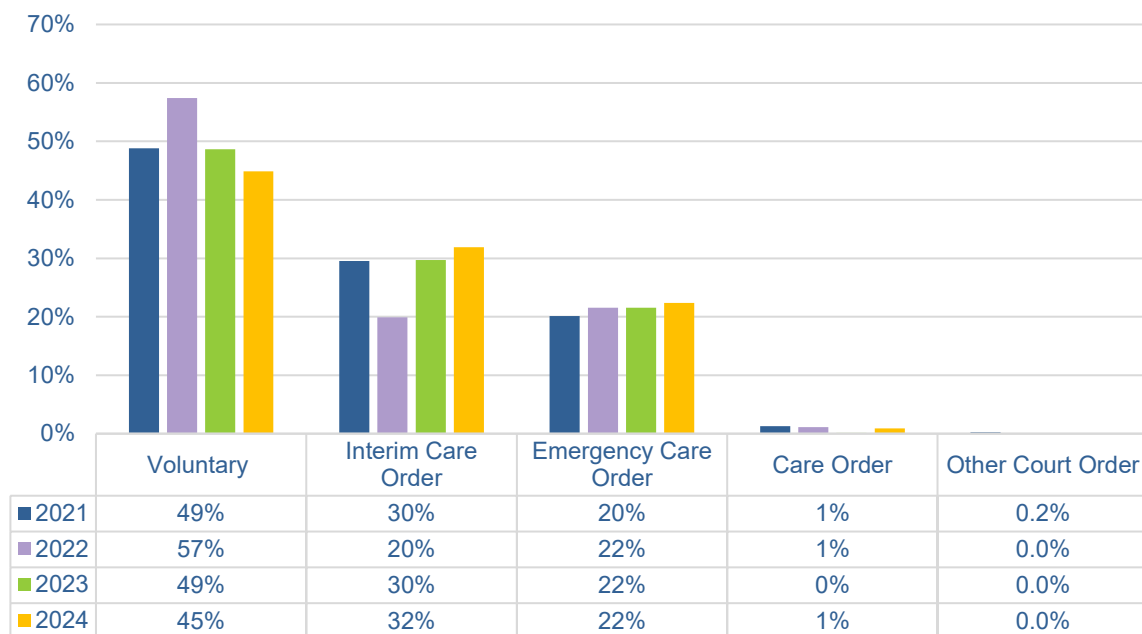


- A breakdown of admissions to care by legal status for the years 2021–2024 is presented in the table and chart below (see *Table 40 and Figure 29*).
- Looking across the years, the figures are pointing to an increasing trend in the percentage of admissions under an order of the court and a decreasing trend in the percentage of admissions under a voluntary arrangement. The trend is consistent with the data on first-time admissions reported in Section 3.1.4 of this report.
- The percentage of admissions under an order of the court increased year-on-year between 2022 and 2024 and is up 12 percentage points overall, while the percentage of admissions under a voluntary arrangement decreased year-on-year over the same period and is down 12 percentage points overall.
- For admissions under an order of the court, admissions under an interim care order account for the increase referred above. Over the same period, there was little or no overall change in the percentage of admissions under an emergency care order and a care order.

Table 40: Total admissions to care by legal status on admission, 2021–2024

Legal Status	# 2021	% 2021	# 2022	% 2022	# 2023	% 2023	# 2024	% 2024
Emergency Care Order	174	20%	175	22%	192	22%	205	22%
Interim Care Order	255	30%	162	20%	265	30%	292	32%
Care Order	11	1%	9	1%	1	<1%	8	1%
Other Court Order	2	<1%	0	0%	0	0%	0	0%
Voluntary	422	49%	467	57%	434	49%	411	45%
Total	864	100%	813	100%	892	100%	916	100%

Figure 29: Total admissions to care by legal status on admission, 2021-2024



3.2.6 Total Admissions to care by Tusla Area

- A breakdown of admissions to care for 2024 by Tulsa area is presented in the table below (see Table 41).
- As can be seen from the table below, the three Tusla areas with the largest child populations (Cork, Dublin South West/Kildare/West Wicklow and Dublin North) reported the highest numbers of admissions to care in 2024, while the three areas with the lowest populations (Sligo/Leitrim/West Cavan, Mayo and Kerry) reported the fewest numbers of admissions.
- The percentage of admissions that were second or subsequent admissions ranged from 59% (Dublin North) to 14% (Donegal) across the areas.
- Nine areas reported a percentage equal to or higher than the national average of 34%. The reason(s) for the variation in second and subsequent admissions requires further examination.

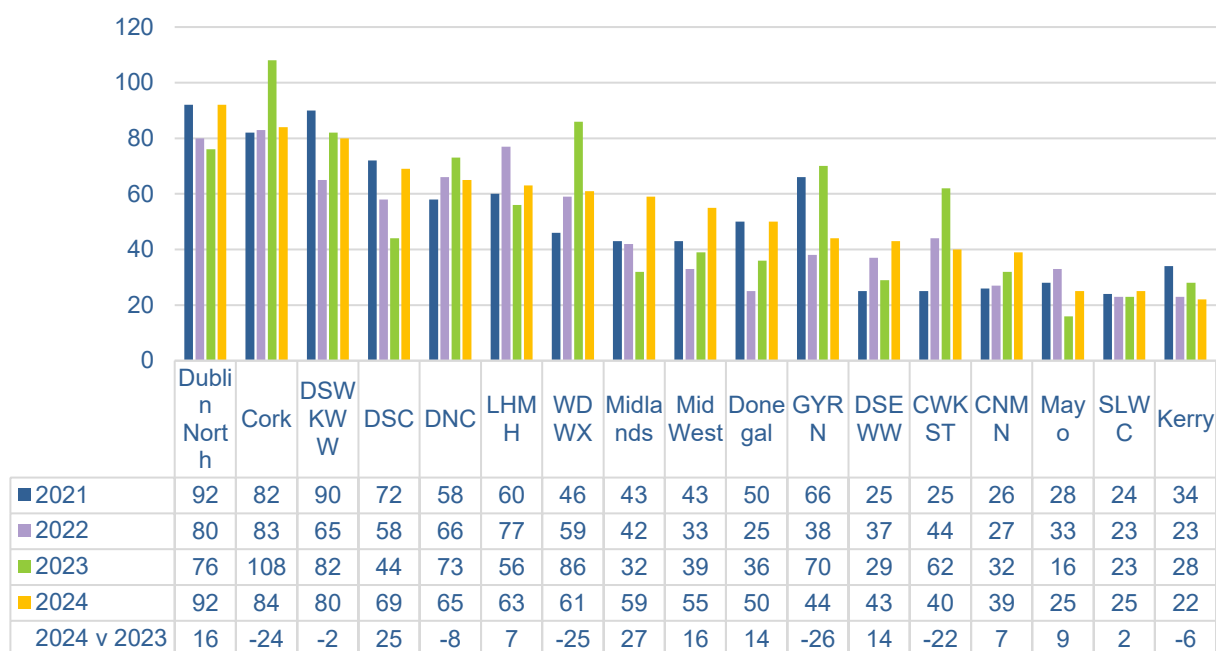
Table 41: Total and first-time admissions to care by area, 2024 (ranked by Total 2024).

Area	# Total 2024	# FT 2024	# repeat	% repeat
Dublin North	92	38	54	59%
Cork	84	54	30	36%
Dublin South West / Kildare/West Wicklow	80	50	30	38%
Dublin South Central	69	45	24	35%
Dublin North City	65	47	18	28%
Louth/Meath	63	37	26	41%
Waterford/Wexford	61	44	17	28%
Midlands	59	42	17	29%
Midwest	55	36	19	35%
Donegal	50	43	7	14%
Galway/Roscommon	44	32	12	27%
Dublin South East/Wicklow	43	28	15	35%
Carlow/Kilkenny/South Tipperary	40	25	15	38%
Cavan/Monaghan	39	25	14	36%
Sligo/Leitrim/West Cavan	25	19	6	24%
Mayo	25	21	4	16%
Kerry	22	18	4	18%
Total	916	604	312	34%

- 10 areas reported more admissions in 2024 than in 2023. The areas reporting the largest increases in admissions were Midlands up 27), Dublin South Central (up 25), Dublin North (up 16) and Midwest (up 16) (see Figure 30).
- Of the seven areas that reported a decrease in admissions from 2023, the largest decreases were reported by Galway/Roscommon (down 26), Waterford/Wexford (down 25), Cork (down 24) and Carlow/Kilkenny/South Tipperary (down 22).

- As with the first-time admissions, fluctuation in admissions to care across the areas from one year to the next is common. Over the three-year period, 2021–2024, one area (Cavan/Monaghan) reported three consecutive increases while none of the other areas reported more than two consecutive increases or decreases.
- As before, this data needs to be interpreted in the context of small numbers and the effect of any large sibling groups.

Figure 30: Total admissions to care by area, 2021-2024 (ranked by number for 2024).



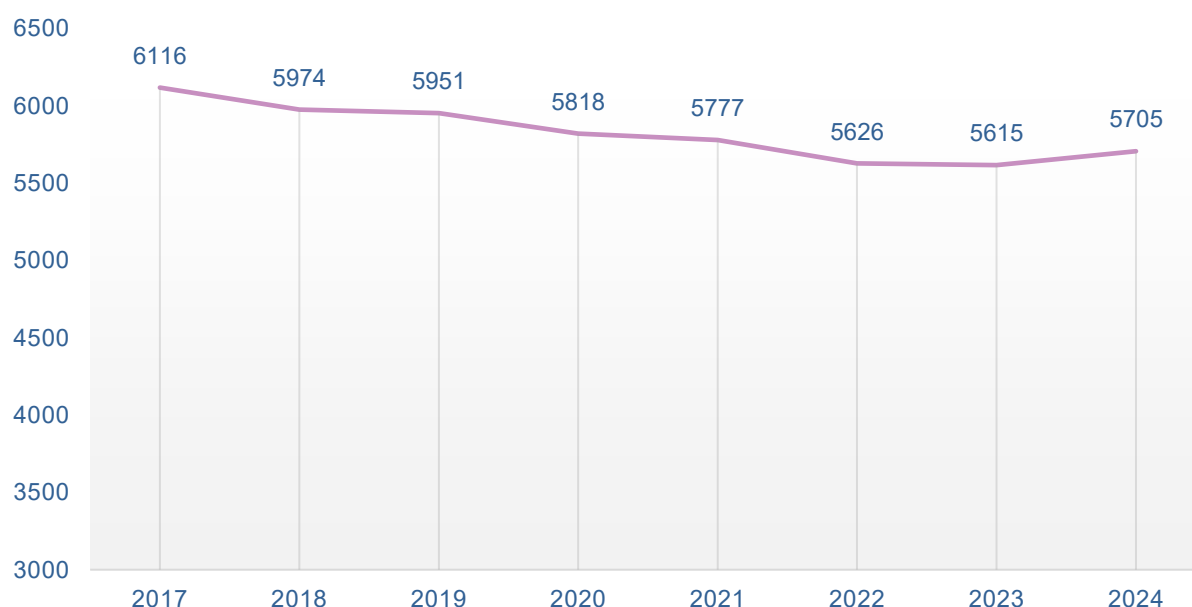
3.3 Children in Care

The data presented in this section of the report is for the Agency's 17 administrative areas and does not include separated children in care under Tusla Service for Separated Children Seeking International Protection (SCSIP). Refer to Section 3.8 for data on SCSIP. The data also pertains to children in the care of the State as defined in the [Child Care Act 1991](#).

3.3.1 Children in Care

- There were **5,705 children in the care of the State at the end of 2024**, 90 (2%) more than 2023 (5,615) and the first increase after six consecutive decreases over the 7-year period 2017–2024 (see *Figure 31*).
- The increase in the number of children in care is consistent with the increase in admissions outlined in Section 3.2 of this report and the decrease in discharges outlined in Section 3.4.

Figure 31: Number of children in care by year, 2017 – 2024



- The number of children in care equates to about 5 per 1,000 children under 18 years living in Ireland (Census 2022, 1,218,567).
- The table below (see *Table 42*) shows the rate of children in care per 1,000 child population in other jurisdictions²⁹. While Ireland reports the lowest rate, interpretation needs to be considered in the context of differing legal frameworks and definitions that may exist in other jurisdictions.

²⁹ [Children's Social Work Statistics - Looked After Children 2023-24 Additional Tables. Table 2.7](#)

Table 42; Children in care in other jurisdictions, rate per 1,000 child population

Jurisdiction	2017	2018	2019	2020	2021	2022	2023	2024
Ireland (Dec)*	5.2	5.1	5.1	4.8	4.8	4.7	4.6	4.7
Northern Ireland (March)	6.8	7.1	7.4	7.7	8.0	8.2	8.7	9.2
England (March)	6.2	6.4	6.6	6.8	6.9	6.9	7.0	7.0
Wales (March)	9.6	10.3	11.0	11.6	11.7	11.4	11.6	11.6
Scotland (March)	10.8	10.5	10.4	10.4	10.2	9.8	9.7	9.5

*Rates for 2017–2019 (inclusive) based on Census 2016 (1,190,502). Rates for 2020–2023 (inclusive) based on Census 2022 (1,218,567).

3.3.2 Children in Care by Age and Gender

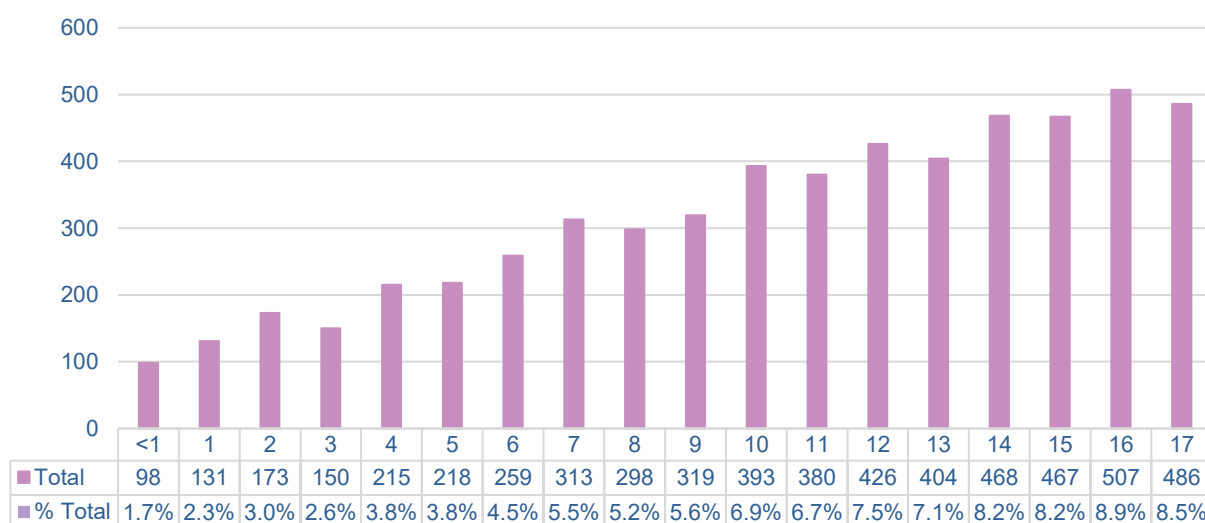
- Slightly more males (2,911; 51%) than females (2,782; 48.8%) were in care at the end of **2024** (see *Table 43*); a similar pattern to previous years and consistent with the general population (Census 2022, 51% boys and 49% girls). Gender was recorded as “Other” for the remaining 12 (0.2%) children.

Table 43: Children in care by age and gender, 2024

Age	# Male	# Female	Other	Total	% Total
< 1 year	49	49	0	98	1.7%
1 year	79	52	0	131	2.3%
2 years	72	101	0	173	3.0%
3 years	81	69	0	150	2.6%
4 years	108	107	0	215	3.8%
5 years	104	114	0	218	3.8%
6 years	137	121	1	259	4.5%
7 yrs	153	160	0	313	5.5%
8 years	141	157	0	298	5.2%
9 years	175	144	0	319	5.6%
10 years	197	196	0	393	6.9%
11 years	197	183	0	380	6.7%
12 years	232	194	0	426	7.5%
13 years	187	217	0	404	7.1%
14 years	231	237	0	468	8.2%
15 years	257	209	1	467	8.2%
16 years	271	232	4	507	8.9%
17 years	240	240	6	486	8.5%
Total	2,911	2,782	12	5,705	100.0%

- The number of children in care increases with increasing age with the highest number aged 16 years (507; 8.9%) and the fewest number aged under one year (98; 1.7%) (see *Figure 32*).

Figure 32: Children in care by age, 2024



- A breakdown of children in care at year end for the four years 2021–2024, by age group is presented in the table below (see *Table 44*).
- The figures show the 10-14 years cohort as the largest cohort comprising 36% of children in care and the 0-4 years cohort as the smallest cohort comprising 13% of children in care. More than one in four (26%) children in care are 15 years or older.
- Looking across the years, the percentage breakdown for each age group is broadly similar across the years.

Table 44: Children in care by age group and year, 2021–2024

Age Group	# 2021	# 2022	# 2023	# 2024
0–4	712 (12%)	647 (12%)	706 (13%)	767 (13%)
5–9	1,557 (27%)	1,461 (26%)	1,425 (25%)	1,407 (25%)
10–14	2,063 (36%)	2,083 (37%)	2,044 (36%)	2,071 (36%)
15–17	1,445 (25%)	1,435 (26%)	1,440 (26%)	1,460 (26%)
Total	5,777 (100%)	5,626 (100%)	5,615 (100%)	5,705 (100%)

3.3.3 Children in Care by Tusla Area

- As with all datasets there is wide variation in the number and rate of children in care across the 17 Tusla areas.
- At the end of 2024, the number of children in care ranged from 119 in Sligo/Leitrim/West Cavan to 667 in Cork (see *Table 45*).
- Similarly, the rate per 1,000 children under 18 years ranged from 2.3 in Dublin South East/Wicklow to 9.5 in Dublin North City, double the national rate. Nine areas reported a rate equal to or higher than the national average of 4.7 per 1,000 children under 18 years.
- Dublin South West/Kildare/West Wicklow and Dublin North with the second and third highest populations under 18 years, reported some of the lowest rates, again implying that there are other factors besides population behind the number of children in care.

Table 45: Children in care by area, 2021–2024 (ranked by rate)

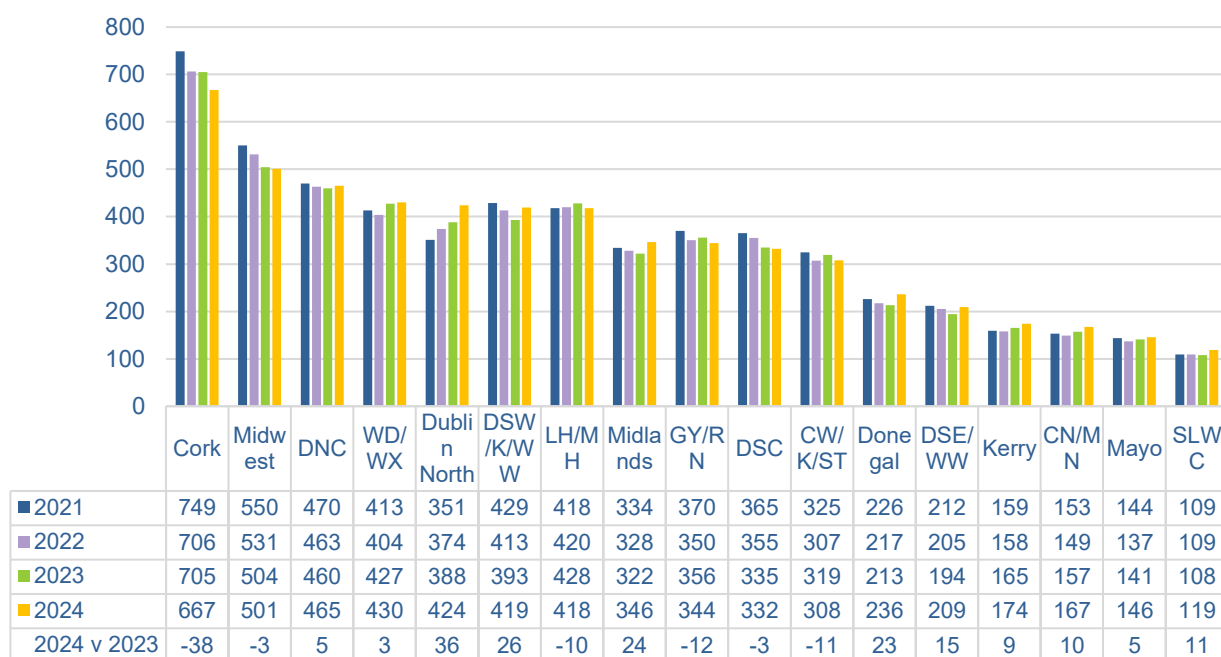
Area	2021	2022	2023	2024	< 17 years*	Rate
Dublin North City	470	463	460	465	48,909	9.5
Waterford/Wexford	413	404	427	430	69,239	6.2
Donegal	226	217	213	236	42,144	5.6
Midwest	550	531	504	501	96,764	5.2
Kerry	159	158	165	174	34,994	5.0
Carlow/Kilkenny/South Tipperary	325	307	319	308	62,366	4.9
Sligo/Leitrim/West Cavan	109	109	108	119	24,312	4.9
Cork	749	706	705	667	136,786	4.9
Dublin South Central	365	355	335	332	70,259	4.7
Mayo	144	137	141	146	31,911	4.6
Cavan/Monaghan	153	149	157	167	37,336	4.5
Louth/Meath	418	420	428	418	96,531	4.3
Midlands	334	328	322	346	80,962	4.3
Galway/Roscommon	370	350	356	344	81,799	4.2
Dublin North	351	374	388	424	104,281	4.1
Dublin South West/Kildare/West Wicklow	429	413	393	419	108,927	3.8
Dublin South East/Wicklow	212	205	194	209	91,047	2.3
Total	5,777	5,626	5,615	5,705	1,218,567	4.7

* Population data based on CSO Census 2022

- 11 of the 17 areas reported an increase in children in care from 2023 with the largest increases reported by Dublin North (up 36), Dublin South West/Kildare/West Wicklow (up 26), Midlands (up 24) and Donegal (up 23) (see *Figure 33*).

- 6 areas reported a decrease, with the largest decrease reported by Cork (down 38) followed to a lesser extent by Galway/Roscommon (down 12) and Carlow/Kilkenny/South Tipperary (down 11).
- In terms of an underlying trend, one area (Dublin North) has reported three consecutive increases from 2021, while three areas (Midwest, Dublin South Central and Cork) have reported three consecutive decreases.

Figure 33: Children in care by area, 2021-2024 (ranked by number for 2024)



3.3.4 Children in Care by Care Placement

- **89% (5,057) of children in care at the end of 2024 were in foster care** and of these 30% (1,496) were in relative foster care (see *Tables 46 and 47*).
- 8% (457) of children were in residential care (general and special care)
- 3% (191) were in 'other' care placements as follows:
 - children in supported lodgings (9)
 - at home under a care order (39)
 - in a detention school/centre (6)
 - in a disability unit (89)
 - in a hospital (4)
 - 'Other' (44) includes special emergency arrangements and 'other' placements—not specified.

Table 46: Percentage breakdown of children in care by placement type, 2021-2024

Placement Type	# 2021	# 2022	# 2023	2024
Foster Care	91.1%	90.2%	89.7%	88.6%
General foster care	65.1%	64.4%	63.4%	62.4%
Relative foster care	26.0%	25.8%	26.3%	26.2%
Residential Care	7.1%	6.9%	7.3%	8.0%
General residential	6.8%	6.7%	7.1%	7.8%
Special care	0.3%	0.2%	0.2%	0.2%
Other	1.9%	2.9%	3.0%	3.3%
Total	100.0%	100.0%	100.0%	100.0%

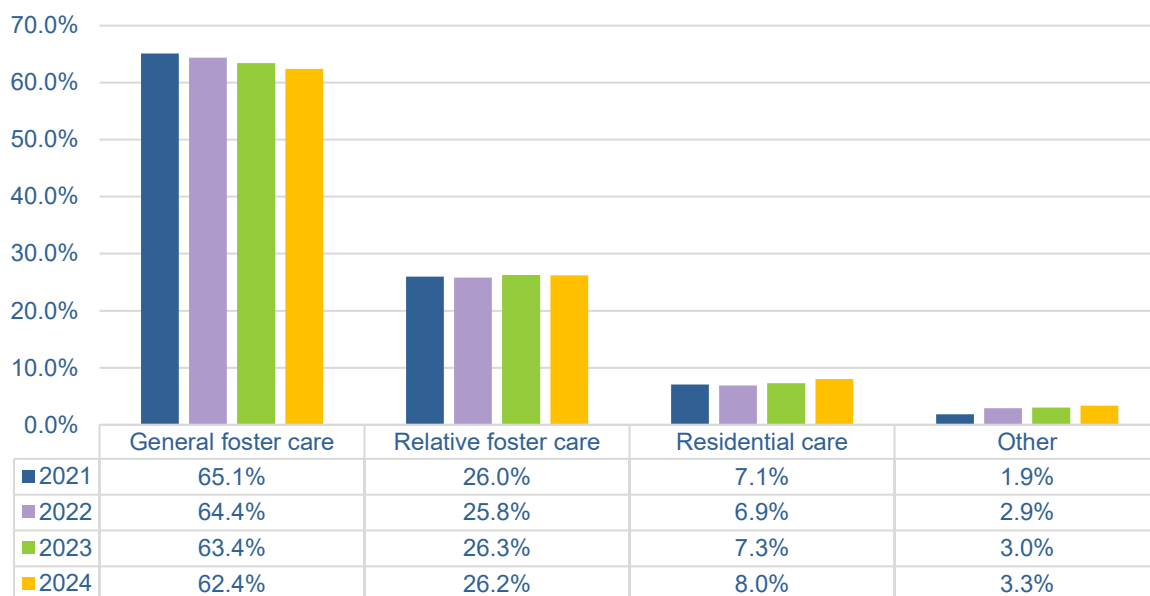
Table 47: Breakdown of children in care by placement type, 2021-2024

Placement Type	# 2021	# 2022	# 2023	2024
Foster Care	5,262	5,074	5,034	5,057
General foster care	3,760	3,621	3,560	3,561
Relative foster care	1,502	1,453	1,474	1,496
Residential Care	408	389	410	457
General residential	392	375	397	444
Special care	16	14	13	13
Other	107	163	171	191
Total	5,777	5,626	5,615	5,705

- Looking at the data for the 3-year period 2021-2024, figures reveal a slight year-on-year decrease in the percentage of children in general foster, a slight increase in the percentage in residential care and 'other' care placements, with little or no overall change in the percentage in relative foster care (see *Figure 34*).
- As with data on admissions to care, the trend being observed most likely reflects a combination of factors including, challenges in the recruitment and retention of foster carers, more children presenting who cannot live in a family home safely (e.g., children involved in criminality, drug use, mental issues) and capacity issues in residential care.

- The decrease in the percentage of children in foster care is of particular concern to the Agency. It committed to getting back to at least 90% of children in care in foster care and has outlined a number of actions to address this decline in its '*Strategic Plan for Foster Care Services for Children and Young People 2002-2025*³⁰.

Figure 34: Children in care by placement type, 2021–2024

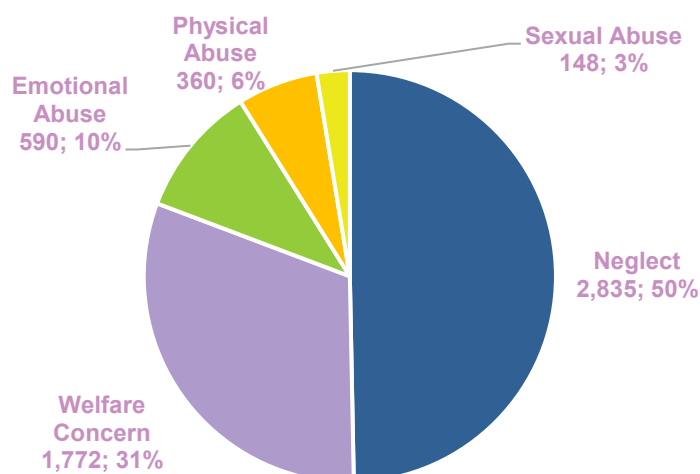


³⁰ [Tusla - Strategic Plan for Foster Care Services for Children and Young People 2022–2025](#)

3.3.5 Children in Care by Reason for Being in Care

- The **most common reason for being in care at the end of 2024 was neglect** accounting for 50% (2,835) of all children in care (see *Figure 35*). This was followed by welfare concerns accounting for a further 31% (1,772) of all children in care. Combined, these two reasons accounted for 81% (4,607) of children in care.

Figure 35: Children in care by reason for being in care, 2024



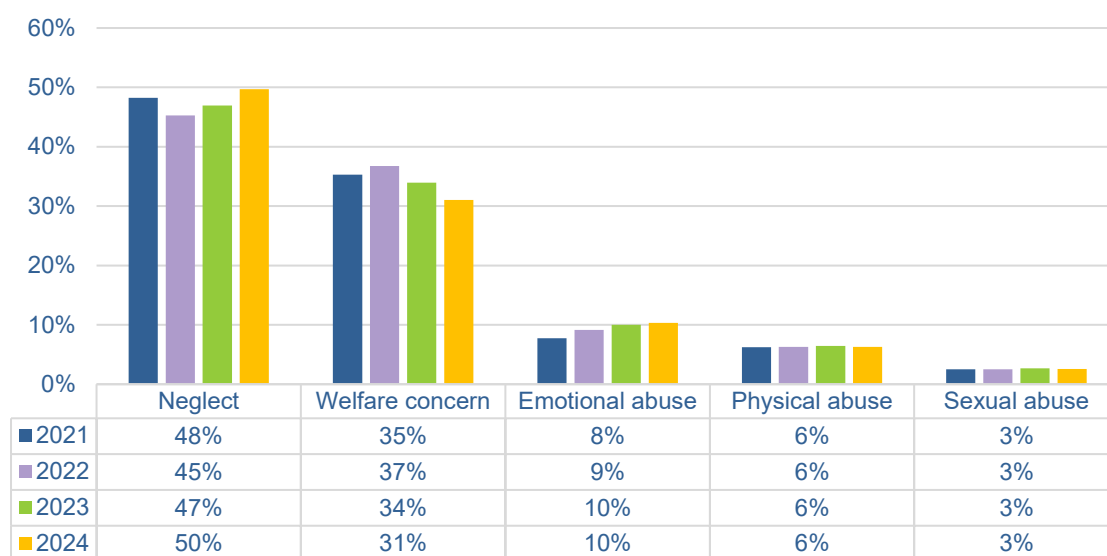
- A breakdown of the reasons for being in care for the years 2021–2024 is presented in the table and chart below (see *Table 48 and Figure 36*).
- As can be seen from the data, the percentages of children in care because of neglect and emotional abuse are showing a slight increase, while the percentage in care because of welfare concerns is showing a slight decrease. The percentage breakdown for the other two reasons, physical and sexual abuse is consistent across the 3-year period.

Table 48: Children in care by reason for being in care, 2021–2024

Reason for being in care	# 2021	% 2021	# 2022	% 2022	# 2023	% 2023	# 2024	% 2024
Neglect	2,786	48%	2,548	45%	2,637	47%	2,835	50%
Welfare concern	2,038	35%	2,067	37%	1,906	34%	1,772	31%
Emotional abuse	447	8%	515	9%	562	10%	590	10%
Physical abuse	361	6%	353	6%	361	6%	360	6%
Sexual abuse	145	3%	142	3%	149	3%	148	3%
Total	5,777	100%	5,625*	100%	5,615	100%	5,705	100%

*Reason not available for one case for 2022

Figure 36: Children in care by reason for being in care, 2021 -2024



3.3.6 Children in Care by Legal Status

- **85% (4,848) of children in care at the end of 2024 were in care under an order of the court**, the highest percentage for all years 2021– 2024 (see *Tables 49 and 50*). The remaining 15% (857) of children in care were in care under a voluntary arrangement with the parent(s) / guardians.
- Over the 3-year period 2021–2024, the percentage of children in care under a court order has increased year-on-year and is up 5.6 percentage points overall, while the percentage under a voluntary arrangement decreased by 5.6 percentage points.

Table 49: Children in care by legal status, 2021–2024

Legal Status	# 2021	# 2022	# 2023	# 2024
Order of the Court	4,585	4,480	4,657	4,848
Voluntary	1,192	1,146	958	857
Total	5,777	5,626	5,615	5,705

Table 50: Percentage breakdown of children in care by legal status, 2021–2024

Legal Status	% 2021	% 2022	% 2023	% 2024
Order of the Court	79.4%	79.6%	82.9%	85.0%
Voluntary	20.6%	20.4%	17.1%	15.0%
Total	100.0%	100.0%	100.0%	100.0%

- Of the 4,848 children in care under an order of the court at the end of 2024,
 - 81% (3,944) were in care under a care order
 - 18.3% (886) were in care under an interim care order
 - <1% (18) were in care under a special care order
- A breakdown of the percentage of children in care under an order of the court and a voluntary arrangement, by area is presented in the table below (see *Table 51*).
- Looking across the areas, the percentage of children in care under an order of the court ranges from 68% in Dublin North to 100% in Kerry. Eight areas reported a percentage equal to or higher than the national average of 85%.

Table 51: Children in care by legal status and area, 2024 (ranked by % under a court order)

Area	# Court Order	% Court Order	# Voluntary	% Voluntary	Total
Kerry	174	100%	0	0%	174
Cork	656	98%	11	2%	667
Midwest	492	98%	9	2%	501
Dublin South Central	300	90%	32	10%	332
Mayo	130	89%	16	11%	146
Donegal	210	89%	26	11%	236
Waterford/Wexford	369	86%	61	14%	430
Sligo/Leitrim/West Cavan	101	85%	18	15%	119
Cavan/Monaghan	140	84%	27	16%	167
Galway/Roscommon	285	83%	59	17%	344
Dublin South East/Wicklow	172	82%	37	18%	209
Dublin North City	382	82%	83	18%	465
Carlow/Kilkenny/South Tipperary	246	80%	62	20%	308
Louth/Meath	331	79%	87	21%	418
Dublin South West/Kildare/West Wicklow	317	76%	102	24%	419
Midlands	256	74%	90	26%	346
Dublin North	287	68%	137	32%	424
Total	4,848	85%	857	15%	5,705

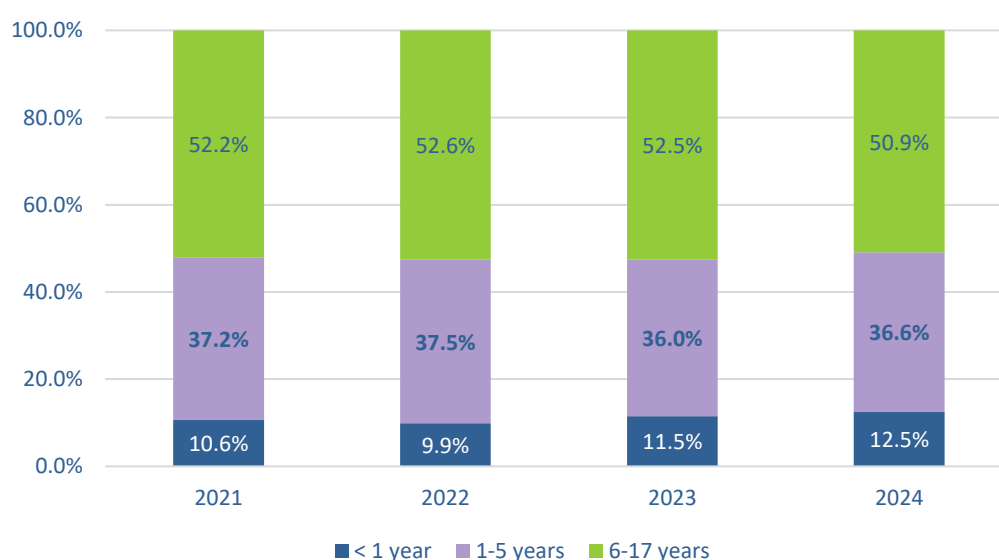
3.3.7 Children in Care by Average Length of Time in Care

- **Half (49.1%; 2,800/5,705)** of the children in care at the end of 2024 were **in care for 5 years or less** and of these one in four (25.4%; 711) was in care for less than a year (see *Table 52* & *Figure 37*). The remaining 50.9% (2,905) were in care for 6+ years.
- The percentage of children in care for 6+ years (50.9%) was down slightly from the previous two years and was the lowest percentage for all years 2021–2024; too earlier to predict if it is the start of a downward trend.

Table 52: Children in care by average length of time in care, 2021–2024

Year/ Length	< 1 year	1–5 years	6+ years	Total
2024	711 (12.5%)	2,089 (36.6%)	2,905 (50.9%)	5,705
2023	647 (11.5%)	2,020 (36.0%)	2,948 (52.5%)	5,615
2022	558 (9.9%)	2,110 (37.5%)	2,958 (52.6%)	5,626
2021	613 (10.6%)	2,150 (37.2%)	3,014 (52.2%)	5,777

Figure 37: Children in care by average length of time in care, 2021–2024



- Looking at the data for the 17 areas (see *Table 53*), the percentage of children in care for:
 - <1 year ranged from 7.1% (Carlow/Kilkenny/South Tipperary) to 18.0% (Cavan/Monaghan). Ten areas reported a percentage equal to or higher than the national average of 12.5%.
 - 1-5 years ranged from 28.6% (Midlands) to 50.7% (Mayo). Nine areas reported a percentage equal to or higher than the national average of 36.6%.
 - 6+ years ranged from 34.2% (Mayo) to 60.5% (Midwest). Seven areas reported a percentage equal to or higher than the national average of 50.9%.

Table 53: Children in care by length of time in care, 2024 (ranked by % in care for 6+ years)

Area	< 1 year	% < 1 -year	1-5 years	% 1-5 years	6+ years	% 6+ years	Total
Midwest	48	9.6%	150	29.9%	303	60.5%	501
Galway/Roscommon	36	10.5%	111	32.3%	197	57.3%	344
Cork	59	8.8%	227	34.0%	381	57.1%	667
Midlands	51	14.7%	99	28.6%	196	56.6%	346
Dublin South East/Wicklow	31	14.8%	62	29.7%	116	55.5%	209
CW/K/ST	22	7.1%	121	39.3%	165	53.6%	308
Louth/Meath	46	11.0%	154	36.8%	218	52.2%	418
DSW/K/WW	56	13.4%	160	38.2%	203	48.4%	419
Donegal	42	17.8%	80	33.9%	114	48.3%	236
Kerry	21	12.1%	69	39.7%	84	48.3%	174
Cavan/Monaghan	30	18.0%	57	34.1%	80	47.9%	167
Waterford/Wexford	56	13.0%	169	39.3%	205	47.7%	430
Sligo/Leitrim/West Cavan	20	16.8%	43	36.1%	56	47.1%	119
Dublin North City	52	11.2%	197	42.4%	216	46.5%	465
Dublin South Central	49	14.8%	134	40.4%	149	44.9%	332
Dublin North	70	16.5%	182	42.9%	172	40.6%	424
Mayo	22	15.1%	74	50.7%	50	34.2%	146
Total	711	12.5%	2,089	36.6%	2,905	50.9%	5,705

3.3.8 Children in Care and 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 longer-term placement.

- At the end of 2024, there were **324 children in care in their third or greater placement** within the previous 12 months. This equates to 5.7% of children in care, the highest percentage for the 3-year period 2021–2024 (see Table 54).
- The percentage of children in care in their third or greater placement within the previous 12 months has increased year-on-year over the 3-year period 2021–2024 and is up two percentage points overall.
- While the percentage compares favourably with percentages reported in other jurisdictions including England 6%³¹; Wales 9%³² and Scotland 4%³³, interpretation needs to be considered in the context of differing legal frameworks and definitions that may exist in other jurisdictions.

Table 54: Children in their third or greater placement within the previous 12 months, 2021–2024

	2021	2022	2023	2024
# children in care	5,777	5,626	5,615	5,705
# 3 rd or greater placement	215	226	231	324
% 3 rd or greater placement	3.7%	4.0%	4.1%	5.7%

- One in four children (26.8%; 119/444) in general residential care at the end of 2024 were in their third or greater placement within the year, an increase of 3.4 percentage points on 2023 (see Table 55). This compares to the significantly lower 3% (154/5,057) for children in foster care (general and relative combined).
- Almost one-third (30.8%; 4/13) of children in special care were in their third or greater placement within the year. This is not surprising considering the small number of children involved and the fact that special care provides for short term stabilising care in a secure therapeutic environment with the aim of enabling a child to return to a less secure placement as soon as possible based on need.

³¹ <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions#releaseHeadlines-tables>

³² <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/children-looked-after-childrenlookedafterat31march-by-localauthority-numberofplacementsduringyear-measure>

³³ Children's Social Work Statistics - Looked After Children 2022-23 Additional Tables. Table 2.5

Table 55: Children in care in their third or greater placement, by care type 2023–2024

Placement Type	# CIC 2023	# ≥ 3rd 2023	% ≥ 3rd 2023	# CIC 2024	# ≥ 3rd 2024	% ≥ 3rd 2024
General foster care	3,560	73	2.1%	3,561	117	3.3%
Relative foster care	1,474	18	1.2%	1,496	37	2.5%
General residential	397	93	23.4%	444	119	26.8%
Special care	13	6	46.2%	13	4	30.8%
Other	171	41	24.0%	191	47	24.6%
Total	5,615	231	4.1%	5,705	324	5.7%

- A breakdown of the percentage of children in care in their third or greater placement within the year, by Tusla area is presented in the table below (see *Table 56*).
- As can be seen from the table, the percentage in their third or greater placement ranges from 3.4% (5/146) in Mayo to 10.8% in Cavan/Monaghan. Ten areas reported a percentage equal to or higher than the national average of 5.7%.

Table 56: Children in their third or greater placement, by area 2024 (ranked by %)

Area	# ≥ 3 rd placement	# in care	% ≥ 3rd placement
Cavan/Monaghan	18	167	10.8%
Midlands	24	346	6.9%
Dublin South East/Wicklow	14	209	6.7%
Dublin South Central	22	332	6.6%
Dublin South West/Kildare/West Wicklow	27	419	6.4%
Cork	41	667	6.1%
Dublin North	26	424	6.1%
Sligo/Leitrim/West Cavan	7	119	5.9%
Waterford/Wexford	25	430	5.8%
Kerry	10	174	5.7%
Dublin North City	26	465	5.6%
Carlow/Kilkenny/South Tipperary	16	308	5.2%
Midwest	23	501	4.6%
Donegal	10	236	4.2%
Louth/Meath	17	418	4.1%
Galway/Roscommon	13	344	3.8%
Mayo	5	146	3.4%
Total	324	5705	5.7%

3.3.9 Children in Care in Out of State Placements

Tusla seeks to place all children requiring care in a placement within Ireland. However, in a small number of cases placement within Ireland may not be in the best interests of the child. 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 in their best interests. When 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 2024, there were **16 children in a placement outside of Ireland**, no change from 2023. Children in placements abroad account for 0.3% of the total number of children in care.
- All but one (15) of the children in placements outside of Ireland were in foster care, of which 9 (60%) were in foster care with relatives.

3.3.10 Children in Care in Placements with Private Providers

To assist Tusla in meeting its demand for foster care and residential placements, non-statutory (private) agencies are contracted to provide placements on its behalf. Statutory and non-statutory agencies are subject to the same legislation and standards in respect of the provision of foster care and residential placements. The approval of private foster carers is the responsibility of the Tusla Foster Care Committee.

Tusla's [Alternative Care Inspection and Monitoring Service \(ACIMS\)](#) is responsible for the inspection of non-statutory residential services and the monitoring of non-statutory foster care agencies in Ireland.

- At the end of 2024, there were **943 children in care in placements with private providers**, 115 (14%) more than 2023 (828) and the highest number for the 3-year period 2021-2024 (see *Table 57*).
- The number of children in care with private providers has seen a year-on-year increase over the period 2021-2024 and is up 26% (196) overall.
- 17% (943) of all children in care at the end of 2024 were in placements with private providers compared to 13% (747) at the end of 2021.
- The majority (59%; 552) of children in placements with private providers were in foster care, 33% (307) were in residential care while the remaining 9% (84) were in “Other” care placements—mainly disability units (see *Tables 57 & 58*).
- 69% (307/444) of children in general residential placements were in placements with private providers compared to 16% (552/3,561) for general foster care (see *Table 59*).
- This increase in the usage of private providers is due to the on-going lack of availability of suitable placements to meet demand and also in some cases the challenging behaviours and complex needs of older children requiring a placement.

Table 57: Children in care in placements with private providers, 2021–2024

Placement	2021	2022	2023	2024
General residential	245	225	267	307
General foster care	451	488	508	552
Other ³⁴	51	100	53	84
Total	747	813	828	943

³⁴ The placement “Other” includes children in supported lodgings, in a disability unit or drug and alcohol rehabilitation centre, special emergency arrangements etc. Refer to Section 3.3.16 of this report for more detail on special emergency arrangements.

Table 58: Percentage breakdown of placements with private providers by type, 2021–2024

Placement	2021	2022	2023	2024
General residential	33%	28%	32%	33%
General foster care	60%	60%	61%	59%
Other	7%	12%	6%	9%
Total	100%	100%	100%	100%

Table 59: Percentage breakdown of children in care with private providers by placement type, 2021–2024

Placement	2021	2022	2023	2024
General residential	63%	60%	67%	69%
General foster care	12%	13%	14%	16%
Other	48%	61%	31%	44%
Total	13%	14%	15%	17%

- A breakdown of children in placements with private providers by area is presented in the table below (see *Table 60*). As can be seen from the table, Dublin South Central reported the highest percentage (34%; 113/332) of children in care with private providers, followed by Dublin North (29%; 122/424), Dublin South West/Kildare/West Wicklow (28%; 118/419) and Dublin North City (28%; 129/465).
- The five Dublin and wider surrounding areas reported the highest percentages of children in care in placements with private providers, accounting for over half (57%; 534) of all children in placements with private providers.
- Seven areas reported a percentage equal to or higher than the national average of 17%.

Table 60: Children in care with private providers by area 2024 (ranked by % in private)

Area	Total Private	Total in Care	% Private
Dublin South Central	113	332	34%
Dublin North	122	424	29%
DSW/K/WW	118	419	28%
Dublin North City	129	465	28%
Midlands	87	346	25%
Dublin South East/Wicklow	52	209	25%
Kerry	33	174	19%
Louth/Meath	53	418	13%
Waterford/Wexford	53	430	12%
Sligo/Leitrim/West Cavan	14	119	12%
Donegal	22	236	9%
Cork	55	667	8%
Midwest	41	501	8%
CW/K/ST	25	308	8%
Cavan/Monaghan	9	167	5%
Galway/Roscommon	16	344	5%
Mayo	1	146	1%
Total	943	5,705	17%

3.3.11 Children 12 Years and Under 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 2024, there were **92 children 12 years and younger in a residential placement**, 8 (10%) more than 2023 (84) and the highest number for the 3-year period 2021–2024 (see Table 61).
- The majority (55%; 51) of these children were 10 years or older. The increase in the number of children 12 years and younger in residential placements reflects the ongoing difficulty the Agency is experiencing in identifying appropriate placements for children.

Table 61: Children 12 years and younger in residential placements at year end, 2021-2024

Children in residential care	2021	2022	2023	2024
# children aged ≤12 years in residential care	63	62	84	92
Total number of children in residential care (incl. special care)	408	389	410	457
% aged ≤12 years in residential care	15.4%	15.9%	20.5%	20.1%

3.3.12 Children in Care 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 2024, 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 along with the lack of appropriate step-down placements. In 2024 the Special Care bed capacity was as follows:

Ballydowd — 5 bed mixed gender unit

Coovagh House — 4 bed mixed gender unit

Crannóg Nua — 6 bed mixed gender unit

- During 2024, there were **36 referrals to special care**, 4 (10%) fewer than 2023 (40) and the fewest number for the 3-year period 2021–2024 (see *Table 62*). Two of the 36 referrals were re-referrals.
- 20 (56%) of the referrals were approved on first review, 15 (42%) were deemed not suitable on first review, while the remaining referral was withdrawn / removed prior to being considered. Two referrals deemed not suitable were subsequently reviewed and deemed suitable. Four referrals deemed suitable were subsequently withdrawn/removed.
- A total of **14 children were admitted to special care in 2024**, one fewer than 2023 (15). Of the children admitted, 5 (35.7%) were admitted to Ballydowd, a further 5 (35.7%) were admitted to Crannog Nua, while the remaining 4 (28.6%) were admitted to Coovagh house.
- In 2024, Special Care Services operated below capacity due to ongoing challenges with staff recruitment and retention, resulting in the Agency not meeting its statutory obligations in providing placements to a number of children deemed to require a placement as directed by the High Court. At the end of 2024 there were seven children approved and awaiting a placement.

Table 62: Referrals to special care, 2021–2024

Year	# referrals	# re-referrals	Total referrals	Children admitted
2024	34	2	36	14
2023	38	2	40	15
2022	43	9	52	20
2021	40	3	43	23

- The same number (18) of males and females were referred in 2024.

- The most common age of those referred was 16 years (10; 28%) followed by 17 years (8; 22%). There were 7 (19%) children 12-13 years referred (see *Table 63*).

Table 63: Referrals to special care by age, 2024

Age at time of referral	# referrals	% Total
≤13 years	7	19%
14 years	4	11%
15 years	7	19%
16 years	10	28%
17 years	8	22%
Total	36	100%

- 8% (3) of the children referred were in education at the time of referral.
- 97% (35) were engaging in drug and alcohol misuse at the time of referral.
- 64% (23) were presenting with mental health difficulties (unassessed) at the time of referral.
- 83% (30) were involved with the criminal justice system at the time of referral.
- 53% (19) of children referred were in residential care at the time of referral, 36% (13) were in special emergency arrangements, 8% (3) were at home while the remaining child was in foster care.
- 64% (23) of children referred were under an order of the court at the time of referral (see *Table 64*). The majority (18; 78%) of whom were under a full care order. Some 31% (11) of children were in care under a voluntary arrangement with parents/guardians.

Table 64: Referrals to special care by care status at time of referral, 2024

Care Status	# referrals	% Total
Care Order	18	50.0%
Interim care order	5	13.9%
Voluntary care arrangement	11	30.6%
Other	2	5.6%
Total	36	100.0%

3.3.13 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 their care plan and that 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 2024, **96% (3,582/3,727)** of children in care aged 6–15 years were in full time education³⁵ with 15 of the 17 Tusla areas reporting 90% or higher (see Table 67). Rates reported by Dublin South Central (87.9%) and Dublin South West/Kildare/West Wicklow (87.6%) were lower than all other areas.
- A breakdown of education by type for these children is presented in the table below (see Table 65). The majority (67.8%; 2,428) of the children were in primary school with a further 26.6% (954) in post-primary schools. Some 4% (138) of the children were in special education.

Table 65: Children in care (6–15 years) in full-time education by type, 2024

Education Type	# children	% Total
Primary School	2,428	67.8%
Post-Primary	954	26.6%
Special Education	138	3.9%
Pre-School	33	0.9%
Education / Training Facility	14	0.4%
Other	9	0.3%
Home Tuition	6	0.2%
Total	3,582	100.0%

- 93% (920/993)** of children aged 16 and 17 years were in full time education with 12 of the 17 Tusla areas reporting 90% or higher and with two of these areas (Carlow/Kilkenny /South Tipperary and Mayo) reporting 100% (see Table 67).
- A breakdown of education by type for these children is presented in the table below (see Table 66). As expected, the majority (86.3%; 794) of these children were in post-primary

³⁵ 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.

schools with a further 4% (36) in education /training facilities. Some 7% (65) were in special education.

Table 66: Children in care (16–17 years) in full-time education by type, 2024

Education Type	# children	% Total
Post-Primary	794	86.3%
Special Education	65	7.1%
Education / Training Facility	36	3.9%
Other	12	1.3%
Home Tuition	6	0.7%
Boarding School	6	0.7%
Third Level/ Higher	1	0.1%
Total	920	100.0%

- A breakdown of the number and percentage of children in care in education by area at year end 2024 is presented below (see Table 67).

Table 67: Children in care in full-time education by area, 2024 (ranked by % 6-15 years)

Area	6–15 years	# in Educ.	% Educ.	16–17 years	# Educ.	% Educ.
Midwest	338	337	99.7%	81	80	98.8%
Carlow/Kilkenny/South Tipperary	203	202	99.5%	52	52	100.0%
Cavan/Monaghan	109	108	99.1%	32	30	93.8%
Louth/Meath	300	297	99.0%	63	60	95.2%
Mayo	95	94	98.9%	16	16	100.0%
Kerry	107	105	98.1%	31	30	96.8%
Cork	446	437	98.0%	129	124	96.1%
Waterford/Wexford	256	250	97.7%	86	78	90.7%
Dublin North City	280	272	97.1%	78	72	92.3%
Dublin South East/Wicklow	128	124	96.9%	44	40	90.9%
Midlands	243	233	95.9%	52	44	84.6%
Donegal	145	139	95.9%	39	35	89.7%
Galway/Roscommon	224	214	95.5%	69	65	94.2%
Sligo/Leitrim/West Cavan	80	75	93.8%	21	20	95.2%
Dublin North	292	273	93.5%	67	59	88.1%
Dublin South Central	215	189	87.9%	55	48	87.3%
Dublin South West/Kildare/West Wicklow	266	233	87.6%	78	67	85.9%
Total	3,727	3,582	96.1%	993	920	92.6%

- Combining the above, **95% (4,502/4,720)** of all children **6-17 years**³⁶ in care at year end 2024 were in education / accredited training.
- It is also important to note that social workers work with educational welfare officers and other professionals to support children in care who are not engaging in education / accredited

³⁶ The breakdown by the two age ranges (6-15 years and 16-17 years) is provided as children can legally leave school at 16 years.

training to return to education / accredited training or engage in other learning and development activities appropriate to their needs.

- Further insights on the educational attendance and attainment of children in care in January 2024 and children who left care since April 2018 can be found in the CSO Frontier Series release (19 November 2024) [Educational Attendance and Attainment of Children in Care, 2018-2024](#).

3.3.14 Children in Care with an Allocated Case Worker and Care Plan

- At the end of 2024, **86% (4,892/5,705)** of children in care had an allocated case worker (social worker / other professional) (see Table 68).
- In terms of numbers, **813 (14%)** children were awaiting allocation of a case worker.

It should be noted that *allocated cases include cases allocated to social workers and other professionals. Allocation to professionals other than social workers reflects a changing environment in Tusla with social care workers and other professionals becoming integrated into social work teams, working alongside social workers. This has become necessary due to ongoing recruitment and retention challenges in a competitive and limited labour market for social workers. Social workers maintain oversight of all cases.*

- A breakdown of children allocated by placement type can be seen from the table below (see Table 68). The percentage of children allocated ranges from 100% for children in special care to 84.1% for children in foster care with relatives.

Table 68: Children in care with an allocated case worker, 2024

Care Type	# in Care 2024	# Allocated 2024	% Allocated 2024
Foster Care General	3,561	3,033	85.2%
Foster Care Relative	1,496	1,258	84.1%
Residential (General)	444	406	91.4%
Special Care	13	13	100.0%
Other	191	182	95.3%
Total	5,705	4,892	85.7%

- For the same period, **84% (4,776/5,705)** of children in care had an up-to-date care plan (see Table 69).
- In terms of numbers, 929 (16%) children did not have an up-to-date care plan.
- A breakdown of children with an up-to-date care plan by placement type can be seen from the table below (see Table 69). The percentage of children with an up-to-date care plan ranges from 85.5% for children in foster care general to 66.5% for children in 'other' care placements.

Table 69: Children in care with an up-to-date care plan, 2024

Care Type	# in Care 2024	# with UTD CP 2024	% with UTD CP 2024
Foster Care General	3,561	3,044	85.5%
Foster Care Relative	1,496	1,258	84.1%
Residential (General)	444	338	76.1%
Special Care	13	9	69.2%
Other	191	127	66.5%
Total	5,705	4,776	83.7%

- A breakdown of the number of children in care with an allocated case worker and an up-to-date care plan, by Tusla area at the end of 2024 is presented in the table below (see *Table 70*).
- 10 of the 17 areas reported at least 90% of children in care with an allocated case worker with two of these areas (Dublin South East/Wicklow and Mayo) reporting 100%. Rates reported by Carlow/Kilkenny/South Tipperary (34%), Midwest (70%) and Dublin South West/Kildare/West Wicklow (72%) lower than all other areas.
- 6 of the 17 areas reported at least 90% of children in care with an up-to-date care plan. Rates reported by Dublin South Central (64%), Dublin South East/Wicklow (75%), Louth/Meath (75%) and Kerry (76%) lower than all other areas.

Table 70: Children in care with an allocated case worker and up-to-date care plan by area, 2024 (ranked by % allocated)

Area	# in Care	# Allocated	% Allocated	UTD CP	UTD CP
Dublin South East/Wicklow	209	209	100.0%	157	75.1%
Mayo	146	146	100.0%	134	91.8%
Galway/Roscommon	344	342	99.4%	293	85.2%
Donegal	236	233	98.7%	224	94.9%
Cork	667	657	98.5%	603	90.4%
Sligo/Leitrim/West Cavan	119	113	95.0%	104	87.4%
Kerry	174	165	94.8%	133	76.4%
Cavan/Monaghan	167	156	93.4%	149	89.2%
Dublin North	424	393	92.7%	353	83.3%
Dublin North City	465	431	92.7%	369	79.4%
Waterford/Wexford	430	382	88.8%	404	94.0%
Louth/Meath	418	353	84.4%	315	75.4%
Midlands	346	289	83.5%	333	96.2%
Dublin South Central	332	268	80.7%	213	64.2%
Dublin South West/Kildare/West Wicklow	419	300	71.6%	328	78.3%
Midwest	501	350	69.9%	385	76.8%
Carlow/Kilkenny/South Tipperary	308	105	34.1%	279	90.6%
Total	5,705	4,892	85.7%	4,776	83.7%

3.3.15 Children Missing from Care

Where a young person in care is deemed missing, Tusla notify An Garda Síochána under a joint protocol under Children First 2015. Once a child has been reported missing, the Gardaí have primary responsibility for investigating the child's whereabouts. Tusla remains concerned for the welfare of those minors who go missing from its care and who do not get back in touch and it continues to make efforts to contact the young person. It liaises continually with the Gardaí and keeps them updated if staff become aware of any further information relating to the missing young person.

It should be noted that when a young person who is missing in care reaches the age of majority (18), they are no longer statutorily categorised as missing in care. These cases are no longer open to Tusla but may remain open as a missing person to An Garda Síochána if they have not yet located the young person

Data on children missing from care is collated at a point in time on a fortnightly basis.

Refer to Section 3.8 for commentary on separated children seeking international protection

- At year end 2024³⁷ there were **three children in care (across the 17 Tusla areas) reported as missing**. Of these three children, two had been missing for between one and three days and one child was missing between three and seven days. Two of the three children were in contact with staff.
- On average, about 11 children are reported missing when the data is collated on a fortnightly basis and of these about six are generally in contact with staff.
- All children and young people reported missing from care in 2024 returned to the care of Tusla.

³⁷ Count taken on the 19 December 2024 (data collated bi-monthly)

3.3.16 Children in Special Emergency Arrangements

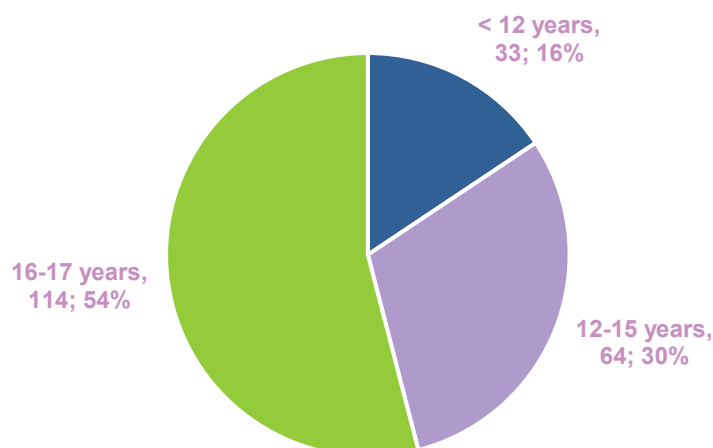
Special emergency arrangements (SEAs) refer to emergency settings where a child is accommodated in a non-statutory or non-procured placement e.g., hotel, B&B, holiday centre, activity centre, Tusla non-registered property, privately leased property. They provide a short-term placement response for children who need to be taken into care in an emergency, or where a more appropriate placement cannot be provided. The children placed in these arrangements are generally older and tend to have complex needs, often related to challenging behaviour due to the trauma they have experienced, substance misuse, mental health issues or involvement in criminality. Due to their needs they also tend to require an interagency response involving access to services across the HSE, Tusla and in some cases the services of juvenile justice. Tusla has seen an increase in the numbers of children requiring emergency placements since the Covid-19 pandemic. Specific measures are in place to monitor and support the quality and safety of SEAs, while at the same time the Agency is working to reduce its reliance on SEAs.

- In 2024, there was a total of **292³⁸** children in SEAs, 43 (13%) fewer than 2023 (335). *These figures exclude separated children seeking international protection – refer to Section 3.8 for details on these children.*
- Of the 292 children in SEAs in 2024, 211 (72%) were placed for the first-time in 2024 while the remaining 81 children were either in an SEA at the end of 2023 and continued in the SEA into 2024 or were discharged from an SEA at some point between October 2022³⁹ and the end of 2023 and re-placed in an SEA in 2024.
- There were 67 (24%) fewer children placed for the first-time in 2024 (211) when compared to 2023 (278).
- Of the children placed for the first-time in 2024 (211), the majority (54%; 114) were 15-17 years old; 16% (33) were under 12 years (*see Figure 38*).

³⁸ It is possible that a small number of children may be counted more than once. The Agency moved from one caseload management system (NCCIS) to another (TCM) in February 2023. Therefore, depending on when a child was placed in a special emergency arrangement, it is possible that a small number could be on the national tracker (data collated manually) with an NCCIS ID and a TCM ID. Also, it is possible that a small number of children brought to an immediate place of safety by the National Out of Hours Service may not have had an NCCIS/TCM ID at the time of reporting but were subsequently recorded by a Tusla area with an NCCIS/TCM ID, or by the National Out of Hours Service with an NCCIS/TCM ID. The tracker was set-up to monitor the number of children in special emergency arrangements weekly and hence has limitations when it comes to trend analysis. Figures may also differ from figures previously reported due to ongoing validation of the data.

³⁹ National collation of data on children in SEAs commenced in October 2022.

Figure 38: Children placed in SEAs for the first-time in 2024, by age group



- Over half (52%; 110) of children placed for the first-time in 2024 were placed by Tusla National Out of Hours Service. The remaining 48% (101) of children were placed by the 17 administrative areas.
- Over half (52%; 110) of children placed for the first-time were placed in hotels. Almost all of these children were placed by Tusla National Out of Hours Service following removal of the child(ren) by An Garda Síochána under Section 12 Child Care Act 1991⁴⁰. Children placed in hotels would generally be placed for 1-3 nights (typically weekend nights) after which the management of the case transfers to the appropriate Tusla area on the next working day.
- Of the remaining children, 43% (90) were placed in privately leased/rental properties, 4% (9) were placed in Tusla non-registered properties and 1% (2) were placed in 'other' placement types.

⁴⁰ Section 12 (1) Where a member of the Garda Síochána has reasonable grounds for believing that—

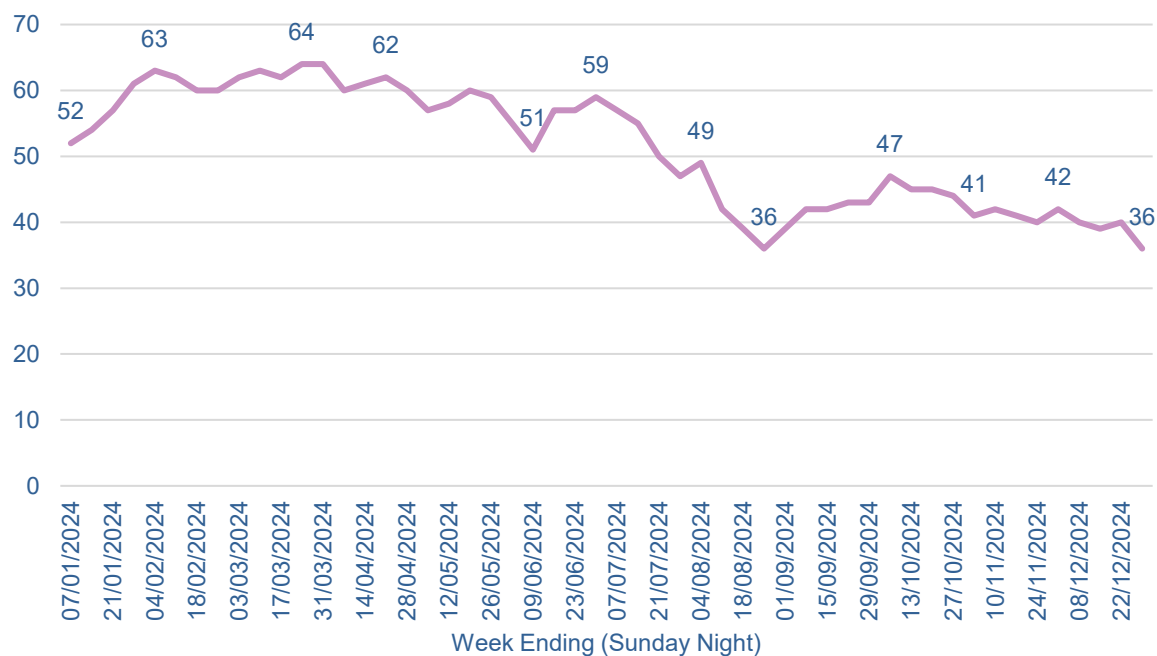
- there is an immediate and serious risk to the health or welfare of a child, and
- it would not be sufficient for the protection of the child from such immediate and serious risk to await the making of an application for an emergency care order by a health board under section 13,

the member, accompanied by such other persons as may be necessary, may, without warrant, enter (if need be by force) any house or other place (including any building or part of a building, tent, caravan or other temporary or moveable structure, vehicle, vessel, aircraft or hovercraft) and remove the child to safety.

- The provisions of subsection (1) are without prejudice to any other powers exercisable by a member of the Garda Síochána.
- Where a child is removed by a member of the Garda Síochána in accordance with subsection (1), the child shall as soon as possible be delivered up to the custody of the health board for the area in which the child is for the time being.
- Where a child is delivered up to the custody of a health board in accordance with subsection (3), the health board shall, unless it returns the child to the parent having custody of him or a person acting in loco parentis, make application for an emergency care order at the next sitting of the District Court held in the same district court district or, in the event that the next such sitting is not due to be held within three days of the date on which the child is delivered up to the custody of the health board, at a sitting of the District Court, which has been specially arranged under section 13 (4), held within the said three days, and it shall be lawful for the health board to retain custody of the child pending the hearing of that application.

- A breakdown of children in SEAs at the end of each week in 2024 is presented in the chart below (see Figure 39). As can be seen from the chart, the number of children in SEAs decreased from a high of 64 in March 2024 to 36 at year end, a 44% (28) reduction.

Figure 39: Children in SEAs at the end of each week, 2024



3.3.17 Expanding Residential Capacity

- Recognising the urgent need to increase residential care provision, the Agency set a target of 110 additional beds (across Tusla and the voluntary sector) in its '*Strategic Plan for Residential Care Services for Children and Young People, 2022-2025*⁴¹'. By the end of 2024, 19 beds were delivered with 60 expected to be delivered by the end of 2025, and the remaining 50 beds expected to be delivered by the end of 2027
- In 2024, 10 new beds were opened in Tusla-owned centres and 56 new beds were opened by private providers. However, whilst a total of 66 new beds were opened there was a loss of 19 beds during the same period (1 from a Tusla-owned centre and 18 from private providers) resulting in a net gain of 47 new beds.
- In 2024, Tusla also developed two new Rapid Access Centres to provide bespoke responsive care with immediate placement to children whose living arrangement have broken down.
- Increasing overall bed capacity has led to some reduced reliance on special emergency arrangements (ref previous section of this report) and more opportunity to place children in more stable placements as quickly as possible to better help improve their outcomes.
- In addition to the above, Tusla Service for Separated Children Seeking International Protection opened 20 new registered centres in 2024 leading to 128 additional beds. *Refer to Section 3.8 of this report for further data and information on Tusla Service for Separated Children Seeking International Protection.*

⁴¹ Tusla Strategic Plan for Residential care Services for Children and Young People 2022-2025

3.4 Discharges from Care

One of the key principles of child protection and welfare is that children should only be separated from their parents/carers when alternative means of protecting them have been exhausted. When a child does come into the care of Tusla, social workers work towards providing a stable and secure living environment, aiming for a permanent home where they can thrive. This is referred to as permanency planning and involves exploring options like returning to their birth family (reunification), guardianship, adoption and long-term foster care including relative care.

The decision to return a child in care to their parents/carers is informed by a thorough assessment of the child's needs and risk of harm, together with evidence of change on the part of the parents. Reunification with parents/carers is the most common route out of care for children discharged before reaching 18 years.

If a child is in care under a voluntary arrangement, the parents/carers may withdraw their consent and take their child home. If this happens and Tusla is not satisfied that the child's needs will be met by going home, it can apply to the court for a number of different orders.

If a child is in care under an order of the court, the court may decide that the reasons the child was taken into care in the first place have changed and that it has no further concerns about the child's safety or welfare and that the child can return to their parents/carers.

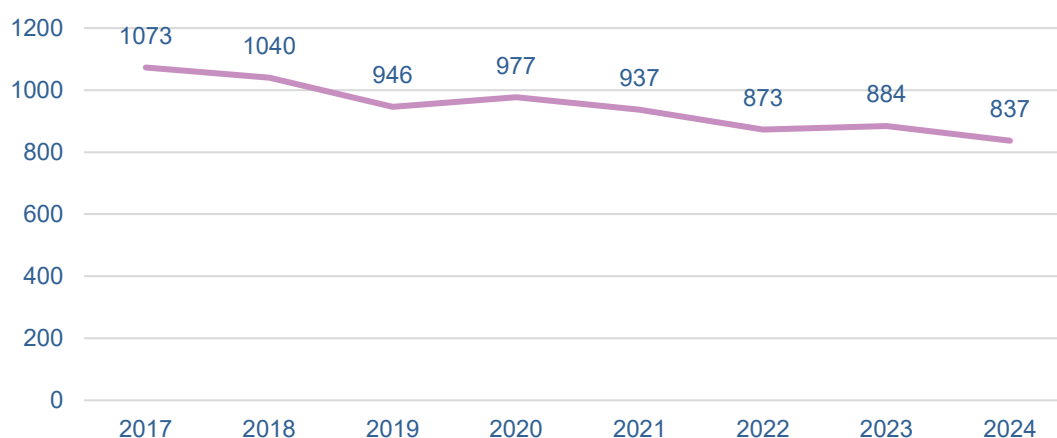
Upon reaching the age of 18 years, a young person is deemed to have left State care.

3.4.1 Number of Discharges

The data presented in this section of the report is for the Agency's 17 administrative areas and does not include separated children discharged from care by Tusla Service for Separated Children Seeking International Protection (SCSIP). Refer to Section 3.8 for data on SCSIP.

- In 2024, there were **837 discharges from care**, 47 (5%) fewer than 2023 (884) and the fewest number for all years 2017–2024 (see *Figure 40*).
- Discharges from care are decreasing with a year-on-year decrease over the 4-year period 2020–2024. There were 236 (22%) fewer discharges in 2024 than in 2017 when the highest number for the 7-year period 2017–2024 was reported.
- The discharges for 2024 (837) pertain to 813 individual children; 18 children had more than one discharge in the year.

Figure 40: Discharges from care, 2017–2024



- **Over half (52%; 439)** of all discharges were for **young people turning 18 years** which is consistent with previous years (see Table 71).
- The next most common age of discharge was 17 years (excluding those turning 18 years) (7%; 59), followed by 13 years (5%; 41) and 16 years (4%; 32).

Table 71: Discharges from care by age, 2021–2024

Age	# 2021	% 2021	# 2022	% 2022	# 2023	% 2023	# 2024	% 2024
< 1 year	31	3%	31	4%	17	2%	25	3%
1 year	24	3%	14	2%	19	2%	16	2%
2 years	20	2%	22	3%	16	2%	24	3%
3 years	14	1%	15	2%	18	2%	19	2%
4 years	9	1%	14	2%	18	2%	19	2%
5 years	15	2%	17	2%	16	2%	17	2%
6 years	12	1%	19	2%	22	2%	16	2%
7 years	20	2%	17	2%	20	2%	15	2%
8 years	19	2%	11	1%	13	1%	6	1%
9 years	15	2%	19	2%	15	2%	11	1%
10 years	21	2%	14	2%	14	2%	10	1%
11 years	23	2%	19	2%	10	1%	9	1%
12 years	20	2%	28	3%	24	3%	19	2%
13 years	24	3%	28	3%	29	3%	41	5%
14 years	26	3%	40	5%	28	3%	30	4%
15 years	44	5%	38	4%	48	5%	30	4%
16 years	36	4%	37	4%	39	4%	32	4%
17 years	63	7%	65	7%	60	7%	59	7%
17 reaching majority	501	53%	425	49%	458	52%	439	52%
Total	937	100%	873	100%	884	100%	837	100%

3.4.2 Number of Discharges by Care Placement

- **72% (601)** of discharges were from **foster care**, and not surprising considering almost 90% of children in care are in foster care, **15% (125)** were from **residential care** and the remaining **13% (111)** were from **‘other’ care placements** (see Table 72). Other care placements include children at home under a care order, disability units, mental health units, supported lodgings, detention centres and special emergency arrangements.

Table 72: Discharges from care by placement type, 2021–2024

Care Type	2021	% Total 2021	2022	% Total 2022	2023	% Total 2023	2024	% Total 2024
General Foster Care	511	55%	454	52%	441	50%	411	49%
Relative Foster Care	195	21%	190	22%	206	23%	190	23%
Residential Care	139	15%	134	15%	134	15%	125	15%
Other	92	10%	95	11%	103	12%	111	13%
Total	937	100%	873	100%	884	100%	837	100%

3.4.3 Discharges from Care by Location on Discharge

- **39% (328)** of discharges from care in 2024, **remained with their carer(s)**, a similar percentage to previous years and also implying that they continue to have good relationships with their carers (see *Figure 41 and Table 73*).
- A further **36% (303)** **returned to parent(s)** while **8% (70)** **moved to independent/supported living**.

Figure 41: Discharges from care by location on discharge (all ages), 2024

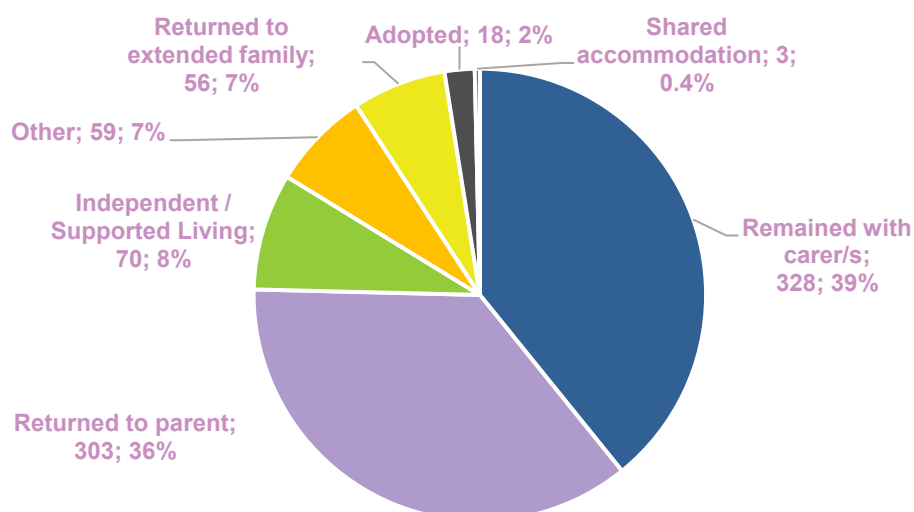


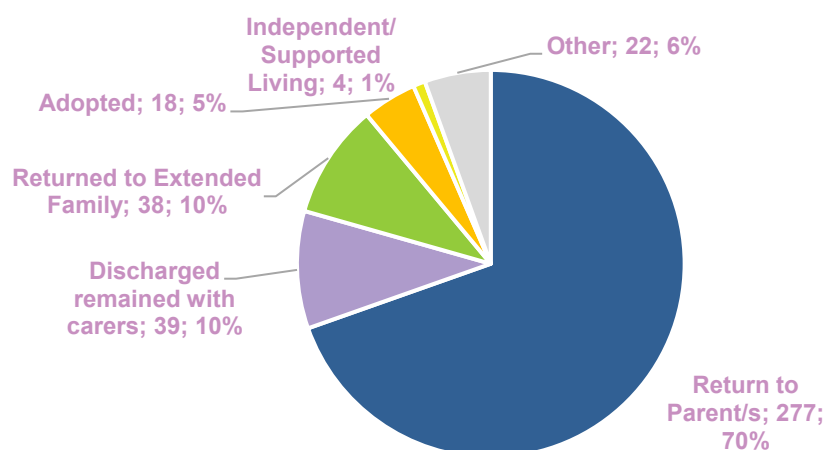
Table 73: Discharges from care by location on discharge (all ages), 2021–2024

Location on Discharge	2021	% 2021	2022	% 2022	2023	% 2023	2024	% 2024
Remained with carer/s	325	35%	309	35%	350	40%	328	39%
Returned to parent	404	43%	368	42%	336	38%	303	36%
Independent living/Supported Living	69	7%	68	8%	63	7%	70	8%
Other ⁴²	54	6%	44	5%	63	7%	59	7%
Returned to extended family	47	5%	58	7%	62	7%	56	7%
Adopted	21	2%	22	3%	9	1%	18	2%
Shared accommodation	13	1%	4	<1%	1	<1%	3	<1%
Supported lodgings	4	0%	-	-	-	-	-	-
Total	937	100%	873	100%	884	100%	837	100%

⁴² Other includes residential facility, homeless accommodation, student accommodation, not specified

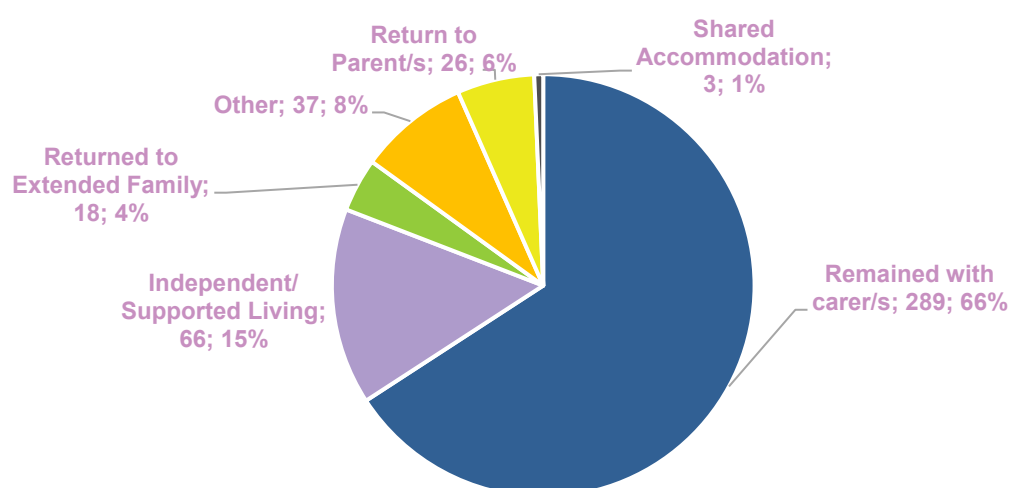
- Of the **discharges for children who had not turned 18 years** (398), the **majority (70%; 277) returned to their parent(s)**, while 10% (39) remained with carers and 5% (18) were adopted (see *Figure 42*).

Figure 42: Discharges from care by location on discharge (0-17 years), 2024



- Of those who were **discharged by virtue of turning 18 years** (439), the **majority (66%; 289) remained with their carers(s)**, with a further 6% (26) returning to parents(s). About one in seven (66; 15%) moved to independent / supported living (see *Figure 43*).

Figure 43: Location on discharge for those discharged by virtue of turning 18 years, 2024



3.4.4 Discharges from Care by Tusla Area

- A breakdown of discharges by area is presented in the table below (see *Table 74*). As can be seen from the table, there is wide variation in the number of discharges ranging from 124 in Cork, the area with the largest number of children in care, to 16 in Sligo/Leitrim/West Cavan.
- 7 of the 17 areas reported more discharges in 2024 than 2023 with the largest increases reported by Cork (up 16), Louth/Meath (up 9) and Mayo (up 8).
- Of the nine areas that reported a decrease, the largest decreases were reported by Dublin South West/Kildare/West Wicklow (down 39), Galway/Roscommon (down 14) and Waterford/Wexford (down 11).

Table 74: Discharges from care by area, 2021–2024 (ranked by # discharges 2024)

Area	# 2021	# 2022	# 2023	# 2024	2024 v 2023
Cork	101	126	108	124	16
Dublin North City	83	73	64	71	7
Louth/Meath	63	51	59	68	9
Midwest	76	45	65	59	-6
Dublin North	82	43	58	58	0
Waterford/Wexford	62	73	67	56	-11
Dublin South Central	69	62	50	56	6
Galway/Roscommon	69	55	67	53	-14
DSW/K/WW	72	71	90	51	-39
CW/K/ST	29	57	47	50	3
Dublin South East/Wicklow	41	43	44	40	-4
Midlands	44	38	41	37	-4
Donegal	42	33	41	31	-10
Cavan/Monaghan	30	25	24	29	5
Mayo	17	35	13	21	8
Kerry	27	21	22	17	-5
Sligo/Leitrim/West Cavan	30	22	24	16	-8
Total	937	873	884	837	-47

3.4.5 Admissions versus Discharges

- In 2024, there were **79 more admissions than discharges** reported by the 17 Tusla areas (see *Table 75*).
- 11 areas reported more admissions than discharges, with the largest differences reported by Dublin North (34), Dublin South West/Kildare/West Wicklow (29) and Midlands (22).
- 6 areas reported more discharges than admissions, ranging from 40 (Cork) to four (Midwest).

Table 75: Admissions and discharges by area, 2024 (ranked by discharges v admissions)

Area	Admissions 2024	Discharges 2024	Discharges v Admissions
Cork	84	124	40
Carlow/Kilkenny/South Tipperary	40	50	10
Galway/Roscommon	44	53	9
Dublin North City	65	71	6
Louth/Meath	63	68	5
Mid West	55	59	4
Dublin South East/Wicklow	43	40	-3
Mayo	25	21	-4
Kerry	22	17	-5
Waterford/Wexford	61	56	-5
Sligo/Leitrim/West Cavan	25	16	-9
Cavan/Monaghan	39	29	-10
Dublin South Central	69	56	-13
Donegal	50	31	-19
Midlands	59	37	-22
Dublin South West/Kildare/West Wicklow	80	51	-29
Dublin North	92	58	-34
Total	916	837	-79

3.5 Foster Carers

Foster care is provided by the State (i.e., Child and Family Agency) and in some cases by non-statutory private fostering agencies. All foster carers (statutory and non-statutory), excluding those under Section 36 (1) (d) of the Child Care Act 1991 (emergency placements), 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 and a relative foster carer (refer to Glossary on page 12 for definitions).

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.

In 2022, Tusla produced a 3-year strategic plan for foster care services⁴³. One of the key aims of this strategy is to strengthen recruitment of, support to, and retention of foster carers. This is against a backdrop of a decreasing number of foster carers available to care for children, close to their local communities and where their cultural needs are met.

A decrease in the recruitment and retention of foster carers is also being experienced internationally with some of the reasons for the decrease identified as, unmet support and training needs, increased risk and complexity of children in care, personal stress and challenging birth/family relationships (Carvalho et al 2013; Villodas et al 2015; Lotty et al 2024).

Despite the reduction in foster carers Tusla's vision remains that:

90% of children in care will be living in a home environment, cared for by foster carer(s), who live near the child/young person's community of birth, and understand their culture and are committed to supporting them to reach their potential.

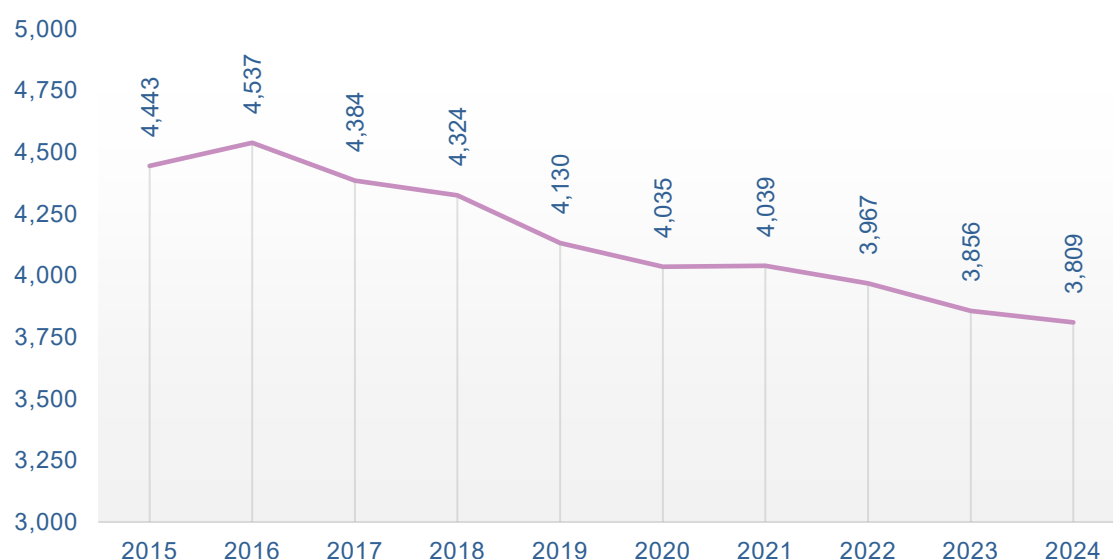
Foster carers will feel valued, informed, supported, appropriately remunerated, and empowered to support the children and young people in their care.

⁴³ [Tusla Strategic Plan for Foster Care Services for Children and Young People 2022-2025](#)

3.5.1 Foster Carers on the Panel

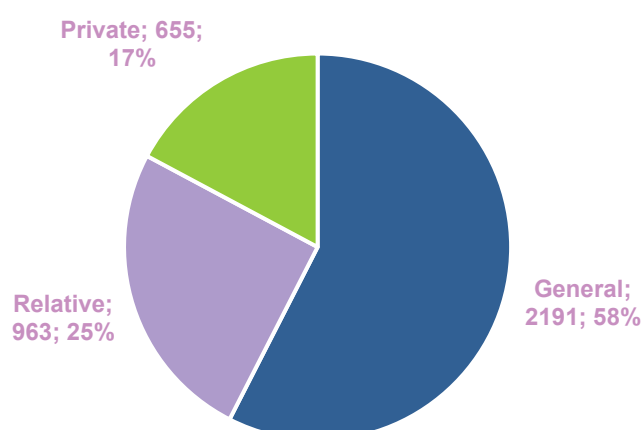
- At the end of 2024, there were **3,809 foster carers** (statutory and non–statutory) nationally **on the panel of approved foster carers**.
- The number of foster carers on the panel is down 47 (1%) from 2023 (3,856) and is the fewest number for all years 2015–2024 (see *Figure 44*). There has been a 16% (728) decrease in foster carers on the panel from 2016 when a high of 4,537 was reported.
- While the falling number of foster carers on the panel reflects ongoing challenges in the recruitment of foster carers, it should also be noted that local registers of foster carers are undergoing validation in preparation for migration to the Tusla case management system (TCM) and hence may also be contributing, at least in part, to the decrease. The move to TCM will facilitate better integration and management of data.

Figure 44: Foster carers on the panel of approved foster carers, 2015–2024



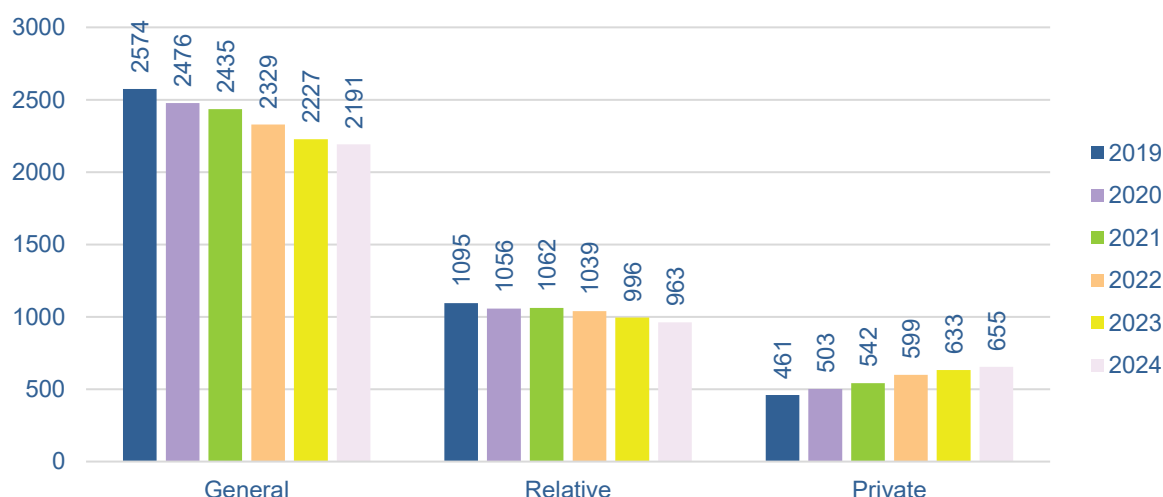
- The majority (58%; 2,191) of foster carers on the panel at the end of 2024 were general foster carers (statutory); one in four (25%; 963) was a relative foster carer (statutory), while the remaining 17% (655) were private foster carers (non–statutory) (see *Figure 45*).

Figure 45: Foster carers on the panel by type, 2024



- A breakdown of foster carers on the panel by type for the years 2019–2024 is presented in the chart below (see Figure 46).
- The chart shows a year-on-year decrease in the number of general foster carers on panel with the fewest number reported in 2024. There were 36 (2%) fewer general foster carers on the panel at the end of 2024 than at the end of 2023 (2,227) and 383 (15%) fewer than the end of 2019 (2,574).
- The number of relative foster carers on the panel at the end of 2024 was also the fewest number reported for the years 2019–2024. Figures reveal a 3% (33) decrease from 2023 (996) and a 12% (132) decrease over the 5-year period 2019–2024.
- In contrast, the number of private foster carers (non-statutory) on the panel at the end of 2024 (655) was the highest number for all years 2019–2024. Figures reveal a year-on-year increase over the 5-year period with 3% (22) increase from 2023 (633) and a 42% (194) increase overall.
- The increase in private foster carers over this period reflects the Agency’s ongoing difficulty in recruiting foster carers to meet demand.

Figure 46: Foster carers on the panel by type, 2019–2024

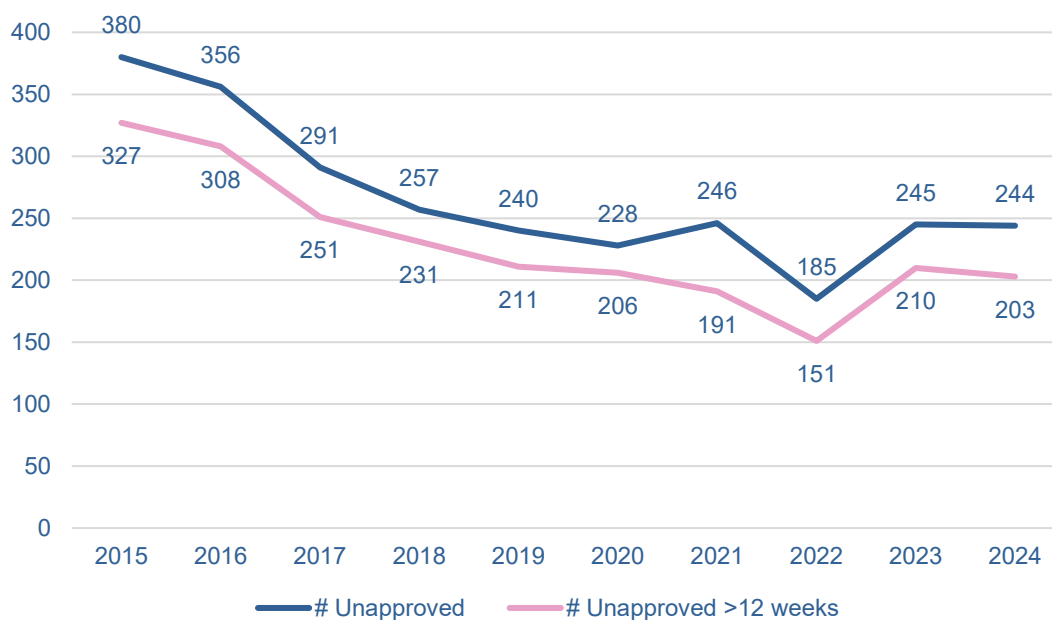


“Unapproved” Relative Foster Carers (Emergency)

- In addition to the 3,809 approved foster carers detailed above, there were also **244 relative foster carers who were “unapproved”** at the end of 2024, one fewer than 2023 (245) (see Figure 47). 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 244 relative foster carers who were “unapproved” at the end of 2024, **83% (203) 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).

- The number of “unapproved” relative foster carers with a child placed for longer than 12 weeks is down 7 (3%) from 2023 (210).
- While there has been a slight increase in the number of ‘unapproved’ foster carers in recent years, the number is substantially lower than the earlier years of 2015–2017.

Figure 47: ‘Unapproved’ relative foster carers (emergency), 2015–2024



3.5.2 Foster Carers Approved and Ceased

- A total of **211 Tusla foster carers (statutory) were approved** and placed on the panel of approved foster carers in 2024, while an additional 34 private foster carers (non–statutory) were approved and placed on the panel. *Note this figure (34) may include a small number of ‘Brussels II foster carers.’*⁴⁴ Of the 211 foster carers approved in 2024, 104 were general and 107 were relative foster carers.
- The year 2024 saw a welcome 22% (38) increase from 2023 (173) in the number of Tusla foster carers (statutory) approved and placed on the panel. Seven fewer private foster carers were approved in 2024 (34) when compared to 2023 (41). *Note these figures may include a small number of ‘Brussels II foster carers.’*
- In addition to the above, a further **243 applicants** to be foster carers (74 general and 169 relative) were **undergoing assessment** at the end of 2024.
- A total of **255 Tusla foster carers (statutory) ceased fostering** in 2024. Of these 93% (237) ceased voluntarily while the remaining 7% (18) ceased statutorily. As mentioned above, this data needs to be interpreted in the context of the validation of registers in preparation for transfer to TCM.
- 10 (4%) fewer foster carers ceased fostering in 2024 (255) than in 2023 (265, of which 240 ceased voluntarily and 25 ceased statutorily).
- Tusla has outlined a number of key actions to increase the recruitment of foster carers and improve supports to foster carers to help them continue fostering, in its ‘Strategic Plan for Foster Care Services for Children and Young People 2022–2025’⁴⁵.

⁴⁴ **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

⁴⁵ [Tusla - Strategic Plan for Foster Care Services for Children and Young People 2022-2025](#)

3.5.3 Foster Carers with a Link (Social) Worker (Statutory)

- At the end of 2024, **92% (2,026) of general foster carers** (statutory) had an **allocated link (social) worker**, down slightly from 93% at the end of 2023. A total of 165 general foster carers were awaiting a link (social) worker, 9 (6%) more than 2023 (156) (see *Table 76*).
- **97% (931) of approved relative foster carers** (statutory) had an **allocated link (social) worker** at the end of 2024, up from 95% at the end of 2023. A total of 32 relative foster carers were awaiting a link (social) worker, 21 (40%) fewer than 2023 (53).
- **97% (196/203) of “unapproved” relative foster carers** who had a child placed with them for longer than 12 weeks at the end of 2024, had an **allocated link (social) worker**, up from 94% (197/210) at the end of 2023. A total of seven “unapproved” foster carers who had a child placed with them for longer than 12 weeks were awaiting a link (social) worker. These seven carers were reported across three Tusla areas.

Table 76: Foster carers on the panel (statutory) with a link (social) worker, 2015-2024

Year	# General (Statutory)	# General with Link Worker	% General with Link Worker	# Approved Relative (Statutory)	# Approved Relative with Link worker	% Approved Relative with Link Worker
2024	2,191	2,026	92%	963	931	97%
2023	2,227	2,071	93%	996	943	95%
2022	2,329	2,036	87%	1,039	907	87%
2021	2,435	2,201	90%	1,062	953	90%
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%

3.5.4 Foster Carers by Tusla Area

- The number of foster carers (all types) on the panel at the end of 2024 across the 17 areas ranged from 91 in Kerry to 444 in Cork (see Table 77).

Table 77: Foster carers on the panel by type and area, 2024

Area	General	Relative	Private	Total
Cork	276	119	49	444
Midwest	246	114	18	378
Waterford Wexford	175	75	67	317
Louth Meath	175	55	72	302
Dublin South West/Kildare/West Wicklow	116	82	100	298
Galway Roscommon	178	40	29	247
Dublin North	94	69	69	232
Midlands	107	54	70	231
Carlow/Kilkenny/South Tipperary	140	55	35	230
Dublin North City	109	93	17	219
Dublin South Central	80	60	21	161
Dublin South East Wicklow	80	40	27	147
Donegal	108	16	21	145
Cavan Monaghan	95	16	28	139
Sligo Leitrim West Cavan	86	26	17	129
Mayo	64	27	8	99
Kerry	62	22	7	91
Total	2,191	963	655	3,809

- As can be seen from the table below (see Table 78), while 58% of foster carers nationally are general foster carers (statutory), there is wide variation across the areas, ranging from 39% (Dublin South West/Kildare/West Wicklow) to 74% (Donegal).
- The areas reporting the highest percentages of general foster carers are Donegal (74%) and Galway/Roscommon (72%) with general foster carers comprising almost three out of four foster carers in these areas.
- This is in contrast to Dublin South West/Kildare/West Wicklow (39%), Dublin North (41%) and Midlands (46%) where fewer than half of the foster carers in these areas are general foster carers.
- Similarly, while 25% of foster carers on the panel nationally are relative foster carers (statutory), it ranges from 11% (Donegal) to 42% (Dublin North City) across the areas.
- The areas reporting the highest percentages of relative foster carers are Dublin North City (42%) and Dublin South Central (37%).
- Donegal and Cavan/Monaghan report the lowest percentages of relative foster carers at 11% and 12% respectively.
- The higher percentages seen in the Dublin area most likely reflect families living in close proximity, unlike the more rural areas of Cavan/Monaghan and Donegal.

- Finally, while 17% of foster carers on the panel are private foster carers (non-statutory), it ranges from 5% (Midwest) to 34% (Dublin South West/Kildare/West Wicklow) across the areas.
- The areas reporting the highest percentages of private foster carers are Dublin South West/Kildare/West Wicklow (34%), Midlands (30%) and Dublin North (30%).
- Midwest (5%), Kerry (8%), Dublin North City (8%) and Mayo (8%) report the lowest percentages of private foster carers.

Table 78: Percentage of foster carers on the panel, by type and area 2024 (ranked by % general)

Area	% General	% Relative	% Private
Donegal	74%	11%	14%
Galway Roscommon	72%	16%	12%
Cavan Monaghan	68%	12%	20%
Kerry	68%	24%	8%
Sligo Leitrim West Cavan	67%	20%	13%
Midwest	65%	30%	5%
Mayo	65%	27%	8%
Cork	62%	27%	11%
Carlow/Kilkenny/South Tipperary	61%	24%	15%
Louth Meath	58%	18%	24%
Waterford Wexford	55%	24%	21%
Dublin South East Wicklow	54%	27%	18%
Dublin North City	50%	42%	8%
Dublin South Central	50%	37%	13%
Midlands	46%	23%	30%
Dublin North	41%	30%	30%
Dublin South West/Kildare/West Wicklow	39%	28%	34%
Total	58%	25%	17%

- Across the 17 areas, the percentage of general foster carers (statutory) with a link (social) worker ranged from 76% (Dublin South West/Kildare/West Wicklow) to 100% in four areas (Dublin South East/Wicklow, Dublin North, Cork and Kerry (see *Table 79*). Eleven of the 17 areas reported a percentage equal to or higher than the national average of 92%.
- The percentage of approved relative foster carers (statutory) with a link (social) worker ranged from 88% (Midwest) to 100% in 11 areas. Twelve of the 17 areas reported a percentage equal to or higher than the national average of 97% (see *Table 79*).

Table 79: Percentage of foster carers on the panel (statutory) with an allocated link (social) worker and area, 2024 (ranked by % Relative with Link Worker)

Area	# General	# General with LW	% General with LW	# Relative	# Relative with LW	% Relative With LW
Dublin South East/Wicklow	80	80	100%	40	40	100%
Dublin North City	109	104	95%	93	93	100%
Dublin North	94	94	100%	69	69	100%
Cavan/Monaghan	95	87	92%	16	16	100%
Cork	276	276	100%	119	119	100%
Kerry	62	62	100%	22	22	100%
Carlow/Kilkenny/South Tipperary	140	138	99%	55	55	100%
Galway/Roscommon	178	159	89%	40	40	100%
Mayo	64	63	98%	27	27	100%
Donegal	108	104	96%	16	16	100%
Sligo/Leitrim/West Cavan	86	85	99%	26	26	100%
Dublin South Central	80	78	98%	60	59	98%
Midlands	107	91	85%	54	52	96%
Dublin South West/Kildare/West Wicklow	116	88	76%	82	77	94%
Waterford/Wexford	175	152	87%	75	70	93%
Louth/Meath	175	142	81%	55	50	91%
Midwest	246	223	91%	114	100	88%
Total	2,191	2,026	92%	963	931	97%

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. The aim of this service is to support young people in preparation for leaving care and those 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 young people who have 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. Once a child reaches 16 years and possible eligibility has been determined a referral can be made to the aftercare service. If eligibility is affirmed an assessment of need will be undertaken by the aftercare service within four months of affirmed eligibility or six months prior to their 18th birthday if referral is late. The service offered will be determined based on each young person's/young adults assessment of need.

Following an assessment of need the aftercare service provided can include:

- An allocated aftercare worker from the age of 17 years up to the age of 21 years and up to 23 years if in education/training.
- A drop-in service that will provide advice guidance, support and signposting when required to all young people/young adults eligible for aftercare provision.
- Financial support based on a financial needs assessment and eligibility for those in education or accredited training up to the age of 21 years, or until completion of their course up to the age of 23 years.

A determination of service provision will be clearly outlined in the aftercare plan. The plan for those under 18 years will be developed and completed six months prior to the young person's 18th birthday. The young person will participate in all aspects of the development of the plan.

In 2023 Tusla published its '[*Strategic Plan for Aftercare Services for Young People and Young Adults 2023-2026*](#)'. It sets out key priority areas for improving aftercare services in Ireland such as the need for greater interdepartmental work, resources, structures along with the need for consistency in practice.

3.6.1 Referrals for an Aftercare Service

Note: the data presented in this chapter includes young people reported by the Service for Separated Children Seeking International Protection (SCSIP).

- The agency received **580 referrals for an aftercare service** in 2024, 57 (11%) more than 2023 (523) and 69 (14%) more than 2022 (511). Of the 580 young people referred, 99.7% (578) were eligible for an assessment of need⁴⁶.
- Of those eligible for an assessment of need, 98% (564) were under 18 years and in care, three (<1%) were under 18 years and not in care, while the remaining 11 (2%) were 18–20 years.
- Of the 578 referrals received in 2024 that were eligible for an assessment of need, 64% (370) had an assessment of need completed. It was determined in all cases that the young person required an aftercare worker and of these 95% (350) had an aftercare worker at the end of 2024.
- A total of 438 assessments of need were completed in 2024, 28 (6%) fewer than 2023 (466).

⁴⁶ Eligibility criteria outlined in [Tusla National Aftercare Policy for Alternative Care](#)

3.6.2 Young People in Receipt of Aftercare Services

- At the end of 2024, there were **2,935 young people in receipt of aftercare services**, 31 (1%) more than 2023 (2,904) (see *Table 80*). There has been little or no overall change in the number of young people in receipt of aftercare care services in recent years.
- Of those in receipt of aftercare services at the end of 2024, 51.3% (1,507) were male and 47.7% (1,400) were female. Of the remaining 28 cases, 15 were transgender, while gender was recorded as “other/ unknown/declined to disclose” for remaining 13 young people.
- **54% (1,579)** of those in receipt of aftercare services were **18–20 years** inclusive, **21% (617)** were **21–22 years** inclusive, while the remaining **25% (739)** were **under 18 years** (see *Table 80*).

Table 80: Young people in receipt of aftercare services by age group, 2019–2024

Age Group	# 2019	# 2020	#2021	#2022	#2023	#2024	2024 v 2023	Δ%
< 18 years	666	700	720	695	676	739	+63	9%
18–20 years	1,580	1,613	1,618	1,631	1,592	1,579	-13	1%
21–22 years	528	630	721	623	636	617	-19	3%
Total	2,774	2,943	3,059	2,949	2,904	2,935	+31	1%

3.6.3 Aftercare and Education / Training

- **80% (1,257/1,579) of the 18–20 years cohort** in receipt of aftercare services at the end of 2024 were **in education / accredited training**, up from 76% (1,215/1,592) at the end of 2023.
- The largest proportion of those in education / accredited training (23%; 287) were in second level, followed closely by third level colleges / university (21%; 266) and post-leaving cert courses (20%; 252) (see *Table 81*).
- Figures are showing an increasing number and percentage of young people engaging in accredited training, up from 9% in 2022 to 16% in 2024.

Table 81: Young people 18–20 years in receipt of aftercare services in education / accredited training by type, 2022–2024

Education/Training	# 2022	% 2022	# 2023	% 2023	# 2024	% 2024
Second level	351	29%	379	31%	287	23%
Third Level College/University	307	25%	266	22%	266	21%
PLCs	253	21%	212	17%	252	20%
Accredited Training (e.g., Solas)	116	9%	157	13%	196	16%
Vocational Training	155	13%	140	12%	163	13%
Other ⁴⁷	46	4%	61	5%	93	7%
Total	1,228	100%	1,215	100%	1,257	100%

- **75% (464/617) of the 21–22 years cohort** in receipt of an aftercare service at the end of 2024 were **in education/accredited training**, up from 72% (461/636) at the end of 2023.
- Almost half (48%; 225) of those 21-22 years in education / accredited training were in third level colleges / university, followed by 19% (88) in accredited training and 15% (71) doing post-leaving cert courses (see *Table 82*).
- Figures are showing an increasing number and percentage of young people in third level colleges, up from 42% in 2022 to 48% in 2024.

Table 82: Young people 21–22 years in receipt of aftercare services in education / accredited training by type, 2022–2024

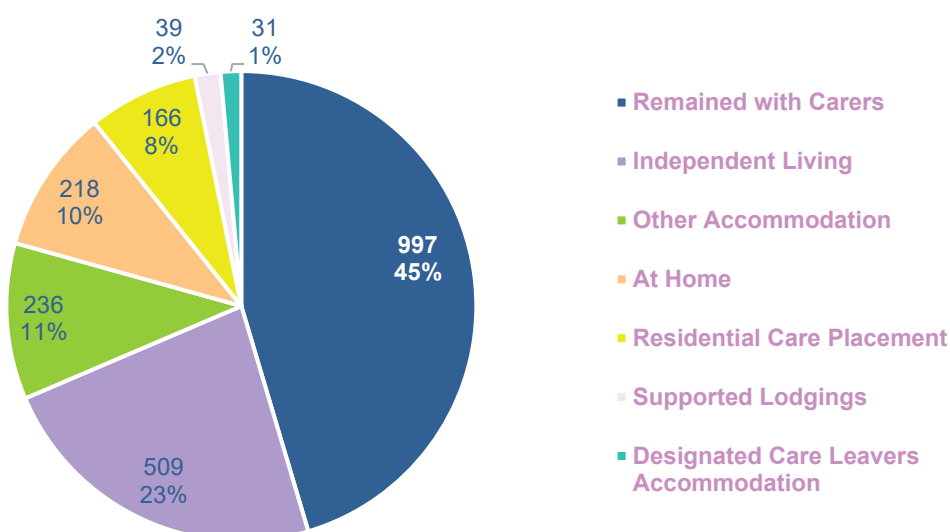
Education/Training	# 2022	% 2022	# 2023	% 2023	# 2024	% 2024
Third Level College/University	187	42%	212	46%	225	48%
Accredited Training (e.g., Solas)	105	23%	80	17%	88	19%
PLCs	86	19%	83	18%	71	15%
Vocational Training	47	10%	51	11%	42	9%
Other	17	4%	24	5%	36	8%
Second level	6	1%	11	2%	2	<1%
Total	448	100%	461	100%	464	100%

⁴⁷ Other includes RehabGroup – National Learning Network and other supported learning and training courses.

3.6.4 Aftercare and Accommodation

- Of those 18–22 years in receipt of aftercare services at the end of 2024 (2,196), **almost half (45%; 997) were continuing to live with their carers** (see *Figure 48*), implying that they continue to experience caring relationships and stable living arrangements.
- A further 10% (218) had returned home to family, while almost one in four (23%; 509) had moved to independent living arrangements⁴⁸.

Figure 48: 18–22 year olds in receipt of aftercare services by accommodation type, 2024



⁴⁸ Other includes psychiatric services, disability services, prison, staying with friends, homeless etc.

3.6.5 Aftercare Plan and Aftercare Worker

- **82% (2,394)** of all young people in receipt of aftercare services at the end of 2024 **had an aftercare plan**, down slightly from 83% (2,423/2,904) in 2023.
- 96% (2,106/2,196) for the 18–22 years cohort had an aftercare plan, while 39% (288/739) of those under 18 years had an aftercare plan. *It should be noted that the plan for those under 18 years is developed and completed six months prior to the young person's 18th birthday.*
- **88% (1,998)** of those with an aftercare plan assessed as needing an aftercare worker (2,280) **had an aftercare worker** at the end of 2024, down slightly from 90% (2,088/2,310) at the end of 2023.
- A total of **282 young people were awaiting an aftercare worker** at the end of 2024, 60 (27%) more than 2023 (222).
- 86% (1,714/1,994) of the 18-22 years cohort assessed as needing an aftercare worker, had an aftercare worker, while 280 (14%) were awaiting.
- 99% (284/286) of those under 18 years assessed as needing an aftercare worker, had an aftercare worker, while 2 (1%) were awaiting.

3.6.6 Young People in Receipt of Aftercare Services by Tusla Area

- In 2024, the highest number of referrals for an aftercare service was reported by Cork (64), followed by the Service for Separated Children Seeking International Protection (63), while the fewest number was reported by Mayo (8) followed by Donegal (12) (see Table 83).
- The highest number of young people in receipt of aftercare services at the end of 2024 was reported by Cork (365) followed by Dublin North City (249), while the fewest number was reported by Sligo/Leitrim/West Cavan (50) followed by Mayo (67) (see Table 83).

Table 83: Referrals for an aftercare service and young people in receipt of aftercare services by area, 2024 (ranked by number in receipt of services)

Area	# Referrals	# in Aftercare
Cork	64	365
Dublin North City	45	249
Midwest	42	226
Dublin South West/Kildare/West Wicklow	47	215
Dublin South Central	30	209
Galway/Roscommon	40	208
Dublin North	25	182
Carlow/Kilkenny/South Tipperary	36	164
Service for SCSIP	63	162
Waterford/Wexford	40	161
Louth/Meath	30	153
Dublin South East/Wicklow	24	135
Midlands	21	129
Donegal	12	96
Kerry	17	87
Cavan/Monaghan	22	77
Mayo	8	67
Sligo/Leitrim/West Cavan	14	50
Total	580	2,935

- The percentage of young **people 18-20 years** in receipt of aftercare services in education / training ranged from 100% in four areas (Dublin South East/Wicklow, Cavan/Monaghan, Carlow/Kilkenny/South Tipperary and Midwest) to 54% (Dublin South Central). Nine areas along with the Service for Separated Children Seeking International Protection reported a percentage equal to or higher than the national average of 80% (see Table 84).
- The percentage of **young people 21-22 years** in receipt of aftercare services in education / training ranged from 100% in four areas (Dublin South East/Wicklow, Cavan/Monaghan, Carlow/Kilkenny/South Tipperary and Midwest) to 45% (Dublin South Central). Eleven areas along with the Service for Separated Children Seeking International Protection reported a percentage equal to or higher than the national average of 75% (see Table 84).

Table 84: Young people in receipt of aftercare services in education / training by age group and area, 2024 (ranked by % 21-22 years)

Area	# 18-20 years	# in Educ / Training	% in Educ / Training	18-22 years	# in Educ / Training	% in Educ / Training
Dublin South East/Wicklow	64	64	100%	29	29	100%
Cavan/Monaghan	44	44	100%	13	13	100%
Carlow/Kilkenny/South Tipperary	75	75	100%	39	39	100%
Midwest	131	131	100%	43	43	100%
Donegal	55	46	84%	17	16	94%
Midlands	61	49	80%	29	27	93%
Dublin North	79	44	56%	35	31	89%
Sligo/Leitrim/West Cavan	29	24	83%	8	7	88%
Mayo	37	31	84%	18	15	83%
Kerry	44	34	77%	17	14	82%
Service for SCSIP	122	120	98%	21	17	81%
Louth/Meath	93	63	68%	20	16	80%
Waterford/Wexford	95	66	69%	23	17	74%
Dublin South West/Kildare/West Wicklow	114	76	67%	42	30	71%
Dublin North City	131	98	75%	69	44	64%
Cork	188	145	77%	70	41	59%
Galway/Roscommon	106	87	82%	73	42	58%
Dublin South Central	111	60	54%	51	23	45%
Total	1,579	1257	80%	617	464	75%

- The percentage of young people in receipt of aftercare services at the end of 2024 with an **aftercare plan** ranged from 100% (Donegal) to 61% (Louth/Meath). Eight areas along with the Service for Separated Children Seeking International Protection reported a percentage equal to or higher than the national average of 82% (see Table 85).
- The percentage of young people with an aftercare plan **assessed as needing an aftercare worker** ranged from 100% in 12 areas along with the Service for Separated Children Seeking International Protection to 55% (Carlow/Kilkenny/South Tipperary). Fourteen areas along with the Service for Separated Children Seeking International Protection reported a percentage equal to or higher than the national average of 95%.
- In some areas young people who are settled and doing well are assessed as not needing an allocated aftercare worker and moved to the drop-in service. This allows the service to prioritise those with greatest need for allocation to an aftercare worker.
- The percentage of young people assessed as needing an aftercare worker **with an aftercare worker** at the end of 2024 ranged from 100% in 12 areas along with the Service for Separated Children Seeking International Protection to 41% (Dublin South Central).

- 13 areas along with the Service for Separated Children Seeking International Protection reported a percentage equal to or higher than the national average of 88%.
- Rates reported by Dublin South Central (41%), Dublin South West/Kildare/West Wicklow (53%), and Midwest (69%) were lower than all other areas.

Table 85: Young people in receipt of aftercare services with an aftercare plan and an aftercare worker, 2024 (ranked by % with aftercare worker)

Area	# in aftercare	# with plan	% with plan	# eligible for worker	% eligible for worker	# with worker	% with worker
Dublin South East/Wicklow	135	123	91%	123	100%	123	100%
Midlands	129	117	91%	93	79%	93	100%
Dublin North City	249	199	80%	194	97%	194	100%
Dublin North	182	133	73%	133	100%	133	100%
Louth/Meath	153	94	61%	94	100%	94	100%
Cavan/Monaghan	77	72	94%	72	100%	72	100%
Kerry	87	64	74%	64	100%	64	100%
CW/K/ST	164	117	71%	64	55%	64	100%
Galway/Roscommon	208	165	79%	165	100%	165	100%
Mayo	67	61	91%	61	100%	61	100%
Donegal	96	96	100%	96	100%	96	100%
Sligo/Leitrim/West Cavan	50	37	74%	37	100%	37	100%
Service for SCSIP	162	149	92%	149	100%	149	100%
Cork	365	290	79%	279	96%	247	89%
Waterford/Wexford	161	136	84%	136	100%	116	85%
Midwest	226	211	93%	211	100%	145	69%
DSW/K/WW	215	178	83%	157	88%	83	53%
Dublin South Central	209	152	73%	152	100%	62	41%
Total	2,935	2,394	82%	2,280	95%	1,998	88%

3.7 Adoption

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

Infant domestic adoption

Step-parent / 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 (AAI) for a decision to grant a Declaration of Eligibility and Suitability to Adopt. The provision of counselling to birth parents considering adoption as an option for their child and the placing of children for adoption with 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.

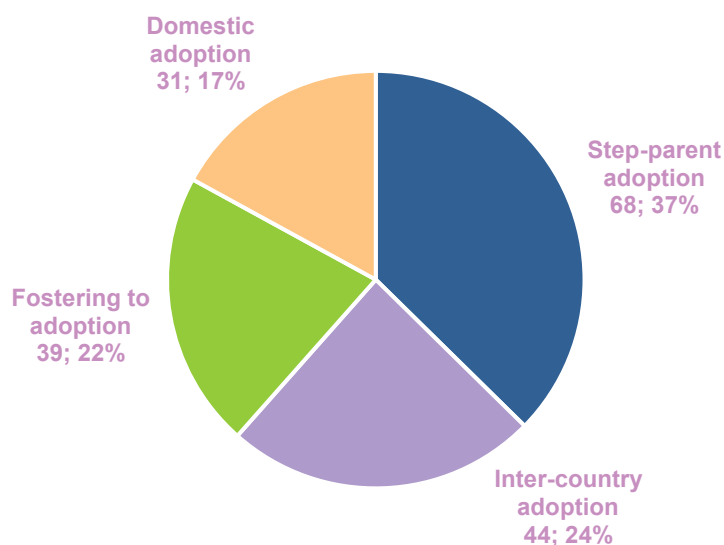
In the event that the birth parent is not consenting, and it is deemed in the child's best interest to pursue the adoption then an application is made to the High Court (through the AAI) to dispense with consent. The Agency applies to dispense with the birth mother's consent. In the case of birth fathers, 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.

3.7.1 Applications for Assessment to Adopt a Child

- In 2024, Tusla received **182 applications for assessment of eligibility and suitability as adoptive parent(s)**, 48 (21%) fewer than 2023 (230) and the fewest number since 2020 (158).
- The most common type of application received in 2024 was for step-parent adoption accounting for 37% (68) of all applications received, followed by inter-country adoption (44; 24%) (see *Figure 49*). Applications for domestic adoption accounted for the fewest number of applications received (31; 17%).

Figure 49: Applications for assessment as adoptive parent(s) by type, 2024



- A breakdown of the applications by type for the years 2020–2024 is presented in the table below (see *Table 86*).

Table 86: Applications for assessment as adoptive parent(s) by type, 2020–2024

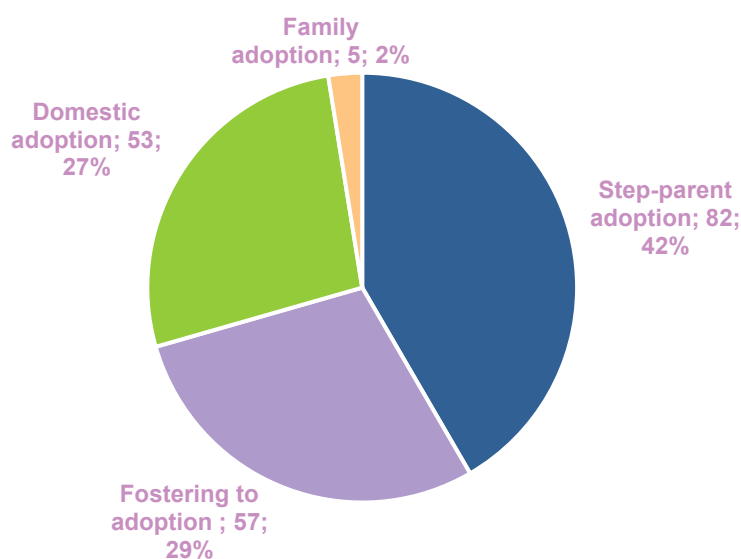
Applications	2020	2021	2022	2023	2024	% Total 2024
Step-parent adoption	48	65	57	89	68	37%
Inter-country adoption	34	56	42	47	44	24%
Fostering to adoption	51	37	56	60	39	21%
Domestic adoption	25	41	29	34	31	17%
Total	158	199	184*	230	182	100%

*2022—partial data (data from one Tusla Office not available for Q4 2022)

3.7.2 Children Subject of an Adoption Application

- **197 new children were referred for adoption** (all types) in 2024, 33 (14%) fewer than 2023 (230) (see *Figure 50*).
- The highest number of children referred were referred for step-parent adoption (82; 42%), followed by fostering to adoption (57; 29%). Children referred for domestic adoption accounted for more than one in four children referred (27%; 53), the highest number referred for all years 2020–2024.

Figure 50: Children referred for adoption by type, 2024



- A breakdown of new children referred for adoption for the years 2020–2024, by type is presented in the table below (see *Table 87*).

Table 87: Children referred for adoption by type, 2020–2024

Referrals	2020	2021	2022	2023	2024	% Total 2024
Step–parent adoption	98	123	82	88	82	42%
Fostering to adoption	76	67	84	111	57	29%
Domestic adoption	22	18	15	26	53	27%
Family Adoption	NA	NA	33	5	5	3%
Total	196	208	214*	230	197	100%

*2022—partial data (data from one Tusla Office not available for Q4 2022)

3.7.3 Adoption Assessments

- A total of **169 adoption assessments were presented to adoption committees** in 2024, 7 (4%) fewer than 2023 (176) when the highest number for all years 2020–2023 was reported (see *Table 88*). The adoption committees make a recommendation to the Adoption Authority of Ireland.
- The highest number of assessments presented in 2024 was for step–parent adoption (56; 33%) followed closely by fostering to adoption (53; 31%). Assessments for domestic adoption accounted for 12% (21) of all assessments presented (see *Figure 51 and Table 88*).

Figure 51: Number of assessments presented to adoption committees by type, 2024

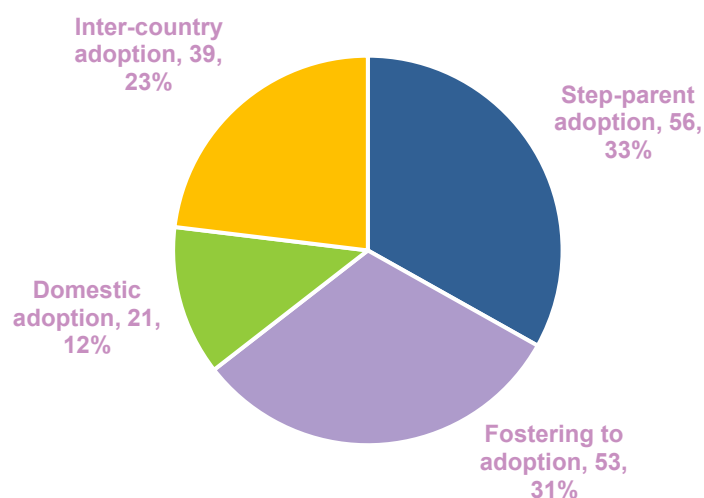


Table 88: Assessments presented to adoption committees, 2020–2024

Assessments	2020	2021	2022	2023	2024	% Total 2024
Step–parent adoption	66	67	48	74	56	33%
Fostering to adoption	30	50	41	47	53	31%
Inter–country adoption	37	41	41	43	39	23%
Domestic adoption	22	12	24	12	21	12%
Total	155	170	154	176	169	100%

3.8 Service for Separated Children Seeking International Protection

Tusla provides specialist services for separated children seeking international protection (SCSIP). Its primary function is to promote the welfare of children who are not receiving adequate care and protection in accordance with the Child Care Act 1991.

Separated children seeking international protection are defined as children under 18 years of age who are outside their country of origin, who may be in need of international protection and are separated from their parents or their legal/customary care giver.

The SCSIP service offers an urgent response to the presenting needs of unaccompanied minors who arrive in the jurisdiction. The service has a dual mandate to offer care and protection to the young people while in the care of Tusla and to assist them with integration into Irish life, and to support them through their international protection application.

While young people who have been displaced by the war in Ukraine in 2022 are unaccompanied minors, they are not seeking international protection as they are beneficiaries of the European Temporary Protection Directive. They fall under the remit of the SCSIP as they may be in need of care and protection under the Child Care Act 1991.

The SCSIP team is a multi-disciplinary team comprising social workers, social care workers, aftercare workers and family support practitioners. It is also a diverse team with over 20 nationalities.

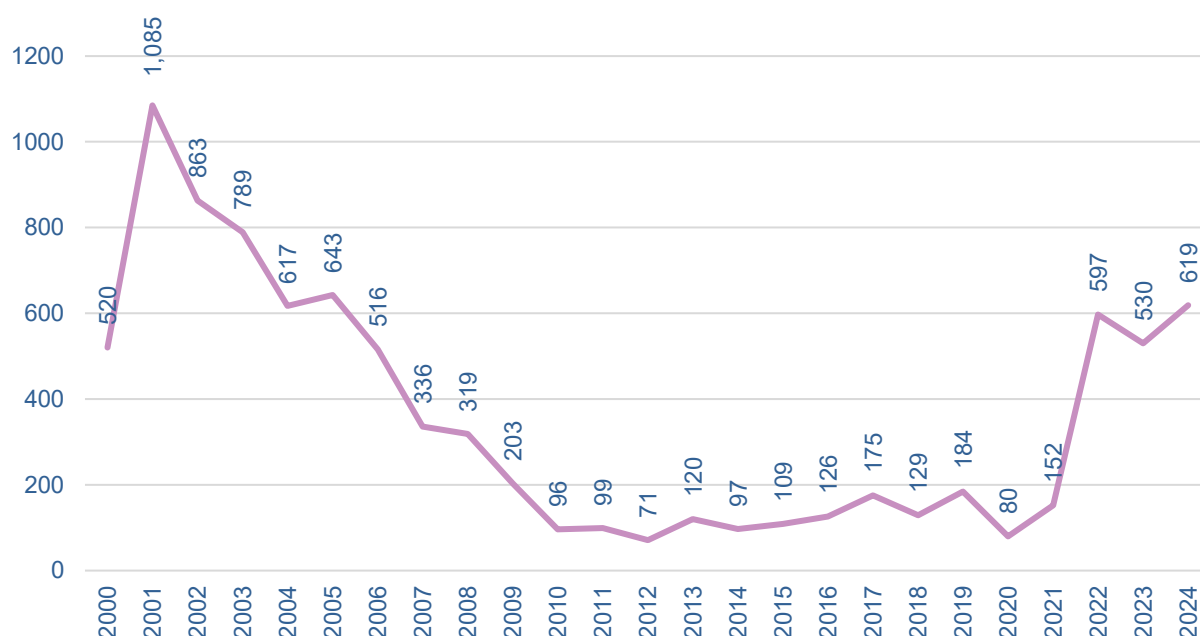
All referrals to the SCSIP team from the Department of Justice are screened for eligibility for services, and where required, an initial assessment helps determine the appropriate next steps to be taken. Where it appears that an unaccompanied minor reaches the threshold for receipt of Tusla services, they are admitted into the care of the State and provided with a child protection and welfare service from Tusla.

The social work team also operates a family reunification assessment service whereby immigration authorities, in accordance with the International Protection Act 2015, refers children presenting with families or adults in cases where parentage or guardianship is unclear. The social work team conduct an assessment, and based on the outcome children are either returned to the adults or families presenting or are taken into care where there are concerns around parentage, guardianship and or their safety and welfare.

3.8.1 Referrals

- In 2024, there were **619 referrals** to Tusla Service for Separated Children Seeking International Protection, 89 (17%) more than 2023 (530) and the highest number since 2005 (643) (see Figure 52).
- The high number of referrals is consistent with the ongoing war in Ukraine and the well documented increase in people seeking international protection.
- **34% (212/619) of referrals** for 2024 were for children from **Ukraine**, a similar percentage to 2023 (33%; 177/530), but lower than that for 2022 (44%; 261/597).
- For the three years 2022 – 2024 there has been a total of 1,746 referrals to the Service for Separated Children Seeking International Protection of which 650 (37%) were from Ukraine.

Figure 52: Referrals to the Tusla Service for SCSIP, 2000–2024



3.8.2 Children in Care / Accommodated

- During 2024 a total of **570 children were admitted to care /accommodated**⁴⁹ by the service, 138 (32%) more than 2023 (432) and 292 (105%) more than 2022 (278).
- 92% (570/619) of children referred in 2024 were admitted to care/accommodated.
- 35% (202/570) of children admitted to care/accommodated in 2024 were from Ukraine. The remaining 65% (368/570) of children were from about 30 different countries with the most common being Somalia, Afghanistan, Egypt, Algeria, Congo, Pakistan and Nigeria.
- **451 children were in care/being accommodated at the end of 2024**, 121 (37%) more than 2023 (330) and 256 (131%) more than at the end of 2022 (195) (see *Table 89*).
- 34% (155/451) of children in care/being accommodated at the end of 2024 were from Ukraine.

Table 89: Children in care/accommodated at year end, 2022–2024 by type

Year	# Ukraine	# Other Nationalities	# All Children	% Ukraine	% Other Nationalities
2024	155	296	451	34%	66%
2023	97	233	330	29%	71%
2022	73	122	195	37%	63%

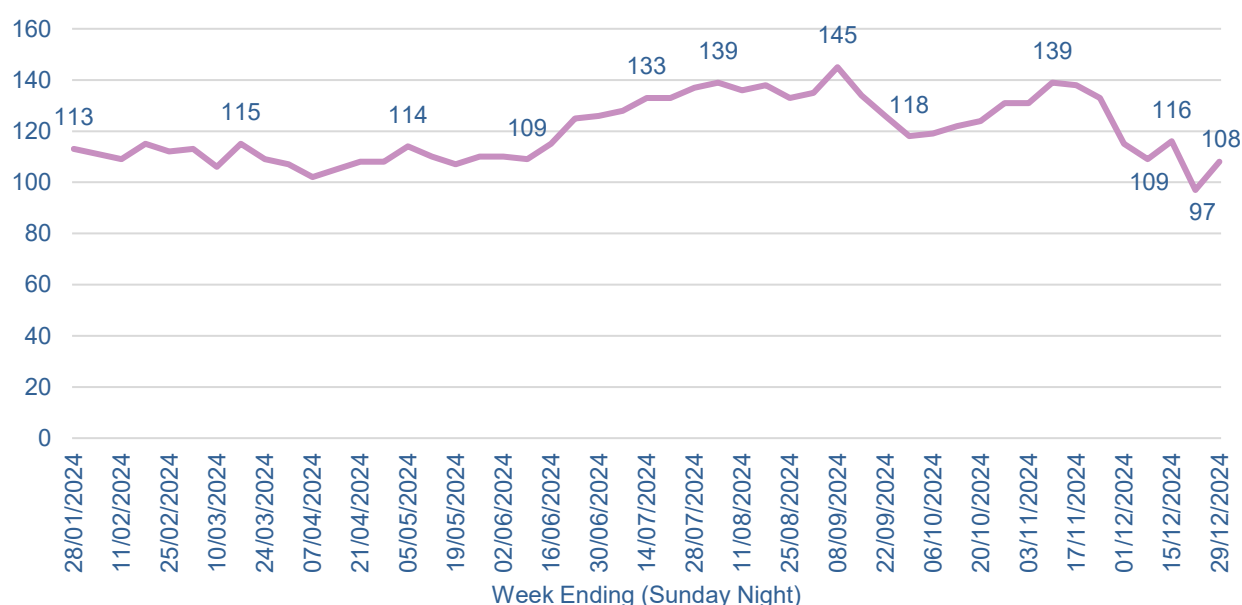
- Of the 451 children in care/accommodated at the end of 2024, **118 (26%) were in the care of Tusla** while the remaining **333 (74%) were being accommodated and provided with services under Section 5** Child Care Act 199.
- **Of the 118 children in care,**
 - 86 (73%) were in general residential care
 - 20 (17%) were in general foster care
 - 12 (10%) were in 'Other' care placements (3 supported lodgings and 9 in special emergency arrangements).
- Of the 118 children in care,
 - 2.5% (3) were under 12 years
 - 39% (46) were 12-15 years
 - 58.5% (69) were 16-17 years
- Of the 118 children in care,
 - 43 (36%) were on a care order (Section 18 Child Care Act 1991)
 - 15 (13%) were on an interim care order (Section 17 Child Care Act 1991)
 - 60 (51%) were in care under a voluntary arrangement (Section 4 Child Care Act 1991)

⁴⁹ Note: Beneficiaries of Temporary Protection (BOTP) are, in general accommodated under Section 5 of the Child Care Act 1991 and are therefore not in state care.

3.8.3 Special Emergency Arrangements - SCSIP

- There were at least 562⁵⁰ children (0-17 years) in special emergency arrangements (SEA) in 2024 (refer to Section 3.3.16 of this report for details on special emergency arrangements). *Note this figure is based on incomplete data for 2024 – data for some of the early weeks in 2024 is not available.*
- Of the 562 children in SEAs, **474 were placed for the first-time in 2024** while the remaining 88 were either in an SEA at the end of 2023 and continued in the SEA into 2024 or were discharged from an SEA at some point between October 2022 (collation of data commenced) and the end of 2023 and re-placed in an SEA in 2024.
- A breakdown of children in SEAs at the end of each week in 2024 is presented in the chart below (see Figure 53). As can be seen from the chart, the number of children in SEAs peaked at 145 in September 2024 after which it dropped to a low of 97 in December 2024.

Figure 53: Breakdown of children (SCSIP) in SEAs at the end of each week, 2024



- Of the children placed for the first-time in 2024 (474), the majority **88% (417) were 16-17 years** with the remaining **12% (57) 12-15 years**.
- The majority (76%; 361) of the children placed for the first-time in 2024 were placed in privately leased properties, with a further 23% (109) placed in hotels/B&Bs. The placement type was not specified for the remaining four children.

⁵⁰ It is possible that a number of children (approx. 50) may be counted more than once. The Service moved from recording IDs in one format to another in early 2024, as part of the development of their data systems. Therefore, depending on when a child was placed in a special emergency arrangement, it is possible that a number of children could be on the national tracker for SEAs (data collated manually) with two IDs. The tracker was set-up to monitor the number of children in SEAs weekly and hence has limitations when it comes to trend analysis.

3.8.4 Children Missing from Care - SCSIP

It should be noted that some SCSIP who go missing from care communicate their intention to travel on to other countries to join family members and some indicate that it was never their intention to remain in Ireland and leave soon after they arrive in the country. For those who do not subsequently make staff aware of their whereabouts, they are counted as missing, and An Garda Síochána is notified accordingly.

- At year-end 2024⁵¹, 32 SCSIP were reported as missing. Of these, eight went missing in 2023 and 24 went missing in 2024.
- None of the 32 children was in contact with staff and 30 of the 32 children were reported as missing for over 2 weeks.
- On average, about 23 children are reported missing when the data is collated on a fortnightly basis.

⁵¹ Figures based on data collated on the 19 December 2024 (data collated fortnightly)

4.0 FAMILY 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 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 2024, services commissioned under Sections 56–59 received funding of €217.127 million.

Family Support Services aim 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, Disability and Equality continues to support this work as central to realising the potential of prevention and early intervention for children, young people and their families.

4.1 Family Support Services

4.1.1 Referrals to Family Support Services

- Over **400 family support services were commissioned** by Tusla in 2024, to deliver services (see *Table 90*). This includes services where providers were both internal and external to Tusla. On average about 89% of services returned data for 2024.

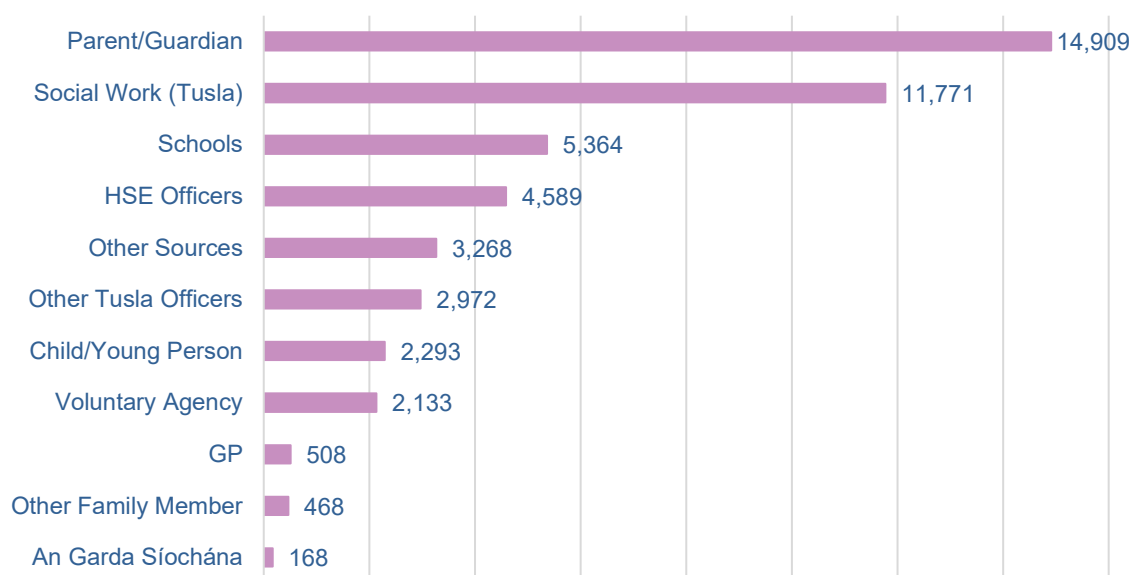
Table 90: Family Support Services Commissioned in 2024

Family Support Commissioned	Jan–Jun 2024	Jul–Dec 2024
Number of family support services commissioned, where providers were external to Tusla	359*	341*
Number of family support services commissioned, where providers were internal to Tusla	83*	37*
Total number of family support services commissioned (external + internal)	442*	378*
Number of responses received	375	352
% Response rate	85%	93%

* The data presented above on services commissioned is collated bi-annually and is not cumulative.

- In 2024, at least **48,443 children (0-17 years) were referred to family support services** (based on a response rate of 89%), with **19,413 children in receipt of family support services at year end** (based on a response rate of 93%). As this data is based on a response rate of less than 100%, the total number of children involved is likely to be higher and is not directly comparable with data for 2023 and previous years. It is also possible a child could be referred to more than one service and hence counted more than once in the figures above.
- The number of children referred to family support services equates to about **4.0% of children under 18 years** (based on Census 2022 data).
- In 2023, 47,260 children (0–17 years) were referred to family support services (based on a response rate of 86%) with 19,792 children in receipt of family support services at year end.
- Referrals for Tusla 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 2024, the **most common source of referral was parents/guardians accounting 31% (14,909) of all referrals**, followed by Tusla social workers (24%; 11,771), schools (11%; 5,364) and HSE officers (9%; 4,589). These four sources account for 76% (36,633) of all sources (see *Figure 54*).

Figure 54: Children referred to Family Support Services by source, 2024



- **68% (32,989) of children referred** to family support services in 2024 **received a service in 2024**. *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 plan underpinning the service to the child and his/her family.*
- The percentage who received a service (68%) is up four percentage points on 2023 (64%; 30,092). However, this comparison needs to be interpreted with caution due to incomplete returns.
- Of the number of children referred in 2024 who received a service:
 - 5% (1,624) were the subject of a child in care plan
 - 9% (2,978) were the subject of a Tusla child protection and welfare safety plan
 - 5% (1,808) were the subject of a Meitheal support plan
 - 41% (13,413) were the subject of a single agency family support plan.
- Further development of the metrics to provide more granular data on the types and quantities of family support services provided is required.
- Of the children who did not receive a service in 2024, it is possible that some may have received a service in 2025. Additional data is required to understand this more fully.

4.1.2 Referrals to Family Support Services by Tusla Area

- As can be seen from the table below (*see Table 91*), there is significant variation in the number and percentage 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. Additional data is required to examine this more fully.
- Based on the data returned, Dublin North City reported the highest number of children referred to family support services (5,426) followed by Dublin South Central (4,263) and Donegal (4,224).
- Midlands reported the fewest number (569) of children referred to family support services, followed by Mayo (1,191) and Cavan/Monaghan (1,718).
- Dublin North City also reported the highest rate of children referred (11.1%), followed by Donegal (10%) and Sligo/Leitrim/West Cavan (7.8%).
- The lowest rate (<1%) was reported by Midlands followed by Dublin South East/Wicklow (2%) and Dublin North (2.4%). Eight of the 17 areas reported a rate equal to or higher than the national average of 4%.
- The percentage of children referred to family support services in 2024 who received a service in 2024 ranged from 44% in Waterford/Wexford to 89% in Kerry. Ten of the 17 areas reported a percentage equal to or higher than the national average of 68%. The types of services received vary depending on the needs of the child and family.

Table 91: Children referred to family support services in 2024 who received a service by area (ranked by number referred)

Area	# Referred	Pop < 18 years	Rate/100 pop	# received a service	% received a service	Avg Response rate*
Dublin North City	5,426	48,909	11.1%	3,264	60%	96%
Dublin South Central	4,263	70,259	6.1%	2,763	65%	64%
Donegal	4,224	42,144	10.0%	3,552	84%	100%
Cork	3,865	136,786	2.8%	2,665	69%	88%
Waterford Wexford	3,616	69,239	5.2%	1,582	44%	76%
DSW/K/WW	3,258	108,927	3.0%	1,665	51%	100%
Carlow/Kilkenny/South Tipperary	3,245	62,366	5.2%	2,345	72%	97%
Midwest	3,236	96,764	3.3%	2,527	78%	92%
Galway/Roscommon	3,005	81,799	3.7%	2,298	76%	100%
Dublin North	2,545	104,281	2.4%	1,822	72%	89%
Louth/Meath	2,489	96,531	2.6%	1,575	63%	100%
Kerry	2,058	34,994	5.9%	1,823	89%	98%

Sligo/Leitrim/West Cavan	1,895	24,312	7.8%	1,585	84%	94%
Dublin South/East Wicklow	1,840	91,047	2.0%	881	48%	80%
Cavan/Monaghan	1,718	37,336	4.6%	1,278	74%	92%
Mayo	1,191	31,911	3.7%	1,026	86%	100%
Midlands	569	80,962	0.7%	338	59%	82%
Total	48,443	1,218,567	4.0%	32,989	68%	89%

*Response rate is based on the average for the two data returns (data reported bi-annually).

4.2 MEITHEAL

Meitheal⁵² is a Tusla led early intervention practice model designed to ensure that the strengths and needs of children and their families are effectively identified, understood, and responded to in a timely way so they get the help and support needed to improve children's outcomes and realise their rights. It is a multi-agency response (when necessary), tailored to the needs of the individual child or young person who does not meet the threshold for referral to a social work department under Children First 2015.

Meitheal is used in partnership with parents to help them share their own knowledge, expertise, and concerns about their child and to hear the views of practitioners working with them. The goal is to enable parents and practitioners to work together to achieve a better life for the child.

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.

⁵² Meitheal is an old Irish term that describes how neighbours would come together to assist in the saving of crops or other tasks.

4.2.1 Meitheal Requests

- In 2024, some **2,687 Meitheal processes were requested**, 195 (8%) more than 2023 (2,492) and the highest number for all years 2020 - 2024 (see Table 93).

Table 92: Number of Meitheal requests by year, 2020 - 2024

Year	2020	2021	2022	2023	2024	2024 v 2023	%Δ
# requests	2,287	2,373	2,320	2,492	2,687	195	8%

- 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 2024, these requests accounted for **67% (1,793)** of all requests, down six percentage points from 2023 (73%) (see Table 94).
- A further **25% (665)** of requests were cases that were **diverted by child protection and welfare social work teams**. In these situations, social workers are satisfied that there are no child protection concerns, but that there are unmet needs, which can potentially be addressed through the Meitheal process.
- The remaining **9% (229)** of requests were cases that were **stepped down by child protection and welfare social work teams**. 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 93: Pathways into Meitheal, 2020-2024

Pathway	# 2022	% Total	# 2023	% Total	# 2024	% Total
Direct Access	1,566	70%	1,820	73%	1,793	67%
Social Work Diversion	476	21%	490	20%	665	25%
Social Work Step-Down	210	9%	182	7%	229	9%
Total	2,252*	100%	2,492	100%	2,687	100%

*Pathway was not provided for 68 records

4.2.2 Meitheal Requests by Area

- As can be seen from the table below (see Table 95), the number of processes requested varies across the 17 Tusla areas.
- In 2024, the number of requests ranged from 44 (Mayo) to 586 (Carlow/Kilkenny/South Tipperary). Seven areas reported fewer than 100 requests, six areas reported between 100 and 200 requests, while the remaining four areas reported in excess of 200 requests.
- 4 areas (Carlow/Kilkenny/South Tipperary, Waterford/Wexford, Cork and Cavan/Monaghan) reported 55% (1,481) of all processes requested for 2024.
- 8 areas reported more requests in 2024 than 2023, with the largest increases reported by Carlow/Kilkenny/South Tipperary (up 392; 202%) and Cavan/Monaghan (up 112; 88%).
- Of the nine areas that reported a decrease, the largest decrease was reported by Dublin North (down 188; 73%) followed to a lesser extent by Dublin North City (down 54; 52%) and Louth/Meath (down 40; 25%).

Table 94: Meitheal processes requested by area, 2022–2024 (ranked by number for 2024)

Area	# 2022	# 2023	# 2024	2024 v 2023	% Δ
Carlow/Kilkenny/South Tipperary	183	194	586	392	202%
Waterford/Wexford	316	352	412	60	17%
Cork	197	271	243	-28	-10%
Cavan/Monaghan	232	128	240	112	88%
Kerry	224	174	194	20	11%
Dublin South West/Kildare/West Wicklow	138	167	151	-16	-10%
Louth/Meath	130	162	122	-40	-25%
Midlands	71	107	112	5	5%
Dublin South East/Wicklow	76	91	106	15	16%
Midwest	108	131	105	-26	-20%
Galway/Roscommon	135	111	82	-29	-26%
Dublin North	208	259	71	-188	-73%
Dublin South Central	68	86	60	-26	-30%
Donegal	68	75	56	-19	-25%
Sligo/Leitrim/West Cavan	46	43	54	11	26%
Dublin North City	83	103	49	-54	-52%
Mayo	37	38	44	6	16%
Total	2,320	2,492	2,687	195	8%

- Looking across the areas the pathways into Meitheal also vary considerably across the 17 areas (see Table 96). The percentage of direct or self-initiated requests ranged from 49% (Carlow/Kilkenny/South Tipperary) to 93% (Midlands). Twelve of the 17 areas reported a percentage equal to or higher than the national average of 67%.

- The percentage of Meitheal requests that were diverted from social work ranged from 2% (Mayo) to 50% (Carlow/Kilkenny/South Tipperary) (see Table 96). Three of the 17 areas reported a percentage equal to or higher than the national average of 25%.
- The percentage of requests that were stepped down from social work ranged from 1% (Waterford/Wexford) to 26% (Cork) (see Table 96). Six of the 17 areas reported a percentage equal to or higher than the national average of 9%.

Table 95: Breakdown of pathways into Meitheal by area, 2024

Area	# Direct Access	% Direct Access	# SW Diversion	% SW Diversion	# SW Step-Down	% SW Step-Down	Total Requests
Carlow/Kilkenny/South Tipperary	285	49%	292	50%	9	2%	586
Waterford/Wexford	311	75%	96	23%	5	1%	412
Cork	136	56%	43	18%	64	26%	243
Cavan/Monaghan	129	54%	54	23%	57	24%	240
Kerry	100	52%	59	30%	35	18%	194
DSW/K/WW	119	79%	29	19%	3	2%	151
Louth/Meath	67	55%	47	39%	8	7%	122
Midlands	104	93%	6	5%	2	2%	112
Dublin South East/Wicklow	92	87%	6	6%	8	8%	106
Midwest	89	85%	6	6%	10	10%	105
Galway/Roscommon	75	91%	5	6%	2	2%	82
Dublin North	64	90%	4	6%	3	4%	71
Dublin South Central	48	80%	6	10%	6	10%	60
Donegal	46	82%	3	5%	7	13%	56
Sligo/Leitrim/West Cavan	45	83%	5	9%	4	7%	54
Dublin North City	43	88%	3	6%	3	6%	49
Mayo	40	91%	1	2%	3	7%	44
Total	1,793	67%	665	25%	229	9%	2,687

4.2.3 Meitheal Process

- Of the number of Meitheal requests received in 2024, **73% (1,974) 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.
- **1,679 Meitheal processes reached completion of stage 2 (discussion stage)** in 2024. At this point the Strengths and Needs Record Form is signed and dated, and next steps are clearly outlined.
 - Of these, 53% (885) 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% (39) were referred to Tusla Social Work Services. This is where a member of the Meitheal deems it appropriate under Children First 2015 for the involvement of Tusla Social Work Services and accordingly a standard report is made to the Social Work Services.
 - 32% (529) 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.
 - 13% (226) were closed. This is where the lead practitioner and parent(s) decide in partnership to close the Meitheal process after the discussion stage.
- **2,112 Meitheal processes were closed in 2024**. Of these,
 - 33% (692) were closed following submission of the request form (end of stage 1).
 - 25% (524) were closed following completion of the strengths and needs form (stage 2).
 - 11% (241) were closed following commencement of Meitheal support meetings (stage 3).
 - 31% (655) were closed post–delivery (end of process).
- While further data is required to understand how children are benefitting from Meitheal, a recent review⁵³ of the implementation and impact of Meitheal, including the role of Child and Family Support Networks (CFSN) in supporting delivery, conducted by UNESCO Child and Family Research Centre, University of Galway on behalf of Tusla, found that it is a valued model within the suite of support services offered. Parents in the review provided encouraging feedback on their experience of the model and the positive impact it had on their family circumstances

⁵³ [A Review of Meitheal, a Tusla Led Early Intervention National Practice Model](#)

4.3 Child and Family Support Networks

Child and Family Support Networks (CFSN) are collaborative networks of community, voluntary and statutory providers designed 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'⁵⁴ 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.

- There were **114 Child and Family Support Networks (CFSN)** operating at the end of 2024, six fewer than 2023 (120) (see Table 97). A further five were in development.

Table 96: Number of CFSN by area, December 2024 (ranked by number operating)

Area	# CFSN Operating
Midwest	13
Cork	12
Galway/Roscommon	12
Dublin South West/Kildare/West Wicklow	10
Carlow/Kilkenny/South Tipperary	8
Waterford/Wexford	8
Dublin South East/Wicklow	7
Dublin South Central	6
Dublin North City	6
Louth/Meath	5
Donegal	5
Midlands	4
Dublin North	4
Cavan/Monaghan	4
Mayo	4
Kerry	3
Sligo/Leitrim/West Cavan	3
Total	114

⁵⁴ 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).

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