An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

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

# 2025

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# ABBREVIATIONS

| | |
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| 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 |
| S*of*S | Signs of Safety |
| TCM | Tusla Case Management System |
| SLWC | Sligo/Leitrim/West Cavan |
| WD/WX | Waterford/Wexford |

# GLOSSARY

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| **Emergency Care Order** | Tusla can apply to the District Court for an emergency care order when there is reasonable cause to believe that there is an immediate and serious risk to the health or welfare of a child. An emergency care order can be for a period of up to 8 days [Section 13 Child Care Act 1991] |
| **Interim Care Order** | Tusla applies to the Court for an interim care order where an application for a care order has been or is about to be made (whether or not an emergency care order is in force) and, there is reasonable cause to believe that it is necessary for the child's health or welfare, for the child to be placed or maintained in the care of Tusla pending the determination of the application of the care order. The limit on an interim care order is 28 days; however, a Court can grant an extension to that period if it is satisfied it is still necessary [Section 17 Child Care Act 1991] |
| **Care Order** | A care order is applied for when a child needs protection and is unlikely to receive it without the use of one. The Court may make a care order when: the child has been or is being neglected, assaulted, ill–treated, or sexually abused; or the child's health, development, or welfare has been or is being avoidably impaired or neglected; or the child's health, development or welfare is likely to be avoidably impaired or neglected.<br><br>A care order is usually made for as short a period as possible, and this decision is made by the Court. However, if necessary, the Court may decide to place a child in care up to their 18th birthday [Section 18 Child Care Act 1991] |
| **Supervision Order** | A supervision order is granted by a District Court Judge and allows Tusla to visit and monitor the health and welfare of the child and to give the parents any necessary advice and support. The order is for up to a maximum of 12 months but can be renewed [Section 19 Child Care Act 1991] |
| **Voluntary Care** | This is where the parents request or agree to their child being taken into the care of Tusla. In these cases, Tusla must consider the parents' wishes on aspects of how care is provided. As long as a child requires safety and welfare |

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| | 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 |

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| | 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** | 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).<br><br>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 and 59 of the Child and Family Agency Act 2013. |

## 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 at a local level.

**Version 2.0**
**01 September 2026**

# SUMMARY FINDINGS 2025

This report presents data and information on Tusla's - child protection and welfare services, children in the care of Tusla and children referred to family and community support services, for the year 2025.

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

- **106,444 referrals received** by Child Protection and Welfare Services in 2025[1], 9,778 (10%) more than 2024 (96,666), and the highest number for the 5–year period 2020-2025[2].
- **19% (20,324)** 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 **34% (35,940) of referrals**, far exceeding any other source. A similar pattern to previous years.
- **56% (59,098)** of referrals were for **welfare concerns**, **44% (46,365)** 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 1% (981) of referrals.
- The **most common type of child protection concern was emotional abuse**, accounting for **45% (20,873)** of child protection referrals (46,365) and 20% of all referrals. Sexual abuse was the least common type of child protection concern reported, accounting for 14% (6,287) of child protection referrals and 6% of all referrals.
- **84% (38,830/46,365)** 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 27% (8,190) increase on 2024 (30,640).

[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.

- Following screening, **27% (28,571)** of referrals moved to the next stage of the referral process — the **preliminary enquiry (PE)** stage. The referrals that didn't proceed to the preliminary enquiry stage were either diverted to family support services, diverted to another agency, closed with no further action, or closed because there was already another open referral for the child and assessment was ongoing with the family (i.e., information combined with open referral). A small number of cases may having been awaiting sign-off or a preliminary enquiry to commence when the data was extracted (May 2026).
- Of the referrals where the preliminary enquiry was completed (28,396), **34% (9,771) required an initial assessment**.
- **53% (4,065)** of referrals where the initial assessment was completed (7,627) were **closed to social work after the initial assessment**, 30% (2,300) required a safety planning response, 13% (1,028) required a child protection conference and 3% (234) required admission to care.

## Cases Open to Social Work

- There were **23,612 cases open to social work at the end of 2025**, the highest number for the period 2020–2025. Equates to one in 50 children in Ireland in receipt of social work services from Tusla for child protection and welfare concerns.
- **77% (18,214)** of cases open to social work were **allocated** to case workers (social workers / other professionals)[3], a slight increase from 2024 (75%). The number of children allocated at the end of 2025 was the highest number for the period 2020–2025.
- 82% (14,928) of allocations were to social workers with the remaining 18% (3,286) to other professional workers, mainly social care workers.
- **5,398 (23%)** cases were **awaiting allocation** to case workers, 392 (7%) fewer than 2024 (5,790).
- **49% (2,665) of cases awaiting allocation** were being progressed by dedicated duty teams or rotating social workers on a duty roster.
- **232 (4%) cases awaiting allocation** were categorised as **high priority**, 291 (56%) fewer than 2024 (523) when the highest number for the period 2020–2024 was reported.
- **68% (3,652) of cases awaiting allocation** were waiting three months or less, a similar percentage to 2024 (69%). The remaining 32% (1,722) of cases were waiting longer than three months.
- In 12 of the 17 areas, at least 80% of cases open to social work at the end of 2025 were allocated. Rates reported by Dublin South Central (57%), Dublin South West/Kildare/West

[3] 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

Wicklow (60%), Cork (66%) Midlands (74%) and Dublin South East/Wicklow (74%) were lower than all other areas.

## Children Subject to a Child Protection Plan

- There were **1,173 children 'active' on the CPNS** at the end of 2025, 136 (13%) more than 2024 (1,037), the third consecutive increase and the highest number for all years 2018–2025.
- The number of children 'active' on the CPNS equates to about ten children per 10,000 of the 0–17 years population.
- **30% (356) of children 'active' on the CPNS were under 5 years**, marginally lower than the 5–9 years age group at 32% (375). Twelve percent (143) of those "active" were 15–17 years.
- Over the 4-year period 2021–2025, 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 5-9 year olds 'active'.
- **Neglect** continues to be the **most common concern** for children "active" on the CPNS **(55%; 643).** Neglect and emotional abuse (38%; 442) combined accounted for 92% (1,085) of cases "active".
- **More than half (58%; 680)** of children "active" on the CPNS were **"active" for no longer than six months**, while 80% (938) were "active" for no longer than 12 months. Eleven percent (134) of children were "active" for more than 18 months.

# ALTERNATIVE CARE SERVICES

## First–Time Admissions to Care

- **577 children came into care for the first time in 2025** across the 17 Tusla areas[4], 27 (4%) fewer than 2024 (604), the fourth consecutive decrease and the fewest number for the period 2017–2025.
- 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 almost one in four children (23%; 135), followed to a lesser extent by the younger ages of one to eight years.
- The **most common reason** for children coming into care for the first time was **neglect**, accounting for 61% (354) of cases, while the least common reason was sexual abuse accounting for 1% (4) of cases. A similar pattern to previous years.
- **59% (340)** of children coming into care for the first time were **admitted under an order of the court**. The remaining 41% (237) of children were admitted under a voluntary arrangement with the parent(s) / guardians.
- **76% (437)** of children coming into care for the first-time were **placed in foster care**, 5% (29) were placed in residential general care, while the remaining 19% (111) 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 an increase in the percentage being placed in relative foster care and 'other' care placements[5]. Residential care rose to 5% in 2025 after earlier declines.

## Total Admissions to Care

- **901 admissions** to care across the 17 Tusla areas in 2025, 15 (2%) fewer than 2024 (916), when the highest number for all years 2017–2024 was reported.
- **36% (324) of all admissions were second or subsequent admissions**, up from 34% (312) in 2024 and 29% (258) in 2023. The percentage of second or subsequent admissions has doubled over the four years 2022–2025.
- The **most common age at admission** was **under one year accounting for 16% (146)** of all admissions followed by the older ages of 15 years (67; 7.4%) and 16 years (64; 7.1%).

[4] 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

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

- The **most common reason for admission** to care was **neglect accounting for 52% (470)** of all admissions, followed by welfare concerns accounting for a further 22% (199) of admissions. Sexual abuse is the least common reason for admission to care, accounting for 2% (14) of all admissions.
- **74% (664) of admissions to care were to foster care**, 5% (45) were to residential general care and 21% (192) were to "other" care placements. Of the 664 admissions to foster care, 27% (182) were to foster care with relatives.
- **53% (482) of all admissions to care were under an order of the court.** The remaining 47% (419) were under a voluntary arrangement with the parent(s)/guardian.

## Children in Care

- There were **5,729 children in the care of the State at the end of 2025**. These children were reported by the 17 Tusla areas[6].
- There were **24 (<1%) more children in care at the end of 2025 than at the end of 2024** (5,705), the second consecutive increase after six consecutive decreases over the 8-year period 2017-2025.
- 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 17 years (518; 9%) and the fewest number aged under one year (109; 1.9%). A similar pattern to previous years.
- **88% (5,042)** of children in care were in **foster care** and of these 30% (1,513) were in relative foster care. Residential care (general and special care) accounted for 8% (484) of children in care.
- **Neglect was the most common reason** for being in care, accounting for half **52% (2,987)** of all children in care.
- **87% (4,983)** of children in care **were in care under an order of the court**, while the remaining 13% (746) 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 7.6 percentage points over the 4-year period 2021–2025.
- **Half (50.1%; 2,870**) of the children in care were **in care for 5 years or less** and of these one in four (23.3%; 670) was in care for less than a year. The remaining 49.9% (2,859) were in care for 6+ years.

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

- **5.7% (328)** of all children in care were **in their third or greater placement** within the previous 12 months. No change from 2024 (5.7%).
- **17 (0.3%)** children in care were in **placements outside of Ireland**, one more than 2024 (16). All but two of the children were in foster care.
- **18% (1,013)** of children in care were in placements with private providers, 70 (7%) more than 2024 (943) and the highest number for the 4-year period 2021–2025.
- **100 children 12 years and younger were in residential placements**, 8 (9%) more than 2024 (92) and the highest number for the 4-year period 2021–2025.
- **95% (3,512/3,709)** of children in care aged **6–15 years** and **93% (935/1,009)** aged **16–17 years** were in **full–time education** (as per their care plan) at the end of 2025, consistent with previous years.
- **99% (5,650)** of children in care had an **allocated case worker** at the end of 2025; 79 (1%) were awaiting allocation.
- 89% (5,038) of allocations were to social workers; 11% (612) were to other professionals, mainly social care workers.
- **84% (4,812)** of children in care had an **up-to-date care plan** at the end of 2025; 917 (16%) were awaiting an up-to-date care plan.
- **349 children were in special emergency arrangements (SEAs) during 2025**, 57 (20%) more than 2024 (292) and 14 (4%) more than 2023 (335). Of the 349 children, 287 (82%) were placed for the first-time in 2025, 75 (35%) more than 2024 (212) and 8 (3%) more than 2023 (279).
- There were **45 children in SEAs at year end**, down from a high of 63 in August 2025, a 29% (18) reduction.

## Discharges from Care

- **844 discharges from care** across the 17 Tusla areas in 2025, 7 (<1%) more than 2024 (837) when the fewest number of for all years 2017–2024 was reported.
- The overall trend in discharges from care is downward from 1,073 in 2017 to 844 in 2025, despite some minor fluctuations (2020, 2023 and 2025).
- **Just over half (51%; 432) of all discharges** were for **young people turning 18 years**, consistent with previous years.
- **64% (537)** of all 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.
- **73% (300)** of discharges, excluding young people discharged by virtue of turning 18 years, **returned to their parent/s.**

- **62% (267)** of those discharged by virtue of turning 18 years **remained with their carer/s**. About one in five (87; 20%) moved to independent living.
- 57 more admissions than discharges reported by the 17 Tusla areas for 2025.

## Foster Carers

- **3,782 foster carers** (statutory and non–statutory) on the **panel of approved foster carers** at the end of 2025, 27 (<1%) fewer than 2024 (3,809) and the fewest number of the period 2015–2025.
- There has been a 17% (755) decrease in foster carers (statutory and non-statutory) on the panel since 2016 when a high of 4,537 was reported.
- **280 'unapproved' relative foster carers (emergency)** [7] at the end of 2025, 36 (15%) more than 2024 (244). Of these, **80% (224**) had a **child placed for more than 12 weeks**, 21 (10%) more than 2024 (203).
- **223 general and relative** foster carers (statutory) **approved in 2025**, 12 (6%) more than 2024 (211) and **43 private foster carers** (non-statutory) **approved**, 9 (26%) more than 2024 (34).
- **250 general and relative** foster carers (statutory) **ceased fostering** in 2025, 5 (2%) fewer than 2024 (255).
- **91% (1,953) of general foster carers** (statutory) had an **allocated link (social) worker** at the end of 2025; 193 awaiting allocation.
- **94% (909) of relative foster carers** (statutory) had an **allocated link (social) worker** at the end of 2025; 53 awaiting allocation.
- 97% (218/224) of "unapproved" relative foster carers with a child placed for more than 12 weeks had a link (social) worker at the end of 2025.

## Aftercare

- **680 referrals** for an aftercare service in 2025, 100 (17%) more than 2024 (580). Of the 680 young people referred, 97% (661) were eligible for an assessment of need.
- **2,985 young people in receipt of aftercare services** at the end of 2025, 50 (2%) more than 2024 (2,935).
- **81% (1,787/2,214) of the 18–22 years** cohort in receipt of aftercare services were **in education/training**.

[7] 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.

- **43% (963/2,214) of the 18–22 years** cohort in receipt of aftercare services at the end of 2025, were **continuing to live with their carers** implying that they continue to experience caring relationships and stable living arrangements. A further 8% (174) had returned home to family, while **one in four (23%; 504) had moved to independent living** arrangements.
- **78% (2,317/2,985)** of young people in receipt of aftercare services **had an aftercare plan**, with this figure rising to 95% (2,093) for the 18–22 years cohort. The overall percentage with a plan is down slightly from 2024 (82%; 2394/2,935).
- **91% (1,946)** of those with an aftercare plan assessed as needing an aftercare worker (2,147) **had an aftercare worker**, up from 88% at the end of 2024 (1,998/2,280). A total of 201 young people were awaiting an aftercare worker, 81 (29%) fewer than 2024 (282).
- 90% (1,756/1,953) of the 18-22 years cohort assessed as needing an aftercare worker had an aftercare worker, while 197 (10%) were awaiting.
- 98% (190/194) of those under 18 years assessed as needing an aftercare worker had an aftercare worker, while 4 (2%) were awaiting.

## Adoption Services

- **314 applications for assessment of eligibility and suitability** as adoptive parent(s) were received in 2025, 132 (73%) more than 2024 (182) and the highest number for all years 2020 – 2025.
- The most common type of application received in 2025 was fostering to adoption accounting for more than half of applications (54%; 169). Applications for domestic adoption accounted for the fewest number of applications received (38; 12%).
- **291 new children were referred for adoption** (all types) in 2025, 94 (48%) more than 2024 (197) and the highest number of all years 2020 - 2025
- The majority (54%; 158) of children referred were referred for fostering to adoption. Children referred for domestic adoption accounted for about one in 10 (10%; 29) children referred.
- A total of **181 adoption assessments were presented to adoption committees** in 2025, 12 (7%) more than 2024 (169) and the highest number for all years 2020–2025. The local adoption committees make a recommendation to the Adoption Authority of Ireland.
- The most common adoption assessment presented in 2025 was for fostering to adoption (63; 35%) followed closely by step-parent adoption (62; 34%). Assessments for domestic adoption accounted for 17% (31) of all assessments presented.

## Service for Separated Children Seeking International Protection

- **768 referrals to** Tusla Service for Separated Children Seeking International Protection in 2025, 149 (24%) more than 2024 (619) and the highest number since 2003 (789).

- **38% (289/768) of referrals were for children from Ukraine**, a slightly higher percentage than 2024 (34%; 212/619) and 2023 (33%; 177/530) but lower than that for 2022 (44%; 261/597).
- For the four years 2022 – 2025 there has been a total of 2,514 referrals to the Service for Separated Children Seeking International Protection of which 939 (37%) were from Ukraine.
- **747 children were admitted to care/accommodated** by the service in 2025, 177 (31%) more than 2024 (570), 315 (73%) more than 2023 (432) and 469 (169%) more than 2022 (278).
- **35% (263/747) of children admitted to care/accommodated were from Ukraine**. The remaining 65% (484/747) of children were from about 30 different countries with the most common being Somalia, Afghanistan, Egypt, Algeria, Democratic Republic of Congo, Pakistan and Nigeria.
- **600 children and young people were in care/being accommodated** by the service at the **end of 2025**, 149 (33%) more than 2024 (451), 270 (82%) more than 2023 (330) and 405 (208%) more than 2022 (195).
- Of the 600 children in care/accommodated at the end of 2025, **150 (25%) were in the care of Tusla** while the remaining **450 (75%) were being accommodated/provided with services under Section 5 of the Child Care Act 1991.**

# FAMILY SUPPORT SERVICES AND MEITHEAL

## Referrals to Family Support Services

- At least **50,571 children referred to family support services in 2025** (based on a response rate of 88%), with **21,391 children in receipt of family support services** at year end (based on a response rate of 90%).
- 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 2025, the **most common source of referral was parents/guardians** accounting for 27% (13,594) of all referrals, followed by Tusla social workers (26%; 13,604), schools (12%; 5,864) and HSE Officers (9%; 4,529). These four sources account for 73% (37,051) of all sources.
- **69% (34,891)** of children referred to family support services in 2025 received a service in 2025 (ranges from 34% to 92% 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

- **2,667 Meitheal processes were requested in 2025**, 20 (1%) fewer than 2024 (2,687) when the highest number for all years 2020–2024 was reported.
- **65% (1,739)** of Meitheal processes requested in 2025 were **requested either by the family themselves**, or directly by a practitioner; **25% (670)** of Meitheal processes requested were **diversions from social work** and **10% (258)** of Meitheal processes requested were initiated following **step–down from social work**.
- **67% (1,788)** of Meitheal processes requested in 2025 proceeded to Stage 2 (discussion stage). The Meitheal is considered to be initiated at this point.
- **1,592 Meitheal processes reached completion of stage 2** (discussion stage) in 2025 and of these 50% (795) proceeded to delivery, 3% (44) were referred to Tusla Social Work Services, 36% (573) were referred “to a single agency response”, 11% (180) were closed.
- **2,236 Meitheal processes were closed in 2025**. Of these, 39% (874) were closed following submission of the request form (end of stage 1); 26% (582) were closed following completion of the strengths and needs form (stage 2); 9% (201) were closed following commencement of Meitheal support meetings (stage 3); 26% (579) were closed post–delivery (end of process).

## Child and Family Support Networks

- **114 Child and Family Support Networks** (CFSN) operating at the end of 2025, no change from 2024.

# SUMMARY OF KEY FIGURES

| Measure | 2024 | 2025 | Δ 2025 v 2024 |
|---|---|---|---|
| **Child Protection & Welfare** | | | |
| **# Referrals to CPW Services** | **96,666** | **106,444** | **+9,778 (10%)** |
| # Welfare Concerns | 58,695 (60.7%) | 59,098 (55.5%) | +403 (1%) |
| # Abuse/Neglect | 37,427 (38.7%) | 46,365 (43.6%) | +8,938 (24%) |
| # Not recorded | 544 (0.6%) | 981 (0.9%) | +437 (80%) |
| **# Cases Open to Social Work[8]** | **22,839** | **23,612** | **+773 (3%)** |
| # / % Allocated | 17,049 (75%) | 18,214 (77%) | +1,165 (7%) |
| # / % Awaiting Allocation | 5,790 (25%) | 5,398 (23%) | -392 (7%) |
| # / % High Priority Awaiting | 523 (9%) | 232 (4%) | -291 (56%) |
| **# Children "Active" on CPNS** | **1,037** | **1,173** | **+136 (13%)** |
| % Allocated | 100% | 98% | -2 % points |
| **Alternative Care** | | | |
| **# First–time Admissions to Care[9]** | **604** | **577** | **-27 (4%)** |
| % / # Admitted under Care Order | 62% (372) | 59% (340) | -3 % points |
| % / # Admitted by Voluntary Agreement | 38% (232) | 41% (237) | +3 % points |
| % / # Admitted to Foster Care | 80% (484) | 76% (437) | -4 % points |
| # / % 15–17 year–olds admitted to care | 62 (10%) | 67 (12%) | +2 % points |
| **# Total Admissions to Care[10]** | **916** | **901** | **-15 (2%)** |
| % / # Admitted under Care Order | 55% (505) | 53% (482) | -2 % points |
| % / # Admitted by Voluntary Agreement | 45% (411) | 47% (419) | +2 % points |
| % / # Admitted to Foster Care | 79% (723) | 74% (664) | -5 % points |
| # / % admissions for 15–17 year–olds | 138 (15%) | 170 (19%) | +4 % points |
| **# Children in Care[10]** | **5,705** | **5,729** | **+24 (<1%)** |
| % / # in Foster Care | 89% (5,057) | 88% (5,042) | -1 % points |
| % / # in Residential Care | 8.0% (457) | 8.4% (484) | +0.4 % points |
| % / # in "Other" Care Placements | 3.3% (191) | 3.5% (203) | +0.2 % points |
| % / # in Care under Court Order | 85% (4,848) | 87% (4,983) | +2 % points |
| % / # in Care under Voluntary Agreement | 15% (857) | 13% (746) | -2 % points |
| % / # in care for 6+ years | 50.9% (2,905) | 49.9% (2,859) | -1 % point |
| % / # Allocated to case worker | 86% (4,892) | 99% (5,650) | +13 % points |
| % 6–15 years in Education | 96% (3,582) | 95% (3,512) | -1 % point |

[8] 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).

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

| | | | |
|---|---|---|---|
| **# Total Discharges from Care[10]** | **837** | **844** | **+7 (1%)** |
| # / % discharged – turned 18 years | 439 (52%) | 432 (51%) | -7 (2%) |
| # / % aged out remaining with carers | 66% (289) | 62% (267) | -4 % points |
| | | | |
| **# Foster Carers on the Panel** | **3,809** | **3,782** | **-27 (<1%)** |
| # General Foster Carers (statutory) | 2,191 (58%) | 2,146 (57%) | -45 (2%) |
| # Relative Foster Carers (statutory) | 963 (25%) | 962 (25%) | -1 (<1%) |
| # Private Foster Carers (non-statutory) | 655 (17%) | 674 (18%) | +19 (3%) |
| # Foster Carers (statutory) Approved | 211 | 223 | +12 (6%) |
| # Foster Carers (statutory) who Ceased | 255 | 250 | -5 (2%) |
| % General Foster Carers (statutory) with Link Worker | 92% | 91% | -1 % point |
| % Relative Foster Carers (statutory) with Link Worker | 97% | 94% | -3 % points |
| | | | |
| **# Young People in Receipt of Aftercare** | **2,935** | **2,985** | **+50 (2%)** |
| #18–22 years in Receipt of Aftercare | 2,196 (75%) | 2,214 (74%) | +18 (1%) |
| # <18 years in Receipt of Aftercare | 739 (25%) | 771 (26%) | +32 (4%) |
| % 18–22 years in Education / Training | 78% | 81% | +3 % points |
| % in Receipt of Aftercare with Aftercare Plan | 82% (2,394) | 78% (2,317) | -4 % points |
| % in Receipt of Aftercare with Aftercare Worker[10] | 88% (1,998) | 91% (1,946) | +3 % points |
| | | | |
| **# Referrals to Service for SCSIP[11]** | **619** | **768** | **+149 (24%)** |
| # children admitted to care / accommodated | 570 | 747 | +177 (31%) |
| # Children in care / accommodated year end | 451 | 600 | +149 (33%) |
| | | | |
| **# Children referred to FSS** | **48,443[12]** | **50,571[13]** | **+2,128 (4%)** |
| # Children in receipt of FSS year end | 19,413[14] | 21,391[15] | +1,978 (10%) |
| % of children referred who received a service | 68% (32,989) | 69% (34,891) | +1 % point |
| **# Meitheal processes requested** | **2,687** | **2,667** | -20 (<1%) |
| # Meitheal processes requested – direct access | 1,793 (67%) | 1,739 (65%) | -54 (3%) |
| # Meitheal processes requested – social work diversion | 665 (25%) | 670 (25%) | +5 (1%) |
| # Meitheal processes requested – social work step–down | 229 (9%) | 258 (10%) | +29 (13%) |
| % Meitheal processes that proceeded to Stage 2[16] | 73% (1,974) | 67% (1,788) | -6 % points |

[10] Number with an aftercare worker is based on the number with an aftercare plan assessed as needing an aftercare worker.

[11] SCSIP: Separated Children Seeking International Protection

[12] 2024 Response rate 89% of services

[13] 2025 Response rate 88%

[14] 2024 Response rate 93% of services

[15] 2025 Response rate 90%

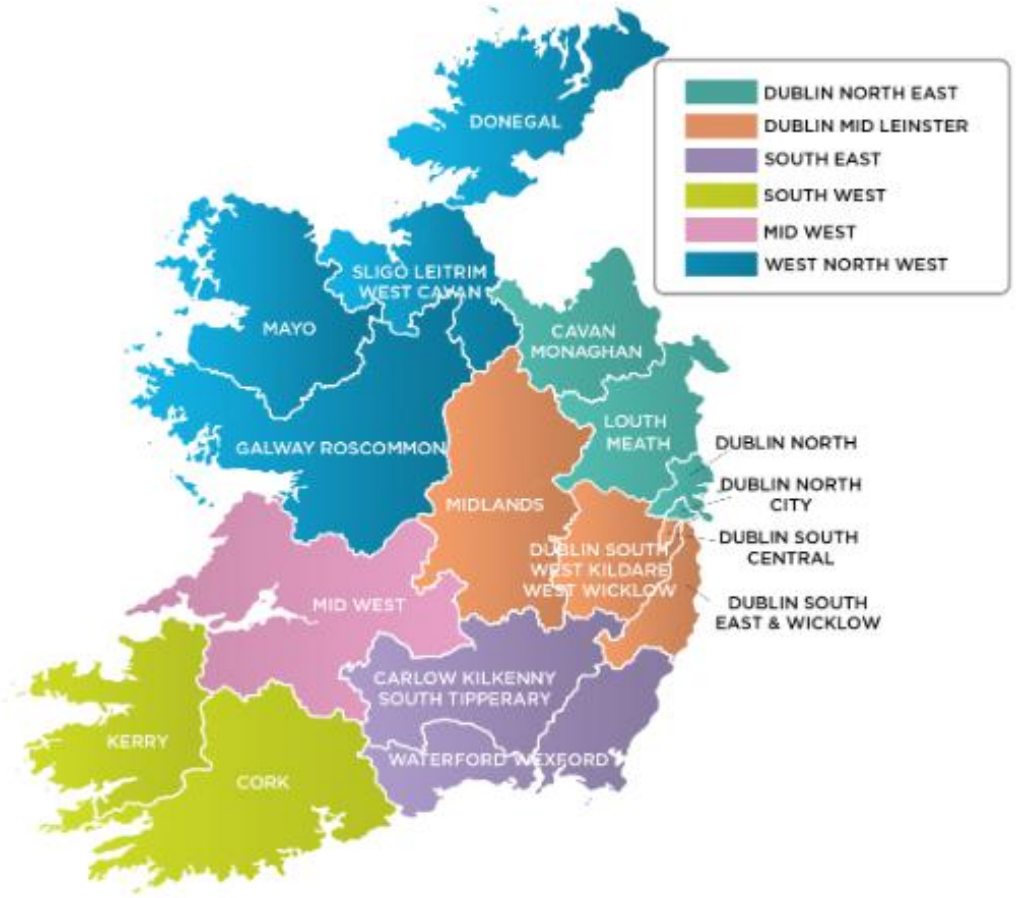
[16] The Meitheal is considered initiated at this point (discussion stage).

# 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.

In 2025, Tusla Child Protection and Welfare Services, including services for children being looked after by the State were delivered across 17 geographical areas and by the Service for Separated Children Seeking International Protection (SCSIP). The 17 geographical areas were 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 report 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.

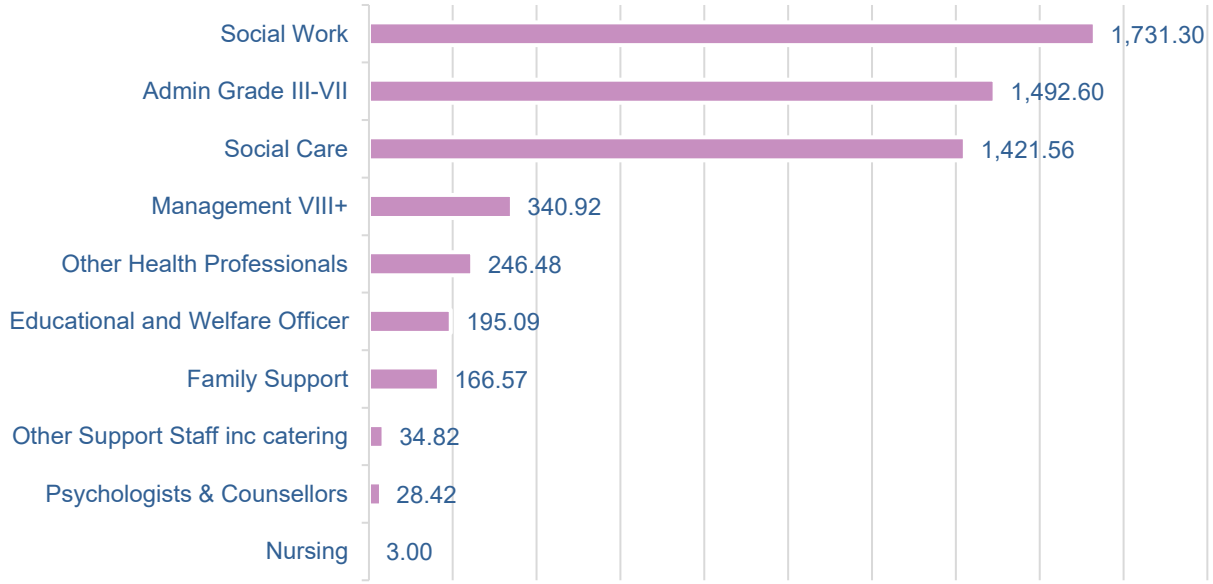
**Figure 1: Tusla Regional and Area Management Structure**



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) of the Child and Family Agency Act 2013.

In 2025, Tusla had a budgetary allocation of €1.256 billion (net non-capital) and had 5,661 staff (whole–time equivalents) on its payroll[17]. Social workers are the largest category of staff employed by the Agency, accounting for 31% (1,731.3) of total staff (whole–time equivalents), with social care staff accounting for a further 25% (1,421.6) (*see Figure 2*). Management (Grade VIII+) comprises 6% (340.92) of the total workforce.

**Figure 2: Breakdown of Tusla staff (whole time equivalents) by category at year end 2025**




In 2025, service delivery in Tusla was 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

[17] Source: Tusla HR Employment Monitoring Report, December 2025

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.

In 2025, preparations were made for the delivery of a system-wide transformation programme commencing on the 1 January 2026. This programme will see the 17 geographical areas transitioning to 30 networks configured into six regions designed to deliver more accessible and effective services for children and families. At the heart of the change will be the implementation of a Local Integrated Service Delivery (LISD) Model that will include a single point of referral for all referrals relating to child protection and family support, ensuring that children and families receive the right service, from the right professional, at the right time.

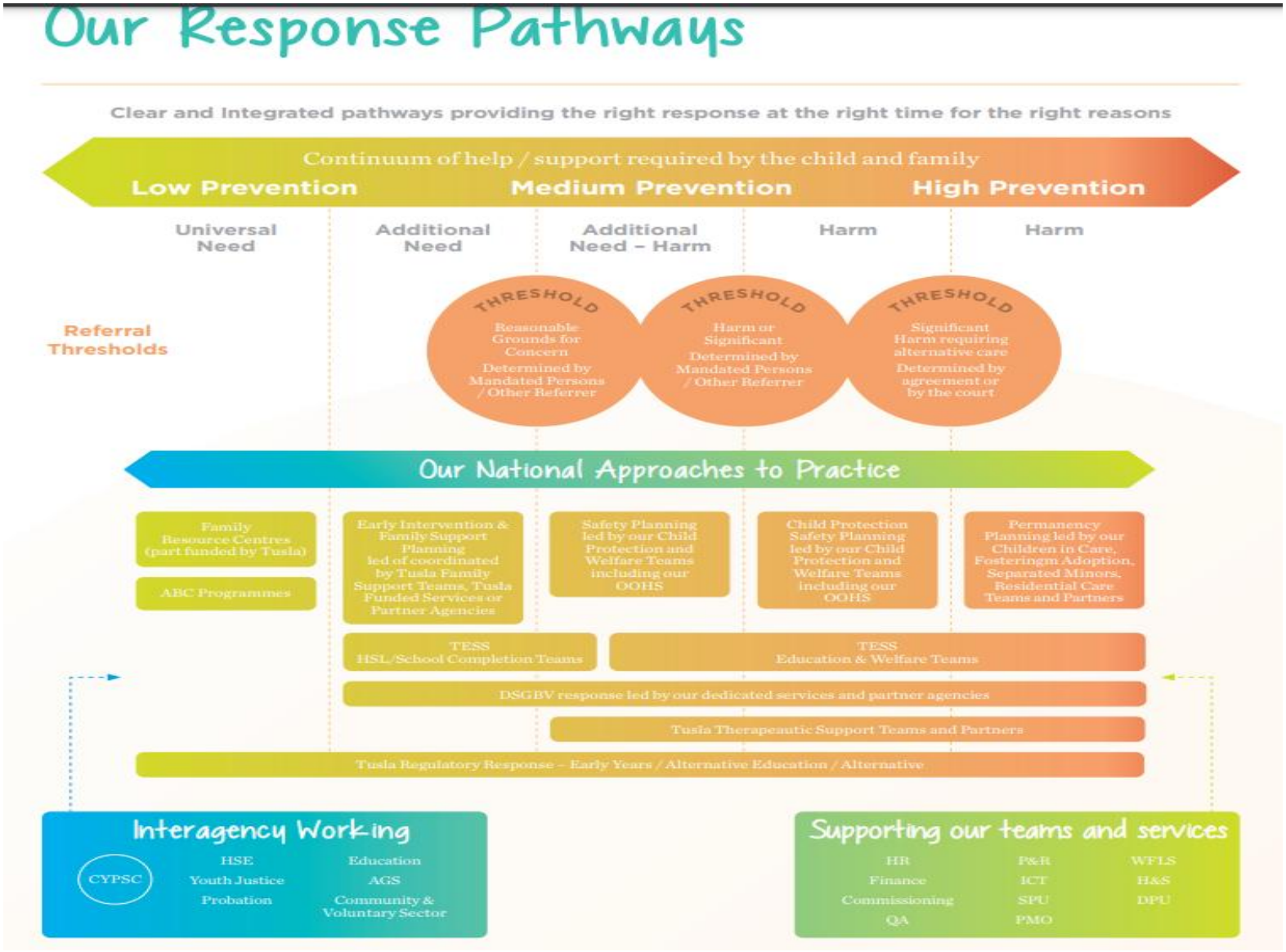



**Figure 3: Tusla Response Pathways**

## 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 2025. 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 are 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; Children's Services Regulation; Adoption Information and Tracing Services) are deemed to be 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's Alternative Care Services. This includes data on children in the care of the Agency including admissions to, and discharges from care, foster carers, aftercare 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:**

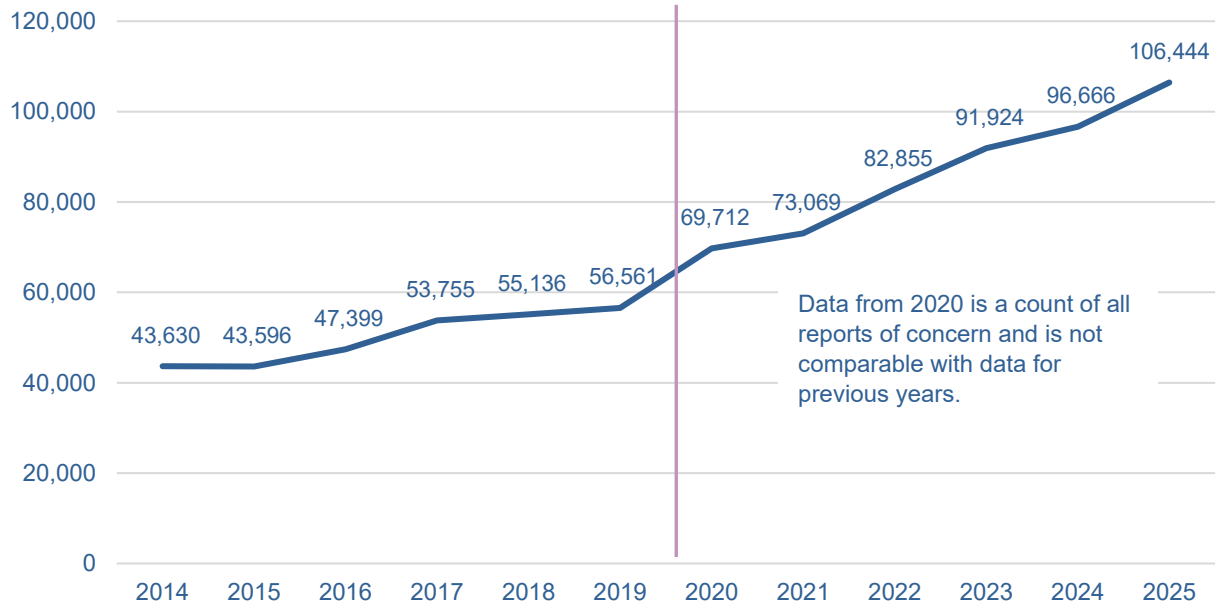
- **Raise awareness of child abuse and neglect.**
- **Improve child safeguarding arrangements in organisations providing services to children.**
- **Provide for co–operation and information sharing between agencies when Tusla — the Child and Family Agency, is undertaking child protection.**

### 2.1.1 Number of Referrals

- **In 2025**, Tusla received **106,444 referrals**[18], 9,778 (10%) more than 2024 (96,666) and the highest number for the 5–year period 2020–2025 (*see Figure 4*).
- Over the 5–year period 2020–2025, referrals increased year–on–year and by 53% (36,732) overall.

  *Note: data for 2020–2025 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 106,444 referrals referred to 55,483 individual children, equating to about 5% of children under 18 years (1,218,567 Census 2022) being referred to Tusla.
- **19% (20,324) of referrals in 2025 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 2025 (22.6%) but needs to be interpreted in the context of possible differences in definitions.[19]

**Figure 4: Referrals to Child Protection and Welfare Services, 2014–2025**




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

[19] Children in Need England Reporting Year 2025

### 2.1.2 Source of Referrals

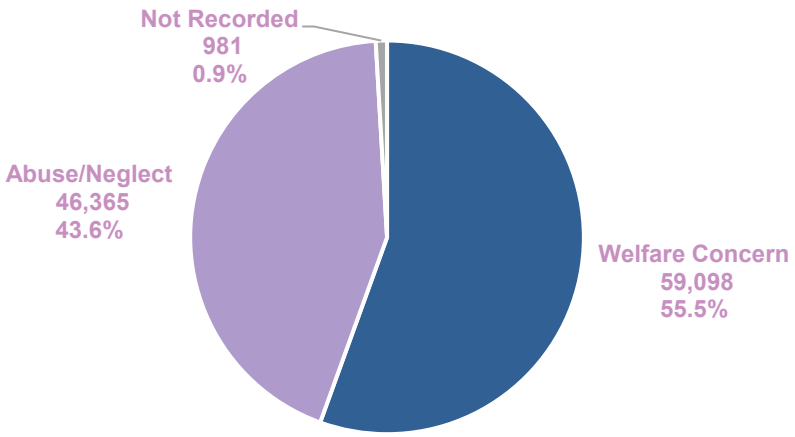
- A breakdown of the source of referrals for 2025 and comparison with 2024 is presented in the table below (*see Table 1*). This list of sources includes the list of mandated persons as per Schedule 2 of the Children First Act 2015.
- The **most common source of referrals in 2025 was members of An Garda Síochána** (AGS), accounting for 33.8% (35,940) of referrals, far exceeding any other source and similar to that for 2024 (33.1%; 32,009).
- The next most common sources of referrals were teachers accounting for 11.9% (12,663) of referrals, safeguarding officers accounting for 11.2% (11,904) and social workers accounting for 10.3% (10,919) of referrals.
- Teachers replaced safeguarding officers as the second most common source of referrals in 2025.
- The top four sources of referrals in 2025 (gardaí, teachers, safeguarding officers and social workers) accounted for 67% (71,426) of referrals, similar to that for 2024 (67%; 64,667).
- For the majority of sources, more referrals were received in 2025 than 2024. The largest increase in terms of numbers was seen for AGS (up 3,931; 12%) followed by teachers (up 2,279; 21.9%) and social care workers (up 1,118; 24.7%).
- **Mandated persons** accounted for **90% (96,177) of all sources of referrals** in 2025.

| Table 1: Referrals by source, 2024 and 2025 (ranked by number of referrals for 2025) | | | | | | |
|---|---|---|---|---|---|---|
| **Source** | **2024** | **% 2024** | **2025** | **% 2025** | **2025 v 2024** | **% Δ** |
| **Member of An Garda Síochána** | 32,009 | 33.1% | **35,940** | 33.8% | 3,931 | 12.3% |
| **Teacher** | 10,384 | 10.7% | **12,663** | 11.9% | 2,279 | 21.9% |
| **Safeguarding officer** | 11,433 | 11.8% | **11,904** | 11.2% | 471 | 4.1% |
| **Social worker** | 10,841 | 11.2% | **10,919** | 10.3% | 78 | 0.7% |
| Social care worker | 4,519 | 4.7% | **5,637** | 5.3% | 1,118 | 24.7% |
| Anonymous | 4,135 | 4.3% | **3,803** | 3.6% | -332 | -8.0% |
| Medical practitioner | 3,397 | 3.5% | **3,481** | 3.3% | 84 | 2.5% |
| Parent / Guardian | 3,085 | 3.2% | **3,243** | 3.0% | 158 | 5.1% |
| Registered nurse/midwife | 2,806 | 2.9% | **3,030** | 2.8% | 224 | 8.0% |
| Manager of domestic violence shelter | 2,221 | 2.3% | **2,226** | 2.1% | 5 | 0.2% |
| Psychologist | 1,737 | 1.8% | **1,959** | 1.8% | 222 | 12.8% |
| Psychotherapist / person providing counselling | 1,598 | 1.7% | **1,744** | 1.6% | 146 | 9.1% |
| Youth worker | 1,556 | 1.6% | **1,744** | 1.6% | 188 | 12.1% |
| Manager of homeless accommodation | 1,313 | 1.4% | **1,275** | 1.2% | -38 | -2.9% |
| Not specified | 544 | 0.6% | **1,113** | 1.0% | 569 | 104.6% |
| Other family member | 1,069 | 1.1% | **946** | 0.9% | -123 | -11.5% |
| Manager of asylum seeker accommodation | 448 | 0.5% | **698** | 0.7% | 250 | 55.8% |
| Courts (Section 20 Child Care Act 1991) | 459 | 0.5% | **496** | 0.5% | 37 | 8.1% |
| Probation officer | 364 | 0.4% | **491** | 0.5% | 127 | 34.9% |
| Member of the public | 308 | 0.3% | **353** | 0.3% | 45 | 14.6% |
| Childcare staff member pre-school service | 304 | 0.3% | **349** | 0.3% | 45 | 14.8% |
| Manager of a youth work service | 350 | 0.4% | **345** | 0.3% | -5 | -1.4% |
| Occupational therapist | 218 | 0.2% | **300** | 0.3% | 82 | 37.6% |
| Speech and language therapist | 157 | 0.2% | **257** | 0.2% | 100 | 63.7% |
| Person carrying on a pre-school service | 263 | 0.3% | **249** | 0.2% | -14 | -5.3% |
| Self | 139 | 0.1% | **227** | 0.2% | 88 | 63.3% |
| Physiotherapist | 147 | 0.2% | **164** | 0.2% | 17 | 11.6% |
| Guardian ad Litem | 121 | 0.1% | **163** | 0.2% | 42 | 34.7% |
| Addiction counsellor | 153 | 0.2% | **155** | 0.1% | 2 | 1.3% |
| Emergency medical technician | 101 | 0.1% | **149** | 0.1% | 48 | 47.5% |
| Foster carer registered with the Agency | 91 | 0.1% | **116** | 0.1% | 25 | 27.5% |
| Other | 106 | 0.1% | **114** | 0.1% | 8 | 7.5% |
| Courts (Other Court Request) | 125 | 0.1% | **67** | 0.1% | -58 | -46.4% |
| Director of institution where a child is detained | 58 | 0.1% | **39** | 0.04% | -19 | -32.8% |
| Manager of a language school | 35 | 0.04% | **28** | 0.03% | -7 | -20.0% |
| Immigration Services | 28 | 0.03% | **24** | 0.02% | -4 | -14.3% |
| Member of the Clergy | 25 | 0.03% | **14** | 0.01% | -11 | -44.0% |
| Dentist | 17 | 0.02% | **13** | 0.01% | -4 | -23.5% |
| Courts (Section 47 Child Care Act 1991) | 2 | 0.002% | **6** | 0.01% | 4 | 200.0% |
| **Total** | **96,666** | **100%.0** | **106,444** | **100.0%** | **9,778** | **10.1%** |

### 2.1.3 Types of Referrals

- **56% (59,098)** of referrals for 2025 were for **welfare concerns** and **44% (46,365)** 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 1% (981) 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, 2025**




- 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, with a more marked increase in referrals of abuse/neglect. Data for 2025 is showing a 24% (8,938) increase in referrals of abuse/neglect when compared to 2024 and a 57% (16,769) increase from 2022. In contrast, data for 2025 is showing a 0.7% (403) increase in welfare referrals from 2024 and a 28% (13,067) increase from 2022. However, the extent of any increase in the earlier years needs to be considered in the context of the decrease in the number of referrals where the report type was not recorded over these years.

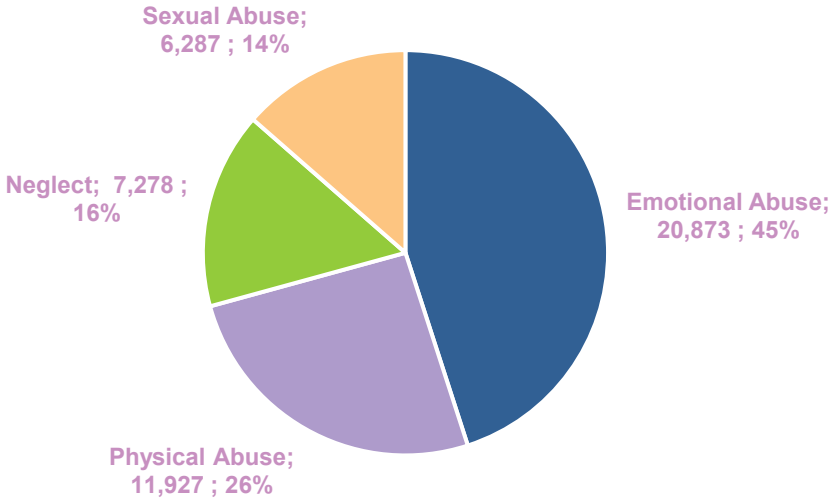
**Table 2: Referrals by primary report type, 2022–2025**

| Report Type | 2022 | 2023 | 2024 | 2025 | Δ 2025 v 2024 | % Δ |
|---|---|---|---|---|---|---|
| Welfare | 46,031 (56%) | 54,721 (59.5%) | 58,695 (60.7%) | **59,098 (55.5%)** | 403 | 0.7% |
| Abuse/Neglect | 29,596 (36%) | 34,928 (38.0%) | 37,427 (38.7%) | **46,365 (43.6%)** | 8,938 | 24% |
| Not recorded | 7,228 (9%) | 2,275 (2.5%) | 544 (0.6%) | **981 (0.9%)** | 437 | 80% |
| **Total** | **82,855 (100%)** | **91,924 (100%)** | **96,666 (100%)** | **106,444 (100%)** | **9,778** | **10%** |

- The **most common type of child protection concern** reported in 2025 was **emotional abuse**, accounting for **45% (20,873)** of child protection referrals (46,365) and 20% of all referrals (*see Figure 6*). Sexual abuse was the least common type of child protection

concern reported, accounting for 14% (6,287) of child protection referrals and 6% of all referrals.

**Figure 6: Child protection referrals by type, 2025**




- The percentage breakdown of child protection concerns for 2025 is broadly similar to that for previous years (*see Table 3*).

**Table 3: Child protection referrals by type, 2022–2025**

| Category of Abuse | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Emotional abuse | 12,964 (44%) | 15,908 (46%) | 16,714 (45%) | **20,873 (45%)** |
| Physical abuse | 7,324 (25%) | 8,375 (24%) | 9,452 (25%) | **11,927 (26%)** |
| Neglect | 4,068 (14%) | 5,178 (15%) | 5,658 (15%) | **7,278 (16%)** |
| Sexual abuse | 5,240 (17%) | 5,467 (16%) | 5,603 (15%) | **6,287 (14%)** |
| **Total** | **29,596 (100%)** | **34,928 (100%)** | **37,427 (100%)** | **46,365 (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 about one in four referrals (26%; 3,156) followed to a lesser extent by safeguarding officers (17%; 1,984) and social workers (11%; 1,316) (*see Table 4*).
- AGS was the most common source of referrals of emotional abuse, accounting for almost three out of four referrals (71%; 14,846) and far exceeding the next most common source, safeguarding officers (6%; 1,343).
- AGS was also the most common source of referrals of sexual abuse (24%; 1,492) and teachers were the most common source of referrals of neglect (19%; 1,362).

**Table 4: Child protection referrals by the top three sources, 2025**

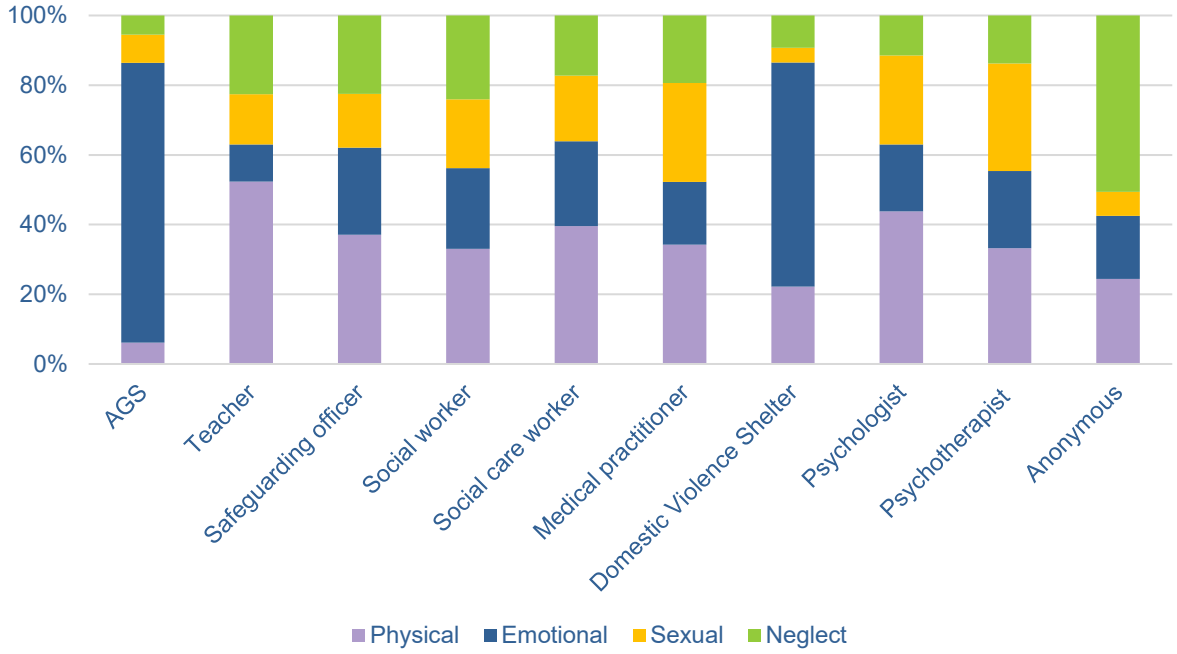
| Category of Abuse | Source 1 | Source 2 | Source 3 |
|---|---|---|---|
| **Physical abuse** | Teacher (3,156; 26%) | Safeguarding officer (1,984; 17%) | Social Worker (1,316; 11%) |
| **Emotional abuse** | AGS (14,846; 71%) | Safeguarding officer (1,343; 6%) | Social worker (924; 4%) |
| **Sexual abuse** | AGS (1,492; 24%) | Teacher (873; 14%) | Safeguarding officer (826; 13%) |
| **Neglect** | Teacher (1,362; 19%) | Safeguarding officer (1,203; 17%) | AGS (1,013; 14%) |

- The figures also reveal that eight out of 10 (80%; 14,846) child protection referrals from AGS were for emotional abuse (*see Table 5 and Figure 7*). This compares to 11% (641) for teachers and 25% (1,343) for safeguarding officers, but 64% (722) for managers of domestic violence shelters.
- The most common type of concern reported by teachers was physical abuse accounting for over half (52%; 3,156) of their referrals. This compares to 6% (1,126) for AGS.
- Safeguarding officers (37%), social workers (33%), social care workers (40%), medical practitioners (34%), psychologists (44%) and psychotherapists (33%) were also all more likely to report physical abuse.
- The most common type of concern reported by persons who wished to remain anonymous was neglect accounting for 51% (477) of their referrals.

**Table 5: Top 10 sources of child protection referrals by concern type, 2025**

| Source /Category of Abuse | Physical | Emotional | Sexual | Neglect | Total |
|---|---|---|---|---|---|
| **An Garda Siochana** | 1,126 (6%) | 14,846 (80%) | 1,492 (8%) | 1,013 (5%) | **18,477 (100%)** |
| **Teacher** | 3,156 (52%) | 641 (11%) | 873 (14%) | 1,362 (23%) | **6,032 (100%)** |
| **Safeguarding officer** | 1,984 (37%) | 1,343 (25%) | 826 (15%) | 1,203 (22%) | **5,356 (100%)** |
| **Social worker** | 1,316 (33%) | 924 (23%) | 788 (20%) | 958 (24%) | **3,986 (100%)** |
| **Social care worker** | 854 (40%) | 524 (24%) | 405 (19%) | 373 (17%) | **2,156 (100%)** |
| **Medical practitioner** | 446 (34%) | 234 (18%) | 369 (28%) | 252 (19%) | **1,301 (100%)** |
| **Domestic Violence Shelter** | 249 (22%) | 722 (64%) | 47 (4%) | 104 (9%) | **1,122 (100%)** |
| **Psychologist** | 449 (44%) | 197 (19%) | 262 (26%) | 118 (12%) | **1,026 (100%)** |
| **Psychotherapist** | 324 (33%) | 216 (22%) | 301 (31%) | 134 (14%) | **975 (100%)** |
| **Anonymous** | 230 (24%) | 170 (18%) | 65 (7%) | 477 (51%) | **942 (100%)** |

**Figure 7: Top 10 sources of child protection referrals by concern type, 2025**



### 2.1.4 Distribution of Referrals by Tusla Area

- The number of referrals varies widely across Tusla's 17 operational areas and in 2025 ranged from 1,636 (1.5%) (Mayo) to 10,316 (9.7%) (Midlands) (*see Table 6*).
- The rate of referrals ranged from 5% of children under 18 years in Dublin South East/Wicklow to 13.2% of children in Dublin North City. Seven areas reported a rate equal to or higher than the national average of 8.7%. 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, differences across areas in how thresholds for accepting referrals are applied and multiple referrals being received for a child.

**Table 6: Number and rate of referrals by area, 2025 (ranked by rate of referrals)**

| Area | # Referrals | % Total | # 0–17 years* | Rate/100 |
|---|---|---|---|---|
| Dublin North City | 6,446 | 6.1% | 48,909 | 13.2 |
| Midlands | 10,316 | 9.7% | 80,962 | 12.7 |
| Dublin South Central | 7,848 | 7.4% | 70,259 | 11.2 |
| Waterford/Wexford | 7,651 | 7.2% | 69,239 | 11.1 |
| Dublin North | 10,142 | 9.5% | 104,281 | 9.7 |
| Dublin South West/Kildare/West Wicklow | 10,286 | 9.7% | 108,927 | 9.4 |
| Carlow/Kilkenny/South Tipperary | 5,685 | 5.3% | 62,366 | 9.1 |
| Mid West | 8,299 | 7.8% | 96,764 | 8.6 |
| Cavan/Monaghan | 3,197 | 3.0% | 37,336 | 8.6 |
| Louth/Meath | 8,113 | 7.6% | 96,531 | 8.4 |
| Donegal | 3,328 | 3.1% | 42,144 | 7.9 |
| Cork | 9,653 | 9.1% | 136,786 | 7.1 |
| Kerry | 2,460 | 2.3% | 34,994 | 7.0 |
| Sligo/Leitrim/West Cavan | 1,672 | 1.6% | 24,312 | 6.9 |
| Galway/Roscommon | 5,118 | 4.8% | 81,799 | 6.3 |
| Mayo | 1,636 | 1.5% | 31,911 | 5.1 |
| Dublin South East/Wicklow | 4,594 | 4.3% | 91,047 | 5.0 |
| **Total** | **106,444** | **100.0%** | **1,218,567** | **8.7** |

*Population data based on CSO Census 2022

### 2.1.5 Mandated Reports

- **84% (38,830/46,365) of referrals** for child protection concerns received in 2025 were **mandated reports** (i.e., child protection concerns at or above a defined threshold determined by the mandated reporter), 8,190 (27%) more than 2024 (30,640).
- 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 (44%) and neglect and sexual abuse accounting for the smallest proportions (15%).
- Increases were observed across all report types from 2024 with neglect showing the largest percentage increase (33%; 1,425) followed by emotional abuse (30%; 3,911) and physical abuse (26%; 2,122).

**Table 7: Mandated reports by concern type, 2023–2025**

| Category | # 2023 | % Total 2023 | # 2024 | % Total 2024 | # 2025 | % Total 2025 | 2025 v 2024 | %Δ |
|---|---|---|---|---|---|---|---|---|
| Physical abuse | 6,999 | **24%** | 8,226 | **27%** | 10,348 | **27%** | 2,122 | **26%** |
| Emotional abuse | 12,787 | **45%** | 13,078 | **43%** | 16,989 | **44%** | 3,911 | **30%** |
| Sexual abuse | 4,877 | **17%** | 5,016 | **16%** | 5,748 | **15%** | 732 | **15%** |
| Neglect | 3,996 | **14%** | 4,320 | **14%** | 5,745 | **15%** | 1,425 | **33%** |
| **Total** | **28,659** | **100%** | **30,640** | **100%** | **38,830** | **100%** | **8,190** | **27%** |

- The top five sources of mandated reports in 2025 were AGS (39.2%; 15,224), teachers (14.8%; 5,733), safeguarding officers (12.4%; 4,799), social workers (9.5%; 3,670) and social care workers (5.2%; 2,001) (*see Table 8*). These five sources account for 81% (31,427) of all reports received.

| Table 8: Mandated reports by reporter type, 2024–2025 (ranked by reports for 2025) | | | | |
|---|---|---|---|---|
| **Source** | **# 2024** | **% Total 2024** | **# 2025** | **% Total 2025** |
| **Member of An Garda Siochana** | **11,657** | 38.0% | **15,224** | 39.2% |
| **Teacher** | **4,339** | 14.2% | **5,733** | 14.8% |
| **Safeguarding officer** | **4,111** | 13.4% | **4,799** | 12.4% |
| **Social worker** | **3,357** | 11.0% | **3,670** | 9.5% |
| **Social care worker** | **1,455** | 4.7% | **2,001** | 5.2% |
| Medical practitioner | **1,032** | 3.4% | **1,204** | 3.1% |
| Manager of domestic violence shelter | **879** | 2.9% | **1,060** | 2.7% |
| Psychologist | **677** | 2.2% | **977** | 2.5% |
| Psychotherapist / person providing counselling | **768** | 2.5% | **947** | 2.4% |
| Registered nurse/midwife | **630** | 2.1% | **814** | 2.1% |
| Youth worker | **532** | 1.7% | **647** | 1.7% |
| Manager of homeless accommodation | **275** | 0.9% | **329** | 0.8% |
| Manager of asylum seeker accommodation | **96** | 0.3% | **208** | 0.5% |
| Childcare staff member employed in a pre-school service | **116** | 0.4% | **152** | 0.4% |
| Person responsible for youth work service | **123** | 0.4% | **148** | 0.4% |
| Speech and language therapist | **62** | 0.2% | **127** | 0.3% |
| Occupational therapist | **68** | 0.2% | **109** | 0.3% |
| Probation officer | **53** | 0.2% | **105** | 0.3% |
| Guardian Ad Litem | **64** | 0.2% | **101** | 0.3% |
| Person carrying on a pre-school service | **103** | 0.3% | **99** | 0.3% |
| Physiotherapist | **54** | 0.2% | **89** | 0.2% |
| Addiction counsellor | **50** | 0.2% | **68** | 0.2% |
| Foster carer registered with the Agency | **51** | 0.2% | **65** | 0.2% |
| Emergency medical technician | **32** | 0.1% | **61** | 0.2% |
| Not specified | **0** | | **53** | 0.1% |
| Director of institution child is detained | **24** | 0.1% | **14** | <0.1% |
| Manager of a language school or other recreational school | **16** | 0.1% | **12** | <0.1% |
| Member of the Clergy | **4** | <0.1% | **9** | <0.1% |
| Dentist | **12** | <0.1% | **5** | <0.1%% |
| **Total** | **30,640** | 100.0% | **38,830** | 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)[20] 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).**

[20] What is Signs of Safety?

### 2.2.1 Assessment Process

- Following screening, **27% (28,571) 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 referrals that didn't proceed to the preliminary enquiry stage were either diverted to family support services, diverted to another agency, closed with no further action, or closed because there was already another open referral for the child and assessment was ongoing with the family (i.e., information combined with open referral). A small number of cases may having been awaiting sign-off or a preliminary enquiry to commence when the data was extracted (May 2026).
- At the time the data was extracted for reporting **99% (28,396) of preliminary enquiries were completed**.
- Of the referrals where the preliminary enquiry was completed (28,396), **34% (9,771) required an initial assessment**. The remaining referrals were closed to social work. A breakdown of the outcome of referrals that went through the preliminary enquiry stage is presented in the table below (*see Table 9)*.

**Table 9: Outcomes of referrals that went through the preliminary enquiry stage, 2025**

| Outcome | # Referrals | % Referrals |
|---|---|---|
| Initial Assessment Required | 9,771 | 34% |
| Closed – assessment/safety planning ongoing | 1,382 | 5% |
| Closed – no further action | 13,077 | 46% |
| Closed – diverted to another Agency | 1,454 | 5% |
| Closed – diverted to Prevention, Partnership & FSS | 2,689 | 9% |
| Not specified | 23 | <1% |
| **Total** | **28,396** | **100%** |

- The percentages of referrals for 2025 requiring preliminary enquiries and initial assessments are similar to those for 2024 (*see Table 10*).

**Table 10: Preliminary enquiries and initial assessments, 2021–2025**

| Year | # Referrals | # Requiring PE | % Requiring PE | # Requiring IA | % Requiring IA* |
|---|---|---|---|---|---|
| **2025** | **106,288**** | **28,571** | **27%** | **9,771** | **34%** |
| **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. **Details on the assessment process is not available for 156 referrals.

- At the time the data was extracted for reporting, **78% (7,627) 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.

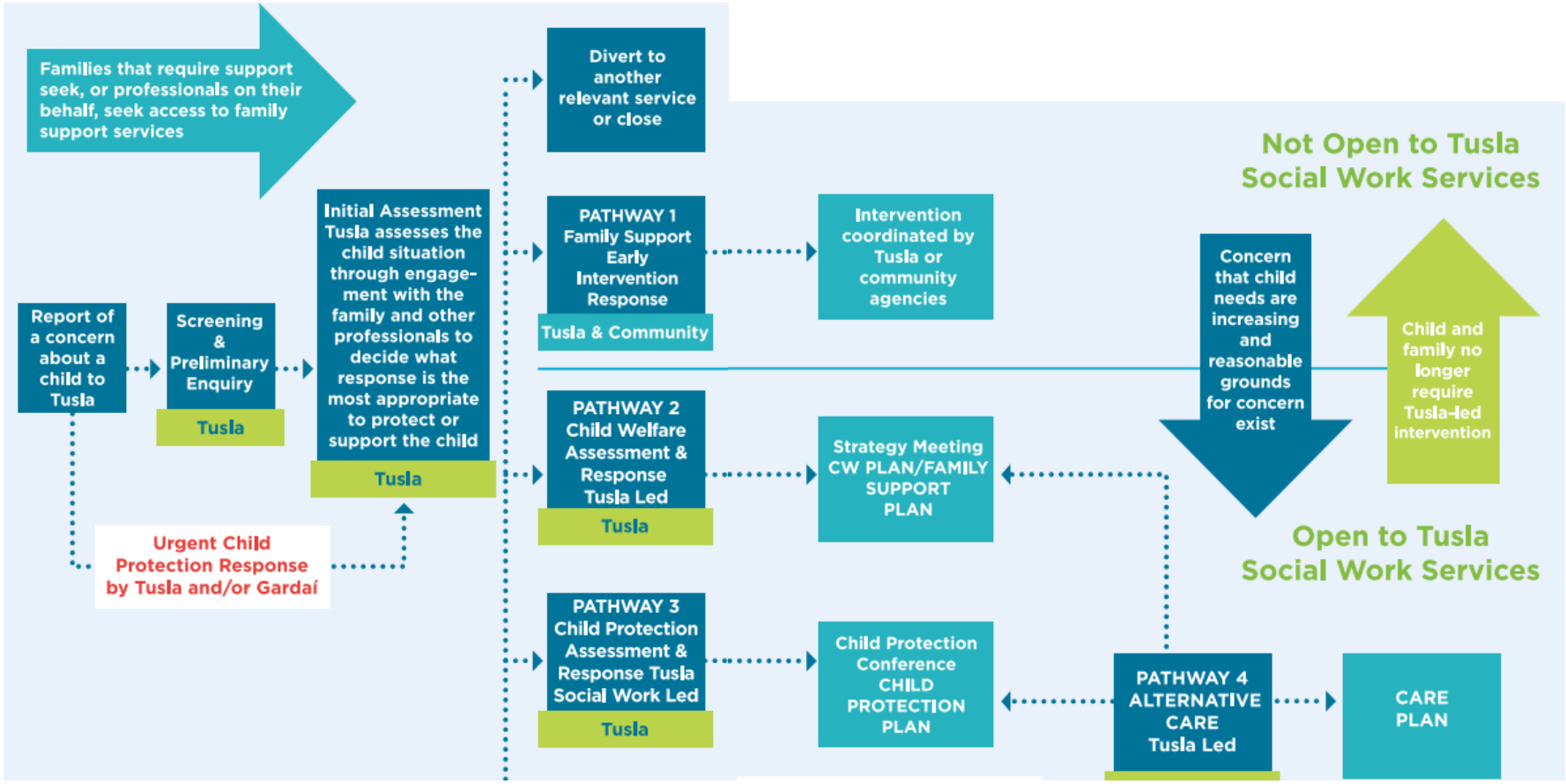
- **53% (4,065)** of referrals where the initial assessment was completed were **closed to social work after the initial assessment**, 30% (2,300) required safety planning, 13% (1,028) required a children protection conference and 3% (234) required admission to care. A breakdown of the outcome of initial assessments for all referrals is presented in the table below (*see Table 11*).

**Table 11: Outcomes of initial assessments, 2025**

| Outcome | # Referrals | % Total |
|---|---|---|
| **Closed–No Further Action (NFA)** | 2,730 | 36% |
| **Closed–Divert to Another Agency** | 579 | 8% |
| **Closed–Divert to Prevention Partnership Family Support (PPFS)** | 550 | 7% |
| **Closed–No Further Action (NFA)—Assessment/Safety Planning ongoing** | 206 | 3% |
| **Safety Planning** | 2,300 | 30% |
| **Child Protection/Child Protection Conference Safety Planning** | 1,028 | 13% |
| **Admission to Care** | 234 | 3% |
| **Total** | **7,627** | **100%** |

- A breakdown of the assessment process is not available at an area level for 2025. This is because the 17 administrative areas were re-configured into 30 networks in January 2026 as part of a major reform programme. During this transition referrals were re-assigned to the new networks, which means referral activity cannot be reliably mapped back to the original 17 areas.

# 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 2025 there were **23,612 cases open to social work**. As open cases are recorded on a per child basis, it means that one in 50 children in Ireland[21] were in receipt of social work services from Tusla for child protection and welfare concerns.
- There were 773 more cases open to social work at the end of 2025 than at the end of 2024 (22,839), a 3% increase year on year (*see Table 12*).
- The number of cases open to social work at the end 2025 was the highest number for all years 2020–2025.

### 2.3.2 Cases Allocated to Case Workers

- **77% (18,214) of cases** open to social work at the end of 2025 were **allocated to case workers** (social workers / other professionals) (*see Table 12).*
- 82% (14,928) of allocations were to social workers with the remaining 18% (3,286) to other professional workers, mainly social care workers.
- There were 1,165 more cases allocated at the end of 2025 than at the end of 2024 (17,049), a 7% increase year on year.
- The number of cases allocated at the end of 2025, was the highest number for all years 2020–2025.

### 2.3.3 Cases Awaiting Allocation to Case Workers

- **23% (5,398) of cases** were **awaiting allocation to case workers** (*see Table 12*).

[21] Based on Census 2022: 1,218,567 children 0-17 years

- There were 392 (7%) fewer children awaiting allocation at the end of 2025 than at the end of 2024 (5,790).
- **49% (2,665) of cases awaiting allocation** at the end of 2025 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 12: Cases open to social work and allocation status, 2014–2025**

| Year | # Allocated | % Allocated | # Awaiting | % Awaiting | # Open Cases |
|---|---|---|---|---|---|
| **2025** | **18,214** | **77%** | **5,398** | **23%** | **23,612** |
| **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

- **4% (232) of cases awaiting allocation** at the end of 2025 were categorised as **high priority**, 69% (3,708) were categorised as medium priority, 26% (1,380) were categorised as low priority while the remaining 1% (78) were awaiting categorisation (*see Table 13*).
- There were 291 fewer high priority cases awaiting allocation at the end of 2025 than at the end of 2024, a 56% decrease year on year.
- The number of high priority cases awaiting allocation at the end of 2025 was the fewest number for all years 2014–2025.
- This decrease in the number and percentage of high priority cases awaiting allocation and particularly from the earlier years 2014–2019 reflects the Agency's ongoing focus on the management of high priority cases.

**Table 13: Cases awaiting allocation by priority level, 2014–2025**

| Year | # High | # Medium | # Low | # Awaiting Categorisation | Total |
|---|---|---|---|---|---|
| **2025** | **232 (4%)** | **3,708 (69%)** | **1,380 (26%)** | **78 (1%)** | **5,398** |
| **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**[22] | 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** |

[22] 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 Length of Time Waiting

- **68% (3.652) of cases awaiting allocation** at the end of 2025 were **waiting three months or less,** a similar percentage to 2024 (69%) (*see Table 14*).
- The remaining 32% (1,722) of cases were waiting longer than three months.

**Table 14: Cases awaiting allocation by length of time waiting, 2018–2025**

| Year | < 1 month | 1-3 months | >3 months | Total Awaiting |
|---|---|---|---|---|
| **2025** | **1,874 (35%)** | **1,778 (33%)** | **1,722 (32%)** | **5,374*** |
| **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** |

*The length of time waiting for allocation is not available for 24 cases

- **93% (214) of high priority cases awaiting allocation** at the end of 2025 were **waiting three months or less**, and of these 62% (132) were waiting no longer than one month. The remaining 7% (17) of high priority cases awaiting allocation were waiting more than 3 months (*see Table 15*).

**Table 15: Cases awaiting allocation by priority level and length of time waiting, 2025**

| Priority | < 1 month | 1-3 months | > 3 months | Total Awaiting |
|---|---|---|---|---|
| High | 132 (57%) | 82 (35%) | 17 (7%) | **231 (100%)*** |
| Medium | 1,118 (30%) | 1,254 (34%) | 1,333 (36%) | **3,705 (100%)**** |
| Low | 571 (42%) | 425 (31%) | 364 (27%) | **1,360 (100%)***** |
| Awaiting Categorisation | 53 (68%) | 17 (22%) | 8 (10%) | **78 (100%)** |
| **Total** | **1,874 (35%)** | **1,778 (33%)** | **1,722 (32%)** | **5,374 (100%)** |

*The length of time waiting for allocation is not available for one case; ** The length of time waiting for allocation is not available for three cases; *** The length of time waiting for allocation is not available for 20 cases

### 2.3.6 Cases Awaiting Allocation by Tusla Area

- At the end of 2025, the number of cases open to social work across the 17 Tusla areas ranged from 329 (1.4% of open cases) in Mayo to 3,110 (13.2% of open cases) in Cork (*see Table 16*).
- Dublin North City reported the highest rate of open cases at 3.5 per 100 children in the area, followed by Dublin South Central (2.9).
- Mayo reported the lowest rate at 1 per 100 children, followed by Kerry (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 16: Open cases by area and rate per 100 children in the area, 2025 (ranked by rate)**

| Area | # Open Cases | Child Population* | Rate/100 |
|---|---|---|---|
| Dublin North City | 1,718 | 48,909 | **3.5** |
| Dublin South Central | 2,022 | 70,259 | **2.9** |
| Dublin South West/Kildare/West Wicklow | 2,482 | 108,927 | **2.3** |
| Cork | 3,110 | 136,786 | **2.3** |
| Cavan/Monaghan | 823 | 37,336 | **2.2** |
| Louth/Meath | 1,897 | 96,531 | **2.0** |
| Midlands | 1,584 | 80,962 | **2.0** |
| Sligo/Leitrim/West Cavan | 468 | 24,312 | **1.9** |
| Waterford/Wexford | 1,298 | 69,239 | **1.9** |
| Donegal | 764 | 42,144 | **1.8** |
| Dublin North | 1,826 | 104,281 | **1.8** |
| Mid West | 1,560 | 96,764 | **1.6** |
| Galway/Roscommon | 1,300 | 81,799 | **1.6** |
| Dublin South East/Wicklow | 1,236 | 91,047 | **1.4** |
| Carlow/Kilkenny/South Tipperary | 779 | 62,366 | **1.2** |
| Kerry | 416 | 34,994 | **1.2** |
| Mayo | 329 | 31,911 | **1.0** |
| **Total** | **23,612** | **1,218,567** | **1.9** |

*Source: CSO Census 2022

- At the end of 2025, the percentage of open cases that were allocated to case workers (social workers / other professionals) across the 17 Tusla areas ranged from 57% (Dublin South Central) to 99.7% (Mayo).
- In 12 of the 17 areas, at least 80% of open cases were allocated. Rates reported by Dublin South Central (57%), Dublin South West/Kildare/West Wicklow (60%), Cork (66%) Midlands (74%) and Dublin South East/Wicklow (74%) were lower than all other areas (*see Table 17*).
- The areas with the highest numbers of cases awaiting allocation at the end of 2025 were Cork (1,066), Dublin South West/Kildare/West Wicklow (995), Dublin South Central (879), Midlands

(416), Louth/Meath (335) and Dublin South East/Wicklow (320). These six areas accounted for 74% (4,011) of all cases awaiting allocation.

**Table 17: Open cases by allocation status and area, 2025 (ranked by % allocated)**

| Area | # Allocated | % Allocated | # Awaiting | % Awaiting | Total Open |
|---|---|---|---|---|---|
| Mayo | 328 | **99.7%** | 1 | **0%** | **329** |
| Galway/Roscommon | 1,295 | **99.6%** | 5 | **0%** | **1,300** |
| Kerry | 410 | **99%** | 6 | **1%** | **416** |
| Sligo/Leitrim/West Cavan | 457 | **98%** | 11 | **2%** | **468** |
| Mid West | 1,358 | **87%** | 202 | **13%** | **1,560** |
| Carlow/Kilkenny/South Tipperary | 669 | **86%** | 110 | **14%** | **779** |
| Dublin North City | 1,467 | **85%** | 251 | **15%** | **1,718** |
| Dublin North | 1,544 | **85%** | 282 | **15%** | **1826** |
| Cavan/Monaghan | 686 | **83%** | 137 | **17%** | **823** |
| Louth/Meath | 1,562 | **82%** | 335 | **18%** | **1897** |
| Waterford/Wexford | 1,067 | **82%** | 231 | **18%** | **1,298** |
| Donegal | 613 | **80%** | 151 | **20%** | **764** |
| Dublin South East/Wicklow | 916 | **74%** | 320 | **26%** | **1,236** |
| Midlands | 1,168 | **74%** | 416 | **26%** | **1584** |
| Cork | 2,044 | **66%** | 1,066 | **34%** | **3,110** |
| Dublin South West/Kildare/West Wicklow | 1,487 | **60%** | 995 | **40%** | **2,482** |
| Dublin South Central | 1,143 | **57%** | 879 | **43%** | **2,022** |
| **Total** | **18,214** | **77%** | **5,398** | **23%** | **23,612** |

- The majority of areas (10/17) had fewer cases awaiting allocation at the end of 2025 than at the end of 2024 (*see Table 18*). The largest decreases were reported by Midlands (down 314; 43%), Louth/Meath (down 239; 42%), Carlow/Kilkenny/South Tipperary (down 202; 65%) and Waterford/Wexford (down 102; 31%).
- Of the seven areas that reported an increase, the largest increase was reported by Cork (up 384; 56%) followed by Dublin South West/Kildare/West Wicklow (up 105; 12%), Donegal (up 78; 107%) and Dublin North (up 69; 32%).

**Table 18: Cases awaiting allocation by area, 2024 and 2025 (ranked by 2025 v 2024)**

| Area | # Awaiting 2024 | # Awaiting 2025 | Δ 2025 v 2024 | % Δ |
|---|---|---|---|---|
| Cork | 682 | 1,066 | 384 | 56% |
| Dublin South West/Kildare/West Wicklow | 890 | 995 | 105 | 12% |
| Donegal | 73 | 151 | 78 | 107% |
| Dublin North | 213 | 282 | 69 | 32% |
| Dublin South East/Wicklow | 302 | 320 | 18 | 6% |
| Cavan/Monaghan | 127 | 137 | 10 | 8% |
| Mayo | 0 | 1 | 1 | - |
| Kerry | 16 | 6 | -10 | -63% |
| Sligo/Leitrim/West Cavan | 30 | 11 | -19 | -63% |
| Galway/Roscommon | 25 | 5 | -20 | -80% |
| Dublin North City | 274 | 251 | -23 | -8% |
| Midwest | 256 | 202 | -54 | -21% |
| Dublin South Central | 953 | 879 | -74 | -8% |
| Waterford/Wexford | 333 | 231 | -102 | -31% |
| Carlow/Kilkenny/South Tipperary | 312 | 110 | -202 | -65% |
| Louth/Meath | 574 | 335 | -239 | -42% |
| Midlands | 730 | 416 | -314 | -43% |
| **Total** | **5,790** | **5,398** | **-392** | **-7%** |

- An area breakdown of cases awaiting allocation by priority levels is presented in the table below (*see Table 19*).
- The number of high priority cases awaiting allocation ranged from none in five areas (Mayo, Galway/Roscommon, Kerry, Sligo/Leitrim/West Cavan and Cavan/Monaghan) to 65 (28% of high priority cases awaiting) in Dublin South Central.
- Four areas accounted for 66% (152) of high priority cases awaiting allocation, Dublin South Central (65), Cork (32), Midlands (28) and Louth/Meath (27).

**Table 19: Cases awaiting allocation by priority level and area, 2025 (ranked by total)**

| Area | # High | # Medium | # Low | # Not Categorised | Total |
|---|---|---|---|---|---|
| Cork | 32 | 852 | 180 | 2 | **1066** |
| Dublin South West/Kildare/West Wicklow | 17 | 576 | 394 | 8 | **995** |
| Dublin South Central | 65 | 610 | 196 | 8 | **879** |
| Midlands | 28 | 261 | 116 | 11 | **416** |
| Louth/Meath | 27 | 242 | 58 | 8 | **335** |
| Dublin South East/Wicklow | 11 | 182 | 114 | 13 | **320** |
| Dublin North | 5 | 152 | 114 | 11 | **282** |
| Dublin North City | 11 | 153 | 86 | 1 | **251** |
| Waterford/Wexford | 7 | 190 | 33 | 1 | **231** |
| Mid West | 2 | 145 | 47 | 8 | **202** |
| Donegal | 18 | 128 | 3 | 2 | **151** |
| Cavan/Monaghan | 0 | 118 | 19 | 0 | **137** |
| Carlow/Kilkenny/South Tipperary | 9 | 82 | 14 | 5 | **110** |
| Sligo/Leitrim/West Cavan | 0 | 8 | 3 | 0 | **11** |
| Kerry | 0 | 4 | 2 | 0 | **6** |
| Galway/Roscommon | 0 | 4 | 1 | 0 | **5** |
| Mayo | 0 | 1 | 0 | 0 | **1** |
| **Total** | **232** | **3,708** | **1,380** | **78** | **5,398** |

## 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).**

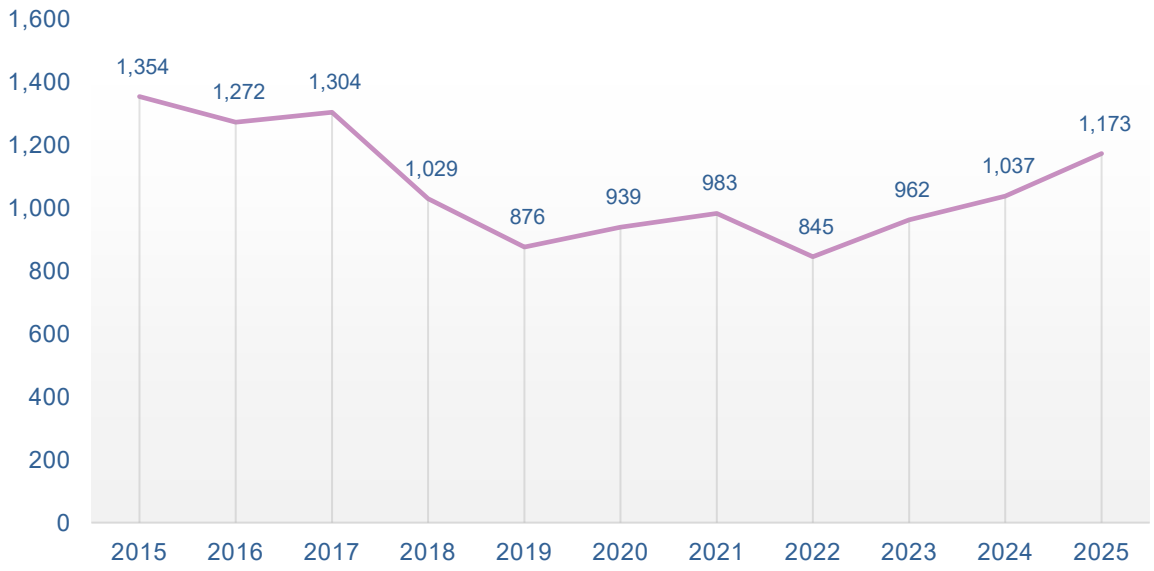
**The CPNS is a securely held national record of all children who are subject of a child protection plan agreed at a child protection conference. It exists to enable the effective sharing of information between professionals working with vulnerable children and families. Access to the system is strictly 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 **1,173 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 2025.
- The number of children 'active' at the end of 2025 (1,173) is the highest number for all years 2018–2025 (*see Figure 9)*
- There were 136 (13%) more children 'active' at the end of 2025 than at the end of 2024 (1,037)[23] and 328 (39%) more than 2022 (845) when the fewest number for all years 2015–2025[24] 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 (5%) of cases open to social work at year end (23,612).
- **98% (1,155) of children 'active' on the CPNS at the end of 2025 had an allocated social worker**; 18 children were awaiting allocation to a social worker, of which 11 were allocated to another professional. 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, 2015–2025**




[23] 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

[24] 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' (1,173) equates to about 10 children per 10,000 of the population under 18 (*see Table 20*).

**Table 20: Number and rate of children "active" on the CPNS at year end, 2015–2025**

| Number / Rate | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **# "active"** | 1,354 | 1,272 | 1,304 | 1,029 | 876 | 939 | 983 | 845 | 962 | 1,037 | **1,173** |
| **Rate/10,000*** | 11.4 | 10.7 | 11 | 8.6 | 7.4 | 7.7 | 8.1 | 6.9 | 7.9 | 8.5 | **9.6** |

*Source CSO: Rates for 2015–2019 based on Census 2016 (1,190,502 children). Rates for 2020–2025 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 21)* shows the rate of children on child protection registers or subject to child protection plans in UK countries[25].
- Of the four countries, Scotland reports the lowest rate of children on child protection registers at 18.9 per 10,000 children while Northern Ireland reports the highest rate at 52.4 per 10,000 children. As can be seen from the table, Ireland falls well below these rates at 9.6 per 10,000 children.

**Table 21: Children on child protection registers in other jurisdictions**

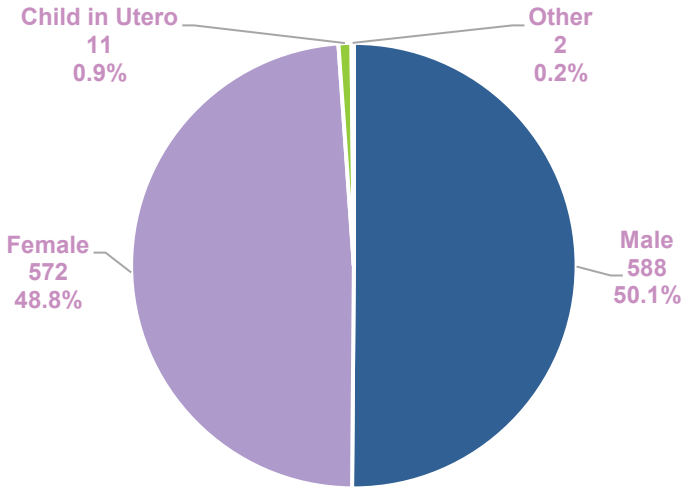
| Country | Rate per 10,000 children |
|---|---|
| **Ireland** | **9.6 (December 2025)** |
| Northern Ireland | 52.4 (March 2025) |
| England | 40.6 (March 2025) |
| Wales | 46.0 (March 2025) |
| Scotland | 18.9 (March 2025) |

[25]Data for countries can be found from the Supporting Documents, Additional Tables (Table 1.16) download at the following link **Children's Social Work Statistics 2024-25: Child Protection**

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

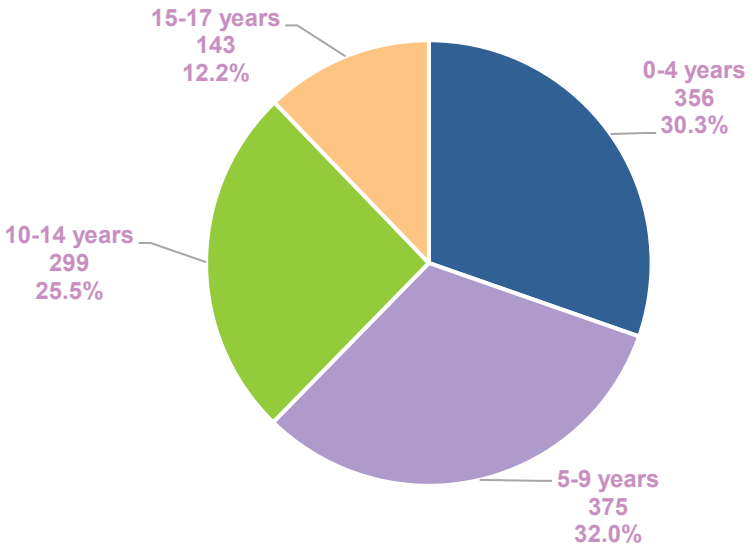
- Of the 1,173 children 'active' on the CPNS at the end of 2025, **50% (588) were male and 49% (572) were female** which is consistent with the general population (Census 2022, 51% males and 49% females). Of the remaining children (13), 11 were in–utero (see *Figure 10*).

**Figure 10: Children 'active' on the CPNS at year end 2025, by gender**




- **30% (356)** of children 'active' on the CPNS at the end of 2025 were **under 5 years**, and marginally lower than the 5-9 years age group at 32% (375) (*see Figure 11*). These two cohorts accounted for 62% (731) of all children 'active'.
- The older ages of 15–17 years accounted for one in eight children 'active' (143; 12%).

**Figure 11: Children 'active' on the CPNS at year end 2025, by age group**




- A breakdown of children 'active' on the CPNS at year end for the years 2021–2025 by age group is presented in the table below (*see Table 22).*

- The figures presented indicate that the 0–4 years and 5-9 years age groups are more heavily represented on the CPNS (30% and 32% respectively) than in the general population (24% and 28% respectively) while the older ages (10-14 years and 15–17 years) account for smaller proportions of those on the CPNS (25% and 12%) than the general population (31% and 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 2025 than at the end of 2024 across all age groups. The largest increase was observed in the 5-9 years age group with 52 (16%) more children 'active' followed by the 10-14 years age group with 32 (12%) more children 'active'.
- Looking across the 4-year period 2021-2025, there has been a year-on-year decrease in the percentage of 0-4 year olds 'active', down 11 percentage points overall. In contrast, there has been a year-on-year increase in the percentage of 5-9 year olds 'active', up five percentage points overall.

**Table 22: Children 'active' on the CPNS at year end by age group, 2021–2025**

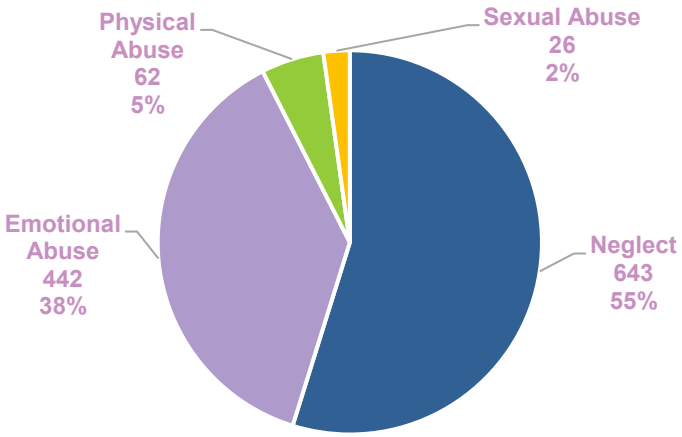
| Age group | 2021 | 2022 | 2023 | 2024 | 2025 | General population | 2025 v 2024 |
|---|---|---|---|---|---|---|---|
| 0–4 | 406 (41%) | 315 (37%) | 335 (35%) | 328 (32%) | **356 (30%)** | 295,415 (24%) | +28 (9%) |
| 5–9 | 263 (27%) | 249 (29%) | 288 (30%) | 323 (31%) | **375 (32%)** | 342,670 (28%) | +52 (16%) |
| 10–14 | 218 (22%) | 199 (24%) | 242 (25%) | 267 (26%) | **299 (25%)** | 374,202 (31%) | +32 (12%) |
| 15–17 | 96 (10%) | 82 (10%) | 97 (10%) | 119 (11%) | **143 (12%)** | 206,280 (17%) | +24 (20%) |
| **Total** | **983 (100%)** | **845 (100%)** | **962 (100%)** | **1,037 (100%)** | **1,173 (100%)** | **1,218,567 (100%)** | **136 (13%)** |

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 2025 was **neglect,** accounting for more than half **of all cases (55%; 643),** followed by emotional abuse accounting for a further 38% (442) of cases. The least common type of abuse was sexual abuse accounting for 2% (26) of cases (*see Figure 12*).

**Figure 12: Children 'active' on the CPNS at year end 2025, by reason**




- The percentage breakdown of the children 'active' on the CPNS at the end of 2025 by abuse type is presented in the table below (*Table 23*).
- The figures show a sharp decrease from 2023 and 2024 in the percentage of children 'active' for reasons of neglect (down nine percentage points overall) and a year on year increase in the percentage of children 'active' for reasons of emotional abuse (up 10 percentage points overall).

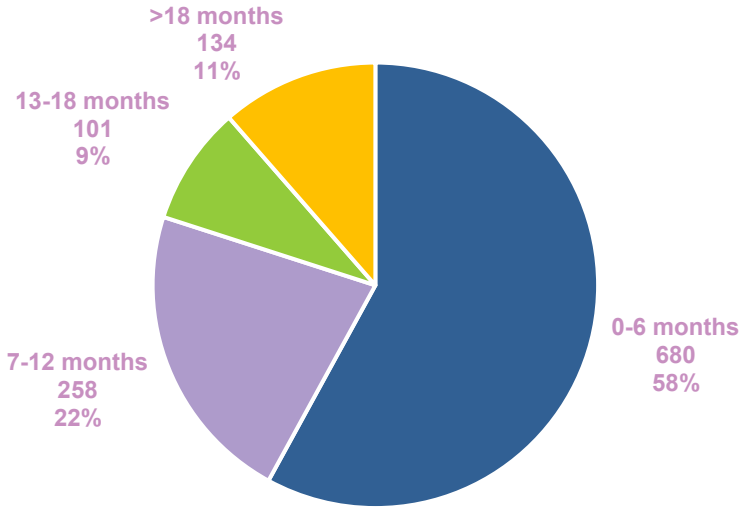
**Table 23: Children "active" on the CPNS at year end by reason, 2023 –2025**

| Type of Abuse | # 2023 | % 2023 | # 2024 | % 2024 | # 2025 | % 2025 |
|---|---|---|---|---|---|---|
| Neglect | 611 | **64%** | 663 | **64%** | 643 | **55%** |
| Emotional abuse | 267 | **28%** | 317 | **31%** | 442 | **38%** |
| Physical abuse | 58 | **6%** | 37 | **4%** | 62 | **5%** |
| Sexual abuse | 26 | **3%** | 20 | **2%** | 26 | **2%** |
| **Total** | **962** | **100%** | **1,037** | **100%** | **1,173** | **100%** |

### 2.4.4 Children "Active" on the CPNS by Length of Time 'Active'

- More than half (58%; 680) of children 'active' on the CPNS at the end of 2025 were 'active' for no longer than six months, while **80% (938) were 'active' for no longer than 12 months** (*see Figure 13*). Eleven percent (134) of children were 'active' for more than 18 months.

**Figure 13: Children 'active' on the CPNS at year end 2025, by length of time 'active'**




- The percentage breakdown of children 'active' on the CPNS by length of time 'active' for the years 2023 – 2025 is presented in the table below (*Table 24*).
- Looking across the years, the proportion of children 'active' for 0-6 months increased steadily from about 53% in 2023 to 54% in 2024 and 58% in 2025, indicating a growing share of children newly 'active'.
- Over the same period, children 'active' for 7-12 months declined from about 30% in 2023 to 22% in 2025, while the proportion 'active' for more than 18 months rose notably to 11% in 2025.
- There were 69 (106%) more children 'active' for more than 18 months at the end of 2025 (134) than at the end of 2024 (65).

**Table 24: Children 'active' on the CPNS at year end by length of time "active", 2023–2025**

| LOT active | # 2023 | % 2023 | # 2024 | % 2024 | # 2025 | % 2025 |
|---|---|---|---|---|---|---|
| 0–6 months | 512 | **53%** | 561 | **54%** | 680 | **58%** |
| 7–12 months | 284 | **30%** | 303 | **29%** | 258 | **22%** |
| 13–18 months | 93 | **10%** | 108 | **10%** | 101 | **9%** |
| >18+ months | 73 | **8%** | 65 | **6%** | 134 | **11%** |
| **Total** | **962** | **100%** | **1,037** | **100%** | **1,173** | **100%** |

### 2.4.5 Children "Active" on the CPNS by Tusla Area

- The number of children "active" on the CPNS at the end of 2025 in the different Tusla areas ranged from 19 (1.6%) in Kerry to 159 (13.6%) in Dublin South West/Kildare/West Wicklow (*see Table 25*).
- The corresponding rate per 10,000 children ranged from 3.7 in Dublin South East/Wicklow to 19.4 in Dublin North City, more than double the national rate (9.6).
- 7 areas reported a rate equal to or higher than the national average (9.6). As with the referral rates, it is likely that there are number of underlying factors leading to the variation across the areas.

**Table 25: Children 'active' on the CPNS at year end by area, 2025 (ranked by rate)**

| Area | # Active 2025 | Population* | Rate / 10,000 |
|---|---|---|---|
| Dublin North City | 95 | 48,909 | 19.4 |
| Sligo/Leitrim/West Cavan | 36 | 24,312 | 14.8 |
| Dublin South West/Kildare/West Wicklow | 159 | 108,927 | 14.6 |
| Dublin South Central | 92 | 70,259 | 13.1 |
| Midlands | 98 | 80,962 | 12.1 |
| Mid West | 103 | 96,764 | 10.6 |
| Galway/Roscommon | 87 | 81,799 | 10.6 |
| Cork | 124 | 136,786 | 9.1 |
| Dublin North | 94 | 104,281 | 9.0 |
| Cavan/Monaghan | 32 | 37,336 | 8.6 |
| Louth/Meath | 74 | 96,531 | 7.7 |
| Carlow/Kilkenny/South Tipperary | 45 | 62,366 | 7.2 |
| Mayo | 21 | 31,911 | 6.6 |
| Donegal | 27 | 42,144 | 6.4 |
| Kerry | 19 | 34,994 | 5.4 |
| Waterford/Wexford | 33 | 69,239 | 4.8 |
| Dublin South East/Wicklow | 34 | 91,047 | 3.7 |
| **Total** | **1,173** | **1,218,567** | **9.6** |

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

- 10 of the 17 areas had more children listed as 'active' at the end of 2025 than at the end of 2024 (*see Table 26*). The largest increases (in terms of numbers) were reported by Dublin South West/Kildare/West Wicklow (up 51; 47%) and Galway/Roscommon (up 30; 53%).
- Of the six areas that reported a decrease, the largest decrease was reported by Dublin North City (down 26; 21%) followed by Carlow/Kilkenny/South Tipperary (down 17; 27%) and Midlands (down 17; 15%).
- The remaining area (Dublin South East/Wicklow) reported no change from 2024.
- In terms of an underlying trend, five areas (Dublin South West/Kildare/West Wicklow, Galway/Roscommon, Midwest, Louth/Meath and Sligo/Leitrim/West Cavan) reported three

consecutive increases over the 3-year period 2022–2025, while no area reported three consecutive decreases.

**Table 26: Children 'active' at year end by area, 2022–2025 (ranked by 2025 v 2024)**

| Area | # 2022 | # 2023 | # 2024 | 2025 | 2025 v 2024 | % Δ |
|---|---|---|---|---|---|---|
| Dublin South West / Kildare / West Wicklow | 74 | 102 | 108 | 159 | 51 | 47% |
| Galway / Roscommon | 19 | 31 | 57 | 87 | 30 | 53% |
| Dublin North | 91 | 110 | 66 | 94 | 28 | 42% |
| Cork | 96 | 116 | 98 | 124 | 26 | 27% |
| Cavan / Monaghan | 36 | 9 | 10 | 32 | 22 | 220% |
| Midwest | 68 | 72 | 87 | 103 | 16 | 18% |
| Louth / Meath | 31 | 57 | 59 | 74 | 15 | 25% |
| Dublin South Central | 59 | 45 | 78 | 92 | 14 | 18% |
| Sligo / Leitrim / West Cavan | 16 | 26 | 27 | 36 | 9 | 33% |
| Waterford / Wexford | 51 | 33 | 32 | 33 | 1 | 3% |
| Dublin South East / Wicklow | 30 | 46 | 34 | 34 | 0 | 0% |
| Mayo | 12 | 20 | 22 | 21 | -1 | -5% |
| Kerry | 20 | 25 | 25 | 19 | -6 | -24% |
| Donegal | 32 | 70 | 36 | 27 | -9 | -25% |
| Midlands | 61 | 60 | 115 | 98 | -17 | -15% |
| Carlow / Kilkenny / South Tipperary | 56 | 53 | 62 | 45 | -17 | -27% |
| Dublin North City | 93 | 87 | 121 | 95 | -26 | -21% |
| **Total** | **845** | **962** | **1,037** | **1,173** | **136** | **13%** |

# 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 10 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 10 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***[26]**, 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.

[26] 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.

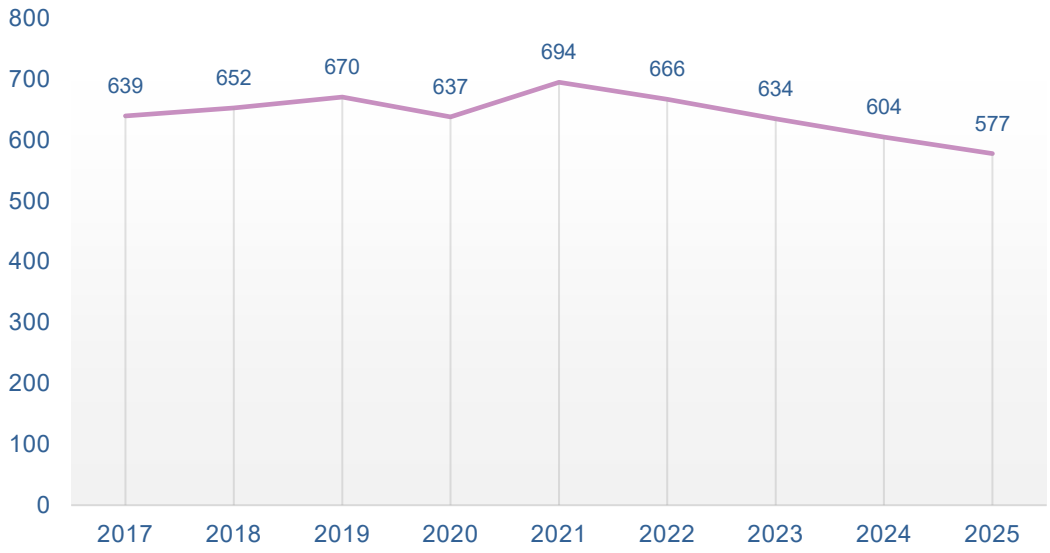
## 3.1 First–time Admissions to Care

***The data presented in this section of the report is for the Agency's 17 administrative areas and <u>does not</u> include separated children admitted to care by Tusla's 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 2025, **577 children came into care for the first time** (new children). This equates to about five children per 10,000 living in Ireland (Census 2022).
- The number of new children who came into care for the first-time in 2025, was the fewest number for all years 2017–2025, with a year-on-year decrease between 2021– 2025 (*see Figure 14)*.
- In terms of numbers, there were 27 (4%) fewer children admitted to care in 2025 when compared to 2024 (604) and 117 (17%) fewer when compared to 2021 when a high of 694 was reported.

**Figure 14: Children admitted to care for the first-time, 2017–2025**




- 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

- **52% (300)** of children who came into care for the first time in 2025 were **female**, **48% (277)** were **male**. This suggests that females are modestly overrepresented relative to the general population (Census 2022, 51% boys and 49% girls).
- The **most common age** of children coming into care for the first time in 2025 was **under one year**, accounting for almost one in four children (135; 23%), followed to a lesser extent by the younger ages of one to eight years (*see Table 27*). A relatively high number of 13 year olds (30; 5.2%) and 15 year olds (35; 6.1%) were also admitted to care for the first time.

**Table 27: Children coming into care for the first-time by age on admission, 2025**

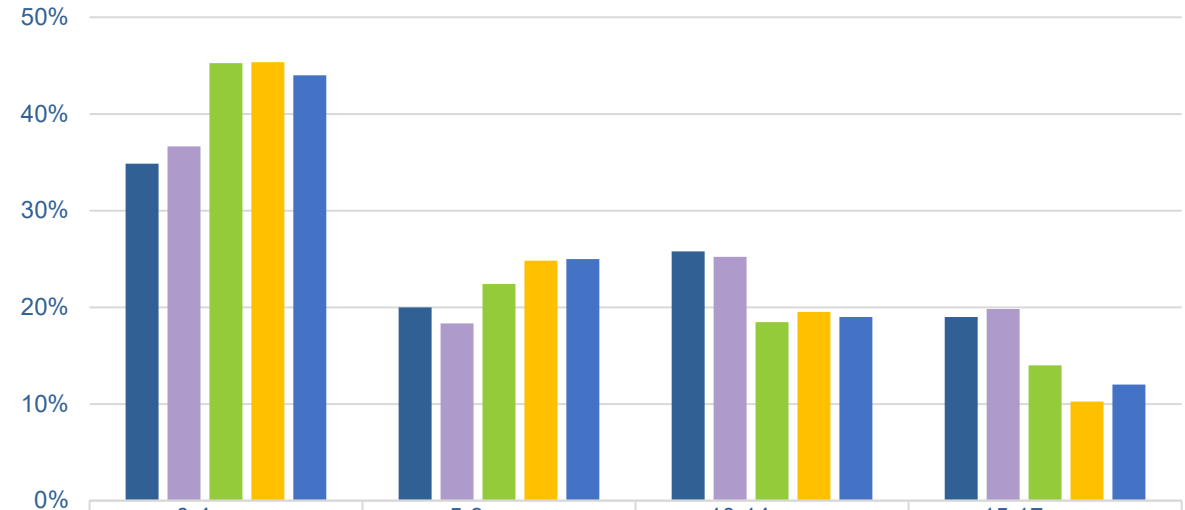
| Age | Total | % Total |
|---|---|---|
| < 1 year | 135 | 23.4% |
| 1 year | 31 | 5.4% |
| 2 years | 30 | 5.2% |
| 3 years | 30 | 5.2% |
| 4 years | 28 | 4.9% |
| 5 years | 34 | 5.9% |
| 6 years | 21 | 3.6% |
| 7 years | 32 | 5.5% |
| 8 years | 34 | 5.9% |
| 9 years | 23 | 4.0% |
| 10 years | 21 | 3.6% |
| 11 years | 21 | 3.6% |
| 12 years | 20 | 3.5% |
| 13 years | 30 | 5.2% |
| 14 years | 20 | 3.5% |
| 15 years | 35 | 6.1% |
| 16 years | 19 | 3.3% |
| 17 years | 13 | 2.3% |
| **Total** | **577** | **100.0%** |

- A breakdown of children coming into care for the first time by age group for the years 2021–2025 is presented in the table and chart below (*see Table 28 and Figure 15).*
- The figures indicate that children aged 0-4 years consistently account for the largest proportion of admissions, rising from about 35% in 2021 to peak at 45% in 2023, and remaining there (44% in 2025).
- Meanwhile, the 15-17 years cohort has decreased from 19-20% in 2021-22 to 10-12% in 2024-25, indicating a shift towards younger children being admitted to care for the first time.
- 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 28: Children coming into care for the first-time by age group, 2021–2025**

| Age Band | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| 0–4 years | 242 (35%) | 244 (37%) | 287 (45%) | 274 (45%) | **254 (44%)** |
| 5–9 years | 142 (20%) | 122 (18%) | 142 (22%) | 150 (25%) | **144 (25%)** |
| 10–14 years | 179 (26%) | 168 (25%) | 117 (18%) | 118 (20%) | **112 (19%)** |
| 15–17 years | 131 (19%) | 132 (20%) | 88 (14%) | 62 (10%) | **67 (12%)** |
| **Total** | **694 (100%)** | **666 (100%)** | **634 (100%)** | **604 (100%)** | **577 (100%)** |

**Figure 15: Children coming into care for the first-time by age group, 2021-2025**

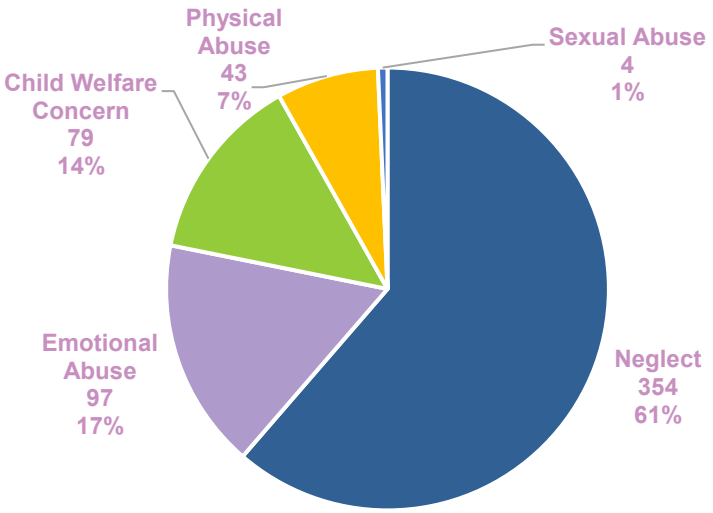



| | 0-4 years | 5-9 years | 10-14 years | 15-17 years |
|---|---|---|---|---|
| 2021 | 35% | 20% | 26% | 19% |
| 2022 | 37% | 18% | 25% | 20% |
| 2023 | 45% | 22% | 18% | 14% |
| 2024 | 45% | 25% | 20% | 10% |
| 2025 | 44% | 25% | 19% | 12% |

### 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 2025 was **neglect**, accounting for 61% (354) of all admissions, while the least common reason was sexual abuse accounting for 1% (4) of admissions (*see Figure 16*).

**Figure 16: Children coming into care for the first time by reason, 2025**

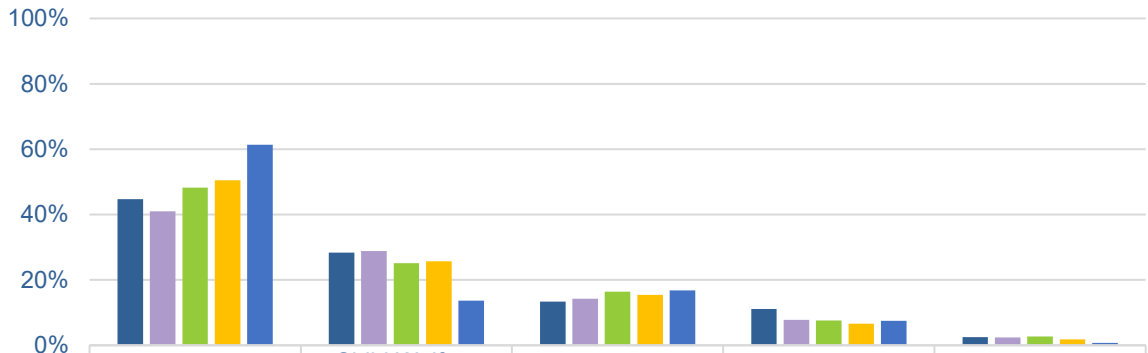



- A breakdown of the reasons for children coming into care for the first time for the 4–year period 2021–2025 is presented in the table and chart below (*see Table 29 and Figure 17*).
- Looking across the years, neglect consistently accounts for the largest proportion of admissions, increasing from about 45% in 2021 to 61% in 2025, indicating a growing dominance as the primary reason for admission to care.
- In contrast welfare concerns has decreased from 28% in 2021 to 14% in 2025, while emotional abuse has remained relatively stable over the 4-year period.
- Physical abuse and sexual abuse while accounting for significantly smaller proportions of admissions are also showing a slight decrease over time.

**Table 29: Children coming into care for the first time by reason, 2021–2025**

| Reason for Admission | 2021 | % 2021 | 2022 | % 2022 | 2023 | % 2023 | 2024 | % 2024 | 2025 | % 2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| Neglect | 310 | **45%** | 273 | **41%** | 306 | **48%** | 305 | **50%** | **354** | **61%** |
| Welfare Concern | 197 | **28%** | 192 | **29%** | 159 | **25%** | 155 | **26%** | **79** | **14%** |
| Emotional Abuse | 93 | **13%** | 95 | **14%** | 104 | **16%** | 93 | **15%** | **97** | **17%** |
| Physical Abuse | 77 | **11%** | 52 | **8%** | 48 | **8%** | 40 | **7%** | **43** | **7%** |
| Sexual Abuse | 17 | **2%** | 16 | **2%** | 17 | **3%** | 11 | **2%** | **4** | **1%** |
| Not categorised | 0 | **0%** | 38 | **6%** | 0 | **0%** | 0 | **0%** | 0 | **0%** |
| **Total** | **694** | **100%** | **666** | **100%** | **634** | **100%** | **604** | **100%** | **577** | **100%** |

## Figure 17: Children coming into care for the first time by reason (%), 2021–2025



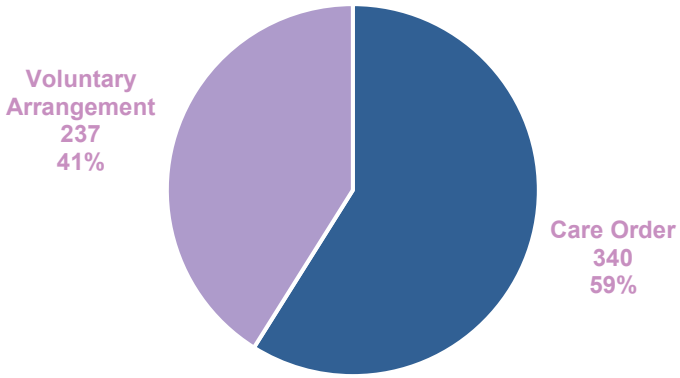

| | Neglect | Child Welfare Concern | Emotional Abuse | Physical Abuse | Sexual Abuse |
|---|---|---|---|---|---|
| 2021 | 45% | 28% | 13% | 11% | 2% |
| 2022 | 41% | 29% | 14% | 8% | 2% |
| 2023 | 48% | 25% | 16% | 8% | 3% |
| 2024 | 50% | 26% | 15% | 7% | 2% |
| 2025 | 61% | 14% | 17% | 7% | 1% |

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

### 3.1.4 First-Time Admissions to Care by Legal Status

- **59% (340)** of children admitted to care for the first time in 2025 were **admitted under an order of the court**. The remaining 41% (237) of children were admitted under a voluntary care arrangement with the parent(s) (*see Figure 18).*
- Of the children (340) admitted to care under a court order:
  - 68% (230) were admitted under an interim care order
  - 32% (109) were admitted under an emergency care order
  - <1% (1) were admitted under a care order.

**Figure 18: Children coming into care for the first time by legal status, 2025**




- A breakdown of the legal status of children coming into care for the first time for the years 2023–2025 is presented in the table below (*see Table 30*).
- Looking across all three years, orders of the court consistently accounted for the majority of first-time admissions at about 57% in 2023, rising to 62% in 2024 and remaining higher at 59% in 2025 while voluntary admissions accounted for about 43%, 38% and 41% respectively.

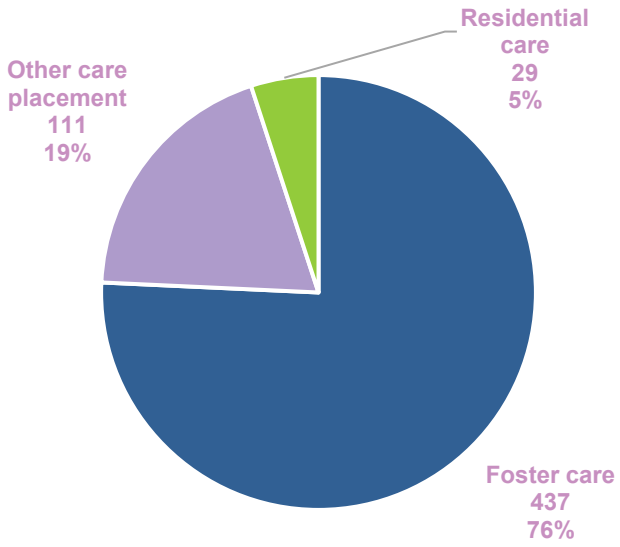
**Table 30: Children coming into care for the first time by legal status, 2023–2025**

| Legal Status | 2023 | % 2023 | 2024 | % 2024 | 2025 | % 2025 |
|---|---|---|---|---|---|---|
| Emergency Care Order | 125 | **20%** | 97 | **16%** | 109 | **19%** |
| Interim Care Order | 235 | **37%** | 268 | **44%** | 230 | **40%** |
| Care Order | 1 | **<1%** | 7 | **1%** | 1 | **<1%** |
| Voluntary Arrangement | 273 | **43%** | 232 | **38%** | 237 | **41%** |
| **Total** | **634** | **100%** | **604** | **100%** | **577** | **100%** |

### 3.1.5 First-Time Admissions to Care by Care Placement

- Of the 577 children who came into care for the first time in 2025, **76% (437) were placed in foster care**, 5% (29) were placed in residential general care, while the remaining 19% (111) were placed in "other" care placements (*see Figure 19*). Other care placements include disability units (7), hospitals[27] (52), children at home under a care order (19), special emergency arrangements (21) and other (12).
- Of the 437 children placed in foster care, 36% (156) were placed with relatives.

**Figure 19: Children coming into care for the first time by placement type, 2025**



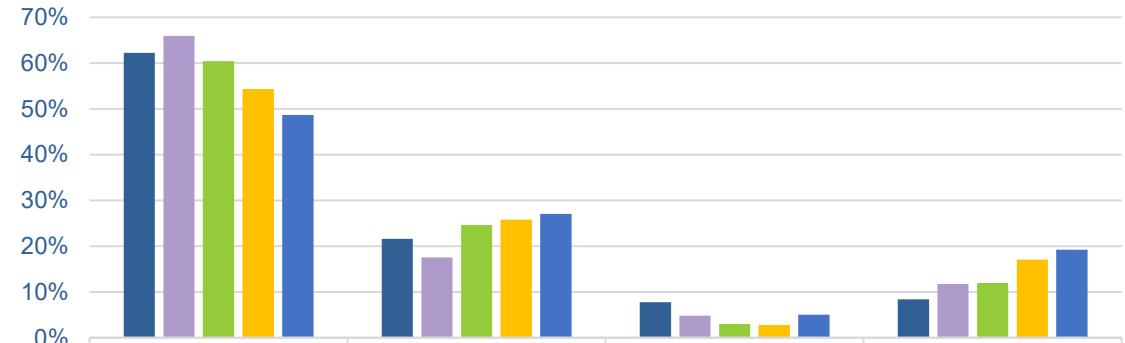

- A breakdown of admissions by placement type for the years 2021–2025 is presented in the table and chart below (*see Table 31 and Figure 20*).
- Looking across the years, while general foster care consistently accounts for the largest proportion of admissions, it has decreased from about 62% in 2021 to 49% in 2025. In contrast relative foster care increased proportionally from about 22% to 27% while 'other' care placements also grew notably from 8% in 2021 to 19% in 2025.
- Residential care rose to 5% in 2025 after earlier declines.
- While further analysis is required it is likely that the decrease in the percentage of admissions to general foster and the increase in the percentage of admissions to 'other' care placements reflects the ongoing 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.

[27] Hospitals include children's hospitals, maternity hospitals and general hospitals

## Table 31: Children coming into care for the first time by placement type, 2021–2025

| Placement Type | 2021 | % 2021 | 2022 | % 2022 | 2023 | % 2023 | 2024 | % 2024 | 2025 | % 2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| General foster care | 432 | **62%** | 439 | **66%** | 383 | **60%** | 328 | **54%** | 281 | **49%** |
| Relative foster care | 150 | **22%** | 117 | **18%** | 156 | **25%** | 156 | **26%** | 156 | **27%** |
| Residential care | 54 | **8%** | 32 | **5%** | 19 | **3%** | 17 | **3%** | 29 | **5%** |
| Other | 58 | **8%** | 78 | **12%** | 76 | **12%** | 103 | **17%** | 111 | **19%** |
| **Total** | **694** | **100%** | **666** | **100%** | **634** | **100%** | **604** | **100%** | **577** | **100%** |

## Figure 20: Children coming into care for the first time by placement type, 2021–2025




| | General foster care | Relative foster care | Residential care | Other |
|---|---|---|---|---|
| 2021 | 62% | 22% | 8% | 8% |
| 2022 | 66% | 18% | 5% | 12% |
| 2023 | 60% | 25% | 3% | 12% |
| 2024 | 54% | 26% | 3% | 17% |
| 2025 | 49% | 27% | 5% | 19% |

### 3.1.6 First–Time Admissions by Tusla Area

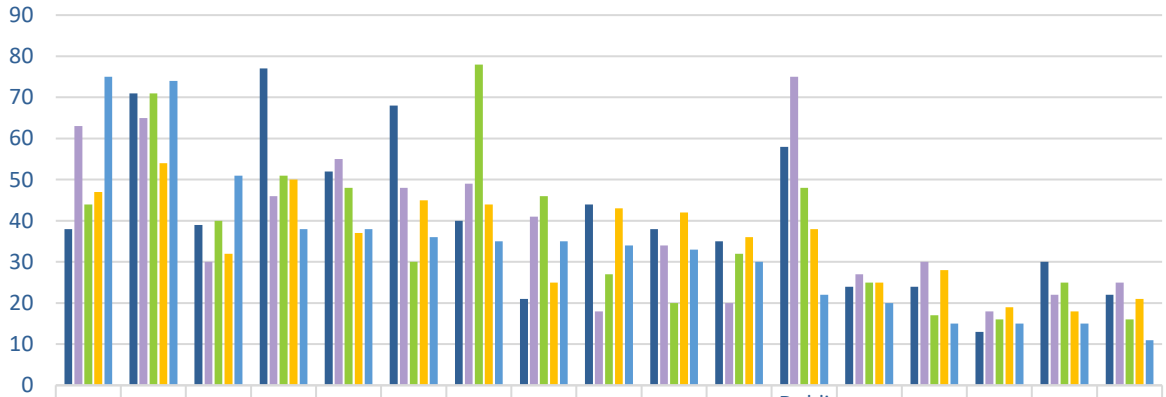
- A breakdown of children admitted to care for the first-time in 2025 by Tulsa area is presented in the table below (*see Table 32*).
- The number of children admitted to care for the first-time across the 17 areas ranged from 11 (1.9%) (Mayo) to 75 (13%) (Dublin North City).
- The areas reporting the highest numbers of children admitted were Dublin North City (75), Cork (74) and Galway/Roscommon (51) while the areas reporting the fewest numbers admitted were Mayo (11), Dublin South East/Wicklow (15), Kerry (15) and Sligo/Leitrim/West Cavan (15).
- 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 15 per 10,000 children living in Dublin North City to 2 per 10,000 children living in Dublin South East/Wicklow (*see Table 32*). Nine areas reported a rate higher than the national average (5/10,000).
- Areas like Sligo/Leitrim/West Cavan, 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 Dublin South West/Kildare/West Wicklow, 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 32: Children coming into care for the first time by area, 2021–2025 (ranked by rate)**

| Area | 2021 | 2022 | 2023 | 2024 | 2025 | Pop | Rate |
|---|---|---|---|---|---|---|---|
| Dublin North City | 38 | 63 | 44 | 47 | 75 | 48,909 | 15.3 |
| Donegal | 44 | 18 | 27 | 43 | 34 | 42,144 | 8.1 |
| Galway/Roscommon | 39 | 30 | 40 | 32 | 51 | 81,799 | 6.2 |
| Sligo/Leitrim/West Cavan | 13 | 18 | 16 | 19 | 15 | 24,312 | 6.2 |
| Carlow/Kilkenny/South Tipperary | 21 | 41 | 46 | 25 | 35 | 62,366 | 5.6 |
| Cork | 71 | 65 | 71 | 54 | 74 | 136,786 | 5.4 |
| Cavan/Monaghan | 24 | 27 | 25 | 25 | 20 | 37,336 | 5.4 |
| Dublin South Central | 68 | 48 | 30 | 45 | 36 | 70,259 | 5.1 |
| Waterford/Wexford | 40 | 49 | 78 | 44 | 35 | 69,239 | 5.1 |
| Kerry | 30 | 22 | 25 | 18 | 15 | 34,994 | 4.3 |
| Midlands | 38 | 34 | 20 | 42 | 33 | 80,962 | 4.1 |
| Louth/Meath | 52 | 55 | 48 | 37 | 38 | 96,531 | 3.9 |
| Dublin South West/Kildare/West Wicklow | 77 | 46 | 51 | 50 | 38 | 108,927 | 3.5 |
| Mayo | 22 | 25 | 16 | 21 | 11 | 31,911 | 3.4 |
| Midwest | 35 | 20 | 32 | 36 | 30 | 96,764 | 3.1 |
| Dublin North | 58 | 75 | 48 | 38 | 22 | 104,281 | 2.1 |
| Dublin South East/Wicklow | 24 | 30 | 17 | 28 | 15 | 91,047 | 1.6 |
| **Total** | **694** | **666** | **634** | **604** | **577** | **1,218,567** | **4.7** |

- 5 of the 17 areas reported an increase from 2024 in the number of children coming into care for the first time (*see Figure 21*). The largest increases were reported by Dublin North City (up 28), Cork (up 20) and Galway/Roscommon (up 19).
- 12 areas reported a decrease from 2024 with the largest decreases reported by Dublin North (down 16), Dublin South East/Wicklow (down 13) and Dublin South West/Kildare/West Wicklow (down 12).
- Over the 4–year period 2021–2025, no area reported four consecutive increases or decreases, one area (Dublin North) reported three consecutive decreases while no area reported three consecutive increases. 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, 2021–2025 (ranked by 2025)**




| | DNC | Cork | GY/RN | DSWKWW | LH/MH | DSC | WSD/WX | CWKST | Donegal | Midlands | Midwest | Dublin North | CN/MN | DSE/WW | SLWC | Kerry | Mayo |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021 | 38 | 71 | 39 | 77 | 52 | 68 | 40 | 21 | 44 | 38 | 35 | 58 | 24 | 24 | 13 | 30 | 22 |
| 2022 | 63 | 65 | 30 | 46 | 55 | 48 | 49 | 41 | 18 | 34 | 20 | 75 | 27 | 30 | 18 | 22 | 25 |
| 2023 | 44 | 71 | 40 | 51 | 48 | 30 | 78 | 46 | 27 | 20 | 32 | 48 | 25 | 17 | 16 | 25 | 16 |
| 2024 | 47 | 54 | 32 | 50 | 37 | 45 | 44 | 25 | 43 | 42 | 36 | 38 | 25 | 28 | 19 | 18 | 21 |
| 2025 | 75 | 74 | 51 | 38 | 38 | 36 | 35 | 35 | 34 | 33 | 30 | 22 | 20 | 15 | 15 | 15 | 11 |
| 2025 v 2024 | 28 | 20 | 19 | -12 | 1 | -9 | -9 | 10 | -9 | -9 | -6 | -16 | -5 | -13 | -4 | -3 | -10 |

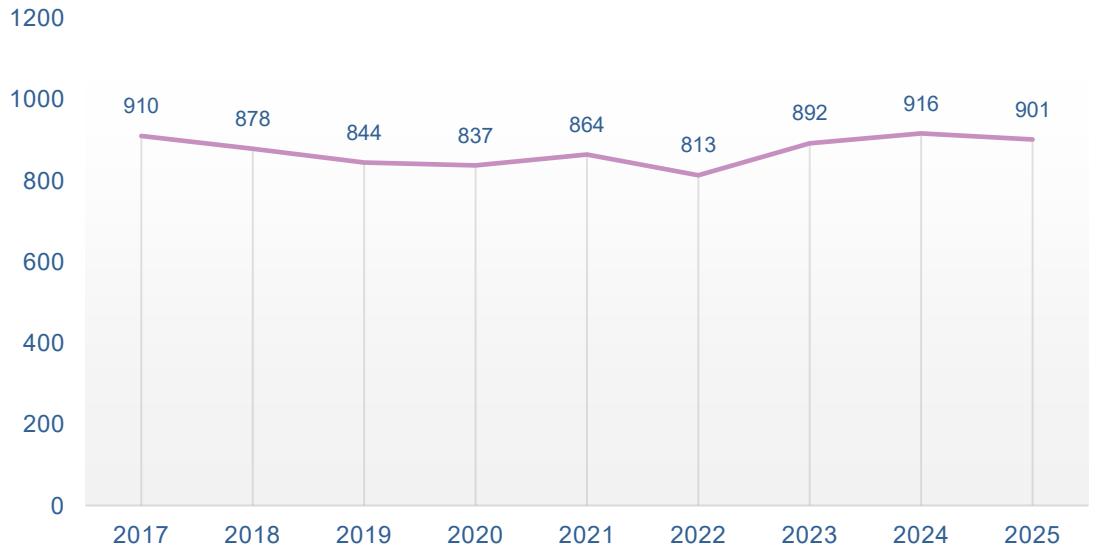
## 3.2 Total Admissions to Care

***The data presented in this section of the report is for the Agency's 17 administrative areas and <u>does not</u> include separated children admitted to care by Tusla's 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 2025, there were **901 admissions to care** (*see Figure 22).*
- There were 15 (2%) fewer admissions to care in 2025 than in 2024 (916) when the highest number for all years 2017-2014 was reported. However, levels remain high and are broadly consistent with the upward trend seen since 2022.
- The total number of admissions in 2025 (901) pertains to 854 individual children; 39 children had two admissions in the year, and four 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, 2017–2025**




- In 2025, **36% (324) of all admissions (901) were second or subsequent admissions**, up from 34% (312) in 2024 and 29% (258) in 2023 (*see Table 33*). The percentage of second or subsequent admissions has doubled over the four years 2022-2025. This indicates that repeat admissions are making up a growing share of total admissions. The reason(s) for this increase requires further examination.

| Table 33: First–time admissions to care and total admissions to care, 2021–2025 | | | | |
|---|---|---|---|---|
| Year | # First–time Admissions | # Total Admissions | # repeat admissions | % repeat admission |
| **2025** | **577** | **901** | **324** | **36%** |
| **2024** | 604 | 916 | 312 | 34% |
| **2023** | 634 | 892 | 258 | 29% |
| **2022** | 666 | 813 | 147 | 18% |
| **2021** | 694 | 864 | 170 | 20% |

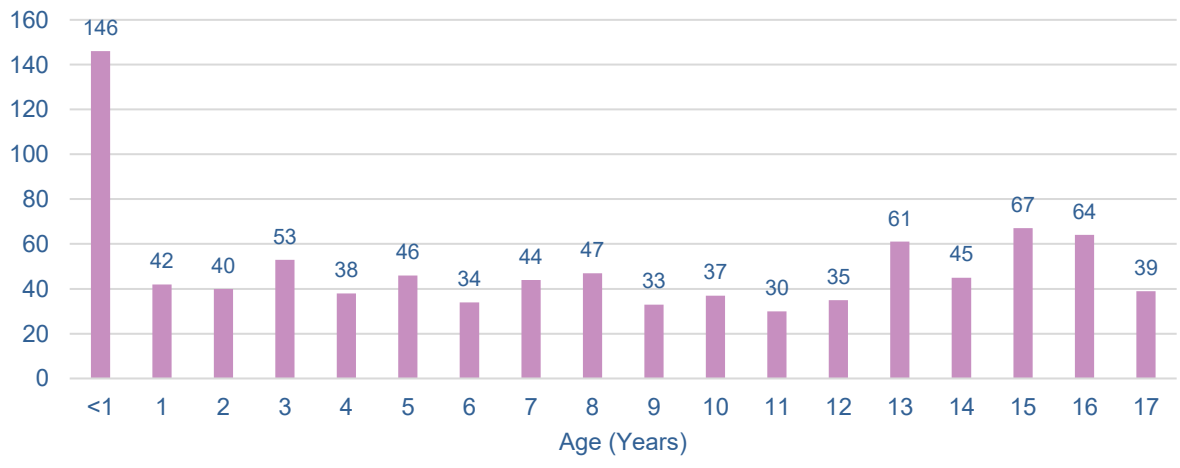
### 3.2.2 Total Admissions to Care by Age and Gender

- In 2025, **48.6% (438) of admissions were male and 51.4% (463) were female**. This suggests that females are modestly overrepresented relative to the general population (Census 2022, 51% boys and 49% girls).
- The **most common age at admission was under one year** accounting for **16% (146) of all admissions** followed by the older ages of 15 years (67; 7.4%) and 16 years (64; 7.1%) (*see Table 34 and Figure 23*).

**Table 34: Total admissions to care by age at time of admission, 2025**

| Age | # Admissions | % Total |
|---|---|---|
| < 1 year | 146 | 16.2% |
| 1 year | 42 | 4.7% |
| 2 years | 40 | 4.4% |
| 3 years | 53 | 5.9% |
| 4 years | 38 | 4.2% |
| 5 years | 46 | 5.1% |
| 6 years | 34 | 3.8% |
| 7 yrs | 44 | 4.9% |
| 8 years | 47 | 5.2% |
| 9 years | 33 | 3.7% |
| 10 years | 37 | 4.1% |
| 11 years | 30 | 3.3% |
| 12 years | 35 | 3.9% |
| 13 years | 61 | 6.8% |
| 14 years | 45 | 5.0% |
| 15 years | 67 | 7.4% |
| 16 years | 64 | 7.1% |
| 17 years | 39 | 4.3% |
| **Total** | **901** | **100.0%** |

**Figure 23: Total admissions to care by age at time of admission, 2025**



- A breakdown of admissions to care by age group for the years 2021–2025 is presented in the table below (*see Table 35*).
- Looking across the years, the figures show that the 0-4 years age group consistently accounts for the largest proportion of admissions showing a notable increase between 2022 and 2024, while the 15-17 years age group accounts for the smallest proportion showing a decrease between 2022 and 2024 before rising again in 2025. The figures also show a relatively even distribution across the middle age-groups.

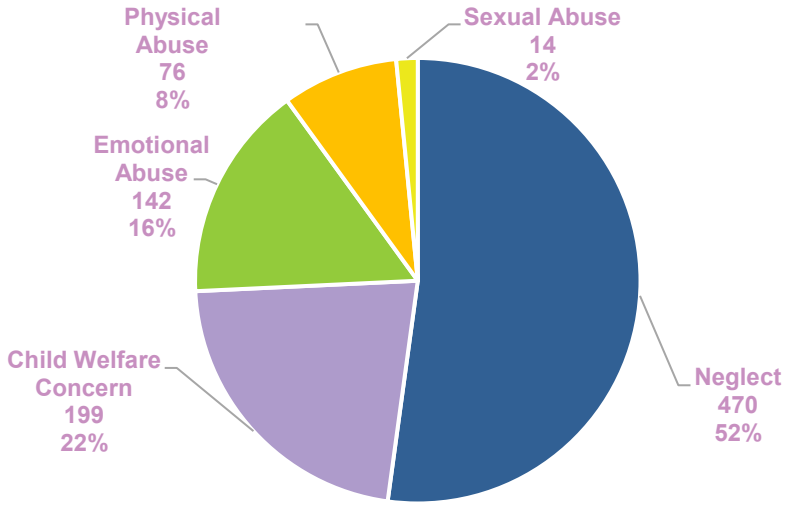
**Table 35: Total admissions to care by age group, 2021–2025**

| Age Group | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| **0–4 years** | 279 (32%) | 279 (34%) | 349 (39%) | 350 (38%) | **319 (35%)** |
| **5–9 years** | 177 (20%) | 143 (18%) | 189 (21%) | 212 (23%) | **204 (23%)** |
| **10–14 years** | 225 (26%) | 216 (27%) | 193 (22%) | 216 (24%) | **208 (23%)** |
| **15–17 years** | 183 (21%) | 175 (22%) | 161 (18%) | 138 (15%) | **170 (19%)** |
| **Total** | **864 (100%)** | **813 (100%)** | **892 (100%)** | **916 (100%)** | **901 (100%)** |

### 3.2.3 Total Admissions to Care by Reason for Admission

- In 2025, the **most common reason for admission was neglect** accounting for **52% (470) of all admissions,** followed by welfare concerns accounting for a further 22% (199) of admissions (*see Figure 24*). Sexual abuse was the least common reason for admission, accounting for 2% (14) of all admissions.

**Figure 24: Total admissions to care by reason for admission, 2025**

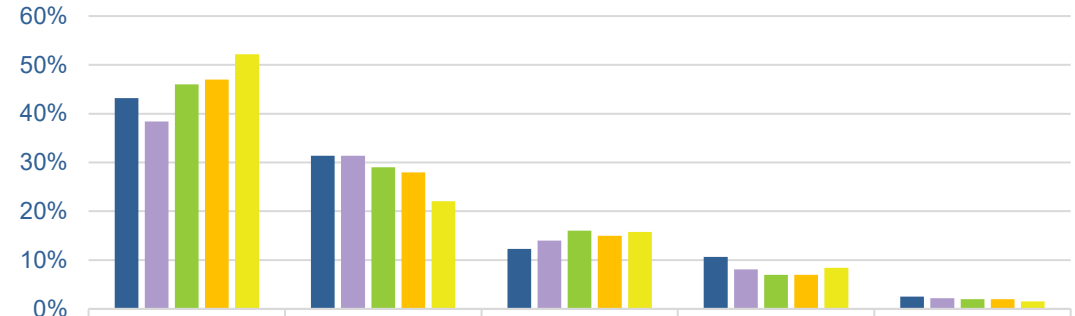



- The breakdown of admissions to care by reason for admission for the years 2021–2025 is presented in the table and chart below (*see Table 36 and Figure 25*).
- Looking across the years, the figures show an increasing trend in the percentage of admissions due to neglect, rising from 38% in 2022 to 52% in 2025 and a decreasing trend in the percentage of admissions due to welfare concerns, decreasing from 31% in 2021-22 to 22% in 2025.
- Emotional abuse shows a slight increase, rising from 12% in 2021 to 16%, and although the percentage of admissions due to physical and sexual abuse show some fluctuation, they have remained relatively stable over the period.

**Table 36: Total admissions to care by reason for admission, 2021–2025**

| Reason for Admission | 2021 | % 2021 | 2022 | % 2022 | 2023 | % 2023 | 2024 | % 2024 | 2025 | % 2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| Neglect | 373 | **43%** | 312 | **38%** | 413 | **46%** | 434 | **47%** | 470 | **52%** |
| Child Welfare Concern | 271 | **31%** | 255 | **31%** | 256 | **29%** | 258 | **28%** | 199 | **22%** |
| Emotional Abuse | 106 | **12%** | 114 | **14%** | 142 | **16%** | 139 | **15%** | 142 | **16%** |
| Physical Abuse | 92 | **11%** | 66 | **8%** | 62 | **7%** | 64 | **7%** | 76 | **8%** |
| Sexual Abuse | 22 | **3%** | 18 | **2%** | 19 | **2%** | 21 | **2%** | 14 | **2%** |
| Not categorised | 0 | **0%** | 48 | **6%** | 0 | **0%** | 0 | **0%** | 0 | **0%** |
| **Total** | **864** | **100%** | **813** | **100%** | **892** | **100%** | **916** | **100%** | **901** | **100%** |

## Figure 25: Total admissions to care by reason for admission, 2021–2025



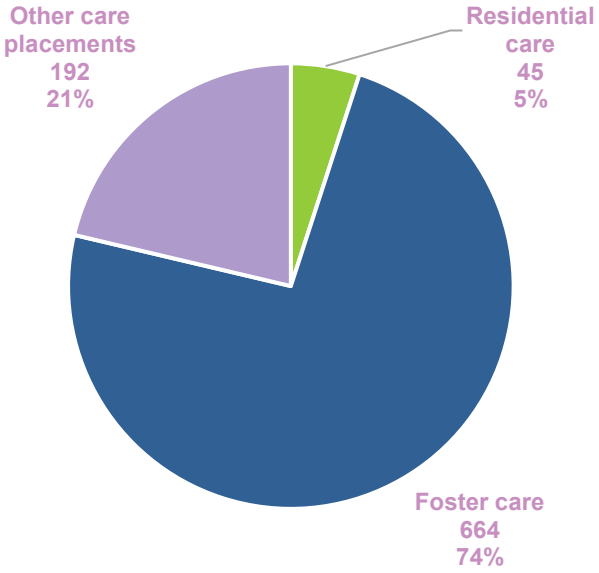

| | Neglect | Child Welfare Concern | Emotional Abuse | Physical Abuse | Sexual Abuse |
|---|---|---|---|---|---|
| 2021 | 43% | 31% | 12% | 11% | 3% |
| 2022 | 38% | 31% | 14% | 8% | 2% |
| 2023 | 46% | 29% | 16% | 7% | 2% |
| 2024 | 47% | 28% | 15% | 7% | 2% |
| 2025 | 52% | 22% | 16% | 8% | 2% |

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

### 3.2.4 Total Admissions to Care by Care Placement

- **74% (664) of all admissions to care in 2025 were to foster care**, 5% (45) were to residential general care and 21% (192) were to "other" care placements (*see Figure 26*). Other care placements include children at home under a care order (28), disability units (11), hospital[28] (57), supported lodgings (7), special emergency arrangements (71) and other (18).
- Of the 664 admissions to foster care, 27% (182) were to foster care with relatives.

**Figure 26: Total admissions to care by placement type, 2025**



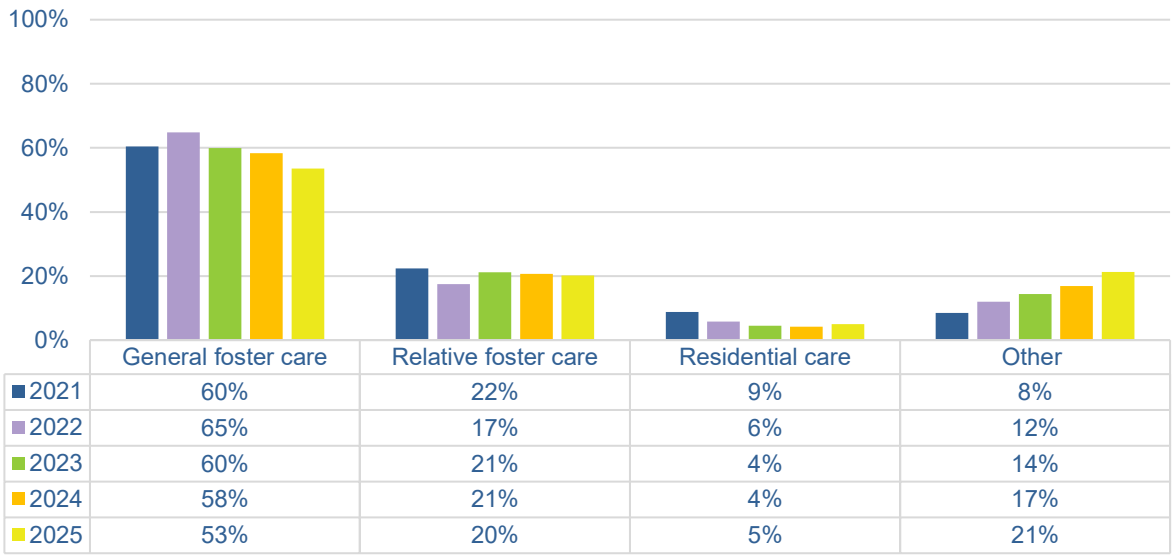

- A breakdown of admissions to care by placement type for the years 2021–2025 is presented in the table and chart below (*see Table 37 and Figure 27*).
- Looking across the years, while general foster care consistently accounts for the largest proportion of admissions, it has decreased from about 65% in 2022 to 53% in 2025. In contrast 'other' care placements grew notably from 8% in 2021 to 21% in 2025.
- The percentage of admissions to relative foster care and residential care while showing some fluctuations have remained broadly stable over the period.
- As with first time admissions, while further analysis is required it is likely that the decrease in the percentage of admissions to general foster and the increase in the percentage of admissions to 'other' care placements reflects the ongoing 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 37: Total admissions to care by placement type, 2021–2025

| Placement Type | 2021 | % 2021 | 2022 | % 2022 | 2023 | % 2023 | 2024 | % 2024 | 2025 | % 2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| **General foster care** | 522 | **60%** | 527 | **65%** | 535 | **60%** | 534 | **58%** | 482 | **53%** |
| **Relative foster care** | 193 | **22%** | 142 | **17%** | 189 | **21%** | 189 | **21%** | 182 | **20%** |
| **Residential care** | 76 | **9%** | 47 | **6%** | 40 | **4%** | 38 | **4%** | 45 | **5%** |
| **Other** | 73 | **8%** | 97 | **12%** | 128 | **14%** | 155 | **17%** | 192 | **21%** |
| **Total** | **864** | **100%** | **813** | **100%** | **892** | **100%** | **916** | **100%** | **901** | **100%** |

## Figure 27: Total admissions by care placement, 2021–2025

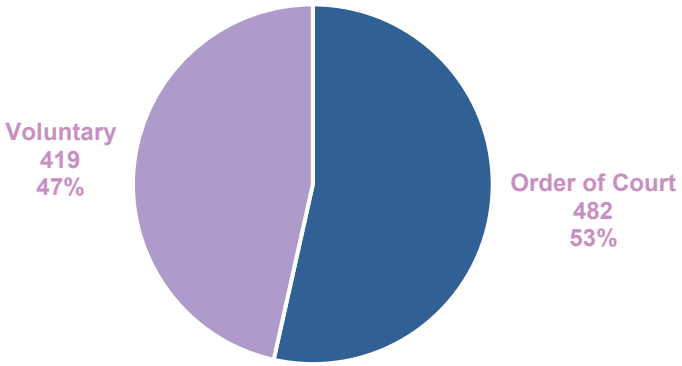



| | General foster care | Relative foster care | Residential care | Other |
|---|---|---|---|---|
| 2021 | 60% | 22% | 9% | 8% |
| 2022 | 65% | 17% | 6% | 12% |
| 2023 | 60% | 21% | 4% | 14% |
| 2024 | 58% | 21% | 4% | 17% |
| 2025 | 53% | 20% | 5% | 21% |

### 3.2.5 Total Admissions to Care by Legal Status

- **53% (482) of admissions to care in 2025 were under an order of the court**. The remaining 47% (419) of admissions were under a voluntary care arrangement with the parents / guardians (*see Figure 28)*.
- Of the admissions under a court order (482):
    - 213 (44%) were under an emergency care order
    - 268 (56%) were under an interim care order
    - 1 (<1%) were under a care order.

**Figure 28: Total admissions to care by legal status on admission, 2025**

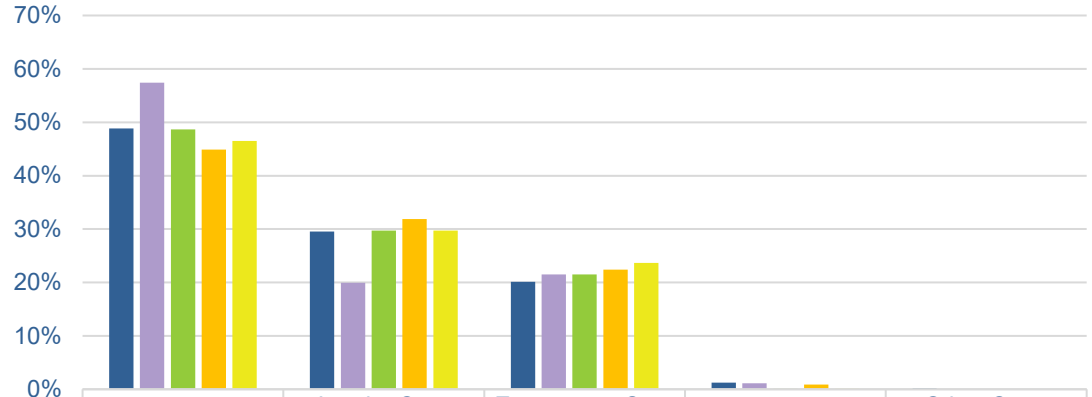



- A breakdown of admissions to care by legal status for the years 2021–2025 is presented in the table and chart below (*see Table 38 and Figure 29*).
- For all years except 2022, the percentage of admissions under orders of the court exceed admissions under voluntary agreements with parent/guardians. Looking across the years, the figures indicate a small, but growing proportion of court-ordered admissions.

**Table 38: Total admissions to care by legal status on admission, 2021–2025**

| Legal Status | # 2021 | % 2021 | # 2022 | % 2022 | # 2023 | % 2023 | # 2024 | % 2024 | # 2025 | % 2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Emergency Care Order** | 174 | **20%** | 175 | **22%** | 192 | **22%** | 205 | **22%** | 213 | **24%** |
| **Interim Care Order** | 255 | **30%** | 162 | **20%** | 265 | **30%** | 292 | **32%** | 268 | **30%** |
| **Care Order** | 11 | **1%** | 9 | **1%** | 1 | **<1%** | 8 | **1%** | 1 | **<1%** |
| **Other Court Order** | 2 | **<1%** | 0 | **0%** | 0 | **0%** | 0 | **0%** | 0 | **0%** |
| **Voluntary** | 422 | **49%** | 467 | **57%** | 434 | **49%** | 411 | **45%** | 419 | **47%** |
| **Total** | **864** | **100%** | **813** | **100%** | **892** | **100%** | **916** | **100%** | **901** | **100%** |

## Figure 29: Total admissions to care by legal status on admission, 2021-2025




| | Voluntary | Interim Care Order | Emergency Care Order | Care Order | Other Court Order |
|---|---|---|---|---|---|
| 2021 | 49% | 30% | 20% | 1% | 0.2% |
| 2022 | 57% | 20% | 22% | 1% | 0.0% |
| 2023 | 49% | 30% | 22% | 0% | 0.0% |
| 2024 | 45% | 32% | 22% | 1% | 0.0% |
| 2025 | 47% | 30% | 24% | 0% | 0% |

### 3.2.6 Total Admissions to care by Tusla Area

- A breakdown of admissions to care for 2025 by Tulsa area is presented in the table below *(see Table 39)*.
- The number of admissions to care ranged from 17 (Mayo and Kerry) to 127 (Dublin North City).
- The percentage of admissions that were second or subsequent admissions ranged from 58% (Dublin North) to 5% (Waterford/Wexford) across the areas.
- 7 areas reported a percentage equal to or higher than the national average of 36%. The reason(s) for the variation in second and subsequent admissions requires further examination.

**Table 39: Total and first-time admissions to care by area, 2025 (ranked by Total 2025)**

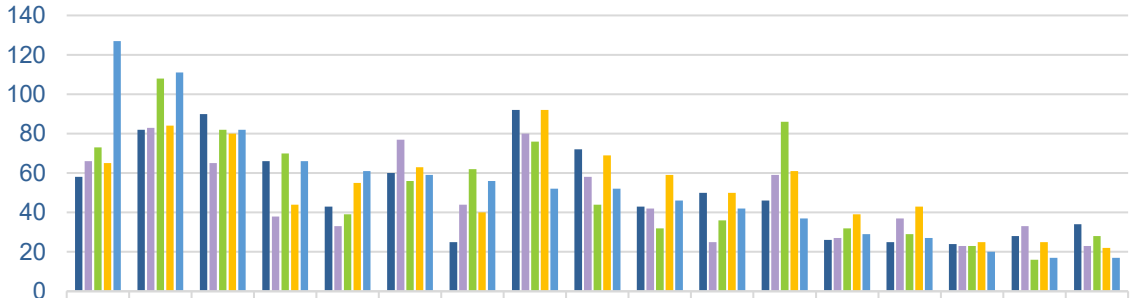
| Area | # Total 2025 | # FT 2025 | # repeat | % repeat |
|---|---|---|---|---|
| Dublin North City | **127** | 75 | 52 | 41% |
| Cork | **111** | 74 | 37 | 33% |
| Dublin South West/Kildare/West Wicklow | **82** | 38 | 44 | 54% |
| Galway/Roscommon | **66** | 51 | 15 | 23% |
| Midwest | **61** | 30 | 31 | 51% |
| Louth/Meath | **59** | 38 | 21 | 36% |
| Carlow/Kilkenny/South Tipperary | **56** | 35 | 21 | 38% |
| Dublin South Central | **52** | 36 | 16 | 31% |
| Dublin North | **52** | 22 | 30 | 58% |
| Midlands | **46** | 33 | 13 | 28% |
| Donegal | **42** | 34 | 8 | 19% |
| Waterford/Wexford | **37** | 35 | 2 | 5% |
| Cavan/Monaghan | **29** | 20 | 9 | 31% |
| Dublin South East/Wicklow | **27** | 15 | 12 | 44% |
| Sligo/Leitrim/West Cavan | **20** | 15 | 5 | 25% |
| Kerry | **17** | 15 | 2 | 12% |
| Mayo | **17** | 11 | 6 | 35% |
| **Total** | **901** | **577** | **324** | **36%** |

- 6 areas reported more admissions in 2025 than in 2024. Dublin North City reported the largest increase (up 62) and followed to a lesser extent by Cork (up 27) and Galway/Roscommon (up 22) (*see Figure 30*).
- Of the 11 areas that reported a decrease in admissions from 2024, the largest decrease was reported by Dublin North (down 40) and followed to a lesser extent by Waterford/Wexford (down 24), Dublin South Central (down 17) and Dublin South East/Wicklow (down 16).
- As with the first–time admissions, fluctuations in admissions to care across the areas from one year to the next is common. Over the 4-year period, 2021–2025, no area reported four

consecutive increases or decreases, while one area (Midwest) reported three consecutive increases and no area reported three consecutive 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, 2021-2025 (ranked by number for 2025)**




| | DNC | Cork | DSW KWW | GYR N | Mid West | LHM H | CWK ST | Dubli n Nort h | DSC | Midla nds | Done gal | WD WX | CNM N | DSE WW | SLW C | May o | Kerry |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021 | 58 | 82 | 90 | 66 | 43 | 60 | 25 | 92 | 72 | 43 | 50 | 46 | 26 | 25 | 24 | 28 | 34 |
| 2022 | 66 | 83 | 65 | 38 | 33 | 77 | 44 | 80 | 58 | 42 | 25 | 59 | 27 | 37 | 23 | 33 | 23 |
| 2023 | 73 | 108 | 82 | 70 | 39 | 56 | 62 | 76 | 44 | 32 | 36 | 86 | 32 | 29 | 23 | 16 | 28 |
| 2024 | 65 | 84 | 80 | 44 | 55 | 63 | 40 | 92 | 69 | 59 | 50 | 61 | 39 | 43 | 25 | 25 | 22 |
| 2025 | 127 | 111 | 82 | 66 | 61 | 59 | 56 | 52 | 52 | 46 | 42 | 37 | 29 | 27 | 20 | 17 | 17 |
| 2025 v 2024 | 62 | 27 | 2 | 22 | 6 | -4 | 16 | -40 | -17 | -13 | -8 | -24 | -10 | -16 | -5 | -8 | -5 |

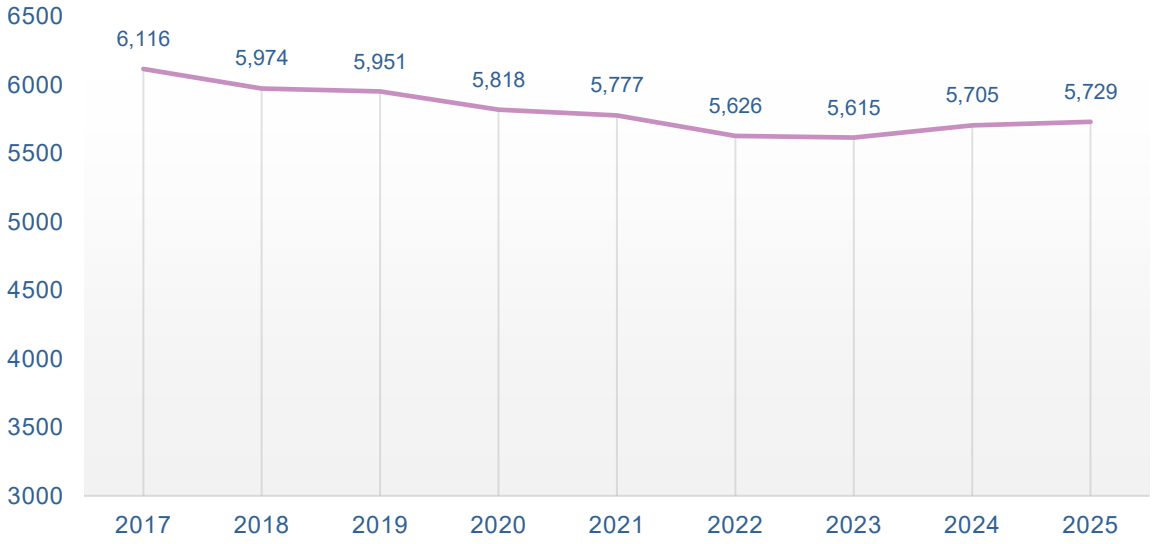
## 3.3 Children in Care

***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's 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 **5,729 children in the care of the State at the end of 2025**, 24 (<1%) more than 2024 (5,705) and the second consecutive increase after six consecutive decreases over the 8–year period 2017–2025 (*see Figure 31).* However, the levels seen in 2025 remain below the levels seen between 2017 – 2021.

**Figure 31: Number of children in care by year, 2017 – 2025**




- 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 40)* shows the rate of children in care per 1,000 child population in other jurisdictions[29]. 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 2024-25 Additional Tables. Table 21

**Table 40: Children in care in other jurisdictions, rate per 1,000 child population**

| Jurisdiction | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|
| **Ireland (Dec)*** | **5.2** | **5.1** | **5.1** | **4.8** | **4.8** | **4.7** | **4.6** | **4.7** | **4.7** |
| **Northern Ireland (March)** | 6.8 | 7.1 | 7.4 | 7.7 | 8.0 | 8.2 | 8.7 | 9.2 | 9.6 |
| **England (March)** | 6.2 | 6.4 | 6.6 | 6.8 | 6.9 | 6.9 | 7.0 | 7.0 | 6.7 |
| **Wales (March)** | 9.6 | 10.3 | 11.0 | 11.6 | 11.7 | 11.4 | 11.6 | 11.6 | 11.6 |
| **Scotland (March)** | 10.8 | 10.5 | 10.4 | 10.4 | 10.2 | 9.8 | 9.7 | 9.5 | 9.3 |

*Rates for 2017–2019 (inclusive) based on Census 2016 (1,190,502). Rates for 2020–2025 (inclusive) based on Census 2022 (1,218567).

### 3.3.2 Children in Care by Age and Gender

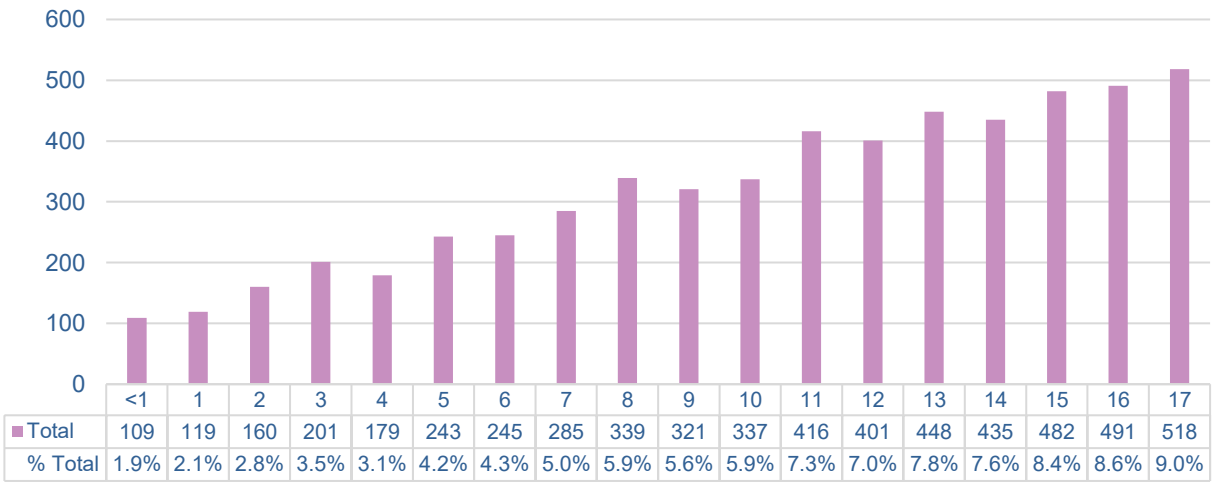
- Slightly **more males (2,914; 50.9%) than females (2,808; 49.0%) were in care at the end of 2025** (*see Table 41)*; a similar pattern to previous years and consistent with the general population (Census 2022, 51% boys and 49% girls). Gender was recorded as "Other" for the remaining 7 (0.1%) children.

**Table 41: Children in care by age and gender, 2025**

| Age | # Male | # Female | Other | Total | % Total |
|---|---|---|---|---|---|
| < 1 year | 55 | 54 | 0 | **109** | 1.9% |
| 1 year | 61 | 58 | 0 | **119** | 2.1% |
| 2 years | 96 | 64 | 0 | **160** | 2.8% |
| 3 years | 86 | 115 | 0 | **201** | 3.5% |
| 4 years | 91 | 88 | 0 | **179** | 3.1% |
| 5 years | 129 | 114 | 0 | **243** | 4.2% |
| 6 years | 119 | 126 | 0 | **245** | 4.3% |
| 7 years | 146 | 139 | 0 | **285** | 5.0% |
| 8 years | 160 | 179 | 0 | **339** | 5.9% |
| 9 years | 151 | 170 | 0 | **321** | 5.6% |
| 10 years | 180 | 157 | 0 | **337** | 5.9% |
| 11 years | 211 | 205 | 0 | **416** | 7.3% |
| 12 years | 203 | 198 | 0 | **401** | 7.0% |
| 13 years | 246 | 202 | 0 | **448** | 7.8% |
| 14 years | 202 | 233 | 0 | **435** | 7.6% |
| 15 years | 238 | 244 | 0 | **482** | 8.4% |
| 16 years | 266 | 223 | 2 | **491** | 8.6% |
| 17 years | 274 | 239 | 5 | **518** | 9.0% |
| **Total** | **2,914** | **2,808** | **7** | **5,729** | **100.0%** |

- The number of children in care increases with increasing age with the highest number aged 17 years (518; 9%) and the fewest number aged under one year (109; 1.9%) (*see Figure 32*).

**Figure 32: Children in care by age, 2025**



- A breakdown of children in care at year end for the four year period 2021–2025, by age group is presented in the table below *(see Table 42).*
- 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 consistent.

**Table 42: Children in care by age group and year, 2021–2025**

| Age Group | # 2021 | # 2022 | # 2023 | # 2024 | # 2025 |
|---|---|---|---|---|---|
| **0–4** | 712 (12%) | 647 (12%) | 706 (13%) | 767 (13%) | **768 (13%)** |
| **5–9** | 1,557 (27%) | 1,461 (26%) | 1,425 (25%) | 1,407 (25%) | **1,433 (25%)** |
| **10–14** | 2,063 (36%) | 2,083 (37%) | 2,044 (36%) | 2,071 (36%) | **2,037 (36%)** |
| **15–17** | 1,445 (25%) | 1,435 (26%) | 1,440 (26%) | 1,460 (26%) | **1,491 (26%)** |
| **Total** | **5,777 (100%)** | **5,626 (100%)** | **5,615 (100%)** | **5,705 (100%)** | **5,729 (100%)** |

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### 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 2025, the number of children in care ranged from 122 (2.1%) in Sligo/Leitrim/West Cavan to 663 (11.6%) in Cork (*see Table 43*).
- Similarly, the rate per 1,000 children under 18 years ranged from 2.1 in Dublin South East/Wicklow to 10.3 in Dublin North City, more than 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 43: Children in care by area, 2021–2025 (ranked by rate/1,000)**

| Area | 2021 | 2022 | 2023 | 2024 | 2025 | 0-17 years* | Rate |
|---|---|---|---|---|---|---|---|
| Dublin North City | 470 | 463 | 460 | 465 | 506 | 48,909 | **10.3** |
| Donegal | 226 | 217 | 213 | 236 | 242 | 42,144 | **5.7** |
| Waterford/Wexford | 413 | 404 | 427 | 430 | 386 | 69,239 | **5.6** |
| Carlow/Kilkenny/South Tipperary | 325 | 307 | 319 | 308 | 324 | 62,366 | **5.2** |
| Midwest | 550 | 531 | 504 | 501 | 502 | 96,764 | **5.2** |
| Sligo/Leitrim/West Cavan | 109 | 109 | 108 | 119 | 122 | 24,312 | **5.0** |
| Kerry | 159 | 158 | 165 | 174 | 173 | 34,994 | **4.9** |
| Cork | 749 | 706 | 705 | 667 | 663 | 136,786 | **4.8** |
| Dublin South Central | 365 | 355 | 335 | 332 | 332 | 70,259 | **4.7** |
| Cavan/Monaghan | 153 | 149 | 157 | 167 | 173 | 37,336 | **4.6** |
| Mayo | 144 | 137 | 141 | 146 | 147 | 31,911 | **4.6** |
| Galway/Roscommon | 370 | 350 | 356 | 344 | 366 | 81,799 | **4.5** |
| Louth/Meath | 418 | 420 | 428 | 418 | 427 | 96,531 | **4.4** |
| Midlands | 334 | 328 | 322 | 346 | 345 | 80,962 | **4.3** |
| Dublin North | 351 | 374 | 388 | 424 | 421 | 104,281 | **4.0** |
| Dublin South West/Kildare/West Wicklow | 429 | 413 | 393 | 419 | 409 | 108,927 | **3.8** |
| Dublin South East/Wicklow | 212 | 205 | 194 | 209 | 191 | 91,047 | **2.1** |
| **Total** | **5,777** | **5,626** | **5,615** | **5,705** | **5,729** | **1,218,567** | **4.7** |

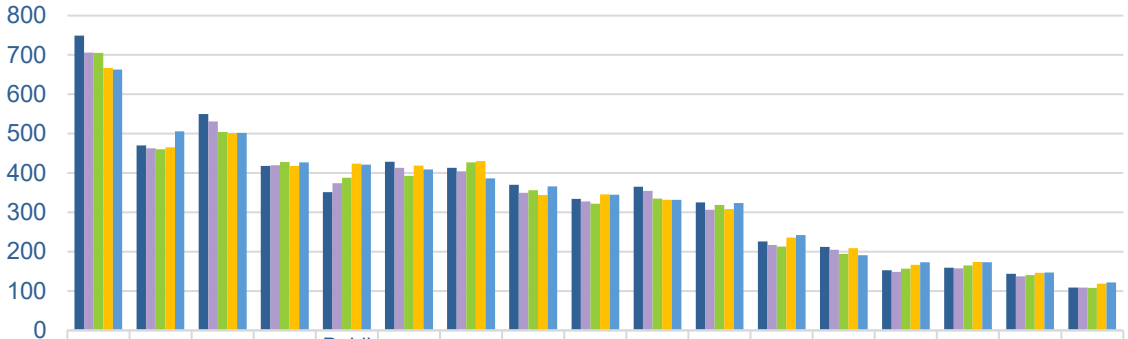
* Population data based on CSO Census 2022

- 9 of the 17 areas reported an increase in children in care from 2024 with the largest increase reported by Dublin North City (up 41) and followed to a lesser extent by Galway/Roscommon (up 22) and Carlow/Kilkenny/South Tipperary (up 16) (*see Figure 33*).
- 7 areas reported a decrease, with the largest decrease reported by Waterford/Wexford (down 44) followed to a lesser extent by Dublin South East/Wicklow (down 18) and Dublin South

West/Kildare/West Wicklow (down 10). The remaining area (Dublin South Central) reported no change.

- In terms of an underlying trend, one area (Cork) has reported four consecutive decreases from 2021, while no area has reported four consecutive increases. Two areas (Cavan/Monaghan and Mayo) have reported three consecutive increases, while no area has reported three consecutive decreases.

**Figure 33: Children in care by area, 2021-2025 (ranked by number for 2025)**




| | Cork | DNC | Midwest | LHMH | Dublin North | DSWKWW | WDWX | GYRN | Midlands | DSC | CWKST | Donegal | DSEWW | CNMN | Kerry | Mayo | SLWC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2021 | 749 | 470 | 550 | 418 | 351 | 429 | 413 | 370 | 334 | 365 | 325 | 226 | 212 | 153 | 159 | 144 | 109 |
| 2022 | 706 | 463 | 531 | 420 | 374 | 413 | 404 | 350 | 328 | 355 | 307 | 217 | 205 | 149 | 158 | 137 | 109 |
| 2023 | 705 | 460 | 504 | 428 | 388 | 393 | 427 | 356 | 322 | 335 | 319 | 213 | 194 | 157 | 165 | 141 | 108 |
| 2024 | 667 | 465 | 501 | 418 | 424 | 419 | 430 | 344 | 346 | 332 | 308 | 236 | 209 | 167 | 174 | 146 | 119 |
| 2025 | 663 | 506 | 502 | 427 | 421 | 409 | 386 | 366 | 345 | 332 | 324 | 242 | 191 | 173 | 173 | 147 | 122 |
| 2025 v 2024 | -4 | 41 | 1 | 9 | -3 | -10 | -44 | 22 | -1 | 0 | 16 | 6 | -18 | 6 | -1 | 1 | 3 |

### 3.3.4 Children in Care by Care Placement

- **88% (5,042) of children in care at the end of 2025 were in foster care** and of these 30% (1,513) were in relative foster care (*see Tables 44 and 45*).
- 8% (484) of children were in residential care (general and special care)
- 4% (203) were in 'other' care placements as follows:
    - children in supported lodgings (10)
    - at home under a care order (32)
    - in a detention school/centre (4)
    - in a disability unit (109)
    - 'Other' (48) includes special emergency arrangements, mental health unit, drugs and alcohol rehabilitation unit and 'other' placements–not specified.

**Table 44: Percentage breakdown of children in care by placement type, 2021-2025**

| Placement Type | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| **Foster Care** | **91.1%** | **90.2%** | **89.7%** | **88.6%** | **88.0%** |
| *General foster care* | 65.1% | 64.4% | 63.4% | 62.4% | 61.6% |
| *Relative foster care* | 26.0% | 25.8% | 26.3% | 26.2% | 26.4% |
| **Residential Care** | **7.1%** | **6.9%** | **7.3%** | **8.0%** | **8.4%** |
| *General residential* | 6.8% | 6.7% | 7.1% | 7.8% | 8.2% |
| *Special care* | 0.3% | 0.2% | 0.2% | 0.2% | 0.3% |
| **Other** | **1.9%** | **2.9%** | **3.0%** | **3.3%** | **3.5%** |
| **Total** | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

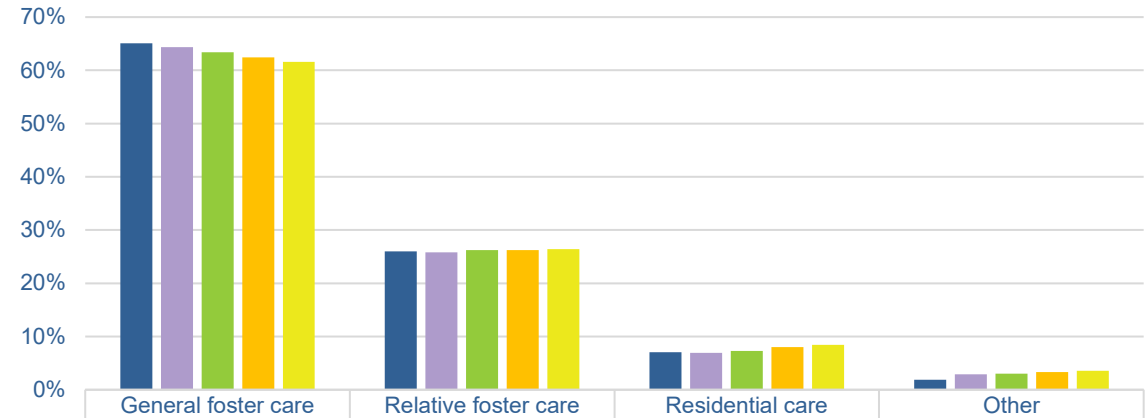
**Table 45: Breakdown of children in care by placement type, 2021-2025**

| Placement Type | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| **Foster Care** | **5,262** | **5,074** | **5,034** | **5,057** | **5,042** |
| *General foster care* | *3,760* | *3,621* | *3,560* | *3,561* | *3,529* |
| *Relative foster care* | *1,502* | *1,453* | *1,474* | *1,496* | *1,513* |
| **Residential Care** | **408** | **389** | **410** | **457** | **484** |
| *General residential* | *392* | *375* | *397* | *444* | *469* |
| *Special care* | *16* | *14* | *13* | *13* | *15* |
| **Other** | **107** | **163** | **171** | **191** | **203** |
| **Total** | **5,777** | **5,626** | **5,615** | **5,705** | **5,729** |

- Looking at the data for the 4-year period 2021-2025, 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 has 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, 2021–2025**



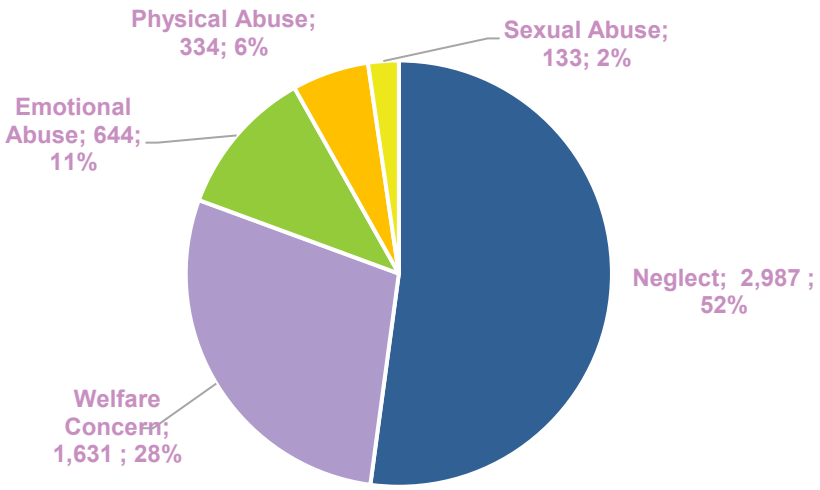

| | General foster care | Relative foster care | Residential care | Other |
|---|---|---|---|---|
| 2021 | 65.1% | 26.0% | 7.1% | 1.9% |
| 2022 | 64.4% | 25.8% | 6.9% | 2.9% |
| 2023 | 63.4% | 26.3% | 7.3% | 3.0% |
| 2024 | 62.4% | 26.2% | 8.0% | 3.3% |
| 2025 | 61.6% | 26.4% | 8.4% | 3.5% |

[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 2025 was neglect** accounting for 52% (2,987) of all children in care (*see Figure 35*). This was followed by welfare concerns accounting for a further 28% (1,631) of all children in care. Combined, these two reasons accounted for 81% (4,618) of children in care.

**Figure 35: Children in care by reason for being in care, 2025**



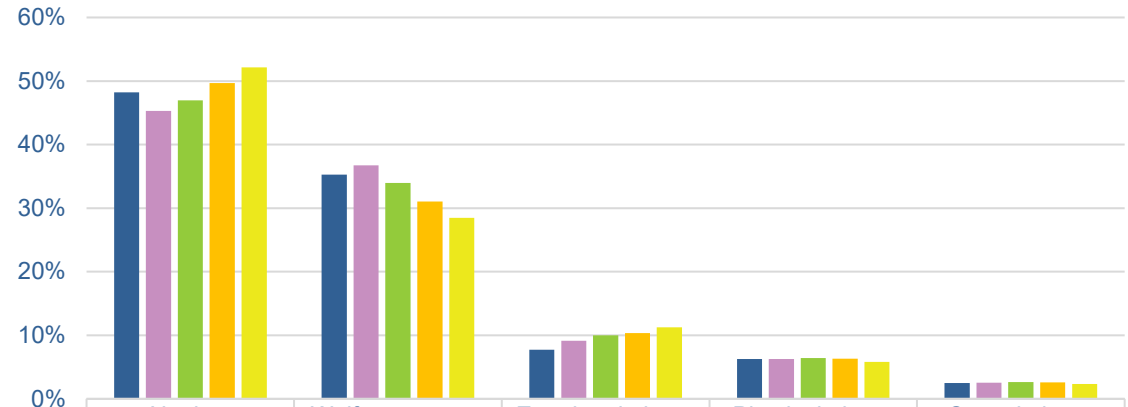

- A breakdown of the reasons for being in care for the four year period 2021–2025 is presented in the table and chart below (*see Table 46 and Figure 36)*.
- Looking across the years, neglect consistently accounts for the largest proportion of children in care and has grown from 45% in 2022 to 52% in 2025. Emotional abuse while accounting for a much smaller proportion of children in care is also showing a slight increase, up from 9% in 2022 to 11% in 2025.
- In contrast, the proportion of children in care because of welfare concerns has decrease from 37% in 2022 to 28% in 2025.
- The percentage of children in care because of physical abuse and sexual abuse while showing some fluctuations have remained broadly stable over the period.

**Table 46: Children in care by reason for being in care, 2021–2025**

| Reason for being in care | # 2021 | % 2021 | # 2022 | % 2022 | # 2023 | % 2023 | # 2024 | % 2024 | # 2025 | % 2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| Neglect | 2.786 | **48%** | 2,548 | **45%** | 2,637 | **47%** | 2,835 | **50%** | **2,987** | **52%** |
| Welfare concern | 2,038 | **35%** | 2,067 | **37%** | 1,906 | **34%** | 1,772 | **31%** | **1,631** | **28%** |
| Emotional abuse | 447 | **8%** | 515 | **9%** | 562 | **10%** | 590 | **10%** | **644** | **11%** |
| Physical abuse | 361 | **6%** | 353 | **6%** | 361 | **6%** | 360 | **6%** | **334** | **6%** |
| Sexual abuse | 145 | **3%** | 142 | **3%** | 149 | **3%** | 148 | **3%** | **133** | **2%** |
| **Total** | **5,777** | **100%** | **5,625*** | **100%** | **5,615** | **100%** | **5,705** | **100%** | **5,729** | **100%** |

*Reason not available for one case for 2022

**Figure 36: Children in care by reason for being in care, 2021 -2025**




| | Neglect | Welfare concern | Emotional abuse | Physical abuse | Sexual abuse |
|---|---|---|---|---|---|
| 2021 | 48% | 35% | 8% | 6% | 3% |
| 2022 | 45% | 37% | 9% | 6% | 3% |
| 2023 | 47% | 34% | 10% | 6% | 3% |
| 2024 | 50% | 31% | 10% | 6% | 3% |
| 2025 | 52% | 28% | 11% | 6% | 2% |

### 3.3.6 Children in Care by Legal Status

- **87% (4,983) of children in care at the end of 2025 were in care under an order of the court**, the highest percentage for all years 2021– 2025 (*see Tables 47 and 48).* The remaining 13% (746) of children in care were in care under a voluntary arrangement with the parent(s) / guardians.
- Over the 4-year period 2021–2025, the percentage of children in care under a court order has increased year-on-year and is up 7.6 percentage points overall, while the percentage under a voluntary arrangement decreased by 7.6 percentage points.

**Table 47: Children in care by legal status, 2021–2025**

| Legal Status | # 2021 | # 2022 | # 2023 | # 2024 | # 2025 |
|---|---|---|---|---|---|
| Order of the Court | 4,585 | 4,480 | 4,657 | 4,848 | **4,983** |
| Voluntary | 1,192 | 1,146 | 958 | 857 | **746** |
| **Total** | **5,777** | **5,626** | **5,615** | **5,705** | **5,729** |

**Table 48: Percentage breakdown of children in care by legal status, 2021–2025**

| Legal Status | % 2021 | % 2022 | % 2023 | % 2024 | % 2025 |
|---|---|---|---|---|---|
| Order of the Court | 79.4% | 79.6% | 82.9% | 85.0% | **87.0%** |
| Voluntary | 20.6% | 20.4% | 17.1% | 15.0% | **13.0%** |
| **Total** | **100.0%** | **100.0%** | **100.0%** | **100.0%** | **100.0%** |

- Of the 4,983 children in care under an order of the court at the end of 2025:
  - 83.4% (4,156) were in care under a care order
  - 16.2% (807) were in care under an interim care order
  - <1% (20) 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 49*).
- Looking across the areas, the percentage of children in care under an order of the court ranges from 72% in Dublin North to 100% in Cork and Kerry. Nine areas reported a percentage equal to or higher than the national average of 87%.

**Table 49: Children in care by legal status and area, 2025 (ranked by % under a court order)**

| Area | # Court Order | % Court Order | # Voluntary | % Voluntary | Total |
|---|---|---|---|---|---|
| Cork | 663 | **100%** | 0 | **0%** | **663** |
| Kerry | 173 | **100%** | 0 | **0%** | **173** |
| Mayo | 145 | **99%** | 2 | **1%** | **147** |
| Mid West | 493 | **98%** | 9 | **2%** | **502** |
| Sligo/Leitrim/West Cavan | 112 | **92%** | 10 | **8%** | **122** |
| Dublin South Central | 300 | **90%** | 32 | **10%** | **332** |
| Donegal | 217 | **90%** | 25 | **10%** | **242** |
| Waterford/Wexford | 343 | **89%** | 43 | **11%** | **386** |
| Cavan/Monaghan | 150 | **87%** | 23 | **13%** | **173** |
| Dublin South East/Wicklow | 165 | **86%** | 26 | **14%** | **191** |
| Dublin North City | 427 | **84%** | 79 | **16%** | **506** |
| Carlow/Kilkenny/South Tipperary | 272 | **84%** | 52 | **16%** | **324** |
| Galway/Roscommon | 307 | **84%** | 59 | **16%** | **366** |
| Louth/Meath | 337 | **79%** | 90 | **21%** | **427** |
| Dublin South West/Kildare/West Wicklow | 315 | **77%** | 94 | **23%** | **409** |
| Midlands | 260 | **75%** | 85 | **25%** | **345** |
| Dublin North | 304 | **72%** | 117 | **28%** | **421** |
| **Total** | **4,983** | **87%** | **746** | **13%** | **5,729** |

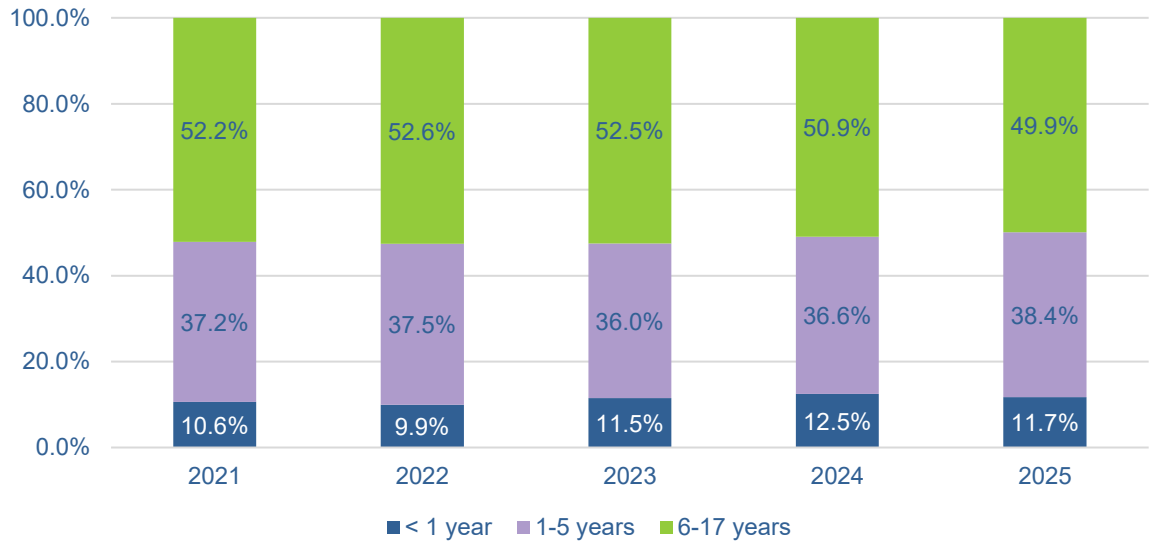
### 3.3.7 Children in Care by Length of Time in Care

- **Half (50.1%; 2,870)** of the children in care at the end of 2025 were **in care for 5 years or less** and of these one in four (23.3%; 670) was in care for less than a year (*see Table 50 & Figure 37*). The remaining 49.9% (2,859) were in care for 6+ years.
- Looking across the years, while children in care for 6+ years continue to account for about half of children in care, the data is showing a slow but steady decrease in the percentage, falling from 52.6% in 2022 to 49.9% in 2025. There were 155 (5%) fewer children in care for 6+ years at the end of 2025 (2,859) than at the end of 2021 (3,014), which is a year on year decrease.
- In contrast, the proportion of children in care for less than one year is showing a slow but steady increase, rising from 9.9% in 2022 to 11.7% in 2025, with a peak of 12.5% in 2024.
- The proportion of children in care for 1-5 years has remained relatively stable over the 4-year period.

**Table 50: Children in care by length of time in care, 2021–2025**

| Year/ Length | < 1 year | 1–5 years | 6+ years | Total |
|---|---|---|---|---|
| **2025** | 670 **(11.7%)** | 2,200 **(38.4%)** | 2,859 **(49.9%)** | **5,729** |
| **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 length of time in care, 2021–2025**




- Looking at the data for the 17 areas (*see Table 51)*, the percentage of children in care for:
  - <1 year ranged from 7.8% (Dublin North) to 16.8% (Dublin North City). Seven areas reported a percentage equal to or higher than the national average of 11.7%.
  - 1-5 years ranged from 29.1% (Mid West) to 48.2% (Dublin North). Ten areas reported a percentage equal to or higher than the national average of 38.4%.

- 6+ years ranged from 41.9% (Dublin North City) to 60.6% (Midwest). Five areas reported a percentage equal to or higher than the national average of 49.9%.

**Table 51: Children in care by length of time in care, 2025 (ranked by % in care for 6+ years)**

| Area | < 1 year | % < 1 –year | 1–5 years | % 1–5 years | 6+ years | % 6+ years | Total |
|---|---|---|---|---|---|---|---|
| Mid West | 52 | **10.4%** | 146 | **29.1%** | 304 | **60.6%** | 502 |
| Cork | 83 | **12.5%** | 205 | **30.9%** | 375 | **56.6%** | 663 |
| Midlands | 35 | **10.1%** | 115 | **33.3%** | 195 | **56.5%** | 345 |
| Dublin South East/Wicklow | 15 | **7.9%** | 71 | **37.2%** | 105 | **55.0%** | 191 |
| Louth/Meath | 49 | **11.5%** | 151 | **35.4%** | 227 | **53.2%** | 427 |
| Galway/Roscommon | 54 | **14.8%** | 132 | **36.1%** | 180 | **49.2%** | 366 |
| CW/K/ST | 46 | **14.2%** | 120 | **37.0%** | 158 | **48.8%** | 324 |
| DSW/K/WW | 49 | **12.0%** | 165 | **40.3%** | 195 | **47.7%** | 409 |
| Waterford/Wexford | 36 | **9.3%** | 167 | **43.3%** | 183 | **47.4%** | 386 |
| Cavan/Monaghan | 24 | **13.9%** | 67 | **38.7%** | 82 | **47.4%** | 173 |
| Mayo | 13 | **8.8%** | 66 | **44.9%** | 68 | **46.3%** | 147 |
| Dublin South Central | 34 | **10.2%** | 147 | **44.3%** | 151 | **45.5%** | 332 |
| Donegal | 32 | **13.2%** | 102 | **42.1%** | 108 | **44.6%** | 242 |
| Kerry | 16 | **9.2%** | 80 | **46.2%** | 77 | **44.5%** | 173 |
| Sligo/Leitrim/West Cavan | 14 | **11.5%** | 54 | **44.3%** | 54 | **44.3%** | 122 |
| Dublin North | 33 | **7.8%** | 203 | **48.2%** | 185 | **43.9%** | 421 |
| Dublin North City | 85 | **16.8%** | 209 | **41.3%** | 212 | **41.9%** | 506 |
| **Total** | **670** | **11.7%** | **2,200** | **38.4%** | **2,859** | **49.9%** | **5,729** |

### 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 2025, there were **328 children in care in their third or greater placement** within the previous 12 months. This equates to 5.7% of children in care (*see Table 52*).
- The number and percentage of children in care in their third or greater placement within the previous 12 months is similar to that for 2024 but remains higher than that for previous years.
- 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 52: Children in their third or greater placement within the previous 12 months, 2021–2025**

| | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| **# children in care** | 5,777 | 5,626 | 5,615 | **5,705** | **5,729** |
| **# 3rd or greater placement** | 215 | 226 | 231 | 324 | **328** |
| **% 3rd or greater placement** | **3.7%** | **4.0%** | **4.1%** | **5.7%** | **5.7%** |

- Almost one in four children (23.5%; 110/469) in general residential care at the end of 2025 were in their third or greater placement within the year (*see Table 53*). This compares to the significantly lower 3.2% (160/5,042) for children in foster care (general and relative combined).
- 60% (9/15) 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/stability-measures-for-children-looked-after-in-england/2024#dataBlock-c46316a7-e767-4208-99f8-e08a72fb0241-tables

[32] https://corambaaf.org.uk/resources/statistics/statistics-wales

[33] Children's Social Work Statistics - Looked After Children 2024-25 Additional Tables. Table 19

**Table 53: Children in care in their third or greater placement, by care type 2024–2025**

| Placement Type | # CIC 2024 | # ≥ 3rd 2024 | % ≥ 3rd 2024 | # CIC 2025 | # ≥ 3rd 2025 | % ≥ 3rd 2025 |
|---|---|---|---|---|---|---|
| General foster care | 3,561 | 117 | **3.3%** | 3,529 | 124 | **3.5%** |
| Relative foster care | 1,496 | 37 | **2.5%** | 1,513 | 36 | **2.4%** |
| General residential | 444 | 119 | **26.8%** | 469 | 110 | **23.5%** |
| Special care | 13 | 4 | **30.8%** | 15 | 9 | **60.0%** |
| Other | 191 | 47 | **24.6%** | 203 | 49 | **24.1%** |
| **Total** | **5,705** | **324** | **5.7%** | **5,729** | **328** | **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 54*).
- As can be seen from the table, the percentage in their third or greater placement ranges from 2.0% (3/147) in Mayo to 8.1% (14/173) in Kerry. Nine areas reported a percentage equal to or higher than the national average of 5.7%.

**Table 54: Children in their third or greater placement, by area 2025 (ranked by %)**

| Area | # ≥ 3rd placement | # in care | % ≥ 3rd placement |
|---|---|---|---|
| Kerry | 14 | 173 | 8.1% |
| Dublin North City | 40 | 506 | 7.9% |
| Cork | 45 | 663 | 6.8% |
| Dublin South West/Kildare/West Wicklow | 26 | 409 | 6.4% |
| Midlands | 21 | 345 | 6.1% |
| Dublin South Central | 20 | 332 | 6.0% |
| Waterford/Wexford | 23 | 386 | 6.0% |
| Dublin North | 25 | 421 | 5.9% |
| Dublin South East/Wicklow | 11 | 191 | 5.8% |
| Donegal | 13 | 242 | 5.4% |
| Carlow/Kilkenny/South Tipperary | 17 | 324 | 5.2% |
| Galway/Roscommon | 18 | 366 | 4.9% |
| Cavan/Monaghan | 8 | 173 | 4.6% |
| Mid West | 23 | 502 | 4.6% |
| Louth/Meath | 18 | 427 | 4.2% |
| Sligo/Leitrim/West Cavan | 3 | 122 | 2.5% |
| Mayo | 3 | 147 | 2.0% |
| **Total** | **328** | **5,729** | **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 2025, there were **17 children in a placement outside of Ireland**, one more than at the end of 2024 (16). Children in placements abroad account for 0.3% of the total number of children in care.
- All but two (15) of the children in placements outside of Ireland were in foster care.

### 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 2025, there were **1,013 children in care in placements with private providers**, 70 (7%) more than 2024 (943) and the highest number for the 4-year period 2021-2025 (*see Table 55*).
- The number of children in care with private providers has seen a year-on-year increase over the period 2021-2025 and is up 36% (266) overall.
- 18% (1,013) of all children in care at the end of 2025 were in placements with private providers compared to 13% (747) at the end of 2021.
- The majority (59%; 598) of children in placements with private providers were in foster care, 31% (309) were in residential care while the remining 10% (106) were in "Other" care placements—mainly disability units (*see Tables 55 & 56*).
- 66% (309/469) of children in general residential placements were in placements with private providers compared to 17% (598/3,529) for general foster care (*see Table 57*).
- 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 55: Children in care in placements with private providers, 2021–2025**

| Placement | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| General residential | 245 | 225 | 267 | 307 | 309 |
| General foster care | 451 | 488 | 508 | 552 | 598 |
| Other[34] | 51 | 100 | 53 | 84 | 106 |
| **Total** | **747** | **813** | **828** | **943** | **1,013** |

[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 56: Percentage of placements with private providers by type, 2021–2025**

| Placement | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| General residential | 33% | 28% | 32% | 33% | 31% |
| General foster care | 60% | 60% | 61% | 59% | 59% |
| Other | 7% | 12% | 6% | 9% | 10% |
| **Total** | **100%** | **100%** | **100%** | **100%** | **100%** |

**Table 57: Percentage of children in care with private providers by placement type, 2021–2025**

| Placement | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| General residential | 63% | 60% | 67% | 69% | 66% |
| General foster care | 12% | 13% | 14% | 16% | 17% |
| Other | 48% | 61% | 31% | 44% | 52% |
| **Total** | **13%** | **14%** | **15%** | **17%** | **18%** |

- A breakdown of children in placements with private providers by area is presented in the table below (*see Table 58*). As can be seen from the table, Dublin South Central reported the highest percentage (36%; 120/332) of children in care with private providers, followed by Dublin North City (33%; 165/506), Dublin South West/Kildare/West Wicklow (30%; 122/409) and Midlands (30%; 102/345).
- 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%; 574) of all children in placements with private providers.
- Seven areas reported a percentage equal to or higher than the national average of 18%.

**Table 58: Children in care with private providers by area 2025 (ranked by % in private)**

| Area | Total Private | Total in Care | % Private |
|---|---|---|---|
| Dublin South Central | 120 | 332 | 36% |
| Dublin North City | 165 | 506 | 33% |
| Dublin South West/Kildare/West Wicklow | 122 | 409 | 30% |
| Midlands | 102 | 345 | 30% |
| Dublin North | 123 | 421 | 29% |
| Dublin South East/Wicklow | 44 | 191 | 23% |
| Kerry | 35 | 173 | 20% |
| Waterford/Wexford | 47 | 386 | 12% |
| Louth/Meath | 50 | 427 | 12% |
| Sligo/Leitrim/West Cavan | 13 | 122 | 11% |
| Cork | 69 | 663 | 10% |
| Donegal | 25 | 242 | 10% |
| Mid West | 44 | 502 | 9% |
| Carlow/Kilkenny/South Tipperary | 24 | 324 | 7% |
| Cavan/Monaghan | 9 | 173 | 5% |
| Galway/Roscommon | 17 | 366 | 5% |
| Mayo | 4 | 147 | 3% |
| **Total** | **1,013** | **5,729** | **18%** |

### 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 2025, there were **100 children 12 years and younger in a residential placement**, 8 (9%) more than 2024 (92).
- The number of children 12 years and younger in a residential placement is the highest number for all years 2021 – 2025, increasing from 63 in 2021 to 100 in 2025, a 59% (37) increase overall *(see Table 59*).
- The majority (57%; 57) 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 59: Children 12 years and younger in residential placements at year end, 2021-2025**

| Children in residential care | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| # children aged ≤12 years in residential care | 63 | 62 | 84 | 92 | **100** |
| Total number of children in residential care (incl. special care) | 408 | 389 | 410 | 457 | **484** |
| % aged ≤12 years in residential care | **15.4%** | **15.9%** | **20.5%** | **20.1%** | **20.7%** |

### 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 2025, 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 2025 the Special Care bed capacity was as follows:**
**Ballydowd — 5 bed mixed gender unit from January to May 2025 and 6 bed mixed gender unit from 1 June 2025**
**Coovagh House — 4 bed mixed gender unit**
**Crannóg Nua — 6 bed mixed gender unit**

- During 2025, there were **42 referrals to special care**, 6 (17%) more than 2024 (36) when the fewest number for the 3-year period 2021–2024 was reported (*see Table 60*). Three of the 42 referrals were re–referrals.
- 16 (38%) of the referrals were approved on first review, 23 (55%) were deemed not suitable on first review, while the remaining three referrals were withdrawn / removed prior to being considered. Five referrals deemed not suitable were subsequently reviewed and deemed suitable upon receipt of additional information. Four referrals deemed not suitable were subsequently reviewed and remained unsuitable.
- A total of **22 children were admitted to special care in 2025**, 8 (57%) more than 2024 (14) and the highest number since 2021 (23). Of the children admitted, 8 (36%) were admitted to Ballydowd, a further 8 (36%) were admitted to Crannog Nua, while the remaining 6 (27%) were admitted to Coovagh house.
- In 2025, 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 2025 there were five children approved and awaiting a placement.

| Table 60: Referrals to special care, 2021–2025 | | | | |
|---|---|---|---|---|
| **Year** | **# referrals** | **# re–referrals** | **Total referrals** | **Children admitted** |
| **2025** | **39** | **3** | **42** | **22** |
| **2024** | 34 | 2 | 36 | 14 |
| **2023** | 38 | 2 | 40 | 15 |
| **2022** | 43 | 9 | 52 | 20 |
| **2021** | 40 | 3 | 43 | 23 |

- The same number (21) of males and females were referred in 2025.
- The most common age of those referred was 15 years (11; 26%) followed by 16 and 17 years (each accounting for 9; 21% children). There were 7 (17%) children 13 years and under referred (*see Table 61*).

| Table 61: Referrals to special care by age, 2025 | | |
|---|---|---|
| **Age at time of referral** | **# referrals** | **% Total** |
| **≤13 years** | 7 | 17% |
| **14 years** | 6 | 14% |
| **15 years** | 11 | 26% |
| **16 years** | 9 | 21% |
| **17 years** | 9 | 21% |
| **Total** | **42** | **100%** |

- 17% (7) of the children referred were in education at the time of referral.
- 86% (36) were engaging in drug and alcohol misuse at the time of referral.
- 52% (22) were presenting with mental health difficulties (unassessed) at the time of referral.
- 81% (34) were involved with the criminal justice system at the time of referral.
- 31% (13) of children referred were in residential care at the time of referral, 38% (16) were in special emergency arrangements, 17% (7) were at home while the remaining 6 (14%) children were in other care placements.
- 69% (29) of children referred were under an order of the court at the time of referral (*see Table 62*). The majority (17; 59%) of whom were under a care order. Some 17% (7) of children were in care under a voluntary arrangement with parents/guardians.

| Table 62: Referrals to special care by care status at time of referral, 2025 | | |
|---|---|---|
| **Care Status** | **# referrals** | **% Total** |
| **Care Order** | 17 | 40% |
| **Interim care order** | 12 | 29% |
| **Voluntary care arrangement** | 7 | 17% |
| **Other** | 6 | 14% |
| **Total** | **42** | **100%** |

### 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 2025, **95% (3,512/3,709) of children in care aged 6–15 years were in full time education**[35] with 14 of the 17 Tusla areas reporting 90% or higher (*see Table 65*). Rates reported by Sligo/Leitrim/West Cavan (86.7%), Dublin North City (87.8%) and Dublin South Central (88.2%) were lower than all other areas.
- A breakdown of education by type for these children is presented in the table below (*see Table 63*). The majority (68.9%; 2,419) of the children were in primary school with a further 26.1% (917) in post-primary schools. Some 4% (128) of the children were in special education.

**Table 63: Children in care (6–15 years) in full–time education by type, 2025**

| Education Type | # children | % Total |
|---|---|---|
| Primary School | **2,419** | 68.9% |
| Post–Primary | **917** | 26.1% |
| Special Education | **128** | 3.6% |
| Education / Training Facility | **19** | 0.5% |
| Pre–School | **16** | 0.5% |
| Other | **8** | 0.2% |
| Home Tuition | **5** | 0.1% |
| **Total** | **3,512** | **100.0%** |

- **93% (935/1,009) of children aged 16 and 17 years were in full time education** with 15 of the 17 Tusla areas reporting 90% (*see Table 65*).
- A breakdown of education by type for these children is presented in the table below (*see Table 64).* As expected, the majority (86.5%; 809) 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 4.5% (42) in education /training facilities. Some 6.6% (62) were in special education.

**Table 64: Children in care (16–17 years) in full–time education by type, 2025**

| Education Type | # children | % Total |
|---|---|---|
| Post–Primary | 809 | 86.5% |
| Special Education | 62 | 6.6% |
| Education / Training Facility | 42 | 4.5% |
| Other | 10 | 1.1% |
| Boarding School | 5 | 0.5% |
| Home Tuition | 4 | 0.4% |
| Third Level/ Higher | 3 | 0.3% |
| **Total** | **935** | **100.0%** |

- A breakdown of the number and percentage of children in care in education by area at year end 2025 is presented below (*see Table 65*).

**Table 65: Children in care in full–time education by area, 2025 (ranked by % 6-15 years)**

| Area | 6–15 years | # in Educ. | % Educ. | 16–17 years | # Educ. | % Educ. |
|---|---|---|---|---|---|---|
| Mayo | 95 | 95 | 100.0% | 21 | 20 | 95.2% |
| Waterford/Wexford | 240 | 239 | 99.6% | 71 | 67 | 94.4% |
| Cavan/Monaghan | 119 | 118 | 99.2% | 27 | 25 | 92.6% |
| Mid West | 334 | 331 | 99.1% | 84 | 83 | 98.8% |
| Midlands | 238 | 235 | 98.7% | 51 | 49 | 96.1% |
| Dublin North | 290 | 285 | 98.3% | 74 | 68 | 91.9% |
| Carlow/Kilkenny/South Tipperary | 207 | 203 | 98.1% | 56 | 53 | 94.6% |
| Donegal | 150 | 146 | 97.3% | 40 | 36 | 90.0% |
| Louth/Meath | 299 | 287 | 96.0% | 72 | 67 | 93.1% |
| Galway/Roscommon | 243 | 232 | 95.5% | 70 | 66 | 94.3% |
| Kerry | 104 | 99 | 95.2% | 33 | 31 | 93.9% |
| Dublin South East/Wicklow | 118 | 110 | 93.2% | 34 | 33 | 97.1% |
| Cork | 435 | 392 | 90.1% | 132 | 120 | 90.9% |
| Dublin South West/Kildare/West Wicklow | 248 | 223 | 89.9% | 84 | 72 | 85.7% |
| Dublin South Central | 212 | 187 | 88.2% | 60 | 54 | 90.0% |
| Dublin North City | 294 | 258 | 87.8% | 81 | 75 | 92.6% |
| Sligo/Leitrim/West Cavan | 83 | 72 | 86.7% | 19 | 16 | 84.2% |
| **Total** | **3,709** | **3,512** | **94.7%** | **1,009** | **935** | **92.7%** |

- Combining the above, **94% (4,447/4,718) of all children 6-17 years**[36] in care at year end 2025 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, attainment and other outcomes of children in care, 2018 - 2025 can be found in the CSO Frontier Series release (02 December 2025) Educational Attendance, Attainment and Other Outcomes of Children in Care, 2018 - 2025

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

**Children in the care of the State are required to have both an allocated social worker and an up-to-date care plan. The allocated social worker is responsible for overseeing the child's placement, maintaining regular contact, and developing and implementing a care plan with the child. The care plan sets out the child's needs, goals, and the supports required to meet them. Together, these requirements form the foundation of effective care planning and oversight.**

**Tusla's approach to allocation has evolved in response to a changing operational environment, with a shift to a more multi-disciplinary way of working with social care workers and other professionals becoming integrated into social work teams. This shift has been driven by recruitment and retention challenges in a highly competitive and limited labour market for social workers. Despite this integrated model social workers maintain oversight of all cases.**

- At the end of 2025, **99% (5,650/5,729) of children in care had an allocated case worker** (social worker / other professional) (*see Table 66*).
- In terms of numbers, **79 (1%) children were awaiting allocation of a case worker**.
- 89% (5,038) of allocations were to social workers; 11% (612) were to other professionals, mainly social care workers.
- A breakdown of children allocated by placement type can be seen from the table below (*see Table 66).*

**Table 66: Children in care with an allocated case worker, 2025**

| Care Type | # in Care 2025 | # Allocated 2025 | % Allocated 2025 |
|---|---|---|---|
| **Foster Care General** | 3,529 | 3,479 | **98.6%** |
| **Foster Care Relative** | 1,513 | 1,489 | **98.4%** |
| **Residential (General)** | 469 | 466 | **99.4%** |
| **Special Care** | 15 | 15 | **100.0%** |
| **Other** | 203 | 201 | **99.0%** |
| **Total** | **5,729** | **5,650** | **98.6%** |

- For the same period, **84% (4,812/5,729) of children in care had an up–to–date care plan** (*see Table 67).*
- In terms of numbers, 917 (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 67).*

**Table 67: Children in care with an up-to-date care plan, 2025**

| Care Type | # in Care 2025 | # with UTD CP 2025 | % with UTD CP 2025 |
|---|---|---|---|
| **Foster Care General** | 3,529 | 3,071 | **87.0%** |
| **Foster Care Relative** | 1,513 | 1,243 | **82.2%** |
| **Residential (General)** | 469 | 358 | **76.3%** |
| **Special Care** | 15 | 8 | **53.3%** |
| **Other** | 203 | 132 | **65.0%** |
| **Total** | **5,729** | **4,812** | **84.0%** |

- 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 2025 is presented in the table below (*see Table 68*).
- 8 of the 17 areas reported all children in care with an allocated case worker with a further six areas reporting fewer than 10 children awaiting allocation. Rates reported by Dublin South West/Kildare/West Wicklow (92%), Louth/Meath (96%) and Dublin South Central (97%) slightly lower than all other areas.
- 4 of the 17 areas reported at least 90% of children in care with an up–to–date care plan. Rates reported by Dublin South East/Wicklow (71%), Dublin South Central (76%) and Dublin North City (77%) lower than all other areas.

**Table 68: Children in care with an allocated case worker and up–to–date care plan by area, 2025 (ranked by % allocated)**

| Area | # in Care | # Allocated | % Allocated | # UTD CP | % UTD CP |
|---|---|---|---|---|---|
| Dublin South East/Wicklow | 191 | 191 | 100.0% | 136 | 71.2% |
| Midlands | 345 | 345 | 100.0% | 337 | 97.7% |
| Dublin North City | 506 | 506 | 100.0% | 390 | 77.1% |
| Cavan/Monaghan | 173 | 173 | 100.0% | 152 | 87.9% |
| Kerry | 173 | 173 | 100.0% | 143 | 82.7% |
| Carlow/Kilkenny/South Tipperary | 324 | 324 | 100.0% | 299 | 92.3% |
| Sligo/Leitrim/West Cavan | 122 | 122 | 100.0% | 96 | 78.7% |
| Mayo | 147 | 147 | 100.0% | 121 | 82.3% |
| Mid West | 502 | 501 | 99.8% | 404 | 80.5% |
| Dublin North | 421 | 420 | 99.8% | 334 | 79.3% |
| Waterford/Wexford | 386 | 383 | 99.2% | 353 | 91.5% |
| Galway/Roscommon | 366 | 363 | 99.2% | 310 | 84.7% |
| Donegal | 242 | 240 | 99.2% | 227 | 93.8% |
| Cork | 663 | 655 | 98.8% | 572 | 86.3% |
| Dublin South Central | 332 | 322 | 97.0% | 252 | 75.9% |
| Louth/Meath | 427 | 409 | 95.8% | 351 | 82.2% |
| Dublin South West/Kildare/West Wicklow | 409 | 376 | 91.9% | 335 | 81.9% |
| **Total** | **5729** | **5650** | **98.6%** | **4812** | **84.0%** |

### 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 2025[37] there were **five children in care (across the 17 Tusla areas) reported as missing**. The five children had been missing for between one to three days. Four of the five children were in contact with staff.
- On average, about eight children are reported missing when the data is collated on a fortnightly basis and of these about five are generally in contact with staff.
- All children and young people reported missing from care in 2025 returned to the care of Tusla.

[37] Count taken on the 18 December 2025 (data collated fortnightly)

### 3.3.16 Children in Special Emergency Arrangements

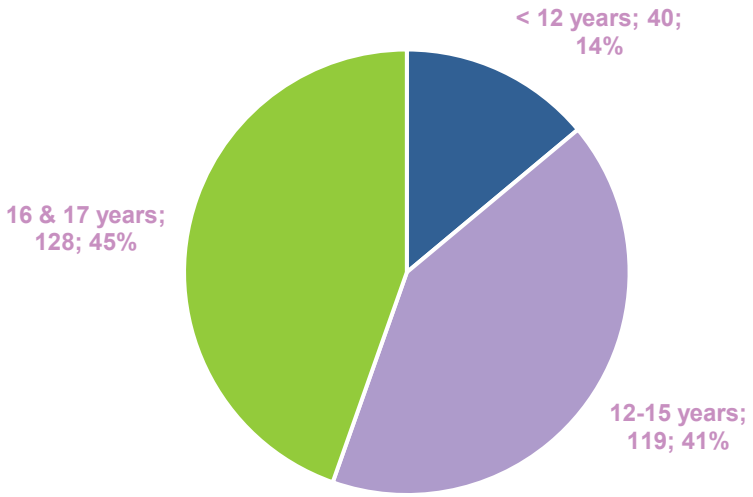
**Special emergency arrangements (SEAs) refer to emergency settings where a child is accommodated in a non–statutory or non–procured placement e.g., hotel, B&B, holiday centre, activity centre, Tusla non–registered property, privately leased property. They provide a short–term placement response for 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.**

- In 2025, **there was a total of 349[38] children in SEAs**, 57 (20%) more than 2024 (292) and 14 (4%) more than 2023 (335). *These figures exclude separated children seeking international protection – refer to Section 3.8 for details on these children.*
- Of the 349 children in SEAs in 2025, 287 (82%) were placed for the first-time in 2025 while the remaining 62 (18%) children were either in an SEA at the end of 2024 and continued in the SEA into 2025 or were discharged from an SEA at some point between October 2022[39] and the end of 2024 and re-placed in an SEA in 2025.
- There were 75 (35%) more children placed for the first-time in 2025 (287) when compared to 2024 (212) and 8 (3%) more than 2023 (279).
- Of the children placed for the first-time in 2025 (287), 45% (128) were 16-17 years old; 41% (119) were 12-15 years and the remaining 14% (40) were under 12 years (*see Figure 38).*

[38] It 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 introduced 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 2025, by age group**




- Over half (57%; 163) of children placed for the first-time in 2025 were placed by Tusla National Out of Hours Service. The remaining 43% (124) of children were placed by the 17 administrative areas.
- Over half (59%; 169) of children placed for the first-time were placed in hotels. Almost all (96%; 162) 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 1991[40], or requirement for placement under Section 5 Child Care Act 1991 (Homeless). 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.
- 37% (107) of children were placed in privately leased/rental properties, 3% (8) were placed in Tusla non-registered properties while 1% (3) were placed in 'other / not specified' placement types.

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

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

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

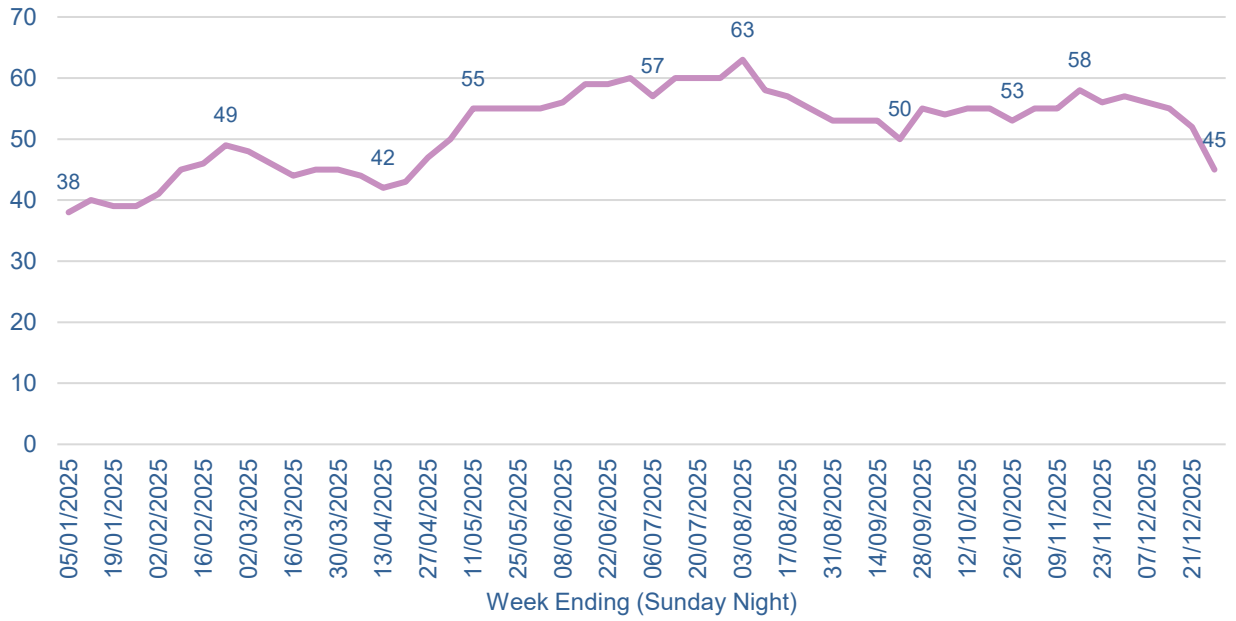
(2) The provisions of subsection (1) are without prejudice to any other powers exercisable by a member of the Garda Síochána.

(3) 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.

(4) 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 2025 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 63 in August 2025 to 45 at year end, a 29% (18) reduction.

**Figure 39: Children in SEAs at the end of each week, 2025**




- Throughout 2025, significant efforts were made to further strengthen the oversight of these arrangements, and to implement programmes of continuous service improvement with providers. The priority remained on transitioning young people into registered placements as soon as possible, but this was challenging, particularly for young people who had already experienced placement breakdowns in both foster care and residential care previously. The Agency also continued to work with other state agencies in seeking to strengthen interagency working for those young people with more complex needs. The ambition is to further reduce reliance on these arrangements in 2026.

### 3.3.17 Expanding Residential Capacity

- Recognising the urgent need to increase residential care provision, the Agency progressed delivery of actions set out in its '*Strategic Plan for Residential Care Services for Children and Young People, 2022-2025*'[41].
- In 2025, 38 additional beds were delivered through newly opened Tusla-owned residential centres, and one additional bed was commissioned within an existing Tusla centre.
- A net gain of 17 residential beds was achieved across private residential providers contracted by Children Residential Services.
- A net reduction of two beds occurred within the voluntary sector.
- Overall, this represents a net increase of 54 residential care beds in 2025, across statutory, voluntary and contracted private services. A further 23 additional beds were in progress for delivery in 2026.
- This expansion materially strengthens Tusla's capacity to meet assessed needs within regulated and quality-assured settings. Although residential capacity has expanded, ensuring registered emergency placements for every young person needing an immediate place of safety continued to present significant challenges in 2025. This resulted in an on-going requirement for the use of special emergency arrangements as described in Section 3.3.16 of this report.
- In addition to the above, Tusla's Service for Separated Children Seeking International Protection opened 206 newly registered residential beds in 2025 for a total capacity of 504 young people across 72 units of accommodation. *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 a 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.**

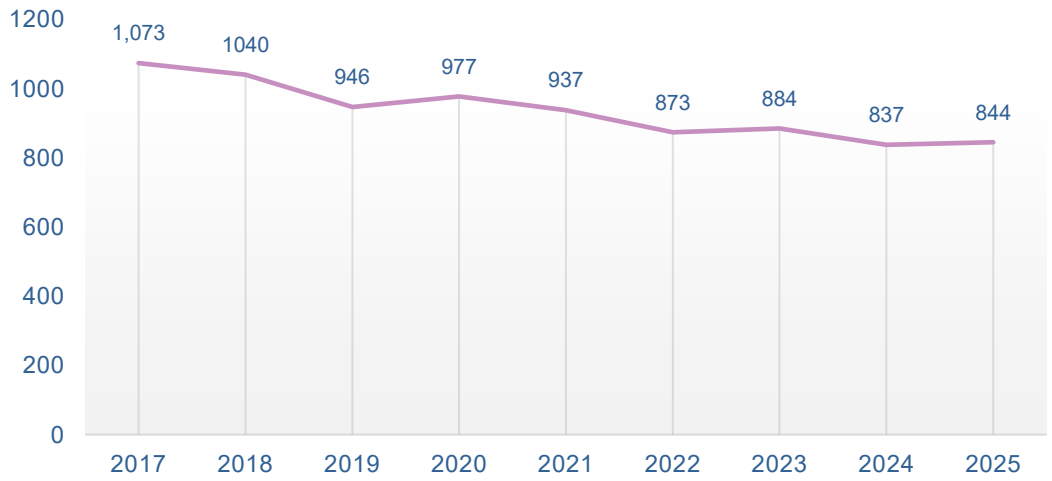
**Upon reaching the age of 18 years, a young person is deemed to have left State care.**

### 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's Service for Separated Children Seeking International Protection (SCSIP). Refer to Section 3.8 for data on SCSIP.***

- In 2025, there were **844 discharges from care,** seven more than 2024 (837) (*see Figure 40*).
- Looking across the years, the overall trend in discharges from care is downward from 1,073 in 2017 to 844 in 2025, despite some minor fluctuations (2020, 2023 and 2025).
- The discharges for 2025 (844) pertain to 810 individual children; 30 children had more than one discharge in the year.

**Figure 40: Discharges from care, 2017–2025**



- **Just over half (51%; 432)** of all discharges were for **young people turning 18 years** which is consistent with previous years (*see Table 69*).
- The next most common age of discharge was 17 years (excluding those turning 18 years) (6%; 53), followed by 16 years (5%; 43) and 15 years (5%; 41).

**Table 69: Discharges from care by age, 2021–2025**

| Age | # 2021 | % 2021 | # 2022 | % 2022 | # 2023 | % 2023 | # 2024 | % 2024 | # 2025 | % 2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| < 1 year | 31 | **3%** | 31 | **4%** | 17 | **2%** | 25 | **3%** | 29 | **3%** |
| 1 year | 24 | **3%** | 14 | **2%** | 19 | **2%** | 16 | **2%** | 12 | **1%** |
| 2 years | 20 | **2%** | 22 | **3%** | 16 | **2%** | 24 | **3%** | 21 | **2%** |
| 3 years | 14 | **1%** | 15 | **2%** | 18 | **2%** | 19 | **2%** | 20 | **2%** |
| 4 years | 9 | **1%** | 14 | **2%** | 18 | **2%** | 19 | **2%** | 12 | **1%** |
| 5 years | 15 | **2%** | 17 | **2%** | 16 | **2%** | 17 | **2%** | 17 | **2%** |
| 6 years | 12 | **1%** | 19 | **2%** | 22 | **2%** | 16 | **2%** | 13 | **2%** |
| 7 years | 20 | **2%** | 17 | **2%** | 20 | **2%** | 15 | **2%** | 13 | **2%** |
| 8 years | 19 | **2%** | 11 | **1%** | 13 | **1%** | 6 | **1%** | 16 | **2%** |
| 9 years | 15 | **2%** | 19 | **2%** | 15 | **2%** | 11 | **1%** | 16 | **2%** |
| 10 years | 21 | **2%** | 14 | **2%** | 14 | **2%** | 10 | **1%** | 16 | **2%** |
| 11 years | 23 | **2%** | 19 | **2%** | 10 | **1%** | 9 | **1%** | 14 | **2%** |
| 12 years | 20 | **2%** | 28 | **3%** | 24 | **3%** | 19 | **2%** | 13 | **2%** |
| 13 years | 24 | **3%** | 28 | **3%** | 29 | **3%** | 41 | **5%** | 29 | **3%** |
| 14 years | 26 | **3%** | 40 | **5%** | 28 | **3%** | 30 | **4%** | 34 | **4%** |
| 15 years | 44 | **5%** | 38 | **4%** | 48 | **5%** | 30 | **4%** | 41 | **5%** |
| 16 years | 36 | **4%** | 37 | **4%** | 39 | **4%** | 32 | **4%** | 43 | **5%** |
| 17 years | 63 | **7%** | 65 | **7%** | 60 | **7%** | 59 | **7%** | 53 | **6%** |
| 17 reaching majority | 501 | **53%** | 425 | **49%** | 458 | **52%** | 439 | **52%** | 432 | **51%** |
| **Total** | **937** | **100%** | **873** | **100%** | **884** | **100%** | **837** | **100%** | **844** | **100%** |

### 3.4.2 Number of Discharges by Care Placement

- **64% (537) of all discharges were from foster care**, which is not surprising considering almost 90% of children in care are in foster care, **17% (142) were from residential care** and the remaining **20% (165) were from 'other' care placements** (*see Table 70*). Other care placements include children at home under a care order, disability units, mental health units, supported lodgings, detention centre and special emergency arrangements.

**Table 70: Discharges from care by placement type, 2021–2025 (all ages)**

| Care Type | 2021 | % Total 2021 | 2022 | % Total 2022 | 2023 | % Total 2023 | 2024 | % Total 2024 | 2025 | % Total 2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| General Foster Care | 511 | **55%** | 454 | **52%** | 441 | **50%** | 411 | **49%** | 350 | **41%** |
| Relative Foster Care | 195 | **21%** | 190 | **22%** | 206 | **23%** | 190 | **23%** | 187 | **22%** |
| Residential Care | 139 | **15%** | 134 | **15%** | 134 | **15%** | 125 | **15%** | 142 | **17%** |
| Other | 92 | **10%** | 95 | **11%** | 103 | **12%** | 111 | **13%** | 165 | **20%** |
| **Total** | **937** | **100%** | **873** | **100%** | **884** | **100%** | **837** | **100%** | **844** | **100%** |

- **For children who had not turned 18 years** (412), 64% (262) of discharges were from foster care, 8% (31) were from residential care, while the remaining 29% (119) were from other care placements (see Table 71).
- For **young people who were discharged by virtue of reaching 18 years (432),** 64% (275) of discharges were from foster care, 26% (111) were from residential care and 11% (46) were from other care placements (see Table 71).

**Table 71: Discharges from care by placement type, 0-17 years and Aged Out, 2025**

| Care Type | 0-17 years | % Total | Aged Out | % Total | Total | % Total |
|---|---|---|---|---|---|---|
| General Foster Care | 198 | **48%** | 152 | **35%** | 350 | **41%** |
| Relative Foster Care | 64 | **16%** | 123 | **28%** | 187 | **22%** |
| Residential Care | 31 | **8%** | 111 | **26%** | 142 | **17%** |
| Other | 119 | **29%** | 46 | **11%** | 165 | **20%** |
| **Total** | **412** | **100%** | **432** | **100%** | **844** | **100%** |

### 3.4.3 Discharges from Care by Location on Discharge

- **38% (324)** of all discharges from care in 2025 **were to parent/s** (*see Figure 41 and Table 72).*
- **35% (299)** of discharges **remained with their carer/s** implying that they continue to have good relationships with their carer/s.
- **11% (89) moved to independent/supported living**.

**Figure 41: Discharges from care by location on discharge (all ages), 2025**

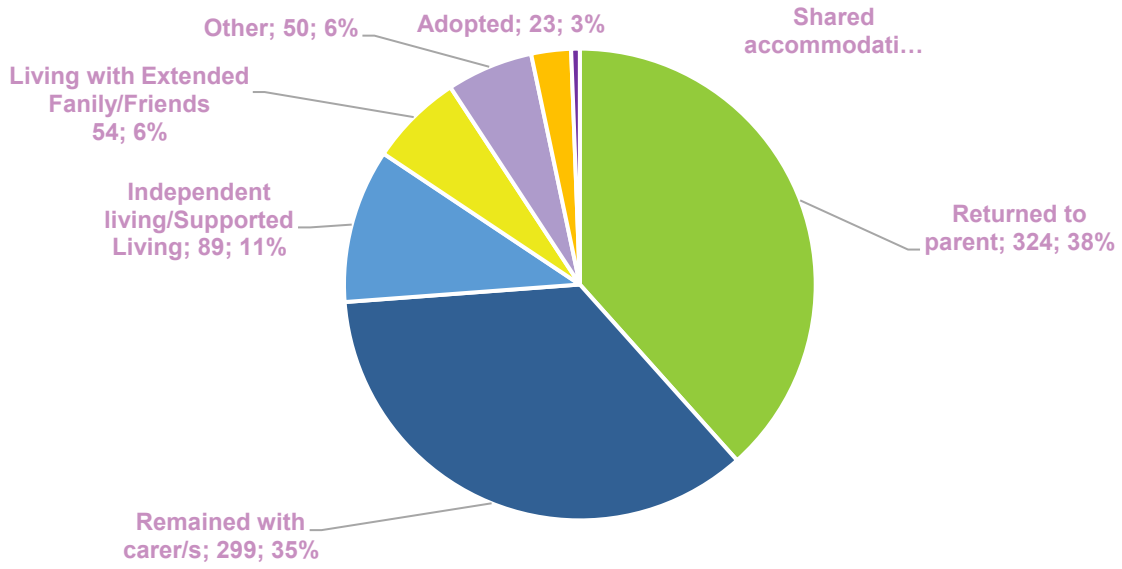
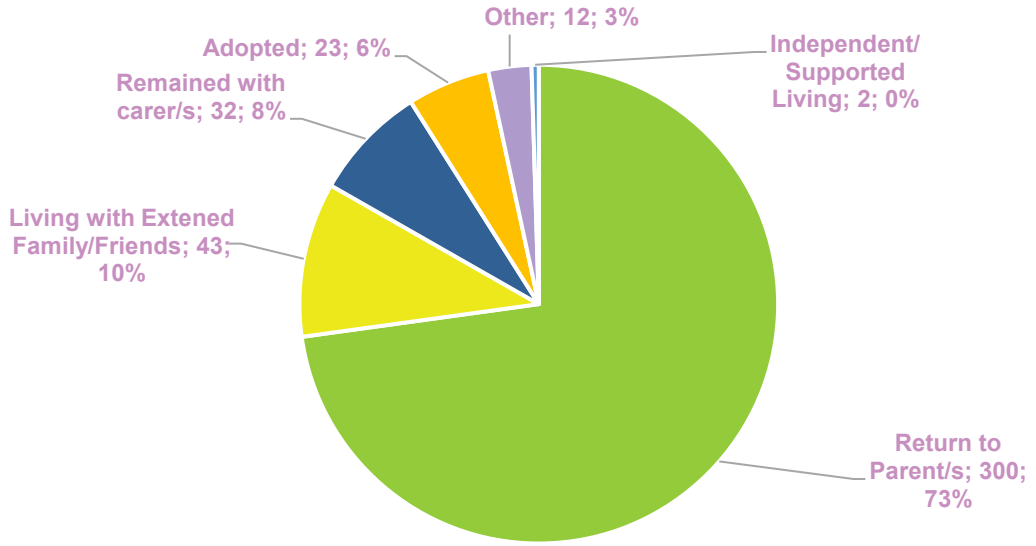



**Table 72: Discharges from care by location on discharge (all ages), 2021–2025**

| Location on Discharge | 2021 | % 2021 | 2022 | % 2022 | 2023 | % 2023 | 2024 | % 2024 | 2025 | % 2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| Returned to parent/s | 404 | **43%** | 368 | **42%** | 336 | **38%** | 303 | **36%** | 324 | **38%** |
| Remained with carer/s | 325 | **35%** | 309 | **35%** | 350 | **40%** | 328 | **39%** | 299 | **35%** |
| Independent living/Supported Living | 69 | **7%** | 68 | **8%** | 63 | **7%** | 70 | **8%** | 89 | **11%** |
| Living with extended family/friends | 47 | **5%** | 58 | **7%** | 62 | **7%** | 56 | **7%** | 54 | **6%** |
| Other | 54 | **6%** | 44 | **5%** | 63 | **7%** | 59 | **7%** | 50 | **6%** |
| Adopted | 21 | **2%** | 22 | **3%** | 9 | **1%** | 18 | **2%** | 23 | **3%** |
| Shared accommodation | 13 | **1%** | 4 | **<1%** | 1 | **<1%** | 3 | **<1%** | 5 | **1%** |
| Supported lodgings | 4 | **0%** | - | **-** | - | **-** | - | **-** | - | **-** |
| **Total** | **937** | **100%** | **873** | **100%** | **884** | **100%** | **837** | **100%** | **844** | **100%** |

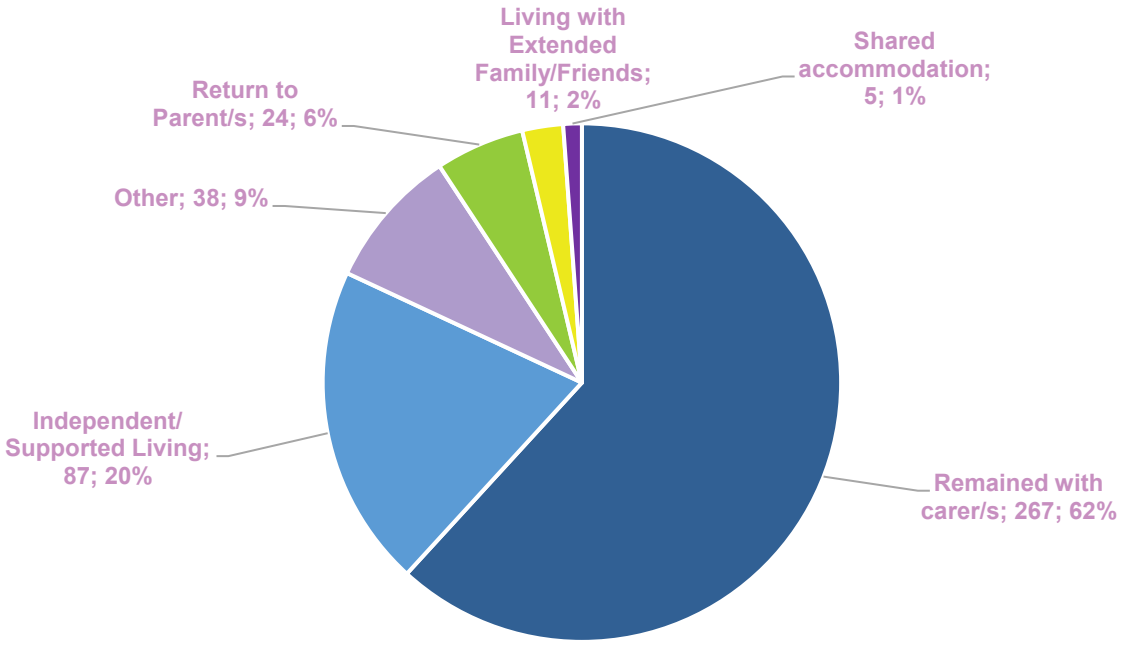
- Of the **discharges for children who had not turned 18 years** (412), the **majority (73%; 300) returned to their parent/s,** while 8% (32) remained with carer/s and 6% (23) were adopted (*see Figure 42*).

**Figure 42: Discharges from care by location on discharge (0-17 years), 2025**




- Of those who were **discharged by virtue of turning 18 years** (432), **the majority (62%; 267) remained with their carer/s**, with a further 6% (24) returning to parent/s. About one in five (87; 20%) moved to independent / supported living (*see Figure 43*).

**Figure 43: Location on discharge for those discharged by virtue of turning 18 years, 2025**



### 3.4.4 Discharges from Care by Tusla Area

- A breakdown of discharges by area is presented in the table below (*see Table 73*). As can be seen from the table, there is wide variation in the number of discharges ranging from 115 in Cork, the area with the largest number of children in care, to 15 in Mayo.
- 7 of the 17 areas reported more discharges in 2025 than 2024 with the largest increases reported by Dublin South West/Kildare/West Wicklow (up 27), Waterford/Wexford (up 23) and Dublin North City (up 12).
- Of the 10 areas that reported a decrease, the largest decreases were reported by Louth/Meath (down 21) and Galway/Roscommon (down 12).

**Table 73: Discharges from care by area, 2021–2025 (ranked by # discharges 2025)**

| Area | # 2021 | # 2022 | # 2023 | # 2024 | # 2025 | 2025 v 2024 |
|---|---|---|---|---|---|---|
| Cork | 101 | 126 | 108 | 124 | 115 | -9 |
| Dublin North City | 83 | 73 | 64 | 71 | 83 | 12 |
| Waterford/Wexford | 62 | 73 | 67 | 56 | 79 | 23 |
| DSW/K/WW | 72 | 71 | 90 | 51 | 78 | 27 |
| Midwest | 76 | 45 | 65 | 59 | 62 | 3 |
| Dublin South Central | 69 | 62 | 50 | 56 | 55 | -1 |
| Dublin North | 82 | 43 | 58 | 58 | 49 | -9 |
| Louth/Meath | 63 | 51 | 59 | 68 | 47 | -21 |
| Dublin South East/Wicklow | 41 | 43 | 44 | 40 | 47 | 7 |
| Midlands | 44 | 38 | 41 | 37 | 46 | 9 |
| CW/K/ST | 29 | 57 | 47 | 50 | 42 | -8 |
| Galway/Roscommon | 69 | 55 | 67 | 53 | 41 | -12 |
| Donegal | 42 | 33 | 41 | 31 | 30 | -1 |
| Cavan/Monaghan | 30 | 25 | 24 | 29 | 20 | -9 |
| Sligo/Leitrim/West Cavan | 30 | 22 | 24 | 16 | 19 | 3 |
| Kerry | 27 | 21 | 22 | 17 | 16 | -1 |
| Mayo | 17 | 35 | 13 | 21 | 15 | -6 |
| **Total** | **937** | **873** | **884** | **837** | **844** | **7** |

### 3.4.5 Admissions versus Discharges

- In 2025, there were **57 more admissions than discharges** reported by the 17 Tusla areas (*see Table 74*).
- 11 areas reported more admissions than discharges, with the largest differences reported by Dublin North City (44) and Galway/Roscommon (25).
- 5 areas reported more discharges than admissions, ranging from 42 (Waterford/Wexford) to one (Midwest).
- The remaining area (Midlands) reported the same number (46) of admissions and discharges.

**Table 74: Admissions and discharges by area, 2025 (ranked by discharges v admissions)**

| Area | Admissions 2025 | Discharges 2025 | Discharges v Admissions |
|---|---|---|---|
| Waterford/Wexford | 37 | 79 | 42 |
| Dublin South East/Wicklow | 27 | 47 | 20 |
| Cork | 111 | 115 | 4 |
| Dublin South Central | 52 | 55 | 3 |
| Midwest | 61 | 62 | 1 |
| Midlands | 46 | 46 | 0 |
| Sligo/Leitrim/West Cavan | 20 | 19 | -1 |
| Kerry | 17 | 16 | -1 |
| Mayo | 17 | 15 | -2 |
| Dublin North | 52 | 49 | -3 |
| Dublin South West/Kildare/West Wicklow | 82 | 78 | -4 |
| Cavan/Monaghan | 29 | 20 | -9 |
| Donegal | 42 | 30 | -12 |
| Louth/Meath | 59 | 47 | -12 |
| Carlow/Kilkenny/South Tipperary | 56 | 42 | -14 |
| Galway/Roscommon | 66 | 41 | -25 |
| Dublin North City | 127 | 83 | -44 |
| **Total** | **901** | **844** | **-57** |

## 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 10 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 services[42]. 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.*

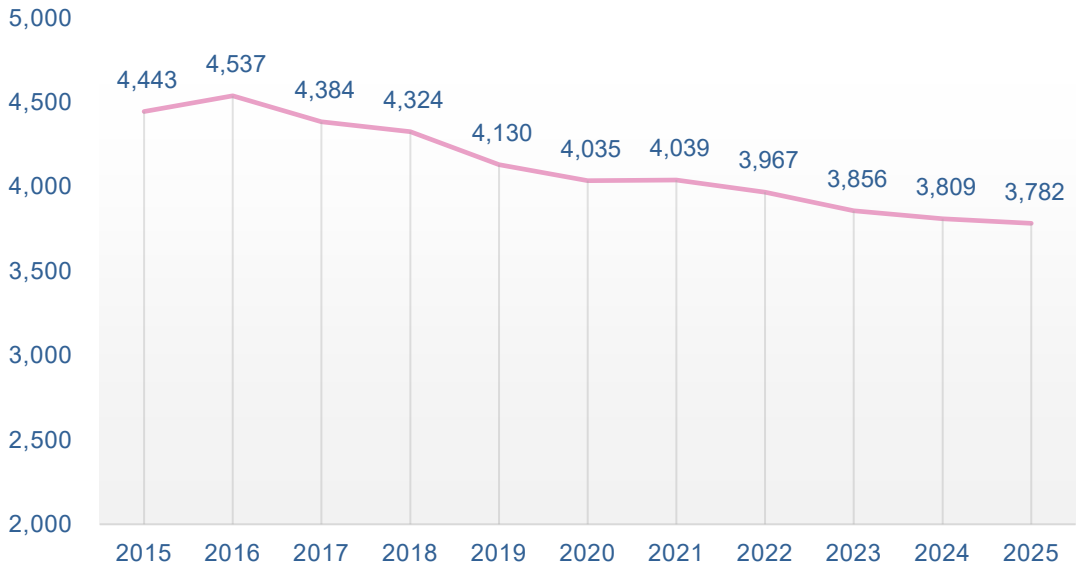
*Foster carers will feel valued, informed, supported, appropriately renumerated, and empowered to support the children and young people in their care.*

[42] Tusla Strategic Plan for Foster Care Services for Children and Young People 2022-2025

### 3.5.1 Foster Carers on the Panel

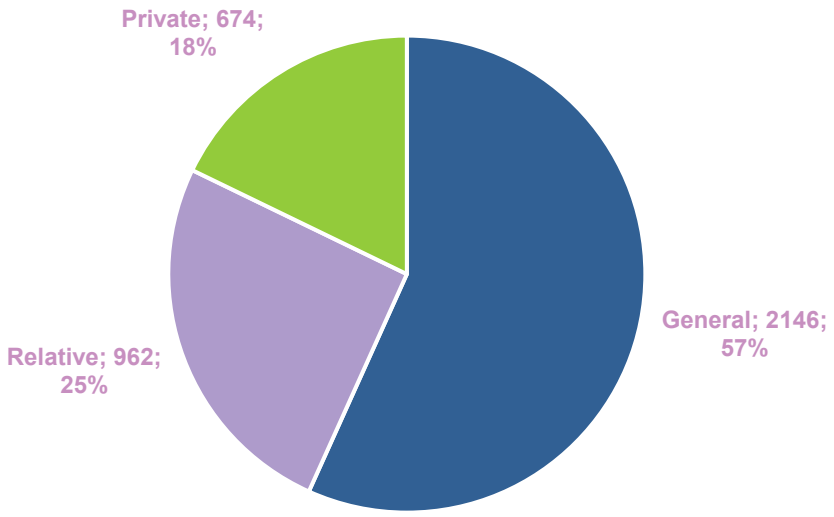
- At the end of 2025, there were **3,782 foster carers** (statutory and non–statutory) nationally **on the panel of approved foster carers**.
- This represents a slight decrease (27; <1%) from 2024 (3,809) and continues the downward trend observed since the peak in 2016 (4,537) (*see Figure 44*). There were 755 (17%) fewer foster carers on the panel at the end of 2025 when compared to 2016.
- However, while the decline continues, the rate of decline may be slowing / stabilising.

**Figure 44: Foster carers on the panel of approved foster carers, 2015–2025**



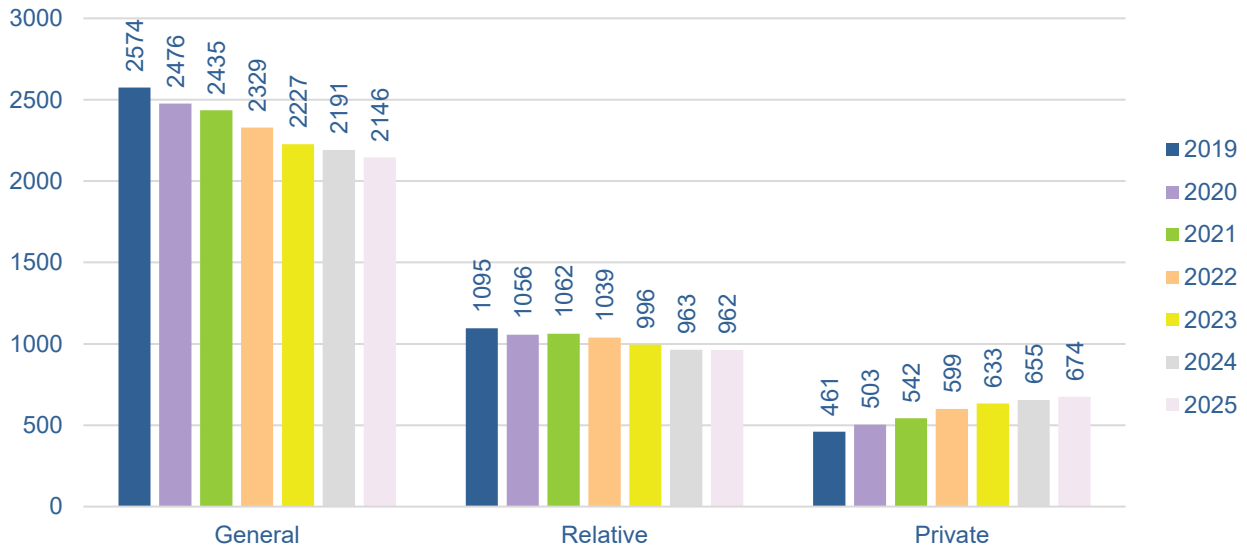

- The majority (57%; 2,146) of foster carers on the panel at the end of 2025 were general foster carers (statutory); one in four (25%; 962) was a relative foster carer (statutory), while the remaining 18% (674) were private foster carers (non-statutory) (*see Figure 45*).

**Figure 45: Foster carers on the panel by type, 2025**



- A breakdown of foster carers on the panel by type tor the years 2019–2025 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 (2,146) reported in 2025. There were 45 (2%) fewer general foster carers on the panel at the end of 2025 than at the end of 2024 (2,191) and 428 (17%) fewer than the end of 2019 (2,574).
- The number of relative foster carers on the panel at the end of 2025 was also the fewest number reported for the years 2019–2025. Figures reveal a decrease of one from 2024 (963) and a 12% (133) decrease over the 6-year period 2019–2025.
- In contrast, the number of private foster carers (non-statutory) on the panel at the end of 2025 (674) was the highest number for all years 2019–2025. Figures reveal a year-on-year increase over the 6-year period with a 3% (19) increase from 2024 (655) and a 46% (213) 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, 2019–2025**




## "Unapproved" Relative Foster Carers (Emergency)

- In addition to the 3,782 approved foster carers detailed above, there were also **280 relative foster carers who were "unapproved"** at the end of 2025, 36 (15%) more than 2024 (244) and the highest number since 2017 (291) (*see Figure 47*).

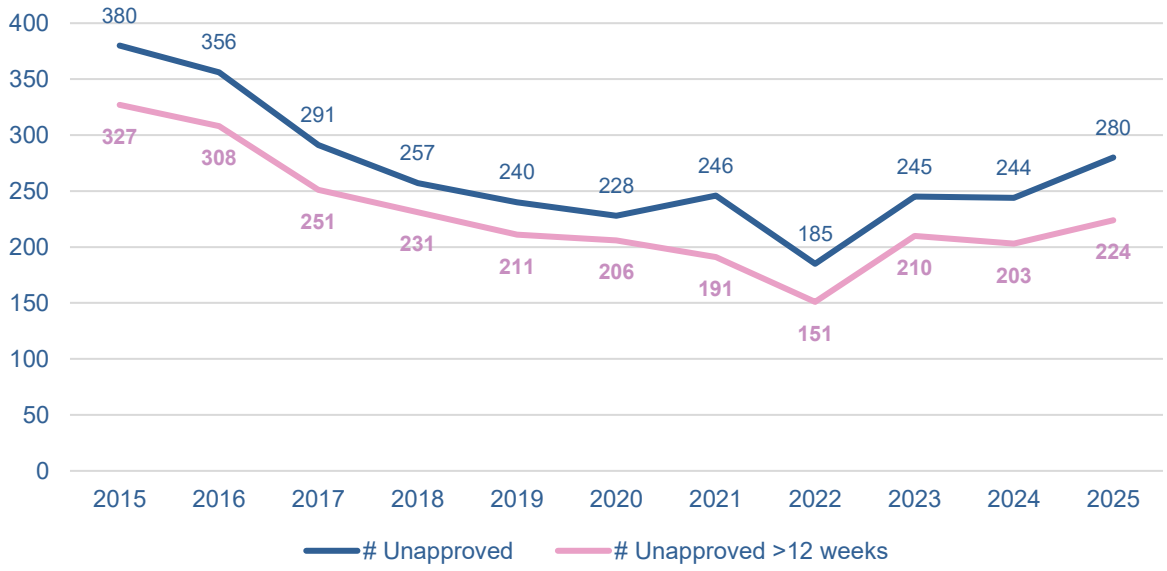
  *An "unapproved" foster carer is a person(s) who has a child or children placed with them under Section 36.1(d) of the Children Care Act 1991 who is either (a) awaiting an assessment, (b) in the process of assessment, or (c) whose assessment has yet to go before the Child and Family Agency Foster Care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

- Of the 280 relative foster carers who were “unapproved” at the end of 2025**, 80% (224) 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 up 21 (10%) from 2024 (203) and is the highest number reported since 2018 (231).
- 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.

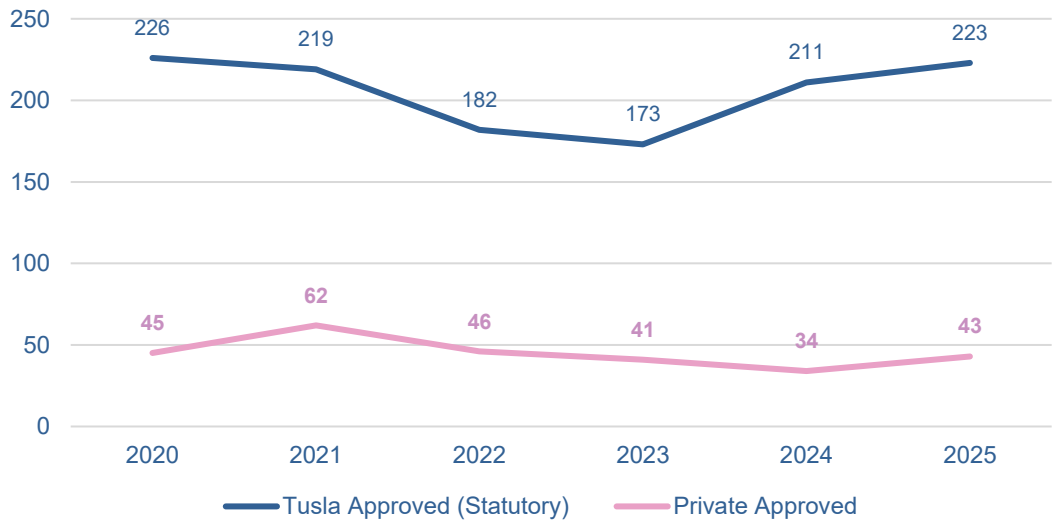
**Figure 47: ‘Unapproved’ relative foster carers (emergency), 2015–2025**



### 3.5.2 Foster Carers Approved and Ceased

- A total of **223 Tusla foster carers (statutory) were approved** and placed on the panel of approved foster carers in 2025, while an additional 43 private foster carers (non–statutory) were approved and placed on the panel. *Note this figure (43) may include a small number of 'Brussels II' foster carers.*[43] Of the 223 foster carers approved in 2025, 110 were general and 113 were relative foster carers.
- The number of Tusla foster carers (statutory) approved in 2025 was up 12 (6%) on 2024 (211) and was the highest number approved since 2020 (226) (*see Figure 48*).
- 9 more private foster carers were approved in 2025 than in 2024 (34), the highest number approved since 2022 (46).
- In addition to the above, a further **252 applicants** to be foster carers (84 general and 168 relative) were **undergoing assessment** at the end of 2025.

**Figure 48: Number of foster carers (statutory and private) approved, 2020 – 2025**

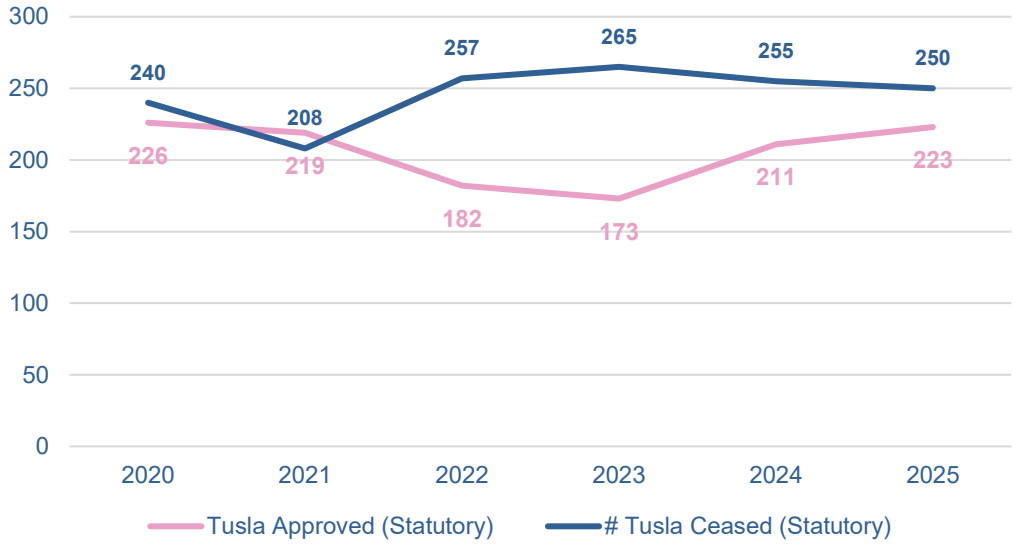



- A total of **250 Tusla foster carers** (statutory) **ceased fostering** in 2025.
- 5 (2%) fewer foster carers ceased fostering in 2025 (250) than in 2024 (255) and it was the fewest number reported since 2021 (*see Figure 49*).

[43] **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

- While more Tusla foster carers are leaving than being approved, the differential is narrowing (*see Figure 49*).

**Figure 49: Number of Tusla foster carers (statutory) approved and ceased, 2020 - 2025**




- 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'[44].

[44] 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 2025, **91% (1,953) of general foster carers** (statutory) had an **allocated link (social) worker**, down slightly from 92% at the end of 2024 and 93% at the end of 2023. A total of 193 general foster carers were awaiting a link (social) worker, 28 (17%) more than 2024 (165) (*see Table 75*).
- **94% (909) of approved relative foster carers** (statutory) had an **allocated link (social) worker** at the end of 2025, down slightly from a high of 97% at the end of 2024. A total of 53 relative foster carers were awaiting a link (social worker), 21 (66%) more than 2024 (32).
- **97% (218/224) of "unapproved" relative foster carers** who had a child placed with them for longer than 12 weeks at the end of 2025, had an **allocated link (social) worker**, no change from 2024 (196/203). A total of six "unapproved" foster carers who had a child placed with them for longer than 12 weeks were awaiting a link (social) worker. These six carers were reported across three Tusla areas.

**Table 75: Foster carers on the panel (statutory) with a link (social) worker, 2020-2025**

| Year | # General (Statutory) | # General with Link Worker | % General with Link Worker | # Approved Relative (Statutory) | # Approved Relative with Link worker | % Approved Relative with Link Worker |
|---|---|---|---|---|---|---|
| **2025** | 2,146 | 1,953 | **91%** | 962 | 909 | **94%** |
| **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%** |

### 3.5.4 Foster Carers by Tusla Area

- The number of foster carers (all types) on the panel at the end of 2025 across the 17 areas ranged from 95 in Kerry to 422 in Cork (*see Table 76*).

**Table 76: Foster carers on the panel by type and area, 2025**

| Area | General | Relative | Private | Total |
|---|---|---|---|---|
| Cork | 267 | 110 | 45 | 422 |
| Midwest | 239 | 105 | 17 | 361 |
| Louth Meath | 178 | 60 | 79 | 317 |
| Waterford Wexford | 172 | 76 | 66 | 314 |
| Dublin South West Kildare West Wicklow | 105 | 87 | 91 | 283 |
| Carlow Kilkenny South Tipperary | 147 | 59 | 37 | 243 |
| Galway Roscommon | 170 | 35 | 36 | 241 |
| Dublin North | 97 | 73 | 70 | 240 |
| Dublin North City | 100 | 102 | 20 | 222 |
| Midlands | 100 | 48 | 73 | 221 |
| Dublin South Central | 79 | 59 | 19 | 157 |
| Donegal | 110 | 17 | 28 | 155 |
| Dublin South East Wicklow | 74 | 40 | 31 | 145 |
| Cavan Monaghan | 103 | 14 | 28 | 145 |
| Sligo Leitrim West Cavan | 74 | 28 | 19 | 121 |
| Mayo | 65 | 27 | 8 | 100 |
| Kerry | 66 | 22 | 7 | 95 |
| **Total** | **2,146** | **962** | **674** | **3,782** |

- As can be seen from the table below (*see Table 77)*, while 57% of foster carers nationally are general foster carers (statutory), there is wide variation across the areas, ranging from 37% (Dublin South West/Kildare/West Wicklow) to 71% (Cavan/Monaghan, Donegal and Galway/Roscommon).
- General foster carers comprise almost three out of four foster carers in these three areas, while fewer than half of the foster carers in Dublin South West/Kildare/West Wicklow (37%), Dublin North (40%), Dublin North City (45%) and Midlands (45%) are general foster carers.
- Similarly, while 25% of foster carers on the panel nationally are relative foster carers (statutory), it ranges from 10% (Cavan/Monaghan) to 46% (Dublin North City) across the areas.
- 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 18% of foster carers on the panel are private foster carers (non-statutory), it ranges from 5% (Midwest) to 33% (Midlands) across the areas.

**Table 77: Percentage of foster carers on the panel, by type and area 2025 (ranked by % general)**

| Area | % General | % Relative | % Private |
|---|---|---|---|
| Cavan Monaghan | 71% | 10% | 19% |
| Donegal | 71% | 11% | 18% |
| Galway Roscommon | 71% | 15% | 15% |
| Kerry | 69% | 23% | 7% |
| Midwest | 66% | 29% | 5% |
| Mayo | 65% | 27% | 8% |
| Cork | 63% | 26% | 11% |
| Sligo Leitrim West Cavan | 61% | 23% | 16% |
| Carlow Kilkenny South Tipperary | 60% | 24% | 15% |
| Louth Meath | 56% | 19% | 25% |
| Waterford Wexford | 55% | 24% | 21% |
| Dublin South East Wicklow | 51% | 28% | 21% |
| Dublin South Central | 50% | 38% | 12% |
| Midlands | 45% | 22% | 33% |
| Dublin North City | 45% | 46% | 9% |
| Dublin North | 40% | 30% | 29% |
| Dublin South West Kildare West Wicklow | 37% | 31% | 32% |
| **Total** | **57%** | **25%** | **18%** |

- Across the 17 areas, the percentage of general foster carers (statutory) with a link (social) worker ranged from 64% (Mid West) to 100% in six areas (Dublin North, Cavan/Monaghan, Cork, Sligo/Leitrim/West Cavan, Kerry and Dublin South East/Wicklow (*see Table 78)*. Twelve of the 17 areas reported a percentage equal to or higher than the national average of 91%.
- The percentage of approved relative foster carers (statutory) with a link (social) worker ranged from 75% (Carlow/Kilkenny/South Tipperary) to 100% in eight areas. Ten of the 17 areas reported a percentage equal to or higher than the national average of 94% (*see Table 78*).

**Table 78: Percentage of foster carers on the panel (statutory) with an allocated link (social) worker by area, 2025 (ranked by % Relative with Link Worker)**

| Area | # General | # General with LW | % General with LW | # Relative | # Relative with LW | % Relative With LW |
|---|---|---|---|---|---|---|
| Dublin South Central | 79 | 78 | **99%** | 59 | 59 | **100%** |
| Dublin North | 97 | 97 | **100%** | 73 | 73 | **100%** |
| Cavan Monaghan | 103 | 103 | **100%** | 14 | 14 | **100%** |
| Cork | 267 | 267 | **100%** | 110 | 110 | **100%** |
| Galway Roscommon | 170 | 155 | **91%** | 35 | 35 | **100%** |
| Mayo | 65 | 63 | **97%** | 27 | 27 | **100%** |
| Donegal | 110 | 108 | **98%** | 17 | 17 | **100%** |
| Sligo Leitrim West Cavan | 74 | 74 | **100%** | 28 | 28 | **100%** |
| Midlands | 100 | 97 | **97%** | 48 | 47 | **98%** |
| Dublin North City | 100 | 96 | **96%** | 102 | 99 | **97%** |
| Dublin South West Kildare West Wicklow | 105 | 93 | **89%** | 87 | 81 | **93%** |
| Louth Meath | 178 | 156 | **88%** | 60 | 55 | **92%** |
| Midwest | 239 | 152 | **64%** | 105 | 96 | **91%** |
| Kerry | 66 | 66 | **100%** | 22 | 20 | **91%** |
| Waterford Wexford | 172 | 155 | **90%** | 76 | 69 | **91%** |
| Dublin South East Wicklow | 74 | 74 | **100%** | 40 | 35 | **88%** |
| Carlow Kilkenny South Tipperary | 147 | 119 | **81%** | 59 | 44 | **75%** |
| **Total** | **2146** | **1953** | **91%** | **962** | **909** | **94%** |

## 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 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 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 **680 referrals for an aftercare service** in 2025, 100 (17%) more than 2024 (580) and 157 (30%) more than 2023 (523). Of the 680 young people referred, 97% (661) were eligible for an assessment of need[45].
- Of those eligible for an assessment of need, 98% (651) were under 18 years and in care, one (<1%) was under 18 years and not in care, while the remaining 9 (1%) were 18–20 years.
- Of the 661 referrals received in 2025 that were eligible for an assessment of need, 46% (304) had an assessment of need completed. It was determined in 98% (297) of cases that the young person required an aftercare worker and of these 95% (281) had an aftercare worker at the end of 2025.
- A total of 425 assessments of need were completed in 2025, 13 (3%) fewer than 2024 (438).

[45] Eligibility criteria outlined in Tusla National Aftercare Policy for Alternative Care

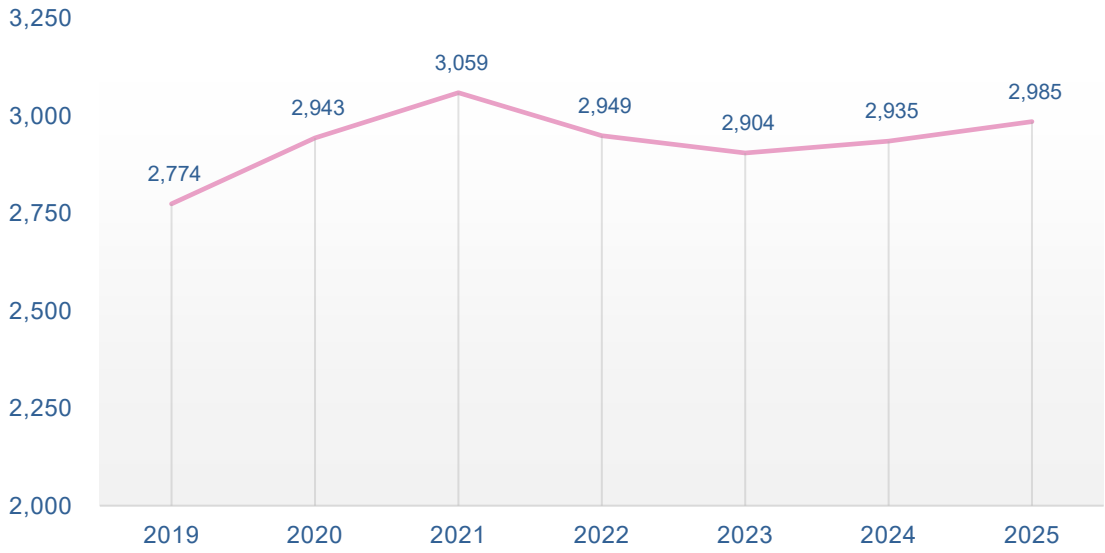
### 3.6.2 Young People in Receipt of Aftercare Services

- At the end of 2025, there were **2,985 young people in receipt of aftercare services**.
- Looking across the years, a slight increasing trend is beginning to emerge with 81 (3%) more young people in receipt of aftercare at the end of 2025 when compared to 2023 (2,904). This increase follows a dip after the 2021 peak of 3,059 (*see Table 79 and Figure 50*).
- Of those in receipt of aftercare services at the end of 2025, 52.5% (1,566) were male and 46.5% (1,388) were female. Of the remaining 31 (1%) cases, 20 were transgender, while gender was recorded as "other", "unknown" or "declined to disclose" for remaining 11 young people.
- **55% (1,649)** of those in receipt of aftercare services were **18–20 years** inclusive, **19% (565) were 21–22 years** inclusive, while the remaining **26% (771) were under 18 years** (*see Table 79).*

**Table 79: Young people in receipt of aftercare services by age group, 2019–2025**

| Age Group | # 2019 | # 2020 | #2021 | #2022 | #2023 | #2024 | # 2025 | 2025 v 2024 | Δ% |
|---|---|---|---|---|---|---|---|---|---|
| < 18 years | 666 | 700 | 720 | 695 | 676 | 739 | **771** | +32 | 4% |
| 18–20 years | 1,580 | 1,613 | 1,618 | 1,631 | 1,592 | 1,579 | **1,649** | +70 | 4% |
| 21–22 years | 528 | 630 | 721 | 623 | 636 | 617 | **565** | -52 | 8% |
| **Total** | **2,774** | **2,943** | **3,059** | **2,949** | **2,904** | **2,935** | **2,985** | **50** | **2%** |

**Figure 50: Young people in receipt of aftercare services at year end, 2019 - 2025**



### 3.6.3 Aftercare and Education / Training

- **80% (1,317/1,649) of the 18–20 years cohort** in receipt of aftercare services at the end of 2025 were **in education / accredited training**, no change from 2024 (80%; 1,257/1,579).
- The largest proportion of those in education / accredited training (28%; 369) were in second level, followed to a lesser extent by vocational training (20%; 258) and third level colleges / university (19%; 244) (*see Table 80).*
- Looking across the years, the percentage of young people in third level colleges/university is showing a decline, down from 25% in 2022 to 19% in 2025. Other notable shifts are the sharp rise in the percentage of young people engaging in vocational training in 2025 and the sharp decrease in the percentage engaging in accredited training reversing the increase observed in recent years. This may indicate a move away from the more traditional academic routes toward more skills-based education options.

**Table 80: Young people 18–20 years in receipt of aftercare services in education / accredited training by type, 2022–2025**

| Education/Training | # 2022 | % 2022 | # 2023 | % 2023 | # 2024 | % 2024 | # 2025 | % 2025 |
|---|---|---|---|---|---|---|---|---|
| Second level | 351 | **29%** | 379 | **31%** | 287 | **23%** | 369 | **28%** |
| Vocational Training | 155 | **13%** | 140 | **12%** | 163 | **13%** | 258 | **20%** |
| Third Level College/University | 307 | **25%** | 266 | **22%** | 266 | **21%** | 244 | **19%** |
| PLCs | 253 | **21%** | 212 | **17%** | 252 | **20%** | 229 | **17%** |
| Accredited Training (e.g., Solas) | 116 | **9%** | 157 | **13%** | 196 | **16%** | 123 | **9%** |
| Other[46] | 46 | **4%** | 61 | **5%** | 93 | **7%** | 94 | **7%** |
| **Total** | **1,228** | **100%** | **1,215** | **100%** | **1,257** | **100%** | **1,317** | **100%** |

- **83% (470/565) of the 21–22 years cohort** in receipt of an aftercare service at the end of 2025 were **in education/accredited training**, up from 75% (464/617) at the end of 2024.
- The largest proportion of those 21-22 years in education/accredited training were in third level colleges/university (43%; 201), followed by post leaving cert courses (22%; 102) and accredited training (16%; 77) (*see Table 81*).
- Figures are showing a sharp decrease in the percentage of young people in third level colleges/university, down from 48% in 2024 to 43% in 2025 and reversing the increasing trend observed between 2022 and 2024. Accredited training is also showing a decline, down from 23% in 2022 to 16% in 2025. In contrast, vocational training and post leaving cert courses are showing increases with vocational training up from 9% in 2024 to 15% in 2025 and post leaving cert courses are up from 15% in 2024 to 22% in 2025.

[46] Other includes RehabGroup – National Learning Network and other supported learning and training courses.

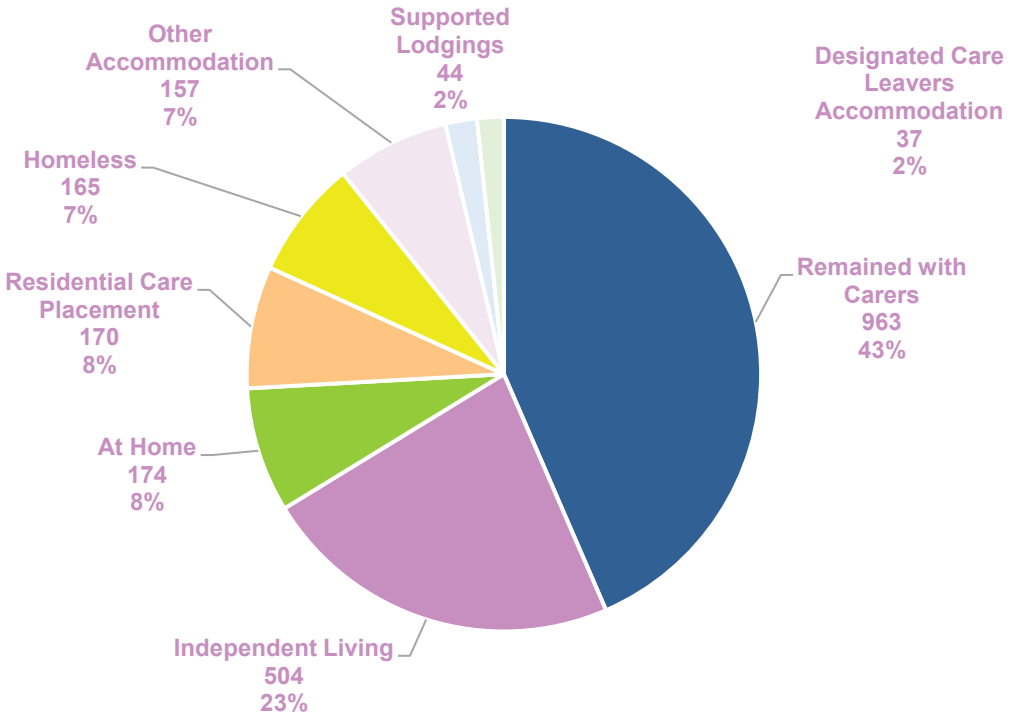
**Table 81: Young people 21–22 years in receipt of aftercare services in education / accredited training by type, 2022–2025**

| Education/Training | # 2022 | % 2022 | # 2023 | % 2023 | # 2024 | % 2024 | # 2025 | % 2025 |
|---|---|---|---|---|---|---|---|---|
| Third Level College/University | 187 | **42%** | 212 | **46%** | 225 | **48%** | 201 | **43%** |
| PLCs | 86 | **19%** | 83 | **18%** | 71 | **15%** | 102 | **22%** |
| Accredited Training (e.g., Solas) | 105 | **23%** | 80 | **17%** | 88 | **19%** | 77 | **16%** |
| Vocational Training | 47 | **10%** | 51 | **11%** | 42 | **9%** | 69 | **15%** |
| Other | 17 | **4%** | 24 | **5%** | 36 | **8%** | 20 | **4%** |
| Second level | 6 | **1%** | 11 | **2%** | 2 | **<1%** | 1 | **<1%** |
| **Total** | **448** | **100%** | **461** | **100%** | **464** | **100%** | **470** | **100%** |

### 3.6.4 Aftercare and Accommodation

- Of those 18–22 years in receipt of aftercare services at the end of 2025 (2,214), **43% (963) were continuing to live with their carer/s** (*see Figure 51*), implying that they continue to experience caring relationships and stable living arrangements.
- A further 8% (174) had returned home to family, while almost one in four (23%; 504) had moved to independent living arrangements[47].

**Figure 51: 18–22 year olds in receipt of aftercare services by accommodation type, 2025**




[47] Other includes student accommodation, psychiatric services, disability services, staying with friends, prison etc.

### 3.6.5 Aftercare Plan and Aftercare Worker

- **78% (2,317/2,985)** of all young people in receipt of aftercare services at the end of 2025 **had an aftercare plan**, down slightly from **82% (2,394/2,935)** in 2024.
- 95% (2,093/2,214) of the 18–22 years cohort had an aftercare plan, while 29% (224/771) 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.*
- **93% (2,147/2,317)** of all those with an aftercare plan were assessed as needing an aftercare worker.
- 93% (1,953/2,093) of the 18–22 years cohort that had an aftercare plan were assessed as needing an aftercare worker, while 87% (194/224) of those under 18 years that had an aftercare plan were assessed as needing an aftercare worker.
- **91% (1,946/2,147)** of all those assessed as needing an aftercare worker had an aftercare worker at the end of 2025; up from 88% (1,998/2,280) at the end of 2024.
- A total of **201 young people were awaiting an aftercare worker** at the end of 2025, 81 (29%) fewer than 2024 (282).
- 90% (1,756/1,953) of the 18-22 years cohort assessed as needing an aftercare worker had an aftercare worker, while 197 (10%) were awaiting.
- 98% (190/194) of those under 18 years assessed as needing an aftercare worker had an aftercare worker, while 4 (2%) were awaiting.

### 3.6.6 Young People in Receipt of Aftercare Services by Tusla Area

- In 2025, the highest number of referrals for an aftercare service was reported by the Service for Separated Children Seeking International Protection (154) and followed to a lesser extent by Cork (74). The fewest number was reported by Sligo/Leitrim/West Cavan (7) followed by Louth/Meath (11) (*see Table 82*).
- The highest number of young people in receipt of aftercare services at the end of 2025 was reported by Cork (363) followed by the Service for Separated Children Seeking International protection (278) and Dublin North City (267), while the fewest number was reported by Sligo/Leitrim/West Cavan (49) followed by Mayo (66) (*see Table 82*).

**Table 82: Referrals for an aftercare service and young people in receipt of aftercare services by area, 2025 (ranked by number in receipt of services)**

| Area | # Referrals | # in Aftercare |
|---|---|---|
| Cork | 74 | 363 |
| Service for Separated Children Seeking International Protection | 154 | 278 |
| Dublin North City | 49 | 267 |
| Midwest | 43 | 228 |
| Waterford/Wexford | 46 | 213 |
| Dublin South West/Kildare West/Wicklow | 46 | 207 |
| Galway/Roscommon | 24 | 178 |
| Dublin North | 36 | 176 |
| Dublin South Central | 33 | 172 |
| Carlow/Kilkenny/South Tipperary | 22 | 138 |
| Dublin South East/Wicklow | 25 | 134 |
| Louth/Meath | 11 | 130 |
| Midlands | 31 | 114 |
| Donegal | 28 | 106 |
| Kerry | 21 | 96 |
| Cavan/Monaghan | 17 | 70 |
| Mayo | 13 | 66 |
| Sligo/Leitrim West/Cavan | 7 | 49 |
| **Total** | **680** | **2,985** |

- The percentage of young **people 18-20 years** in receipt of aftercare services in education / training ranged from 100% (Mayo and Service for Separated Children Seeking International Protection) to 63% (Waterford/Wexford). Seven 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 83*).
- The percentage of **young people 21-22 years** in receipt of aftercare services in education / training ranged from 100% in five areas (Mayo, Midlands, Dublin South East/Wicklow, Donegal, Sligo/Leitrim/West Cavan) and the Service for Separated Children Seeking International Protection to 52% (Dublin North City). Twelve areas along with the Service for

Separated Children Seeking International Protection reported a percentage equal to or higher than the national average of 83% (*see Table 83*).

**Table 83: Young people in receipt of aftercare services in education / training by age group and area, 2025 (ranked by % 21-22 years)**

| Area | # 18-20 years | # in Educ / Training | % in Educ / Training | 21-22 years | # in Educ / Training | % in Educ / Training |
|---|---|---|---|---|---|---|
| Dublin South East Wicklow | 68 | 54 | 79% | 26 | 26 | 100% |
| Midlands | 58 | 47 | 81% | 23 | 23 | 100% |
| Mayo | 33 | 33 | 100% | 23 | 23 | 100% |
| Donegal | 58 | 44 | 76% | 15 | 15 | 100% |
| Sligo Leitrim West Cavan | 28 | 20 | 71% | 5 | 5 | 100% |
| Service for Separated Children Seeking International Protection | 207 | 207 | 100% | 47 | 47 | 100% |
| Waterford Wexford | 123 | 78 | 63% | 21 | 20 | 95% |
| Carlow Kilkenny South Tipperary | 67 | 60 | 90% | 20 | 19 | 95% |
| Midwest | 144 | 134 | 93% | 39 | 36 | 92% |
| Dublin South West Kildare West Wicklow | 111 | 77 | 69% | 30 | 27 | 90% |
| Dublin North | 87 | 57 | 66% | 28 | 25 | 89% |
| Dublin South Central | 99 | 67 | 68% | 17 | 15 | 88% |
| Kerry | 44 | 35 | 80% | 22 | 19 | 86% |
| Cavan Monaghan | 41 | 30 | 73% | 11 | 9 | 82% |
| Cork | 184 | 152 | 83% | 65 | 52 | 80% |
| Galway Roscommon | 101 | 82 | 81% | 53 | 42 | 79% |
| Louth Meath | 85 | 57 | 67% | 30 | 20 | 67% |
| Dublin North City | 111 | 83 | 75% | 90 | 47 | 52% |
| Total | **1,649** | **1,317** | **80%** | **565** | **470** | **83%** |

- The percentage of young people in receipt of aftercare services at the end of 2025 with an **aftercare plan** ranged from 100% (Mayo) to 67% (Cork). Eight areas along with the Service for Separated Children Seeking International Protection reported a percentage equal to or higher than the national average of 78% (*see Table 84*).
- The percentage of young people with an aftercare plan **assessed as needing an aftercare worker** ranged from 100% in 11 areas along with the Service for Separated Children Seeking International Protection to 69% (Midwest). Twelve areas along with the Service for Separated Children Seeking International Protection reported a percentage equal to or higher than the national average of 93%.
- 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 2025 ranged from 100% in 10 areas to 61% (Dublin South West/Kildare/West Wicklow).
- 13 areas reported a percentage equal to or higher than the national average of 91%.
- Rates reported by Dublin South West/Kildare/West Wicklow (61%), Dublin South Central (63%), Service for Separated Children Seeking International Protection (79%), Dublin North (84%) and Carlow/Kilkenny/South Tipperary (86%) were lower than all other areas.

**Table 84: Young people in receipt of aftercare services with an aftercare plan and an aftercare worker, 2025 (ranked by % with aftercare worker)**

| Area | # in aftercare | # with plan | % with plan | # assessed as needing worker | % assessed as needing worker | # with worker | % with worker |
|---|---|---|---|---|---|---|---|
| Dublin South East/Wicklow | 134 | 121 | **90%** | 121 | **100%** | 121 | **100%** |
| Midlands | 114 | 103 | **90%** | 82 | **80%** | 82 | **100%** |
| Dublin North City | 267 | 193 | **72%** | 193 | **100%** | 193 | **100%** |
| Cavan/Monaghan | 70 | 64 | **91%** | 64 | **100%** | 64 | **100%** |
| Kerry | 96 | 70 | **73%** | 70 | **100%** | 70 | **100%** |
| Waterford/Wexford | 213 | 168 | **79%** | 133 | **79%** | 133 | **100%** |
| Galway/Roscommon | 178 | 144 | **81%** | 144 | **100%** | 144 | **100%** |
| Mayo | 66 | 66 | **100%** | 66 | **100%** | 66 | **100%** |
| Donegal | 106 | 80 | **75%** | 80 | **100%** | 80 | **100%** |
| Sligo/Leitrim/West Cavan | 49 | 38 | **78%** | 38 | **100%** | 38 | **100%** |
| Louth/Meath | 130 | 98 | **75%** | 98 | **100%** | 96 | **98%** |
| Cork | 363 | 244 | **67%** | 235 | **96%** | 222 | **94%** |
| Midwest | 228 | 210 | **92%** | 145 | **69%** | 133 | **92%** |
| Carlow/Kilkenny/South Tipperary | 138 | 99 | **72%** | 71 | **72%** | 61 | **86%** |
| Dublin North | 176 | 134 | **76%** | 134 | **100%** | 112 | **84%** |
| Service for SCSIP | 278 | 217 | **78%** | 217 | **100%** | 172 | **79%** |
| Dublin South Central | 172 | 122 | **71%** | 122 | **100%** | 77 | **63%** |
| DSW/K/WW | 207 | 146 | **71%** | 134 | **92%** | 82 | **61%** |
| **Total** | **2,985** | **2317** | **78%** | **2,147** | **93%** | **1,946** | **91%** |

## 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 is then submitted 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.**

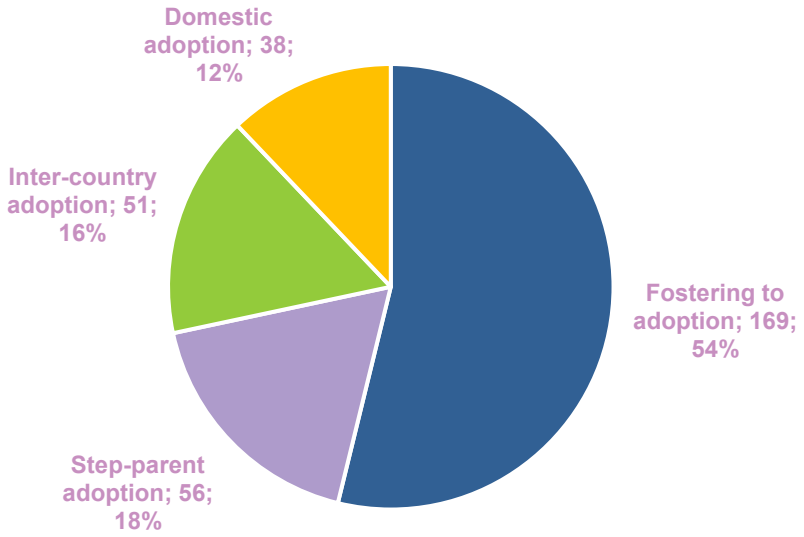
**The views and best interests of the child are at the centre of adoption in Ireland.**
**In the event that the birth parent is not consenting, and it is deemed in the child's best interest to pursue the adoption then an application is made to the High Court (through the AAI) to dispense with consent. 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 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 2025, Tusla received **314 applications for assessment of eligibility and suitability as adoptive parent(s)**, 132 (73%) more than 2024 (182) and the highest number for all years 2020 – 2025 (*see Table 85).*
- The most common type of application received in 2025 was fostering to adoption accounting for more than half of applications (54%; 169) followed to a lesser extent by step-parent adoption (18%; 56) and inter-country adoption (16%; 51) (*see Figure 52*). Applications for domestic adoption accounted for the fewest number of applications received (38; 12%).

**Figure 52: Applications for assessment as adoptive parent(s) by type, 2025**




- A breakdown of the applications by type for the years 2020–2025 is presented in the table below (*see Table 85*). The most notable shift is the sharp increase in applications for fostering to adoption in 2025.

**Table 85: Applications for assessment as adoptive parent(s) by type, 2020–2025**

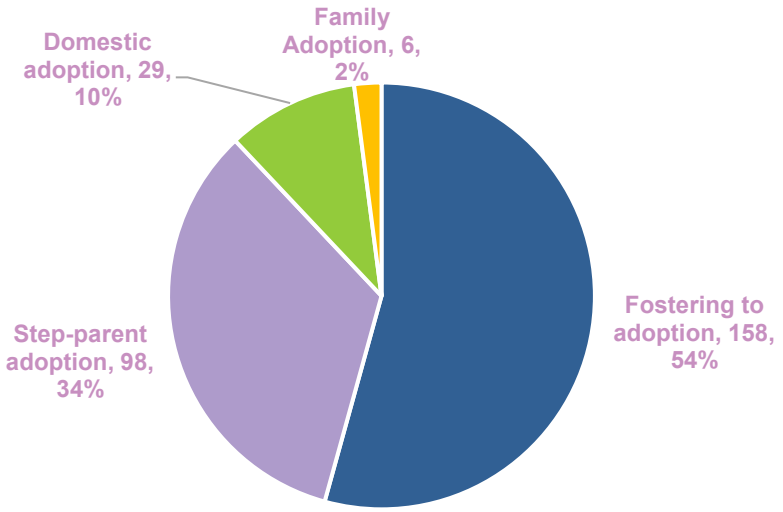
| Applications | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | % Total 2025 |
|---|---|---|---|---|---|---|---|
| **Fostering to adoption** | 51 | 37 | 56 | 60 | 39 | **169** | 54% |
| **Step–parent adoption** | 48 | 65 | 57 | 89 | 68 | **56** | 18% |
| **Inter–country adoption** | 34 | 56 | 42 | 47 | 44 | **51** | 16% |
| **Domestic adoption** | 25 | 41 | 29 | 34 | 31 | **38** | 12% |
| **Total** | **158** | **199** | **184*** | **230** | **182** | **314** | **100%** |

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

### 3.7.2 Children Subject of an Adoption Application

- **291 new children were referred for adoption** (all types) in 2025, 94 (48%) more than 2024 (197) and the highest number of all years 2020 - 2025 (*see Table 86*).
- The majority (54%; 158) of children referred were referred for fostering to adoption. Children referred for domestic adoption accounted for about one in 10 (10%; 29) children referred (*see Figure 53)*.

**Figure 53: Children referred for adoption by type, 2025**




- A breakdown of new children referred for adoption for the years 2020–2025, by type is presented in the table below (*see Table 86)*. The most notable shift is the sharp increase in the number of children referred for fostering to adoption in 2025.

**Table 86: Children referred for adoption by type, 2020–2025**

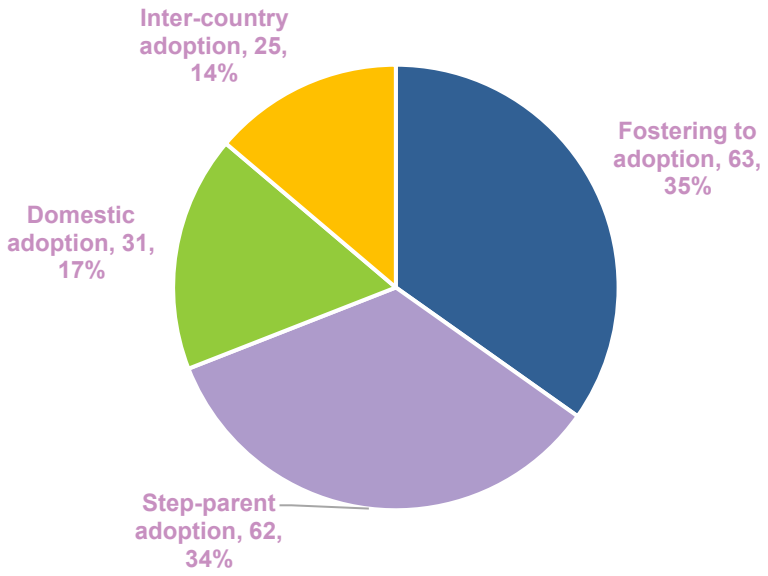
| Referrals | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | % Total 2025 |
|---|---|---|---|---|---|---|---|
| **Fostering to adoption** | 76 | 67 | 84 | 111 | 57 | **158** | 54% |
| **Step–parent adoption** | 98 | 123 | 82 | 88 | 82 | **98** | 34% |
| **Domestic adoption** | 22 | 18 | 15 | 26 | 53 | **29** | 10% |
| **Family Adoption** | NA | NA | 33 | 5 | 5 | **6** | 2% |
| **Total** | **196** | **208** | **214*** | **230** | **197** | **291** | **100%** |

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

### 3.7.3 Adoption Assessments

- A total of **181 adoption assessments were presented to adoption committees** in 2025, 12 (7%) more than 2024 (169) and the highest number for all years 2020–2025 (*see Table 87*). The adoption committees make a recommendation to the Adoption Authority of Ireland.
- The most common adoption assessment presented in 2025 was for fostering to adoption (63; 35%) followed closely by step-parent adoption (62; 34%). Assessments for domestic adoption accounted for 17% (31) of all assessments presented (*see Figure 54).*

**Figure 54: Number of assessments presented to adoption committees by type, 2025**




- A breakdown of assessments presented to adoption committees for the years 2020–2025, by type is presented in the table below (see Table 87).

**Table 87: Assessments presented to adoption committees, 2020–2025**

| Assessments | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | % Total 2025 |
|---|---|---|---|---|---|---|---|
| **Fostering to adoption** | 30 | 50 | 41 | 47 | 53 | **63** | 35% |
| **Step–parent adoption** | 66 | 67 | 48 | 74 | 56 | **62** | 34% |
| **Domestic adoption** | 22 | 12 | 24 | 12 | 21 | **31** | 17% |
| **Inter–country adoption** | 37 | 41 | 41 | 43 | 39 | **25** | 14% |
| **Total** | **155** | **170** | **154** | **176** | **169** | **181** | **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 Service for 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.**

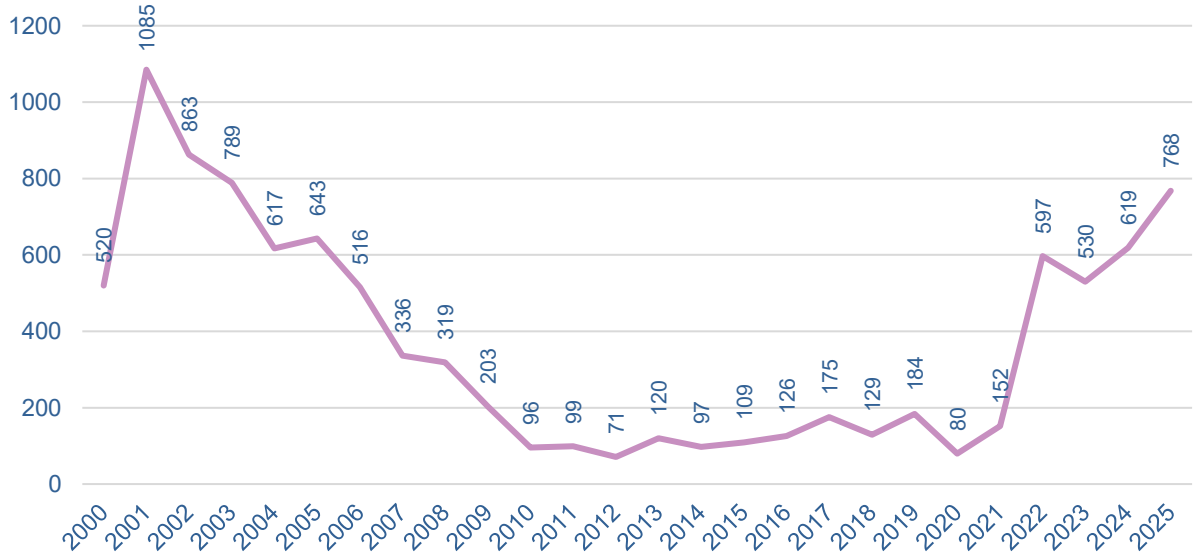
**All referrals from the Department of Justice, Home Affairs and Migration to the SCSIP team are screened in accordance with Tusla's National Child Protection and Welfare Referral Guidance. If a referral is deemed appropriate, an initial assessment determines the required services. Unaccompanied minors who meet the necessary threshold are admitted into State care and provided with child protection and welfare services. If an eligibility assessment determines that an individual does not meet the age requirements under Children First 2015, the individual is deemed ineligible for services under Children First 2015 and referred to the International Protection Office. In such cases, Tusla services cease, though the individual may appeal the decision through the formal Tusla appeals process.**

**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 conducts 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 2025, there were **768 referrals** to Tusla's Service for Separated Children Seeking International Protection, 149 (24%) more than 2024 (619) and the highest number since 2003 (789) (*see Figure 55*).
- The high number of referrals is consistent with the ongoing war in Ukraine and the well documented increase in people seeking international protection.
- **38% (289/768) of referrals** for 2025 were for children from **Ukraine**, a slightly higher percentage than 2024 (34%; 212/619) and 2023 (33%; 177/530), but lower than that for 2022 (44%; 261/597).
- For the four years 2022 – 2025 there has been a total of 2,514 referrals to the Service for Separated Children Seeking International Protection of which 939 (37%) were from Ukraine.

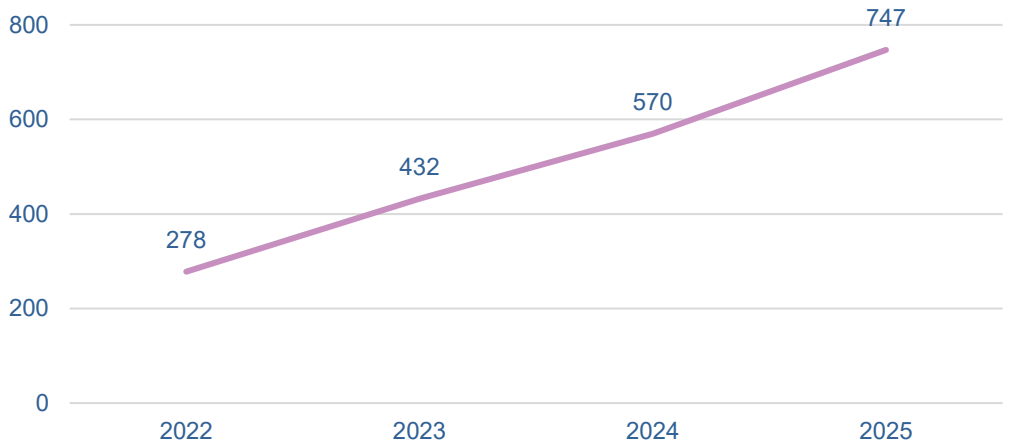
**Figure 55: Referrals to the Tusla Service for SCSIP, 2000–2025**



### 3.8.2 Children in Care / Accommodated

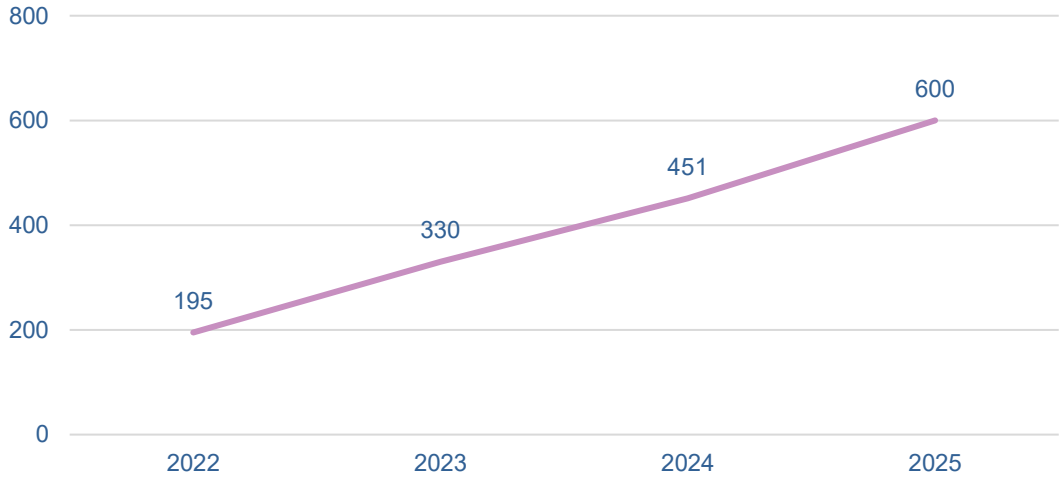
- During 2025 a total of **747 children were admitted to care /accommodated**[48] by the service, 177 (31%) more than the 570 in 2024 and 469 (169%) more than the 278 in 2022 (*see Figure 56*).

**Figure 56: Children admitted to care / accommodated, 2025 - 2025**




- 97% (747/768) of children referred in 2025 were admitted to care/accommodated, the remainder (21) were either an inappropriate referral, ineligible for services, or reunited with their family
- 35% (263/747) of children admitted to care/accommodated in 2025 were from Ukraine. The remaining 65% (484/747) of children were from about 30 different countries with the most common being Somalia, Afghanistan, Egypt, Algeria, Congo, Pakistan and Nigeria.
- **600 children were in care/being accommodated at the end of 2025**, 149 (33%) more than the 451 in 2024 and 405 (208%) more than the 195 in 2022 (*see Figure 57).*

**Figure 57: Children in care / being accommodated at year end, 2025**



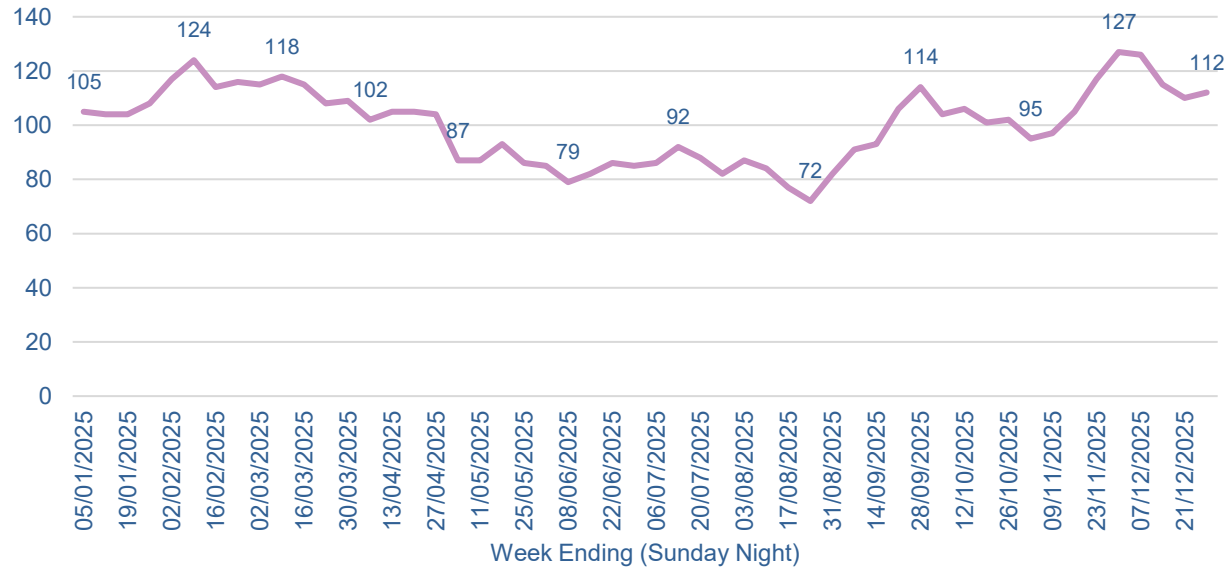

[48] Note: Beneficiaries of Temporary Protection (BOTP) are, in general accommodated under Section 5 of the Child Care Act 1991 and are therefore not in state care.

- Of the 600 children in care/accommodated at the end of 2024, **150 (25%) were in the care of Tusla** while the remaining **450 (75%) were being accommodated and provided with services under Section 5 Child Care Act 1991.**
- There were 32 (27%) more children in care at the end of 2025 than at the end of 2024 (118).
- **Of the 150 children in care,**
    - 125 (83%) were in general residential care
    - 16 (11%) were in general foster care
    - 9 (6%) were in 'Other' care placements (all in special emergency arrangements).
- Of the 150 children in care,
    - <1% (1) were under 12 years
    - 32% (48) were 12-15 years
    - 67% (101) were 16-17 years
- Of the 150 children in care,
    - 38 (25%) were on a care order (Section 18 Child Care Act 1991)
    - 62 (41%) were on an interim care order (Section 17 Child Care Act 1991)
    - 50 (33%) were in care under a voluntary arrangement (Section 4 Child Care Act 1991).

### 3.8.3 Special Emergency Arrangements - SCSIP

- There were at least 777[49] children (0-17 years) in special emergency arrangements (SEA) in 2025 (refer to Section 3.3.16 of this report for details on special emergency arrangements). *There were at least 562 children in SEAs in 2024 and 300 in 2023. However, it should be noted that these figures are based on incomplete data for 2023 and 2024 – data for a number of weeks in late 2023 and early 2024 were not available.*
- Of the 777 children in SEAs, **659 were placed for the first-time in 2025** while the remaining 118 were either in an SEA at the end of 2024 and continued in the SEA into 2025 or were discharged from an SEA at some point between October 2022 (collation of data commenced) and the end of 2024 and re-placed in an SEA in 2025.
- A breakdown of children in SEAs at the end of each week in 2025 is presented in the chart below (*see Figure 58).* As can be seen from the chart, the number of children in SEAs ranged from a low of 72 in August 2025 to a high of 127 in November 2025 after which it dropped to 112 at year end (28 Dec 2025).

**Figure 58: Breakdown of children (SCSIP) in SEAs at the end of each week, 2025**




- Of the children placed for the first-time in 2025 (659), the majority **88.2% (581) were 16-17 years,** 11.4% (75) were 12-15 years**,** while the remaining **3 (<1%) children were under 12 years.**
- The majority (80%; 529) of the children placed for the first-time in 2025 were placed in privately leased properties, with the remaining 20% (130) placed in hotels before moving to privately leased properties.

[49] It 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 2025[50], 30 SCSIP were reported as missing. Of these, five went missing in 2024.
- None of the 30 children were in contact with staff and 28 of the 30 children were reported as missing for over 2 weeks.
- On average, about 29 children are reported missing when the data is collated on a fortnightly basis.

[50] Figures based on data collated on the 18 December 2025 (data collated fortnightly)

# 4.0 FAMILY SUPPORT SERVICES AND MEITHEAL

## 4.1 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 and 59 of the Child and Family Agency Act 2013. In 2025, services commissioned under Sections 56 and 59 received funding of €232 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.**

### 4.1.1 Referrals to Family Support Services

- About 384 **family support services were commissioned** by Tusla in 2025, to deliver services (*see Table 88*). This includes services where providers were both internal and external to Tusla. On average about 88% of services returned data for 2025.

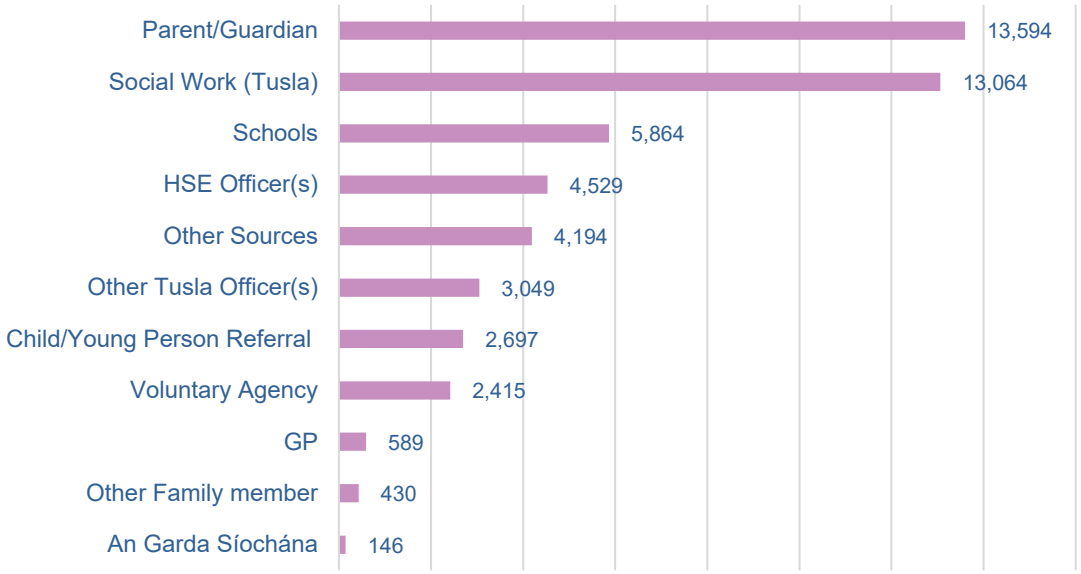
**Table 88: Family Support Services Commissioned in 2025**

| Family Support Commissioned | Jan–Jun 2025 | Jul–Dec 2025 |
|---|---|---|
| Number of family support services commissioned, where providers were **external to Tusla** | 348* | 348* |
| Number of family support services commissioned, where providers were **internal to Tusla** | 36* | 35* |
| **Total number of family support services commissioned (external + internal)** | **384*** | **383*** |
| Number of responses received | 328 | 344 |
| % Response rate | 85% | 90% |

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

- In 2025, at least **50,571 children (0-17 years) were referred to family support services** (based on a response rate of 88%), with **21,391 children in receipt of family support services at year end** (based on a response rate of 90%). 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 2024 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 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%).
- Referrals for Tusla Family Support Services and services funded under Sections 56 and 59 of the Child and Family Agency Act 2013, are received from a wide range of external sources and inter–departmentally within Tusla.
- In 2025, the **most common source of referral was parents/guardians accounting 27% (13,594) of all referrals**, followed by Tusla social workers (26%; 13,064), schools (12%; 5,864) and HSE officers (9%; 4,529). These four sources account for 73% (37,051) of all sources (*see Figure 59*).

**Figure 59: Children referred to Family Support Services by source, 2025**




- **69% (34,891) of children referred** to family support services in 2025 **received a service in 2025**. *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 (69%) is up one percentage point on 2024 (68%; 32,989). However, this comparison needs to be interpreted with caution due to incomplete returns.
- Of the number of children referred in 2025 who received a service:
  - 4.4% (1,536) were the subject of a child in care plan
  - 8.8% (3,059) were the subject of a Tusla child protection and welfare safety plan
  - 5.3% (1,858) were the subject of a Meitheal support plan
  - 44.4% (15,051) 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 2025, it is possible that some may have received a service in 2026. 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 89)*, 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 (5,175) followed by Dublin South West/Kildare/West Wicklow (5,036) and Donegal (4,456).
- Midlands reported the fewest number (435) of children referred to family support services, followed by Mayo (1,032) and Kerry (1,369).
- Dublin North City and Donegal also reported the highest rates of children referred (10.6%), followed by Sligo/Leitrim/West Cavan (7.1%).
- The lowest rate (<1%) was reported by Midlands followed by Dublin South East/Wicklow (2.2%) and Cork (2.4%). Eight of the 17 areas reported a rate equal to or higher than the national average of 4.2%.
- The percentage of children referred to family support services in 2025 who received a service in 2025 ranged from 34% in Dublin South West/Kildare/West Wicklow to 92% in Kerry. Eleven of the 17 areas reported a percentage equal to or higher than the national average of 69%. The types of services received vary depending on the needs of the child and family.

**Table 89: Children referred to family support services in 2025 who received a service by area (ranked by number referred)**

| Area | # Referred | Child Pop | Rate/100 | # received service | % received service | Avg Response rate* |
|---|---|---|---|---|---|---|
| Dublin North City | 5,175 | 48,909 | **10.6** | 3,598 | **70%** | 79% |
| Dublin South West Kildare West Wicklow | 5,036 | 108,927 | **4.6** | 1,723 | **34%** | 84% |
| Donegal | 4,456 | 42,144 | **10.6** | 3,556 | **80%** | 100% |
| Dublin North | 4,158 | 104,281 | **4.0** | 2,989 | **72%** | 92% |
| Dublin South Central | 3,672 | 70,259 | **5.2** | 2,572 | **70%** | 100% |
| Waterford Wexford | 3,546 | 69,239 | **5.1** | 2,368 | **67%** | 85% |
| Midwest | 3,350 | 96,764 | **3.5** | 2,138 | **64%** | 91% |
| Cork | 3,279 | 136,786 | **2.4** | 2,454 | **75%** | 66% |
| Galway Roscommon | 3,225 | 81,799 | **3.9** | 2,566 | **80%** | 100% |
| Carlow Kilkenny South Tipperary | 3,219 | 62,366 | **5.2** | 2,460 | **76%** | 89% |
| Louth Meath | 2,978 | 96,531 | **3.1** | 1,966 | **66%** | 96% |
| Cavan Monaghan | 1,964 | 37,336 | **5.3** | 1,770 | **90%** | 94% |
| Dublin South East Wicklow | 1,962 | 91,047 | **2.2** | 950 | **48%** | 90% |
| Sligo Leitrim West Cavan | 1,715 | 24,312 | **7.1** | 1,413 | **82%** | 100% |
| Kerry | 1,369 | 34,994 | **3.9** | 1,265 | **92%** | 95% |
| Mayo | 1,032 | 31,911 | **3.2** | 866 | **84%** | 100% |
| Midlands | 435 | 80,962 | **0.5** | 237 | **54%** | 25% |
| Total | **50,571** | **1,218,567** | **4.2** | **34,891** | **69%** | **88%** |

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

## 4.2 MEITHEAL

**Meitheal[51] 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.**

[51] 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 2025, some **2,667 Meitheal processes were requested**, down slightly (20) from 2024 when the highest number for all years 2020 – 2024 was reported (*see Table 90*).

**Table 90: Number of Meitheal requests by year, 2020 - 2025**

| Year | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2025 v 2024 | %Δ |
|---|---|---|---|---|---|---|---|---|
| **# requests** | 2,287 | 2,373 | 2,320 | 2,492 | 2,687 | **2,667** | -20 | <1% |

- 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 2025, these requests accounted for **65% (1,739)** of all requests (*see Table 91*).
- A further **25% (670)** 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 **10% (258)** 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.
- Looking across the years, the most notable observation is the decrease in the proportion of direct or self-initiated requests, down from 73% (1,820) in 2023 to 65% (1,739) in 2025.

**Table 91: Pathways into Meitheal, 2020-2025**

| Pathway | # 2022 | % Total | # 2023 | % Total | # 2024 | % Total | # 2005 | % Total |
|---|---|---|---|---|---|---|---|---|
| **Direct Access** | 1,566 | **70%** | 1,820 | **73%** | 1,793 | **67%** | 1,739 | **65%** |
| **Social Work Diversion** | 476 | **21%** | 490 | **20%** | 665 | **25%** | 670 | **25%** |
| **Social Work Step–Down** | 210 | **9%** | 182 | **7%** | 229 | **9%** | 258 | **10%** |
| **Total** | **2,252*** | **100%** | **2,492** | **100%** | **2,687** | **100%** | **2,667** | **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 92*), the number of processes requested varies across the 17 Tusla areas.
- In 2025, the number of requests ranged from 33 (Sligo/Leitrim/West Cavan) to 699 (Carlow/Kilkenny/South Tipperary). Ten areas reported fewer than 100 requests, two areas reported between 100 and 200 requests, while the remaining five areas reported in excess of 200 requests.
- 5 areas (Carlow/Kilkenny/South Tipperary, Waterford/Wexford, Cork, Kerry and Cavan/Monaghan) reported 67% (1,777) of all processes requested for 2025.
- 9 areas reported more requests in 2025 than 2024, with the largest increase reported by Carlow/Kilkenny/South Tipperary (up 113; 19%) followed to a lesser extent by Kerry (up 55; 28%).
- Of the eight areas that reported a decrease, the largest decrease was reported by Waterford/Wexford (down 62; 15%) followed by Dublin South West/Kildare/West Wicklow (down 40; 26%) and Midlands (down 39; 35%).

**Table 92: Meitheal processes requested by area, 2022–2025 (ranked by number for 2025)**

| Area | # 2022 | # 2023 | # 2024 | # 2025 | 2025 v 2024 | % Δ |
|---|---|---|---|---|---|---|
| Carlow/Kilkenny/South Tipperary | 183 | 194 | 586 | **699** | 113 | 19% |
| Waterford/Wexford | 316 | 352 | 412 | **350** | -62 | -15% |
| Cork | 197 | 271 | 243 | **268** | 25 | 10% |
| Kerry | 224 | 174 | 194 | **249** | 55 | 28% |
| Cavan/Monaghan | 232 | 128 | 240 | **211** | -29 | -12% |
| Dublin South West/Kildare/West Wicklow | 138 | 167 | 151 | **111** | -40 | -26% |
| Midwest | 108 | 131 | 105 | **111** | 6 | 6% |
| Louth/Meath | 130 | 162 | 122 | **93** | -29 | -24% |
| Dublin South East/Wicklow | 76 | 91 | 106 | **82** | -24 | -23% |
| Dublin North | 208 | 259 | 71 | **82** | 11 | 15% |
| Midlands | 71 | 107 | 112 | **73** | -39 | -35% |
| Dublin North City | 83 | 103 | 49 | **73** | 24 | 49% |
| Galway/Roscommon | 135 | 111 | 82 | **67** | -15 | -18% |
| Dublin South Central | 68 | 86 | 60 | **62** | 2 | 3% |
| Donegal | 68 | 75 | 56 | **57** | 1 | 2% |
| Mayo | 37 | 38 | 44 | **46** | 2 | 5% |
| Sligo/Leitrim/West Cavan | 46 | 43 | 54 | **33** | -21 | -39% |
| **Total** | **2,320** | **2,492** | **2,687** | **2,667** | **-20** | **-1%** |

- Looking across the areas the pathways into Meitheal also vary considerably across the 17 areas (*see Table 93*). The percentage of direct or self–initiated requests ranged from 47% (Kerry) to 94% (Galway/Roscommon). Thirteen of the 17 areas reported a percentage equal to or higher than the national average of 65%.

- The percentage of Meitheal requests that were diverted from social work ranged from 2% (Cork) to 43% (Carlow/Kilkenny/South Tipperary) (*see Table 93*). Five 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 and Dublin North City) to 28% (Cork) (*see Table 93*). Four of the 17 areas reported a percentage equal to or higher than the national average of 10%.

**Table 93: Breakdown of pathways into Meitheal by area, 2025**

| Area | # Direct Access | % Direct Access | # SW Diversion | % SW Diversion | # SW Step–Down | % SW Step–Down | Total Requests |
|---|---|---|---|---|---|---|---|
| Carlow/Kilkenny/South Tipperary | 337 | 48% | 298 | 43% | 64 | 9% | **699** |
| Waterford/Wexford | 248 | 71% | 99 | 28% | 3 | 1% | **350** |
| Cork | 186 | 69% | 6 | 2% | 76 | 28% | **268** |
| Kerry | 117 | 47% | 100 | 40% | 32 | 13% | **249** |
| Cavan/Monaghan | 114 | 54% | 60 | 28% | 37 | 18% | **211** |
| Dublin South West/Kildare/West Wicklow | 95 | 86% | 8 | 7% | 8 | 7% | **111** |
| Midwest | 102 | 92% | 3 | 3% | 6 | 5% | **111** |
| Louth/Meath | 56 | 60% | 35 | 38% | 2 | 2% | **93** |
| Dublin South East/Wicklow | 74 | 90% | 5 | 6% | 3 | 4% | **82** |
| Dublin North | 67 | 82% | 10 | 12% | 5 | 6% | **82** |
| Midlands | 66 | 90% | 5 | 7% | 2 | 3% | **73** |
| Dublin North City | 57 | 78% | 15 | 21% | 1 | 1% | **73** |
| Galway/Roscommon | 63 | 94% | 2 | 3% | 2 | 3% | **67** |
| Dublin South Central | 46 | 74% | 13 | 21% | 3 | 5% | **62** |
| Donegal | 45 | 79% | 4 | 7% | 8 | 14% | **57** |
| Mayo | 39 | 85% | 4 | 9% | 3 | 7% | **46** |
| Sligo/Leitrim/West Cavan | 27 | 82% | 3 | 9% | 3 | 9% | **33** |
| **Total** | **1,739** | **65%** | **670** | **25%** | **258** | **10%** | **2,667** |

### 4.2.3 Meitheal Process

- Of the number of Meitheal requests received in 2025, **67% (1,788) 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.

- **1,592 Meitheal processes reached completion of stage 2 (discussion stage)** in 2025. At this point the Strengths and Needs Record Form is signed and dated, and next steps are clearly outlined.
    - Of these, 50% (795) 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.
    - 3% (44) 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.
    - 36% (573) 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.
    - 11% (180) were closed. This is where the lead practitioner and parent(s) decide in partnership to close the Meitheal process after the discussion stage.

- **2,236 Meitheal processes were closed in 2025**. Of these,
    - 39% (874) were closed following submission of the request form (end of stage 1).
    - 26% (582) were closed following completion of the strengths and needs form (stage 2).
    - 9% (201) were closed following commencement of Meitheal support meetings (stage 3).
    - 26% (579) were closed post–delivery (end of process).

- While further data is required to understand how children are benefitting from Meitheal, a recent review[52] 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

[52] 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'[53] 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 2025, no change from 2024 (*see Table 94).*

**Table 94: Number of CFSN by area, December 2025 (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 | 7 |
| Dublin South East/Wicklow | 7 |
| Cavan Monaghan | 7 |
| Dublin North City | 6 |
| Dublin South Central | 6 |
| Louth Meath | 5 |
| Donegal | 5 |
| Dublin North | 4 |
| Mayo | 4 |
| Kerry | 3 |
| Sligo/Leitrim/West Cavan | 3 |
| Midlands | 2 |
| **Total** | **114** |

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

# 5.0 CONCLUSION

The **2025 Review of Adequacy of Child Care and Family Support Services** reinforces the essential role Tusla plays as Ireland's statutory child protection and family support agency. The report demonstrates the scale and breadth of the Agency's work to safeguard children, support families and deliver a continuum of services spanning prevention and early intervention, child protection and welfare, alternative care, aftercare, adoption, and services for separated children seeking international protection. This work is delivered in partnership with families and through close collaboration with statutory agencies including health, education, An Garda Síochána and local authorities, alongside the community and voluntary sector, reflecting a shared responsibility for promoting children's safety, wellbeing and development.

As in previous years, the report highlights sustained growth in demand across all areas of service delivery. During 2025, the Agency received 106,444 child protection and welfare referrals, representing a 10% increase on 2024 and the highest number recorded to date. At year end, 18,214 social work cases were allocated to case workers, while 5,398 remained unallocated. Although this represents a slight reduction (392) on the 5,790 cases awaiting allocation at the end of 2024, it also illustrates the continuing pressure on frontline services.

There were 5,729 children (mainstream) in care at year end, with 901 admissions during 2025, including 577 first-time admissions, and 844 discharges, over half (432) of which were young people reaching 18 years. Almost 3,000 young people (2,985) were receiving aftercare services at year end, with 81% of those aged 18-22 years engaged in education or training and 43% remaining with their foster carers after recaching adulthood.

Demand also continued to increase for services supporting separated children seeking international protection. During 2025, the service received 768 referrals, a 24% increase on 2024 and admitted or accommodated 747 children, representing a 31% increase on 2024. Prevention and early intervention services also experienced growing demand, with at least 50,571 children referred to family support services and increased use of the Meitheal process (2,667).

The report identifies a number of significant challenges. These include persistent workforce pressures reflected in the number of unallocated cases, a shortage of appropriate placements to meet the increasingly complex needs of children, increasing reliance on private providers to meet placement demand, the continued use of special emergency arrangements, a declining proportion of children in foster care and a reduction in the number of approved foster carers on the panel.

Addressing these challenges remains a key priority for the Agency. Alongside initiatives to strengthen workforce and placement capacity, support foster carer recruitment and retention and further develop prevention and family support services, Tusla is also progressing a significant programme of organisational transformation designed to improve how services are delivered and accessed.

This transformation programme will see the Agency's 17 geographical areas transition to 30 networks configured across six regions, creating a more integrated and locally responsive service model. Central to this reform is the implementation of a Local Integrated Service Delivery (LISD) Model, which will

introduce a single point of referral for all child protection and family support referrals, helping to ensure that children and families receive the right service, from the right professional, at the right time.

These combined initiatives will strengthen the Agency's capacity to respond to increasing demand and continue delivering safe, timely and effective services.

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