

Tusla Strategic Action Plan arising from the HIQA Investigation into the Management of Allegations of Child Sexual Abuse against Adults of Concern by the Child and Family Agency

November 2018

1. Introduction

Following the publication of HIQA's *Investigation Report into the Management of Allegations of Child Sexual Abuse against Adults of Concern by the Child and Family Agency*. Tusla committed to addressing the areas for improvement and risks identified in the report. To meet this commitment Tusla has developed a Strategic Improvement Plan based on an analysis of the findings and recommendations in the investigation report. The analysis of the investigation report identified nine strategic improvement themes, as follows:

1. Management of child protection and welfare referrals;
2. Safety planning;
3. Management of retrospective cases of abuse;
4. Interagency working;
5. Data and information management;
6. Workforce planning;
7. Governance, management and oversight;
8. Organisational risk management;
9. Collaborative systems to embed learning.

A set of strategic actions are aligned to each of the nine themes that serve to make measureable improvements and address the gaps and risks identified in the report. The plan also highlights where these strategic actions already align to an existing programme of work in the Agency, the action owner and the timeframe for completion. For many of the strategic actions there are already detailed project/programme plans in place, particularly if they are linked to an existing programme of work.

2. Tusla Oversight and Governance of Action Plan

The strategic action plan was submitted to Tusla's Board in September 2018, where it was approved subject to minor amendments and potential budgetary dependencies. It was submitted to the Department of Children and Youth Affairs and the Expert Assurance Group, as version 1.0, shortly thereafter.

Tusla has put structures and systems in place to oversee the implementation of the plan as follows:

- **Board level:** The Board will monitor progress against the plan and will hold the CEO and members of the executive to account in relation to progress against the action plan.
- **Executive level:** The CEO will be sponsor of the plan's implementation and the Senior Management Team will be the steering group. An SMT subgroup, supported by the Project Management Office, will be set up to govern and monitor the implementation of the plan and support effective collaboration and the management of interdependencies. The subgroup will report to the SMT steering group.
- **Operational/Service delivery level:** The Chief Operations Officer will oversee and track progress via the National Operations Management Team.
- **The DCYA Expert Assurance Group:** The Expert Assurance Group will advise and support on the implementation of the action plan.

Note: Changes may be sought by the Board or the Expert Assurance Group.

3. Strategic Action Plan

<p>IMPROVEMENT THEME 1: Improve the management of child protection and welfare referrals in accordance with Children First to ensure harm is identified and responded to in a timely manner. This includes a reduction in cases awaiting allocation to a social worker.</p>	<p>Theme Lead: Jim Gibson, Chief Operations Officer</p>
	<p>Indicators: % unallocated cases, % of referrals receiving preliminary enquiry within specified timeline, % of PIs going to IA, fidelity to prioritisation system</p>
<p>Strategic Action</p>	<p>Timeframe</p>
<p>1.1: The systems, structures and processes in each area will be significantly strengthened to ensure the risk of harm to children is identified and responded to in a timely manner the process for screening and conducting preliminary enquiries on all child protection and welfare referrals will be significantly strengthened by implementing new systems, including supervision, and structures in line with Signs of Safety and Children First.</p>	<p>Q4 2018</p>
<p>1.2: A protocol, in line with the ICP methodology, for the governance and oversight of cases awaiting allocation to ensure social work duty teams effectively supervise these cases will be developed and implemented.</p>	<p>Q4 2018</p>
<p>1.3 A new system for the prioritisation of cases awaiting allocation based on risk and case / support needs will be developed and implemented.</p>	<p>Q1 2019</p>
<p>1.4: Tusla will review, update and implement its current processes for closing cases to ensure it is safe and effective and aligned with the Signs of Safety approach. The monitoring of re-referrals will form a key quality assurance mechanism in this process this method will be monitored locally and nationally</p>	<p>Q4 2018</p>
<p>1.5: The learning and development needs of staff who work on cases of child sexual abuse and retrospective cases of abuse will be scoped. Learning and development interventions will be designed, planned and delivered in alignment with the Signs of Safety practice methodology.</p>	<p>Q1 2019 for retrospective cases</p> <p>Q3 2019 for child sexual abuse</p>

IMPROVEMENT THEME 2: Define and implement a new process for safety planning across the agency to support the management of risk for children and families.	Theme Lead: Cormac Quinlan, Director of Transformation and Policy
	Indicators: % of safety plans in place (abuse and welfare), % of safety plans in line with new process
Strategic Action	Timeframe
2.1 Define the safety planning process for child protection cases and child welfare cases, open to social work departments, in line with signs of safety. This will include the process for safety planning for children who had not yet had a child protection case conference and who are awaiting allocation to a social worker.	Q1 2019
2.2: Implement the new safety planning process in child protection cases.	Q3 2019
2.3 Implement the Safety planning process in child welfare cases, open to social work departments.	Q4 2019

IMPROVEMENT THEME 3: Improve the processes and structures for the management of retrospective cases of abuse to ensure a consistent and effective national approach.	Theme Lead: Jim Gibson, Chief Operations Officer
	Indicators: % of unallocated cases, SBP in place in all areas, fidelity to prioritisation system
Strategic Action	Timeframe
3.1: Publish the new policy and procedure on the management of retrospective and extra-familial abuse in all Tusla areas.	Q3 2018 for publication Q2 2019 to implement
3.2: A national oversight group will be established to oversee the implementation of the policy and to drive a nationally consistent approach to the management of retrospective and extra-familial referrals.	Q3 2018
3.3: Tusla will develop and implement a standard business process for managing retrospective cases of abuse and develop a module on NCCIS to support case management.	Q2 2019 for new SPB Q4 2019 for NCCIS module
3.4: A new system for the prioritisation of retrospective cases awaiting allocation based on risk will be developed and implemented.	Q4 2018
3.5: Each region will establish a multidisciplinary team to ensure the management of retrospective cases of abuse are	Q1 2019

consistently managed and to build expertise.	
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<p>IMPROVEMENT THEME 4: Tusla will develop robust systems and processes to support effective interagency working to strengthen the management of Child Protection and Welfare referrals.</p>	<p>Theme Lead: Jim Gibson, Chief Operations Officer.</p>
	<p>Indicators: No. of SW receiving joint training, no. of specialist multi agency teams, no. of children receiving therapeutic and treatment services.</p>
<p>Strategic Action</p>	<p>Timeframe</p>
<p>4.1: Tusla will monitor and evaluate the implementation of the Tusla and An Garda Siochana Children First joint protocol 2017.</p>	<p>Q2 2019 and on-going</p>
<p>4.2: An information sharing protocol between Tusla and An Garda Siochana will be developed and implemented jointly.</p>	<p>Q1 2019</p>
<p>4.3 An information sharing protocol between Tusla and HSE will be developed and implemented jointly (recording of joint decision making).</p>	<p>Q1 2019</p>
<p>4.4: There is a joint review between An Garda Siochana and Tusla to optimise joint training, and when completed, social workers will be allocated to undertake the training.</p>	<p>Q2 2019</p>
<p>4.5: Tusla will implement the strategic plan for the development of therapeutic and treatment services to support children and families.</p>	<p>Q2 2020</p>
<p>4.6: Multiagency child sexual abuse teams will be implemented on a national basis. A pilot will commence in 2019.</p>	<p>Q2 2019 for pilot Q2 2020 nationally</p>
<p>4.7: Tusla will assign a dedicated social worker to each of the An Garda Siochana protection units as they are established.</p>	<p>Q3 2019</p>
<p>4.8 A system for connecting information systems between Tusla and An Garda Siochana will be developed to support the management of child protection and welfare referrals.</p>	<p>Q4 2020</p>

IMPROVEMENT THEME 5: Implement safe and effective data and information management systems to support case work and compliance with best practice.	Theme Lead: Pat Smyth, Interim Chief Executive.
	Indicators: compliance with GDPR, compliance with record management policy and procedure.
Strategic Action	Timeframe
5.1: A record management policy and procedure for social work practice will be developed and implemented in all Tusla services to ensure record management practices are safe and effective.	Q4 2019
5.2: The policy on National Procedures for Determining the Outcome of Allegations of Retrospective and Extra-familial Abuse Cases and Protecting Children at Potential Risk of Harm will provide specific guidance on the creation of files, sharing of information and will be implemented nationally.	Q3 2018
5.3: An NCCIS module will be developed to support good record management and data protection practices for the management of retrospective cases of abuse (reference 3.3).	Q4 2019
5.4 The Agency will scope out a Data Management Plan and implementation plan encompassing data governance, data management procedures, data architecture and the information life cycle within the Agency.	Scoping Q2 2019 Full: Q3 2020

IMPROVEMENT THEME 6: Ensure Tusla's workforce has the appropriate skill mix, administrative supports and structures to support frontline staff deliver safe and effective service.	Theme Lead: Colette Walsh, Director of HR
	Indicators: admin support per SW team, SW retention rate, SW vacancies filled, no. of multi-disciplinary teams in place.
Strategic Action	Timeframe
6.1: The development of a workforce strategy has commenced. This strategy will outline the appropriate skill mix for all services and locations to support the delivery safe and effective services. The strategy will cover 2018-2021.	Q4 2018
6.2: In advance of the publication of the workforce strategy the top four areas with the highest number of cases awaiting allocation will be targeted to address the following: <ul style="list-style-type: none"> • Filling staffing vacancies, to include the use of SW posts, that cannot be filled, for the recruitment of other frontline staff • Appropriate reduction of agency staff utilisation 	Q4 2018

<ul style="list-style-type: none"> • Increase administrative and business support staff • Improve staff retention, particularly SW 	
6.3: Tusla will formally advocate increasing the numbers and variety of modes of social work education to ensure an increase in the numbers of social workers graduating as part of its work on the Third Level Liaison Group.	Q2 2019
6.4: Tusla will increase its administrative and business support capacity to support and free up front line social work staff from noncore administrative tasks. This process will prioritise areas with a higher risk profile. This profile will commence in 2018 with existing funds with an additional ask for 2019.	Q3 2019
6.5 Tusla has established a staff retention working group to develop a strategy to improve the retention of social work staff.	Q4 2018
6.6 New metrics for the measurement of the size of Tusla's workforce and identification of vacancies will be developed and implemented.	Q1 2019

IMPROVEMENT THEME 7: Improve governance, management and oversight systems across the agency to optimise performance, identify and manage risk and ensure effective case supervision is in place.	Theme Lead: Pat Smyth, Interim Chief Executive.
	Indicators: compliance of supervision, schedule of audits completed, no. of staff receiving governance training.
Strategic Action	Timeframe
7.1: Tusla will develop a performance and accountability framework to enable the Agency to identify, assess, monitor and take action to optimise individual and organisational performance.	Q2 2019
7.2: Governance, oversight, leadership and performance management training will be provided to all regional, area management teams and key business partners to support area and regional management teams effectively lead, govern and identify and manage performance issues.	Q4 2018
7.3: The Agency's Service Delivery Framework will be reviewed to determine the optimal operating and governance model for services. This will include a review of the area boundaries and structures and reporting arrangements.	Q4 2019
7.4: The Quality Assurance Directorate will carry out a schedule of independent audits focusing on the process for management and oversight of referrals, cases awaiting allocation, cases of retrospective abuse, safety planning and risk management arrangements. The learning from such audits will be shared across the national system to support necessary developments for better outcomes for children.	Q4 2019 and on-going
7.5 A learning and development programme for frontline staff on Quality Assurance and Quality	Q4 2019

Improvement methods will be developed and implemented.	
7.6 Develop and implement an organisational change strategy to ensure the Tusla values and behaviours are implemented and adhered to throughout the Agency.	Q3 2020

IMPROVEMENT THEME 8: Strengthen the organisational risk management system to support effective and consistent risk management practices and service improvement.	Theme Lead: Brian Lee, Director of Quality Assurance.
	Indicators: staff receiving risk management training, compliant risk register
Strategic Action	Timeframe
8.1: A comprehensive learning and development programme to support Tusla policy and procedure for organisational risk management will be scoped, designed and implemented for all staff, with the aim of embedding risk management processes fully at all levels. This will include an e-learning programme.	Q2 2019
8.2: A review of the risk registers in all areas and regions is being undertaken – this will inform improvement to the risk management process and will inform the training and development programme in 8.1.	Q3 2018
8.3: An electronic system for support the risk management and risk register process will be implemented across the Agency.	Q4 2019
8.4: Quality Risk and Service Improvement Officers will be allocated to each of the 17 areas to implement and maintain risk, incident, audit and quality improvement systems.	Q3 2019
8.5: A National Operations Risk Management and Service Improvement Committee will be established under the Chief Operations Officer to link local, regional and national risk management systems and support a strategic approach to service improvement. This committee will also oversee and ensure the transfer of learning between regions and areas.	Q4 2019
8.6: The executive monthly risk report to the Board will be further optimised to include interdependency risks between operations and other Directorates (HR, Finance, Transformation and QA).	Q3 2019

IMPROVEMENT THEME 9: Develop and implement collaborative systems to embed and share learning to support quality improvement and risk management.	Theme Lead: Brian Lee, Director of Quality Assurance
	Indicators: self-audit plans in place in each area, quality assurance and monitoring schedule of audits completion.
Strategic Action	Timeframe
9.1: A cross directorate National Quality Improvement Collaborative Forum will be established to embed and support on-going strategic approaches to learning and improvement in Tusla services arising from QA Directorate outputs, HIQA, NRP and Ombudsman reports. This forum will also support links between learning and between national, regional and local services. (Reference 7.4)	Q3 2018
9.2: A digital system for tracking actions arising from internal and external oversight will be established to support good governance and accountability.	Q3 2018
9.3 Each area will develop and implement an annual self-audit plan which will focus on key practice and risk themes. The plan will include the completion of the QI framework self-assessments and the roll out of the collaborative case audit methodology. The results of audits will be reported to relevant Service Director to ensure the audit cycle is completed.	Q1 2019
9.4 Quality Assurance and Monitoring officers have been put in place to monitor the quality and safety of services in the 17 Tusla areas. Additional Quality Assurance Monitoring Officers will be recruited to increase independent oversight and audit for larger areas. (Reference 7.4)	Q4 2018

Note: Timelines are subject to change in line with budgets for 2019 and beyond, and the development of further detailed work plans under themes.